NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday, 14 January 2025 from 13:45 to 16:45 in Lecture Theatre 1, Education and Research Centre, Upper Maudlin Street, Bristol

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
Preliminary Business				
1.	Apologies for Absence	Information	Joint Chair	13.45
2.	Declarations of Interest	Information	Joint Chair	
3.	Patient Story	Information	Patient and Public Involvement Lead	
4.	Minutes of the Last Meeting- **Tuesday 12 November 2024**	Approval	Joint Chair	
5.	Matters Arising and Action Log	Approval	Joint Chair	
6.	Questions from the Public	Information	Joint Chair	
Strategic				
7.	Joint Chief Executive's Report	Information	Joint Chief Executive Officer	14.15
8.	Joint Chair's Report	Information	Joint Chair	14.30
9.	Freedom to Speak Up Strategy	Approval	Freedom to Speak Up Guardian	14.40
Quality and Performance				
10.	Quality and Outcomes Committee – Chair's Report	Information	Chair of the Quality and Outcomes Committee	14.50
11.	Emergency Department CQC Report	Information	Chief Nurse and Midwife	15.00
12.	Integrated Quality and Performance Report	Information	Interim Chief Medical Officer; Chief Operating Officer; Chief Nurse and Midwife; Chief People Officer	15.10
BREAK 15.20-15.30				
13.	Annual National Adult Inpatient Survey	Information	Chief Nurse and Midwife	15.30

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
14.	Maternity CNST MIS Report	Approval	Chief Nurse and Midwife	15.40
15.	Six-Monthly Nurse Staffing Report	Information	Chief Nurse and Midwife	15.50
16.	Congenital Heart Disease Network Annual Report	Information	Interim Chief Medical Officer	16.00
Financial Performance				
17.	Finance, Digital & Estates Committee Chair's Report	Information	Chair of the Finance, Digital & Estates Committee	16.05
18.	Monthly Finance Report	Information	Chief Financial Officer	16.15
People Management				
19.	People Committee Chair's Report	Information	Chair of the People Committee	16.25
Governance				
20.	Treasury Management Policy	Approval	Chief Financial Officer	16.35
21.	Register of Seals	Information	Director of Corporate Governance	16.40
22.	Governors' Log of Communications	Information	Director of Corporate Governance	16.42
Concluding Business				
23.	Any Other Urgent Business – *Verbal Update*	Information	Joint Chair	
24.	Date and time of next meeting • **Tuesday, 11 March 2025**	Information	Joint Chair	

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Board of Directors in PUBLIC		
Date of Meeting:	Tuesday 14th January 2025		
Report Title:	What Matters to Me – a Patient Story		
Report Author:	Tony Watkin – Patient and Public Involvement Lead		
Report Sponsor:	Deirdre Fowler – Chief Nurse and Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			Yes
	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.		

Key Points to Note *(Including any previous decisions taken)*

Our Experience of Care strategy, "My Hospitals Know and Understand Me", extends our commitment to ensure that young people, their families and carers, experience a consistent, safe, individualised and high-quality transition service that enables a handover into adult services with minimal disruption to their care and a good experience of the change for all involved.

This patient story is about the experience of developmentally appropriate care for young people and their transfer to adult services. It highlights several important aspects of good practice in transitional care that can improve both on-going engagement with services and health outcomes.

This story will be shared by Maisy, a young person who was a cardiac patient at the Bristol Royal Hospital for Children and whose care is now in Exeter. Maisy will share from her lived experience as a patient to explore and demonstrate the importance of supporting young people in managing their health condition(s); why good communication, working together and the sharing of information and resources as part of the transition process matters; and, how the age of transfer to adult services and differences in specialties and across hospitals can impact on people.

Alongside being a patient, Maisy is a Youth Ambassador with the Trust and is involved in Children's Leadership Team meetings as one of a group of young people who use their voices to design and deliver our hospitals together.

Strategic Alignment	
This work aligns to the True North Experience of Care strategic priority.	
Risks and Opportunities	
Adolescence and young adulthood are a time of physical, psychological, educational and social change. Young people with a long term and/or complex health condition are expected to move from paediatric to adult services. We know from evidence that working with young people, families and carers to get transitional care right for their needs can improve both on-going engagement with services and health outcomes.	
Recommendation	
This report is for **INFORMATION.** The Board is asked to **NOTE** the report **.**	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	**N/A**
Appendices:	**None.**

University Hospitals Bristol and Weston NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday 12 November 2024 from 13:15 to 16:45 in the Level 2 meeting room, St James Court, Cannon Street, Bristol, BS1 3LH

Present

Board Members

Name	Job Title/Position
Martin Sykes	Vice Chair, Non-Executive Director
Sue Balcombe	Non-Executive Director (*online*)
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Chief Digital Information Officer
Jane Farrell	Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Marc Griffiths	Non-Executive Director
Maria Kane	Joint Chief Executive for UHBW and NBT
Neil Kemsley	Chief Financial Officer
Linda Kennedy	Non-Executive Director
Rebecca Maxwell	Interim Chief Medical Officer
Roy Shubhabrata	Non-Executive Director (*online*)
Anne Tutt	Non-Executive Director
Stuart Walker	Hospital Managing Director, UHBW
Emma Wood	Chief People Officer & Deputy Chief Executive
Susan Hamilton	Associate Non-Executive Director

In Attendance

Emily Judd	Corporate Governance Manager (*minutes*)
Mark Pender	Head of Corporate Governance
Eric Sanders	Director of Corporate Governance
Tony Watkin	Patient Story (*for item 3*)
Huda Hajinur	Director of Caafi Health (*for item 3*)
Emilie Perry	Deputy Chief Operating Officer (*for item 11*)
Emma Kate Reed	Deputy Medical Director (*for item 11*)
Joanna Mockler	Quality and Patient Safety Manager (*for item 13*)
Nicola Nelson	Deputy Director of Midwifery & Nursing Women's Services *(for item 13*)
Ruth Hendy	Lead Cancer Nurse (*for item 14*)
Caroline Bell	Care Quality Commission (observing)
Kirsty Treloar	Care Quality Commission (observing)
Sharon Hayward-Wright	Care Quality Commission (observing)

The Chair opened the Meeting at 13.15pm

Minute Ref.	*Item*	*Actions*
01/11/24	**Welcome and Apologies for Absence**	
	Martin Sykes, Vice Chair, welcomed members of the Board and all those in attendance to the meeting. Martin explained that he would be chairing the meeting in the absence of Ingrid Barker, Joint Chair.	

Minute Ref.	Item	Actions
	Apologies of absence had been received from Ingrid Barker, Joint Chair and Arabel Bailey, Non-Executive Director.	
02/11/24	**Declarations of Interest**	
	There were no new declarations made.	
03/11/24	**Patient Story**	
	Tony Watkin, Patient and Public Involvement Lead introduced Huda Hajinur, Director of Caafi Health. Tony explained that Huda would talk about her personal experience of being a user of the hospital's translating and interpreting services, and that of the communities and individuals Caafi Heath support, to explore why such services are so important to the health and well-being of people and how they contribute to addressing health inequality. Tony said the story was set in the context of a launch in November of a new provider called "Word 360" to improve the provision of language translation and interpreting services across the Trust, North Bristol NHS Trust (NBT) and Sirona Care and Health. He noted that the piece of work linked to the Trust's Experience of Care Strategy for 2024-2029. Huda described an emotive story about her brother dying suddenly in the Trust's hospital which the family could not comprehend due to poor translating and interpreting services that should have been in place to support families in understanding the cause of death and supporting them to grieve. Huda said her family could never trust the hospital again and when Huda's father passed away in 2019, Huda said his questions around her brother's death had still not been answered. Huda noted other experiences from other minority families where they had also been subject to poor translating and interpreting services. Susan Hamilton, Associate Non-Executive Director asked how the new translating provider, "Word 360" would make a difference and which elements of the Experience of Care Strategy this work would link to. Deirdre Fowler, Chief Nurse and Midwife said that the first step was to acknowledge there was a problem with the language translation and interpreting services across the Trust and within the strategy, a vital objective was around improving information standards. Deirdre explained that the new provider had launched at the beginning of November so it was too soon to gauge improvements, but she noted that the Experience of Care Committee would be monitoring the performance which reported into the Quality and Outcomes Committee. It was agreed that a a deep dive on this subject should be brought to this Committee in three months' time. **Action: Chief Nurse and Midwife to bring a deep dive on the progress with the new provider for translation and interpreting services "Word 360" to be presented to the Quality and Outcomes Committee in February 2025.** In terms of digital solutions, Neil Darvill, Joint Chief Digital Information Officer, explained that around three quarters of the Trust's patients preferred to use electronic devices for responding to medical invitations and for providing feedback. Neil said this platform would make it easier to translate languages which could be accessed digitally, and it demonstrated how the Trust was moving away from more traditional appointment services and making information more accessible.	**Chief Nurse and Midwife**

Minute Ref.	*Item*	*Actions*
	Maria Kane, Joint CEO, acknowledged the general inequity for some patients' accessing services, and noted that work would progress on how this would be addressed within the regional healthcare system. Marc Griffiths, Non-Executive Director asked where these experiences could connect into the local universities so that the curriculum could support students to have the knowledge and capability to challenge health inequalities. Huda suggested that learning about the lived experiences through these communities would be the first step in supporting medical professionals to understand some of the challenges in accessing healthcare. In response to a query from Stuart Walker, Hospital Managing Director, Huda said the Caafi Health service supported all communities in their first language. Deirdre Fowler thanked Huda for attending the regular Health Equity Group meetings which provided the group with valuable insight in supporting the improvements to the organisation. On behalf of the Board Martin Sykes thanked Huda for the emotive story about her brother. Hudathen left the meeting. **RESOLVED that the Patient Story be received and noted for information.**	
04/11/24	**Minutes of the Last Meeting – 10 September 2024**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 10 September 2024. **RESOLVED that the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 10 September 2024 be approved as a true and accurate record.**	
05/11/24	**Matters Arising and Action Log**	
	All actions from the previous meeting had been closed on the action log. **RESOLVED that the updates to the action log be approved.**	
06/11/24	**Questions from the Public**	
	No questions had been received from members of the public.	
07/11/24	**Chief Executive's Report**	
	Maria Kane, Joint Chief Executive introduced her report to the Board and highlighted the following points: • <u>Independent Investigation of the National Health Service in England (The Darzi Review):</u> The review of the NHS by Professor Lord Darzi had been commissioned by the new government in July and the report had been published. The report concluded that the NHS was in a critical condition and the outputs would focus on a move towards prevention, out of hospital care and the use of digital. The outputs of the review would form the foundation for a 10 year plan which was expected to be released in Spring 2025. Within the new government's budget there was a significant commitment to funding healthcare with	

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	an expectation that performance and productivity was improved. There had been helpful commitments to investing in digital and innovation, as well as investment in local authority services supporting social care. • Integrated Care System Update: The system launched the planning round for 2025-26 through a workshop with system leaders from all sectors. This would address the local priorities alongside the national priorities. Furthermore, UHBW and NBT had been offered a one-off workshop opportunity by Healthcare UK to give both Trusts the opportunity to consider its strengths as two organisations. • Pro-equity commitment: The Trust was committed to creating a pro-equity culture to support its staff and patients, and based on feedback from colleagues across the organisation, a commitment to anti-racism had been co-created that had been shared internally for reflection. This piece of work would conclude at the end of November and the Trust would continue to work to inform and communicate the commitment to ensure work was being valued and celebrated going forward. • Speaking Up: At a recent Board Development Day, the Board discussed the Freedom to Speak Up Annual Report and agreed that it required a wider view on speaking up, including the triangulation of data, to better understand the culture within the Trust. • Appointment of a Joint Green Champion for UHBW and NBT: Dr Sanjoy Shah had been appointed as the Joint Green Champion and would provide support to both Trusts to drive forward the Green Plan actions, particularly helping to reach clinicians and create a stronger sustainable movement within the clinical workstreams of the system. • GP collective action: GP collective action was underway, but it was not yet having a negative impact on the Trust. This would be monitored as the Trust entered the winter months. • Service Visits: Service visits continued so that Maria could speak to frontline staff and system providers. Martin Griffiths, a clinical lead for serious youth violence, would be visiting the system later this month to discuss with system leaders how acute hospitals and other providers dealt with both victims, perpetrators and the culture that surrounded this. An update would be reported at the next meeting. In relation to the GP collective action, Rosie Benneyworth, Non-Executive Director asked how the Trust could support primary care to release the pressure on these services. Rebecca Maxwell, Interim Chief Medical Officer responded that prior to the GP collective action, the Trust was engaging with the primary care sector to look at the link between them and the hospitals. Rebecca noted that a consultant had been employed to focus on how this could be co-designed with NBT. Maria added that there were options for two-	

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	way learning, including a Primary Care Academy to see what could be managed more effectively. **RESOLVED that the Joint Chief Executive's report be received and noted for information.**	
08/11/24	**Joint Chair's Report**	
	Martin Sykes, Vice Chair directed the Board to the Chair's activity report which was presented for information. **RESOLVED that the Joint Chair's report be received and noted for information**.	
09/11/24	**UHBW Clinical Strategy**	
	Rebecca Maxwell, Interim Chief Medical Officer, introduced to the Board the Clinical Strategy final draft which had been developed over the last year and which linked to several key strategies for the Trust. Rebecca explained that there were four key goals: • Working in partnership to strengthen clinical services, to deliver high quality care to all, now and into the future. • Designing future clinical services with the communities, increasing equity and improving the health of the local and regional population. • Driving innovation and being bold about the ambition to pioneer new standards. • Delivering the benefits of the Healthy Weston vision to be a strong and dynamic hospital, at the heart of the community. Rebecca added that a detailed delivery plan was being developed with the Trust's divisional teams to outline the key actions the strategy would drive to deliver the stated goals. This plan would be delivered through the Patient First operating framework and would measure the successful delivery of the strategy. Linda Kennedy, Non-Executive Director, asked for the goals to be embedded within the overall communications plan. Rebecca agreed and would check the communications strategy to ensure the goals were clearly reflected. Martin Sykes summarised the discussion and asked the Board to approve the final draft of the clinical strategy. There were no opposing voices. **RESOLVED that the UHBW Clinical Strategy be APPROVED.**	
10/11/24	**Quality and Outcomes Committee – Chair's Report**	
	Sue Balcombe, Chair of the Quality and Outcomes Committee, presented her Chair's report from the October meeting of the Committee. • The focus for the meeting in October was a deep dive into the system level engagement and performance regarding No Criteria to Reside. Issues to escalate to the Board included grasping an understanding of the wider system actions to tackle No Criteria to Reside, and the lack of social care and community capacity for pathways 2 and 3.	

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	• The Committee welcomed the latest results of the National In-Patient Survey results and the significant improvements for Weston Hospital which was now ranked in the top 30% of all hospitals and the highest scoring hospital within the BNSSG Integrated Care System. • The Committee had also received the Annual Reports for Pharmacy and Clinical Audit. During the ensuing discussion, the following points were made: • Stuart Walker, Hospital Managing Director responded to the challenges around No Criteria to Reside and confirmed that it was a significant concern at system level. He explained that the ongoing system level work to improve the situation was essential and the hospital would continue to support this priority. Deirdre Fowler, Chief Nurse and Midwife added that along with NBT, the Trust would be working in collaboration to share learning with peers within the system to understand the gaps and key enablers. • Maria Kane echoed these comments and explained that the region was under bedded, and resources needed to be increased, and she noted the difficulties this would bring in the short-term whilst entering the winter months. • Rosie Benneyworth, Non-Executive Director, asked what the system wide attitude to risk was, as it appeared that the Trust was carrying a large proportion of the risk. Maria responded that it was proportional risk as community partners were also struggling and that the clinical thresholds needed reassessment. Jane Farrell, Chief Operating Officer agreed that due to the way the performance was monitored via NHS England (NHSE), the Trust was holding a large proportion of risk and explained that the underlying factor of the problem was due to limited bed space within community hospitals. Jane summarised that this was a collective issue that the system would continue to prioritise. • Emma Wood, Chief People Officer explained that the system was collectively reviewing vacancies within the region to tackle the workforce issues. **RESOLVED that the Quality and Outcomes Committee Chair's Report be noted for information.**	
11/11/24	**Winter Plan**	
	Jane Farrell, Chief Operating Officer, introduced Emile Perry, Deputy Chief Operating Officer and Emma Kate Reed, Deputy Medical Director who presented the winter plan to the Board and highlighted the following key points: • The winter plan had been developed alongside the NHSE "Winter and H2 Priorities" letter which was published in September 2024. • A key objective from the winter plan was to deliver safe, high-quality patient care, including the effective management of infection, ensuring timely access was maintained to care for the local population and beyond.	

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	• The plan considered the risk from patients presenting with High Consequence Infectious Disease, such as Measles and Monkey Pox. • The plan considered improvement work to reduce bed occupancy to 92% through a reduction in patients with No Criteria to Reside, alongside a system level rapid improvement sprint. • The plan would ensure plans were in place to maximise patient flow throughout the hospitals 7-days per week. • The plan would prioritise the hospital's vaccination programme for staff with the key aim of keeping them well. In response to a query from Rosie Benneyworth, Non-Executive Director, the Board noted that a winter plan for the Children's Hospital had been developed separately and it was confirmed that the report being considered today covered adults only. Jane added that the challenges of the winter period for Children's tended to start earlier and the plan to support the Children's Hospital throughout the period was already in operation. Susan Hamilton, Associate Non-Executive Director queried the risk associated with staff burnout and asked what support would be available. Emma Wood, Chief People Officer, said the wellbeing offer for all staff was huge, with many resources and initiatives available. Emma added that this year the Trust was starting the winter period with improved turnover and vacancy metrics which would support the establishment. Susan asked about how the evaluation process would be embedded into this year's winter plan, and Emilie said the core metrics would be tracked through weekly meetings and learning from previous winters would be considered in real time, rather than at the end of the winter period. Roy Shubhabrata, Non-Executive Director, asked whether the Trust would be engaging with the third sector to utilise their support as much as possible. Emilie said that as part of the Transfer of Care Hub, the voluntary sector was well embedded to support patients in being discharge from hospital and cared for at home. The Board supported the approach of the winter plan and thanked the team for the excellent report. **RESOLVED that the Winter Plan Report be received and noted for information.**	
12/11/24	**Integrated Quality and Performance Report**	
	The Board received the Performance Report of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. The following points were highlighted: Jane Farrell, Chief Operating Officer said in terms of October's performance, the Trust had delivered full recovery and delivery across all access targets but noted the need to decompress the acute sites was critical in order to protect elective capacity and to build on the patient flow throughout the Emergency Department. Deirdre Fowler, Chief Nurse and Midwife noted that there had been three Methicillin Resistant Staph Aureus (MRSA) cases for the month of September	

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	which had brought the Trust's year to date total to five cases. Deirdre explained the challenges complying with the NHSE limit of zero and noted that an improvement group had been tasked with making improvements in this area. Rebecca Maxwell, Chief Medical Officer reported an exception within surgery and the number of patients who received surgery within 36 hours of admission had reduced to 20% within the Bristol Royal Infirmary (BRI). It was noted that divisional plans were being reviewed to achieve short-term improvements, and the move of trauma to the new elective service was being considered for longer-term improvements. Emma Wood, Chief People Officer noted that vacancy and turnover rates were at their lowest level since 2021. Emma also reported that the collaborative bank with NBT had signed up 1300 nurses with 10% working across both sites every month. Emma said the costs and efficiencies were being tracked in terms of providing a quality service for both organisations. **RESOLVED that the Integrated Quality and Performance Report be received and noted for information.**	
13/11/24	**Maternity Assurance Report**	
	Nicola Nelson, Deputy Director of Midwifery and Nursing Women's Services, and Joanna Mockler, Quality and Patient Safety Manager, attended the meeting to highlight key maternity and neonatal safety report for Quarter 2 to the Board: • The Trust was on track to achieve the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS). • Within neonatal services, achieving the required establishment of 70% Neonatal Qualified in Speciality (QIS) trained nurses remained challenging, which reflected the national position. • Mandatory training dates for new starters had been allocated and it was anticipated that the required compliance standards would be achieved by January 2025. • Risks relating to the rollout of the new maternity system called Badgernet were highlighted, and work was ongoing with digital services to resolve the issues. Neil Darvill, Chief Digital Information Officer said the challenges with Badgernet involved inconsistent connectivity and he intended to prepare a report to the Board outlining the risks and planned remedial activity. Stuart Walker, Hospital Managing Director noted the positive downward trend for Avoidable Term Admissions to NICU (ATAIN) since March 2023 and asked whether the improvements had been monitored. Deirdre Fowler, Chief Nurse and Midwife said that the team had received national recognition for this positive outcome and Deirdre added that work on the National Perinatal Mortality Review Tool (PMRT) was equally as assuring. **RESOLVED that the Maternity Assurance Report be received and noted for information**.	

Minute Ref.	Item	Actions
14/11/24	**Annual Cancer Patient Experience Survey**	
	Ruth Hendy, Lead Cancer Nurse, introduced the Annual Cancer Patient Experience Survey to the Board and highlighted the following updates: • The survey related to cancer patients treated in 2023 and for inpatients and day-case patients only. • Patients scored the Trust 9 out of 10 for the 'overall experience of care' question, which placed UHBW as 46th out of 132 Trusts and slightly above the national average. • There were consistent themes of good practice across UHBW including attributes of 'staff', 'treatment' and 'care quality'. The themes with lower scores related to facilities, waiting times and delays, and appointments. • The report provided some limited detail on results presented by different demographic groups including age, gender, ethnicity, Indices of Multiple Deprivation (IMD) and respondents with additional 'long term conditions', however the full data set would be available from the New Year which would be used to analyse the results in more detail. • It was noted that 85% of respondents identified as 'White British' and a sample was examined to determine the ethnicity profile to explore any correlation between the ethnicity profile of the sample and the ethnicity profile of the respondents. The sample demonstrated that there was consistency with overall survey response rates appearing to be proportional to the size of the known ethnicity profiles of the Bristol area. • The refurbishment and expansion of facilities at Bristol Haematology and Oncology Centre (BHOC) remained a priority for UHBW and it was noted that the Trust was making short-term improvements to the service. • UHBW continued to be committed to having a cancer support 'Maggie's Centre' built on-site in Bristol and a planning submission was progressing. • A cancer services improvement plan was being developed with input from clinical teams across the Divisions and with NBT. Rosie Benneyworth, Non-executive Director asked about the holistic support available to patients with additional long-term conditions. Ruth explained that the results were shared with community care partners to explore what could be done to support long term conditions and described a project that was underway with NBT to look at reasonable adjustments for neurodiverse patients. Jane Farrell, Chief Operating Officer, noted the variations between male and female cancer patient experiences and asked if work could be carried out to explore this result. Ruth said the results needed to be explored to understand what was driving the disparity between the experiences of patients from different demographic groups, and this level of scrutiny could be carried out from January when the full data set had been received. In response to a query from Paula Clarke, Executive Managing Director for Weston General Hospital, Ruth confirmed that the new Maggie's Centre	

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	would focus on more holistic treatment for patients with other long-term conditions. Maria Kane, Joint Chief Executive, noted the lowest performing questions and considered whether the responsibility was held by UHBW or by the community and / or voluntary services. Ruth said via focus groups held in the past, the general view from patients was that their treatment was the responsibility of the hospital. Ruth said there was a need to upskill the information provided to patients to highlight the services available to them within the community and closer to home. Maria agreed that the Trust would want to do as much as possible to coordinate the services for patients. Maria added that the low ethnicity respondent rates was mirrored across the South West and reported that work was ongoing to improve this picture more generally. In response to a query from Marc Griffiths, Non-Executive Director, Ruth said the comments about cancer services staff were pulled out of the results and disseminated to the clinical teams for sharing more widely. Susan Hamilton, Associate Non-Executive Director, suggested that in relation to the ethnicity data, the regional population would be heavily weighted towards more elderly patients, of which the ethnicity rates were lower and to consider this when completing the analysis. **RESOLVED that the Annual Cancer Patient Experience Survey be received and noted for information**.	
15/11/24	**Learning from Deaths Quarter 2 Report**	
	Rebecca Maxwell, Chief Medical Officer introduced the Learning from Deaths report for Quarter 2 and highlighted the following updates: • The Medical Examiner service became statutory on 9 September 2024 and meant that all deaths should be reviewed by a Medical Examiner. This had increased the workload for the team. • The Medical Examiner agreement had been signed off by UHBW and NBT for a funding split of 50/50. The agreement would aid shared learning and maximise development across the Trusts. • Since the statutory process had changed, the amount of Medical Examiner referrals for UHBW had risen which was largely attributed to queries being raised by families around previous UHBW admissions for patients who had subsequently died in the community. • The annual report for 2023/24 had highlighted that Weston General Hospital had triggered more than double the rate of Medical Examiner referrals compared to the BRI and this had been reflected in the report for quarter 2. It was noted that the structured judgement review scores were 4 and above, which was positive. • The divisional mortality lead post in medicine had been recruited to in quarter 2. Rosie Benneyworth, Non-Executive Director, asked how the learning from deaths data aligned to patient complaints and Rebecca said that work was underway to explore how the data could be triangulated and noted that complaints did get reported into the Clinical Quality Group meeting.	

Minute Ref.	*Item*	*Actions*
	RESOLVED that the Learning from Deaths Quarter 2 Report be received and noted for information.	
16/11/24	**Research and Innovation Report – 6 monthly**	
	Rebecca Maxwell, Chief Medical Officer, introduced the Research and Innovation Report to the Board and highlighted the following: • A key focus over the past six months had been to plan and initiate work with NBT to develop a Joint Research Strategy. • The response rate for the percentage of research participants responding to the NIHR Participant in Research Experience Survey was above target, showing good engagement between research teams and patients who take part in research. • The team had introduced new internal key performance indicators to monitor performance which contribute to the 60-day target and it was noted that performance on this metric was below the target level. **RESOLVED that the Research and Innovation Report be received and noted for information**.	
17/11/24	**Finance, Digital & Estates Committee Chair's Report**	
	Martin Sykes, Non-Executive Director and Chair of the Finance, Digital & Estates Committee, presented his report from the last meeting of the Committee held in September 2024 and highlighted the following: • The financial recovery actions were reviewed by the Committee. • The Committee reviewed and supported the Integrated Care System Infrastructure Strategy including the top ten system priorities for future investment. It was noted this was approved by the Integrated Care Board in October 2024. • An update on the digital prescribing project was provided which clinical teams were supporting. • The business case for replacement ophthalmology Electronic Patient Records was approved and the project initiation would soon commence. • The Committee agreed to update Microsoft user licences and the Board heard that rapid deployment would commence. • The committee received a detailed update on Estates compliance issues, including an update on fire safety compliance. • The Committee received an update from the procurement department regarding carbon reduction in supplies and goods procured by the Trust. **RESOLVED that the Finance, Digital and Estates Committee Chair's Report be received and noted for information.**	
18/11/24	**Monthly Finance Report**	
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance from month 5 and 6. Key points included:	

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	• The Trust's net income and expenditure position at the end of September was a deficit of £6.6m which was improved by additional funding released to support the costs of industrial action. • The Trust's net income and expenditure position at the end of October was a deficit of £6.4m. • The shortfall of savings was forecasted at being £32m at year-end, which was an improvement in terms the Trust's overall delivery. • A forecast outturn assessment and System Peer Review had taken place during September per the System Financial Forecast Outturn Change Protocol and the system had agreed that the break-even plan remained deliverable. • The Trust was behind on capital expenditure and a detailed report would be presented to the Finance, Digital & Estates Committee in December. Anne Tutt, Non-Executive Director, asked whether there was a shortfall in the Cost Improvement Programme. Neil confirmed that there was a shortfall and explained that at the start of the year it was anticipated for £41m to be achieved but noted that this would add to the financial challenges next year if the picture was not further improved. **RESOLVED that the Monthly Finance Report be received and noted for information**.	
19/11/24	**People Committee Chair's Report**	
	Linda Kennedy, Chair of the People Committee, introduced the report from the meeting of the People Committee held during September 2024 which was chaired by Arabel Bailey in her absence. Linda highlighted the following: • The focus for the meeting was on new ways of working which was one of the four pillars from the People Strategy. • The Committee was informed that a number of changes in employment law were due to be introduced in the near future and including a new duty on employers to take reasonable steps to prevent sexual harassment. • It was reported that the collaborative bank between UHBW and NBT had launched in August 2024 and was in a pilot phase for registered nurses only. • The Committee received an education update including the Trust's apprenticeship portfolio, the development of new recruitment pipelines utilised to deliver the Nursing funded retention plan, and compliance with the Compassionate and Inclusive mandated leadership programme which had risen to 72% over the first-year post introduction, against a target of 75%. • A fifth cohort would soon start the Bridges Talent Management programme. • In addition to the report, the Committee received a presentation highlighting changes to the national context.	

Minute Ref.	Item	Actions
	• The Committee agreed for Linda to raise a query at system level on more collaborative ways of working to improve opportunities for career growth and development. **RESOLVED that the People Committee Chair's Report be received and noted for information.**	
20/11/24	**Trust Constitution**	
	Eric Sanders, Director of Corporate Governance, presented the updates to the Trust Constitution as part of the strategic intent to form a group with NBT, where there have been several developments which needed to be reflected in the document, namely the appointment of a Joint Chair and Joint Chief Executive, and the appointment of a UHBW Hospital Managing Director. Eric noted that once the Board had approved the changes, the Council of Governors would need to approve the final document. Martin Sykes asked how frequently the Trust needed to make changes to the Constitution and Eric explained that an annual review usually took place, however more substantial changes were made when necessary. **RESOLVED that the Trust Constitution be APPROVED by the Board for onward submission to the Council of Governors for final approval.**	
21/11/24	**Audit Committee Chair's Report**	
	Anne Tutt, Chair of the Audit Committee, presented her report from the meeting of the Audit Committee held in October 2024 and highlighted the following: • The Committee reviewed the Board Assurance Framework (BAF) for quarter 2, which contained the Trust's principal risks and the committee agreed for a process to be developed. • The Committee considered the NHS England Workforce Controls internal audit. • The Committee discussed in detail the internal audit reports with limited or no assurance outcomes. • The Committee discussed the number of outstanding actions from the recommendations arising from internal audit reviews. • An update was provided on the management of policies and procedural documents, and the number of out-of-date documents on the system was noted. Stuart Walker, Hospital Managing Director added some clarity around the comment in the report relating to No Criteria to Reside under the capacity and performance principal risk and said this would be made clearer. Stuart also confirmed that the outstanding audit actions had been well received by the Executive team and would be progressed. Rosie Benneyworth, Non-Executive Director asked whether the Duty of Candour limited assurance audit could be discussed in more detail and Deirdre explained that the Duty of Candour was recorded in four different places and the aim would be to simplify this process to improve the assurance level for this report.	

Minute Ref.	*Item*	*Actions*
	RESOLVED that the Audit Committee Chair's Report be received and noted for information.	
22/11/24	**Well-Led Action Plan Update**	
	Eric Sanders, Director of Corporate Governance, presented the Well-Led Action Plan Update for the information of the Board and highlighted the following: • Updates against the actions, including the priority areas relating to strategy, risk and performance reporting, were included in the report and were highlighted in red text for ease of identification. • Work had progressed by the Task and Finish Group to consider the Trust's risk appetite and feedback would be brought to the Board in January. In response to a query from Maritn Sykes, Eric confirmed that the actions and recommendations would be closed by the Task and Finish Group before applying it to business as usual. Marc Griffiths, Non-Executive Director asked how the Board would know if there had been significant progress against the actions and Eric said he would consider this with the communications team to ensure the strategy was being embedded within the organisation. **RESOLVED that the Well-Led Action Plan Update be received and noted for information**.	
23/11/24	**Governors' Log of Communications**	
	Eric Sanders, Director of Corporate Governance, presented the Governors' Log of Communications for the information of the Board and highlighted that there were no outstanding questions on the log. **RESOLVED that the Governor's Log of Communications be received and noted for information**.	
24/11/24	**Any Other Urgent Business**	
	There were no items of urgent business for discussion.	
25/11/24	**Date of Next Meeting:** Tuesday 14th January 2025	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting on Tuesday, 14 January 2025
Action Log

Outstanding actions from the meeting held in November 2024					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	***03/11/24 Patient Story***	Chief Nurse and Midwife to bring a deep dive on the progress with the new provider for translation and interpreting services "Word 360" to be presented to the Quality and Outcomes Committee in February 2025.	Chief Nurse and Midwife	February 2024	**Suggest action closed** This item has been added to the draft agenda for February's Quality and Outcomes Committee

sReport To:	Board of Directors in Public		
Date of Meeting:	14 January 2025		
Report Title:	Chief Executive Report		
Report Author:	Executive Directors		
Report Sponsor:	Maria Kane, Joint Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments.		

Key Points to Note *(Including any previous decisions taken)*

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections:

- National Topics of Interest
- Integrated Care System Update
- Strategy and Culture
- Operational Delivery
- Engagement & Service Visits

Strategic Alignment

This report highlights work that aligns with the Trust's strategic priorities.

Risks and Opportunities

N/A

Recommendation

This report is for Information. The Trust Board is asked to note the contents of this report.

History of the paper (details of where paper has <u>previously</u> been received)

N/A	
Appendices:	N/A

Chief Executive's Report

Background

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

1. National Topics of Interest

1.1 Reforming Elective Care for Patients

The Government has just published its plan to help to reduce elective waiting lists which have built since the beginning of the pandemic. Despite the level of activity being greater now than ever before, the hiatus caused by the cessation of many routine procedures during Covid-19 means that the waiting lists remain, with a significant number of patients still waiting over a year for treatment.

The plan intends to increase the use of community diagnostic centres, letting patients access care such as scans, tests, and checks closer to home. It will also roll out a wave of new surgical hubs in a bid to help protect planned procedures from being impacted by seasonal and other pressures on the NHS. It forms part of the new Government's manifesto commitment to create two million additional appointments in its first year in power – the equivalent of 40,000 every week.

The first steps are a number of actions which will be completed before the end of 2024-25 and ahead of the new financial year, where ICB and Acute Trusts are being asked to:

- Provide the name of an existing director who will be responsible for improving the experience of care and the experience of those waiting for care,
- Review and improve operational processes that affect how patients, and their carers receive correspondence and information on waiting times,
- Make customer care training available for all staff in patient-facing roles.

The Government also included some details around Planning for 2025/26 within the same publication and these include:

- 65% of patients waiting less than 18 weeks for elective treatment, and
- every Trust delivering a minimum of 5% improvement by March 2026.

The funding for this will need to be found within the total system allocations. Work on publishing the Operational and Financial Priorities and Planning Guidance for 2025/26 will continue with the aim of sharing these as soon as possible.

To support this, NHS England will support systems by:

- Helping to optimise the use of Advice and Guidance, including by implementing changes to the payment scheme to support GP practices to manage in the community those who do not need secondary care,
- continue to roll out patient-initiated follow-up (PIFU) and remote monitoring where appropriate,
- extend adoption of the Federated Data Platform to 85% of all secondary care trusts
- support more consistent use of the independent sector to increase capacity and choice for patients,
- continue working towards greater connectivity between the e-Referral System, patient engagement portals and the NHS App,
- continue to support the delivery of new community diagnostic centres and surgical hubs.

1.2 Leading the NHS: Proposals to regulate NHS managers

Over the past two decades a number of high-profile public reviews have identified failures in NHS leadership which impacted upon patient safety, care and experience.

A substantial amount of work has taken place in response to the Francis inquiry into the failings of Mid Staffs NHSFT (2013) which included the introduction of the fit and proper persons test (FPPT).

Tom Kark QC undertook a review of the FPPT process in 2019 and identified a perception that poor managers were moving around the NHS from one high profile job to the next. As a consequence, new protocols for FPPT were added. Despite these improvements some patients affected by poor care and experience perceive NHS leaders as not being properly held to account. The Infected Blood inquiry and the ongoing Thirwall inquiry have highlighted the devastating impacts of a lack of senior leadership accountability.

Regulatory oversight of managers to ensure patient safety is a key priority for the NHS and with this in mind the government has launched consultation on:

- The type of regulatory system most appropriate for managers;
- Which managers should be in scope for any future regulatory system;
- What kind of body should exercise such a regulatory function;
- What types of standards managers should be required to demonstrate as a part of a future system of regulation.

The consultation closes on the 18 February 2025 and the Executive team will prepare the Trust response.

1.3 National Leadership and Management Framework

The Messenger Review of 2022 highlighted successful leadership as an important driver for improving organisational culture and seven recommendations were agreed and are being implemented. Most recently, Lord Darzi in his report published in September 2024 said, ‘for the NHS to have more and better leaders it needs to invest in them.’

In an effort to enhance management and leadership across health and social care NHS England commissioned KPMG, the Chartered Management Institute, the Florence Nightingale Foundation and the Faculty for Medical Leadership and Management to conduct research to help inform a Code of Practice outlining the values and behaviours, standards and competencies of management and leadership at all levels. The code of practice was to be agreed by the end of this calendar year and standards and competencies designed by March 2025, and curricula signed off by April 2025.

2. Integrated Care System Update

2.1 The Joint Forward Plan Refresh

The Bristol, North Somerset and South Gloucestershire ICS Joint Forward Plan 2024 to 2029 was published in May 2024. The plan sets out how the Integrated Care Board (ICB) intends to deliver on the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. It connects our immediate

System, operational response to the challenges faced in our system with our longer-term strategic aims.

There is a process underway, being led by the ICB to refresh the document, with the aim of resubmitting against a national deadline at the end of March 2025. UHBW and NBT are working together, as part of our joint planning approach to provide input into this.

As a reminder, the four aims of the Integrated Care System remain:

- Improve outcomes in population health and health care
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

2.2 Global Partnerships Workshop

UHBW and NBT held a successful one-off workshop on the 10 December, supported by **Healthcare UK,** a joint initiative of the Department of Health and Social Care, NHS England and the Department for Business and Trade, who champion the UK healthcare sector to foster opportunities and bolster international business growth.

The purpose was to scope the opportunities for us to develop international healthcare partnerships. The attendees represented a range of the clinical and non-clinical expertise we hold within our joint organisations and staff who are already engaged in international activities, but in an ad hoc manner. Opportunities were identified in the initial workshop to combine our strengths as organisations, as part of our Group model work to grow our offer with the aim of developing financial and reputational benefits, share learning and innovation, and exchange skills and experience where beneficial.

2.3 Locality Partnership Review

The Integrated Care Partnership Board (ICP) commissioned an independent review of Localities in September 2024 and the final report was presented to the ICP on 28 November making a number of recommendations on:

- Strategy
- Culture
- Resources
- Management
- Governance

The overall recommended direction is to strengthen the role of the six Localities within system governance, increase resource delegation to Localities and clarify the role of Localities and health and wellbeing boards. Several of these recommendations have direct impacts on the acute trusts and more generally are intended to impact how the ICS operates. All partners have been offered the opportunity to provide a structured response to the review, which will be sought through Trust governance in early January and then fed back to the ICP by the end of January.

3. Strategy and Culture

3.1 Joint meeting with Tony Dyer, Leader of Bristol City Council

The Joint Chair and I welcomed a visit from the new Bristol City Council leader, Councillor Tony Dyer. Discussions during the meeting centred around health and social care, No-criteria-to-reside numbers and collaborative opportunities. A reciprocal visit is being scheduled for the Chair and I to visit Councillor Dyer at City Hall next year.

3.2 Meetings with Prof Evelyn Welch, Vice-Chancellor of the University of Bristol and Steve West, Vice-Chancellor of UWE

During November I met with the Vice Chancellors of the Bristol universities. Both meetings were really positive and built further on our existing partnerships and considered how we can continue to share research, roles and opportunities as well as possibilities around future estate needs.

3.3 South-West NHS 10 Year Plan (10YP) leadership workshop

The NHS England South-West office led a full day workshop which brought together NHS and Local Authority leaders from ICBs, NHS trusts, and senior system partners to gather insights, feedback, and ideas on the 10 Year Plan for Health (10YP) which is due to be published in Spring 2025. The event was a first of a number of sessions to facilitate local leaders being able feed into the development of the 10 Year Plan.

This event was co-hosted by the Regional Director and NHSE / DHSC 10YP Senior Team and was intended to capture the challenges and opportunities facing the health system today, but also to generate innovative solutions that will help shape its future.

3.4 Joint Senior Leadership Away Day and UHBW visit

Dr Navina Evans, Chief Workforce, Training and Education Officer for NHS England visited in December to present at a senior leader's strategy away day and visit services. Navina was the CEO of the former Health Education England before joining NHS England in her current role. During the morning of her visit, she provided her insight and updates from the central team in the run-up to the 10 Year Plan. In the afternoon, Navina joined Associate Medical Director for Workforce, Dr Ali Johnstone, for a tour at UHBW.

4. Operational Delivery

4.1 GP Collective Action and Government offer

The current GP workforce action which was called following a BMA ballet continues with a large proportion of GPs across the country refusing to carry out a number of activities which they assert do not fall within the remit of primary care under the current contract. The Trust is managing the impact of the changes to activities being delivered by GPs. There is a fortnightly internal GP collective activity business continuity group with representation from the clinical divisions and corporate leadership teams. This mirrors the arrangements at system level with a fortnightly GP collective action business continuity group with representation from partner organisations. Internal GP collective action groups are coordinating the organisational responses to changes in prescribing practices, issuing of fit notes, and a move to a single referral form, and the corollary of suspending the use of additional pro forma where the LMC considers the risk of bounce back being low or moderate.

The Government has now issued an increased offer of funding uplift to the General Practitioners Committee of England (GPC) which would provide an increase of 7.2% cash growth which will equate to around 4.8% in real terms for GP contracts for 2025-26. This will be a precursor to support the shift of care to community as unveiled as part of the new Government's plan for the NHS.

4.2 Formal opening ceremony of North Bristol Community Diagnostic Centre

The official opening of the new permanent North Bristol Community Diagnostic Centre (CDC) took place recently and I was joined by NHS colleagues from across both NBT and UHBW, the Integrated Care System and NHS England. The centre which is housed next to the Asda at Cribbs Causeway, provides a number of different imaging tests for patients from across our system – these include-rays, CT and MRI scans, echocardiograms and endoscopy tests. Most of the centre opened in September, with endoscopy being fully open from the start of November.

Whilst the centre is run as a partnership between host NBT and independent healthcare provider InHealth, the centre provides services for patients from both UHBW and NBT. This facility is InHealth's biggest CDC, and one of the largest in the country. There have been more than 11,000 appointments since the CDC opened to patients in April and is a fantastic facility for our patients across Bristol, North Somerset, and South Gloucestershire.

4.3 Heightened Operational Pressure

We continue to see sustained operational pressure across all hospital sites and providers at system level. Increased attendance to the Emergency Department, combined with high levels of patients presenting with infectious disease, are driving exceptionally high bed occupancy levels and the unavoidable recourse to all escalation capacity measures. The number of patients with No Criteria to Reside also remains high, with established discharge pathways and volumes off-set by increased non-elective admission demand. This includes high numbers of community acquired Flu in line with the national picture, forecast to further peak towards the end of the month. Trust and system-wide 'winter' resilience plans fully mobilised, and further measures including additional community and admission avoidance schemes also underway to strengthen our collective system response.

4.4 Service Visits

I have been able to go and see a number of areas across the Trust over the past month. These visits provide me with an opportunity to speak to frontline staff – clinical and non-clinical and hear about their great ideas and of their challenges. Areas include:

- Gastro and Irritable Bowel Syndrome service accompanied by Aileen Fraser, Lead Clinical Nurse Specialist,
- UHBW Emergency Department pathway walk through with Rebecca Maxwell, UHBW Interim Chief Medical Officer and Richard Jeavons, Emergency Department Consultant,
- Weston General Hospital, meeting with the Chaplaincy team, Catering staff, Medical Records department, Porters' service and members of the team from the Discharge Lounge.

I have also commenced consultant 1:1 meetings at UHBW. These meetings enable me to hear directly from senior clinical leaders in the Trust on a range of issues in their services and divisions as we develop our group model.

Recommendation
The Board is asked to note the report.

Maria Kane
Joint Chief Executive

Report To:	Meeting of the Board of Directors in **Public**		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Joint Chair's Report		
Report Author:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Report Sponsor:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		√	√
	To inform the Board of key items of interest to the Trust Board, including relevant activities of the Joint Chair during the period since the last Joint Chair's report, engagement with System partners and regulators and the Joint Chair's visits and events.		
Key Points to Note *(Including any previous decisions taken)*			
The Joint Chair reports to every Public Board meeting with updates relevant to the period in question.			
Strategic and Group Model Alignment			
The Joint Chair's report identifies her activities, along with key developments at the Trust and further afield, including those of a strategic nature.			
Risks and Opportunities			
Not applicable			
Recommendation			
This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Joint Chair.			
History of the paper (details of where paper has <u>previously</u> been received)			
Not applicable			
Appendices:	Not applicable		

1. Purpose

The report sets out information on key items of interest to the Trust Board, including the Joint Chairs attendance at events and visits as well as details of the Joint Chair's engagement with Trust colleagues, system partners, national partners and others during the reporting period.

2. Background

The Trust Board received a report from the Joint Chair to each meeting of the Board, detailing relevant engagements she has undertaken and important changes or issues affecting UHBW (and NBT) and the external environment during the preceding months.

3. Appointments

Following a mini election, Ben Argo has been appointed to the position of Lead Governor for the next 12 months. Martin Rose will continue in his role as Deputy Lead Governor. I would like to thank colleagues who played a part in this election process, and I know the Board will want to join me in congratulating Ben.

I would like to thank Mo Phillips who was our Lead Governor for 6 years for her huge contribution and commitment whilst in the role.

4. Connecting with our Trust Colleagues at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

The Joint Chair undertook a variety of visits and meetings during November and December 2024, including:

- Meeting of Council of Governors
- Monthly meetings with Non-Executive Directors
- Monthly meetings with Vice-Chair
- Reciprocal Tour with Non-Executive and Executive Directors from both Trusts to UHBW. Locations included in the visit: BHOC, St Michael's, Bristol Heart Institute, Division of Surgery and Bristol Royal Hospital for Children.
- Visit to South Bristol Community Hospital with representatives from the Division of Medicine, Surgery, Women's and Children's and Sirona Health Care's in patient and Urgent Treatment Centre services.
- Visit to Unity Sexual Health Services at Central Health Clinic, supported with Megan Crofts, Consultant Sexual Health, Sarah Stockwell, Consultant Sexual Health Emma Painter, Modern Matron and John Millshines
- Meeting with newly appointed Lead Governor, Ben Argo
- Attended the Bristol and Weston Hospital Charity Christmas Star Concert
- A NED site visit training session
- Visit to Transfer of Care Hub supported with Emilie Perry, Deputy Chief Operating Officer and Caroline Daley, Assistant Director of Operations, Integrated Discharge Service
- Governor/Non-Executive Director engagement session
- UHBW Trust Christmas Carol Service

5. Connecting with our Trust Colleagues at North Bristol NHS Trust (NBT)

The Joint Chair undertook a variety of visits and meetings during November and December 2024, including:

- Visit to Neurology supported by Ellicia Sulway, Justin Pearson, Consultant, Mark Crossburn, Stroke Neurologist, Rachael Cromley, Clinical Matron and Harsha Gunawardena, Clinical Director.
- Visit to Burns and Plastics supported with George Wheble, Consultant and Christopher Wearn, Consultant.
- Visit to Bristol Centre of Enablement, celebrating its 10 year anniversary, supported by David Rowland, Assistant General Manager.
- Visit to Acute Oncology supported by Aless Bartlett, Lead Acute Oncology & Haematology Lead Nurse.

6. Communications

The Communications teams of both Trusts have been very helpful in making the above visits more visible to all colleagues and to UHBW Governors. For UHBW this has been through its platform Viva Connect and a newsletter to Governors. I would like to thank both teams for their support in this

7. Group Development

Discussions between the Trusts are continuing with regards to the development of the group model, with the primary focus being on the design of the group governance arrangements and operating model. These discussions have been in progress through a range of groups and meetings including the following:

- Fortnightly Group Design Futures Working Group
- Joint Executive Group meetings
- Teneo Governance Working Group
- Board to Board UHBW and NBT workshops on 3 December 2024 and 9 January 2025
- Remuneration committees held in common.
- Monthly joint NED meetings

8. Connecting with our Partners

The Joint Chair undertook introductory and follow-up meetings with a number of partners during November and December as follows:

- Meeting with Huda Hajinur, Chief Executive Officer of Caafi Health
- Introductory meeting with Paul Miller, Chair, Avon and Wiltshire Mental Health Partnership NHS Trust
- Meeting with Chrissie Thirlwell, Head of Bristol Medical School and Professor of Cancer Genomics at University of Bristol
- Attendance at the fortnightly City Partners Conference Call
- Attendance at the Bristol City Partners Breakfast meeting
- Leader of Bristol City Council, Tony Dyer, alongside our Joint CEO.
- Mayor Dan Norris, MP, West of England Combined Authority.
- BNSSG ICP Board, attended by Marc Griffiths on my behalf
- Leader of Bristol City Council, Tony Dyer, alongside our Joint CEO.
-
- Meeting with Barbara Brown, Chair, Sirona Care Health
- Monthly meeting with Jeff Farrar, Chair, BNSSG Integrated Care Board

9. National and Regional Engagement

The Joint Chair has also attended:

- The monthly National NHS Confederation Chairs' Group
- The NHS Providers Chair and Chief Executive Network event
- Call with Saffron Cordery, Acting Chief Executive Officer, NHS Providers
- Regular one to one 'touch points' with Elizabeth O'Mahony, NHSE South West Regional Director

- NHS Providers Annual Conference in Liverpool hearing from Secretary of State Wes Streeting, NHS England CEO Amanda Pritchard amongst others.
- Attended South West Regional 10 Year Plan Engagement Workshop for system senior leaders.
- Webinar with Secretary of State and Amanda Pritchard to discuss winter preparedness

10. Summary and Recommendations

The Trust Board is asked to note the content of this report.

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Freedom to Speak Up Strategy		
Report Author:	Kate Hanlon, Deputy Freedom to Speak Up Guardian		
Report Sponsor:	Eric Sanders, Freedom to Speak Up Guardian		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	To present the draft Strategy for discussion and approval by the Board.		

Key Points to Note *(Including any previous decisions taken)*

This revised Freedom to Speak Up (FTSU) Strategy – an update from the 2019 strategy – provides an outline of the key objectives underpinning the work of the FTSU service as it is currently resourced.

This strategy focuses on three key priorities relating to FTSU, namely raising awareness; inspiring confidence and removing barriers. The strategy also requires a commitment from the Board to demonstrate leadership and accountability and learning from concerns.

Strategic and Group Model Alignment

The Freedom to Speak Up Strategy is aligned with the People strategic priority within our Patient First approach and the current People Strategy, which includes the objective to 'celebrate and value the contributions of all our colleagues by ensuring they have a voice and are listened to'.

A more ambitious future plan of work (Appendix D) outlines what could be achieved with more resource, along with proposed actions to be considered with the FTSU Guardian at North Bristol NHS Trust as we move forward towards a group hospital model.

Risks and Opportunities

A SWOT analysis relating to the current strategy is enclosed as Appendix C.

Recommendation

This report is for **Approval**

The Board is asked to discuss and approve the Freedom to Speak Up Strategy.

History of the paper (details of where paper has <u>previously</u> been received)	
Board Development Day	4 September 2024

Appendices:	*Appendix A: FTSU concerns escalation process* *Appendix B: Update against objectives of 2019 FTSU Strategy* *Appendix C: SWOT analysis* *Appendix D: What could be achieved with more resource / group model*

University Hospitals Bristol and Weston NHS Foundation Trust

Freedom to Speak Up

Vision and strategy

2025

1. Foreword

Together we will make UHBW the best place to work.

Ensuring colleagues feel confident to speak up is critical to the delivery of safe care. We encourage colleagues to raise concerns so we can become a true learning organisation. Our staff survey data tells us not everyone feels confident to speak up or when they do some feel nothing changes. We need to work harder to listen, to act upon concerns and offer feedback to those who raise them.

*In doing so we will live our values of being **collaborative, innovative, respectful and supportive**. Alongside the People Strategy, this Freedom to Speak Up vision and strategy aims to deliver our promise to place colleagues at the heart of all we do. I welcome this, and its ambitions to make UHBW the best place to work.*

Emma Wood Chief People Officer and Deputy CEO

2. Setting the scene

2.1. Freedom to Speak Up (FTSU) means being able to voice concerns, but equally ideas or improvements without fear or detriment. Colleagues should feel confident that their voices will be listened to and that they will receive relevant and meaningful feedback. Speaking up creates an open, transparent and safe healthcare culture in which colleagues feel heard, safe and supported to speak up when things go wrong. However, research has repeatedly identified that this national vision is often not realised[1].

Embracing Freedom to Speak Up by listening to and acting on the suggestions and concerns of workers is critical for learning and improvement. The events surrounding the terrible crimes of Lucy Letby are an important reminder of how vital it is for organisations to have a culture in which workers feel safe to speak up about anything that gets in the way of delivering safe and high-quality care. Managers and senior leaders must be welcoming of speaking up and be ready to listen and act on what they hear.

Maria Caulfield MP, Parliamentary Under Secretary of State for Mental Health and Women's Health 16 November 2023

2.2. Having the freedom to speak up is also fundamental to ensure the right conditions of care for our patients. The recent introduction of 'Martha's Rule empowers patients and their relatives to 'speak up' where they may have concerns about their care, and our responsibility is to ensure our vision mirrors these same principles.

3. Vision

3.1. The vision is set out within the *People Strategy*, which places colleagues' experience at the heart of our programme of work to ensure UHBW remains a safe, enjoyable and inclusive place to work, together with fulfilling the objective: 'Celebrate and value the contributions of

[1] Lewis, D. (2013) Resolving Whistleblowing Disputes in the Public Interest: Is Tribunal Adjudication the Best that Can be Offered? Industrial Law Journal, Volume 42, Issue 1, March 2013, Pages 35–53. Available from: https://doi.org/10.1093/indlaw/dwt001.

all our colleagues by ensuring they have a voice and are listened to' (*Emma Wood, People Strategy, 2022-2025)*.

3.2. Please also read this strategy in conjunction with the Trust's *Respecting Everyone Policy* and the Listening Framework[2].

3.3. The vision also aligns with the work of the National Guardian's Office, which, since 2016, has focused on the task of making speaking up business as usual in health. The office leads, trains and supports a network of Freedom to Speak Up Guardians in England, disseminates learning and challenges the whole healthcare system to promote speaking up. The NGO defines speaking up as:

"…anything that gets in the way of patient care, or that affects your working life. That could be something which doesn't feel right, for example a way of working or a process which isn't being followed, or behaviours of others which you feel is having an impact on the well-being of you, the people you work with, or patients."

3.4. We know from our NHS staff survey responses and national responses over several years[3] that colleagues do not always feel safe to raise concerns or believe that their concerns will be heard or acted on. Indeed, despite the introduction of Freedom to Speak Up Guardians in 2016, confidence in raising concerns and feeling that they will be taken seriously has remained fairly static both at UHBW, and nationally.[4]

3.5. This, of course, is because speaking up happens in lots of different ways – the FTSU Guardian is just one route to raise concerns alongside managers, patient safety colleagues, HR Services, Union reps; staff networks and professional advocates among others. Nevertheless, this strategy's vision is that we have a culture where **all colleagues, including volunteers, students, locum, bank and agency workers, feel safe to speak up and that they have their voices heard** at work. But speaking up only works well when we are listening up and following up too. People who speak up need to see noticeable change in their working experience to feel confident that it is worth taking the risk to use their voice.

3.6. Ensuring that colleagues feel safe, supported and confident to raise concerns is fundamental to achieving our collective vision to improve the health of the people and community we serve. It is not something that can be achieved by FTSU alone – but must work with all elements of the broader *People Strategy*. This aligns with our new 'full-hearted care' approach – in which we aim to ensure we are matching our progressive culture of care for patients, with a progressive culture of care for our staff and communities.

3.7. The NHS is a people business; people are at the heart of what we do. This strategy puts our colleagues' experience rather than simply the process at the centre of change, recognising that there is a diversity of views and opinions, we need to be open to new ideas and remain curious about thinking and acting differently. We also need to be vigilant to address the barriers that exist which prevent staff from speaking up.

3.8. This Freedom to Speak Up Strategy, alongside the Freedom to Speak Up policy, supports colleagues to know:

- How to raise concerns
- Who to raise them with
- How the concern will be investigated

[2] https://uhbristol.sharepoint.com/sites/AnnualCheck-inAppraisalConversation/_layouts/15/viewer.aspx?sourcedoc={0680eba9-f711-485d-a209-c39931d8783b}

[3]Nationally, only 62.31% of people completing the NHS staff survey in 2023 felt safe to speak up about concerns and only 50.7% were confident their organisation would address those concerns.

[4]In 2018, 71.5% of staff who responded to the NHS staff survey (UH Bristol) said they would feel secure raising concerns and 61% would be confident that the concerns would be addressed.

- How feedback will be given
- How we learn from concerns.

3.9. The standard operating procedure for escalating concerns raised with the FTSU Guardian is included at Appendix A. This outlines the process and suggested timeframes for the Guardian and for senior leaders to respond to concerns and what steps will then be taken.

4. Where have we got to

4.1. Despite the NHS adopting the 20 principles from Sir Robert Francis' Freedom to Speak Up review in 2015[5] to guide the development of a healthy speaking up culture, some of our colleagues still describe reluctance to speak up – often based on fear or a sense of futility.

4.2. The following are quotes from colleagues who have raised concerns in 2023/4:

"[The process] left me so mentally exhausted and drained that I am not sure what I will do. Bank contracts really make you feel like you can be chewed up, spat out, and walked on"

"Only by speaking up can we bring about change. But I really hope change in behaviour happens rather than just tick boxing"

"Could not fault the [Freedom to Speak Up] process in any way. Situation now resolved and it wouldn't have been if we had not been supported and helped along the way"

"I feel dissatisfied because nothing has changed yet"

"8/10 is not a reflection in the work of the guardians! The issues we have raised require a massive shift in the culture of the organisation and involve a lot of people to take part"

"I am not afraid to speak up anymore as I no longer feel intimidated"

"I was seen by someone quickly and I felt my concerns were listened to"

"I am 100% happy with the outcome which was within the Freedom to Speak Up [Guardian's] jurisdiction. The element I'm not happy with is outside both our control".

4.3. A lack of confidence is set against a backdrop of challenging conditions in the NHS: a series of recent NHS inquiries, including the Fuller[6] and Ockenden[7] inquiries, has noted that staff are justified in having these concerns because speaking up is not always welcomed and poor behaviours and leadership can mean patient safety is severely compromised. The Thirlwall inquiry's terms of reference[8] include examination of the way concerns are raised and investigated in hospital trusts.

4.4. The first UHBW Freedom to Speak Up Strategy was implemented in 2019. This strategy had three objectives and associated actions for the FTSU Guardian. A summary of the objectives and achievements to date is included as Appendix B.

5. Where we want to be

5.1. Based on feedback from 'speaking up stakeholders'[9] across the organisation, the objectives of the 2019 strategy were translated into five new priorities. Additionally, the Board met in September 2024 to re-examine all the sources of information from speaking up routes within

[5] Freedom to Speak Up (nationalarchives.gov.uk)

[6] https://assets.publishing.service.gov.uk/media/6565d4c762180b0012ce82e8/HC310-fuller-inquiry-phase-1-report-web-accessible.pdf

[7] https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf

[8] https://thirlwall.public-inquiry.uk/document/terms-of-reference/

[9] FTSU Champions; wellbeing leads; HR representatives; learning and development; patient experience team; EDI lead; patient safety; risk team; unions; NED and executive leads;

UHBW (both workers and patients) to explore whether the right assurance is in place to ensure concerns are being heard and acted on. It was agreed that improvements in how this data is triangulated are required to better understand where there might be 'hot spots' and to provide targeted action. FTSU data will be included in this triangulation work as outlined below.

5.2. The first three new priorities include actions for the FTSU Guardian. The last two are priorities for the Trust Board to take forwards.

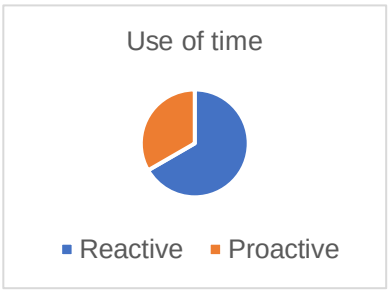
Priority	**What this means**	**How we measure success**
Raise awareness	That anyone who works at UHBW is aware of the routes to raise concerns	Mandatory Speak Up core training compliance of 95% across the divisions Pulse surveys Diversity of FTSU champion network
Inspire confidence	Anyone who works at UHBW understands the FTSU process and feels confident to use it as a route to raise concerns	Number of cases recorded and closed Regular reporting to Board/People Committee including themes from FTSU triangulated with other sources 95% satisfaction rate from feedback relating to FTSU process Case studies/learning published Reduction in external concerns reported
Remove barriers	Anyone who works at UHBW, regardless of their protected characteristics or their role in the organisation, feels safe to speak up – and the right environment is fostered to ensure they can access FTSU or other channels	Capture protected characteristics of those speaking up and if their protected characteristics are a reason for them speaking up Improve routes for speaking up and monitor Numbers and staff groups speaking up and their locations
Demonstrate leadership and accountability	Promote compassionate leadership across the Trust Build trust by encouraging open professional debate and welcoming constructive feedback	Senior leaders complete compassionate leadership training and all three modules of the NGO's Speak Up, Listen Up, Follow Up training Commitment to regular team/department meet and greet opportunities Use of values-based recruitment Pulse surveys
Show that we are learning from concerns	Wherever possible issues raised as concerns do not recur	Evaluate the other routes to raise concerns across the organisation and where themes/data is collected Learning from staff stories at Board Demonstrate tangible action to thematic concerns raised via FTSU and other routes Continued upward trend in NHS Staff Survey scores around speaking up

6. What we need to get there

6.1. We believe we have the foundations in place for delivering an efficient and effective FTSU service. This strategy sets out the programme of work that is being delivered against the three new priorities within current resources (what we are doing now), in addition to the core task of the FTSU Guardian to handle concerns. A SWOT analysis is included as Appendix C.

6.2. A more ambitious future plan of work (where we want to be) can only be achieved with more resource, but this would require a separate business case. Appendix D includes an outline of what could be achieved along with proposed actions to be considered with the FTSU Guardian at North Bristol NHS Trust as we move forward towards a group hospital model.

Priority	**What we are doing now**
Raise awareness	Participating in corporate induction Presenting team/department meetings (ad hoc) Participating in meet and greet opportunities across the divisions (ad hoc) Recruiting and training FTSU champions from across UHBW (to create a network of listeners who can support and signpost to further information work alongside the Guardian to raise awareness and promote the value of speaking up) Attending staff network meetings / providing allyship at events
Priority	**What we are doing now**
Inspire confidence	Thanking individuals who have spoken up and providing feedback on concerns Communicating FTSU outcomes (ad hoc) to the FTSU champion network and wider organisation Contributing FTSU data to triangulation work Linking with wellbeing leads and other routes for support (e.g. divisional managers) in communicating importance of raising concerns Finalising and publishing/ publicising the manager guide to speaking up Providing opportunity to feedback on FTSU service Adhering to SOP around FTSU concern escalation
Priority	**What we are doing now**
Remove barriers	Promoting the FTSU service as one of the routes to raise concerns at UHBW – improve routes to speak up, exploring Training FTSU champions from across the organisation – focusing on known gaps in representation (age, ethnicity, banding) Capturing data on protected characteristics of those raising concerns and whether concerns relate to protected characteristics
Resources	**What we are doing now**
	Senior lead FTSU (no ring-fenced time) 1 x B7 1 WTE (working 0.8)



Work type	Task	Hours (day)	Hours (week)
Reactive	Concern handling	3	12
Reactive	Internal / external meetings	2	8
Proactive	Champion training, recruitment	1.5	6
Proactive	Engagement activities	1	4

Glossary

The Board: we use this term to describe the executive and non-executive directors (the executive Board includes: Chief Medical Officer, Chief Nurse and Midwife, Chief People Officer, Chief Operating Officer, Managing Director Weston General Hospital, Chief Financial Officer and Joint Chief Digital Information Officer).

Senior leaders: we use this term when we mean executive and non-executive directors.

Colleagues: we use this term to mean everyone in the organisation including agency workers, temporary workers, students, volunteers and governors.

Speaking Up: encompasses matters often referred to as raising concerns, making suggestions for improvement, whistleblowing and protected or qualifying disclosures.

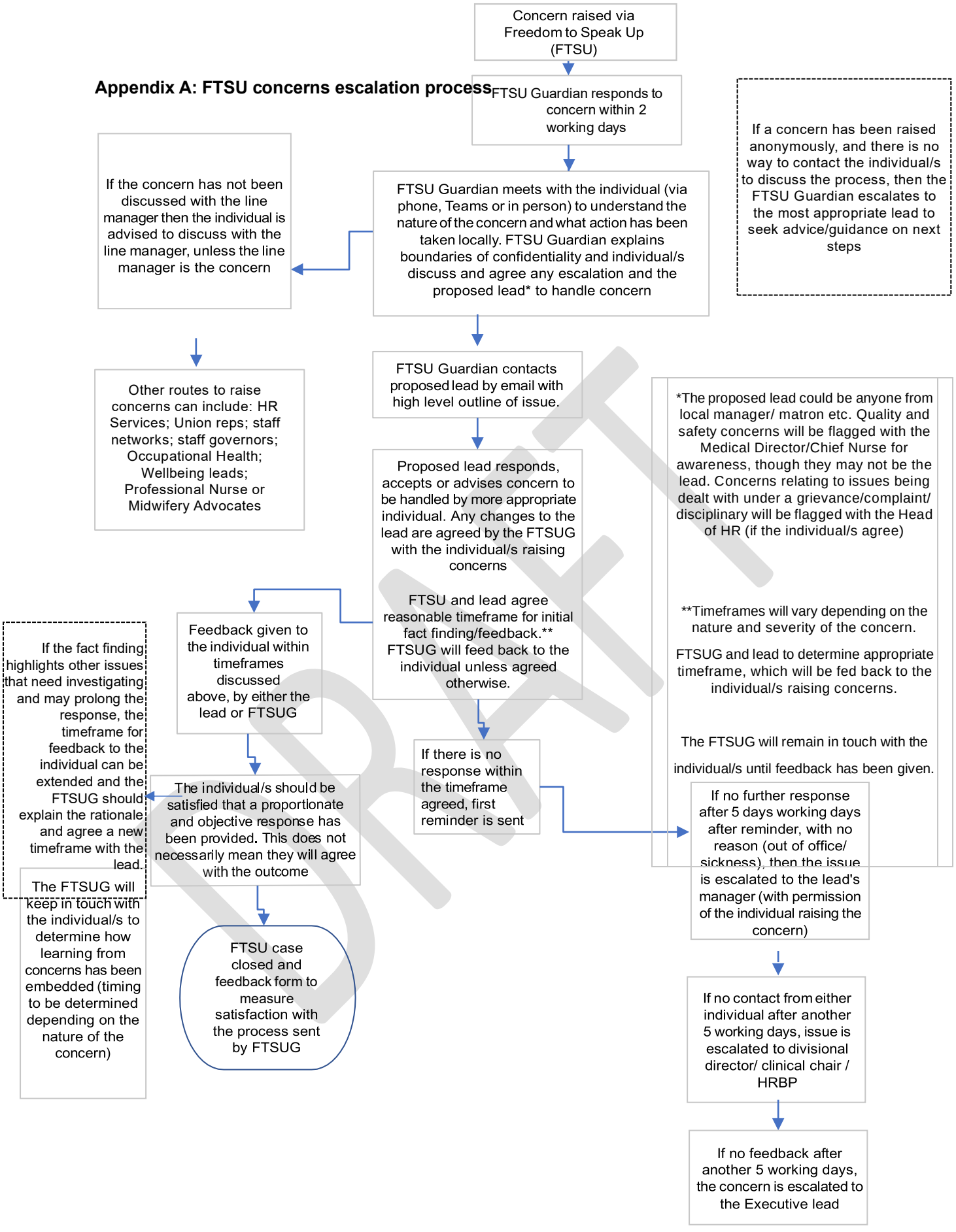
Acronyms and Abbreviations

FTSU: Freedom to Speak Up

FTSUG: Freedom to Speak up Guardian

NGO: National Guardian Office

Appendix A: FTSU concerns escalation process



Where an individual/s indicate they have suffered because of speaking up (their perception), the matter will be reviewed by someone independent as described in the FTSU policy.

Appendix B: Update against the objectives of the 2019 FTSU Strategy

Objective 2019	Actions 2019	Situation 2024
Improve awareness of the Speaking Up programme	All new starters are made aware of Speaking Up at corporate induction or at local training	The FTSUG has a presence at corporate induction (both Bristol and Weston) to talk to new starters and share information supplementary to the presentation.
	All staff will be issued with a simple guide to Speaking Up as part of the recruitment process	Information about speaking up and contact information is included in the onboarding process (First Day Kit)
	A rolling communications programme ensures all workers are made aware of the Speaking Up programme through marketing materials in all areas of the hospital, regular email updates and face to face communications	Marketing materials to promote the FTSU service (including posters, cards, leaflets) are in all hospital sites and continue to be distributed through the FTSU champion network. Ad hoc communications via newsletters and walkabouts
	There is clearly accessible information about Speaking Up and how to raise concerns on Connect	Information about FTSU is available on the intranets.
	Speaking Up staff champions will be available in all areas of the organisation and from a range of backgrounds and roles.	There is a network of 80 trained FTSU champions (voluntary role) across UHBW – on all hospital sites. The network is largely representative of the workforce.
Improve confidence in speaking up	Individuals will all have the opportunity, and adequate time, to discuss their concerns with the Guardian or champion.	The FTSUG or champions are available for workers to discuss their concerns – satisfactory internal audit of FTSU (Oct 2022)
	The number of cases raised and resolved, and key themes of concerns will be reported to staff on a regular basis through the champion network and existing communication channels	The number of concerns and themes are reported quarterly to the Board and People Committee; and via quarterly champion meetings
	Wherever possible, case studies will be developed and communicated to share outcomes from investigations	Three case studies have been published and shared across the Trust to help demonstrate outcomes from speaking up. Case studies shared with champions as part of Champion Reflection and Learning event in March 2024
	Annual review of Freedom to Speak Up policy and strategy to ensure they are fit for purpose.	The FTSU policy was updated in April 2023 and is due to be reviewed in April 2026 to ensure it remains fit for purpose
		Concerns are dealt with promptly, independently and confidentially – satisfactory internal audit of FTSU (Oct 2022)

Objective 2019	Actions 2019	Situation 2024
		SOP for concern handling is in place (see Appendix B)
		Those who raise concerns receive feedback and can themselves feedback anonymously on the process.
Support all leaders and managers to understand their own behaviours		Mandatory training on leadership behaviours is now in place in UHBW (since November 2023) Mandatory Speak Up training on FTSU has achieved overall compliance of 88%.

Appendix C: SWOT analysis

What we are doing now

Strengths	**Weaknesses**
Concerns are handled and majority are completed within timeframes Feedback around FTSU service from those raising concerns is largely positive Core group of FTSU champions are supporting colleagues to raise concerns[10] Data collection around protected characteristics Information about FTSU is available for staff from start day, at induction, through mandatory training, on the intranet, UHBW website and through ad hoc communication/marketing FTSU Guardian provides allyship to staff networks and Wellbeing team / divisional wellbeing leads FTSU activity is reported regularly to the Board/People Committee	Awareness of FTSU post induction is limited – communication about FTSU is ad hoc Marketing materials do not align with new Trust brand and are outdated (e.g. FTSU video) Proactive (engagement) work is ad hoc and stood down when number of concerns increases Support for FTSU champions as a network is limited (quarterly meeting as a minimum) – limiting the reach to/engagement with staff across the organisation Learning from FTSU not shared consistently (no communications plan and resource) Core training for all staff only one off Speak up module every three years A focus on the number of FTSU concerns does not elucidate the true picture of organisational concerns
Opportunities	**Threats**
Closer working with NBT as group hospital model – opportunities for learning and benchmarking Learning from new FTSU models emerging at other large Groups including Manchester	Single point of failure with only one Guardian having ring-fenced time (0.8 WTE) for all FTSU activities Themes of concerns from reports are not listened to by senior leaders and are repeated where learning is not shared effectively across the organisation. There is a lack of action / noticeable change Speak Up / Listen Up training (provided by the NGO) is not adapted to suit the organisation Lack of analytical software limiting efficiency of reporting and opportunities to pick up trends from data Lack of resource to deliver a more ambitious and robust programme of improvement relating to the FTSU service Risk that not learning from FTSU concerns may impact reputation of Trust (internally/externally)

[10] Feedback from July 2024 on the impact of the work of a FTSU champion: "*A few months back I was going through a pretty tough time - xx constantly lent me her ear, always checked in on me in a non-intrusive way, gave me genuine empathy, signposted me to all sorts of useful resources that I had no idea existed, and generally just gave me a very neutral, safe space to talk, be heard and feel supported in my team. Our wellbeing catch ups made a real difference to my work/life balance and overall happiness*"

Appendix D: What could be achieved with more resource / potential actions for group model working

Priority	Where we want to be	Actions for group model
Raise awareness	Refresh marketing materials in line with new branding, to include videos and posters Develop communication plan to deliver regular updates from the Guardian team to the champions and wider organisation – combining face to face meetings and use of Viva Engage Review mandatory training (currently one-off Speak Up training for all staff) and potential follow up programme	Align communication/ marketing materials with NBT Align mandatory training requirements, evaluate and review effectiveness
Priority	**Where we want to be**	**Actions for group model**
Inspire confidence	Regularly share FTSU outcomes with wider organisation (as part of communications plan) Develop programme of targeted support from the FTSUG in line with outcomes from 'Team development' triangulation work with Organisational Development and Education and Training leads Identify teams to work with using the managers' handbook in line with outcomes from 'Team development' triangulation work. Revise handbook based on feedback. Upskill managers to handle concerns skilfully Share staff stories around speaking up in reporting	Share case studies or similar across the group model Share resources (e.g. manager handbook / training)
Priority	**Where we want to be**	**Actions for group model**
Remove barriers	Further develop the champion network to build a truly representative community (across protected characteristics and banding/job roles) that consistently and actively supports the promotion of positive speaking up workplaces through provision of regular check in, training and development Strengthen links with patient safety, patient support and patient voice leads as part of triangulation work Invest in agile system to better capture both quantitative and qualitative data (would require separate business case) Highlight any gaps or trends in data reported (via People Committee or Board)	Share FTSU champion training /development programme Align data being captured in FTSU cases with NBT Share feedback mechanisms
Priority	**Where we want to be**	**Actions for group model**
Resources	Align resource allocated to FTSU service with North Bristol NHS Trust as a minimum	Board reporting is aligned (though case management remains separate)

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 14th January 2025

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

For Information

Significant service pressures continue, and the Trust Winter Plan is being implemented. Increased incidence of flu and COVID together with more cases of measles in the children's hospital means that bed occupancy remains extremely high (107% at BRI) with all escalation areas open. No Criteria To Reside numbers remains stubbornly high with an in month further increase to 191 - none of the out of hospital actions appear to be having any noticeable impact. Attendances in ED continue to be extremely high although it was noted that the newly expanded department in the Children's Hospital was working very well for both staff and families

The committee was briefed on work to improve Duty of Candour following an internal audit which identified issues with recording and data quality. A digital solution and refined process is being developed.

The Quarterly Patient Safety report showed good progress in reducing the number of legacy investigations and an improvement in training compliance. Poor and inconsistent recording of patient ethnicity is hampering work to understand the impact of care on various groups of patients. Improved digital infrastructure is needed to fully implement Scan for Safety. Safety improvement work following significant incidents include the strengthening of security arrangements, policies and protocols at Weston Emergency Department hospital to bring it in line with the BRI.

The Quarterly Safeguarding report highlighted the risk of the current Safeguarding Service not having adequate capacity to respond to enquiries and to support clinical teams. Work is underway to ensure that there is a clear and consistent understanding of the role of the Safeguarding Service and the corresponding roles and responsibilities of front-line teams. The new national governance framework for Safeguarding within ICB's is being implemented in BNSSG to include an integrated data dashboard and a single point of assurance across all providers. It was noted that the Bristol Multi-Agency Safeguarding Hub was now in place.

The Quarterly Infection, Prevention and Control report identified a continued increase in the number of MRSA and C. difficile infections. Compliance with hand hygiene and peripheral vascular cannula care standards are satisfactory with a renewed focus on urinary catheter care.

The Safer Staffing report demonstrated a fill rate in excess of 103% with turnover further reduced to 9.9% and a subsequent reduction in bank and agency shifts.

This has had a positive impact on the Trusts ability to staff escalation beds. Theatre staff recruitment remains an issue.

The Maternity Spotlight Report focussed on the interdependencies of each department to ensure that the service operates effectively. The importance of pro-actively managing the flow of patients across all of the departments and responding to fluctuating levels of patient acuity and demand, particularly across NICU, labour ward and theatres, was highlighted.

For Board Awareness, Action or Response

The committee received the Trust response to The Infected Blood Inquiry. A Task and Finish Group identified 6 workstreams and developed a robust patient safety programme in response to include - strengthening the audit of consent programme, launching a webpage on the Trust site for patients, enhanced recording and monitoring of TXA usage and improved staff training. Progress will be monitored via the Clinical Quality Group.

Key Decisions and Actions

N/A

Additional Chair Comments

The importance of aligning clinical/safety requirements and appropriate and timely digital solutions is becoming increasingly evident. Strengthening clinical representation on The Digital Hospital Programme Board is welcomed however it is also recognised that the capacity of the digital team and the digital system to implement new digital solutions/improvements is constrained.

Update from ICB Committee

N/A

Date of next meeting:	**Tuesday 28 January 2025**

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	CQC assessment of Urgent and Emergency Services – BRI Emergency Department		
Report Authors:	Hayley Long, Director of Nursing, Medicine Stuart Metcalfe, Head of Clinical Audit and Effectiveness		
Report Sponsor:	Deirdre Fowler, Chief Nurse & Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To inform the Board of the outcome of the CQC's assessment of urgent and emergency services at the BRI Emergency Department in June 2024 and the actions that have been and are being taken as a result of the CQC findings.		

Key Points to Note *(Including any previous decisions taken)*

As part of their assessment of Urgent and Emergency Services at the Bristol Royal Infirmary, the CQC conducted an on-site inspection of the emergency department (ED) on 11th June 2024. This assessment was carried out in response to concerns raised to the CQC about the safety of the department, details of which were not disclosed to the Trust. This is the first assessment the Trust has received under the CQC's Single Assessment Framework.

The CQC team inspected the Adult ED in the BRI; they reviewed feedback from patients and spoke to nursing and medical staff to understand their experience as well as reviewing the systems and processes in place to ensure the department is safe and effective.

A draft report was issued on 1st August 2024 for factual accuracy checks and challenge, with a final report received on 30th October 2024. The CQC no longer publishes assessment reports in downloadable pdf format, however the findings can be read at:

https://www.cqc.org.uk/location/RA7C1/reports/LAP-01075/urgent-and-emergency-services

The CQC rated the service as follows:

Overall: Requires Improvement

- Safe: Requires Improvement
- Effective: Good
- Responsive: Requires Improvement
- Well led: Good

All of these ratings are therefore unchanged.

The assessment did not re-rate caring, which remains Outstanding.

The CQC rated the service as Requires Improvement overall principally because medical staffing was deemed insufficient to meet demand at weekends and there were not enough trained fire wardens. The report therefore specified two breaches of regulations in relation to these concerns:

- Safe care and treatment (Regulation 12) - The service did not have enough medical staff to meet demand for the service at weekends.
- Safe staffing (Regulation 18) - The service did not have enough staff trained as fire wardens in the department.

However, the CQC also noted that ambulance handover times had reduced, staff worked to mitigate the risks of overcrowding in the department, staff worked well together to deliver evidence-based care and leaders worked collaboratively to improve the service.

The Trust was asked to provide an action plan in response to the concerns identified. The attached plan was submitted to the CQC on 29th November.

In response to the findings of the report, the Divisional and department leadership teams have also produced a more detailed plan identifying other opportunities for improvement, which will be monitored by the Division of Medicine Board, and also by the Clinical Quality Group and the Quality and Outcomes Committee as part of the Trust's composite CQC action plan. The plan addresses topics including: the management of sepsis, the quality of ward handovers, the environment/estates, nursing skill mix, Mental Health Liaison support and use of IT to support pathways.

Strategic and Group Model Alignment
Aligns with Patient First strategic priorities, including reducing harm to patients, delivering timely care and eliminating poor experience of care.
Risks and Opportunities
Risk 3763 – risk of non-compliance with CQC standards
Recommendation
This report is for **Information.**
History of the paper (details of where paper has <u>previously</u> been received)

Clinical Quality Group	4/12/24
Appendices:	BRI Urgent & Emergency Services - action plan addressing areas of regulatory non-compliance.

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RA7C1
Our reference	AP4137
Location name	UHBW Bristol Campus

Regulated activities	Regulation
UHBW Bristol Campus - Location - RA5	**Regulation 18** Regulations for service providers and managers - Care Quality Commission (cqc.org.uk)
	How the regulation was not being met:
	The service did not have enough medical staff to meet demand for the service at weekends.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Immediately following the CQC assessment, the Trust took the step of establishing additional locum shifts every weekend to mitigate against the current risk whilst work on a longer-term business case and substantive recruitment is pursued and concluded.

We have undertaken a detailed review of the existing consultant workforce model including on-call frequency, job planning and shift patterns to inform the action plan to meet regulation 18. We have aligned this revised workforce model with safe staffing guidance published by the Royal College of Emergency Medicine (RCEM) and with benchmarking against other organisations.

This process has identified additional consultant recruitment required to enable a robust and sustainable weekend staffing model. Regular meetings have taken place with executive colleagues to progress a business case, which is going through its final iteration.

To add further assurance to the deliverability of the required increase in consultant workforce we have carried out an internal review of the financial investment required. This has included:

- A review of the allocation of PAs to consultants for on call duties, to release capacity in the rota to adequately meet demand
- A review of models of care delivered outside of the core ED rota i.e. the pre-hospital service Community Emergency Medicine (CEMS), to assess the capacity benefit of integrating this into core ED rota
- An analysis of demand by location (i.e. Majors, Minors, ED SDEC) and heatmap arrival times, to inform a review of the existing consultant shift types to scope opportunity of relocation of consultant and amendment of shift time to increase efficiency of patients to be seen and improve patient safety

The above actions are in addition to the recruitment to the additional posts as specified above.

Actions to be taken:

1. Full business case outlining the above awaiting approval
2. Trust agreement on the funding source and model to enable delivery of this business case
3. Ongoing interim action of advertisement of additional Consultant and Middle Grade (14:00 – 00:00) shifts on weekends

For further assurance of the ability to deliver the core service provision, 2 WTE fixed term Consultant posts have been advertised and interviews arranged to backfill the expected PA reduction as a result of job plan changes. This, in addition to the drafting of the business case components, was already in progress prior to the CQC assessment/inspection.

Who is responsible for the action?	ED Leadership Team & Divisional Triumvirate

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The following measures will be monitored for improvement:

- Average time to be seen by a clinician
- 4-hour performance

Who is responsible?	ED Leadership Team & Divisional Triumvirate Staffing review monthly at ED Workforce meeting and ED Governance meeting. 4-hour performance to be monitored at ED performance working groups & ED MDT meeting.

What resources (if any) are needed to implement the change(s) and are these resources available?

No specific resources needed outside of staff recruitment and funding

Date actions will be completed:	All actions complete by 31st March 2025

How will people who use the service(s) be affected by you not meeting this regulation until this date?

As recognised in the CQC's report, reduced medical staffing out of hours and at weekends means that people who use the Emergency Department service may be impacted by an increased time to be seen by a clinician (and subsequent overall increase in time in department), and a potential for harm as a result of this. To mitigate the risk of not meeting this regulation until this date, shifts for senior decision-makers are being advertised on weekends using locum's nest and communications within the team, as an interim measure prior to funding approval for additional substantive posts to be recruited to. Please note that this is in addition to 'business as usual' processes of advanced review of rota gaps through ED

Workforce Group and Division of Medicine daily sitrep, and the use of enhanced rates for unfilled out of hours shifts, approved via Trust Pay Advisory Group (TPAG).

Completed by: (please print name(s) in full)	Hayley Long/Angela Bezer Directors of Nursing Lisa Galvani, Divisional Director Clare Holmes, Clinical Chair
Position(s):	As above
Date:	27th November 2024

Regulated activities	Regulation
UHBW Bristol Campus - Location - RA5	**Regulation 12** Regulations for service providers and managers - Care Quality Commission (cqc.org.uk)
	How the regulation was not being met:
	The service did not have enough staff trained as fire wardens in the department.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Actions we have already taken include:

- Fire evacuation procedures for the Emergency Department have been updated
- Fire safety boards have been implemented to support education of the required evacuation process
- Revised fire evacuation procedures have been added to the orientation pack provided to new starters working in the Emergency Department
- We have granted access to the Trust Learning Management System (Kallidus) to an administrator to support the booking of training courses for clinical staff, recognising this has previously been a barrier to the completion of training.
- All Administrative and Clerical staff booked onto the required course and will be trained by 31st January 2025.

Further actions to be taken:

- Video recording of walk-around delivered by the Fire Safety team to be produced by 31st January 2025, recognising that the capacity of the Fire Safety team to carry out multiple walk arounds was a barrier to full sign off this will enable more efficient sign off of the second phase of training for staff who have completed the online first phase
- Publication of the video referenced above to Kallidus

Notes: - UHBW provides in-house fire warden training which is comprised of a 2.5-hour face to face training session and a 1-hour competency assessment. - The Trust has identified improvements in fire safety as a strategic priority as part of its Patient First focus.	
Who is responsible for the action?	ED Leadership Team & Fire Wardens
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Ongoing monitoring/audit of requirement for 25% of staff on shift to be trained as Fire Wardens once training has been completed.	
Who is responsible?	ED Leadership Team & Fire Wardens Review at ED Governance meeting and Divisional Health and Safety Committee.
What resources (if any) are needed to implement the change(s) and are these resources available?	
Technology resource required for video of walk around. This is available via Communications team.	
Date actions will be completed:	All actions complete by 31st March 2025

How will people who use the service(s) be affected by you not meeting this regulation until this date?
It is recognised that there is an increased risk of poor management of fire evacuation procedures whilst there is an insufficient proportion (<25%) of staff who are fully trained as fire wardens on shift. To mitigate the risk of not meeting this regulation until this date whilst training is ongoing, we have implemented fire safety boards detailing the evacuation plans, and evacuations plans have been added to the new starter orientation packs.

Completed by: (please print name(s) in full)	Hayley Long/Angela Bezer, Directors of Nursing Lisa Galvani, Divisional Director Clare Holmes, Clinical Chair
Position(s):	As above
Date:	27th November 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of Board of Directors in Public		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Integrated Quality and Performance Report		
Report Author:	David Markwick, Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader, Associate Director of Quality and Patient Safety and Julie Crawford, Head of Patient Safety Alex Nestor, Deputy Director of Workforce Development Laura Brown, Head of HR Information Services (HRIS) Kate Herrick, Head of Finance Cathy Caple, Deputy Director of Improvement & Innovation Melanie Jeffries, Head of Improvement		
Report Sponsor:	Overview and Access – Jane Farrell, Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse and Midwife and Rebecca Maxwell, Interim Medical Officer Workforce – Emma Wood, Chief People Officer Finance – Neil Kemsley, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To provide an overview of the Trust's performance on quality, access and workforce standards, incorporating an update against the Patient First Strategic Priorities.		
Key Points to Note *(Including any previous decisions taken)*			
New format of report being shared with Board for first time, which incorporates updates against Patient First Strategic Priorities, Constitutional Standards and other key metrics. For further details please refer to Executive Summary			
Strategic and Group Model Alignment			
This report aligns to the objectives in the domains of Experience of Care, Patient Safety, Our People, Timely Care, Innovate and Improve and Our Resources.			
Risks and Opportunities			
Risks are listed in the report against each performance area and in a summary.			
Recommendation			
This report is for **Information.**			
History of the paper (details of where paper has <u>previously</u> been received)			
N/A			
Appendices:	N/A		

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication January 2025
Data up to November 2024

Contents

Introduction: Delivering Our Strategy

A difference that matters is our Trust Strategy and is delivered though our Patient First approach.

The following report highlights our progress against delivering our strategic priorities.

The report also highlights how we are performing against our constitutional and key metrics.

Key to KPI Variation and Assurance Icons

Assurance						Variation				
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	Falling Short of Target for at least Six Months	Consistently Falling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to Higher or Lower Values		Common Cause Variation - No Significant Change	Special Cause of Concerning Variation due to Higher or Lower Values	

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

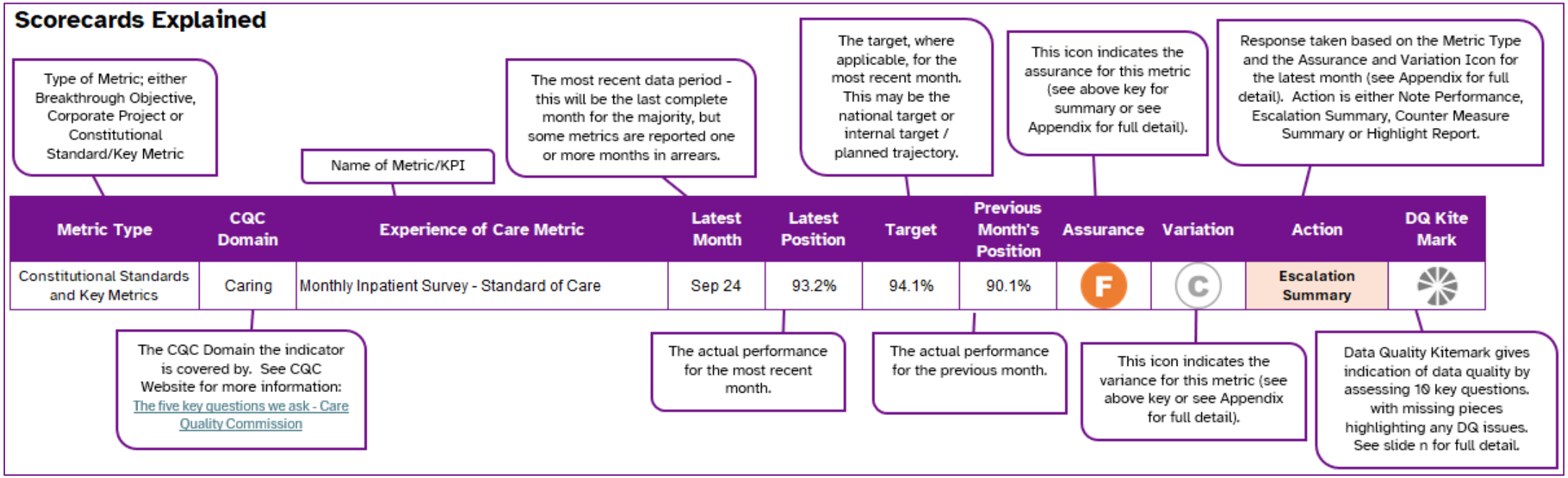
Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Escalation Rules: SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see Appendix for full detail.

Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link:
NHS England » Making data count

Scorecards Explained



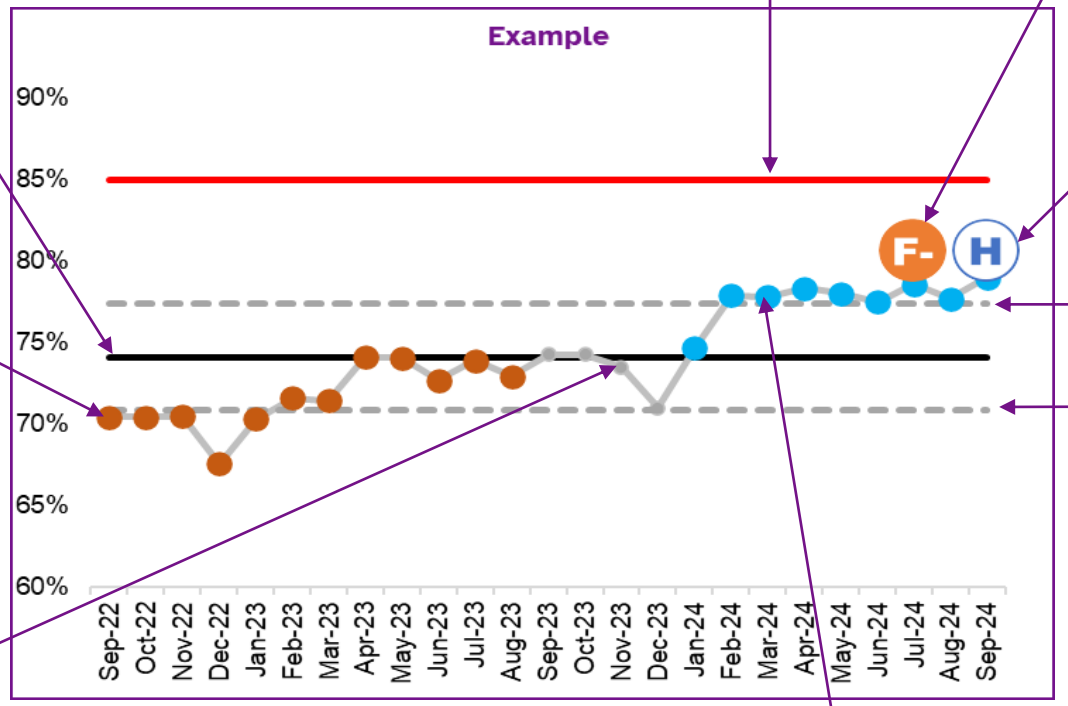
Statistical Process Control (SPC) Charts

Average line, the sum of all data points divided by the number of data points

Target line, this will influence the Assurance indicator

Assurance Icon

Variance Icon



Metric started with **Concerning Variation** due to consistent Low numbers

Upper and Lower Control Limits are a *standard deviation* above and below the average (black line). This is a measurement of statistical significance. A larger standard deviation (grey dotted lines further apart) indicates more variation in the data.

Metric then shifted to Common Cause due to **Unstable Variation** (highs and lows)

Now, Metric has **Improving Variation** due to consistent Higher than average results

Business Rules and Actions

Assurance						Variation			
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	Falling Short of Target for at least Six Months	Consistently Falling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to Higher or Lower Values		Common Cause Variation - No Significant Change	Special Cause of Concerning Variation due to Higher or Lower Values	

SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see *Appendix* for full detail.

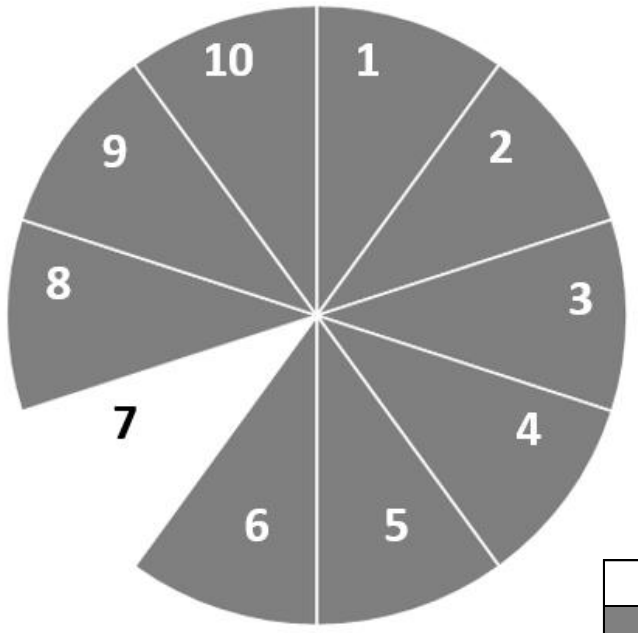
Metrics that fall into the **blue categories** above will be labelled as **Note Performance**. The SPC charts and accompanying narrative will not be included in this iteration.

Metrics that fall into the **orange categories** above will be labelled as **Counter Measure Summary** if they are a corporate project, or **Escalation Summary** if they are regulatory metrics.

Counter Measure Summary	Escalation Summary	Highlight Report
• Improvements to the Project. • Top Contributors and Key Risks. • Stratified Data. • Key Progress. • Further Actions needed.	• Summary of Metric Performance. • Further Actions Needed to Aid Performance. • Assurance and Timescales for Improvement.	• Provided for Strategic Priorities when project either not in the measurement stage, or metrics are in development.

Data Quality (DQ) Kitemark

A Kite Mark has been assigned to each metric in the report. This has been created by assessing the source system against relevant criteria listed below.
A point has been assigned for each of the criteria met. The maximum score is ten. There are ten segments in the Kite Mark image and the corresponding segments are shaded grey based on those that have been met.
The ordering of the criteria has been kept consistent so users can see which criteria are met/unmet.



Key	
	Yes
	No

Number	Question
1	Data electronically captured.
2	KPI definition documented.
3	Information processes documented
4	Data does not have significant proportion of missing values.
5	Data included in divisional reports.
6	Validation processes built into the system*
7	Data captured in a timely fashion (noting that different measures will work to different timescales)
8	Subject to audit and / or benchmarking
9	System training and SOPs in place.
10	Input from appropriate experts into collection/validation processes where required.

Executive Summary

Experience of Care:

In October 2024, 196 new complaints were received (45 formal, 112 informal and 39 PALS Concerns). 97% of complaints and concerns received in October were acknowledged in line with national guidance (within three working days). The majority of complaints continue to be resolved via the informal pathway. Of 51 first formal complaints responded to in September (reported two months in arrears), one complainant told us they were unhappy with our response (2%) which is below our target of 8%.

Year one delivery of the Experience of Care Strategy 2024-2029 is underway and focuses on improvements to experience on the patient journey and across the life course. It is expected that delivery of the strategy goals and milestones will support an improvement towards target for this metric. The project is continuing to deliver breakthrough objective to improve communication experience, progress includes:

- What Matters to you 'pocket guides' have been disseminated throughout wards in the Division of Medicine, and the first meeting held of Experience of Care champions has been held.
- A pilot of bedside handover has been agreed to start on C705 in the BHI.
- Further stratification of communication metric data by ward has taken place to understand key trends.
- At WGH, bespoke patient surveys were undertaken focused on discharge experience to provide targeted data to help drive improvements. Discharge information boards have been created to go above patient beds for clarity and consistency of communication.

Patient Safety:

There were five Clostridium Difficile cases in November with a breakdown of four Hospital Onset Hospital Acquired (HOHA) and one Community Onset Hospital Acquired (COHA).
Year to date the trust has had 96 cases the breakdown of which were 65 HOHA and there were 31 COHA's. The C/diff Quality Improvement (QI) work has moved into the delivery of interventions. There is an increasing incidence of cases nationally NHSE / UKHSA are adapting their approach to focus on patient management.

The trust has had no further cases of MRSA apportioned in November. There have been six cases year to date.

During November 2024, the rate of pressure injuries per 1,000 bed-days was 0.119 across UHBW. Across UHBW there were three category 2 pressure injuries. There has been a 50% reduction in category 2 pressure injuries in November as compared to October. No specific themes have been identified. Pressure Ulcer Care Plan compliance was good in each of these recorded incidents.

The project board has signed off the revised go live for the Careflow Medicines management (digital prescribing system –CMM), agreeing the new project plan and revised timescales aiming for a new launch date of the 20th May 2025. The clinical risk management plan has been finalised and approved in November. Hazard workshops have been rescheduled and have now started formally and will run into February 2025.

Executive Summary

Patient Safety (continued):

A joint UHBW and NBT collaboration to implement Martha's Rule is underway. As early implementers this involves a testing and learning approach supported by NHS England and Health Innovation West of England Patient Safety Collaborative. The objectives of this project are to deliver the implementation of Martha's Rule across UHBW adult, children's services by developing accessible, sustainable and resilient systems for patients, families and staff to directly raise continuing concerns about patient deterioration and access a Critical Care Outreach Team review. Within the past month we have identified patients/families/lay partners to be involved in co-design of an inclusive and accessible process and resources that works best for them. NBT colleagues have involved patients in developing a wellness questionnaire for testing and both Trusts are looking at digital options for recording daily wellness conversations. We have also explored with the telecommunications team accessible options for calls to be taken from patients, families and carers, including people who don't have English as a first language. A staff questionnaire has been launched to identify a baseline of awareness of Martha's Rule. The team in the Children's Hospital are finalising their information resources for patients and families before they start implementation.

Our People:

- Overall vacancies increased to 2.7% (343.9 FTE) compared to 2.3% (292.2 FTE) in the previous month. Turnover remained static at 11.1% compared to the previous month (updated figures).
- Sickness absence remained static at 4.7% compared to the previous month (updated figures).
- Appraisal compliance increased to 83.3% compared to 79.9% in November, with increases in all divisions. This is due to new functionality within the Kallidus Perform software which enables updating and actioning of appraisal forms.
- Statutory and mandatory training is at 90.4%.
- Agency usage is at 0.6% (73.9 FTE) against a target of 1.0% maximum. It remains a priority focus area as reflected in the Patient First Corporate Projects, with increased focus on reducing medical usage.

As part of the Pro Equity Corporate Project all Divisions now have a Pro-Equity plan in place, reviewed as part of the Executive Divisional Strategy Deployment Review process . Anti- ableism workshops have been undertaken and analysed. A multi-disciplinary workshop has reviewed findings on sexual safety, anti-racism and anti-ableism, subgroups will commence work on outline plans . Pilot pro-equity training has been delivered to over 120 staff and will now be evaluated to consider the model for future delivery.

Medical Workforce Corporate Priority Project: Premium spend rate reduction negotiations continue with highest cost agency placements, action will now focus on scoping locum bank rate alignments across the region. Resident Doctor Rota Review has progressed at the Children's Hospital, PICU and Paediatrics, Cardiac Surgery are priority areas. The outline case for the Locally Employed Doctors Medical Rotation is complete.

Executive Summary

Timely Care:

Bed occupancy remains high in November (BRI: 108.2% and Weston 97.6%) which, when coupled with high non-elective demand, continues to impact non-elective services, although good progress has been noted against a number of performance measures.

At the end of November, the Trust reported 58 patients waiting more than 65 weeks for treatment. The Trust continues to develop and implement strategies to address the remaining number of 65ww in dental services with the aim of eliminating within Q4.

All three core cancer waiting times standards were met during October, maintaining the performance reported across 2024/25 which is anticipated to continue through the remaining months of the year.

In November, performance against the diagnostic six week wait standard was reported as 87.0% against the operational planning trajectory of 92.2%, an improvement from October (86.2%). The impact of diagnostic recovery plans in train are currently under review to ensure year-end delivery.

Performance against the ED 4-hour standard in November dropped to 71.7% from 73.3% in October (75.3% YTD) against a system and NHSE ambition of 78%. Performance against the ED 12-hour standard also deteriorated slightly to 5.4% (October, 4.9%) against the national target of 2%.

During November, the average daily number of patients in hospital with No Criteria to Reside (NCtR) had reduced to 183 (191 in October), this equates to 21.0% of total available beds (17.1% at BRI and 29.9% at Weston) compared with 21.9% in October (18.6% at BRI and 29.2% at Weston).

Theatre utilisation continues to remains above the NHSE set target of 81% in November, reporting 81.9% and outpatient DNA rates have improved to 5.8% (5.9% in October). Both measures display special cause variation which is moving in the right direction.

Our Resources:

The Trust's net income and expenditure position at the end of November is a deficit of £6.3m against a break-even plan. The adverse position against plan of £6.3m is primarily due to the shortfall on the delivery of savings and the shortfall on the delivery of ERF. These have been partially offset by non-recurrent corporate mitigations.

The Trust delivered savings of £19.3m, £7.9m behind plan. The forecast for in-year savings delivery is £30.7m against the plan of £41.2m. The forecast for recurrent savings delivery is £23.7m.

The value of elective activity for outpatient, day case and inpatient delivery points fell behind plan in November and deteriorated by £1.0m to £4.4m behind plan year to date.
The Trust delivered capital investment of £17.0m year to date, £7.6m behind plan.
The Trust's cash position was £88.3m as at the 30th November 2024, £8.2m ahead of plan.

Matrix Summary – Constitutional Standards and Key Metrics

Assurance

November 2024			P*	P	?	F	F-	No icon
			Consistently Passing target (target outside control limits)	Passing target	Passing and Falling short of target subject to random variation	Falling short of target	Consistently Falling short of target (target outside control limits)	No Target
Variance								
H	L	Special Cause - Improvement	•Percentage Agency Usage •Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	•Cancer - 28 Day Faster Diagnosis •Cancer 62 Day Referral To Treatment •Essential Training Compliance •Staffing Fill Rate - Combined	•Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours		•Diagnostics Percentage Under 6 Weeks (15 Key Tests) •Outpatient DNA Rate •Theatres - Touchtime Utilisation •Workforce Appraisal Compliance (Non-Consultant)	
C		Common Cause	•Pressure Injuries Per 1,000 Beddays •Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	•Cancer - 31 Day Diagnosis To Treatment •Friends and Family Test Score - ED •Hospital Standardised Mortality Ratio (HSMR) •Sickness Rate •Workforce Turnover Rate	•CDiff Healthcare Associated Cases •ED Percentage Spending Over12 Hours in Department •ED Percentage Spending Under 4 Hours in Department •Falls Per 1,000 Beddays •Informal Complaints Responded To Within Trust Timeframe •Monthly Outpatient Survey - Overall Experience •Total Number of Patient Falls Resulting in Harm	•Formal Complaints Responded To Within Trust Timeframe •Last Minute Cancelled Operations - Percentage of Admissions •Mixed Sex Accommodation Breaches •Monthly Inpatient Survey - Overall Experience •MRSA Hospital Onset Cases •Pressure Injuries - Grade 3 or 4	•Fracture Neck of Femur Patients Treated Within 36 Hours •Inpatient Communication Experience Score •Median Discharge Time •No Criteria To Reside Occupancy	•ED 12 Hour Trolley Waits •ED Attendances (Trust Total) •Fracture Neck of Femur Patients Achieving Best Practice Tariff •Patient Complaints - Formal
H	L	Special Cause - Concern					•Adult Inpatients who Received a VTE Risk Assessment •No Criteria To Reside - Beds Occupied	
n/a		Not SPC - Run Chart Only		•Total RTT Pathways 52+ Weeks		•Total RTT Pathways 65+ Weeks		

Experience of Care

Principal Related Risk: 1. Quality

Experience of Care

Our Vision

Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.

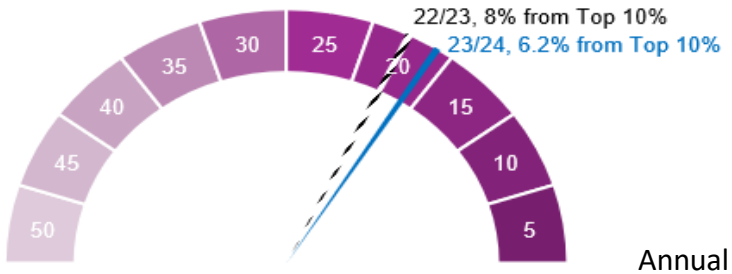
Our Goal

We will be in the top 10% of NHS organisations for providing an outstanding experience for all our patients as reported by them and as recognised by our staff.

Turning the Dial

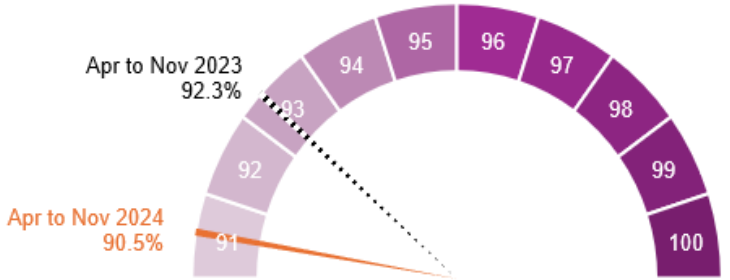
Vision Metrics

To be in top 10% of non-specialist acute Trusts for 'staff recommend this organisation for treatment of a friend or relative'



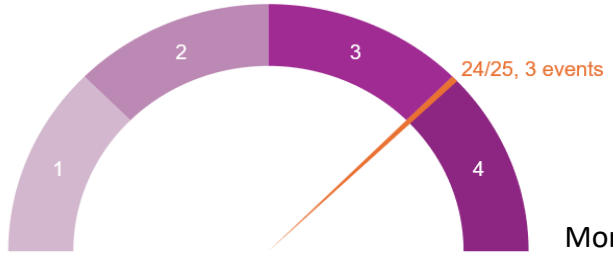
Annual

≥98% of inpatients and maternity will rate their care as good or above (2024/25 Target – 94.1%)



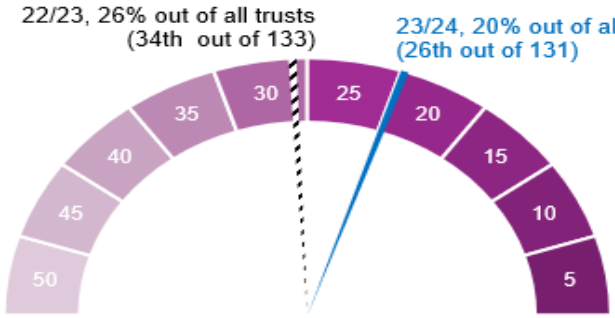
Monthly

Feedback is representative of the patients we care for by undertaking a minimum of 4 community outreach events per year aligned to the Core20Plus5 health inequality areas



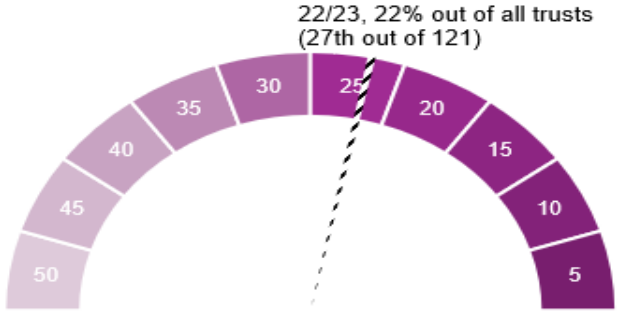
Monthly

To be in top 10% of non-specialist acute Trusts for overall patient experience in national **inpatient** survey



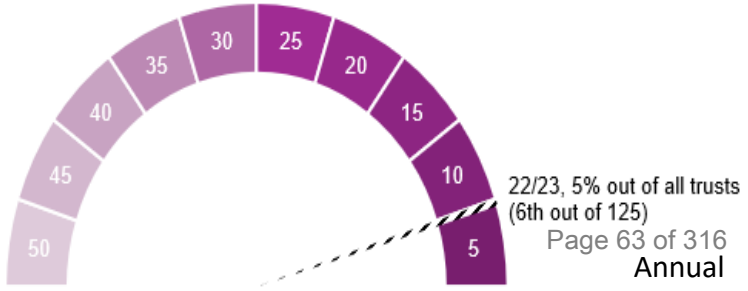
Annual

To be in top 10% of non-specialist acute Trusts for overall patient experience in national **maternity** survey



Annual

To be in top 10% of non-specialist acute Trusts for overall patient experience in national **child and young person** survey



Annual

The number displayed represents the maximum of that segment

Experience of Care

Scorecard

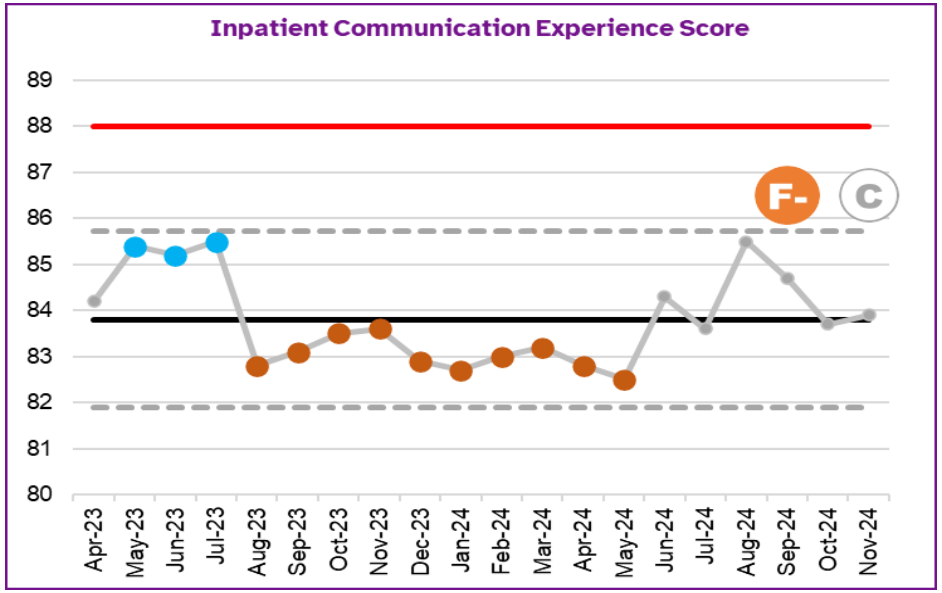
Metric Type	CQC Domain	Experience of Care Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Caring	Mental Health across UHBW	Project in Development							
Breakthrough Objective*	Caring	Inpatient Communication Experience Score	Nov 24	83.9	88.0	83.7	F-	C	Counter Measure Summary	
Constitutional Standards and Key Metrics	Caring	Monthly Inpatient Survey - Overall Experience	Nov 24	88.6%	94.1%	92.9%	F	C	Escalation Summary	
	Caring	Monthly Outpatient Survey - Overall Experience	Nov 24	95.6%	95.0%	98.4%	?	C	Escalation Summary	
	Caring	Friends and Family Test Score - ED	Nov 24	86.3%	85.0%	86.1%	P	C	Note Performance	
	Caring	Patient Complaints - Formal	Oct 24	45	No Target	26	n/a	C	Note Performance	
	Caring	Formal Complaints Responded To Within Trust Timeframe	Oct 24	59.0%	85.0%	73.0%	F	C	Escalation Summary	
	Caring	Informal Complaints Responded To Within Trust Timeframe	Oct 24	87.4%	85.0%	91.5%	?	C	Escalation Summary	

***Strategic Priority**

Assurance						Variation				
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation	

Experience of Care

Monthly Inpatient Survey - Communication Counter Measure Summary



Inpatient Communication Experience Score

Latest Month

Nov-24

Target

88.0

Latest Month's Position

83.9

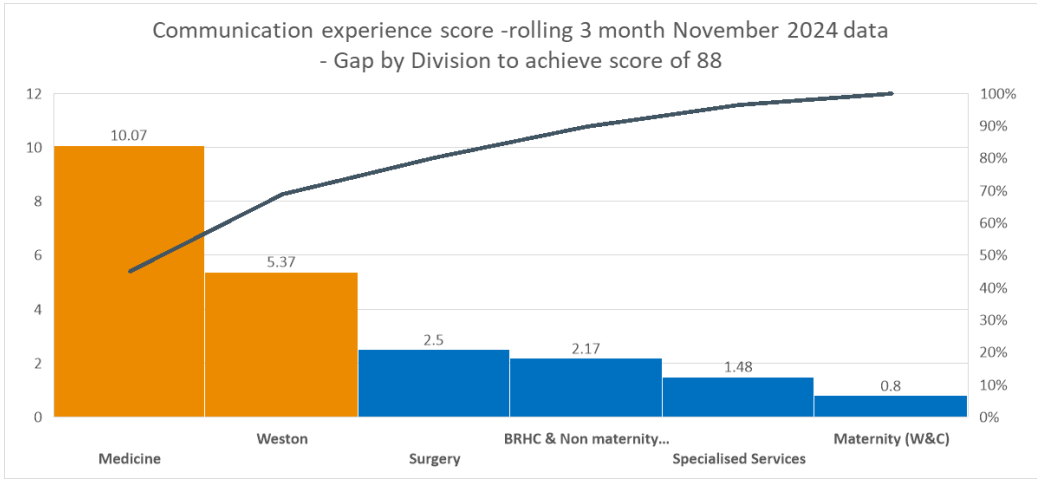
Performance / Assurance

Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

Risk

No risk on Board Assurance Framework

Stratified data



Improvement work in progress

Breakthrough Objective:

Improve Experience of care through better communication

Project: On track

Divisional priority project for:

- Medicine
- Specialised Services
- Weston

Top contributors to addressed

- Limited resources around communication needs
- Communication needs differ between patient demographics
- Lack of communication training
- Note: A3 thinking continues to identify specific contributors on ward areas

Key Risks to achieving improvement

- Improvement in participating wards alone will not turn the dial sufficiently to achieve Trust-wide target

Key progress

•Weston, Medicine and Specialised have reduced the gap to achieving target.
•What Matters to you 'pocket guides' disseminated throughout Medicine wards and the first meeting held of Experience of Care champions held.
• Pilot of bedside handover on C705 ward in Bristol Heart Institute. Further stratification of communication metric data by ward has also taken place to understand key trends.
• At Weston General Hospital, patient surveys were undertaken on discharge experience to provide data to help drive improvement. Discharge information boards have been created to go above patient beds for consistency of communication.

Next actions

• Medicine embedding a new communication needs sheet on A522 (key countermeasure from A3 project) and implementing a "This is me" form which helps to get to know the young patient better (a first draft is being shared with the Youth Involvement Group for feedback on content).
• Specialised Services will be reviewing the pilot of bedside handover and introducing a new Experience of Care Champion role.
• Weston will be introducing a discharge communication flow chart and focussing on increasing the proportion of staff completing Accessible Information Standard training.

Experience of Care

Monthly Inpatient and Outpatient Survey – Overall Experience Escalation Summary

Monthly Inpatient Survey – Overall Experience

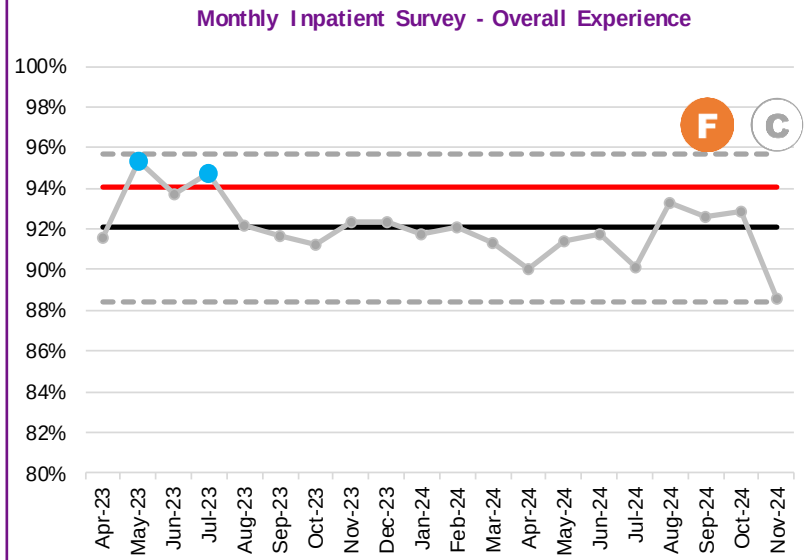
Latest Month
Nov-24

Target
94.1%

Latest Month's Position
88.6%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.

Risk
No risk on Board Assurance Framework



Summary

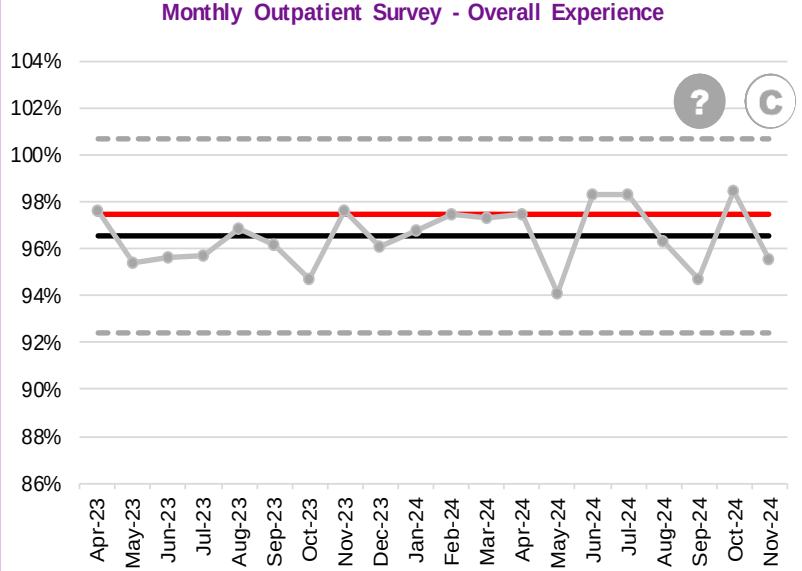
Please note that latest month's data (November) will change as more surveys are received. Therefore, the latest month's data should be treated with caution as it currently represents less than 50% of the survey responses we will eventually expect to receive from patients related to November's inpatient stays.

Improving inpatient experience is a Patient First priority. The breakthrough objective focuses on improving communication between patients and staff because we know this is the biggest driver of overall inpatient experience.

Year one delivery of the Experience of Care Strategy 2024-2029 is underway and focuses on improvements to experience on the patient journey and across the life course. It is expected that delivery of the strategy goals and milestones will support an improvement towards target for this metric.

Actions:
- Continue to deliver breakthrough objective to improve communication experience
- Continue to deliver year one of Experience of Care Strategy

Monthly Outpatient Survey – Overall Experience



Latest Month
Nov-24

Target
97.5%

Latest Month's Position
95.6%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk
No risk on Board Assurance Framework

Summary

The outpatient survey scores are consistently scoring >95% with relatively few patients indicating that their experience is less than good. From previous analysis of survey results, patients are generally satisfied with their clinic experience on the day. However, there are opportunities for improvement associated with how responsive the Trust's administrative functions are to patients' phone calls.

Actions:
In the short term, the Trust is making use of Dr Doctor to give patients the ability to manage their clinic appointment through the patient portal. This means for many patients they will be able to cancel, reschedule and book appointments directly through the Dr Doctor patient portal or NHS App.

In the longer term, the Trust has established the Outpatients 2025 task and finish group, to consider how best to improve the responsiveness of our services. The group is considering our telephony systems, our administrative staffing model and the scope to utilise technology to improve patient experience.

Experience of Care

Patient Complaints - Responses Escalation Summary

Formal Complaints Responded To Within Trust Timeframe

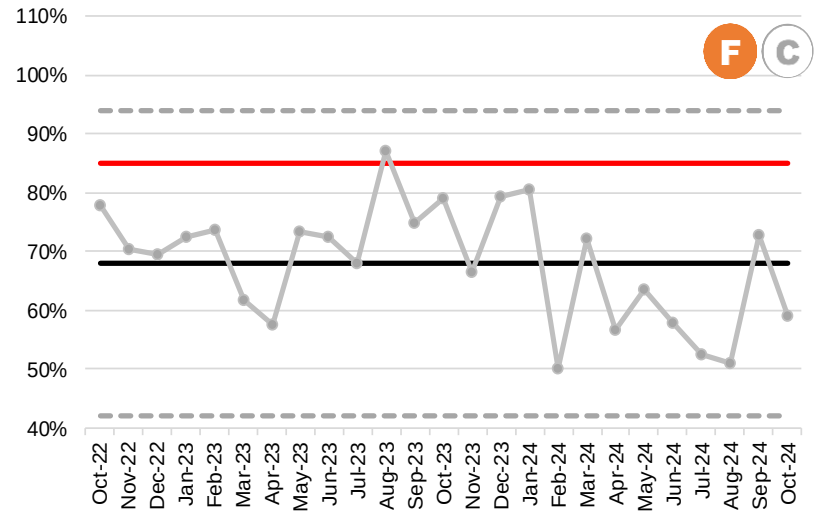
Latest Month
Oct-24

Target
85%

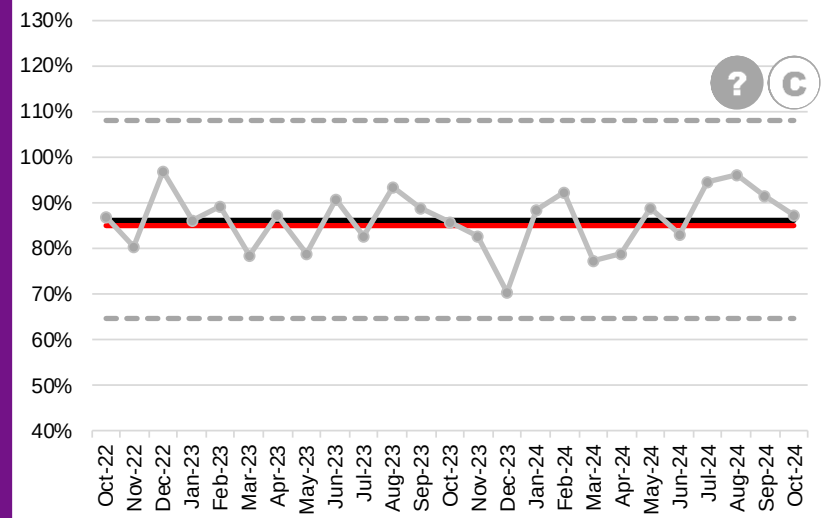
Latest Month's Position
59.0%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.

Risk
Corporate Risk 2680 - Complainants experience a delay in receiving a call back (12)



Informal Complaints Responded To Within Trust Timeframe



Latest Month
Oct-24

Target
85%

Latest Month's Position
87.4%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk
Corporate Risk 2680 - Complainants experience a delay in receiving a call back (12)

Summary

In October 2024 (reported one month in arrears):

- 196 new complaints were received (45 formal, 112 informal and 39 PALS Concerns).
- 97% of complaints and concerns received in October were acknowledged in line with national guidance (within three working days).
- Responses for 39 formal and 95 informal complaints were sent out to complainants and 51 PALS concerns were sent out.
- 87% of informal complaints were responded to by the agreed deadline (below the target of 90%).
- 59% of formal complaints were responded to by the agreed deadline (below the target of 90% but an improvement compared to 51% in September).

The majority of complaints continue to be resolved via the informal pathway.

Of 51 first formal complaints responded to in September (reported two months in arrears), 1 complainant told us they were unhappy with our response (2%, which is below our target of 8%).

The Trust increasingly encourages rapid informal resolution of complaints wherever possible. This provides an explanation for the overall reduction in formal resolution over time. Complaints investigated formally are increasingly those which are complex in nature, which is also a contributory factor to the Trust's recent performance in relation to meeting investigation timescales.

Patient Safety

Principal Related Risk: 1. Quality

Patient Safety

Our Vision

Together, we will consistently deliver the highest quality, safe and effective care to all our patients.

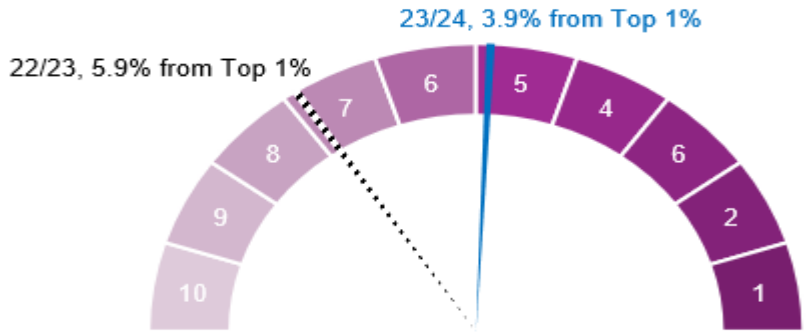
Our Goal

Building on the many things we do well to keep our patients safe, we will continue to develop a 'no blame' and 'just' culture and make improvements to how care is delivered to make it even safer for patients.

Turning the Dial

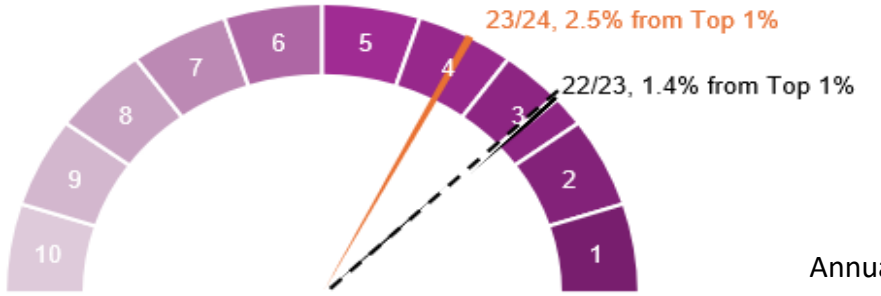
Vision Metrics

To be within 1% of the best non specialist acute Trust for staff involved in error/near miss/incident treated fairly



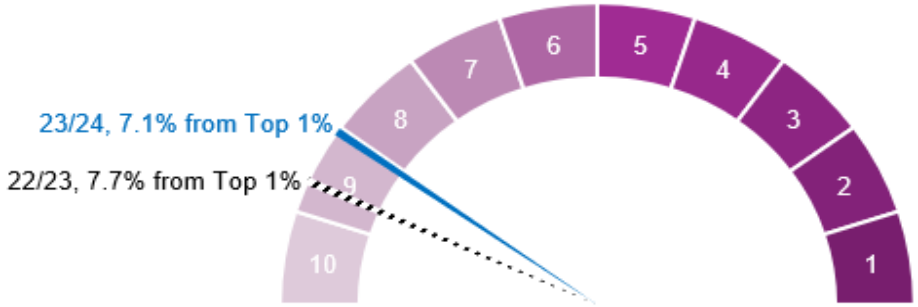
Annual

To be within 1% of the best non specialist acute Trust for encourages us to report errors, near misses or incidents



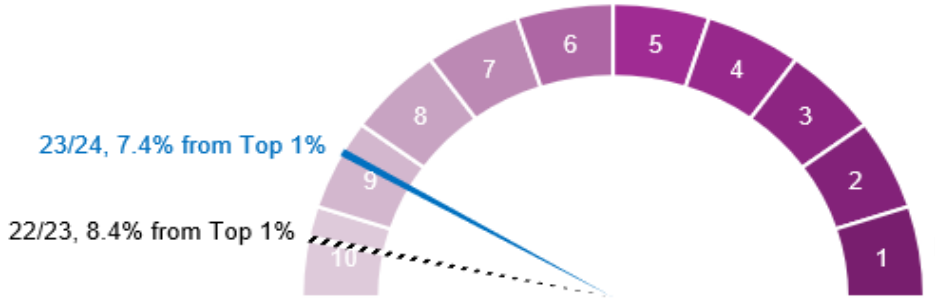
Annual

To be within 1% of the best non specialist acute Trust for ensure errors/near misses/incidents do not repeat



Annual

To be within 1% of the best non specialist acute Trust for feedback given on changes made following errors/near misses/incidents



Annual

The number displayed represents the maximum of that segment

Patient Safety

Scorecard

Metric Type	CQC Domain	Patient Safety Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Safe	Deteriorating Patient - Adult Care Settings	**Highlight Report Provided**							
	Safe	Implementation of Martha's rule	**Highlight Report Provided**							
	Safe	Careflow Medicines Management	**Highlight Report Provided**							

***Strategic Priority**

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

Patient Safety

Scorecard

Metric Type	CQC Domain	Patient Safety Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Constitutional Standards and Key Metrics	Safe	Falls Per 1,000 Beddays	Nov 24	3.9	4.8	5.0	?	C	Escalation Summary	
	Safe	Total Number of Patient Falls Resulting in Harm	Nov 24	7	2	5	?	C	Escalation Summary	
	Safe	CDiff Healthcare Associated Cases	Nov 24	5	9	8	?	C	Escalation Summary	
	Safe	MRSA Hospital Onset Cases	Nov 24	0	0	1	F	C	Escalation Summary	
	Safe	Adult Inpatients who Received a VTE Risk Assessment	Nov 24	75.5%	90%	75.7%	F-	L	Escalation Summary	
	Safe	Pressure Injuries - Grade 3 or 4	Nov 24	1	0	0	F	C	Escalation Summary	
	Safe	Pressure Injuries Per 1,000 Beddays	Nov 24	0.12	0.40	0.00	P*	C	Note Performance	
	Safe	Staffing Fill Rate - Combined	Nov 24	104.6%	100%	102.7%	P	H	Note Performance	
	Safe	Mixed Sex Accommodation Breaches	Nov 24	10	0	29	F	C	Escalation Summary	
	Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	Nov 24	56.8%	90%	48.9%	F-	C	Escalation Summary	TBC
	Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	Nov 24	84.1%	90%	100%	?	H	Note Performance	TBC
	Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	Nov 24	40.9%	No Target	48.9%	n/a	C	Note Performance	TBC
	Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	Jul 24	91.4	100	93.0	P*	L	Note Performance	
	Effective	Hospital Standardised Mortality Ratio (HSMR)	Aug 24	76.9	100	78.2	P	C	Note Performance	
	Effective	Maternity Services Perinatal Quality Surveillance Matrix (PQSM)	Nov 24	n/a	n/a	n/a	n/a	n/a	Narrative	n/a

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

Patient Safety

Deteriorating Patient – Adult Care Settings Highlight Report

Our 12 to 18 month goal: Deteriorating Patient – Adult Care Settings

Increase effective and timely recognition, escalation and response of potentially deteriorating patients, including the recognition of sepsis by March 2025.

Latest Month	December 2024
Project status	**Project timeline on track**
Related Principal Risk	1. Quality

Key progress in last month

- Three improvement priority projects relating to Escalation and Response agreed and approved at Deteriorating Patient Steering Group.
- A3 thinking projects commenced for each of the priorities: documentation during a deterioration event, revised escalation thresholds, and escalation pathways and the bleep system.
- The Patient Safety Improvement Team continue to work with BRI and Weston Emergency Departments (ED) to support sepsis data collection (EDs have commenced own auditing processes) and test change ideas to improve timeliness of screening and treatment for patients at high risk of sepsis.
- Completed review and update to Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning.
- Improvements made to audit data collection and analysis methodology.

Key aims for next month

- Stakeholder mapping and project planning for improvement priority projects for Escalation and Response.
- Commence evaluation of sepsis data from August 2024 in line with 2024 NICE Guidance to identify improvement opportunities.

High Level Roadmap

- February 2025 – commence project working group meetings.
- March 2025 – completion of audit for Modified Obstetric Early Warning Score (MOEWS) in non-obstetric settings to support evaluation.

Key risks and challenges

- Substantial resource required for process of data collection (manual audit) (Risk 3452).
- Reduced capacity of the Patient Safety Improvement Team resulting in an inability to maintain progression and delivery of projects (Risk 3452).
- Vitals 4.3 upgrade is delayed; therefore, there is an inability to optimise the system to offer improved functionality as an enabler to recording clinical observations of deteriorating patients (e.g., Sepsis NICE, Maternity Early Warning Score (MEWS) (Risk 588).
- CareFlow Vitals Sepsis NICE module (aligned to 2024 NICE update) not available until 2026 (Risk 7919).
- Risk that data publication for reporting and escalation purposes is not timely and impedes ability to identify opportunities for improvement.
- Risk that lack of UHBW Sepsis Leads limits effective adoption of 2024 NICE Sepsis Guidance (Risk 7919).

Overall project achievements /Impact achieved

- Between Aug – Oct 2024, 378 patients were sampled across adult inpatient areas and adult EDs. 175 patients required screening for sepsis; of these, 37 (21%) had documented evidence of sepsis screening (on the UBHW Screening Tool and Pathway, based on 2024 NICE guidance).
- 74 of the 175 patients (who required screening) were identified as 'high risk' of having or developing sepsis and required the delivery of the Sepsis Six; of these, 14 (19%) patients had documented evidence of the delivery of the Sepsis Six (on the UHBW Screening Tool and Pathway, based on 2024 NICE guidance).

Patient Safety

Implementation of Martha's Rule Highlight Report

Our 12 to 18 month goal: Implementation of Martha's Rule

To implement:

- an accessible and inclusive system across UHBW and North Bristol Trust (NBT) for patients, families, carers and advocates to access a 24/7 rapid review from a critical care outreach team
- a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily.

Latest Month	December 2024
Project status	**Project timeline off track**
Related Principal Risk	1. Quality

Key progress in last month

- Three Sub-groups set up to develop test and test processes related to the two aims. Critical Care Working Group, Wellness Questionnaire Working Group, Patient Engagement Working Group
- Communications plan in development
- Identify patients/families/lay partners to be involved in co-design of an inclusive and accessible process and resources that works best for them
- NBT have developed wellness questionnaire for testing involving patients
- Explored with telecommunication accessible options for calls to be taken from patient, families and carers, including people who don't have English as a first language
- Staff questionnaire launched for baseline awareness of Martha's Rule

Key aims for next month

- Agree measurement strategy
- Identify medical leads
- Identify ward areas for testing
- Digital resource allocated to develop and align wellness questionnaire for UHBW Adults
- Explore data extraction options using Medicus
- Develop staff training
- Approval for developed patient questionnaire for baseline awareness

High Level Roadmap

- Engage stakeholders including patient, family and community representatives
- Interrogate existing data and agree measurement strategy
- Identify test areas and testing strategy
- Develop, test and iterate process for 24/7 receiving and responding to Martha's Rule calls and Critical Care Outreach Team review of patients.
- Develop, test and iterate structured process for documented daily wellness conversations with patients/families.
- Develop communications resources
- Spread, adapt/adopt and embed.

Key risks and challenges

- Capacity to deliver at pace until fixed term roles recruited to.
- Capacity for divisions to engage with this project in addition to the other Patient First Projects.
- Risk that pressure to deliver results in a process that has not been co-designed and sufficiently tested or has unintended consequences of increasing rather than reducing inequitable access.
- Volume of NHSE data requirements results in a focus on collecting data rather than delivering project aims

Overall project achievements and impact

- To be added as project progresses
- Aiming to have first data from test ward in February 2025

Patient Safety

Careflow Medicine Management (CMM) Highlight Report

Our 12 to 18 month goal: Careflow Medicine Management

Improve patient care and reduce the risk to patients relating to the prescription of medicines through implementation of an electronic prescribing module within the Careflow Patient Administration System (PAS) for use within the inpatient hospital bed base.

Latest Month	December 2024
Project status	**Project timeline on track**
Related Principal Risk	1. Quality

Key progress in last month

- Process Mapping/Standard operating procedures (SOPs)– team to continue to progress mapping and SOP work – good progress made
- Clinical Configuration – Continue with final clinical configuration in Live system. Outputs of mitigations and testing to be reviewed to ensure system is configured with any additional requirements - User Acceptance Testing (UAT) went well and information is being collated and reviewed by the team
- Training – progress training workstream critical path items based upon option chosen by CMM board - board asked for a further option to review this is has now been worked up and submitted to the board and a decision is to be made out of committee
- Testing – produce testing report and resolve any issues uncovered as part of test cycles – report is being produced now UAT has completed on the 16/12/24
- Go Live Planning – Ongoing development of go live plans with Divisions – work progressing
- Business Continuity Plan (BCP) / Business as Usual (BAU) – Resilience hardware testing to be rescheduled. BCP workstream lead to be agreed
- Comms – Comms plan to be produced and stakeholder engagement sessions to be scheduled
- Technical/Hardware – continue to deploy additionally identified hardware – work ongoing
- Clinical Safety – Hazard workshops to be progressed – workshops now in place and will begin in January
- Continue to build confidence in the project and the business – confidence continues to grow, with an internal assurance piece around Paediatrics work
- Continue to improve the governance and control mechanisms to bring the project back on track – governance increased

Key aims for next month

- Process Mapping/SOPs – team to continue to complete mapping and progress SOP work
- Clinical Configuration – Continue with final clinical configuration in Live system. Outputs of mitigations and testing to be reviewed to ensure system is configured with any additional requirements
- Training – progress training workstream critical path items based upon option chosen by CMM board develop and make available some training material to end users
- Resource – onboard and embed additional resources to sure up plan
- Go Live Planning – Ongoing development of go live plans with Divisions
- BCP/BAU – Resilience hardware testing to be rescheduled. BCP workstream lead to be agreed
- Comms – animation to be released and engagement sessions to begin,
- Technical/Hardware – finish deploying additionally identified hardware and order the next batch of Hardware
- Clinical Safety – Hazard workshops to be progressed
- Continue to build confidence in the project and the business, review and agree Paediatric position
- Continue to improve the governance and control mechanisms to support workstreams delivering on time
- Work up and run go no go, process and stress test current plan and position to highlight gaps and risk along with any critical path items and to provide additional assurance to Digital Senior Leadership Team (SLT) and business that plan is solid.

High Level Roadmap

- Go live agreed for May 2025, with Western hospital being the first area to go live with CMM

Key risks and challenges

- Resource and the ability to onboard it swiftly, to provide the push needed to go live in May, confidence remaining in the programme to ensure the business has the confidence to go live.

Overall project achievements /Impact achieved

- Stronger governance, leading to stability, and confidence in the project, teams and the business in delivering CMM safely on time and on budget.

Patient Safety

Harm Free Care – Inpatient Falls Escalation Summary

Falls Per 1,000 Bed days

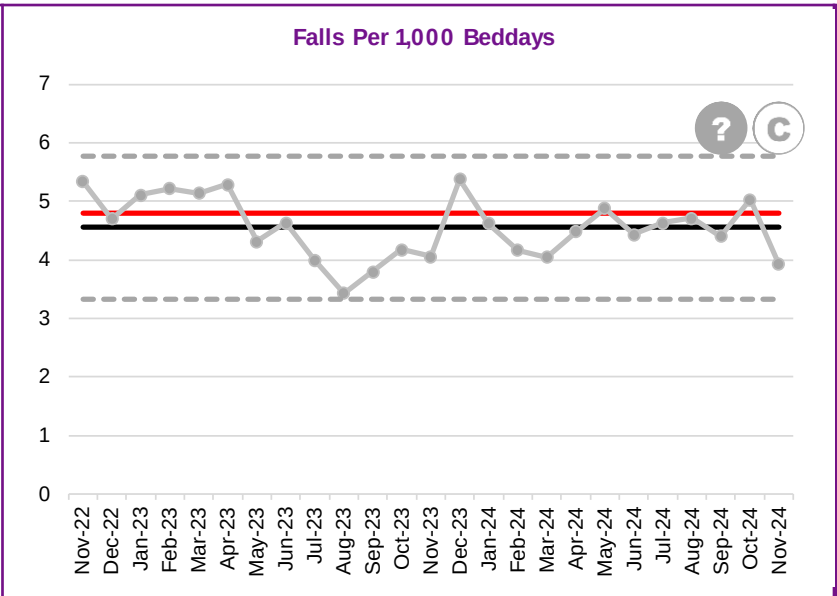
Latest Month
Nov-24

Target
4.8

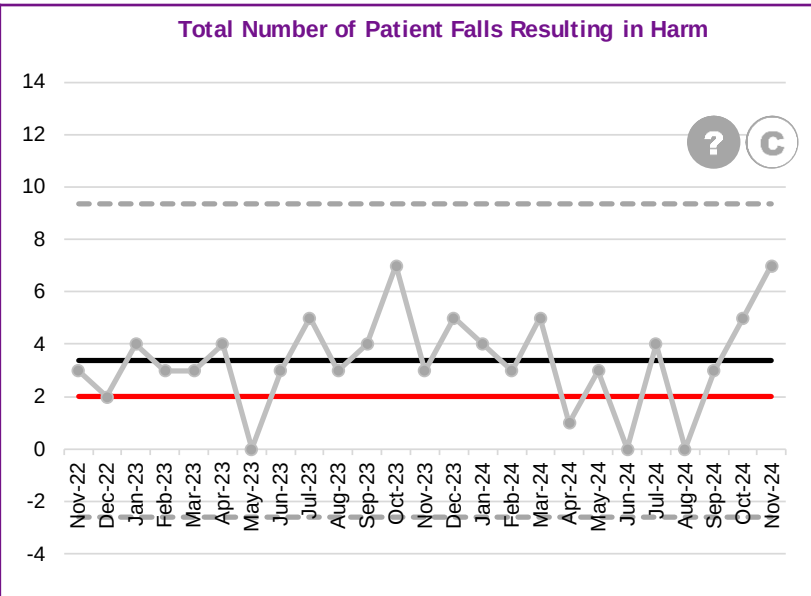
Latest Month's Position
3.9

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk
Corporate Risk 1598 - Patients suffer harm or injury from preventable falls (12)



Total Number of Patient Falls Resulting in Harm



Latest Month
Nov-24

Target
2

Latest Month's Position
7

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk
Corporate Risk 1598 - Patients suffer harm or injury from preventable falls (12)

Summary

Performance: During November 2024: there have been 132 falls, which per 1000 bed days equates to 3.981, this is below the trust target of 4.8 per 1000 bed days. There were 96 falls at the Bristol site and 36 falls at the Weston site. There has been seven falls with moderate or severe harm. This higher number includes those with moderate or severe physical and/or psychological harm.
Commentary: The number of falls in November 2024 (132) is less than October 2024 (175). There are seven falls with harm in November 2024, this is higher than the previous month (5). Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register.

Actions: Steering group: The Dementia Delirium and Falls steering group continues to meet monthly. In November the divisions of Specialised Services and Diagnostics and Therapies (non-bed holding service but report on falls occurring in non -inpatient areas such as radiology) provided an update, including patient stories and shared learning. Consistent completion of SWARM huddle documentation remains a challenge. SWARM analysis and learning outcomes for incident in Weston was presented.

Dementia, Delirium and Falls Team: The DDF team are participating in the National Audit of Inpatient Falls. The DDF team are leading on three Quality Improvement projects: 1. The Multi Factorial Risk Assessment (MFRA) document has been reviewed and updated to help improve completion and use of the document. The Team are providing education support to increase awareness of completing the MFRA. Re audit of completion of MFRA documentation scheduled for January 2025. 2. The Multi Factorial Risk Assessment document has been reviewed and updated to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust. 3. Improving mobilisation and preventing deconditioning in hospitals. The Dementia Garden Project is embedded in BRI and Weston hospital sites. The aim of the Dementia garden project is to promote activity, engagement and wellbeing and improve patient experience. The clinical lead for falls presented an update of the findings from the National Audit of Inpatient Falls (NAIF) covering the period of January 2022-December 2022, including on-going quality improvement work being undertaken across the Trust - at the Clinical Quality Group in November.
Training: The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training for staff across the Trust.

Infection Control – C. Difficile and MRSA Escalation Summary

C.Difficile Healthcare Associated Cases

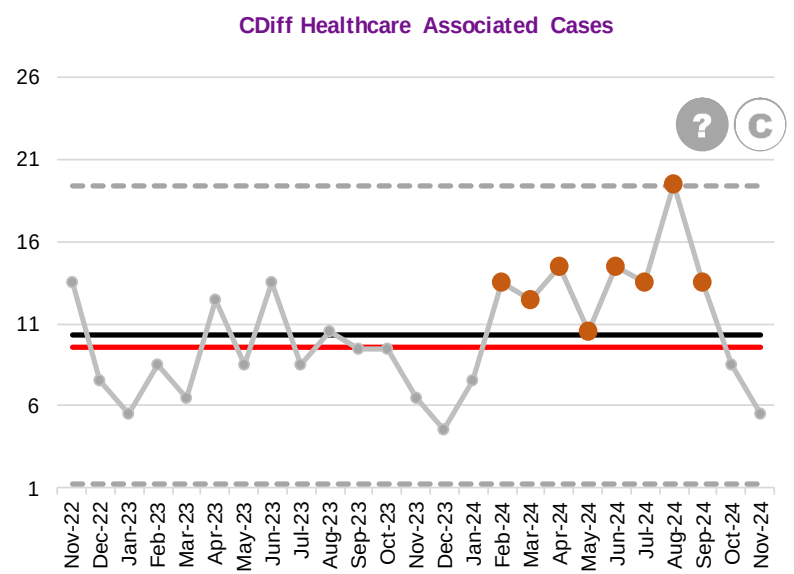
Latest Month
Nov-24

Target
9.08

Latest Month's Position
5

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

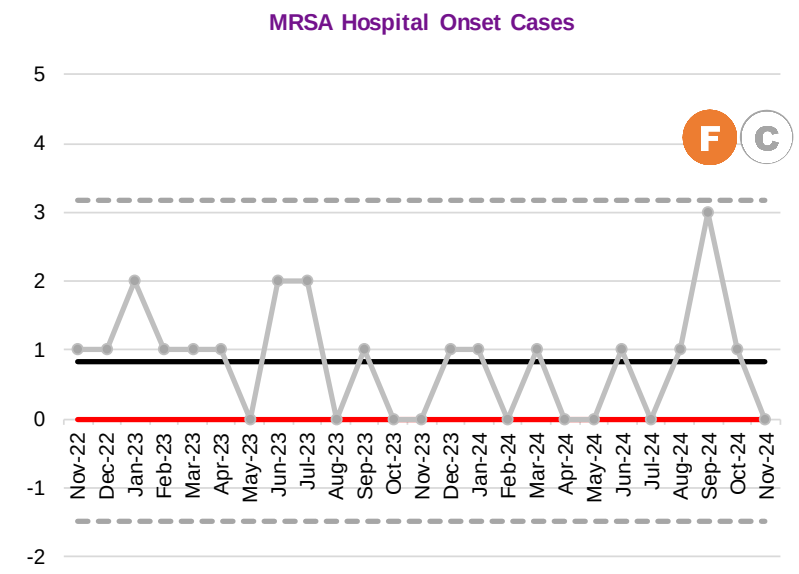
Risk
No risk on Board Assurance Framework



Summary

There were five Clostridium Difficile cases in November with a breakdown of four Hospital Onset Hospital Acquired (HOHA) and one Community Onset Hospital Acquired (COHA).
Year to date the trust has had 96 cases the breakdown of which were 65 HOHA and there were 31 COHA's. The C/diff QI improvement work has moved into the delivery of interventions. Noting the increasing incidence of cases nationally NHSE / UKHSA are adapting their approach to patient management.

MRSA Hospital Onset Cases



Latest Month
Nov-24

Target
0

Latest Month's Position
0

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Risk
Corporate Risk 6013 - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's (12)

Summary

The trust has had no further cases of MRSA apportioned in November. There have been six cases year to date.
The deeper analysis / review of the recent cases is awaited. Initial analysis of specific cases have found they are unrelated by location. The MRSA QI improvement continues and has moved into delivery of interventions.

Patient Safety

Venous Thromboembolism Risk (VTE)Assessment and Pressure Injuries – Grade 3 or 4 - Escalation Summary

Adult Inpatients Who Received A VTE Risk Assessment

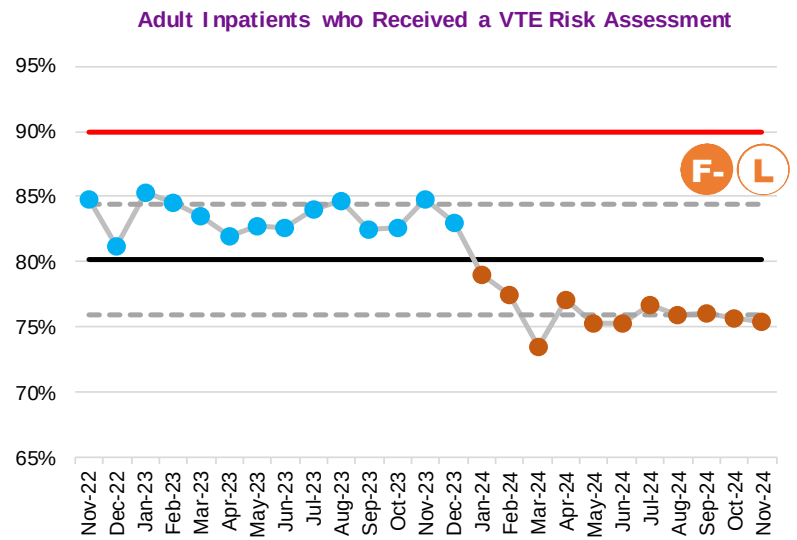
Latest Month
Nov-24

Target
90.0%

Latest Month's Position
75.5%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.

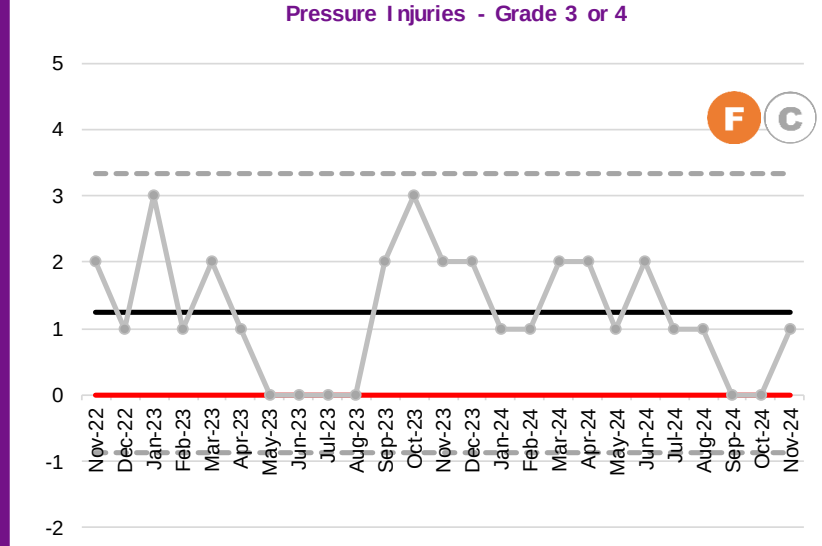
Risk
No risk on Board Assurance Framework



Summary

- Base line was re-set when report redeveloped
- Auditing confirms that although our compliance with VTE RA is poor, our compliance with prescribing VTE prophylaxis is >90%. This information is taken from monthly audits across all wards
- No change in the number of HAVTE events which remain low
- Two significant incidents reported in October- one relating to access of an expired guideline- this has been remedied and duty of candour completed by the relevant team. An action plan around VTE has been commenced in the area where the second incident occurred, led by the divisional team.
- Quality improvement work in place however no significant change in compliance of risk assessment completion expected prior to implementation of CMM.
- Monthly audits are now embedded and will continue to ensure that despite poor RA compliance, actual prescribing of VTE prophylaxis remains at >90% and rate of HAVTE remains low
- In discussion with NBT to ensure processes aligned across our organisations.

Pressure Injuries – Grade 3 or 4



Latest Month
Nov-24

Target
0

Latest Month's Position
1

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Risk
Corporate Risk 528 - Patients suffer harm or injury from preventable pressure damage (9)

Summary

During November 2024, the rate of pressure injuries per 1,000 bed-days was 0.119 across UHBW. Across UHBW there were three category 2 pressure injuries. Two in Weston (coccyx and heel) and one in Surgery Division (heel). There was one unstageable pressure injury in Medicine Division (sacral-coccygeal). There has been a 50% reduction in category 2 pressure injuries in November as compared to October. No specific themes have been identified. Pressure Ulcer Care Plan compliance was good in each of these reported incidents.

Actions - All sites:

- TVN initiated Pressure Ulcer Care Plan monthly audit in Surgery, Weston and Medicine. Results submitted to Divisions at end of each month.
- Work with Divisional Matron leads to support with improvements to Pressure Ulcer Care Plan compliance.
- Ongoing biannual face-to-face study days for staff across UHBW.
- Monthly study days in Weston to roll out leg bandaging and update staff on pressure ulcer prevention, dressing selection and wound management
- Ongoing engagement with TV champions on wards to support good pressure prevention practice, including support, feedback, and wellbeing incentives.
- Monthly Tissue Viability newsletters focusing on key themes each month and delivering key messages to staff.

Patient Safety

Mixed Sex Accommodation Breaches and Fractured Neck of Femur Patients Treated Within 36 Hours - Escalation Summary

Mixed Sex Accommodation Breaches

Mixed Sex Accommodation Breaches

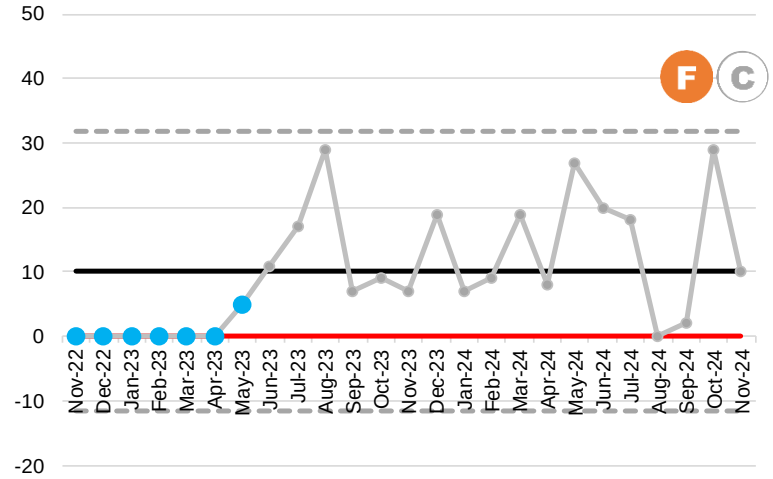
Latest Month
Nov-24

Target
0

Latest Month's Position
10

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

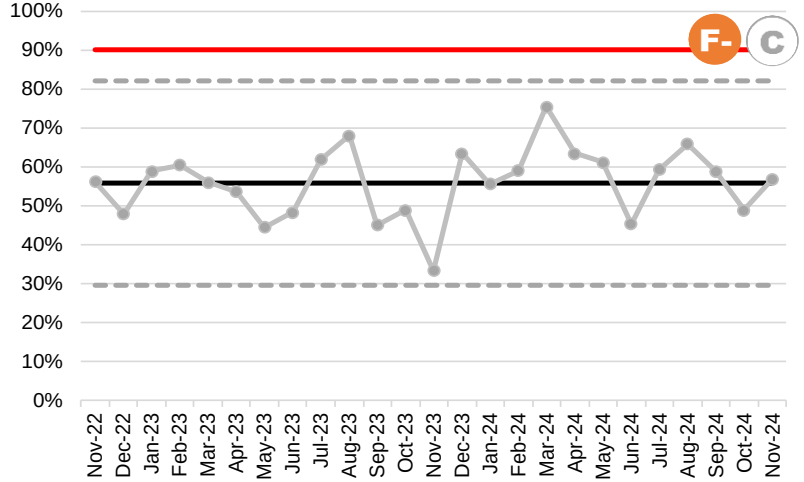
Risk
No risk on Board Assurance Framework



Summary

- There has been a reduction in the number of mixed sex breaches in November 2024. There were three events of mixed sex breaches affecting ten patients in total. All three events occurred in theatre recovery, Bristol Royal Infirmary. These patients experienced mixed sex breaches as a result of a delay in transfer to inpatient wards, due to overall bed capacity.
- There is continued flow and discharge improvement projects to enable earlier bed availability, via the Every Minute Matters programme.
- Clinical leads continue to undertake ongoing review of clinical areas to ensure consistent compliance with NHSE Single Sex Accommodation guidance.
- Task and finish group continues to work through a full Equality Impact Assessment to review the Managing Single Sex Accommodation Compliance SOP. Aims include providing training to staff to assist in applying this guidance in practice, whilst ensuring that they are inclusive and sensitive to the needs of all of our communities. A proposal for an e-learning module has been approved by the Learning and Workforce Development Board, and is now starting to be built, working alongside community partners.

Fracture Neck of Femur Patients Treated Within 36 Hours



Latest Month
Nov-24

Target
90%

Latest Month's Position
57%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

Risk
No risk in current Board Assurance Framework

Summary

Weston Sites:
Overall BPT compliance dropped to 52% at Weston in November.
The significant drop in compliance is attributed to the lack of resilience posed by having a single geriatrician service , they were on annual leave for a week resulting in two patients not being reviewed over the period (includes bone and falls assessment) , four additional patients were seen on their return from leave , this missed the 72hr assessment target. one patient missed day one Physiotherapy assessment due to lack of physiotherapy cover on a that weekend.
Four patients did not have a MUST assessment completed, two patients did not receive a post-op clinical evaluation for post op delirium (4AT) the cause of this is not initially clear and is being investigated.

Bristol Sites:
Overall BPT was 29% in November at the Bristol site, 21 patient were eligible for the BPT of which the main metric not met was the surgery with 36 hours whereby six out of 21 patients (29%) met this target. 20 patient (95%) received an ortho-geriatric review within 24 hours and all 21 patient (100%) received a physiotherapy assessment.

Risk: Corporate Risk 2264 - Delays in commencing induction of labour (16)

Summary

The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.

Data relating to delays in Induction of Labour (IOL) is currently pending: the IOL data (2 hour from admission to start of IOL process) can only be extrapolated from BadgerNet by individually auditing each patient recorded and team capacity has precluded completion. Priority within the team has been focussed on achieving required CNST standards for the Maternity Incentive Scheme (MIS) year 6. It is anticipated that there will be capacity to audit the IOL data early in 2025.

Our People

Principal Related Risk: 2. Workforce

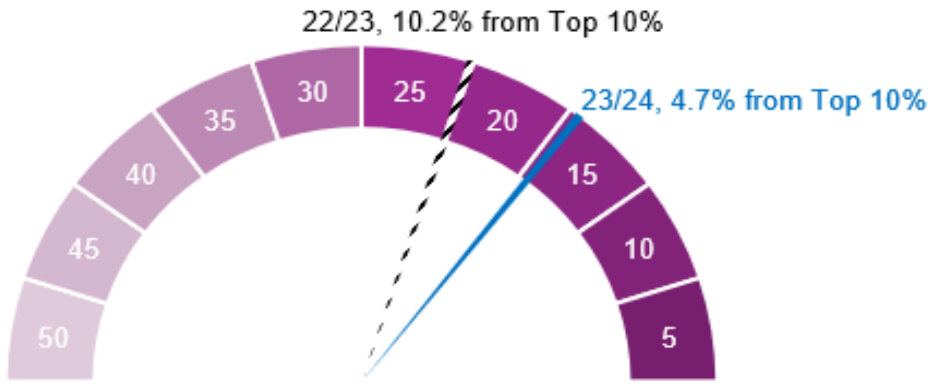
Our People

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

Turning the Dial

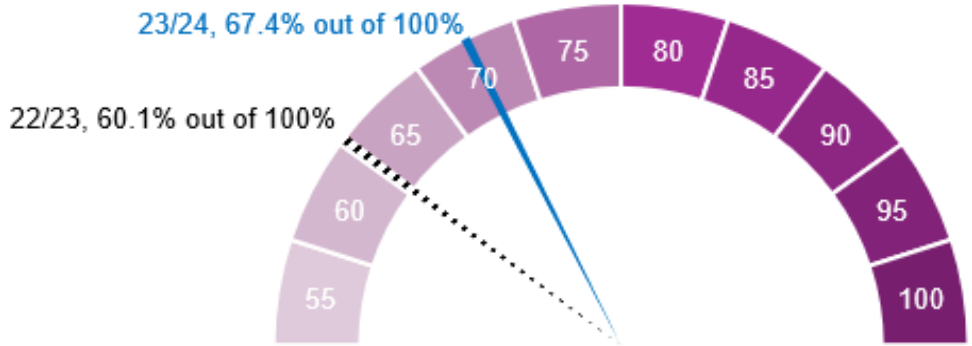
Vision Metrics

We will be in the top 10% of NHS organisations for staff recommending us as a place to work



Annual

A 5% improvement year on year in staff recommending us as a place to work



Annual

The number displayed represents the maximum of that segment

Our People

Scorecard

Metric Type	CQC Domain	Workforce Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Well-Led	Medical Workforce Programme	**Highlight Report Provided**							
	Well-led	Delivering Pro-Equity Promise	**Highlight Report Provided**							
Constitutional Standards and Key Metrics	Well-Led	Percentage Agency Usage	Nov 24	0.6%	1.0%	0.6%	P*	L	Note Performance	
	Well-Led	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	Nov 24	2.7%	5.0%	2.3%	P*	C	Note Performance	
	Well-Led	Sickness Rate	Nov 24	4.7%	4.9%	4.7%	P	C	Note Performance	
	Well-Led	Workforce Appraisal Compliance (Non-Consultant)	Nov 24	83.3%	85.0%	79.9%	F-	H	Escalation Summary	
	Well-Led	Workforce Turnover Rate	Nov 24	11.1%	12.0%	11.1%	P	C	Note Performance	
	Well-Led	Essential Training Compliance	Nov 24	90.4%	90.0%	90.8%	P	H	Note Performance	

***Strategic Priority**

Assurance						Variation				
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation	

Our People

Medical Workforce Programme Highlight Report

Our 12 to 18 month goal

To develop a strategic and Trust wide approach to the recruitment, deployment and configuration of the medical staff to support them and to enable the delivery of the Clinical Strategy.

Latest Month	December 2024
Project status	**Project timeline off track**
Related Principal Risk	2. Workforce

Key progress in last month

Reduce Premium Spend
- Rate reduction negotiations continue with highest cost placements, and agreement to replace them from February 2025 with rate compliant locums

Resident Doctor Rota Review
- Rota review has progressed in W&C's and PICU and Paeds Cardiac Surgery are priority areas identified for 'deep dive', specific Surgery rotas have been identified and work is progressing to review them

Medical Workforce Systems (Healthroster, Locum's Nest and E-job planning system)
- Obstetrics and Gynaecology have increased their Healthroster usage from 40% to 60%
- Diagnostic and Therapies have completed their Healthroster roll out for absence and leave recording

Long Term Plan
- Locally Employed Doctors Medical Rotation outline drafted. Finalising rotation logistics.
- Impact Assessment complete to prioritise actions
- Regional Post Graduate Dean has agreed Medical Apprentices will not proceed in 2025, due to lack of clarity about national funding

Key aims for next month

Reduce Premium Spend
- Confirm rate reduction plan for all agency locums
- Carry on scoping locum bank rate alignments across the region

Resident Doctor Rota Review
- Agree principles for over & underpayments
- Commence PICU deep dive
- Establish protocol for costing and approving rota changes

Medical Workforce Systems (Healthroster, Locum's Nest and E-job planning system)
- Loop app roll out to continue with focus on Weston and Diagnostic and Therapies
- W&C roll out to continue with guidance re operational pressures

Long Term Plan
- Present Locally Employed Doctors rotation paper at Business Delivery Group and Learning and Development Board. Create recruitment microsite and documentation.
- Identify priority Medical Workforce Risks by Division to shape speciality action planning.

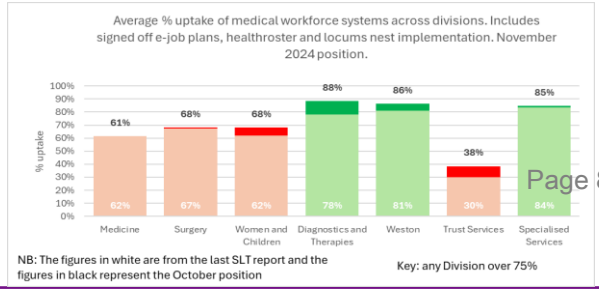
High Level Roadmap

System Delivery and Associated Policies: Implementation of Locums Nest, Health Roster, Loop and Ejob planning Trust wide,	Q4
Reducing Short Term Agency: Delivery of NHSE Medical Agency Plan removal of off-framework agencies and implementation of rate card	Q2
Long term Plan: Identify priorities and gaps, business case for investment, development of LED Medical Workforce	Q4
Resident Doctor Rota Review : Populate workforce data per rota (funding, budget, training posts, absence rates, locum cost etc) / Review contracted rota pattern	Q2

Key risks and challenges

- Absence levels within the medical E-rostering team
- Risk of fixed term contract not being renewed in medical e-rostering team
- Structure/models/resource is different across different divisions and therefore levels of support vary
- Scale of work is significant

Overall project achievements /Impact achieved



Our People

Pro-Equity Promise Highlight Report

Our 12 to 18 month goal: Pro- Equity Promise

In order to deliver our True North People, ambition to be in the top 10% of organisations for staff recommending us as a place to work, with a 5% year on year improvement, we are going to establish our Pro-Equity approach.

Latest Month	December 2024
Project status	**Project timeline on track**
Related Principal Risk	2.Workforce

Key progress in last month

- All Divisions have a Pro-Equity plan in place and these have been reviewed as part of the Executive Divisional Strategy Deployment Review process
- We have concluded our workshops for anti- ableism and completed our analysis
- We have held a multi-disciplinary workshop to review our findings with sexual safety, anti-racism and anti-ableism and to set up subgroups to commence work on outline plans to review end of January
- Delivered pilot pro-equity training for over 120 staff

Key aims for next month

- Each subgroup to meet to discuss outline themes from the workshops to co-create a pro-equity action plan
- Evaluate the pro-equity training pilot and consider the model for future delivery

High Level Roadmap

- Design a Pro-Equity framework that is trauma informed to ensure effective communication and engagement with the Pro-Equity agenda (this will include Anti-Sexism, Anti-Racism and Anti-Ableism) by the end of October 2024. Completed
- Run Pro-Equity Workshops (Sexual safety, Anti-Racism, Anti-Ableism) from July – end of December 2024. Completed
- Collectively review the thematic analysis from Sexual Safety, Anti-Racism and Anti-Ableism to identify themes by the end of January 2025. Completed in initial workshop, follow up session on 13th January 2025.
- Rationalise and prioritise the themes into clear plans for action, aligned to national requirements, best practice and group model working by the end of February 2025.
- Integrated plan for Pro-Equity by the end of March 2025.

Key risks and challenges

- Engagement on anti-racism and anti-ableism might bring to light concerning practices across the Trust, and we may see an increase in Employee Relation cases

Overall project achievements / Impact achieved

- A pro-equity trauma informed communication and engagement plan has been developed.
- We have published our Anti-Racist community commitment

Our People

Workforce Appraisal Compliance Escalation Summary

Workforce Appraisal Compliance (Non-Consultant)

Summary

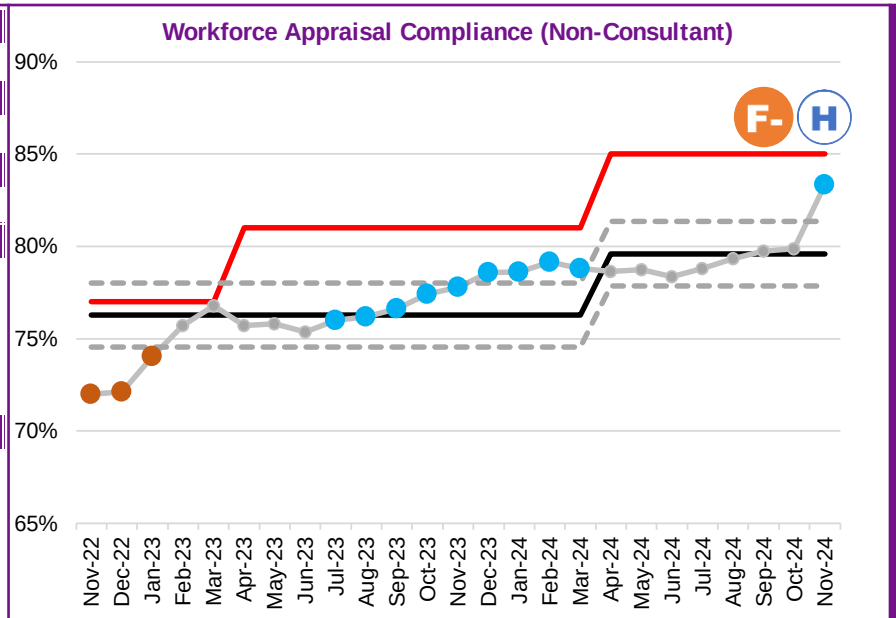
Latest Month
Nov-24

Target
85%

Latest Month's Position
83.3%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.

Risk
No risk in Board Assurance Framework



- Appraisal compliance increased to 83.3% compared to 79.9% in October, with increases in 7 divisions.
- The Kallidus software application Perform has released an additional tool that will enable managing appraisal forms sitting dormant on the system.
- The tool is now live providing access to delete and regenerate forms, as a result this has had appositive impact on appraisal compliance measures this month.

Timely Care

Principal Related Risk: 6. Capacity and Performance

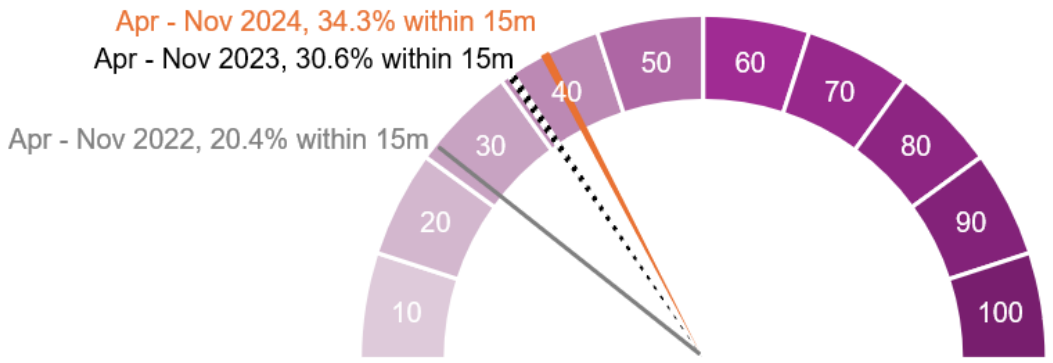
Timely Care

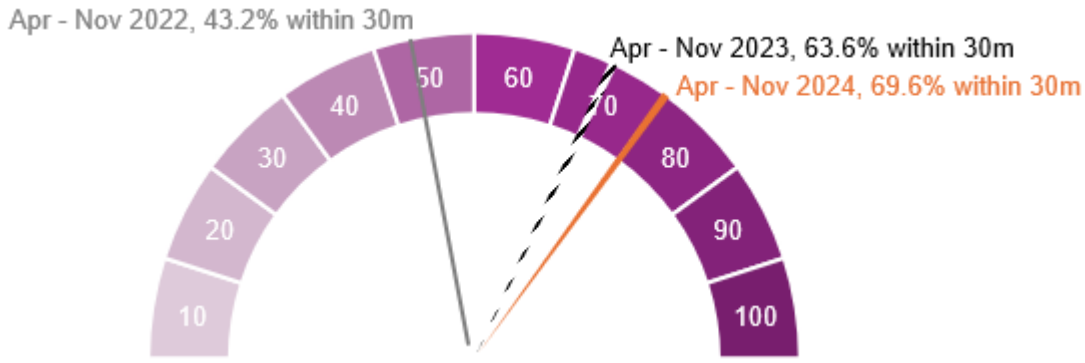
Our Vision	*Together, we will provide timely access to care for all patients, meeting their individual needs.*
Our Goal	*By streamlining flow and reducing variation, we will eliminate avoidable delays across access pathways.*

Turning the Dial

Vision Metrics

We will make a 10% year on year improvement in ambulance handover times as a measure of improved patient flow through our hospital





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Timely Care

Scorecard

Metric Type	CQC Domain	Experience of Care Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Responsive	ED Percentage Spending Over12 Hours in Department	Nov 24	5.4%	2.0%	4.9%	?	C	Counter Measure Summary	
	Responsive	Theatres - Touchtime Utilisation	Nov 24	81.9%	81.0%	82.4%	F-	H	Counter Measure Summary	
	Responsive	Outpatient DNA Rate	Nov 24	5.8%	5.0%	5.9%	F-	L	Counter Measure Summary	
Breakthrough Objective*	Responsive	Median Discharge Time	Nov 24	15:30	13:30	15:34	F-	C	Counter Measure Summary	

*Strategic Priority

Assurance						Variation			
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation	

Timely Care

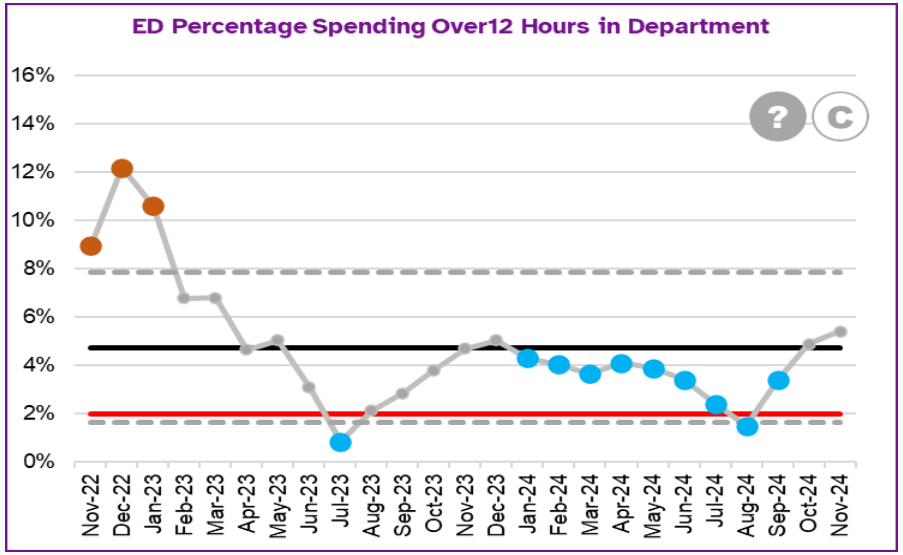
Scorecard

Metric Type	CQC Domain	Experience of Care Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Constitutional Standards and Key Metrics	Responsive	Total RTT Pathways 52+ Weeks	Nov 24	1180	1389	1296	P	n/a	Note Performance	
	Responsive	Total RTT Pathways 65+ Weeks	Nov 24	58	0	57	F	n/a	Escalation Summary	
	Responsive	Diagnostics Percentage Under 6 Weeks (15 Key Tests)	Nov 24	87.0%	92.2%	86.2%	F-	H	Escalation Summary	
	Effective	Cancer - 28 Day Faster Diagnosis	Oct 24	77.1%	77.0%	77.0%	P	H	Note Performance	
	Effective	Cancer - 31 Day Diagnosis To Treatment	Oct 24	98.3%	96.0%	96.1%	P	C	Note Performance	
	Effective	Cancer 62 Day Referral To Treatment	Oct 24	76.1%	70.0%	71.4%	P	H	Note Performance	
	Responsive	Last Minute Cancelled Operations - Percentage of Admissions	Nov 24	2.9%	1.5%	1.5%	F	C	Escalation Summary	
	Responsive	ED Percentage Spending Under 4 Hours in Department	Nov 24	64.8%	71.8%	66.4%	?	C	Escalation Summary	
	Responsive	ED 12 Hour Trolley Waits	Nov 24	530	No Target	440	n/a	C	Note Performance	
	Responsive	ED Attendances (Trust Total)	Nov 24	18761	No Target	18485	n/a	C	Note Performance	
	Responsive	No Criteria To Reside - Beds Occupied	Nov 24	183	105	191	F-	H	Escalation Summary	
	Responsive	No Criteria To Reside Occupancy	Nov 24	21.0%	13.0%	21.9%	F-	C	Escalation Summary	

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

Timely Care

Proactive Hospital Counter Measure Summary



ED Percentage Spending Over12 Hours in Department

Latest Month

Nov-24

Target

2.0%

Latest Month's Position

5.4%

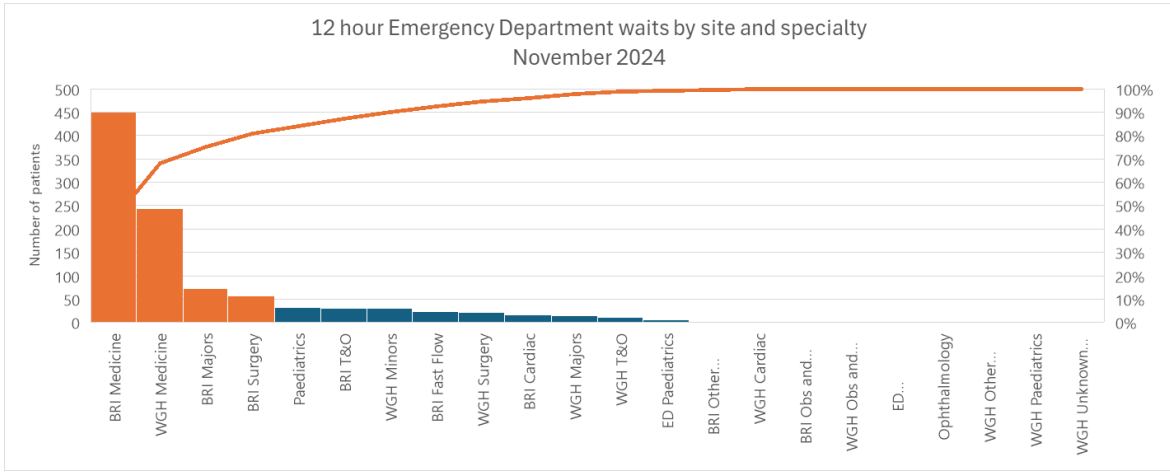
Performance / Assurance

Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk

Corporate Risk 910 - That patients in BRI ED do not receive timely and effective care (20)

Stratified data



Improvement work in progress

Project: On track

Divisional priority project for:

- Medicine
- Weston
- Specialised Services
- Diagnostics and Therapies

Top contributors to addressed

- Embedding Every Minute Matters
- Access to non-admitting pathways (Same Day Emergency Clinic (SDEC)/NHS@Home)
- Cross-divisional approach to 12 hour improvement actions

Key Risks to achieving improvement

- Emergency Department (ED) attendance rate
- Operational pressures
- Inpatient adult bed capacity
- Adherence to Getting It Right First Time (GIRFT) acute care standards across specialties

Key progress

- ED to CT scan pathway review progressing with workshop planned in January to review root causes
- ED to pathology pathway review progressing with data collection and visits planned for January 2025
- Review of GIRFT acute care standards underway to inform plan to improve specialty referral timings
- Weekend discharges improvement work started - initial audit completed in Medicine

Next actions

- Agree Key Performance Indicator (KPI)'s for winter schemes and review impact
- Continue to progress ED pathway reviews and review of GIRFT acute care standards
- Establish SDEC task and finish groups in January 2025 to review gaps within self-assessments and agree key actions to progress

Timely Care

Theatres Touchtime Utilisation and Average Cases per List Counter Measure Summary

Theatres - Touchtime Utilisation

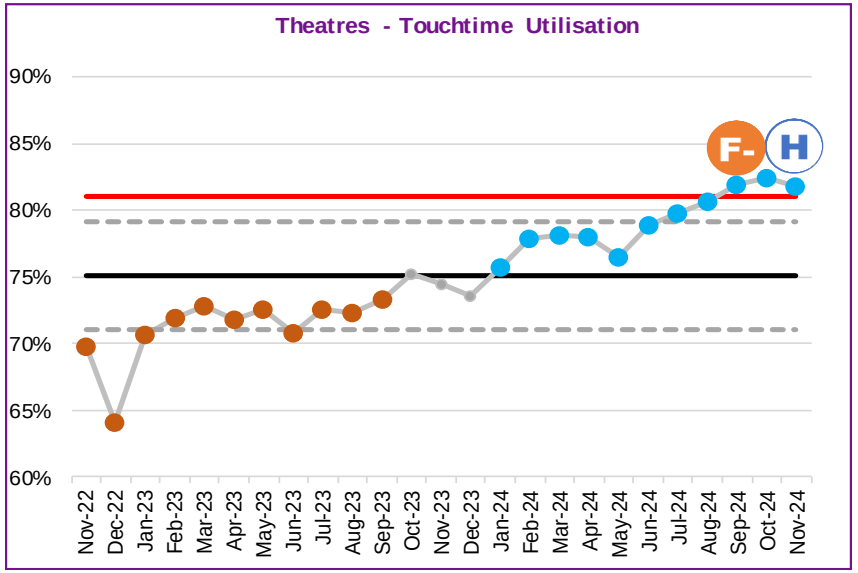
Latest Month
Nov-24

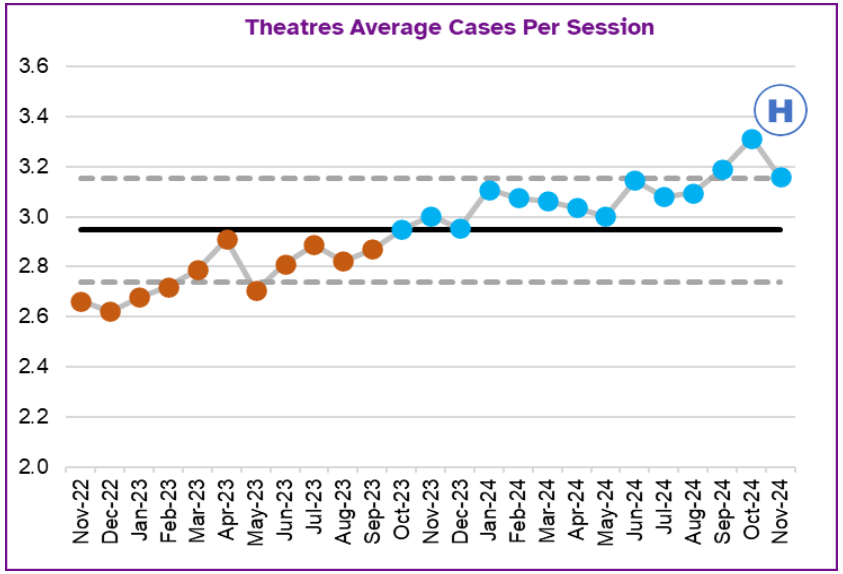
Target
81.0%

Latest Month's Position
81.9%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.

Risk
No risk on Board Assurance Framework





Theatres Average Cases Per Session

Latest Month
Nov-24

Target
No Target

Latest Month's Position
3.16

Performance / Assurance
Not Applicable

Risk
No risk on Board Assurance Framework

Improvement work in progress

Corporate Project:
Improving Theatres Productivity and Efficiency

Project: On track

Divisional priority project for:
- Weston
- Women and Children
- Surgery

See Appendix for Capped Touchtime example

Top contributors to addressed

- Adherence to best practice for planning and scheduling theatre activity (e.g. 6-4-2 processes).
- Lack of timely pre-assessment of patients to ensure that they are fit and health optimised prior to surgery.

Key Risks to achieving improvement

- Decentralised booking teams and lack of standardised processes, management and Key Performance Indicator's (KPI)
- Continued short notice theatre list booking
- Decentralised pre assessment services and variable processes.
- Staffing shift patterns impacting ability to cover extended theatre lists
- Lack of traction & engagement in pre assessment improvement workstream

Key progress

- Trust wide utilisation continues to improve and we have achieved over 81% utilisation for the last 3 months
- All theatre areas show steady and sustained monthly improvement. Work continues to improve performance for Bristol Dental Hospital & South Bristol Community Hospital.
- New process implemented to reduce unused pre assessment clinic slots has resulted in on the day 'one stop' pre assessment availability for urgent and cancer patients straight from clinic
- Progress with the theatre demand tool continues, which will allow prospective theatre planning based on trust waiting list data and variations in referral numbers etc.

Next actions

- Review theatre improvement programme plan to incorporate new requirements for 25/26
- Collaborate with Business Intelligence (BI) to produce a pre assessment dashboard
- Plan procedure room audit and scope available data and reporting for a new outpatients procedure dashboard
- Continue validation and data quality work on pre-assessment clinic and slot utilisation to provide transparency and agree clinical criteria for telephone and face-to-face appointment types.
- Review admin capacity for the booking of theatre lists to ensure the appropriate level of resources is available.

Timely Care

Outpatient Did Not Attend Rate (DNA) Counter Measure Summary

Outpatient DNA Rate

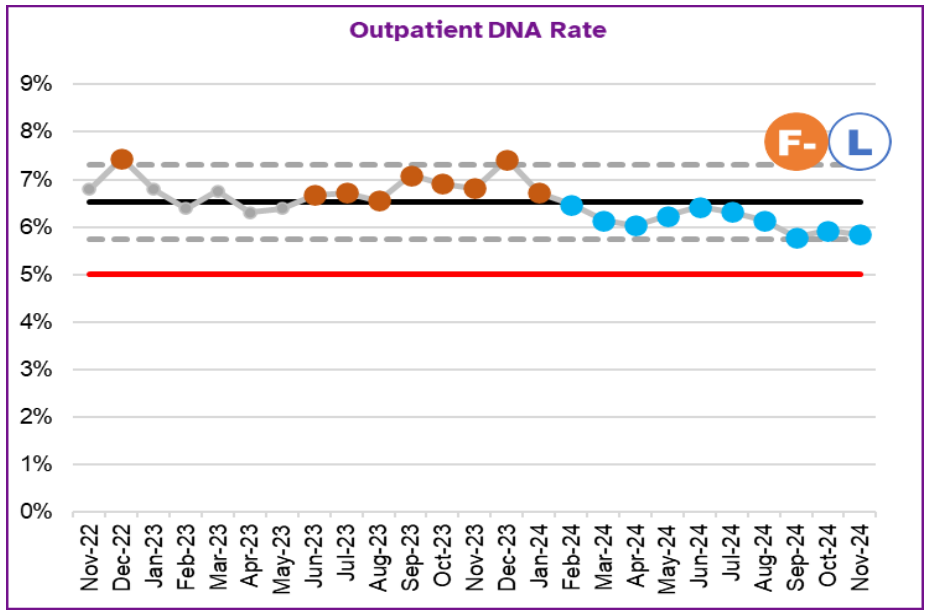
Latest Month
Nov-24

Target
5.0%

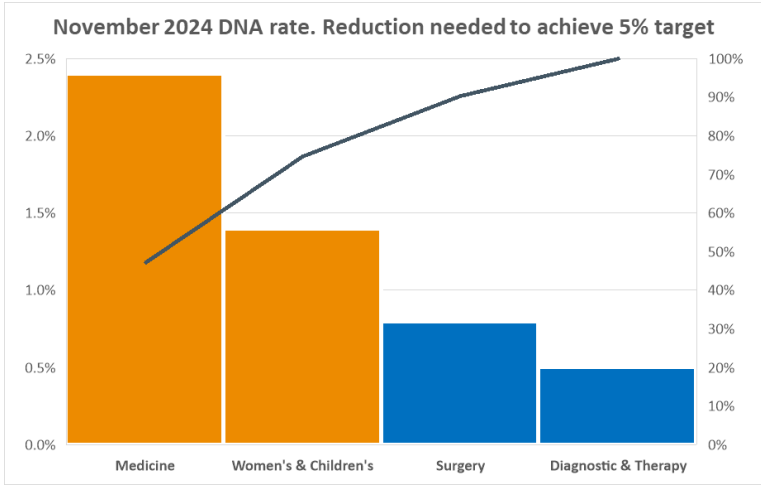
Latest Month's Position
5.8%

Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.

sk
Corporate Risk 2244 - Long waits for Outpatients (20)



Stratified data



Orange = top contributors.

Divisions that can make most contribution to overall Trust target

Note:

Specialised Services achieved 5 % target in November

DNA rate was 4.3%

Improvement work in progress

Corporate Project: Improving Outpatient Productivity and Efficiency

Project: On track

Divisional priority project for:

- Medicine
- Specialised Services

Top contributors to addressed

- Lack of timely and clear communication with patients concerning outpatient appointments.
- Do not have processes to support rescheduling of outpatient appointments that are responsive to patients' needs. .

Key Risks to achieving improvement

- DrDoctor functions support patients to cancel appointments that are not convenient for them
- Process variation in the management of clinic builds and booking of appointments may limit ability to introduce patient-led booking and rescheduling.
- Capacity within digital services to manage ongoing support to DrDoctor programme

Key progress

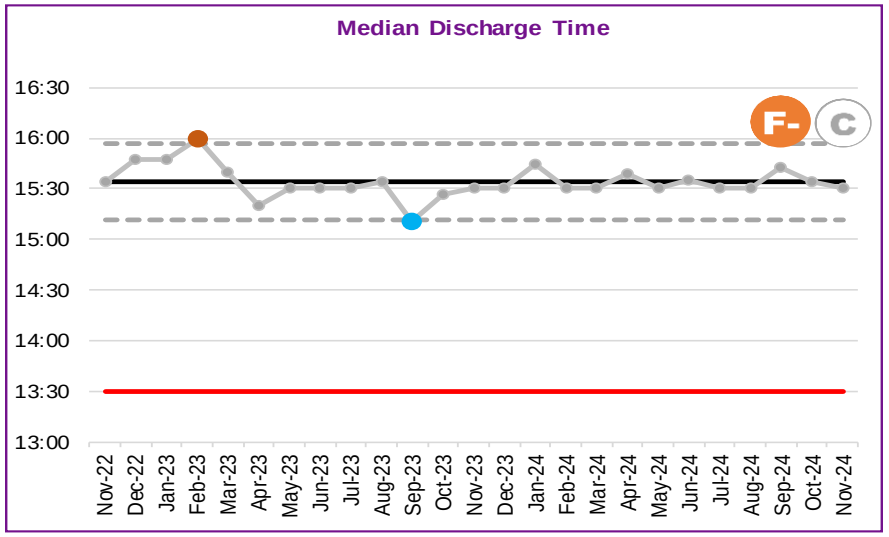
- Weston General Hosptial now live with DrDoctor digital letters Impact expected in 4-12 weeks
- Specialised services lowest DNA rate average over 8mths 4.5%
- Medicine lowest DNA rate position in 12 months 7.4%
- Surgery lowest DNA rate position in 12 months 5.8%
- Diagnostics & Therapies lowest DNA rate average in 6 years 5.5%
- Women & Children lowest DNA rate average in 6 years 6.5%

Next actions

- Further 100 specialities currently not using DrDoctor automated appointment reminders selected for improvement
- Continued work with divisions to benchmark practice against Getting It Right First Time (GIRFT) guidelines. There are now 21 specialty specific handbooks that have been published providing best practice guidelines and case studies.
- Missed Appointments GIRFT guidance circulated to divisions
- Review of specialities with fixed booking and the potential expansion Patient Initiated Follow-Up (PIFU) pathways.

Timely Care

Median Discharge Time Counter Measure Summary



Median Discharge Time

Latest Month

Nov-24

Target

13:30

Latest Month's Position

15:30

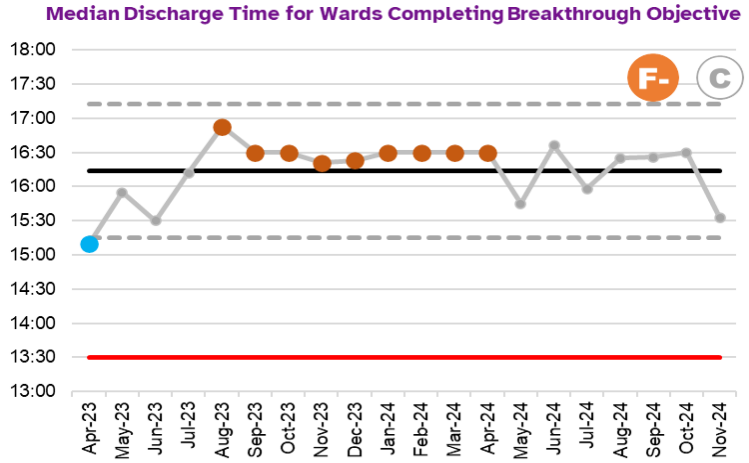
Performance / Assurance

Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.

Risk

Corporate Risk 423 - Inpatient admissions exceeds bed capacity (20)

Stratified data -November 2024



Wards completing A3 thinking for breakthrough objective:

- A900
- A512/525
- C808
- A528

Improvement work in progress

- Ready for Discharge Breakthrough objective
- Every Minute Matters (EMM) programme of work
- Golden Patient

Project: On track

Divisional priority project for:

- Medicine
- Weston

Top contributors to addressed

- Discharges not identified early in the day
- Inconsistency of board round process and outputs
- Lack of visibility of patients needing progression of care and/or discharge
- Discharge summaries not completed in a timely way

Key Risks to achieving improvement

- Staff capacity and consistency to engage with change

Key progress

- Despite operational pressures, there are continued improvements in median discharge time
- Themes of discharge delays were gathered from an all-Trust inpatient ward review event. This followed on from preliminary work understanding Pathway 0 discharges and Proactive Board Round reporting.
- A check and challenge exercise was tested across 10 Bristol wards in Medicine division, in response to OPEL (Operational Pressure Escalation Level) 4 escalation. Learning will be used to inform a sustainable model for future escalation scenarios.
- Wardview (digital whiteboard) solution for Weston going through an options appraisal.
- Data under review for proposed Weekend Planning work
- Weston discharge lounge refocus is yielding good results with increased discharges through the lounge – approaching Trust target of 45% (currently 39.8%)

Next actions

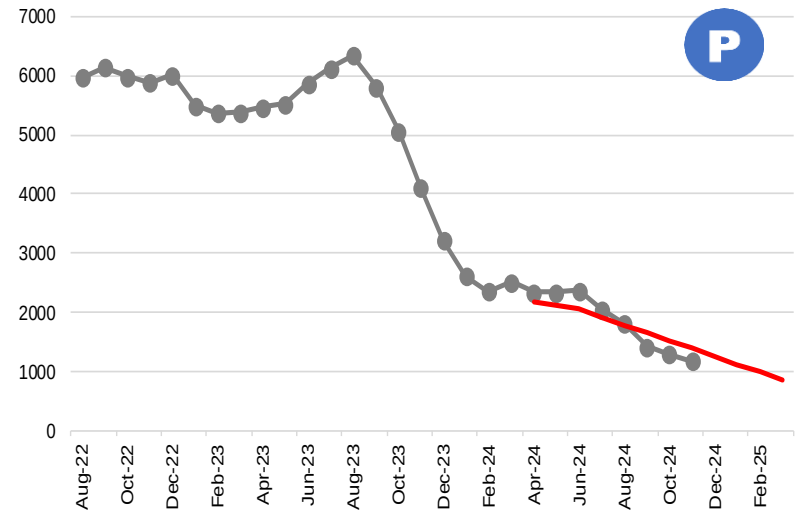
- 10 combined themes were collated from the inpatient reviews and Medicine OPEL 4 escalation events. These are being reviewed to understand opportunities/learning and develop improvement plans
- Review of current Trust escalation action plans and explore implementing the use of a 'check and challenge' event in response to appropriate operational triggers
- Use weekend discharge data to support scoping of Weekend Planning work due for launch January 2025

Timely Care

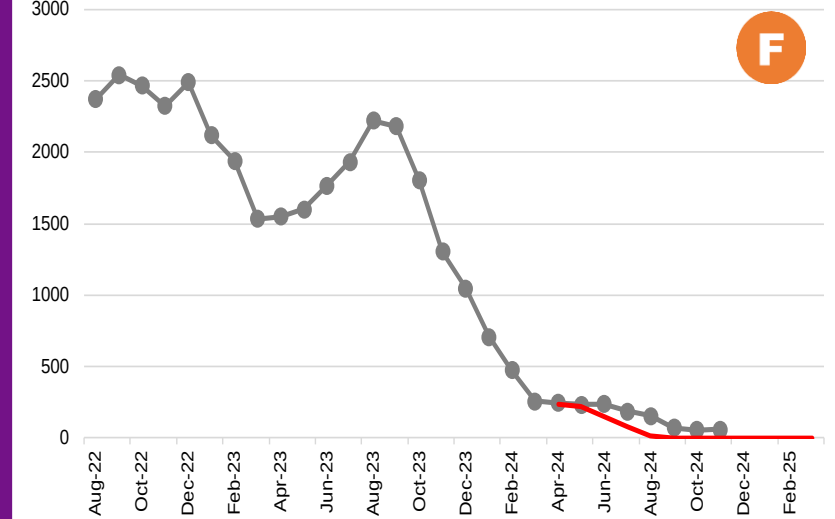
RTT 52 and 65 Week Waits Escalation Summary

Total RTT Pathways 52+ Weeks

Latest Month
Nov-24
Target
1389
Latest Month's Position
1180
Risk
Corporate Risk 801 - Elements of the NHS Oversight Framework are not met (12)



Total RTT Pathways 65+ Weeks



Latest Month
Nov-24
Target
0
Latest Month's Position
58
Risk
Corporate Risk 801 - Elements of the NHS Oversight Framework are not met (12)

Summary

- At the end of November there was one patient who had waited 78ww+ for treatment, the patient was a Cornea graft patient who had a planned treatment date on 22/11/24 but had to cancel because of an acute illness. The patient accepted a treatment date for 12th December 2024.
- Further allocation of cornea graft material has been requested for patients who will breach 78ww in December and the Trust has sufficient capacity to treat those patients should allocation of material be made available. NB: as per NHSE guidance, cornea graft breaches are monitored but excluded from planning assumptions.
- At the end of November, the Trust reported 58 patients who were waiting more than 65 weeks for treatment (14 Cornea Graft; 42 Dental and 2 Paediatric Surgery), a slight deterioration from the end of October (57x 65ww+). The Trust continues to work towards elimination of 65ww in Dental services and to develop strategies to expedite the treatment of these patients in a sustainable way.
- Insourcing arrangements have been established for outpatient services in Paediatric Dentistry. Additionally, the Dental service has recently recruited an additional Orthodontics Consultant who commences in May 2025 and a Paediatric Cleft locum to increase the capacity within these services. The Trust has sought additional Orthodontic capacity via an Independent Sector Provider to support clinic appointments and on-going brace adjustments. This work has resulted in identifying two suitable Orthodontists who are pending start dates in January 2025.
- The Dental service continue to use additional Independent Sector capacity under contractual agreements with Spire to support their recovery in cleft services whilst there has been a consultant gap in this service.
- The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives.

Timely Care

Diagnostics Patients Under 6 Weeks and Last Minute Cancelled Operations - Escalation Summary

Diagnostics Patients Waiting Under 6 Weeks

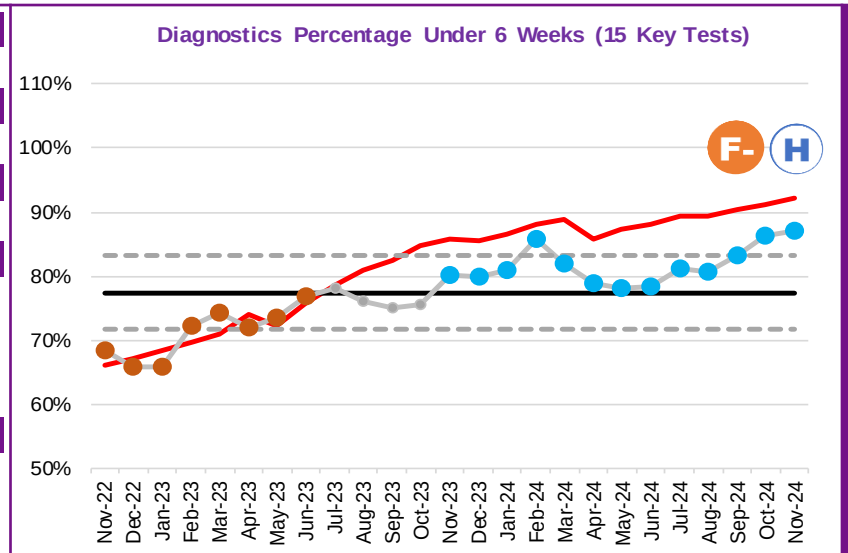
Latest Month
Nov-24

Target
92.2%

Latest Month's Position
87.0%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit

Risk
Corporate Risk 801 Elements of the NHS Oversight Framework are not met (12)



Summary

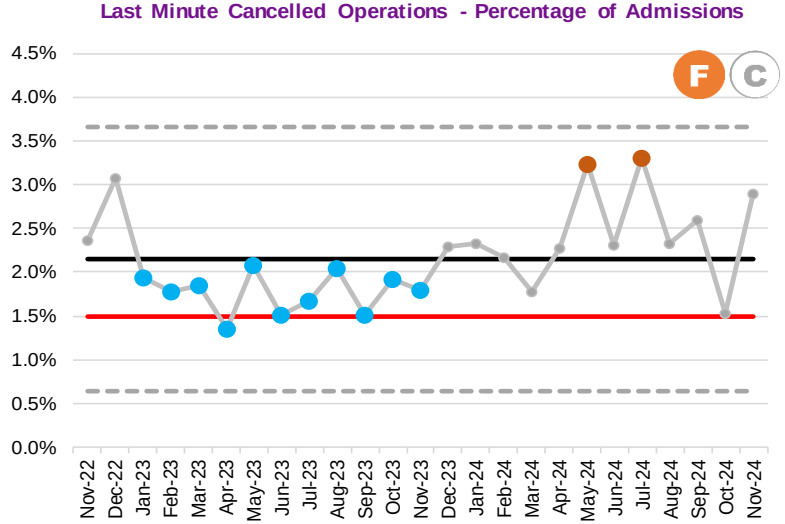
For October 2024, the England total was 78.6% of the waiting list under six weeks. UHBW's performance was 86.2% which places UHBW 78th of 157 Trusts that reported diagnostic wait times. At the end of November, performance against the six week wait standard was reported as 87.0% against the operational planning trajectory of 92.2%.

Considerable efforts have been made to improve performance for long wait patients and the number waiting over 13 weeks have improved from 694 at end of Mar-24 to 408 at end of November. The number of patients waiting 26+ weeks have reduced from 206 to 7 over the same period.

Sleep studies and DEXA are both achieving the 99% national six week waiting time standard, with CT (adults), Neurophysiology, Echocardiography, Flexi-sigmoidoscopy and Paediatric Audiology all achieving the 24/25 national year-end target of 95%. Performance challenges remain in Cardiac MRI, Cardiac CT and Paediatric MRI, compounded by short-term PACS integration challenges, leading to hospital imitated cancellations. Recovery action plans have been agreed with enhanced bank rates offered for extended hours and additional weekend lists from late December onwards, as well as, exploring MRI outsourcing opportunities. CT cardiac outsourcing started at the end of November and is in place for the remainder of 24/25.

Digital integration of ICE / CRIS has taken place, providing the opportunity to equalise Radiology waiting lists across sites and allows for Weston Endoscopy patients to be offered choice at the North Bristol Community Diagnostic Centre.

Last Minute Cancelled Operations



Latest Month
Nov-24

Target
1.5%

Latest Month's Position
2.9%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Risk
Corporate Risk 1035 - Insufficient access to Critical Care Beds (12)

Summary

Actions for reducing last minute cancellations are being delivered by the Trust's Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric which includes the development of a dashboard to provide divisions with data concerning the timeliness of validation at specialty level. The dashboard is expected to be available and in operational use from January 2025.

Timely Care

Emergency Department Metrics Escalation Summary

ED Percentage Spending Under 4 Hours in Department

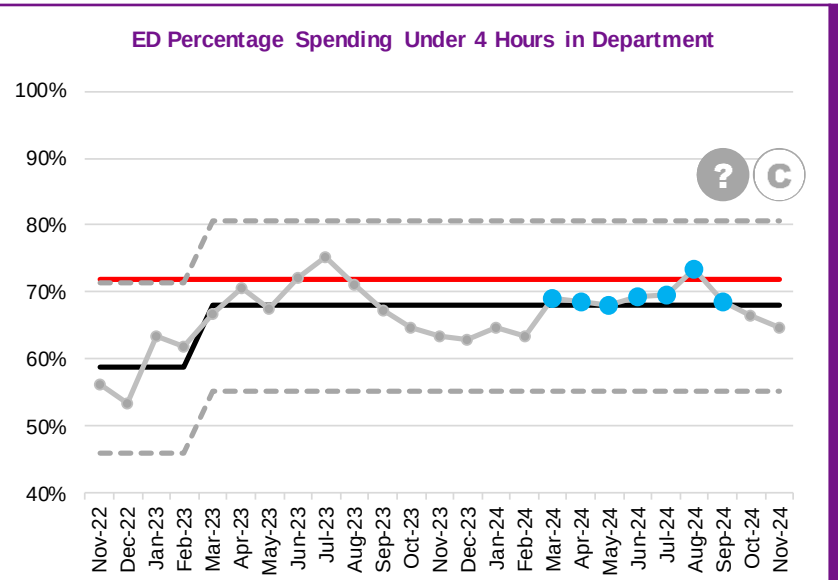
Latest Month
Nov-24

Target
71.8%

Latest Month's Position
64.8%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk
Corporate Risk 910 - That patients in BRI ED do not receive timely and effective care (20)



Total ED Attendances

Bristol Royal Infirmary (BRI):

- Type 1 attendances to the front door decreased in November to 6,786, this was an overall increase of 5% when comparing to November 2023. The reduction in attendances is primarily as a result of reduced Fast Flow attendances.
- BRI 4 hour performance was at 46.98%, a slight reduction from October (49.5%)
- During November, there was an increase in the proportion of patients in ED >12 hours (9.64% in November up from 7.81% in October). This is monitored through the Division of Medicine Strategic Deployment Review (SDR) with actions in progress including a review of transfer team nursing resource and the implementation of a tracker role in Majors.

Bristol Royal Hospital for Children (BRHC):

- 4-Hour performance of 75.67% in November 2024, noting an increase in attendances in November 2024 (172 per day) vs Oct: 140 per day and an increase of 10.15% when compared to November 2023.
- 12-Hour breach working group is ongoing and have been successful in driving down 12-Hour breaches since inception in September 2024. There were 37 x 12-Hour breaches in November 2024, compared with 172 x 12-Hour breaches in November 2023, (78% reduction).
- The new observation ward is now being fully utilised, alongside the new “Zone B” area in the main department, which is a designated minor injuries and illness area.

Weston General Hospital (WGH):

- 4-hour performance of 66% in November compared to 64.9% in October with an average of 149 attendances per day (148 in October).
- 12-hour performance was 7% (8% in October).
- There is ongoing focus on improving flow and earlier discharge from medical wards to improve the 12-hour breach position

Timely Care

No Criteria to Reside – Beds Occupied and Occupancy Escalation Summary

No Criteria To Reside - Beds Occupied

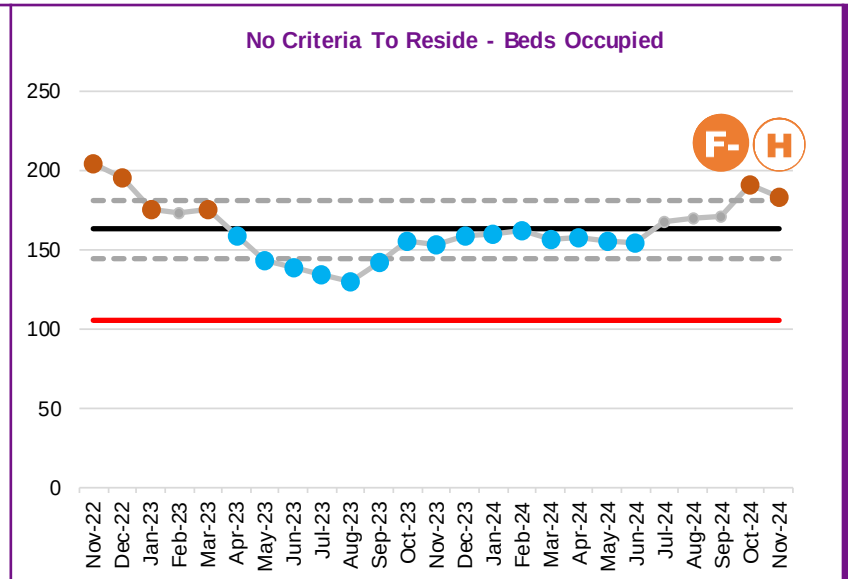
Latest Month
Nov-24

Target
105

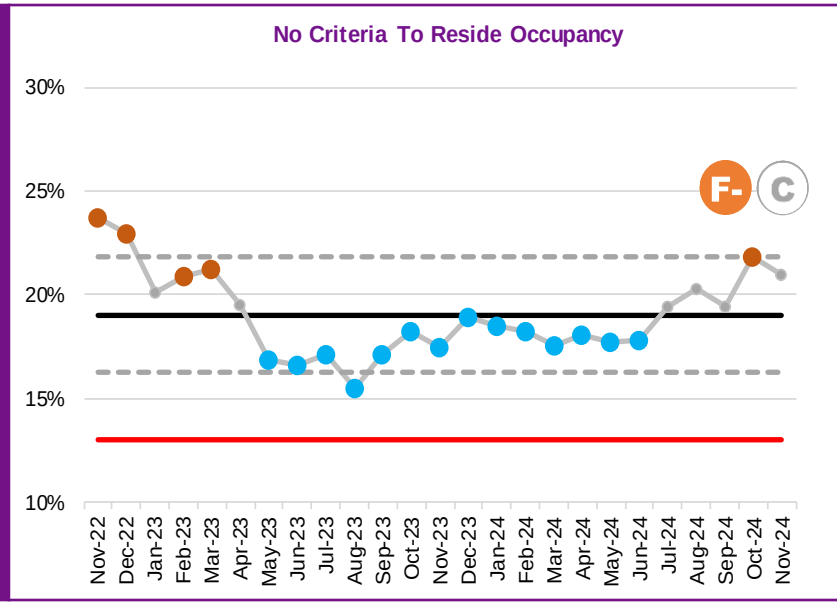
Latest Month's Position
183

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration.

Risk
No risk on Board Assurance Framework



No Criteria To Reside Occupancy



Latest Month
Nov-24

Target
13.0%

Latest Month's Position
21.0%

Performance / Assurance
Common Cause (natural/expected) variation where down is improvement.

Risk
No risk on Board Assurance Framework

Summary

No Criteria to Reside (NCTR) numbers fluctuated in November ranging from 182 patients to 211, largely driven by an increase in non-elective admissions. Average length of stay across all pathways rose in November compared to the previous month, with the exception of P0 seeing a small decrease at 4.6 days against a target of 4.2 days. All system partners are reporting higher levels of sickness which will have impacted on discharges.

Actions:

- Focus on internal delays using new coding structure continues with ongoing staff training.
- Version 2 of the Transfer of Care form implemented on 11th Nov. A much shorter referral form for Pathway 1 results in saving clinical time.
- Implementing a “Home for Christmas” initiative to support earlier discharges, initial focus on EoL patients.
- 94 patients were discharged prior to their package of care start date with family supporting saving 270 bed days.
- Operational processes being developed to manage this new data to reduce delays with a refreshed escalation plan to minimise non-value adding days in patients' pathways.
- To support delivery of the 15% NCtR ambition for BNSSG there is a requirement to increase community bedded capacity by an additional 18 P3 beds and 11 P2 beds. Funding to be finalised.
- The Home First Team has prioritised supporting the Trust to deliver improvements in timely discharge through the Golden Patient initiative to support length of stay and flow improvements.
- Supporting Sirona in reviewing P2 NCTR patients in South Bristol Community Hospital

Timescales for Improvement and Assurance:

- 25% reduction in LoS across all patients pathways by end of March 2025 compared to 22/23 baseline.
- Reduce the number of NCTR patients to 13% of useable bed base (core adult bedbase).

Innovate and Improve

Principal Related Risk: 5. Fire Safety

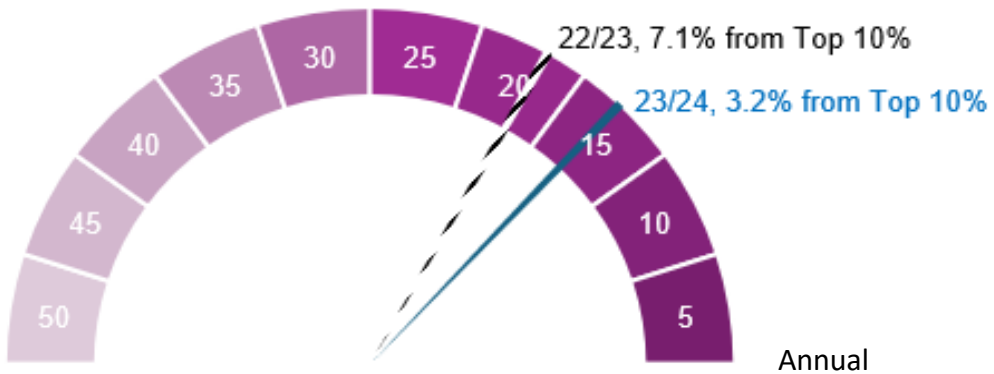
Innovate and Improve

Our Vision	*Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential.*
Our Goal	*We will be in the top 10% of NHS organisations for our staff stating they can easily make improvements in their area of work.*

Turning the Dial

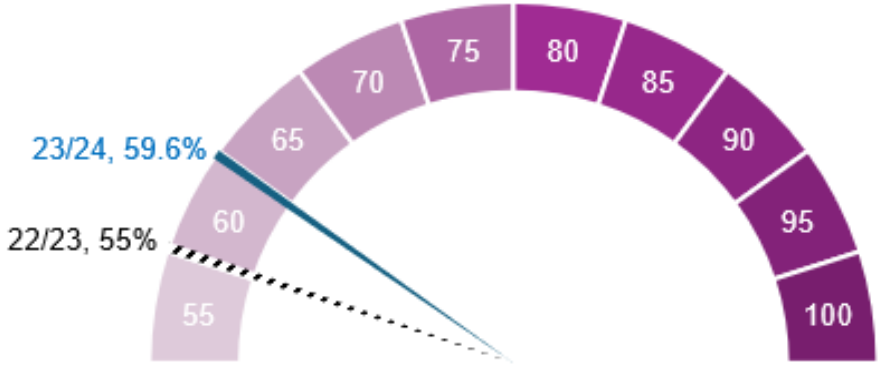
Vision Metrics

We will be in the top 10% of NHS organisations for staff reporting they are able to make improvements



Annual

A 2% improvement year on year in staff reporting they are able to make improvements



Annual

The number displayed represents the maximum of that segment

Innovate and Improve

Scorecard

Metric Type	CQC Domain	Innovate and Improve Metric	KPI	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Safe	Fire Safety Programme	**Highlight Report Provided**								TBC
	Safe	Fire Evacuation Readiness and Compliance	**Highlight Report Provided**								TBC

***Strategic Priority**

Assurance						Variation			
P*	P	?	F	F-	No icon	H L		C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation

Innovate and Improve

Fire Safety Programme Highlight Report

Our 12 to 18 month goal

To have sufficient understanding and confidence in ongoing fire safety across the UHBW Estate that fire safety compliance and improvement can return to Business as Usual.

Latest Month	December 2024
Project status	**Project timeline on track**
Related Principal Risk	5.Fire Safety

Key progress in last month

- 25/26 Capital prioritisation away-day between Fire, Capital, Estates and OFR (fire engineers) to identify fire improvement projects based on hazard and consequences
- Neonatal Intensive Care Unit (NICU) contractor started initial project
- NICU Fire Safety Project RIBA Stage 2 design concluded, and costed plan and fee proposal finalised
- Fire alarm survey and report within St. Michaels Hospital to identify gaps in L1 requirements
- Initial draft of Higher Risk Buildings (HRB's) for Building Safety Act mapped across estate
- Capital and Fire Safety Manager meeting held with external Solicitor regarding higher risk buildings
- Planned Preventative Maintenance (PPM) Group set-up to map out how Estates can provide assurance upwards to the Fire safety Committee and Exec's
- Band 7 recruited to work on Estates fire safety compliance – HTM requirement (05-03-Part B) Authorised Person (Fire Safety Maintenance) and suppression systems reviewed by Estates to establish gaps in compliance
- Fire Hydrant standard operating procedure (SOP) agreed at Fire Improvement Group for requirements for internal and external PPM's and outstanding repairs to hydrants identified

Key aims for next month

- Fire door training – competency of trade staff to complete fire door inspections and repairs to fire doors following PPM's
- Recruit band 6 Estates Officer to work with Authorised Person (Fire Safety Maintenance)
- PPM compliance – statutory and mantuary requirements to be finalized
- Continue fire alarm gap analysis across clinical buildings
- Compartmentation lines within buildings – review to establish if walls provide 60- or 30-minute protection or not (review to be overseen by fire engineers)
- Works on SharePoint risk/action/project tracker to allow clear visibility and accountability across multiple existing reports and survey information.
- Datix fire risk entries to be reviewed and rationalised
- Review latest Fire Risk Assessment from fire engineers – King Edward Building

High Level Roadmap

- Multi-year project that will require substantial resources – human and capital resources

Key risks and challenges

- Potential for significant fire – harm to staff, patient and visitors plus loss of building/s
- Potential for enforcement action due to extent of legacy issues and time to address physical estate
- Scope of works will require multi-year capital investment and require ICS support
- Scope of projects includes ‘unknown’ elements could impact budgets/cause delays
- Building Safety Act gateways cause delays to fire improvement works within year
- Availability of legacy information, interconnectivity and complexity of buildings has the potential to cause delays in projects and/or decision making

Overall project achievements /Impact achieved

- Incremental understanding of the estate and the challenges ahead to improve fire safety
- Moving into the next phase – from significant surveying focus to delivery of physical improvements

Innovate and Improve

Fire Evacuation Readiness and Compliance Highlight Report

Our 12 to 18 month goal

Achieve comprehensive fire evacuation preparedness across all wards, departments, and clinics by ensuring 100% compliance with evacuation plans, training, and annual exercises by 01/12/2025.

Latest Month	December 2024
Project status	**Project timeline on track**
Related Principal Risk	5.Fire Safety

Key progress in last month

- Very high dependency wards without evacuation plan completed
- Updated fire evacuation floor plans started to be issued for priority clinical buildings
- Template and guidance document issued to all wards to start process of transferring existing plans onto new template – fire advisers supporting
- Band 7 nursing meeting attended by Fire Safety Manager and Principal Fire Officer to explain fire improvement project and why evacuation plans are a priority

Key aims for next month

- Development of single matrix for divisional reporting and Strategy Deployment Review's
- Production of updated fire evacuation floor plans and ward level plans to continue to be produced following fire strategy plans
- Divisional fire evacuation plan workshops to help with template and guidance document
- Fire Advisers continue to support wards with completing their evacuation plans – dependent patient areas
- Focus on improving attendance on evacuation training

High Level Roadmap

- 'Red' fire safety information boards installed in all location - Mar 25
- Bespoke fire evacuation floor plans installed on fire 'Red' boards for all locations - Mar 25
- All locations to complete fire evacuation plan on new template following issued guidance - Jun 25
- All locations to ensure 95% staff trained on updated fire evacuation plan - Oct 25
- All locations to conduct fire evacuation exercise/drill to test evacuation plan - Dec 25

Key risks and challenges

- Suitable facilities to maintain clinical care for progressive horizontal evacuation to be effective
- Physical restrictions on evacuation routes
- Ability of clinical staff to be released for evacuation training and fire drills
- Only 50 staff attended fire evacuation training in 2024

Overall project achievements /Impact achieved

- All Very High Dependent areas have a fire evacuation plan
- Template and guidance issued
- Workshops set-up

Our Resources

Principal Related Risk: 3. Financial

Our Resources

Our Vision

Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment.

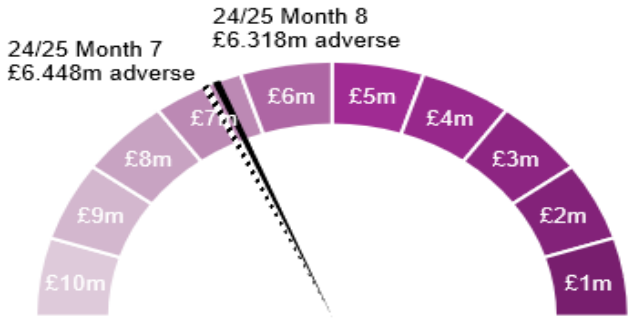
Our Goal

To play our part, along with health and care partners across the Bristol, North Somerset and South Gloucestershire Integrated Care System, in restoring financial balance on a sustainable basis.

Turning the Dial

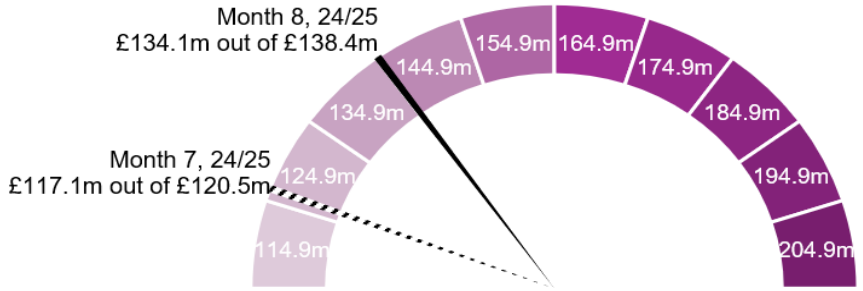
Vision Metrics

To eliminate the underlying deficit within the timeline set out within the System Medium Term Financial Plan



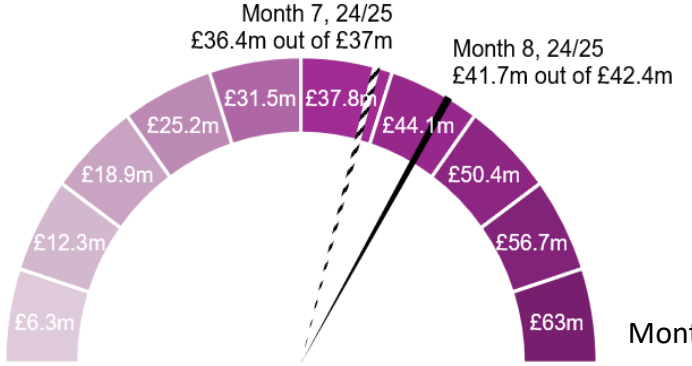
Monthly

We will treat more patients with elective care needs, exceeding 2019/20 activity levels.



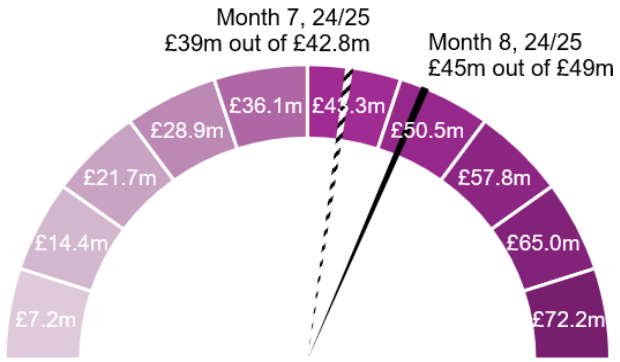
Monthly

Day Cases



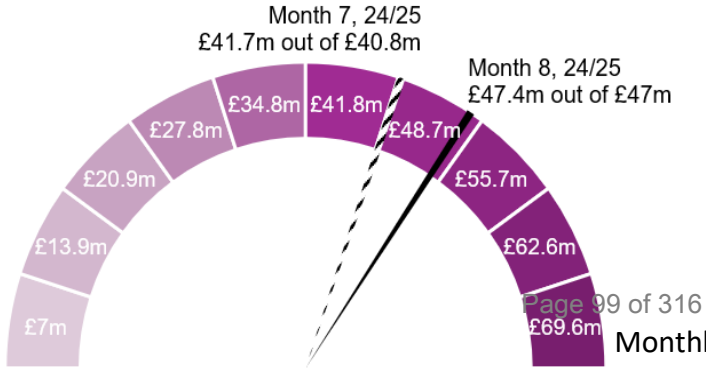
Monthly

Elective Inpatients



Monthly

Outpatients



Monthly

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Our Resources

Scorecard

Metric Type	CQC Domain	Our Resources Metric	KPI	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Well-Led	Driving Productivity and Financial Improvement	**Highlight Report Provided**								
Breakthrough Objective*	Well-Led	To reduce waste in our processes by March 2025	Paused								

***Strategic Priority**

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

Our Resources

Driving Productivity and Financial Improvement Highlight Report

Our 12 to 18 month goal

To deliver high quality patient care in a financially sustainable manner. Ensuring that productivity and value is maximised within our services. Supporting transformation of processes and pathways, resulting in excellent patient outcomes within our available financial resources. Delivering 25/26 Cost Improvement Programme (CIP) targets on a recurring basis.

Latest Month	December 2024
Project status	**Project timeline on track**
Related Principal Risk	3.Financial

Key progress in last month

- Improved position on NHSE productivity metrics: Continuation of improved productivity run rate performance metrics
- Further development and refinement of PFIG: Building on positive changes already in place, to increasing engagement and discussion at meetings, notably divisional director input in month
- Re-launch of Finance Service Improvement Team (FSIT), providing additional support to divisions and workstreams
- Commencement of FSIT hosted divisional workshops in month
- Continuation of delivery of agreed divisional financial control totals

Key aims for next month

- Continued development of workstream plans (new and existing): Programme Management Office (PMO) approach to developing high level outline workstream plans and subsequently detailed delivery actions
- Delivery of further CIP workshops across divisions
- Signposting of National Cost Collection Index return data for 2023/24 financial year with organisation. Identifying areas of opportunity for further investigation.
- Communication of 2025/26 CIP Targets across the organisation
- Divisions sustaining improved run rate trajectories in line with control totals through winter months

High Level Roadmap

- Identifying financial improvement requirements for 25/26
- Establish workstreams to identify and support delivery across organisation
- Development of long term (5 Year) savings plans
- Use of productivity metrics to aid further improvements

Key risks and challenges

- Organisational capacity to take forward improvement initiatives (Pace of change)
- Ability of primary and social care partners to meet demand -No Criteria To Reside (NCTR) / Mental Health
- Scale of improvement required to match current funding allocations
- Physical estate restrictions hindering optimal use of resources
- Digital funding restrictions limiting transformation ability

Overall project achievements /Impact achieved

- 4.6% Productivity improvement @M6 vs 23/24 Financial year
- £30.7m Year end forecast savings achievement 24/25
- Year end trust financial forecast outturn favourable to majority of acute providers nationally

Our Resources

November 2024

2024/25 YTD Income & Expenditure Position	• Net I&E deficit of £6,318k against a breakeven plan, an improvement of £131k from last month. • Total operating income is £18,759k ahead of plan due to higher than planned income from activities (£15,585k) and other operating income (£3,174k). The higher than planned position is primarily due to additional income received from Commissioners. • Total operating expenditure is £26,958k adverse to plan due to higher than planned non-pay and depreciation costs of £13,831k and higher than planned pay expenditure of £13,127k. Higher than planned operating expenditure is due to higher than planned staff in post, the impact of non-pay inflation and the YTD shortfall in savings delivery.
Key Financial Issues	• *Recurrent savings delivery below plan* – YTD CIP delivery is £19,257k, behind plan by £7,894k or 29%. Recurrent savings are £12,652k, an improvement of £1,862k in month. • *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £4,358k behind plan, a deterioration of £1,000k in November. • *Failure to deliver the financial plan* – failure to deliver the savings and ERF requirement and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention. A forecast outturn assessment will be undertaken in December and reviewed in early January using April to November actuals. The forecast outturn undertaken in September concluded , as a system, break-even plan remained achievable.
Strategic Risks	• The scale of the Trust's recurrent deficit and CDEL constraint presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

Trust Year to Date Financial Position

	Month 8			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	93,495	97,217	3,722	748,661	764,246	15,585
Other Operating Income	10,137	11,004	867	81,097	84,271	3,174
Total Operating Income	**103,632**	**108,222**	**4,590**	**829,758**	**848,517**	**18,759**
Employee Expenses	(62,113)	(64,113)	(2,000)	(499,820)	(512,947)	(13,127)
Other Operating Expenses	(35,301)	(37,764)	(2,463)	(292,308)	(306,021)	(13,713)
Depreciation (owned & leased)	(5,127)	(5,128)	(1)	(28,890)	(29,008)	(118)
Total Operating Expenditure	**(102,541)**	**(107,005)**	**(4,464)**	**(821,018)**	**(847,976)**	**(26,958)**
PDC	(1,210)	(1,208)	2	(9,680)	(9,667)	13
Interest Payable	(247)	(220)	27	(1,976)	(1,804)	172
Interest Receivable	292	472	180	2,336	3,868	1,532
Net Surplus/(Deficit) inc technicals	**(74)**	**261**	**335**	**(580)**	**(7,062)**	**(6,482)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	74	(130)	(204)	580	744	164
Net Surplus/(Deficit) exc technicals	**0**	**131**	**131**	**0**	**(6,318)**	**(6,318)**

Key Facts:

- In November, the Trust delivered a £131k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,318k (£6,448k at M7) against a breakeven plan. The Trust is therefore £6,318k adverse to plan. The cumulative YTD net deficit is 0.7% of total operating income.
- Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; pay pressures and over-establishment mainly relating to nursing and medical staff; and the impact of non-pay inflation.
- YTD pay expenditure remains higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.
- Agency expenditure in month is £990k, compared with £828k in October. Bank expenditure in month is £4,311k, compared with £4,804k in October.
- Total operating income is higher than plan by £18,759k. The shortfall in ERF of £4,358k is offset by higher than planned pass-through payments, additional commissioner funding and additional other operating income.

Appendix

Assurance and Variation Icons – Detailed Description

VARIATION ICON	ASSURANCE ICON	P*	P	?	F	F-	*No icon*
		Consistently Passing target (target outside control limits)	Passing target	Passing and Falling short of target subject to random variation	Falling short of target	Consistently Falling short of target (target outside control limits)	No Target
H	Special Cause Improving Variation High, where up is improvement	Special Cause Improving Variation High, where up is improvement and target is less than lower limit.	Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.	Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation.	Special Cause Improving Variation High, where up is improvement but last six data points are less than target.	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.	Special Cause Improving Variation High, where up is improvement and there is no target.
L	Special Cause Improving Variation Low, where down is improvement	Special Cause Improving Variation Low , where down is improvement and target is greater than upper limit.	Special Cause Improving Variation Low, where down is improvement and last six data points are less than target.	Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation.	Special Cause Improving Variation Low, where down is improvement but last six data points are greater than or equal to target.	Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.	Special Cause Improving Variation Low, where down is improvement and there is no target.
C	Common Cause (natural/expected) variation	Common Cause (natural/expected) variation, where target is less than lower limit where up is improvement, or greater than upper limit where down is improvement.	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement, or less than target where down is improvement.	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration, or less than target where down is deterioration.	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration or greater than upper limit down is deterioration.	Common Cause (natural/expected) variation with no target.
H	Special Cause Concerning Variation High, where up is deterioration	Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit.	Special Cause Concerning Variation High, where up is deterioration, but last six data points are less than target.	Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.	Special Cause Concerning Variation High, where up is deterioration and there is no target.
L	Special Cause Concerning Variation Low, where down is deterioration	Special Cause Concerning Variation Low, where down is deterioration but target is less than lower limit.	Special Cause Concerning Variation Low, where down is deterioration but last six data points are greater than or equal to target.	Special Cause Concerning Variation Low, where down is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target.	Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.	Special Cause Concerning Variation Low, where down is deterioration and there is no target.

KEY
Note Performance
Patient First Metrics = Counter Measure Summary Constitutional Standards and Key Metrics = Escalation Summary

Theatres Touchtime Utilisation - Definitions

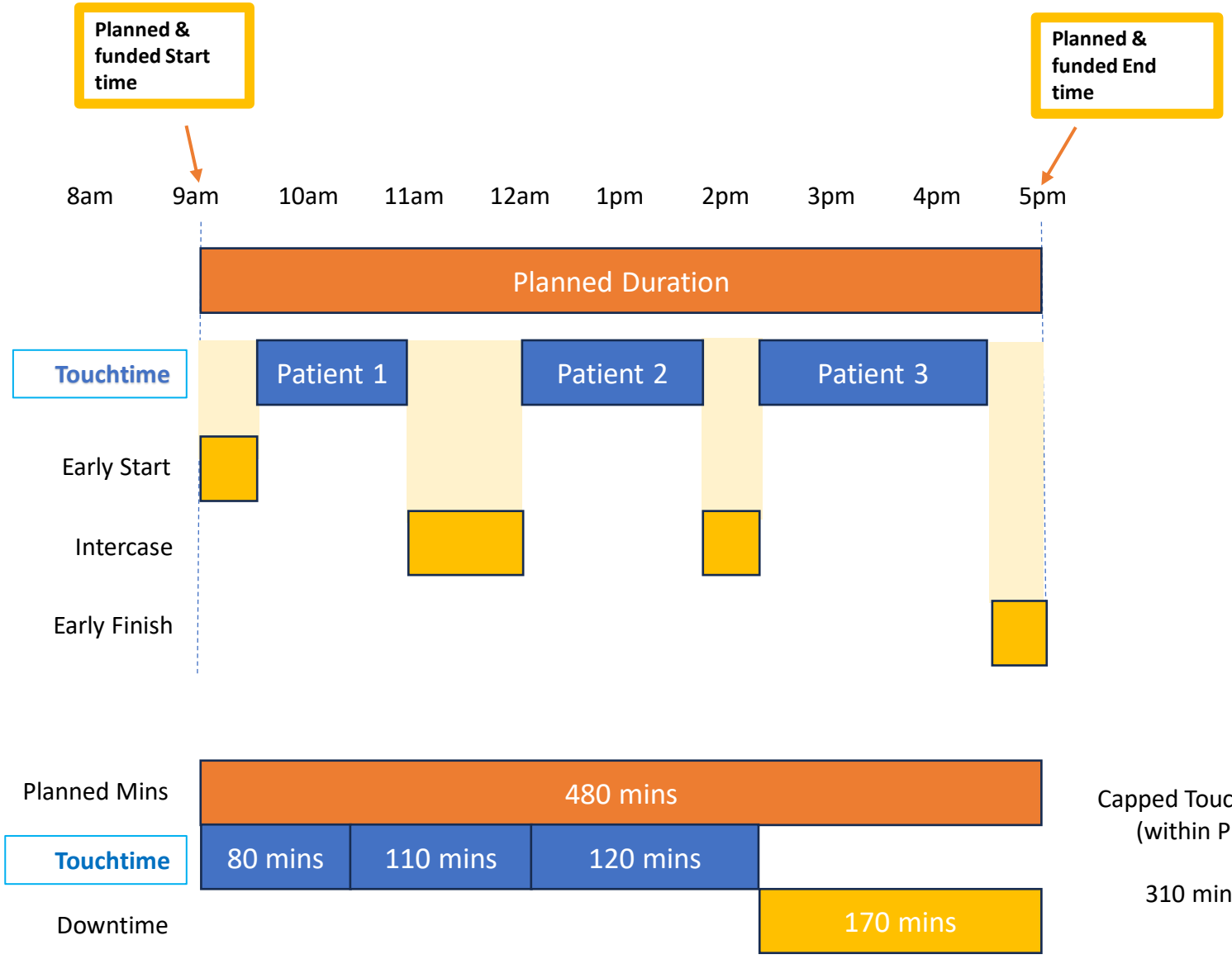
Return to Theatres Counter Measure Summary

Theatre Utilisation
The total amount of touchtime within the planned and funded amount of operating time available. E.g. If a theatre list starts at 8.30am and ends at 5.30pm there is 9 hours of operating time available

Touchtime
Starts when the patient enters the anaesthetic room and ends when the patient leaves theatre to go to recovery.

Capped Touchtime calculation
Individual touchtime for all patients on the theatre list is added together. This is then subtracted from the operating time available for that list and expressed as the percentage of the theatre list utilised.

Theatres Touchtime Utilisation: Capped Touchtime Example 1

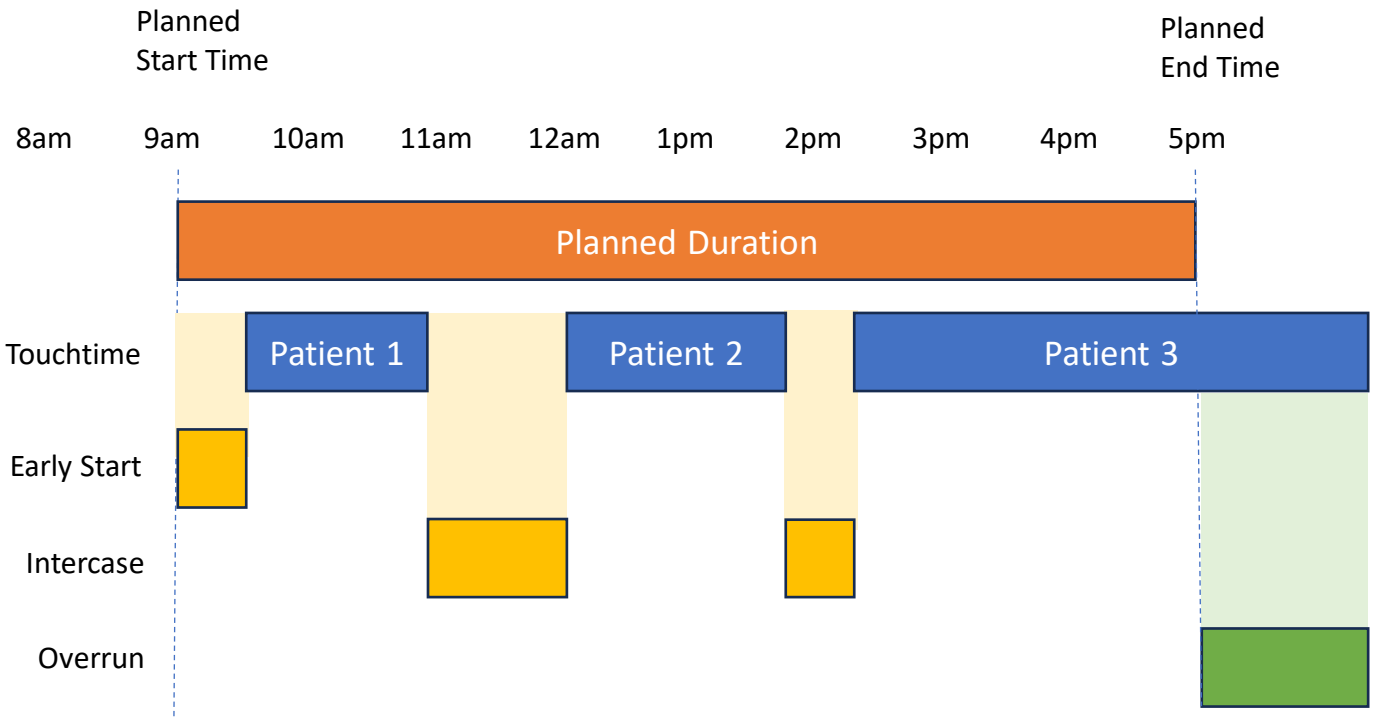


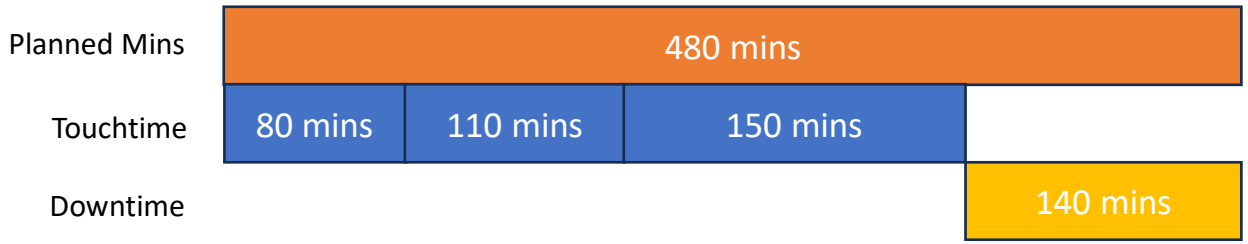
Return to Theatres Counter Measure Summary

Capped Touchtime = Touchtime (within Planned End Time) / Planned Duration
310 mins / 480 mins = 64%

Theatres Touchtime Utilisation: Capped Touchtime Example 2

Return to Theatres Counter Measure Summary





Capped Touchtime = Touchtime (within Planned End Time) / Planned Duration
340mins / 480 mins = 70%

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Briefing on the 2023 National Inpatient Survey Results for UHBW		
Report Author:	Samantha Moxey, Feedback and Engagement Coordinator		
Report Sponsor:	Deirdre Fowler, Chief Nurse & Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To provide analysis of the feedback from the recently published National Adult Inpatient Survey 2023 results for UHBW and assurance that the opportunities for improvement are integrated into our plans.		

Key Points to Note *(Including any previous decisions taken)*

The National Inpatient Survey is an annual survey that all English acute trusts participate in. Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital during November 2023, and were not admitted to maternity units. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between January and April 2024.

In terms of the 'overall experience' question, **UHBW ranks 26th out 131 Trusts** with a **score of 8.4/10.0** which is an encouraging and positive improvement on our 2022 results where the Trust ranked 34th out of 133 Trusts with a score of 8.3. This places UHBW amongst the top 20% scoring Trusts nationally and fourth out of fifteen in the South West region. The improvement is largely due to the improvement seen at **Weston General Hospital (WGH) which scored 8.1 in 2022, increasing to 8.4 in 2023.**

Areas where experience has improved:

- Admission to hospital
- Food and drink
- Nurses (available when needed and help to wash and keep clean when needed)

Areas to focus improvements:

- Communication by Doctors (whilst above the national average the score for some questions in this section have declined since 2022)
- Involvement in discharge decisions including the care and information provided

Use of The Patient Feedback Hub (IQVIA) is recommended to support staff to identify hotspots and improvements in experience of care scores as this data is more timely than the national patient survey dataset.

Improving experience of care is a Patient First priority and the current breakthrough objective is to focus on improving communication related experience. Wards in Medicine, Weston and Specialised Services are focusing on this priority area.

In June 2024, the Trust published the UHBW Experience of Care Strategy 2024 – 2029, “My hospitals know and understand me” which provides a broad programme of improvement work to improve the patient experience across their journey of care and improvements will be measured as part of the delivery of this strategy.

Strategic and Group Model Alignment	
This work aligns with the Trust's Experience of Care strategic priority.	
Risks and Opportunities	
Opportunities for improvement as per above.	
Recommendation	
This report is for **Information.** The Board are asked to note the findings of the report.	
History of the paper (details of where paper has <u>previously</u> been received)	
Experience of Care Group	17th October 2024
Clinical Quality Group	6th November 2024
Appendices:	Appendix 1 – Benchmarking report - 2023 National Inpatient Survey Results for UHBW

Briefing report for the 2023 National Adult Inpatient Survey Results

1. Purpose of this report

This report provides a summary of how well the Trust performed in the Care Quality Commission's (CQC) 2023 National Adult Inpatient Survey. The full benchmarking report can be found on the NHS Surveys website here.

2. Background

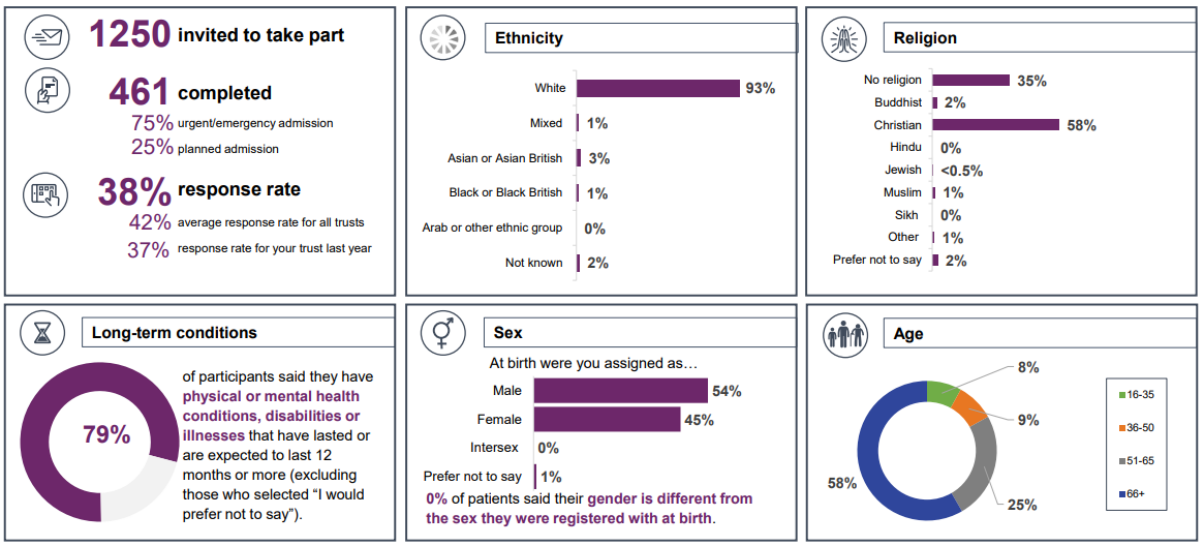
The Adult Inpatient Survey is an annual survey that all English acute Trusts participate in. It forms part of the NHS Patient Survey Programme which is commissioned by CQC as the independent regulator of health and adult social care in England.

Patients were eligible to participate in the Adult Inpatient Survey if they were aged 16 years or over, had spent at least one night in hospital during November 2023, and were not admitted to maternity or psychiatric units. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between January and April 2024.

The survey was conducted using a push-to-web methodology (offering both online and paper completion). The 2023 results are comparable with data from the 2022 survey (unless a question has changed).

At a national level, the 2023 survey involved 131 NHS Trusts. 63,573 people responded to the survey, yielding a response rate of 41.7%. 461 respondents were patients from UHBW giving a response rate of 38%, slightly below the national average.

Who took part in the survey?



Approximately 5% of feedback was received from racially minoritised people, including those from Black, Asian, Multiple Heritage and other ethnically minoritised communities. This is a decrease from the 2022 survey where the proportion was 7.5%. The proportion of racially minoritised people who stayed as an inpatient in our hospitals during the same period of the survey sample was 12%. This shows responses to the survey do not reflect the ethnicity demographic of our patient population.

Ensuring feedback is representative is one of three overarching metrics for the Patient First Experience of Care strategic priority for the Trust. Delivery of our Experience of Care Strategy 2024 – 2029 will ensure we have accessible and inclusive routes for all of our patients and communities to provide feedback about their care. Some of the ways in which we will do this is by ensuring we promote routes to feedback via our community partners for example, those involved with Health Equity Delivery Group, and by increasing direct community engagement aligned to the Core20Plus5 NHS England Health Inequalities framework.

3. Headline survey results

UHBW scored 8.4 out of 10 for overall experience which is above the national average score of 8.1. This is an improvement from our 2022 results when UHBW scored 8.3. The improvement in the overall experience score is predominantly due to the improvement seen at Weston General Hospital (WGH) which scored 8.1 in 2022 and 8.4 in 2023.

The 2023 results show that UHBW scores **better** than the national average for two questions:

- "Were you able to get hospital food outside of set meal times?"
- "During your time in hospital, did you get enough to drink?"

The Trust sores **somewhat better** than the national average for two questions:

- "Were you able to get a member of staff to help you when you needed attention?"
- "Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?"

At Trust level there were no questions where we scored **worse** than the national average.

Results were **about the same** as other Trusts for the remaining 45 questions.

In absolute terms, scores increased for 19 questions when compared to the 2022 results and scores decreased for 12 questions.

There was a statistically **significant increase** from 2022 to 2023 results for two questions:
- "In your opinion, were there enough nurses on duty to care for you in hospital?"
- "Were you able to get a member of staff to help you when you needed attention?"

The trust scored **significantly worse** in 2023 compared to 2022 in one question, "To what extent did staff involve you in decisions about you leaving hospital?" This score has also decreased nationally.

There was **no statistically significant difference** between 2022 and 2023 for the other 35 questions.

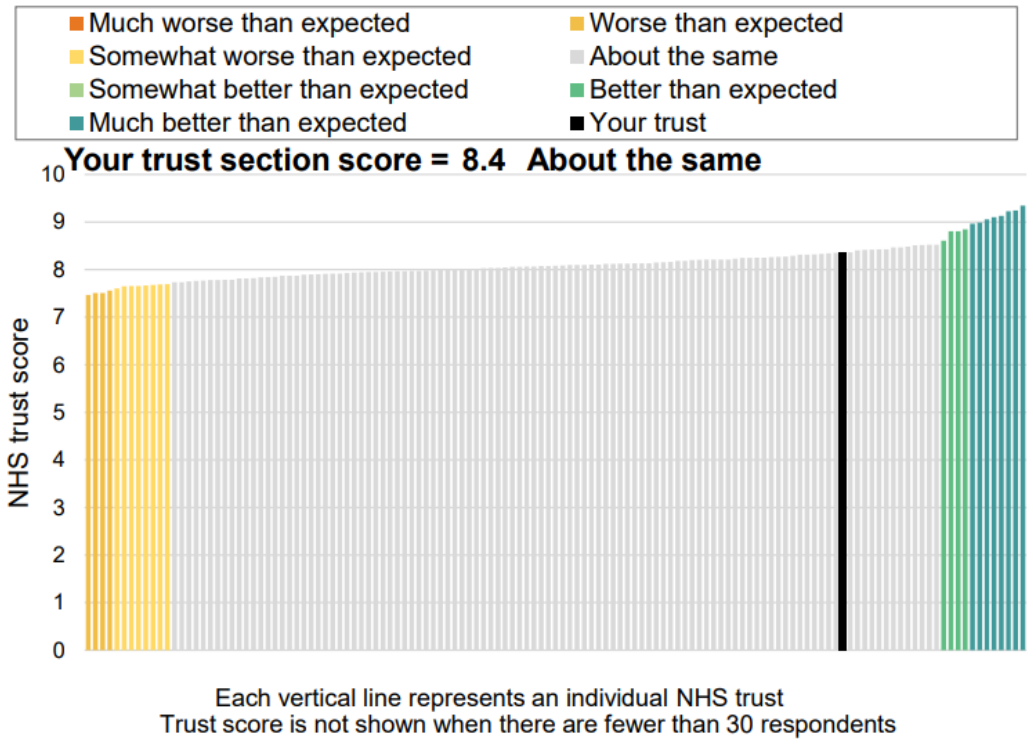
When looking across UHBW sites, Bristol Royal Infirmary (BRI) saw a small increase in overall experience rating with a score of 8.3 compared to 8.2 in 2022 results. The increase at Weston General Hospital (WGH) was more significant as WGH ranked 66th out of 230 hospital sites (that were part of NHS Trusts that participated in the survey) in the 2023 results compared to 2022 results where WGH ranked 112thand 2021 where WGH ranked 157th. This puts WGH above the national average and in the top 30% for overall experience with a score of 8.4 showing a year on year improvement compared to 8.1 in 2022 and 7.9 in 2021. Responses from patients at Bristol

Haematology and Oncology Centre (BHOC) and Bristol Eye Hospital (BEH) were too low to be included in hospital site-level analysis.

Overall experience of care rating

In terms of the 'overall experience' question, UHBW ranks 26th out 131 Trusts with a score of 8.4 out of 10 which is an encouraging and positive improvement on our 2022 results where the Trust ranked 34th out of 133 Trusts with a score of 8.3. This places UHBW amongst the top 20% scoring Trusts nationally and fourth out of fifteen in the South West region.

Chart 1: Overall experience rating, ranked by NHS Trust performance (UHBW score is represented by the black line).

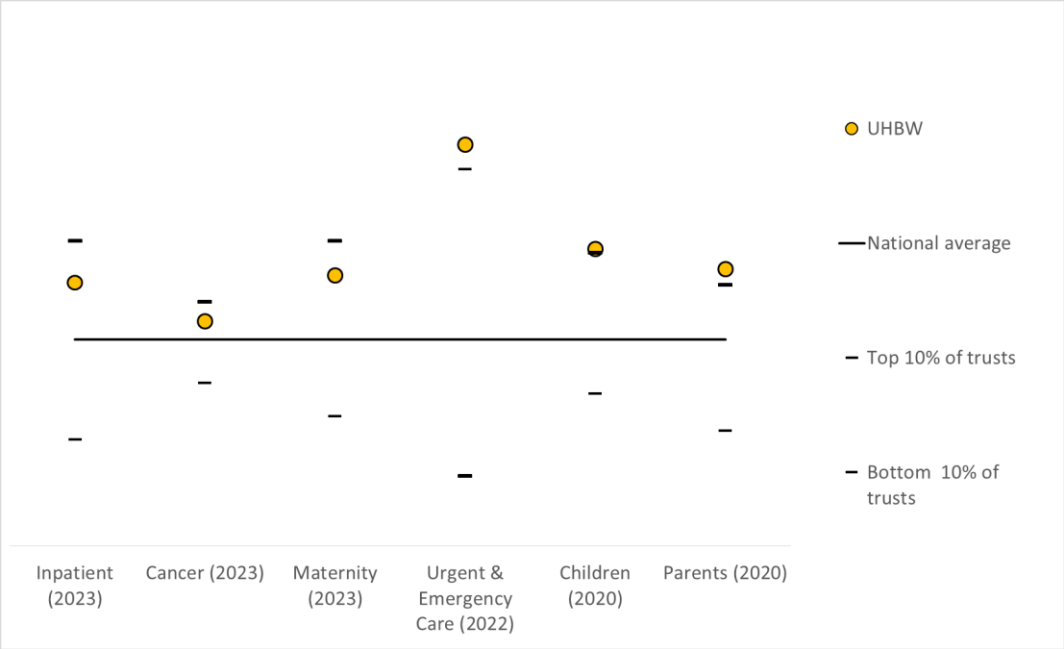


4. Analysis

4.1 Comparison to other national patient survey results

Chart 2 compares the latest results between the National Inpatient Survey and other National Patient Surveys. This shows UHBW is above the national average and just below the top decile for the National Inpatient Survey.

Chart 2: National Inpatient Survey performance compared to other National patient survey results



4.2. Benchmarking regionally and with large city centre acute Trusts

Charts 3 and 4 below compare the overall ratings between geographically neighbouring trusts. These charts contain the overall UHBW score, and include the Bristol Royal Infirmary (BRI) and Weston General Hospital (WGH) displayed separately. Responses from Bristol Haematology and Oncology Centre (BHOCand Bristol Eye Hospital (BEH) were too low to be included in hospital site level analysis.

Chart 3: Overall patient experience rating amongst geographical neighbouring trusts from the 2022 and 2023 Adult Inpatient Survey – UHBW is fourth out of fifteen Trusts in the region for overall experience of care with WGH ranking third.

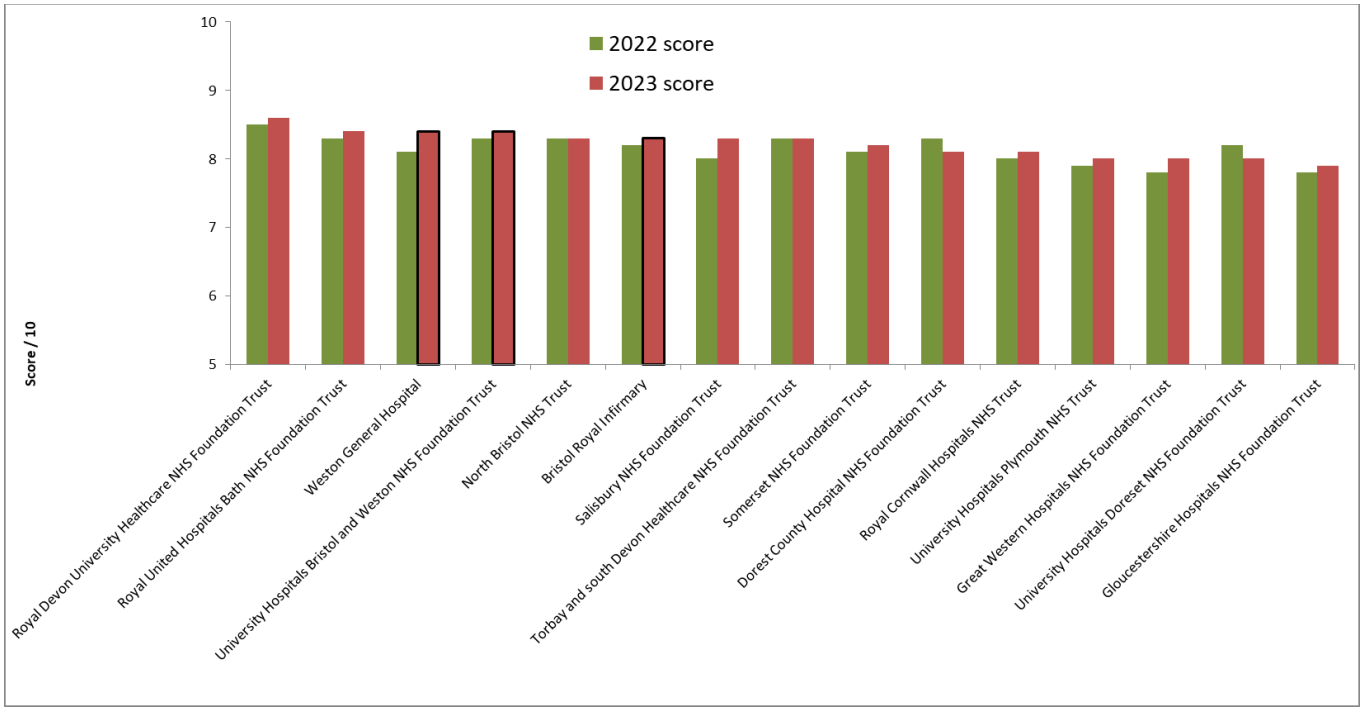
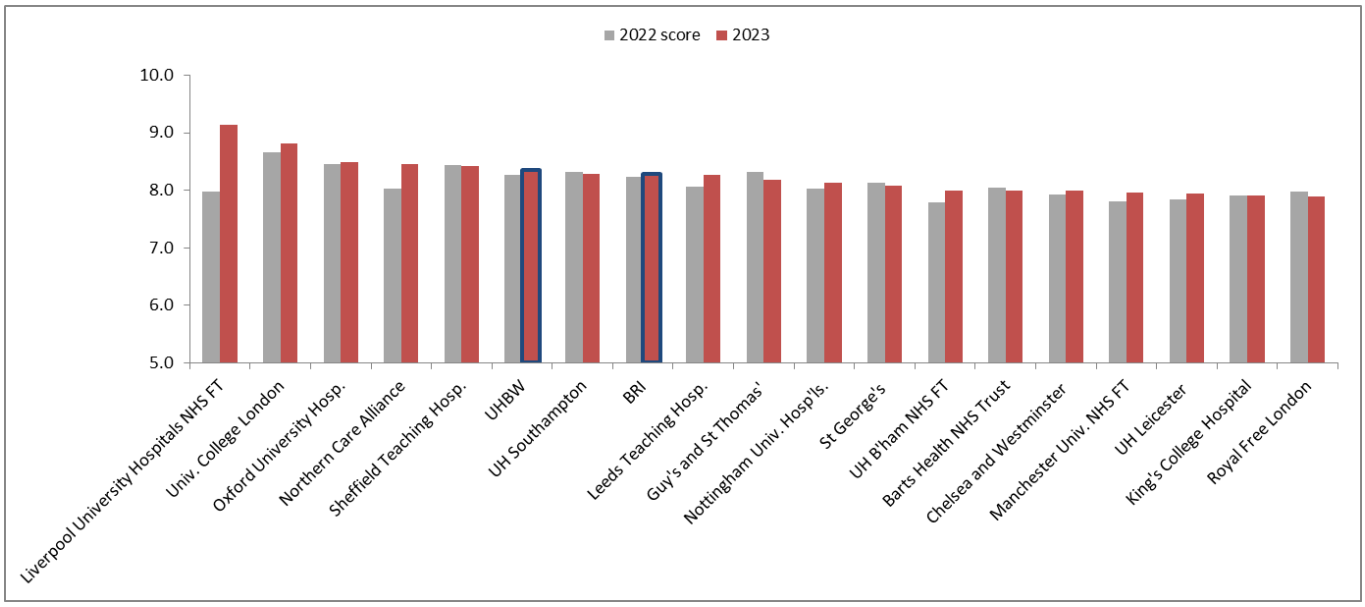


Chart 4: Overall patient experience rating amongst large city acute trusts from the 2022 and 2023 Adult Inpatient Survey –UHBW ranks 6th amongst the 18 large city-centre acute Trusts nationally (shown in the chart below) for overall experience.



4.3. Section 'pathway' trends

Chart 5 below represents overall scores for section headers within the survey. Sections are groups of questions relating to the same overall theme and they are, to some extent, chronologic in terms of the patient journey during an inpatient stay. The chart compares UHBW section scores to the national average for each section and to results for UHBW from 2022.

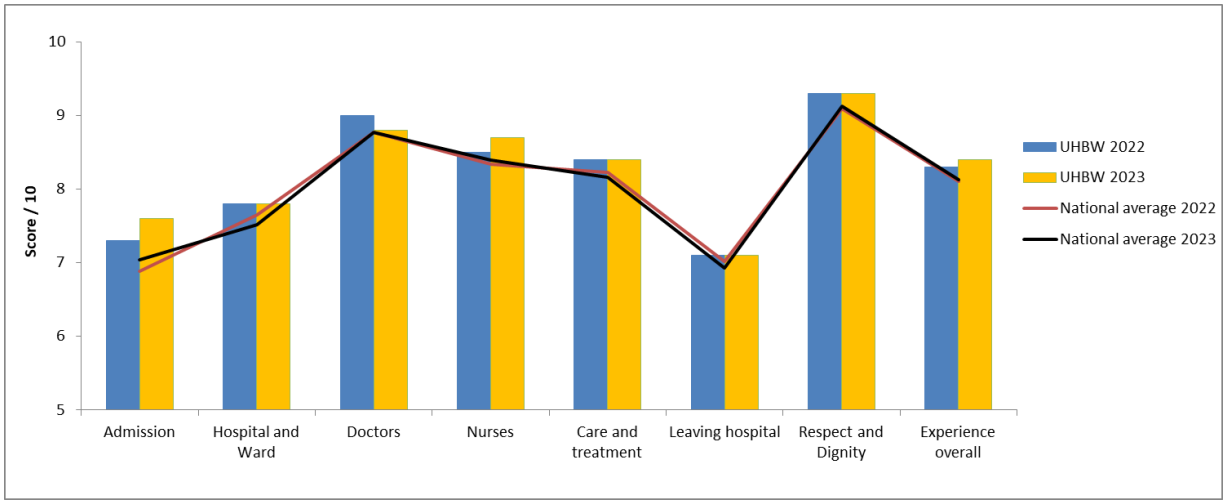
There have been improvements in inpatient experience when comparing the 2022 survey results to 2023 for UHBW in three sections, 'Admission', 'Nurses' and 'Overall experience'.

UHBW scored lower in 2023 compared to 2022 in one section which is 'Doctors'. UHBW is scoring 8.8 in this section which, although this is a decrease from 2022 when the Trust scored 9.0, it is in line with the national average and still relatively high compared to other sections in the survey.

For the first time in the survey, two questions were asked about virtual wards. UHBW scored above the national average in this section with a score of 8.3 compared to 7.7 nationally.

Patients reported the poorest experience in section 8 relating to opportunities to provide feedback on quality of care received. UHBW has a score of 3.7 which is relatively low compared with other sections of the survey however UHBW is in the top three scoring Trusts nationally with the highest scoring 3.8 and the national average is 3.5.

Chart 5: UHBW section scores from the 2022 and 2023 Adult Inpatient Survey compared to the national average



4.4. Best and worst performance compared to the trust average (nationally)

The top five and bottom five questions below are calculated by comparing the UHBW results to the average score from all trusts across England.

Where patient experience is best

- ✓ **Food:** Patients being able to get hospital food outside of set meal times
- ✓ **Information about virtual wards:** Patients getting information about risks & benefits of continuing treatment on virtual wards
- ✓ **Wait to get a bed:** The wait to get a bed on a ward after arrival
- ✓ **Waiting list:** Length of time on waiting list before hospital admission
- ✓ **Information while on virtual ward:** Patients feeling they were given enough information about care and treatment on virtual ward

Where patient experience could improve

- **Sleeping:** Patients being prevented from sleeping at night due to hospital lighting
- **Support from health or social care services:** Patients getting enough support to recover/manage condition after leaving hospital
- **Sleeping:** Patients being prevented from sleeping at night due to noise from staff
- **Leaving hospital:** Staff discussing with patient whether they would need any additional equipment in their home after leaving
- **Sleeping:** Patients being prevented from sleeping at night due to room temperature

4.5. Comparison to previous results from 2022 and 2023

A statistically significant difference in the scores reported from 2022 to 2023 indicates that the change is not due to random chance and is due to a particular factor within the Trust.

There is a statistically significant increase in scores for two questions from 2022 to 2023, “In your opinion, were there enough nurses on duty to care for you in hospital?” and, “Were you able to get a member of staff to help you when you needed attention?”

There is a statistically significant decrease in experience score from 2022 to 2023 in one question, “To what extent did staff involve you in decisions about you leaving hospital?”
For the last two years there has been a statistically significant decrease in patients reporting that they are involved in decisions about discharge from hospital with a score of 6.7 reported in 2023.

5. Sentiment analysis for patient comments

An analysis of each of the 833 free-text comments received as part of the survey has been undertaken. There were 336 comments about staff, 245 about care and treatment, 128 about pathway of care and 124 about the hospital environment and facilities.

Just over half (53%) of the comments overall were positive in the 2023 results which is a similar profile compared to the 2022 results.

72% of comments about staff and 54% of comments about care and treatment were positive. 65% of comments about the pathway of care and 78% of comments on hospital environment & facilities were negative.

A further breakdown of themes and a selection of patient feedback can be found in charts 6 – 10 below.

Chart 6: Total comments by sentiment

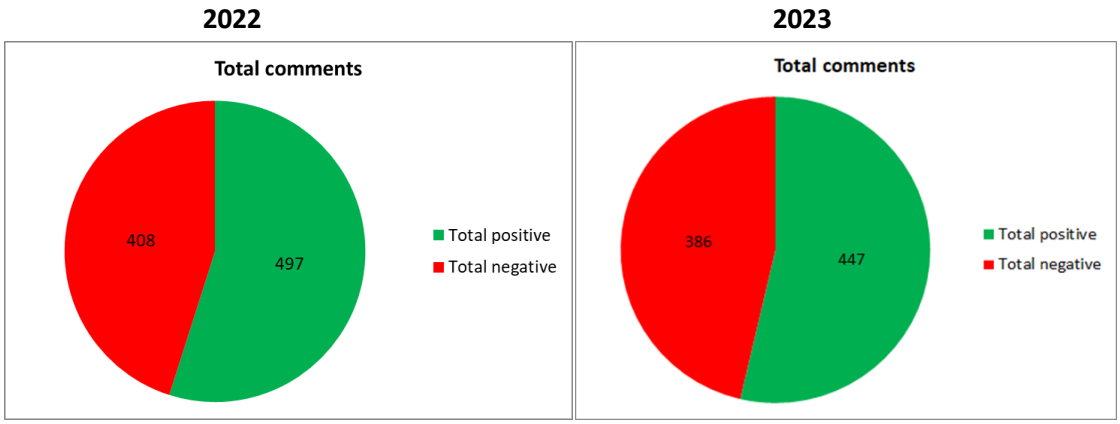


Chart 7: Pathway of care sentiment analysis

- "The initial admissions process was poor, I arrived at A&E at approximately 10am and got to a ward, a "boarding bed" at approximately 3pm the following day. I spent the time in [unreadable word] rooms and corridors."
- "No one seemed in charge - lots of wasted time"
- "Discharge from hospital was very slow."
- "Communication relating to my discharge was confusing and quite abrupt. The discharge ward itself was fine but I had a long wait while organising transport home because I was not made aware of my discharge in a timely fashion."

Chart 8: Care and treatment sentiment analysis

- "I felt like nobody really listened when I said I was in severe pain - given paracetamol when I'm prescribed strong painkillers. I barely slept the whole night due to noise and I wasn't given food all day - I felt so weak and stressed."
- "Quite long periods without anyone checking in on any needs I might have."
- "Deaf get ill too yet no one could help with signing."

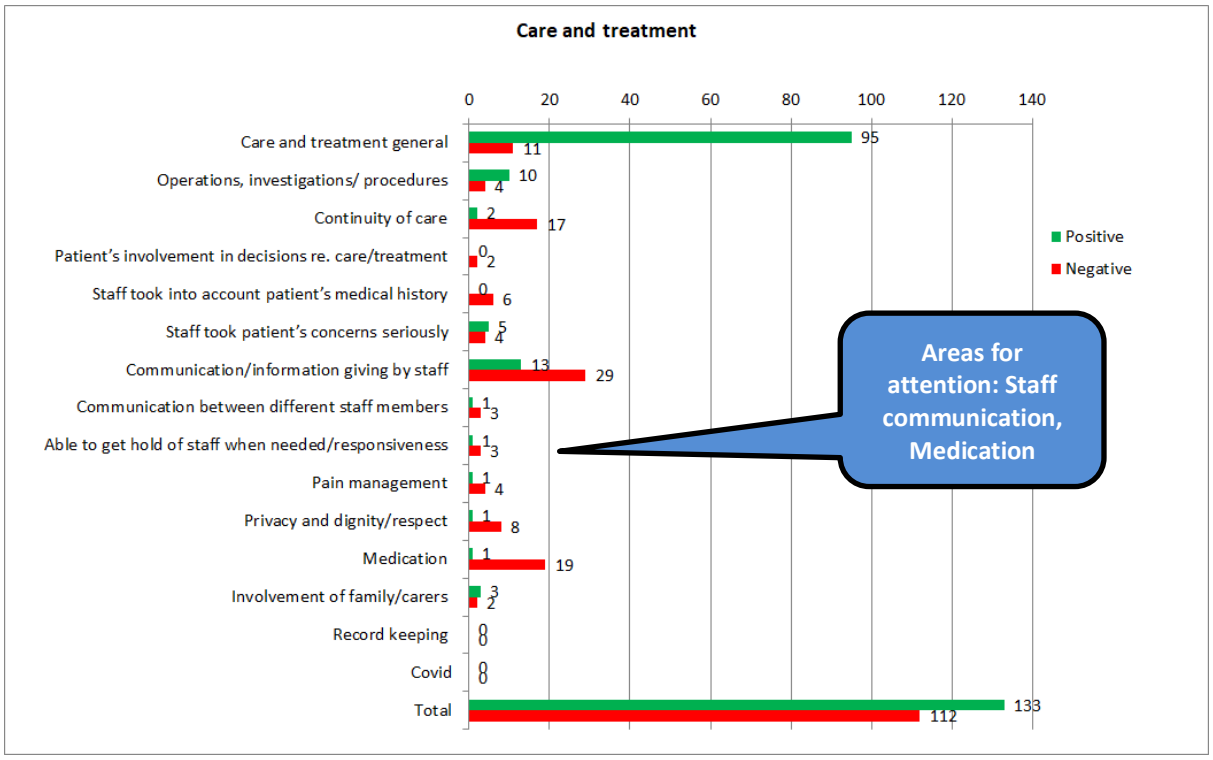


Chart 9: Comments relating to staff sentiment analysis

- “Very kind and helpful nurses and doctors.”
- “I was given inaccurate information on more than one occasion, which could have caused serious problems.”
- “Sometimes junior doctors don't listen when you are clear on how to deal with your condition after controlling it for 10 plus years without medical intervention. Yes they are trained but sometimes their guidelines are stopping them seeing that some people don't need certain drugs or interventions, and my case were often proven wrong in what I required.”

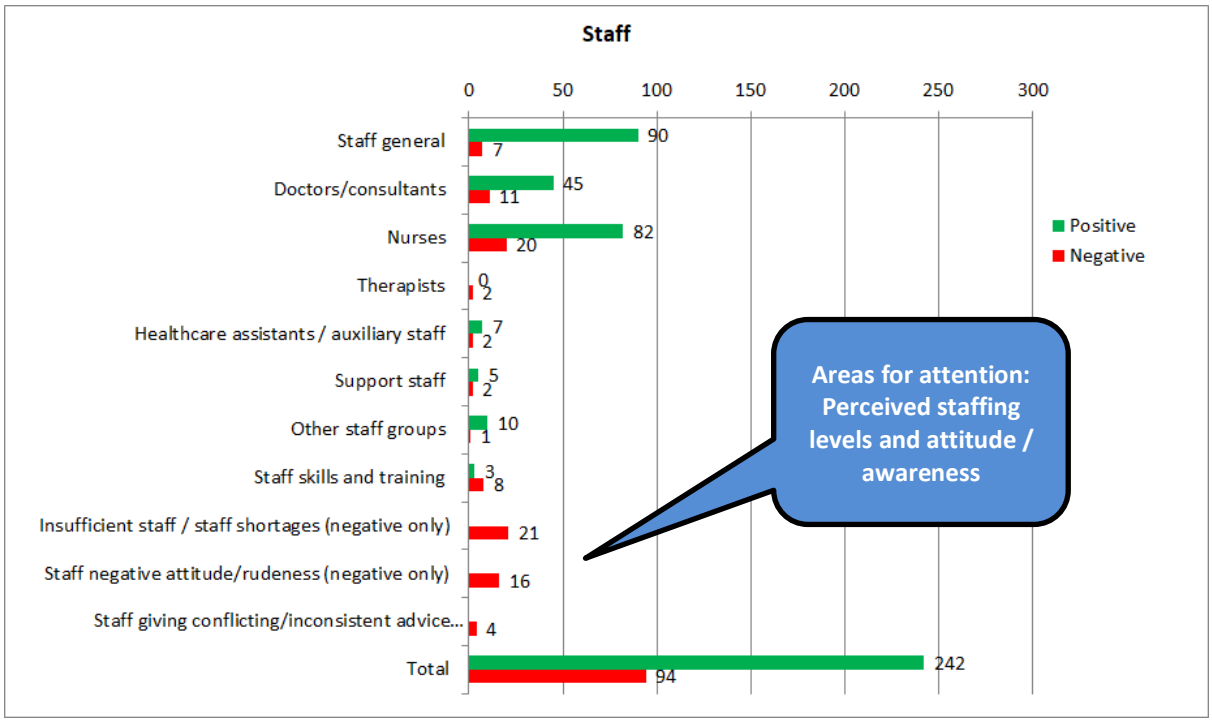


Chart 10: Hospital environment and facilities sentiment analysis

- "The treatment mainly meals are not conducive to good diabetic control.
- "The food could definitely be improved. Very unappetizing. Barely warm when served. Cleanliness in the ward could be improved. Some of the cleaners very thorough - most were not. I know it is difficult in the present economic climate, but the ward was quite depressing and needed a good clean and repainting."
- "Noise, not being able to sleep, made me feel stressed and anxious. I am deaf so I couldn't always understand what was being said but the staff tried very hard."
- "The only thing I was not happy with, I was on Knightstone ward. The cool air, and noise coming from ceiling fans, above the beds, made it impossible to sleep. I was frozen, even though the nurses gave loads of additional blankets."
- "Cleanliness in toilets."

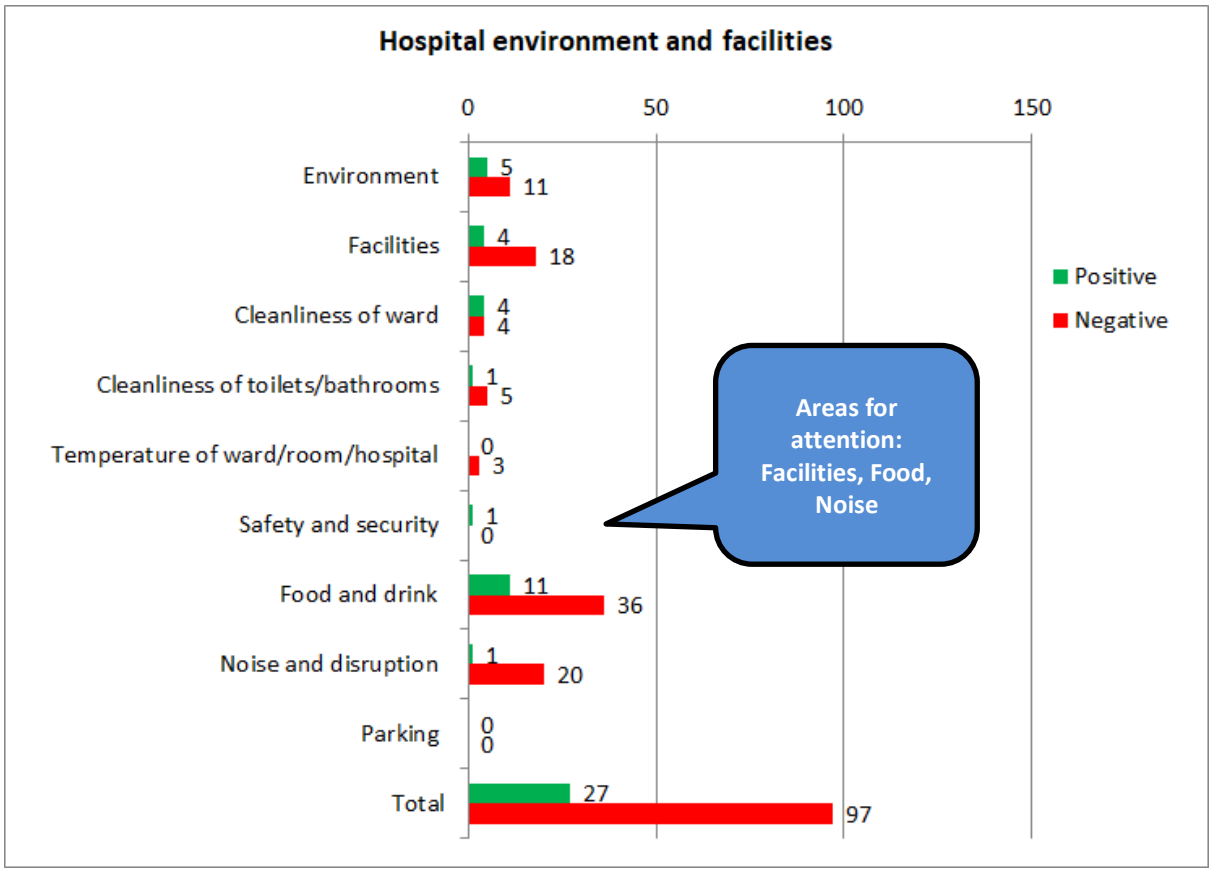
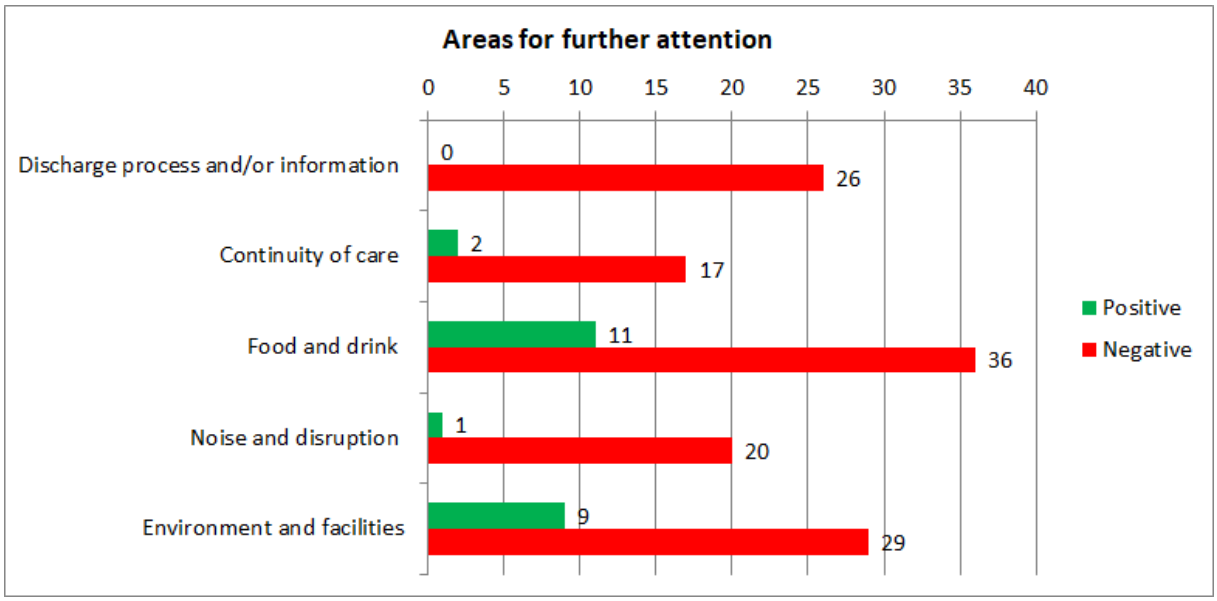


Chart 11: Summary of themes with the highest number of negative comments



6. Hospital site-level analysis (BRI and WGH)

This section compares and contrasts results for the Bristol Royal Infirmary (BRI) and Weston General Hospital (WGH) displayed separately. Responses from Bristol Haematology and Oncology Centre (BHOC) and Bristol Eye Hospital (BEH) were too low to be included in hospital site-level analysis.

At **WGH**, the following question scored **worse** than most Trusts:

- "Were you ever prevented from sleeping at night by noise from staff?"

At **WGH**, the following **four** questions scored **better** than most Trusts:

- "If you brought medication with you to hospital, were you able to take it when you needed to?"
- "Were you able to get hospital food outside of set meal times?"
- "During your time in hospital, did you get enough to drink?"
- "Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?"

At the **BRI**, the following question scored **worse** than most Trusts:

- "Were you ever prevented from sleeping at night due to lighting?"

At the **BRI**, the following **three** questions scored **better** than most Trusts:

- "Were you able to get hospital food outside of set meal times?"
- "During your time in hospital, did you get enough to drink?"
- "In your opinion, were there enough nurses on duty to care for you in hospital?"

Comparison between WGH and BRI (shown where the performance gap is >=0.5 points and not listed above)

- Patients at WGH were more likely to be prevented from sleeping due to noise at night from other patients and also from staff when compared to the BRI;
- Patients who brought medication to hospital were more able to take it when they needed it at WGH than BRI;
- Patients at WGH were more likely to get food out of set meal times than patients at BRI;
- Patients were more likely to have confidence and trust in the doctors treating them in BRI than WGH;
- Patients at BRI were more likely to report that there were enough nurses on duty to care for them in hospital than patients at WGH;
- Patients at BRI were more likely to report that staff involved them in decisions about their care than patients at WGH;
- Patients at BRI were more likely to report that enough information about their care or treatment was given to them than patients at WGH;
- Patients at BRI were more likely to report that they felt able to talk to members of staff about their worries and fears than patients at WGH;
- Patients at WGH were more likely to report that staff discussed needs for additional equipment or changes to be made at home following discharge than patients at BRI;
- Patients are BRI were more likely to report they were given enough information about what they should or should not do after leaving hospital than patients at WGH;
- Patients at BRI were more likely to report they were given information about medicine to take at home than patients at WGH;
- Patients at BRI were more likely to report they knew what would happen next in their care than patients at WGH;
- Patients at BRI were more likely to know who to contact if they were worried about their condition or treatment after leaving hospital than patients at WGH.

7. Improvement opportunities

7.1 Recap on improvement priorities from 2022 results

Food quality – There has been a positive improvement in how patients rate the quality of food by 0.3 points compared to 2022, and in line with the national average for this question however, it is worth noting that there are comments noted in the sentiment analysis earlier in the report that would still warrant a focus.

Washing and keeping clean - There was an increase in scores in 2023 compared to 2022 in patients reporting they got help to wash and keep clean when needed and is now in line with the national average.

Noise at night - For the Trust as a whole, patients reporting being disturbed from noise at night from staff is in line with the national average however WGH is still an outlier and scoring below national average so a continued focus is required here.

Discharge experience - In terms of experience of leaving hospital, the overall section score remains similar to 2022 and in most cases questions score in line with the national average. However it is worth noting that for the last two years there has been a statistically significant decrease in patients reporting that they are involved in decisions about discharge from hospital with a score of 6.7 reported in 2023. There was also a decrease in the score around patients being given enough information about what they should or should not do after leaving hospital between 2022 and 2023 (-0.5).

7.2 Priorities for the next 12 months

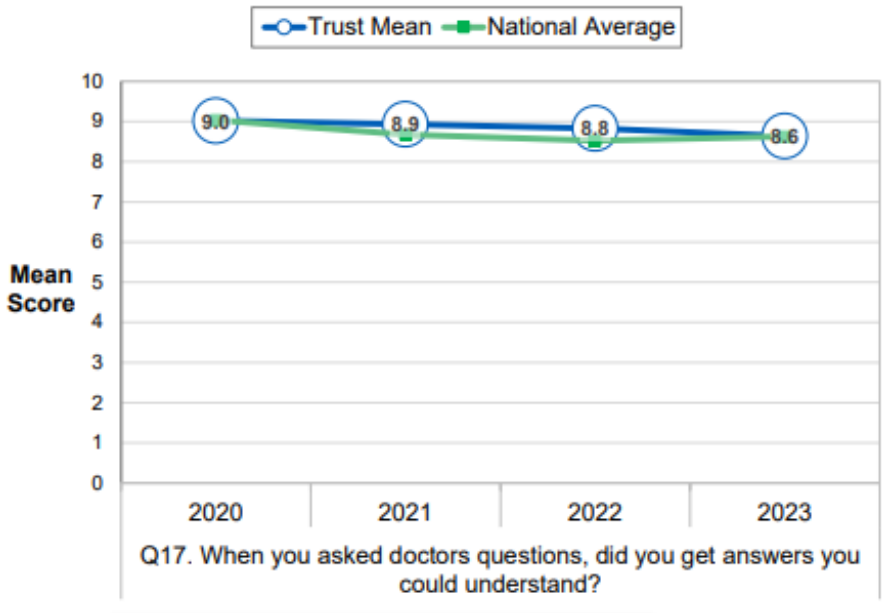
In June 2024, the Trust published our Experience of Care Strategy which sets out a broad programme of improvement work to improve the patient experience across their journey of care from admission through to discharge including a focus on better meeting patients' communication needs, involving patients in decisions about their care, improving the hospital environment.

Improving experience of care is Patient First priority. The current breakthrough objective is to focus on improving communication related experience and wards in Medicine, Weston and Specialised Services are focusing on this priority area. The strategy also includes a focus on improving discharge experience for patients and involving patients more in discharge planning.

In addition to, and supporting the above, there will be a focus on:

- Continuing to embed the use of the Patient Feedback Hub as a key method for understanding experience, identifying hotspot areas and developing improvement ideas;
- Continued focus on reducing noise at night via a Patient First A3 thinking project;
- A focused look at communication with Doctors. Chart 12 overleaf highlights a decrease year on year from 2020 to 2023 in patients reporting whether they got answers they could understand from doctors.

Chart 12: Communication with Doctors

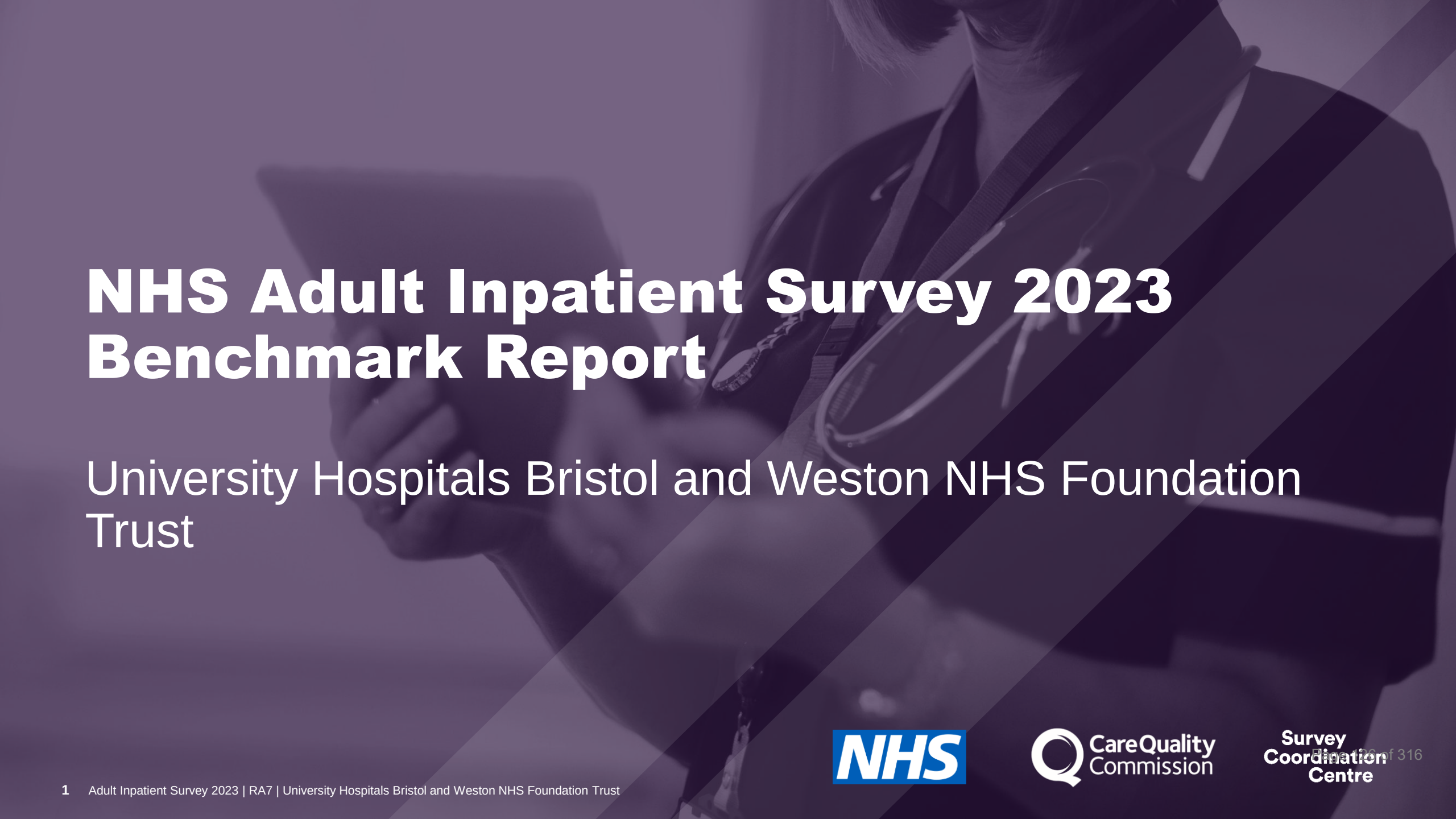


Whilst the National Adult Inpatient Survey is useful as a way of comparing patient experience between trusts, the small sample sizes and delay in publishing the results make it less useful as a timely data source for measuring improvement. To address this, the Trust has an ongoing patient experience programme that supports ongoing monitoring (via survey feedback) of patient experience down to ward-level. This feedback is available across all Divisions, Specialities and Ward areas via the Patient Experience Hub (IQVIA system).

Author: Samantha Moxey, Feedback and Engagement Coordinator.

Original Report date: 09th October 2024

Update for Trust Board: 18th December 2024



NHS Adult Inpatient Survey 2023 Benchmark Report

University Hospitals Bristol and Weston NHS Foundation Trust

Contents

This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).

Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Adult Inpatient 2023 survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Adult Inpatient Survey has been conducted annually since 2002. CQC use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

The Adult Inpatient Survey 2023

The survey was administered by the Survey Coordination Centre (SCC) at Picker. A total of 162,492 patients were invited to participate in the survey across 131 acute and specialist NHS trusts. Completed responses were received from 63,573 patients, an adjusted response rate of 41.7%.

Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital, and were not admitted to maternity or psychiatric units. A full list of eligibility criteria can be found in the survey sampling instructions.

Trusts sampled patients who met the eligibility criteria and were discharged from hospital during November 2023. Trusts counted back from the last day of November 2023, sampling every consecutively discharged patient until they had selected 1,250 patients. Some smaller trusts, which treat fewer patients, included patients who were treated in hospital earlier than November 2023 (as far back as April 2023), to achieve a large enough sample.

Fieldwork took place between January and April 2024.

Trend data

The Adult Inpatient 2023 survey was conducted using a push-to-web methodology (offering both online and paper completion). There were minor questionnaire changes, including six new questions and changes to question wording. The 2023 results are comparable with data from the Adult Inpatient 2020, 2021 and 2022 surveys, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust. Where results are comparable, a section on historical trends has been included.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the NHS Surveys website.
- To learn more about CQC's survey programme, please visit the CQC website.

Key terms used in this report

The ‘expected range’ technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement.

This report also includes site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that the performance ratings presented here may differ from that presented in the trust level benchmarking.

More information can be found in the Appendix.

Standardisation

Demographic characteristics, such as age and gender, can influence patients’ experience of care and the way they report it. Results from previous years show that men tend to report more positive experiences than women, and older people more so than younger people.

Since trusts have differing profiles of patients, this could make fair trust comparisons difficult. To account for this, we ‘standardise’ the results, which means we apply a weight to individual patient responses to account for differences in demographic profile between trusts.

For each trust, results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to reflect the ‘national’ age, sex, and method of admission distribution (based on all respondents to the survey).This helps ensure that no trust will appear better or worse than another because of its patient profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results. Site level results are standardised in the same way.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example Q1) and others are ‘routing questions’, which are designed to filter out respondents to whom the following questions do not apply (for example Q7). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

National average

The ‘national average’ mentioned in this report is the arithmetic mean of all trusts’ scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the survey technical document.

Using the survey results

Navigating this report

This report is split into six sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the patients who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve. Section score slides also include a comparison with other trusts in your region. It may be helpful to compare yourself with regional trusts, so you can learn from and share learnings with trusts in your area who care for similar populations.
- **Trust and site results** – includes the score for your trust and breakdown of scores across sites within your trust. Internal benchmarking may be helpful so you can compare sites within your organisation, sharing best practice within the trust and identifying any sites that may need attention.
- **Change over time** – includes your trust's mean score for each evaluative question in the survey shown in a significance test table, comparing it to your 2020, 2021 and 2022 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section 'benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the Appendix.

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; link to view the results for each trust; technical document: www.cqc.org.uk/inpatientsurvey
- National and trust-level data for all trusts who took part in the Adult Inpatient 2023 survey: https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.

1250 invited to take part

461 completed

75% urgent/emergency admission

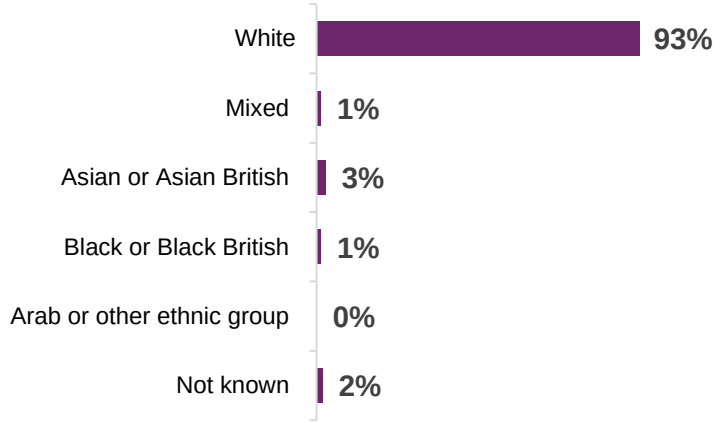
25% planned admission

38% response rate

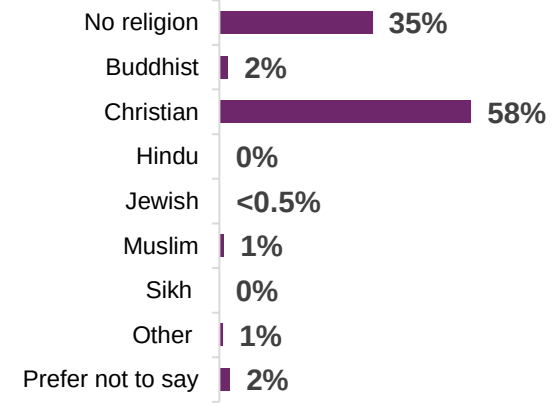
42% average response rate for all trusts

37% response rate for your trust last year

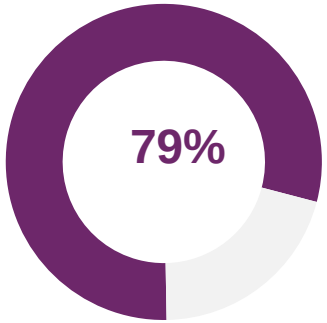
Ethnicity



Religion



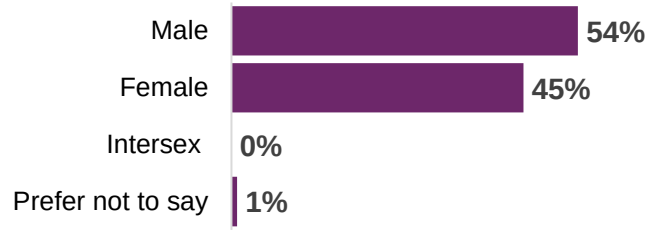
Long-term conditions



of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").

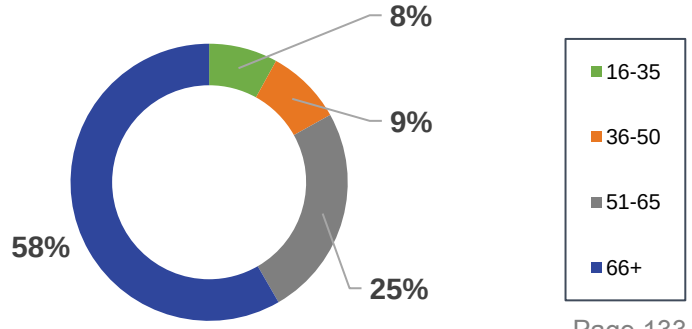
Sex

At birth were you assigned as…



0% of patients said their **gender is different from the sex they were registered with at birth**.

Age



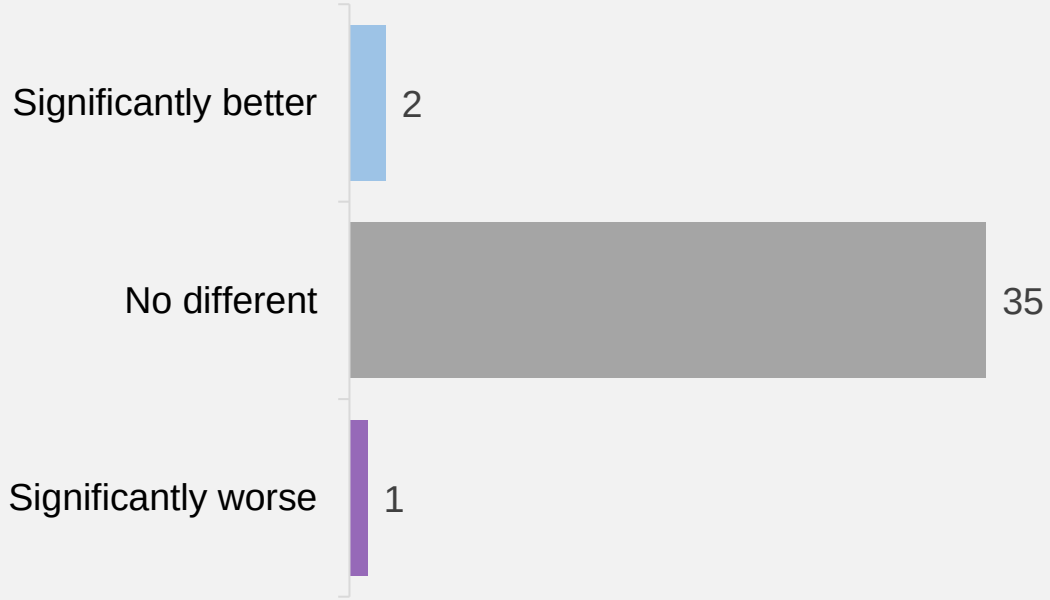
Summary of findings for your trust

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.

Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2023 vs 2022.



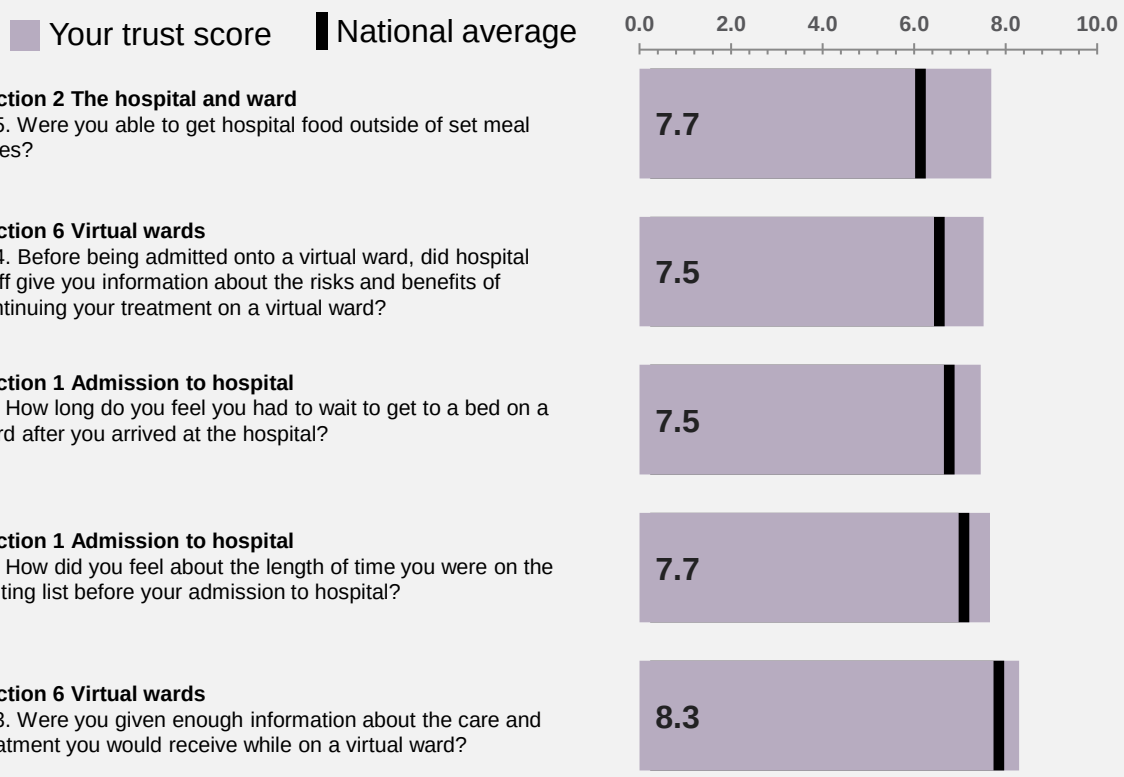
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section "comparison to other trusts".

Best and worst performance relative to the national average

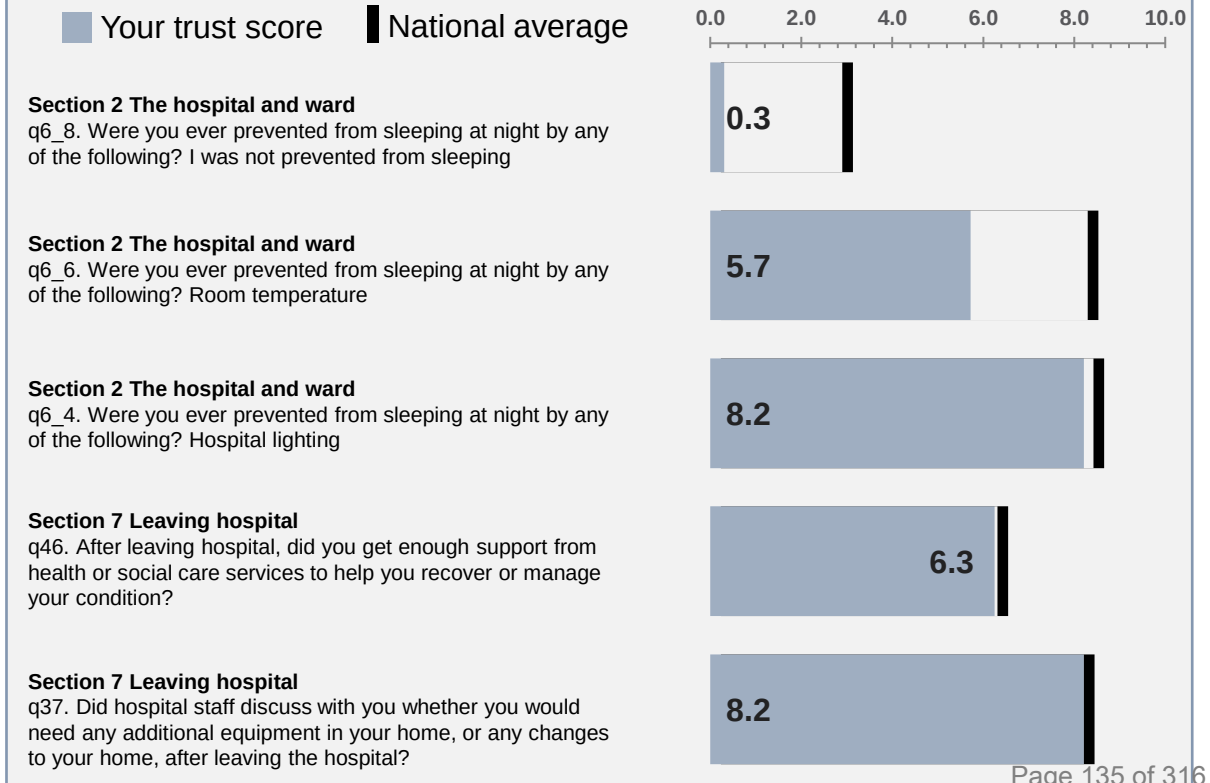
These five questions are calculated by comparing your trust's results to the national average (the average trust score across England).

- **Top five scores**: These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)



Bottom five scores (compared with national average)



Benchmarking

This section includes:

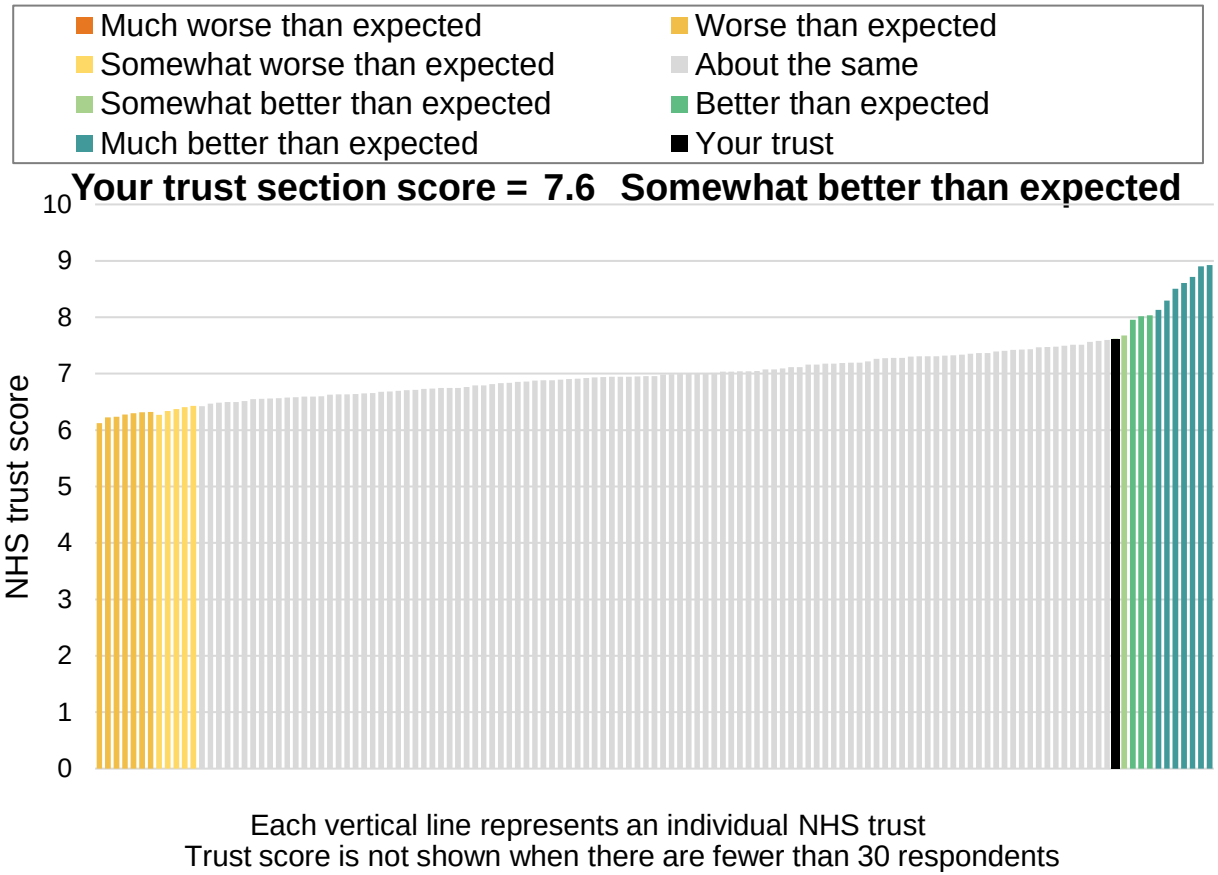
- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better, or worse compared with most other trusts
- a comparison of section scores with other trusts in your region

Please note: • If data is missing, this is due to a low number of responses.

Section 1. Admission to hospital

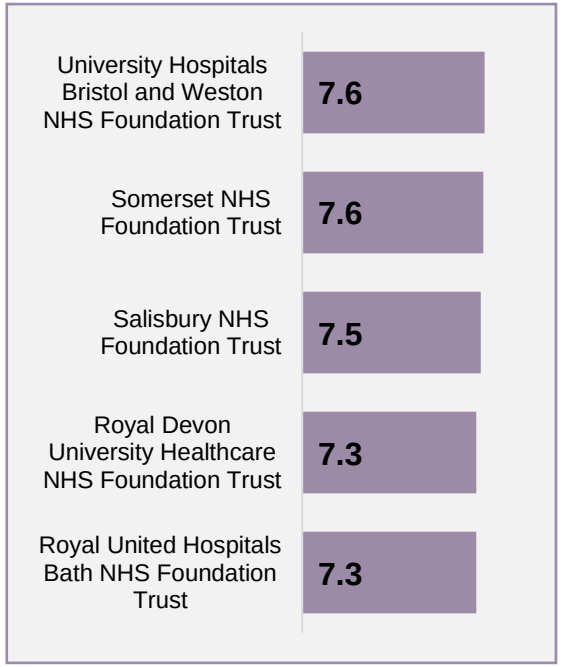
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

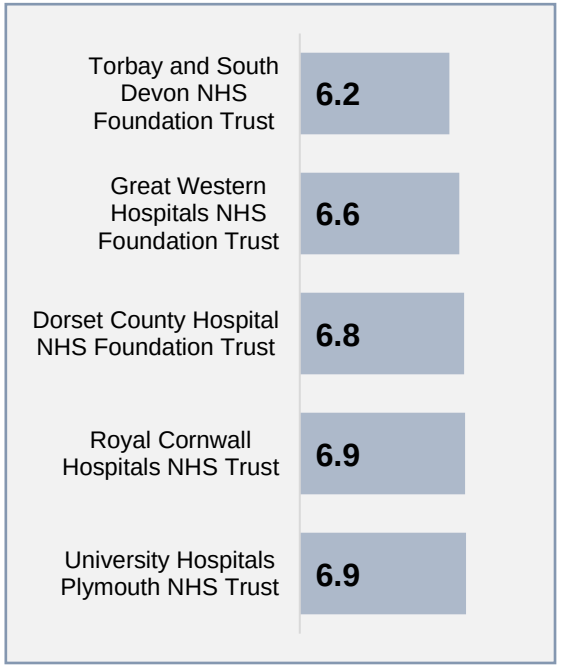


Comparison with other trusts within your region

Trusts with the highest scores



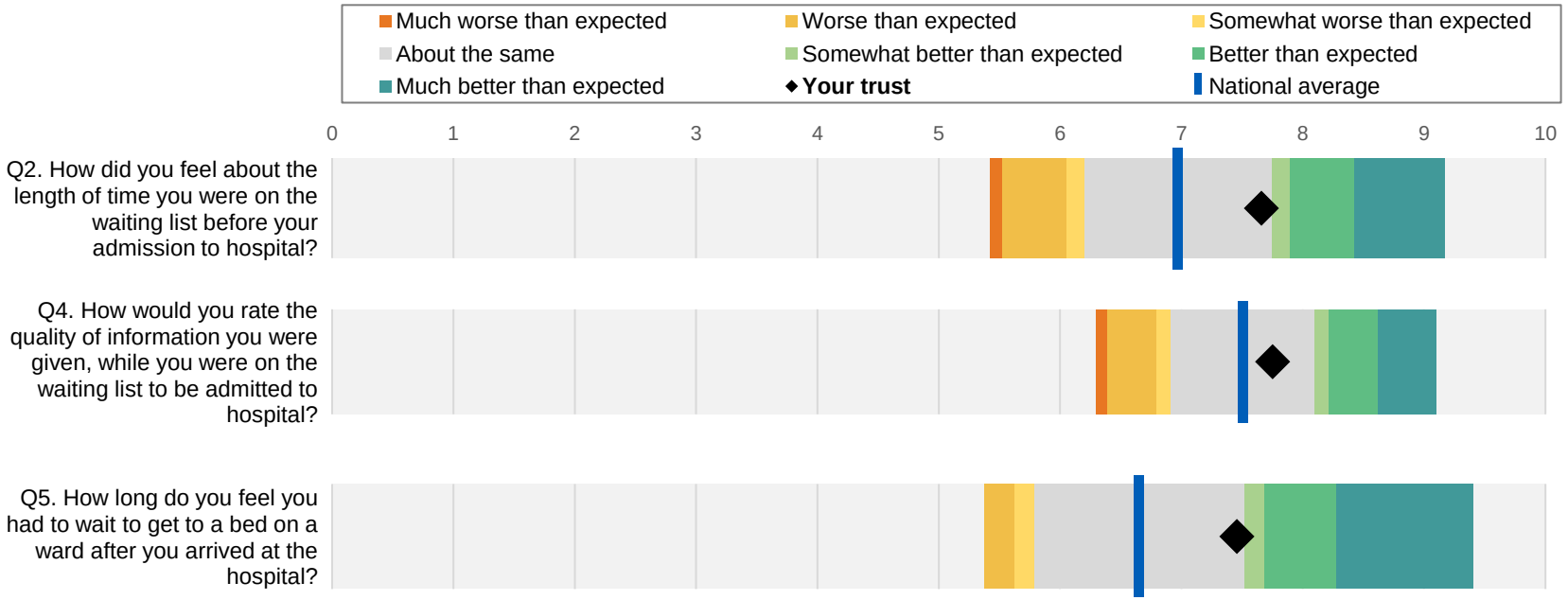
Trusts with the lowest scores



Section 1. Admission to hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

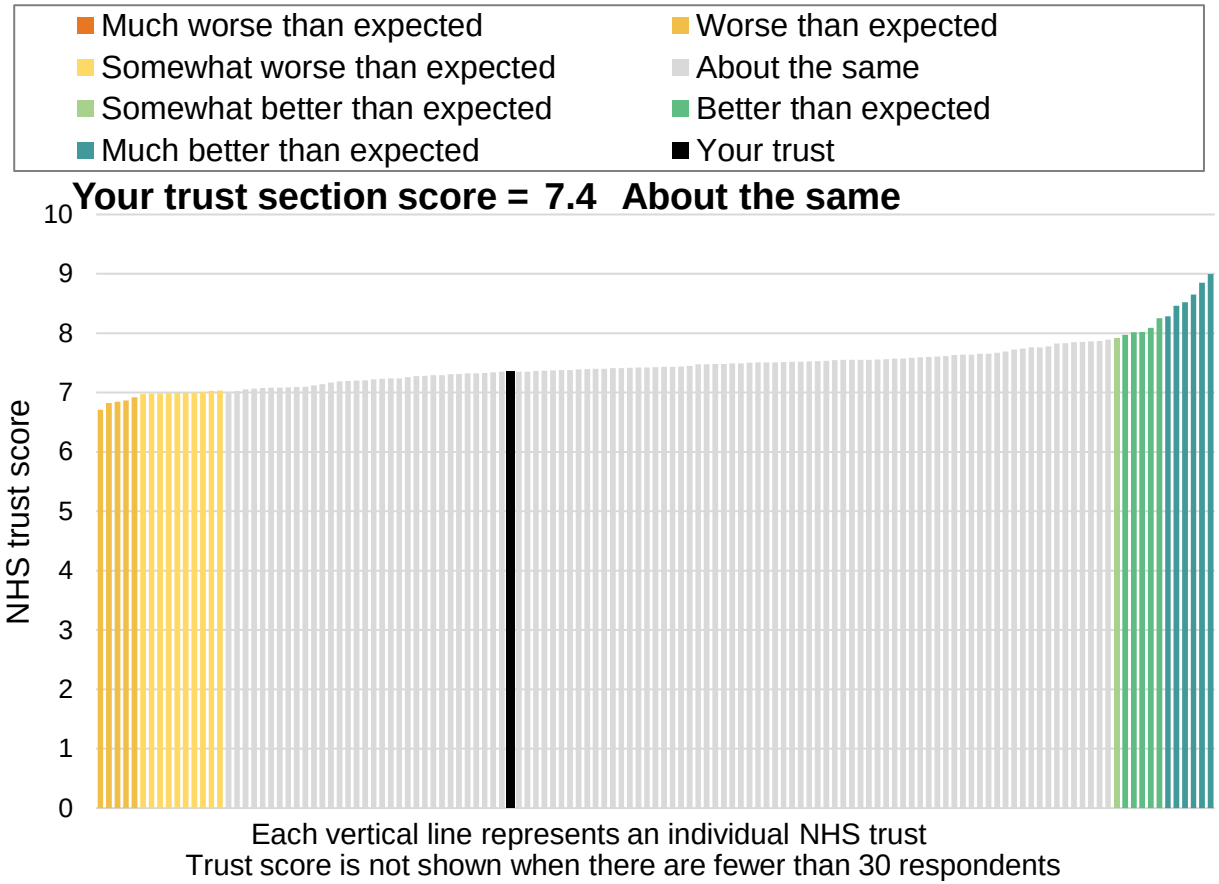


		All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	111	7.7	7.0	5.4	9.2
About the same	117	7.8	7.5	6.3	9.1
About the same	436	7.5	6.7	5.4	9.4

Section 2. The hospital and ward

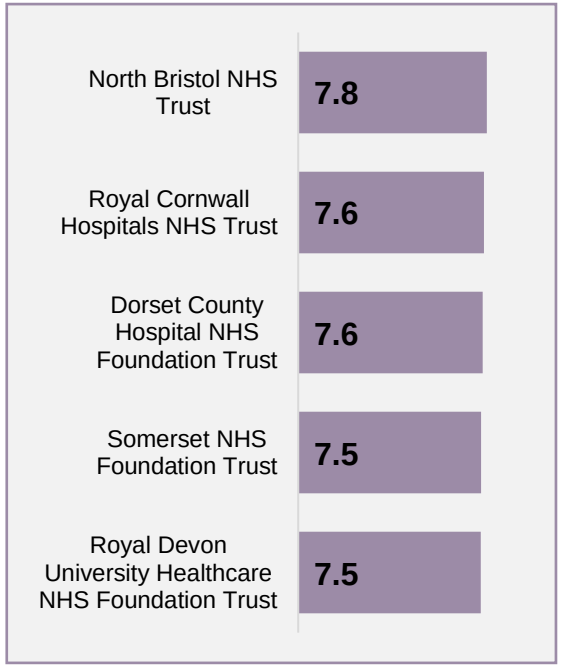
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

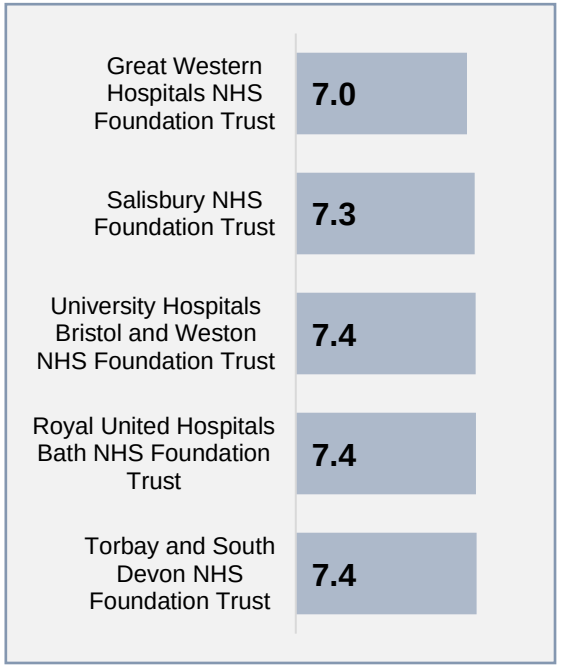


Comparison with other trusts within your region

Trusts with the highest scores



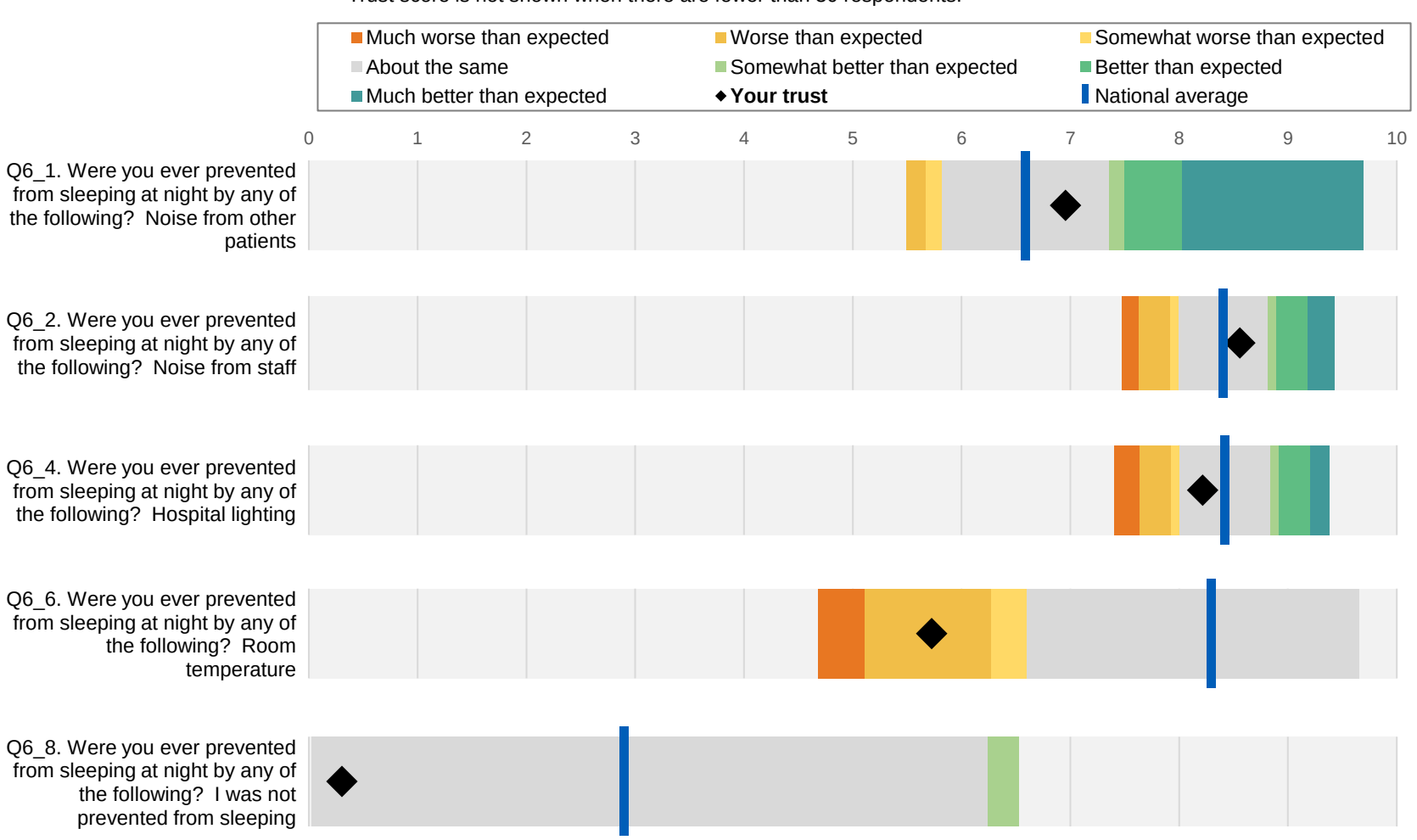
Trusts with the lowest scores



Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
418	7.0	6.6	5.5	9.7
418	8.6	8.4	7.5	9.4
418	8.2	8.4	7.4	9.4
418	5.7	8.3	4.7	9.7
418	0.3	2.9	0.0	6.5

About the same

About the same

About the same

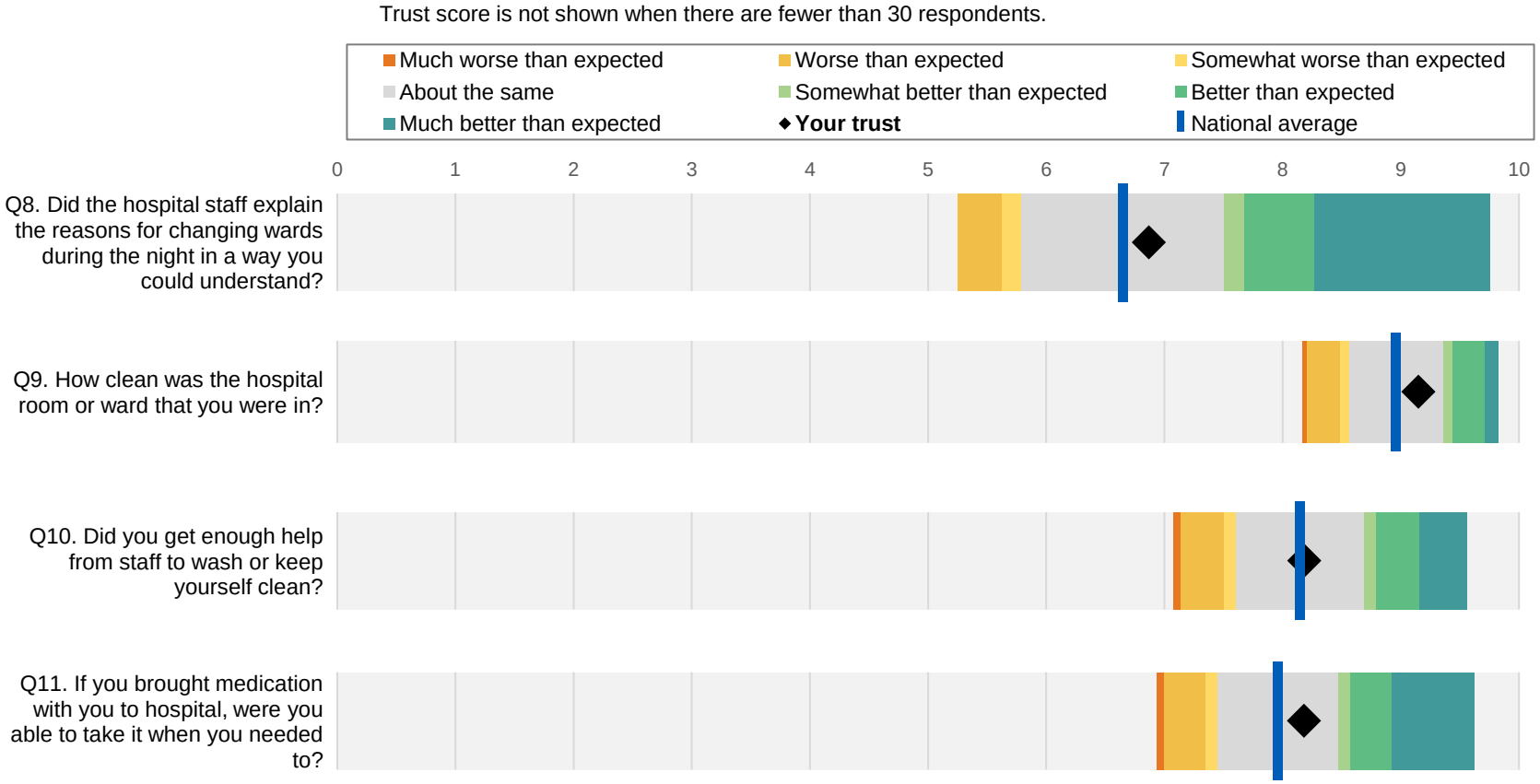
Worse than expected

About the same

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
96	6.9	6.7	5.3	9.8
448	9.1	9.0	8.2	9.8
287	8.2	8.1	7.1	9.6
256	8.2	8.0	6.9	9.6

About the same

About the same

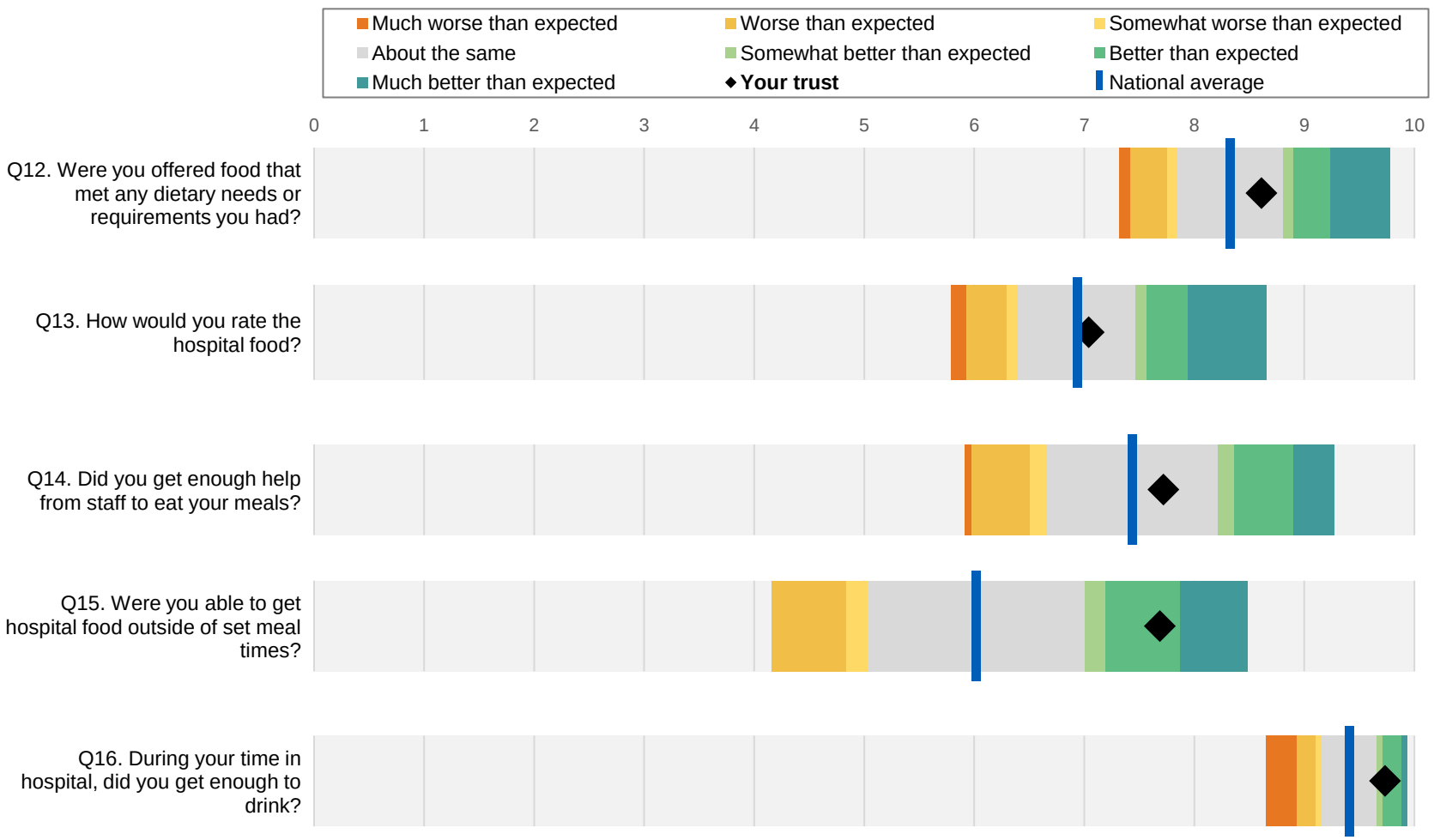
About the same

About the same

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

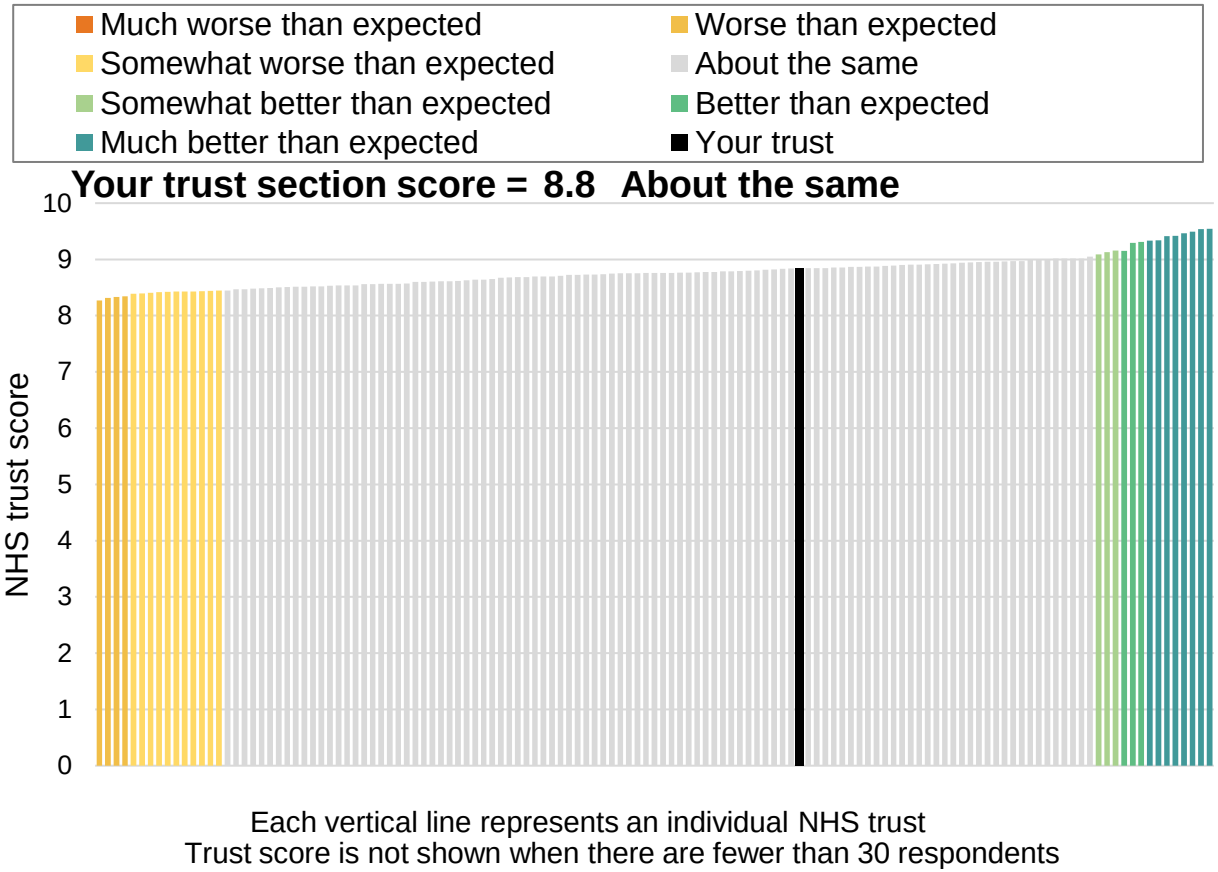


		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	243	8.6	8.3	7.3	9.8
About the same	436	7.0	6.9	5.8	8.7
About the same	107	7.7	7.4	5.9	9.3
Better than expected	209	7.7	6.0	4.2	8.5
Better than expected	433	9.7	9.4	8.6	9.9

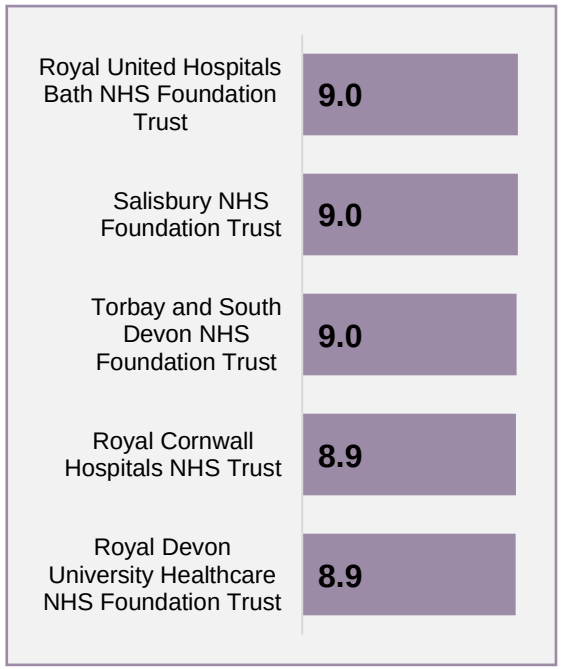
Section 3. Doctors

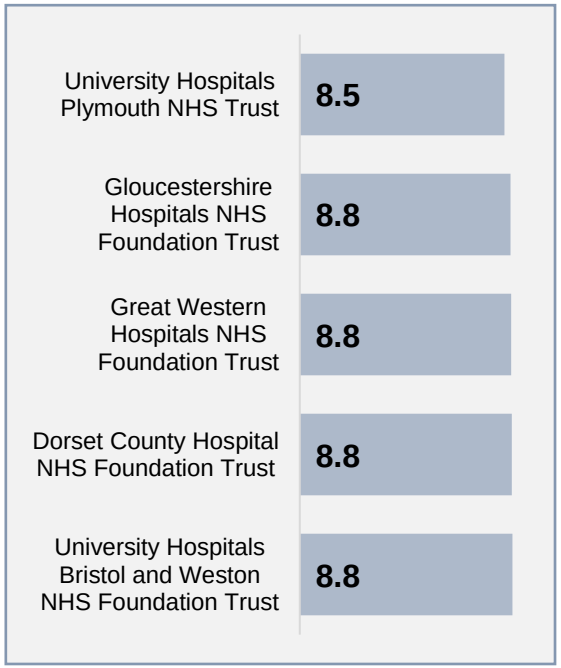
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Comparison with other trusts within your region

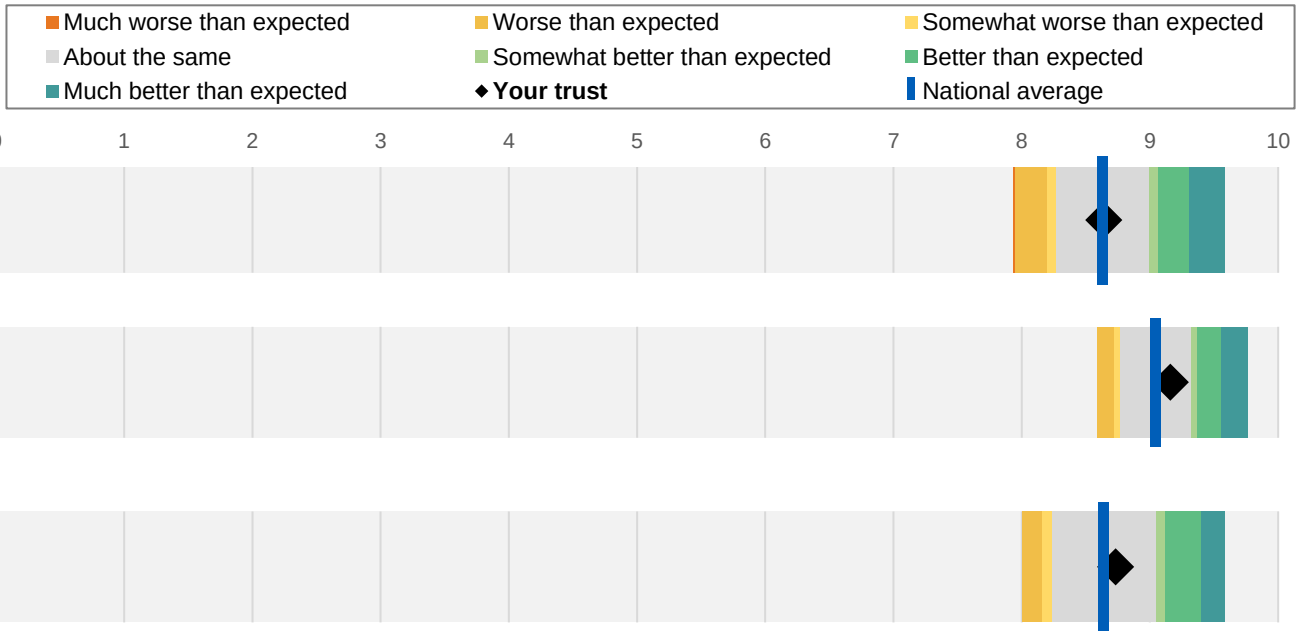




Section 3. Doctors (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



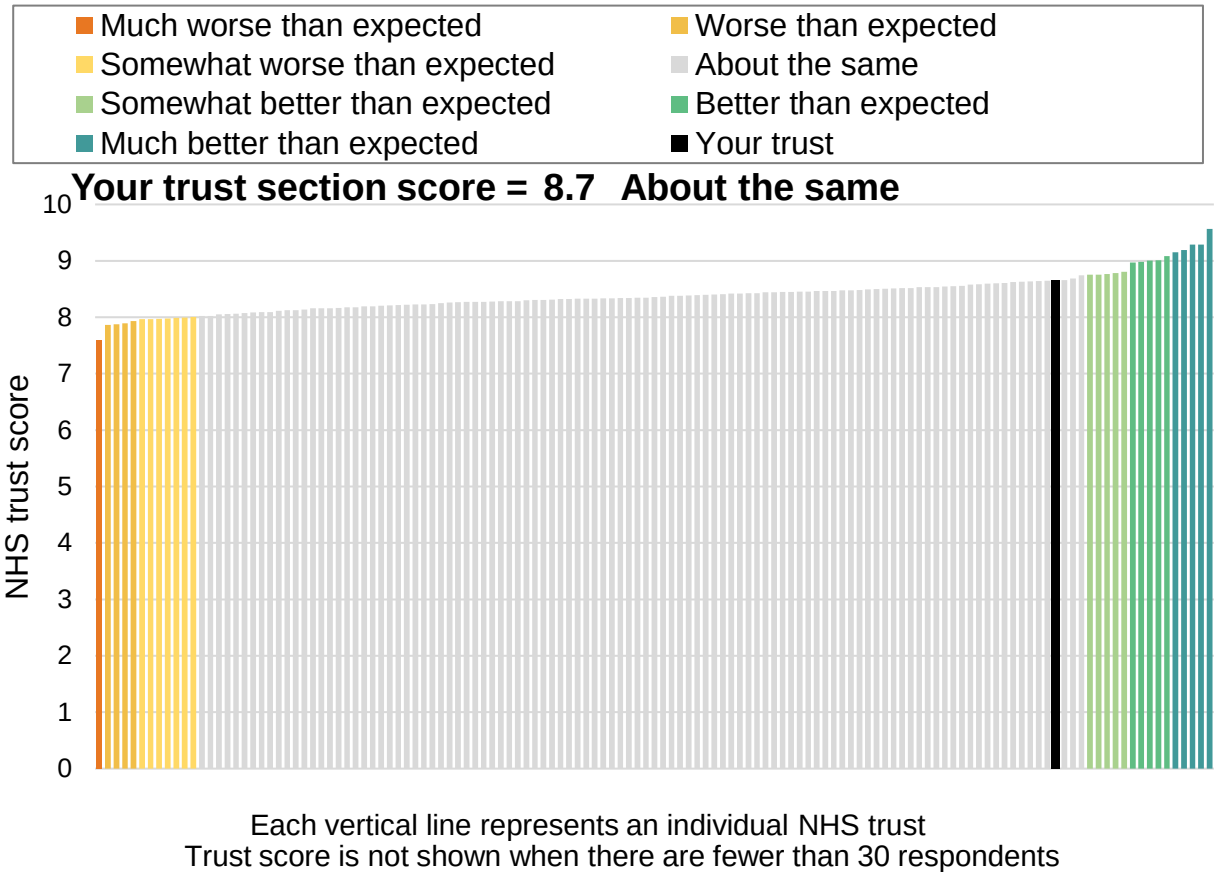
		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q17. When you asked doctors questions, did you get answers you could understand?	426	8.6	8.6	7.9	9.6
Q18. Did you have confidence and trust in the doctors treating you?	454	9.2	9.0	8.6	9.8
Q19. When doctors spoke about your care in front of you, were you included in the conversation?	454	8.7	8.6	8.0	9.6

About the same

Section 4. Nurses

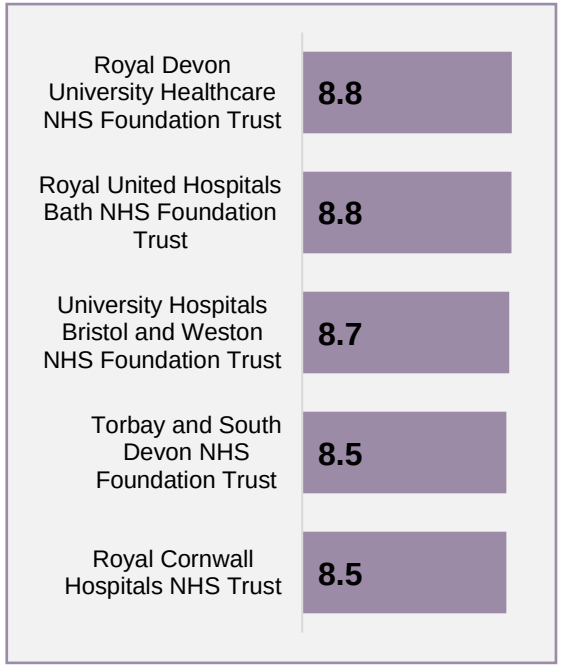
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

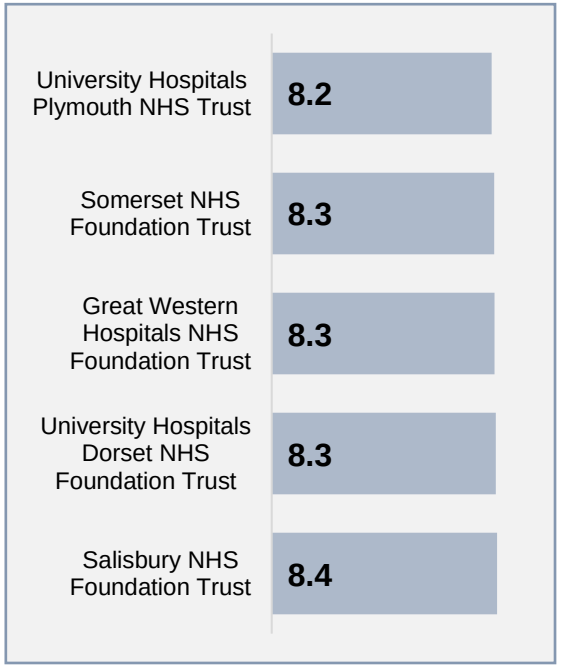


Comparison with other trusts within your region

Trusts with the highest scores



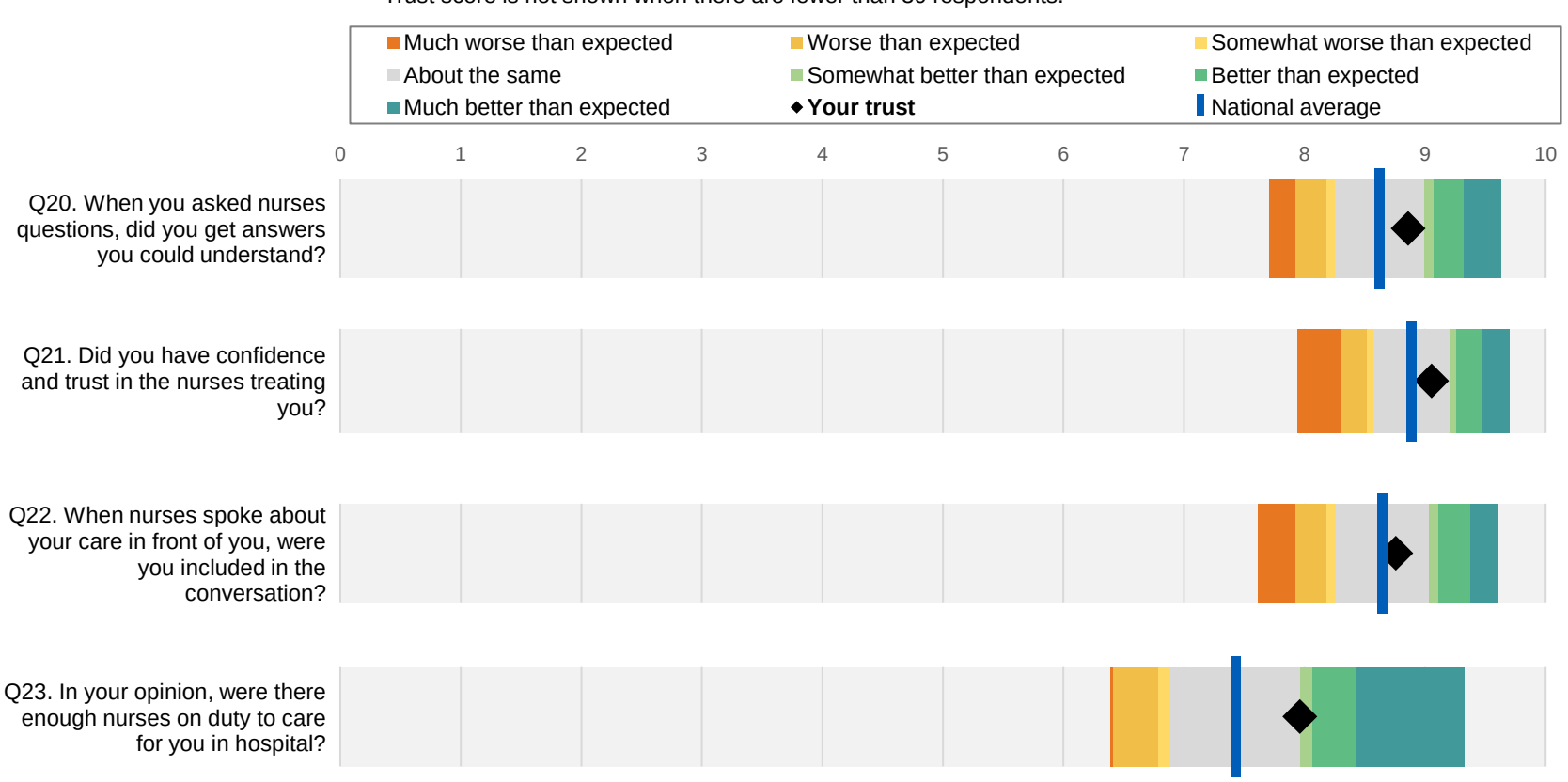
Trusts with the lowest scores



Section 4. Nurses (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
434	8.9	8.6	7.7	9.6
456	9.1	8.9	7.9	9.7
451	8.8	8.6	7.6	9.6
450	8.0	7.4	6.4	9.3

About the same

About the same

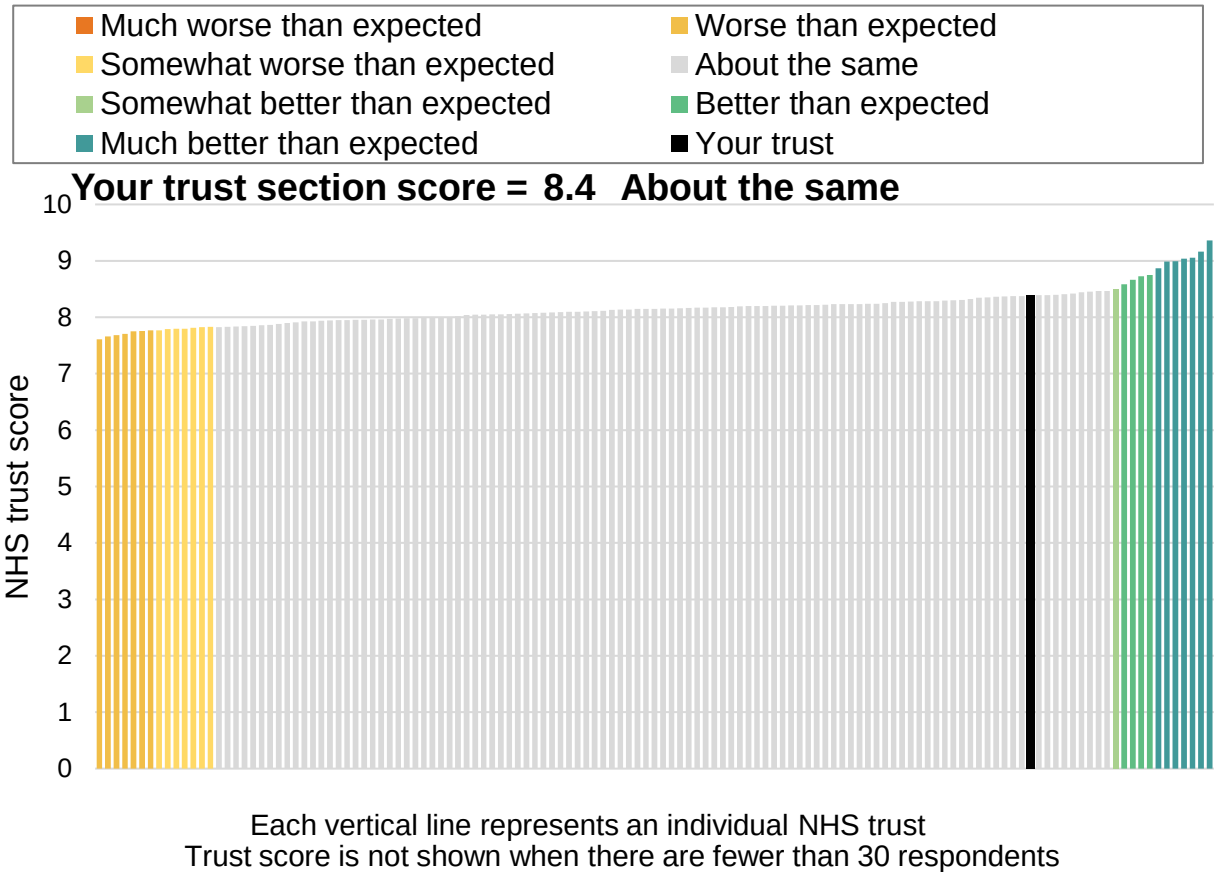
About the same

About the same

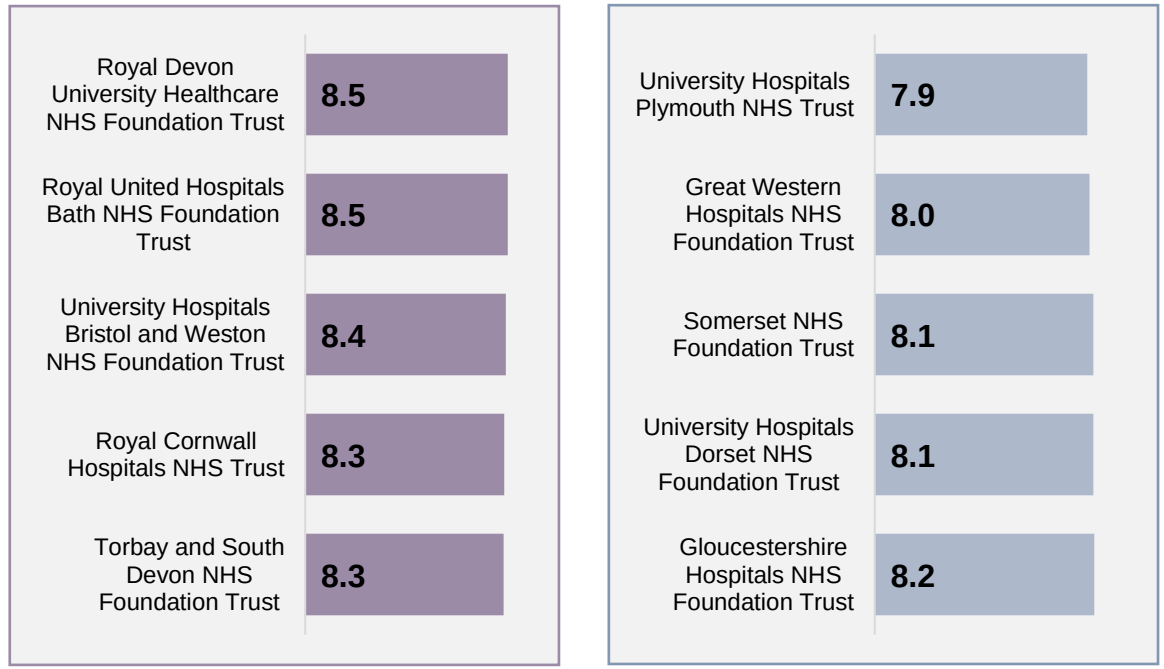
Section 5. Your care and treatment

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



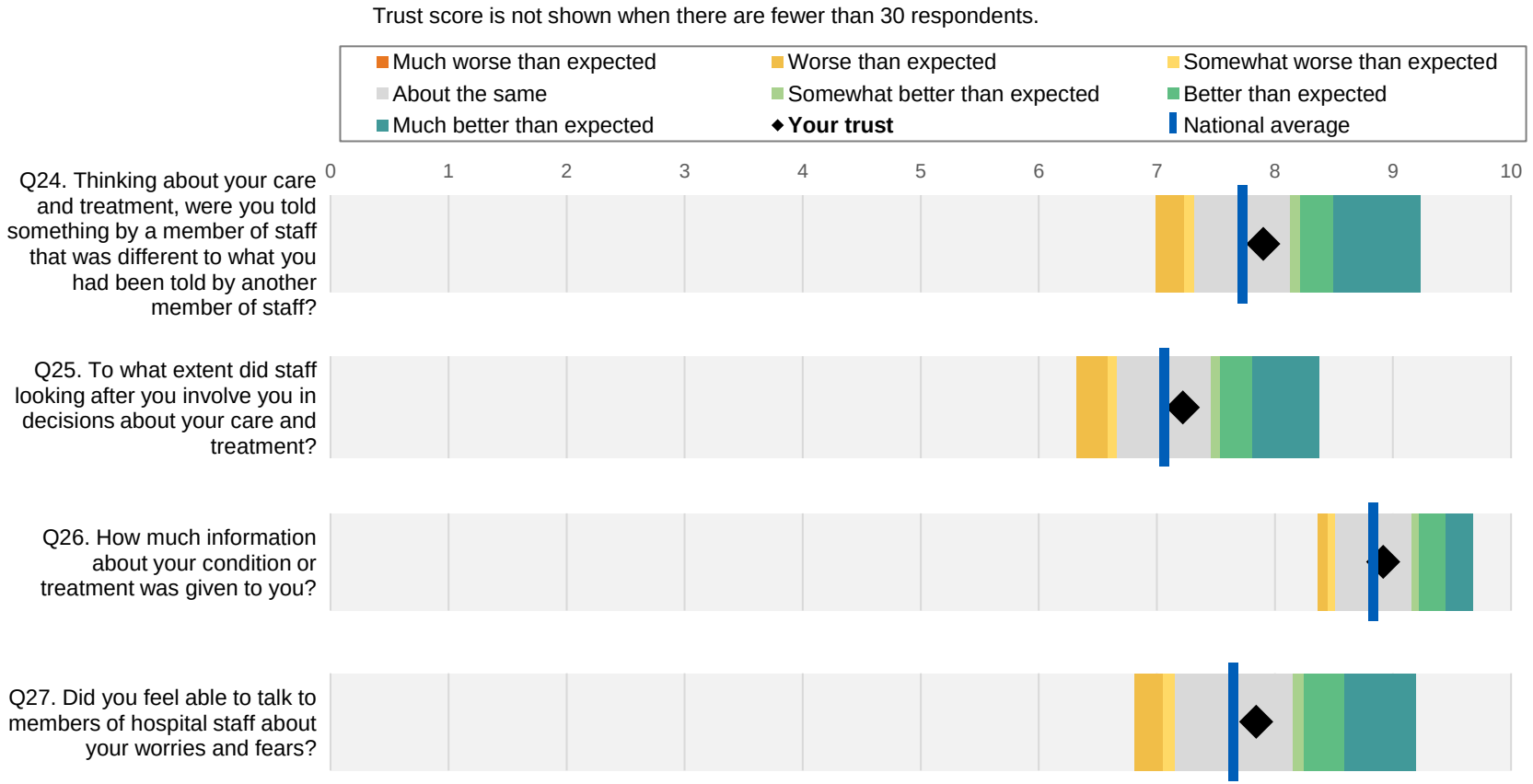
Comparison with other trusts within your region



Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

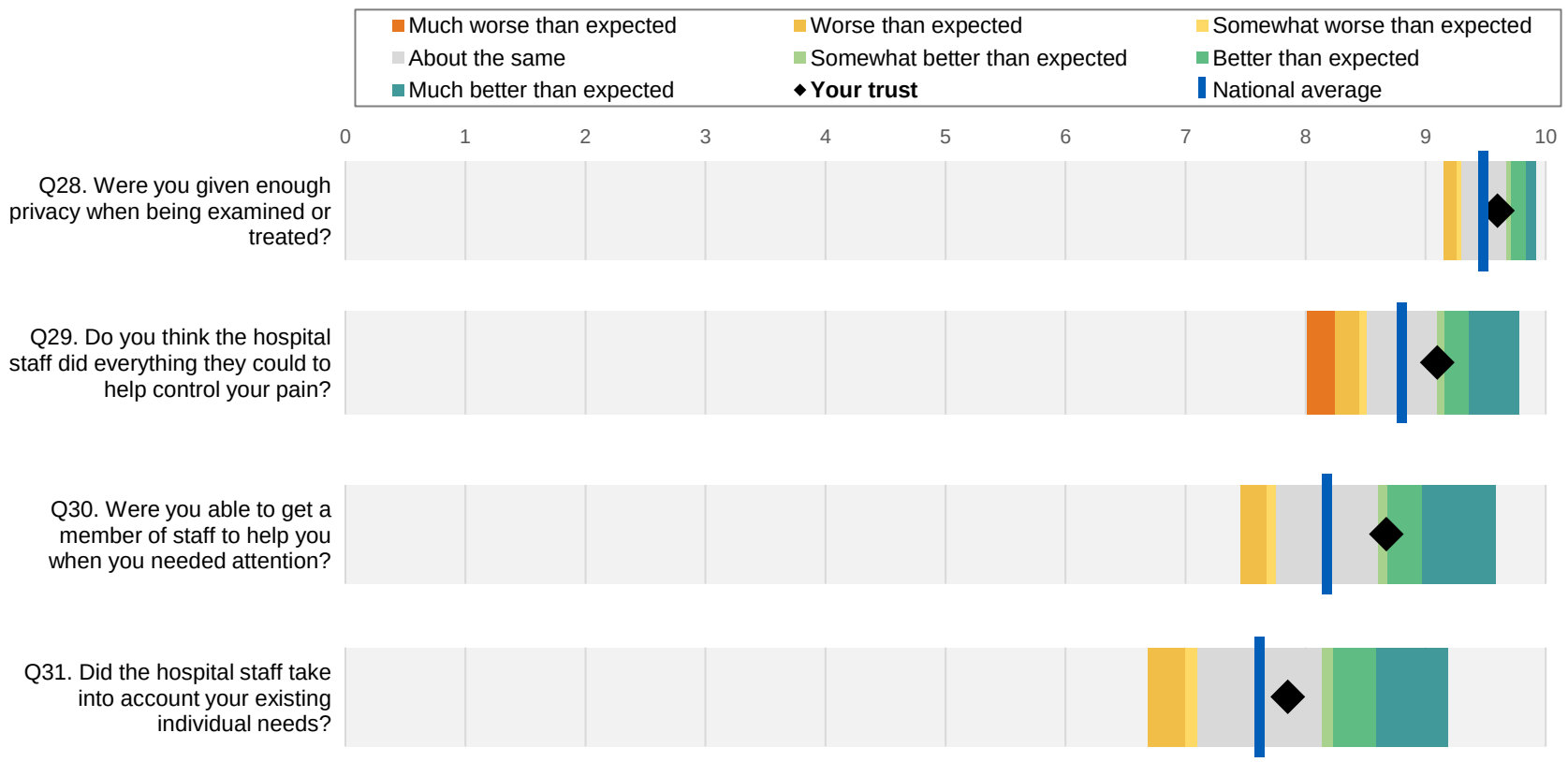


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
419	7.9	7.7	7.0	9.2
About the same				
420	7.2	7.1	6.3	8.4
About the same				
441	8.9	8.8	8.4	9.7
About the same				
386	7.8	7.7	6.8	9.2

Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

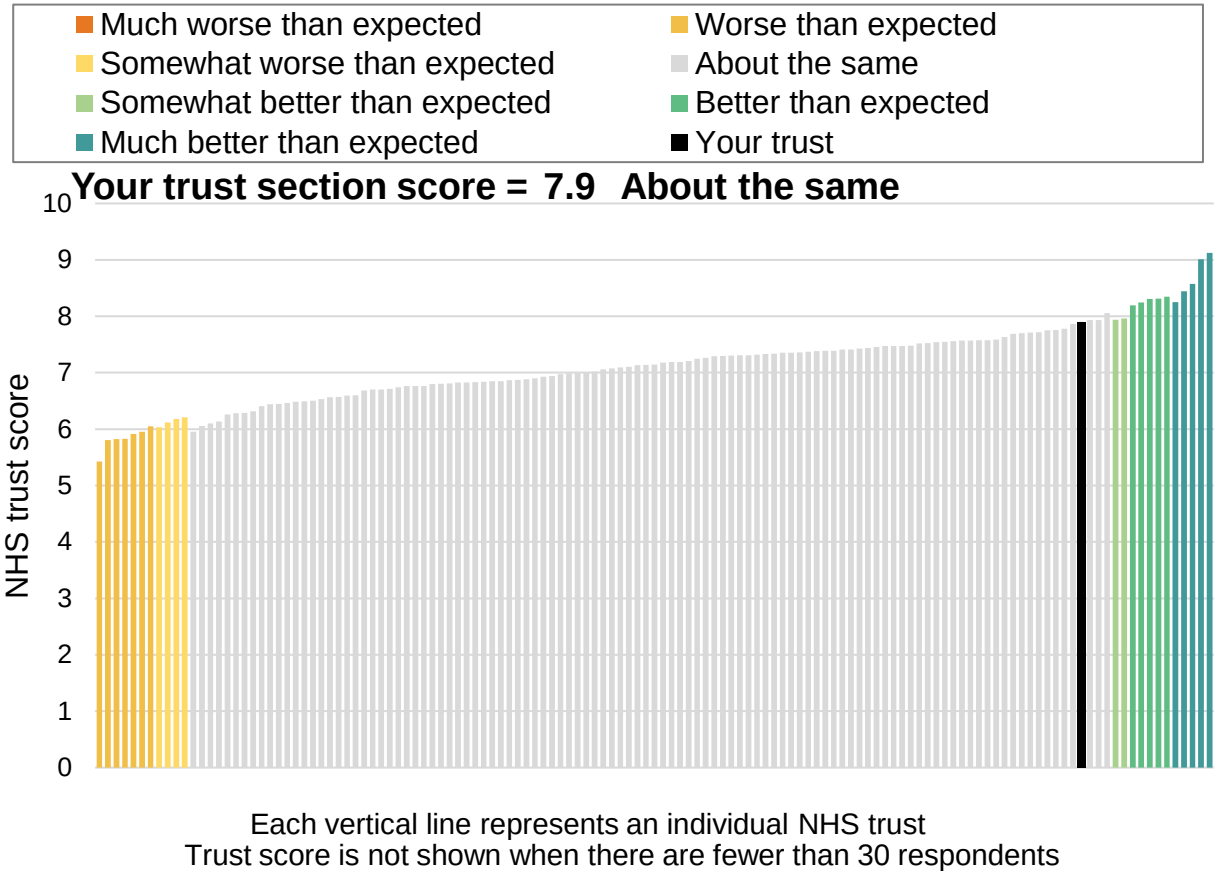


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same: 450	9.6	9.5	9.1	9.9
About the same: 375	9.1	8.8	8.0	9.8
Somewhat better than expected: 415	8.7	8.2	7.5	9.6
About the same: 229	7.9	7.6	6.7	9.2

Section 6. Virtual Wards

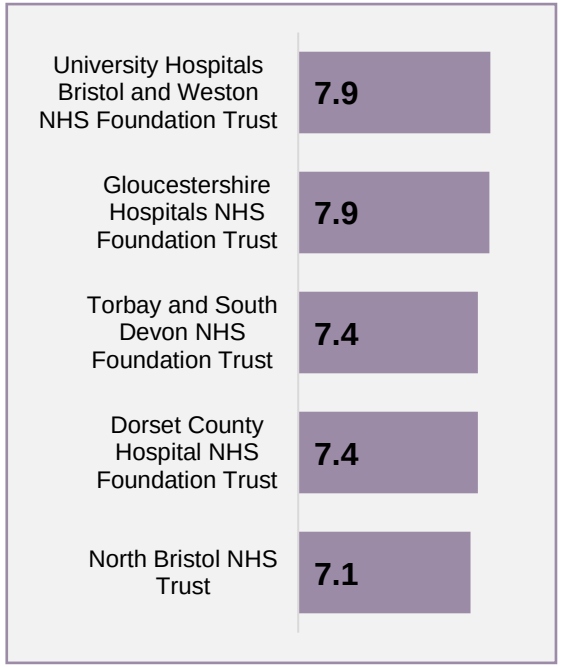
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

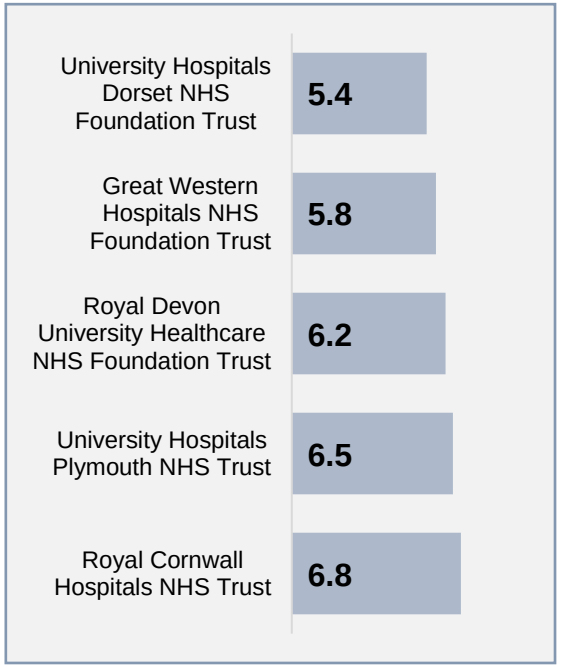


Comparison with other trusts within your region

Trusts with the highest scores

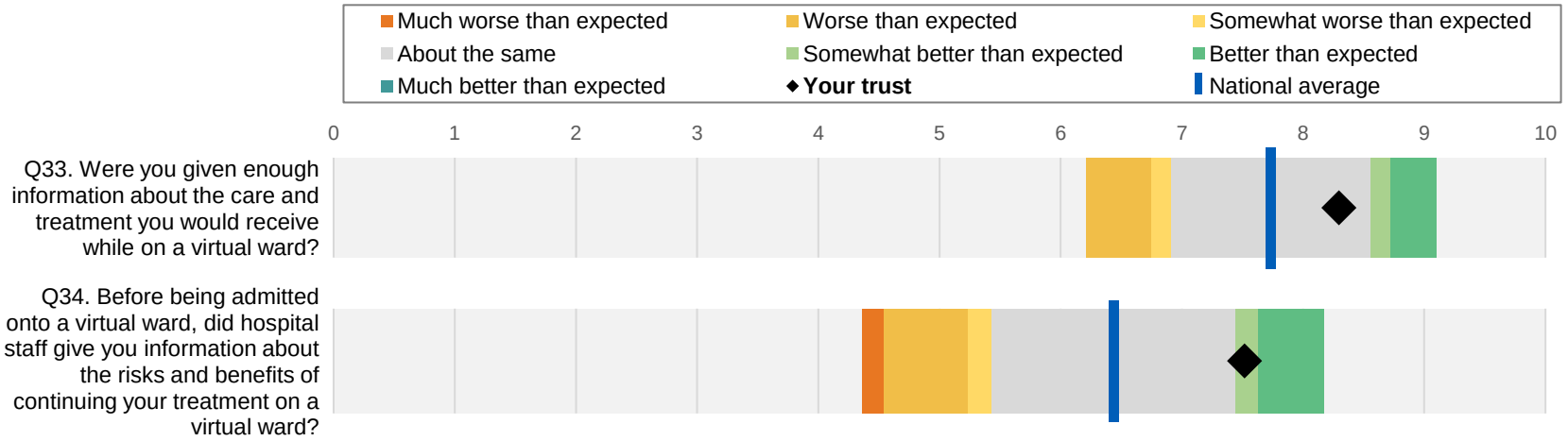


Trusts with the lowest scores



Section 6. Virtual Wards (continued)

Question scores

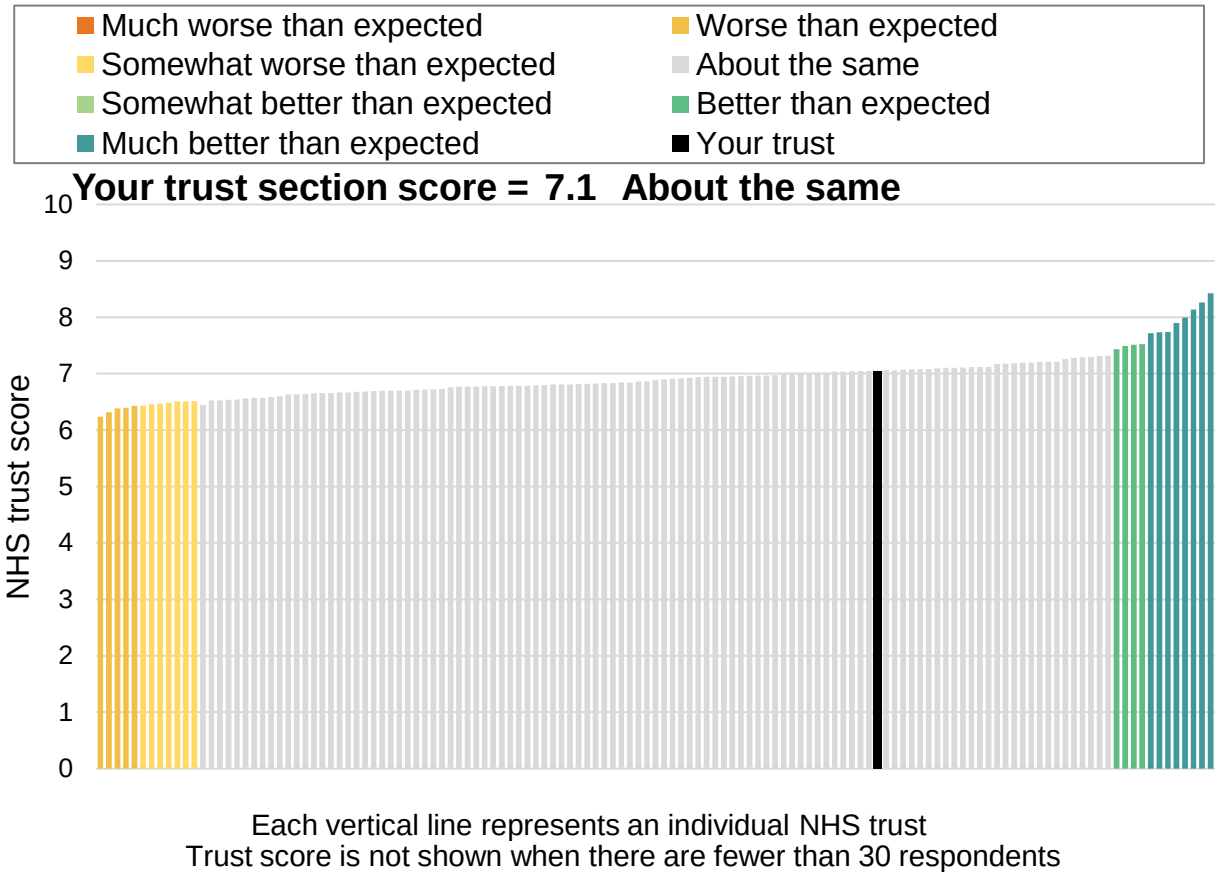


		All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	36	8.3	7.7	6.2	9.1
Somewhat better than expected	36	7.5	6.4	4.4	8.2

Section 7. Leaving hospital

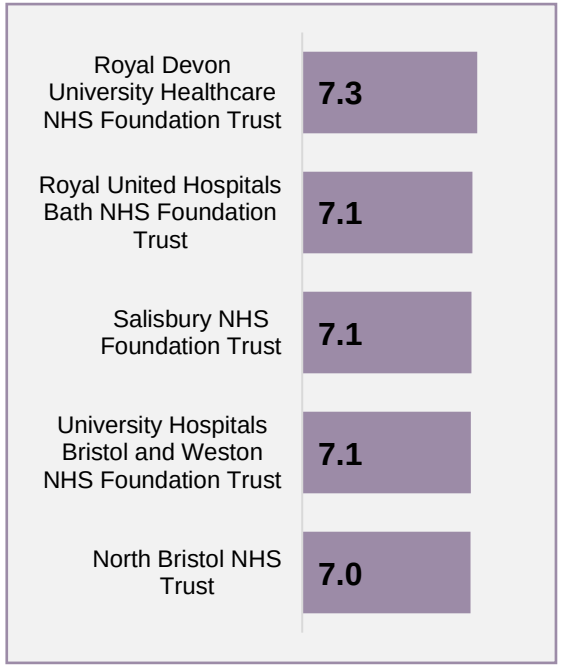
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

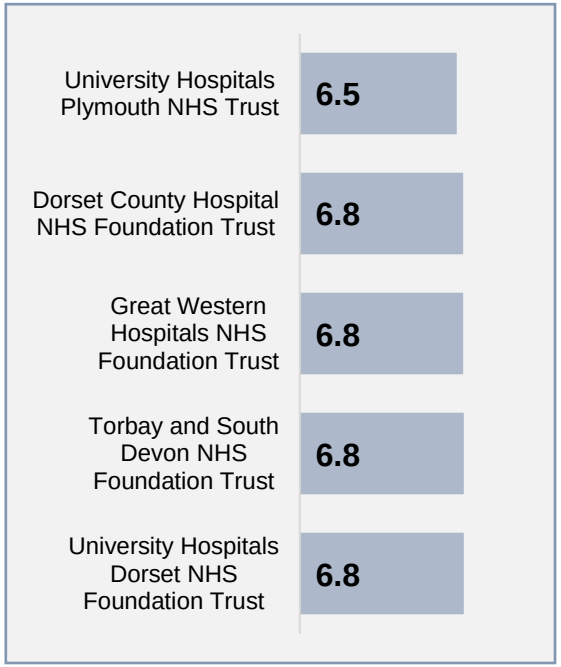


Comparison with other trusts within your region

Trusts with the highest scores



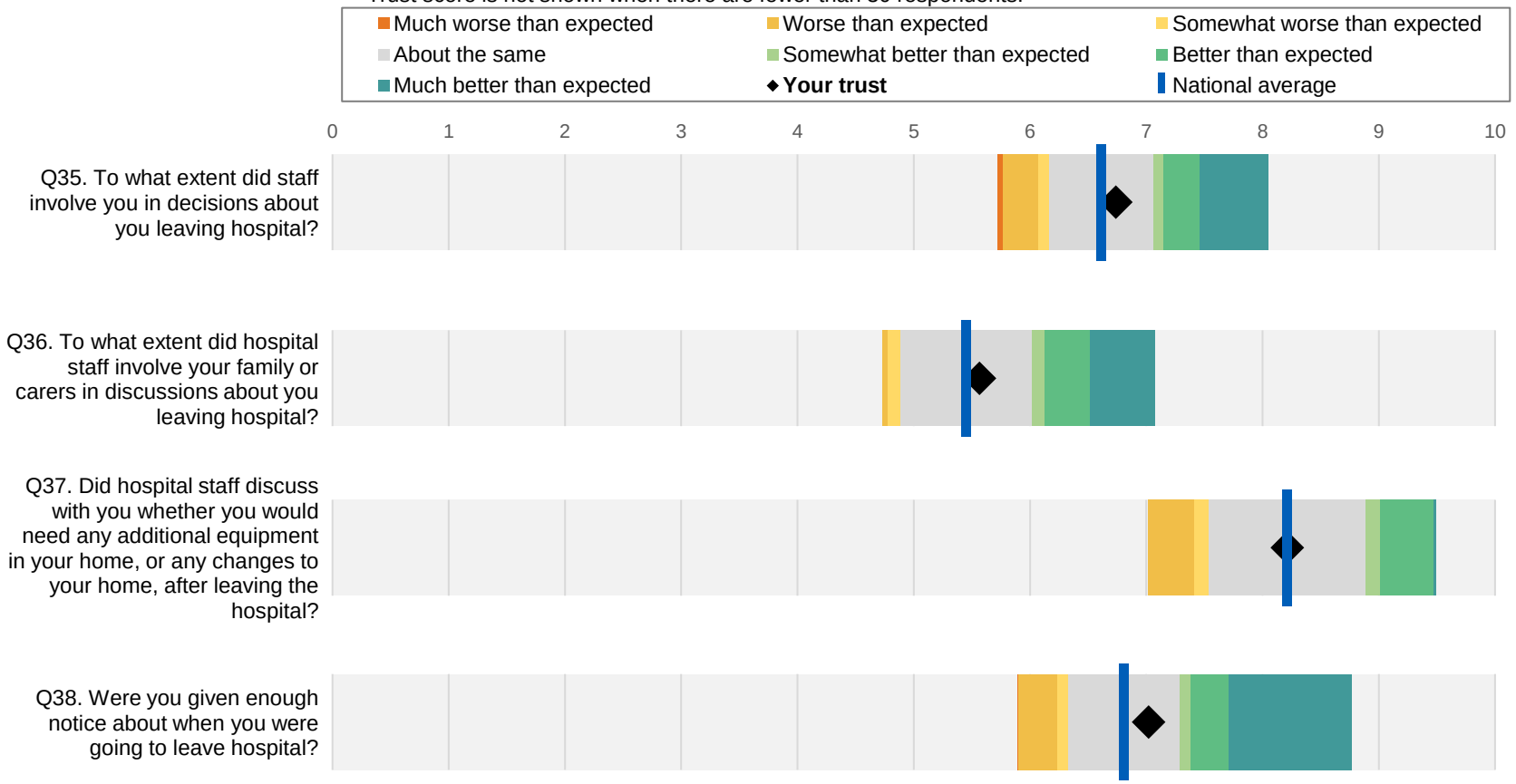
Trusts with the lowest scores



Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

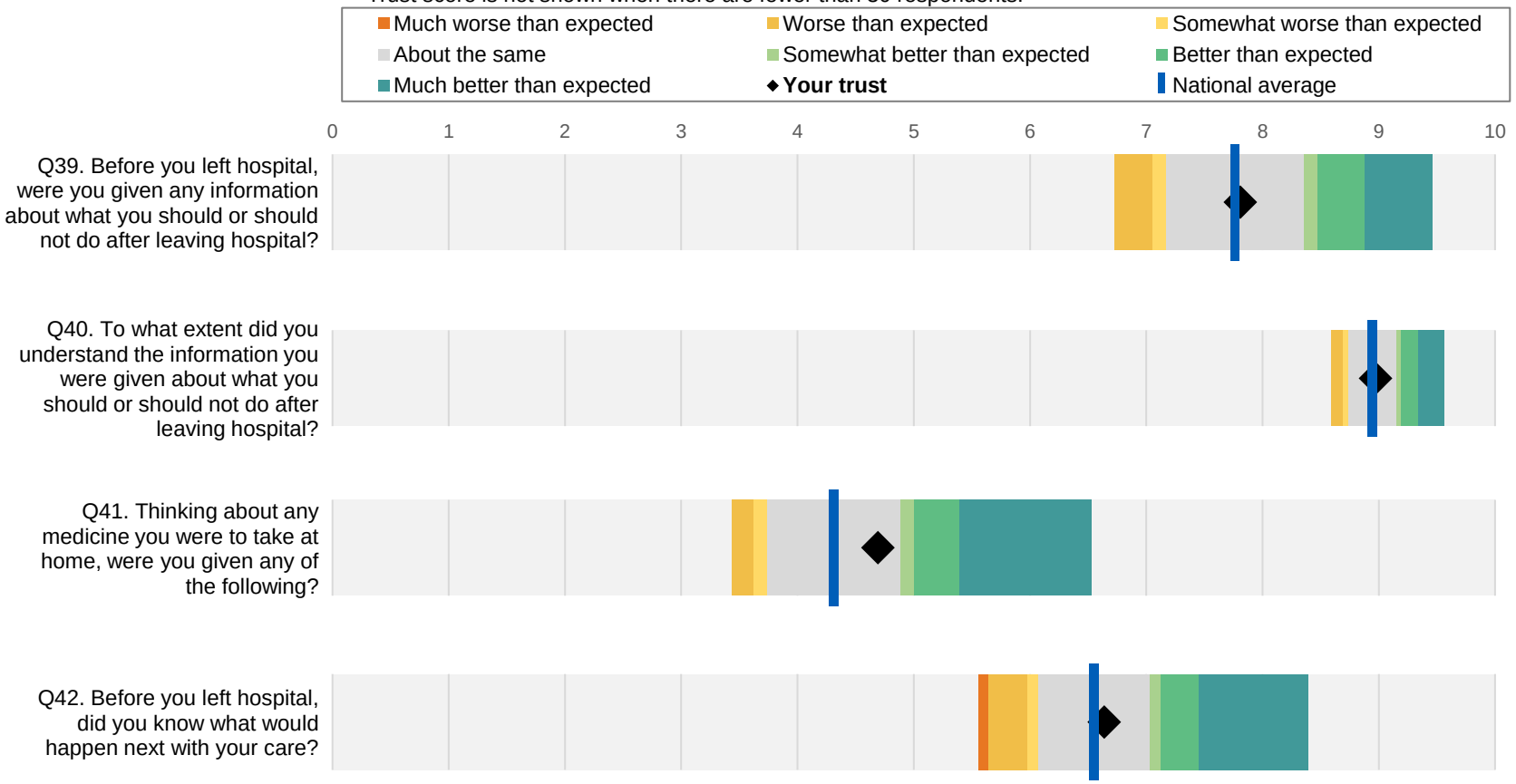


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
440	6.7	6.6	5.7	8.0
About the same				
312	5.6	5.5	4.7	7.1
About the same				
144	8.2	8.2	7.0	9.5
About the same				
453	7.0	6.8	5.9	8.8

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

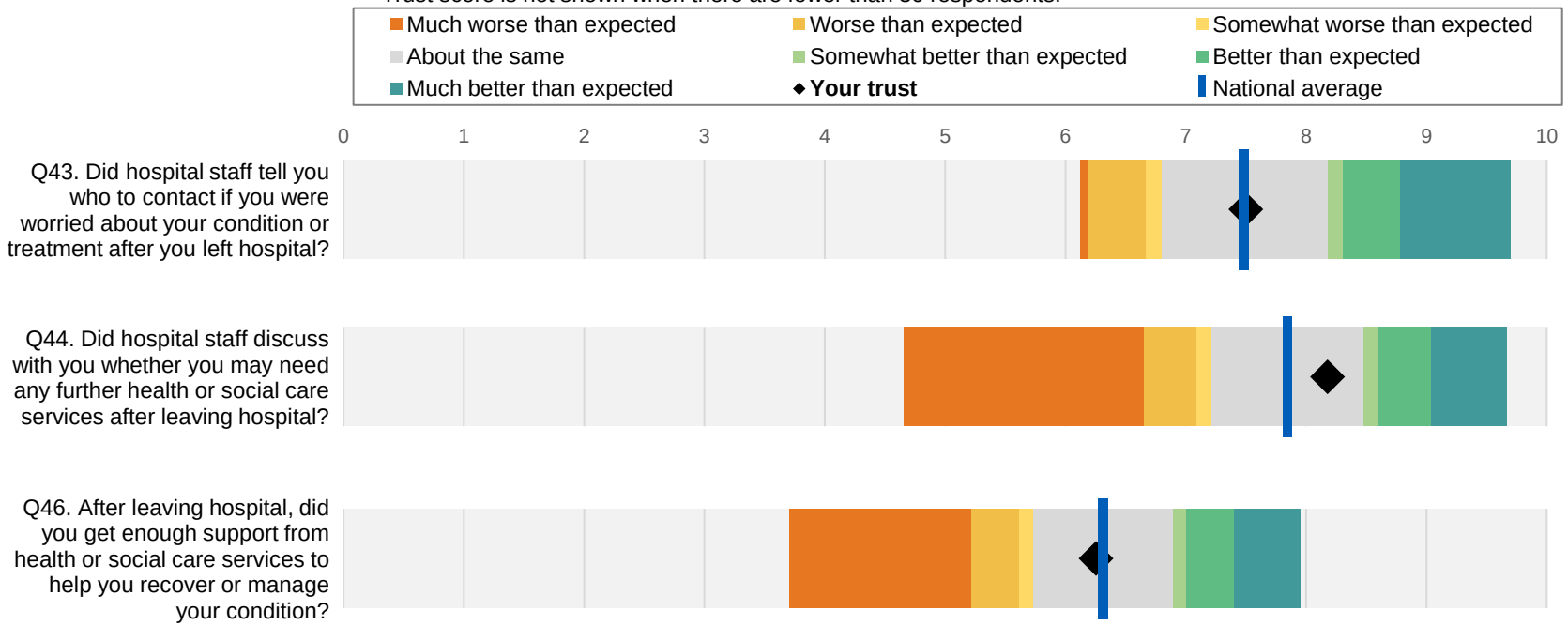


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
428	7.8	7.8	6.7	9.5
About the same				
335	9.0	8.9	8.6	9.6
About the same				
354	4.7	4.3	3.4	6.5
About the same				
416	6.6	6.6	5.6	8.4

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



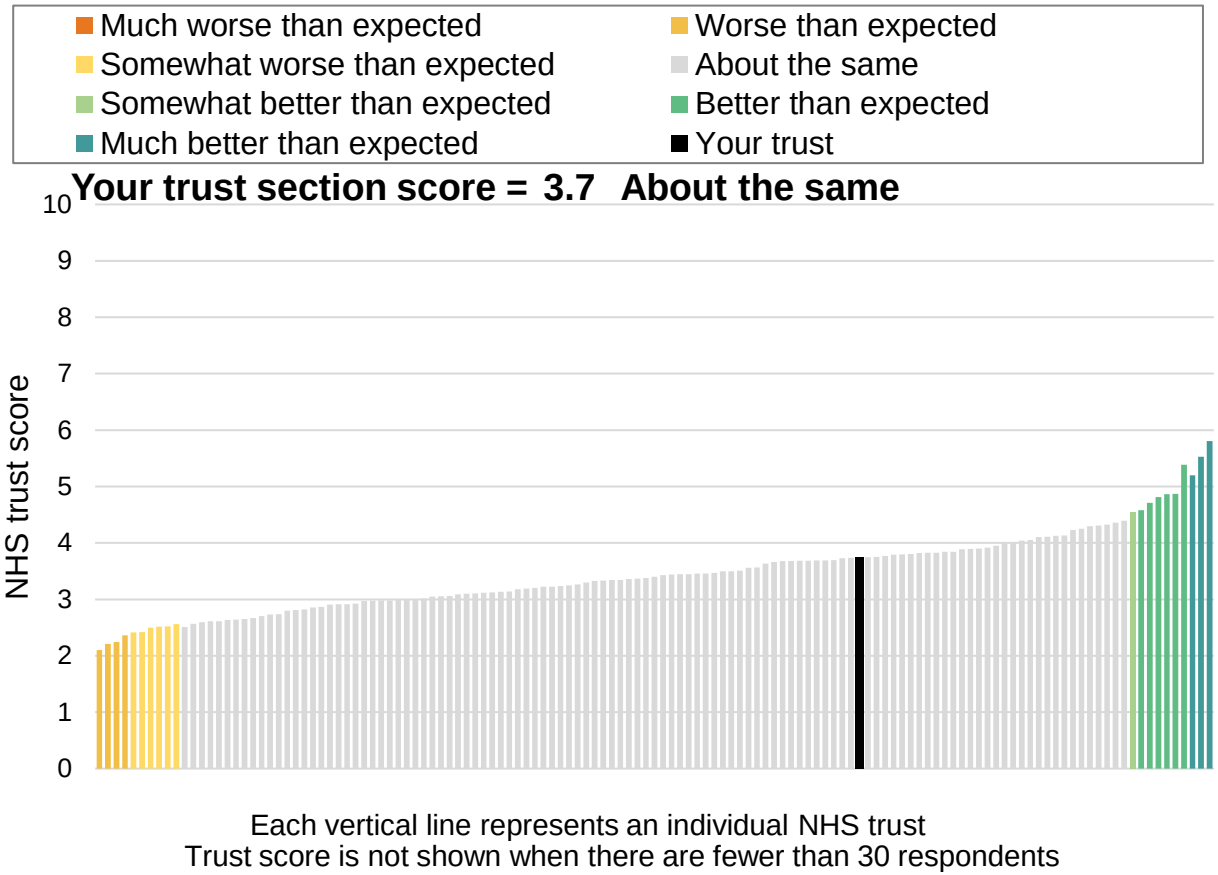
			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	421	7.5	7.5	6.1	9.7
Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	209	8.2	7.8	4.7	9.7
Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	253	6.3	6.3	3.7	8.0

About the same

Section 8. Feedback on the quality of your care

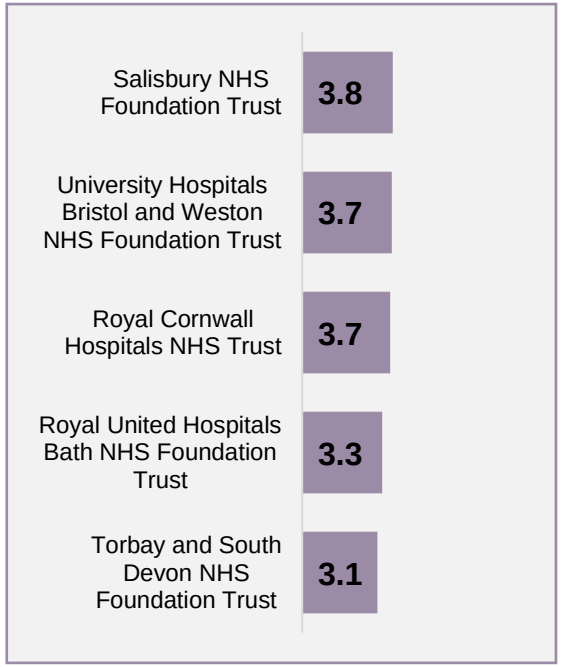
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

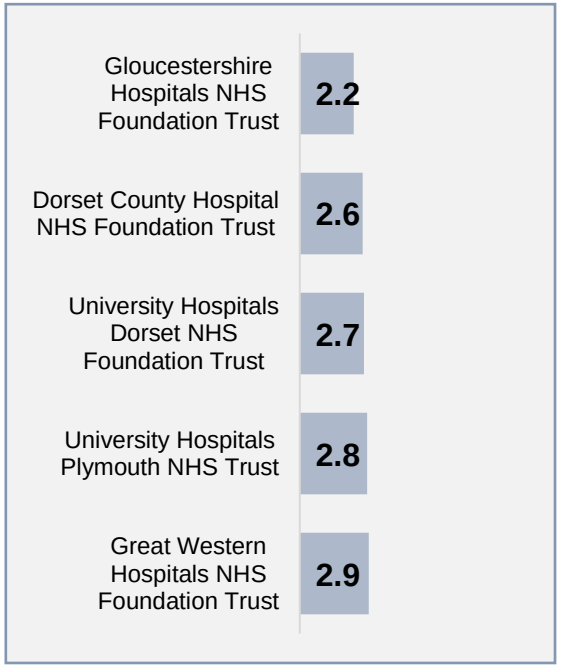


Comparison with other trusts within your region

Trusts with the highest scores



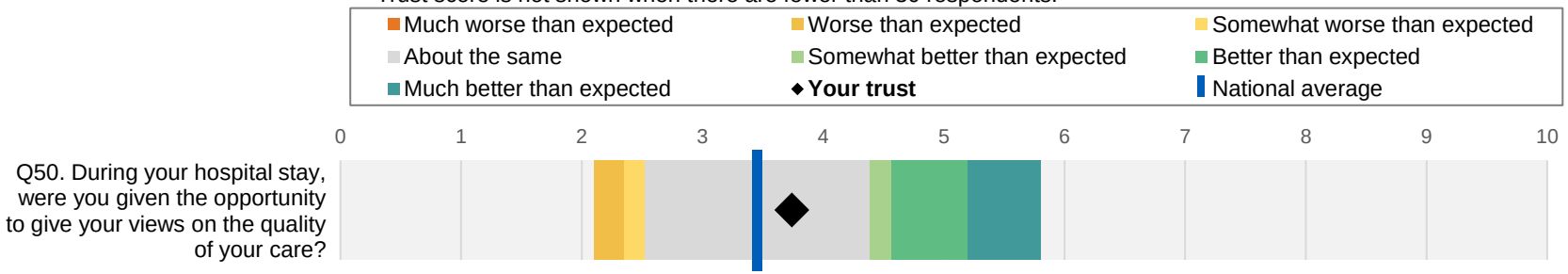
Trusts with the lowest scores



Section 8. Feedback on the quality of your care (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

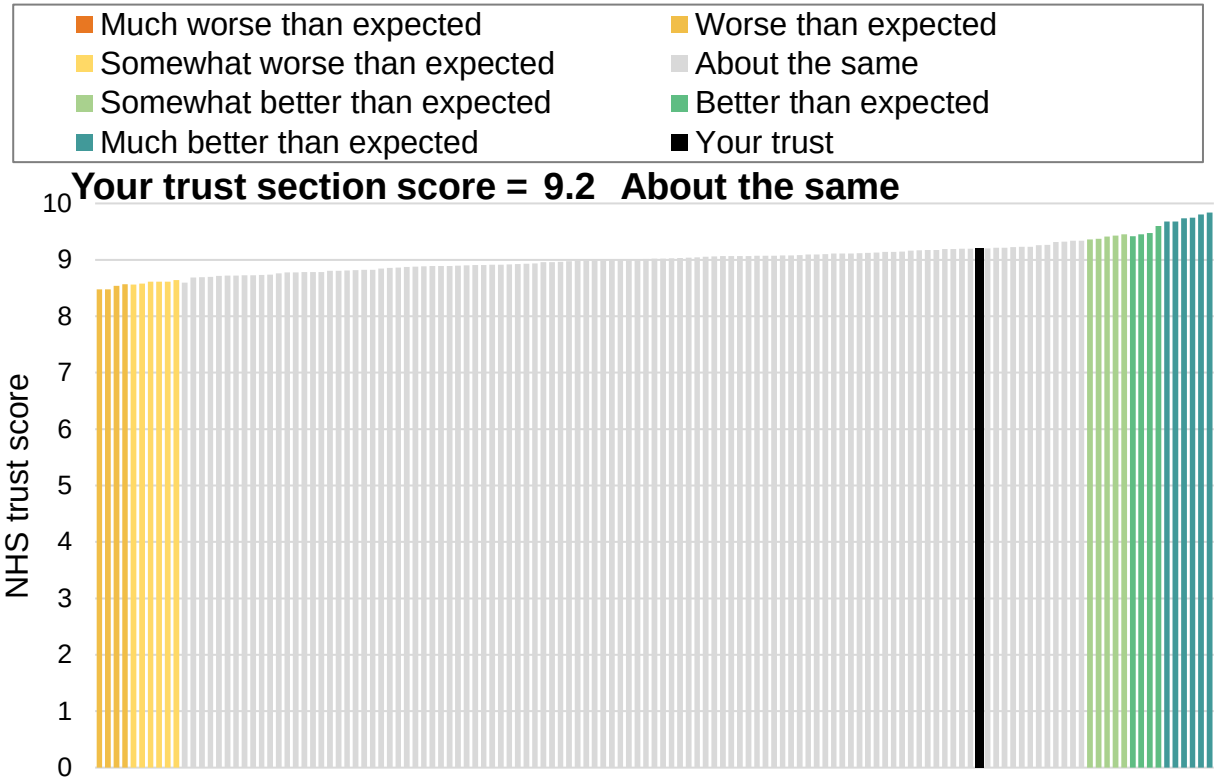


	All trusts in England			
Number of respondents	Your trust	National average	Lowest score	Highest score
355	3.7	3.5	2.1	5.8

Section 9. Kindness and compassion

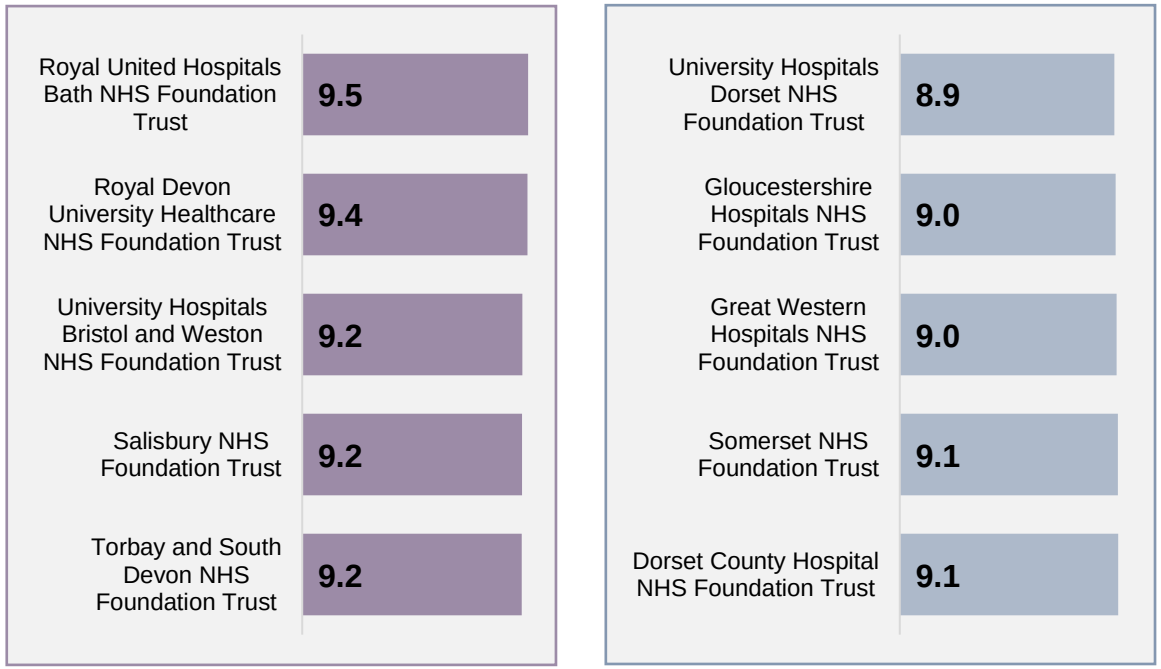
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

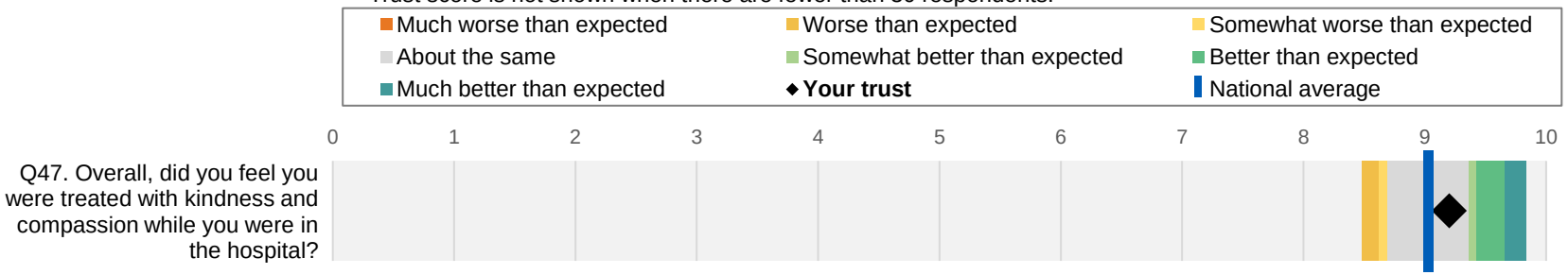
Comparison with other trusts within your region



Section 9. Kindness and compassion (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

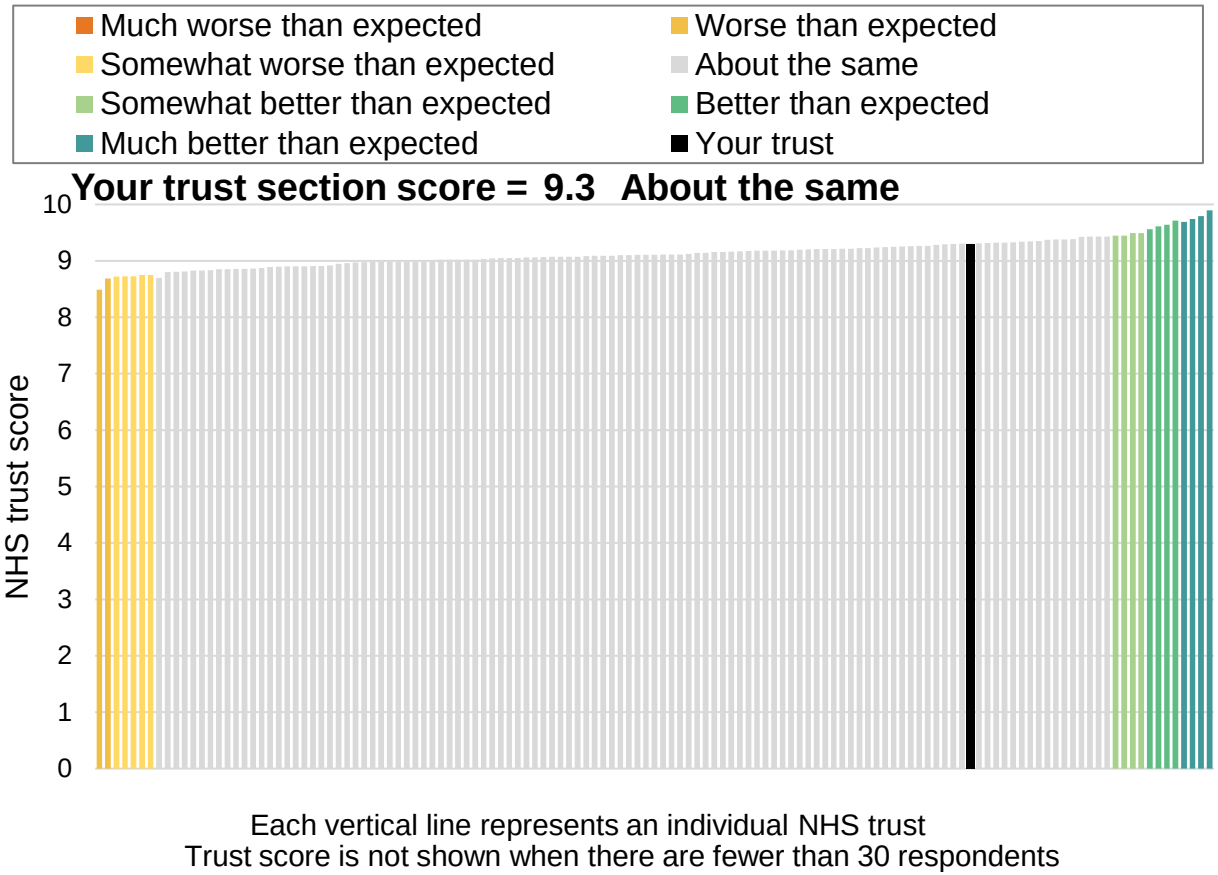


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
455	9.2	9.0	8.5	9.8

Section 10. Respect and dignity

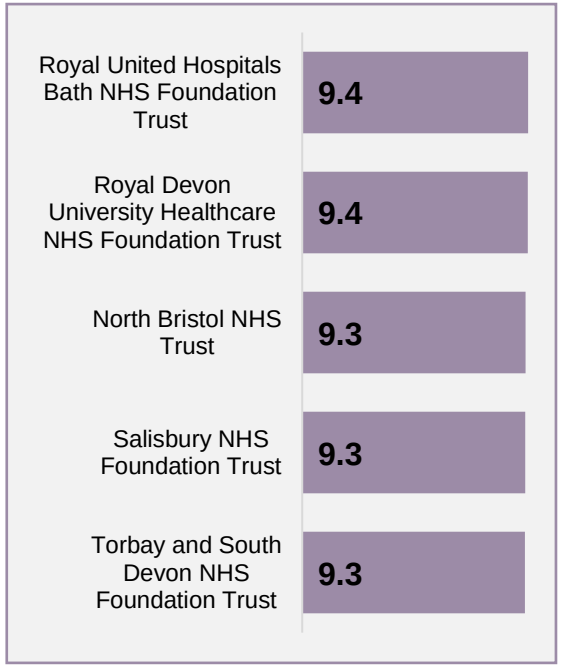
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

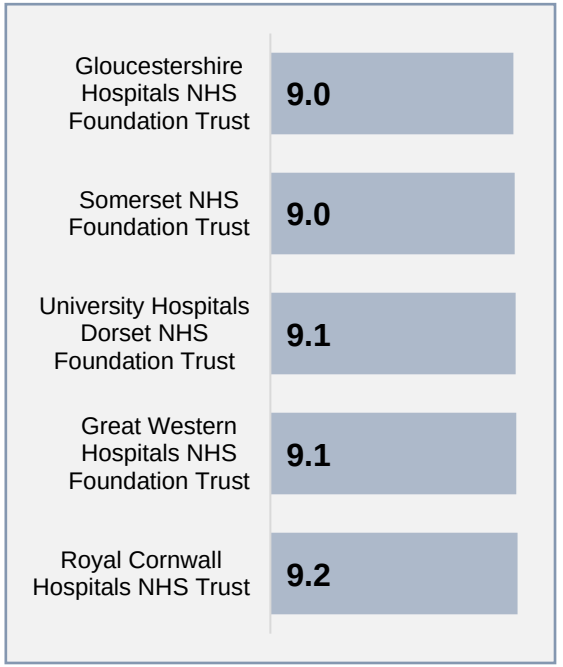


Comparison with other trusts within your region

Trusts with the highest scores

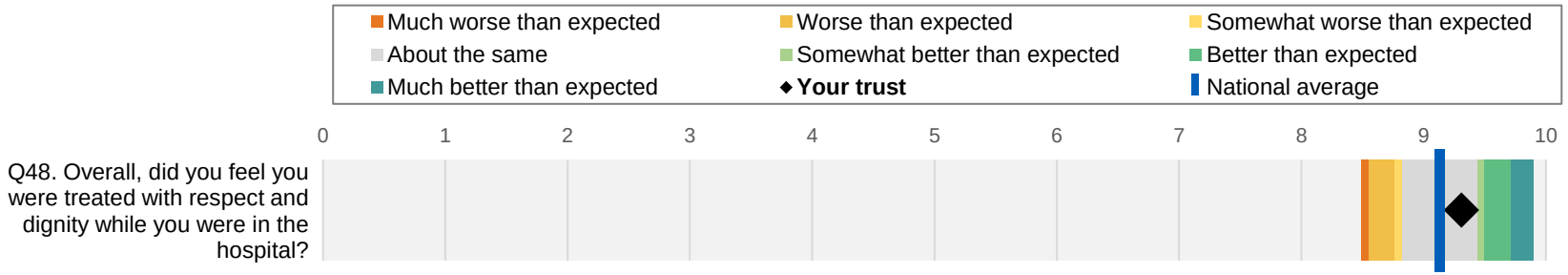


Trusts with the lowest scores



Section 10. Respect and dignity (continued)

Question score

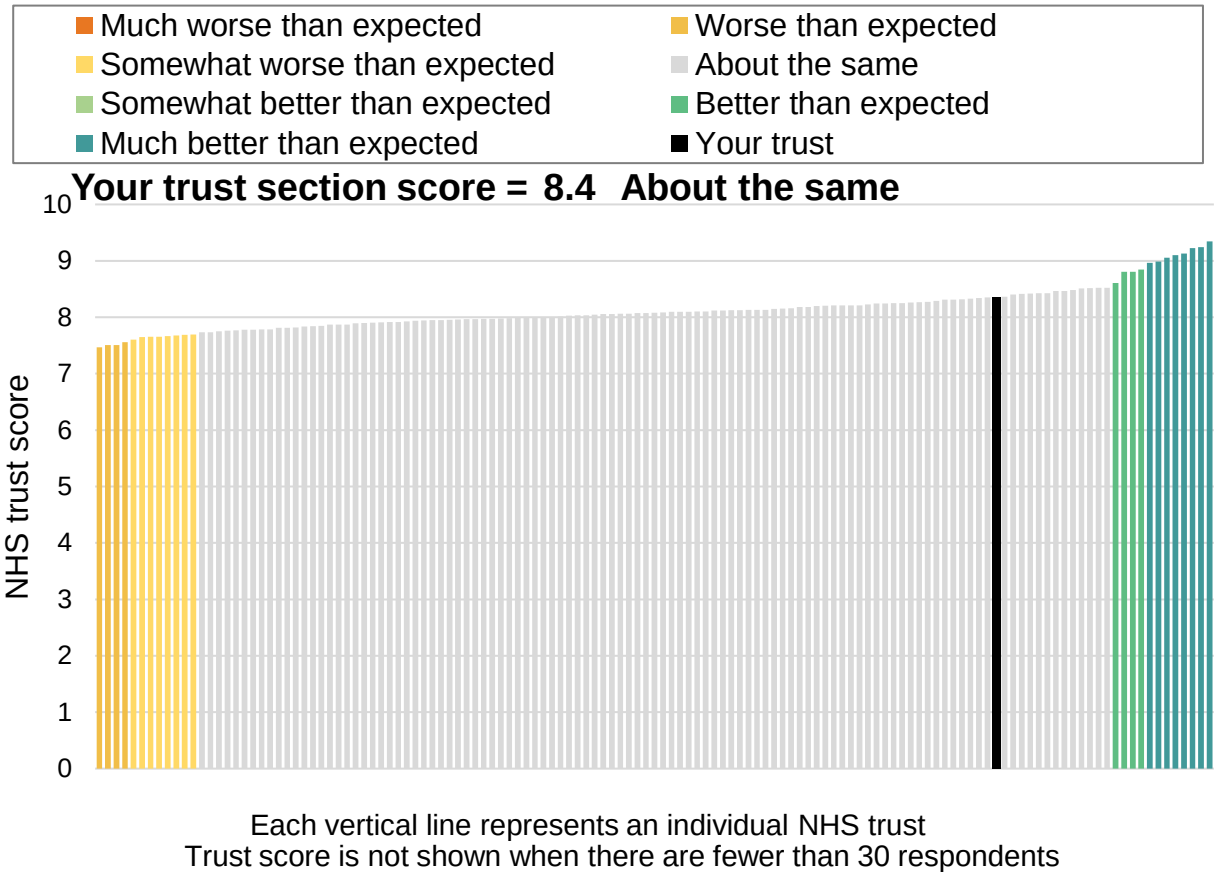


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
454	9.3	9.1	8.5	9.9

Section 11. Overall experience

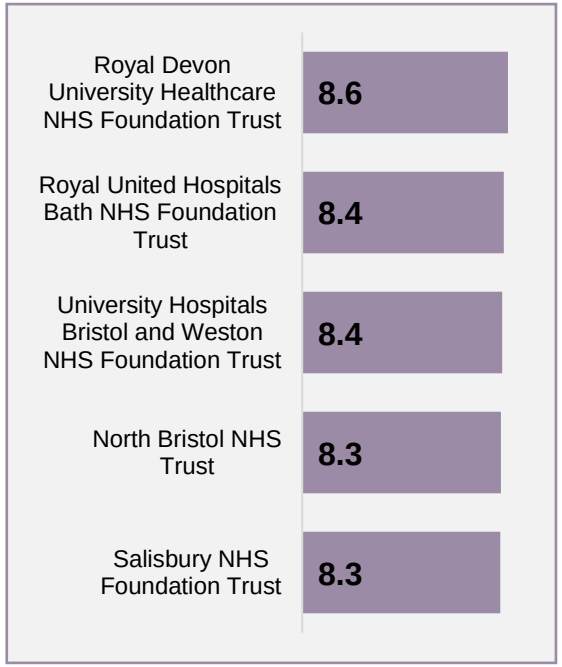
Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

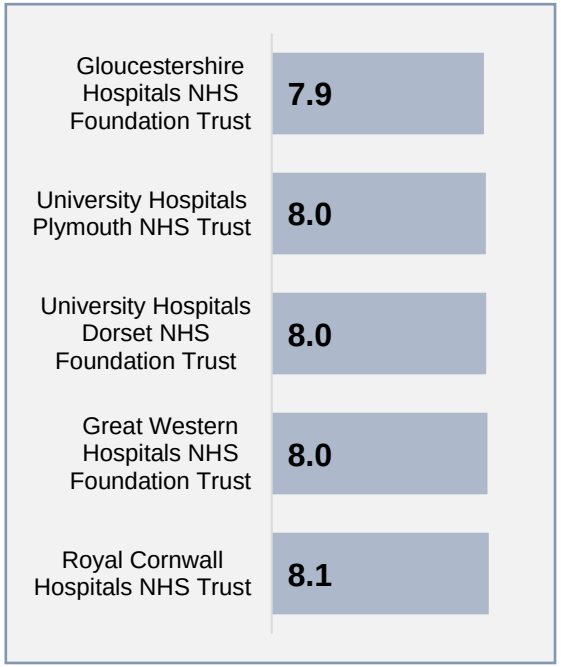


Comparison with other trusts within your region

Trusts with the highest scores



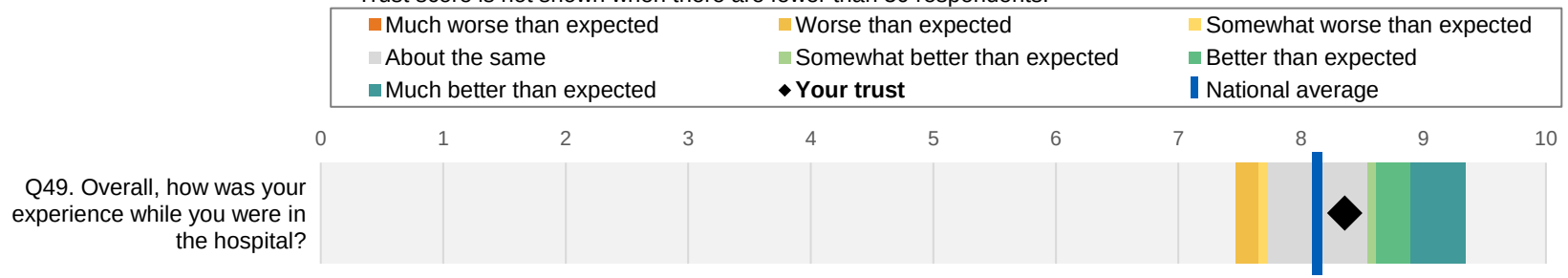
Trusts with the lowest scores



Section 11. Overall experience (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
455	8.4	8.1	7.5	9.3

Trust and site results

This section includes:

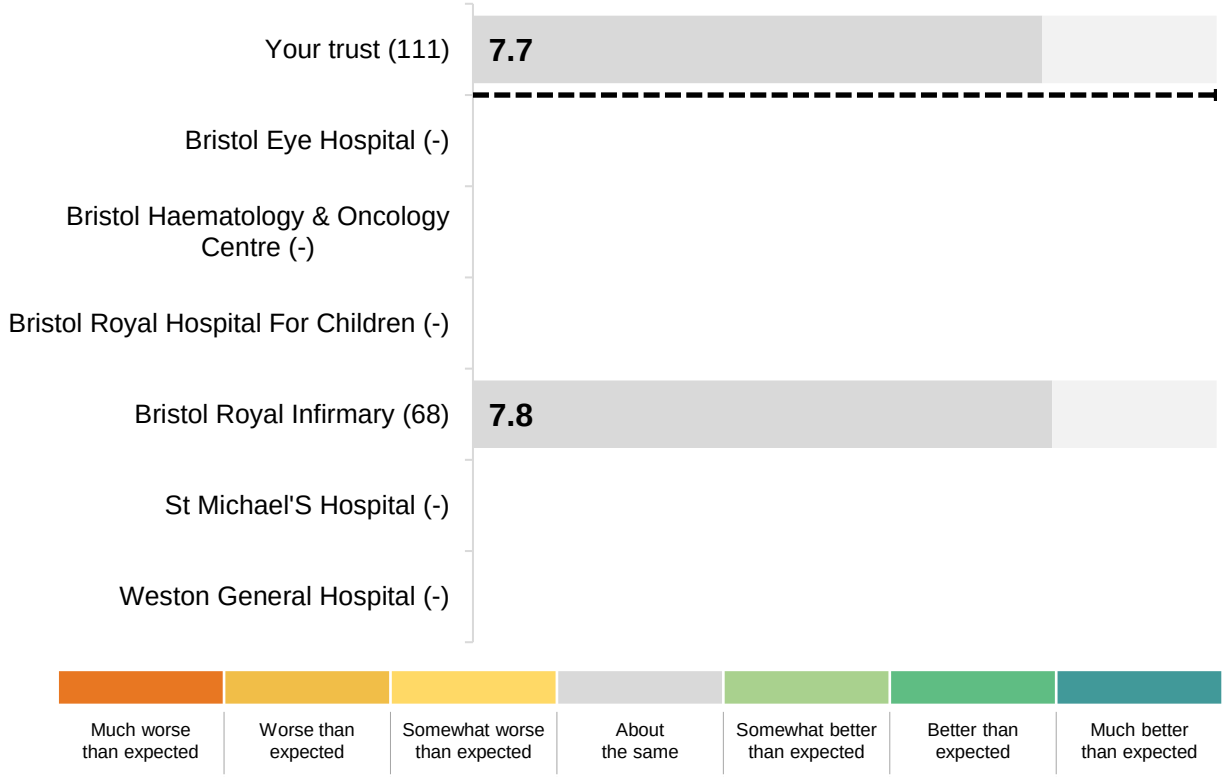
- an overview of results for your trust for each question, including:
  - the score for your trust
  - a breakdown of scores across sites within your trust
- if fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site

Section 1. Admission to hospital

Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



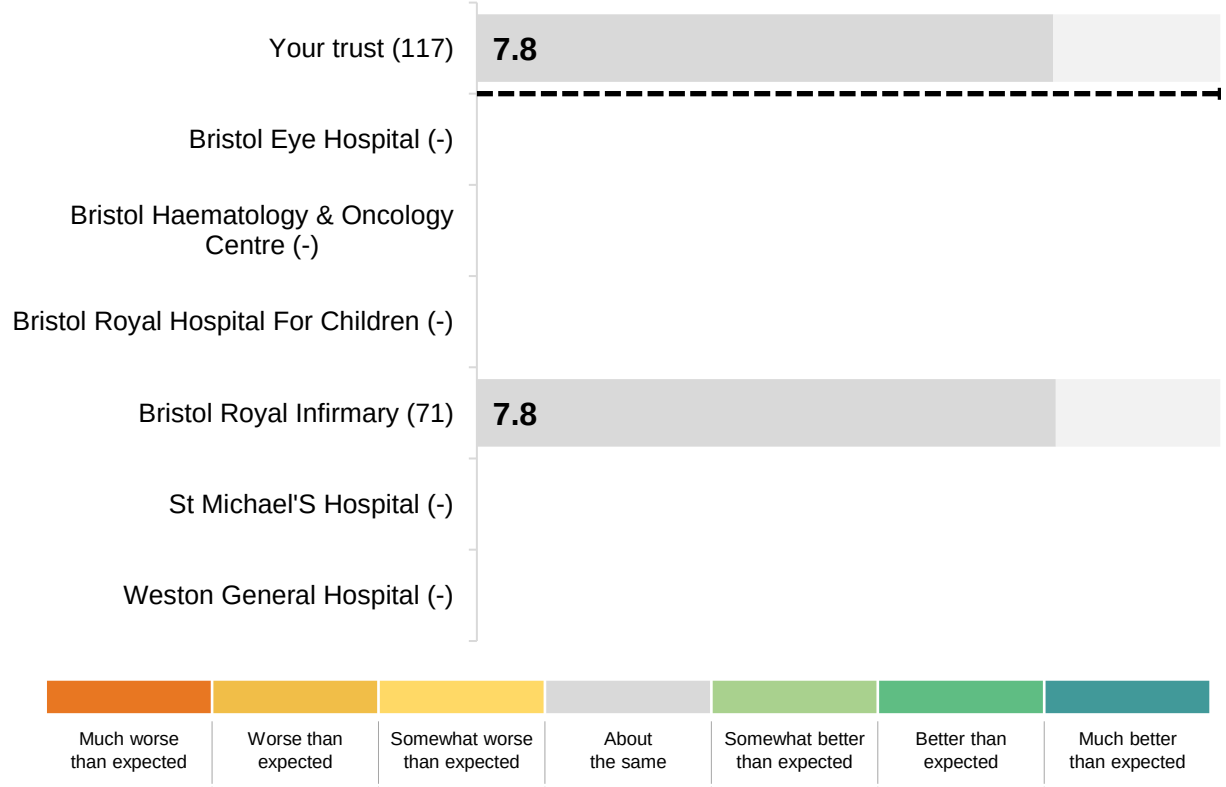
Please note: the number of respondents is shown in brackets next to the site name

Section 1. Admission to hospital

Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



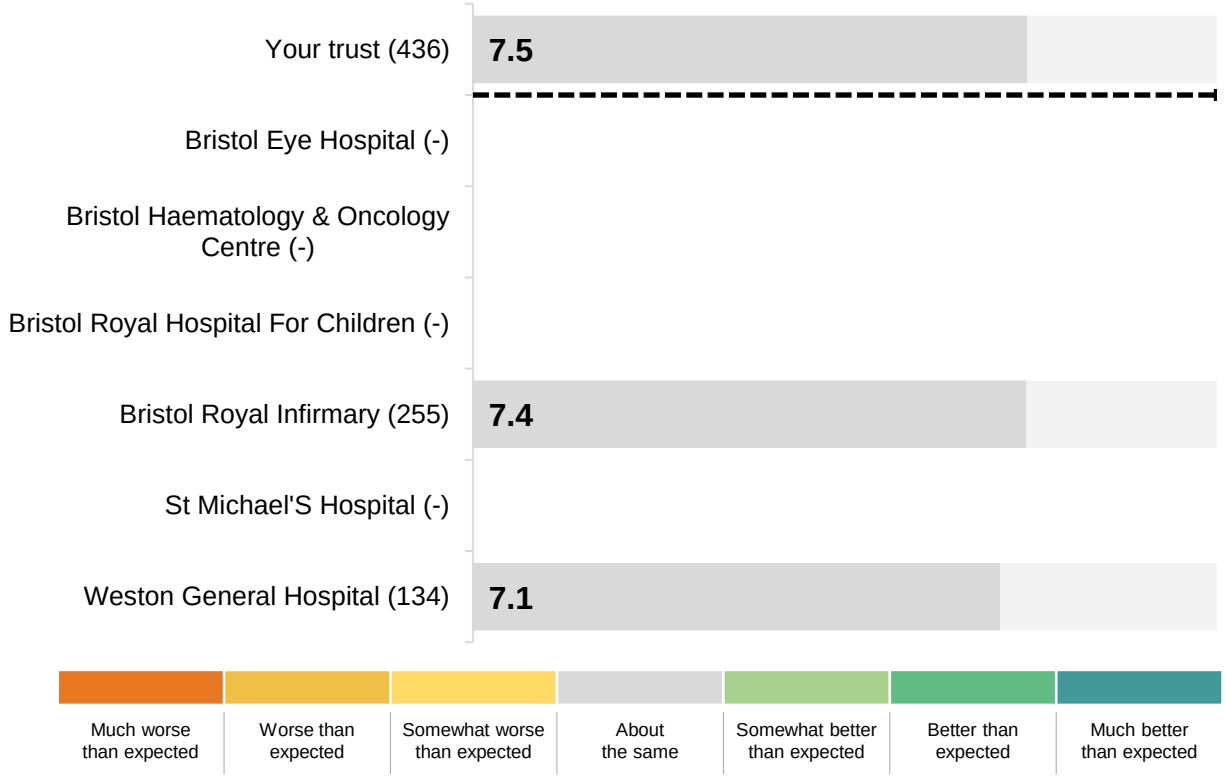
Please note: the number of respondents is shown in brackets next to the site name

Section 1. Admission to hospital

Q5. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



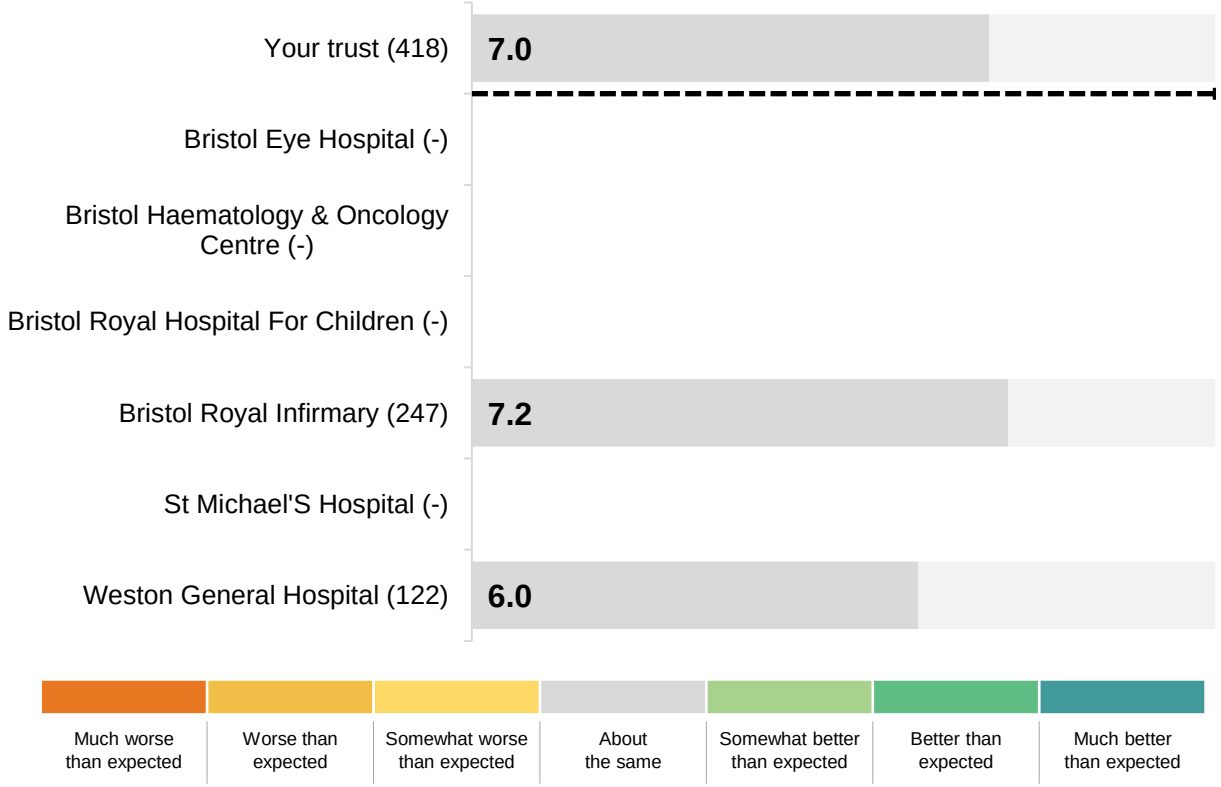
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q6. Were you ever prevented from sleeping at night by noise from other patients?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



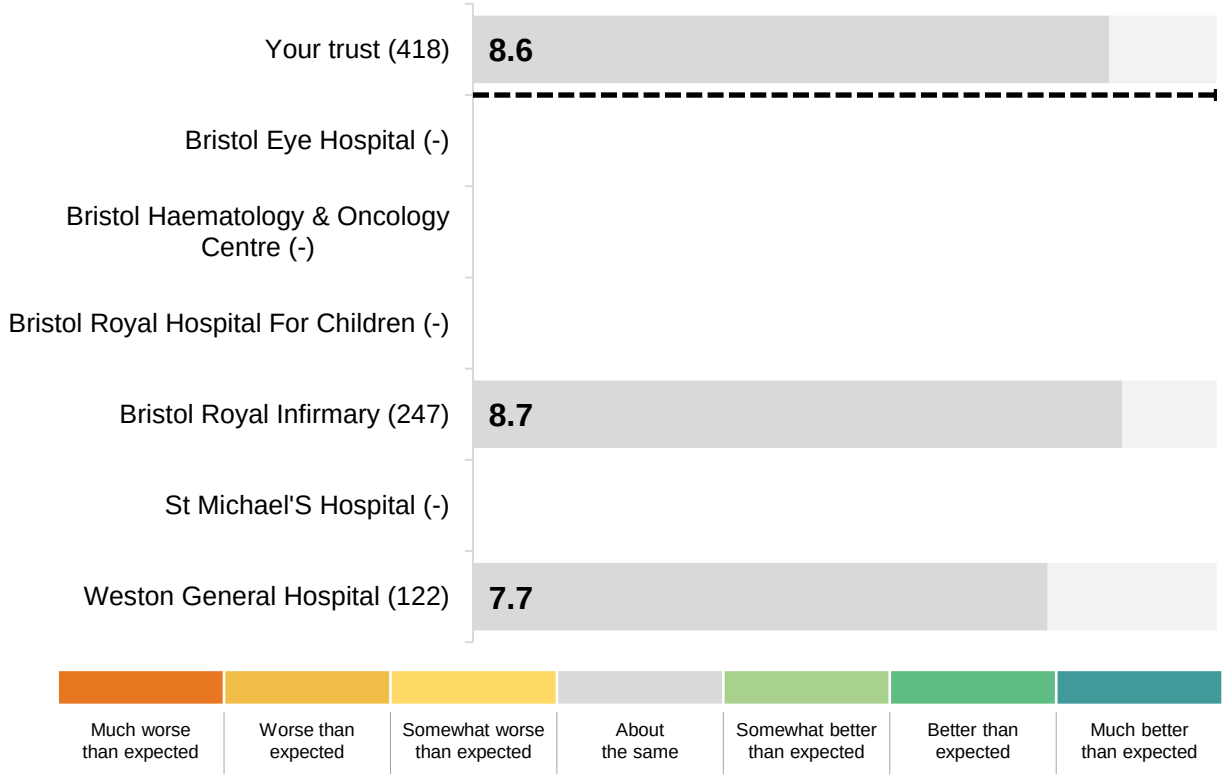
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q6. Were you ever prevented from sleeping at night by noise from staff?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



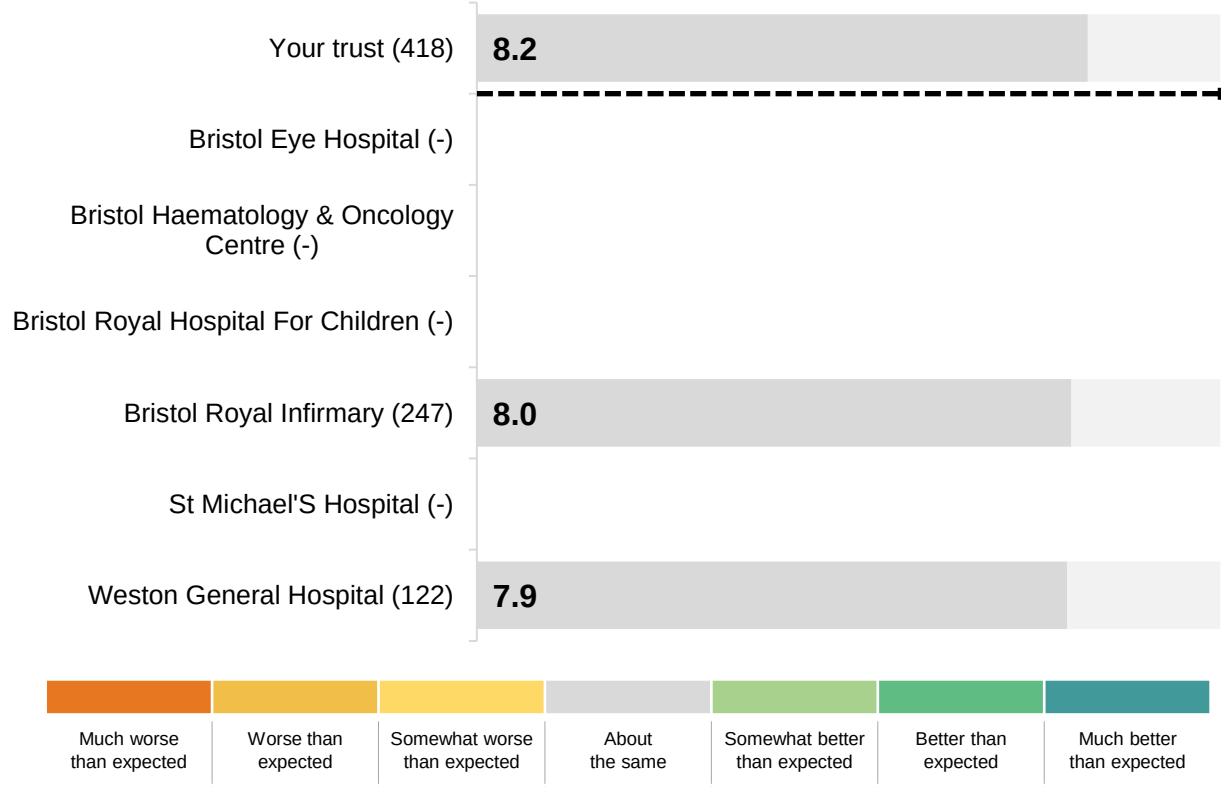
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q6. Were you ever prevented from sleeping at night by hospital lighting?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



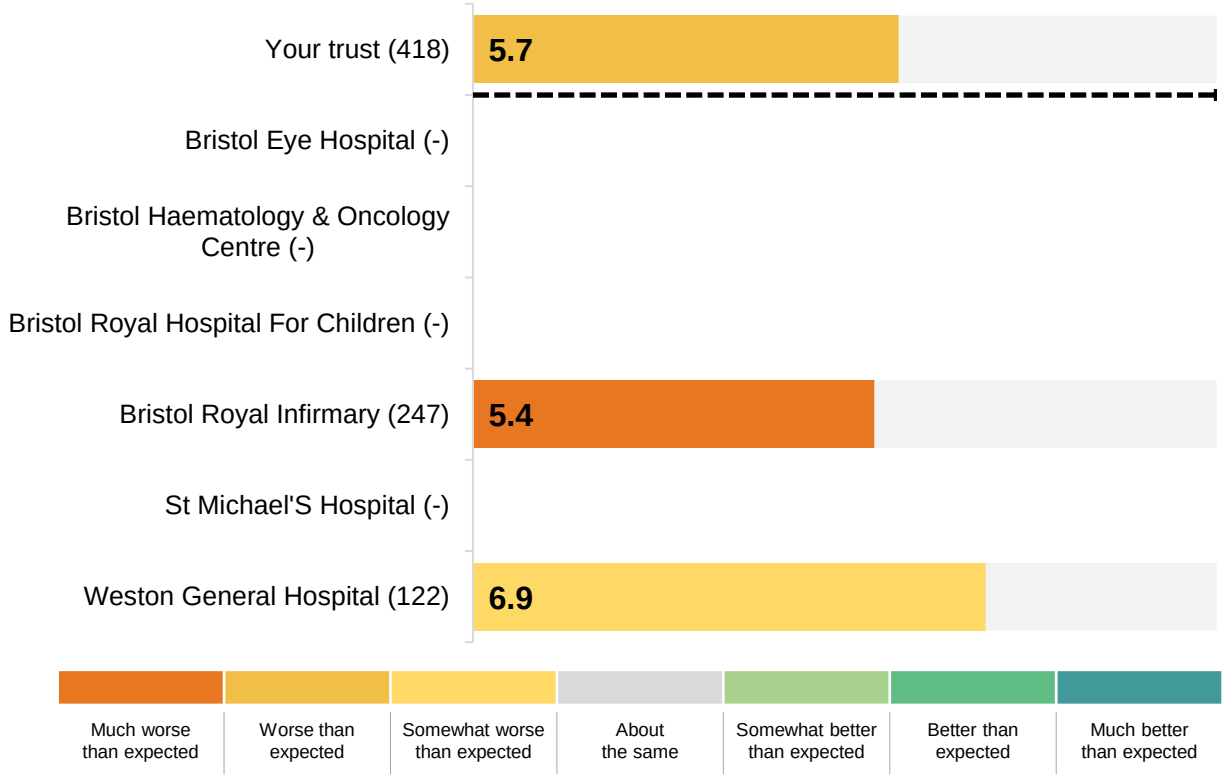
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q6. Were you ever prevented from sleeping at night by the room temperature?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



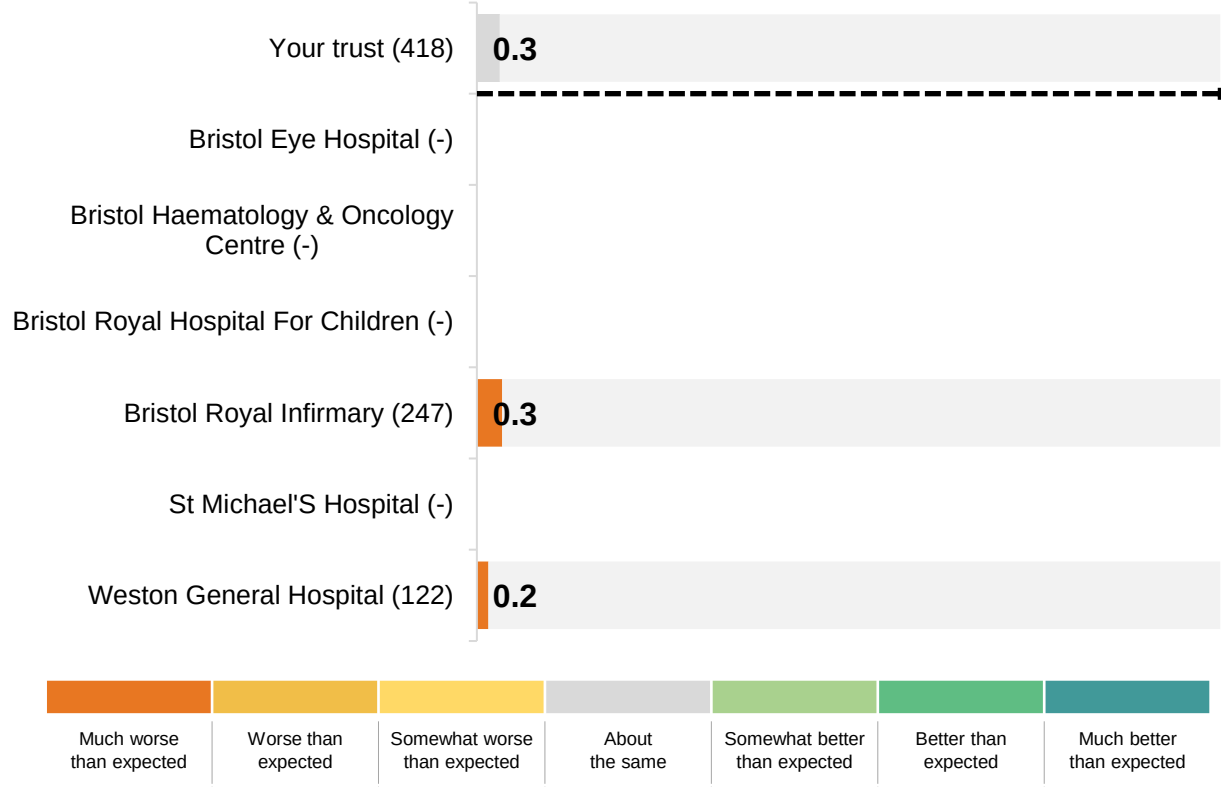
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q6. Were you ever prevented from sleeping at night by any of the following? I was not prevented from sleeping

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



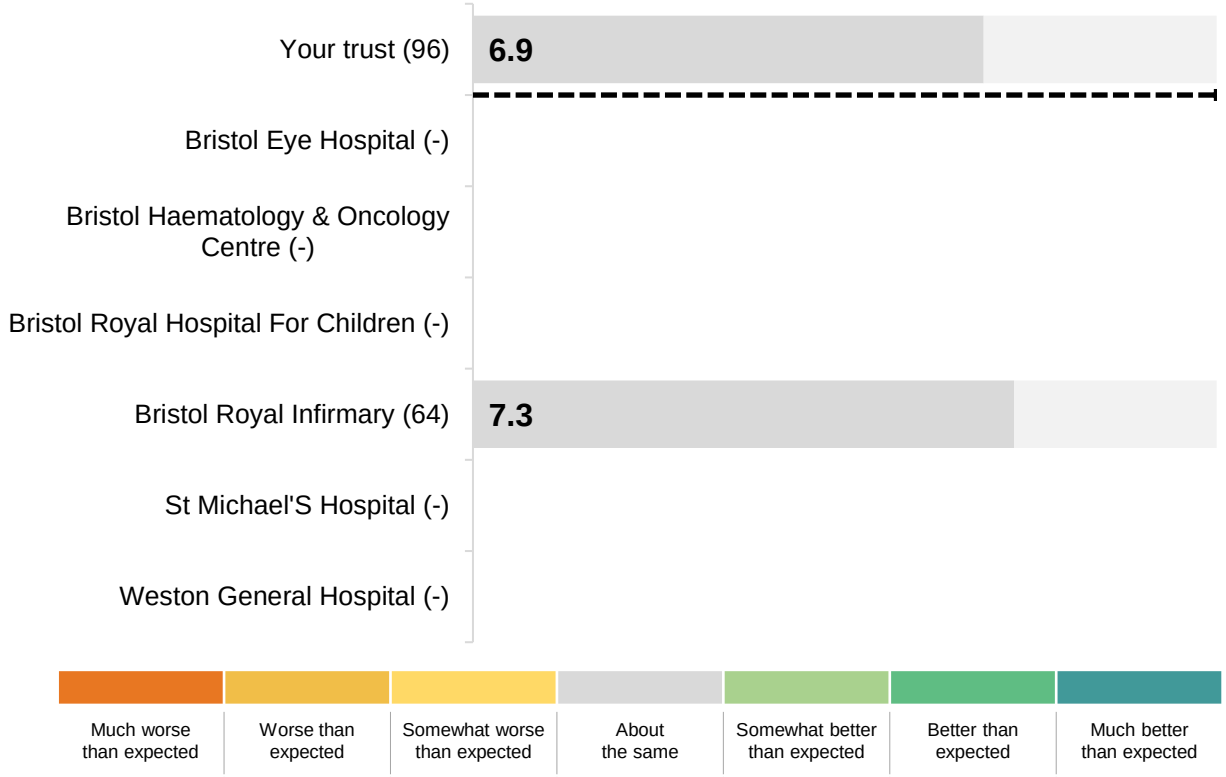
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q8. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



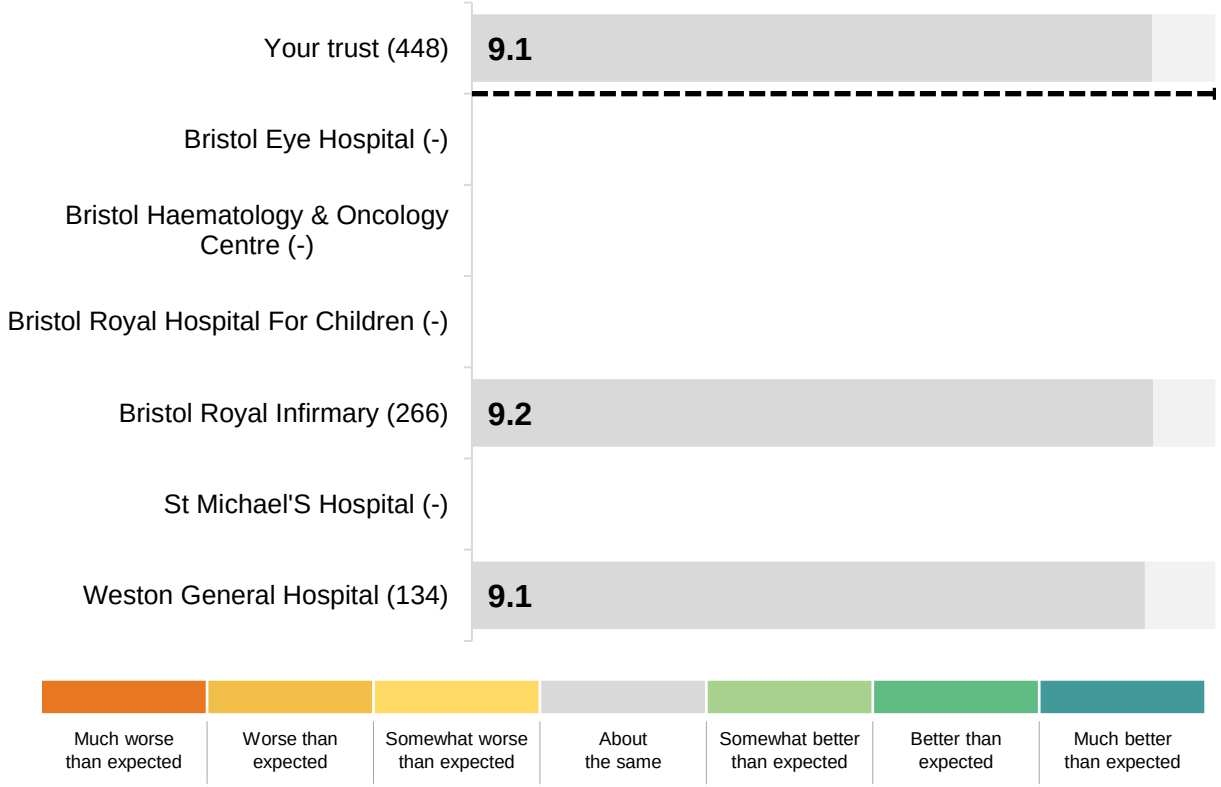
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q9. How clean was the hospital room or ward that you were in?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



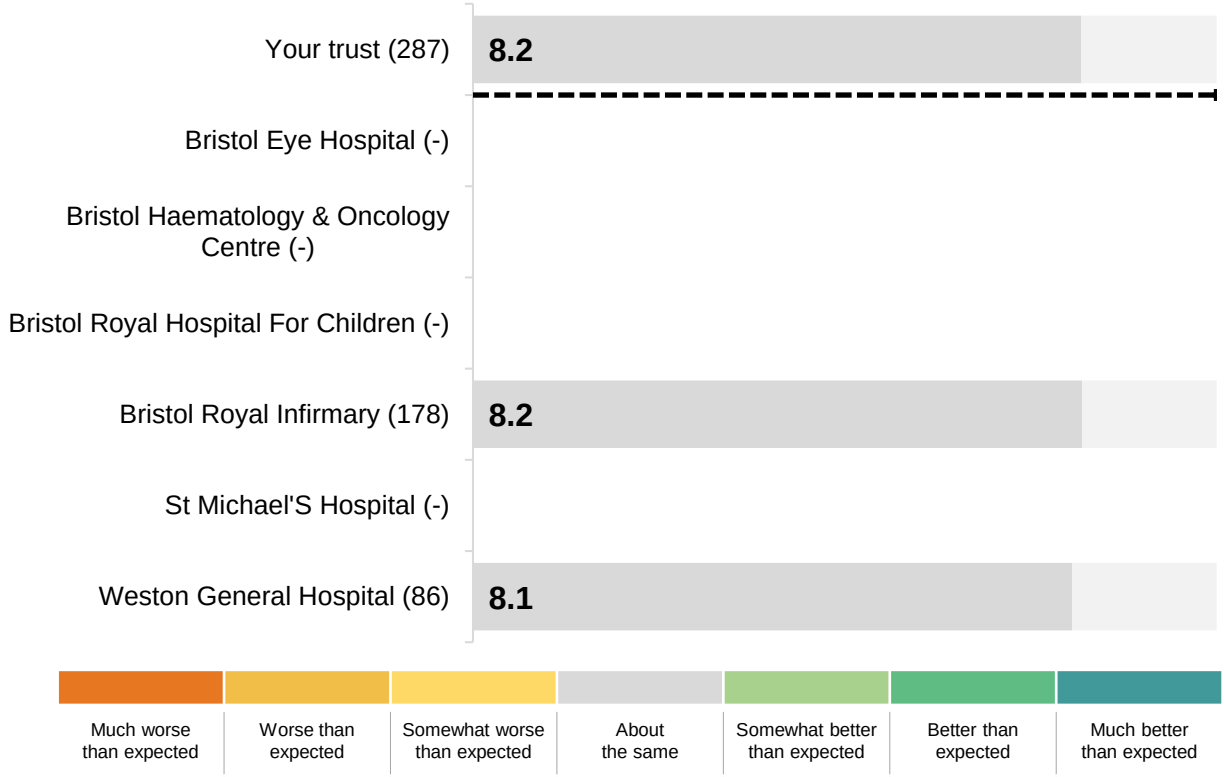
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q10. Did you get enough help from staff to wash or keep yourself clean?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



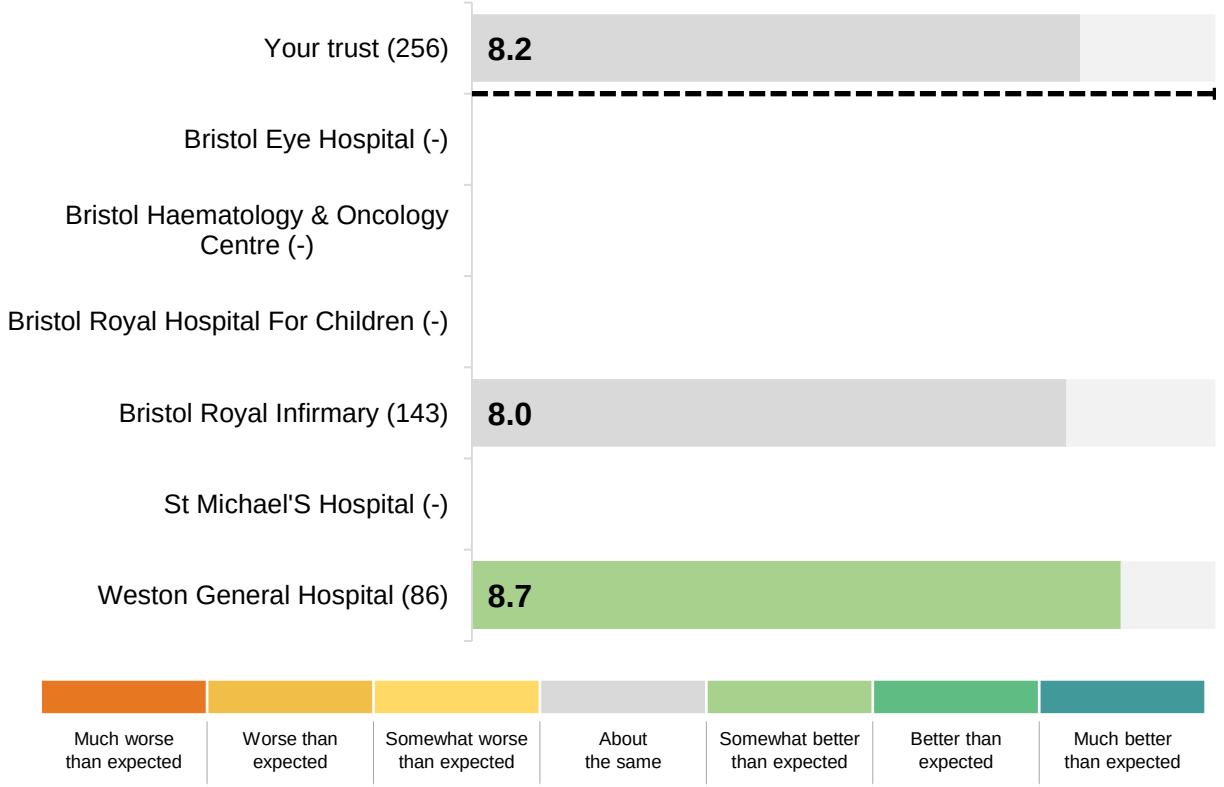
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q11. If you brought medication with you to hospital, were you able to take it when you needed to?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



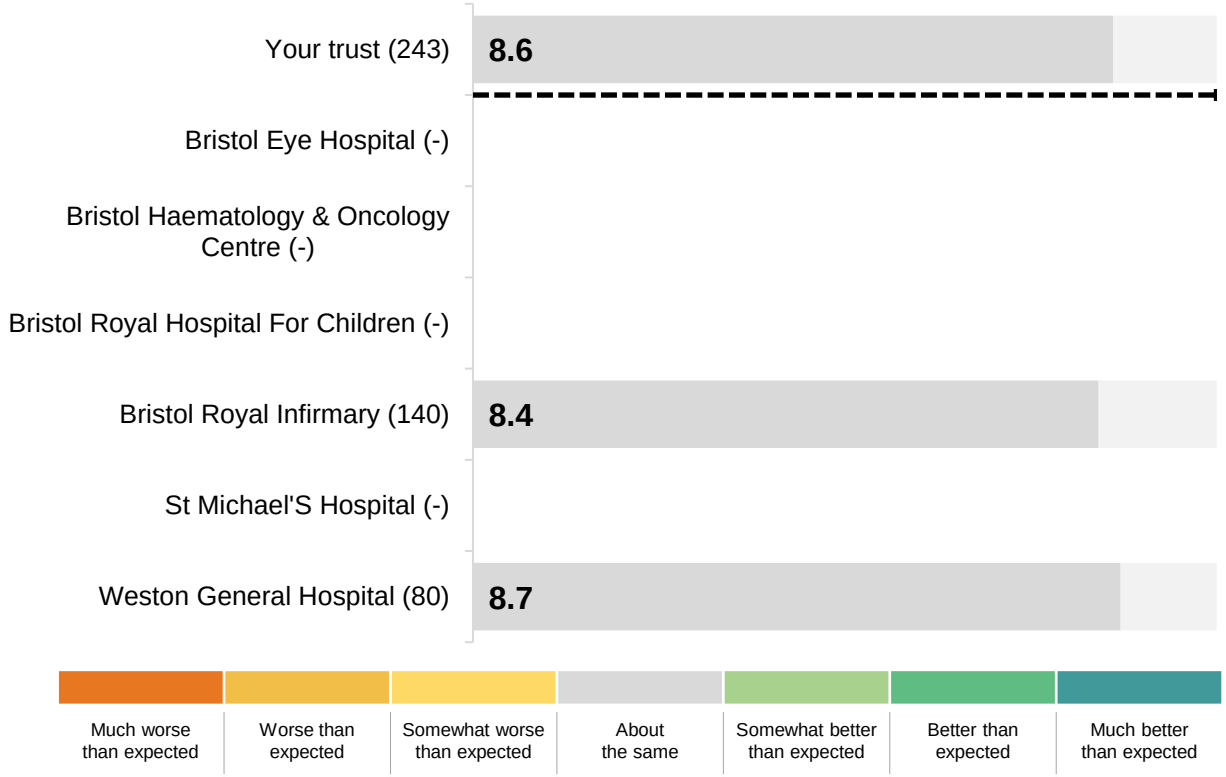
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q12. Were you offered food that met any dietary needs or requirements you had?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



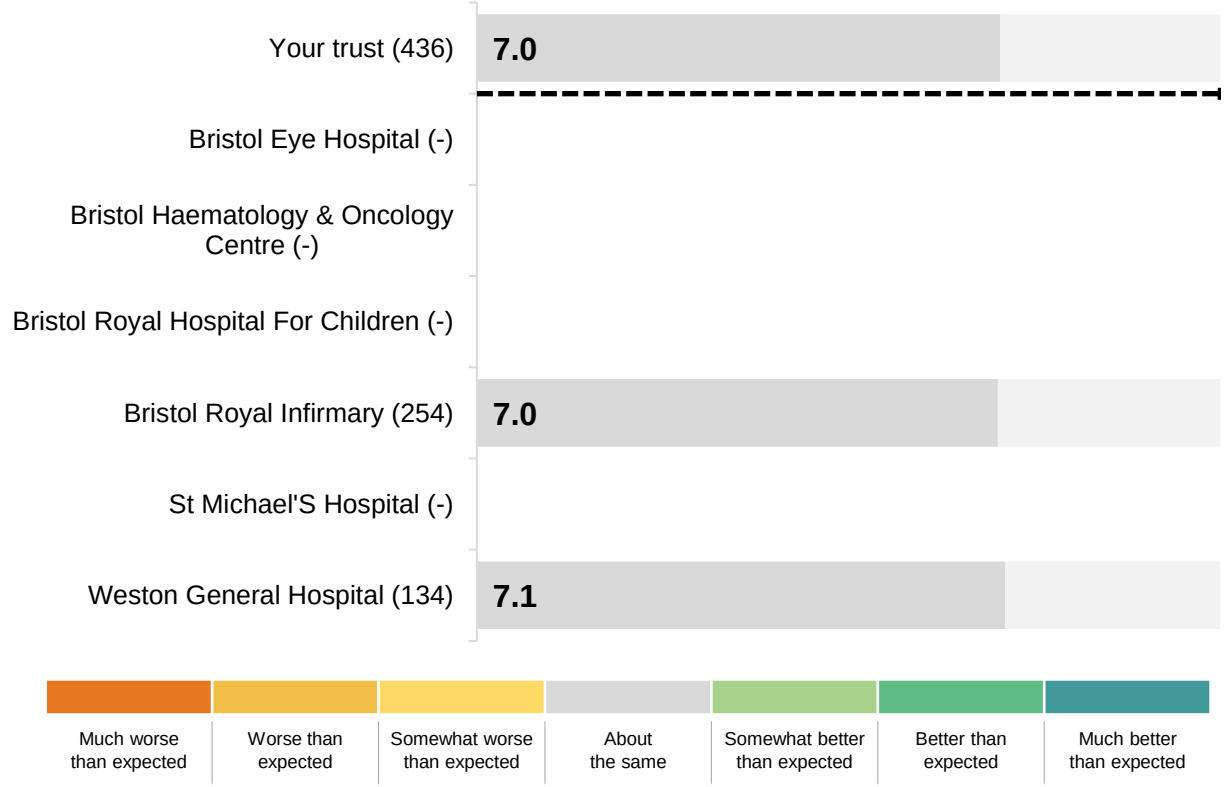
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q13. How would you rate the hospital food?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



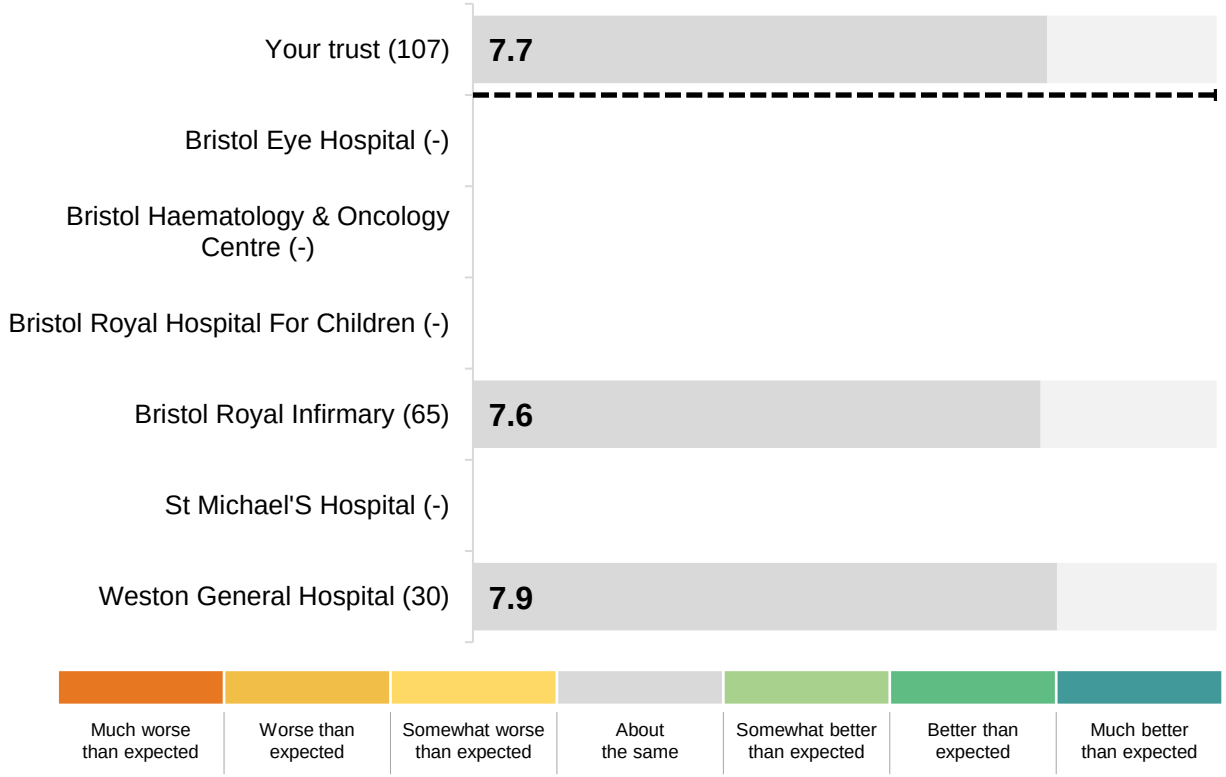
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q14. Did you get enough help from staff to eat your meals?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



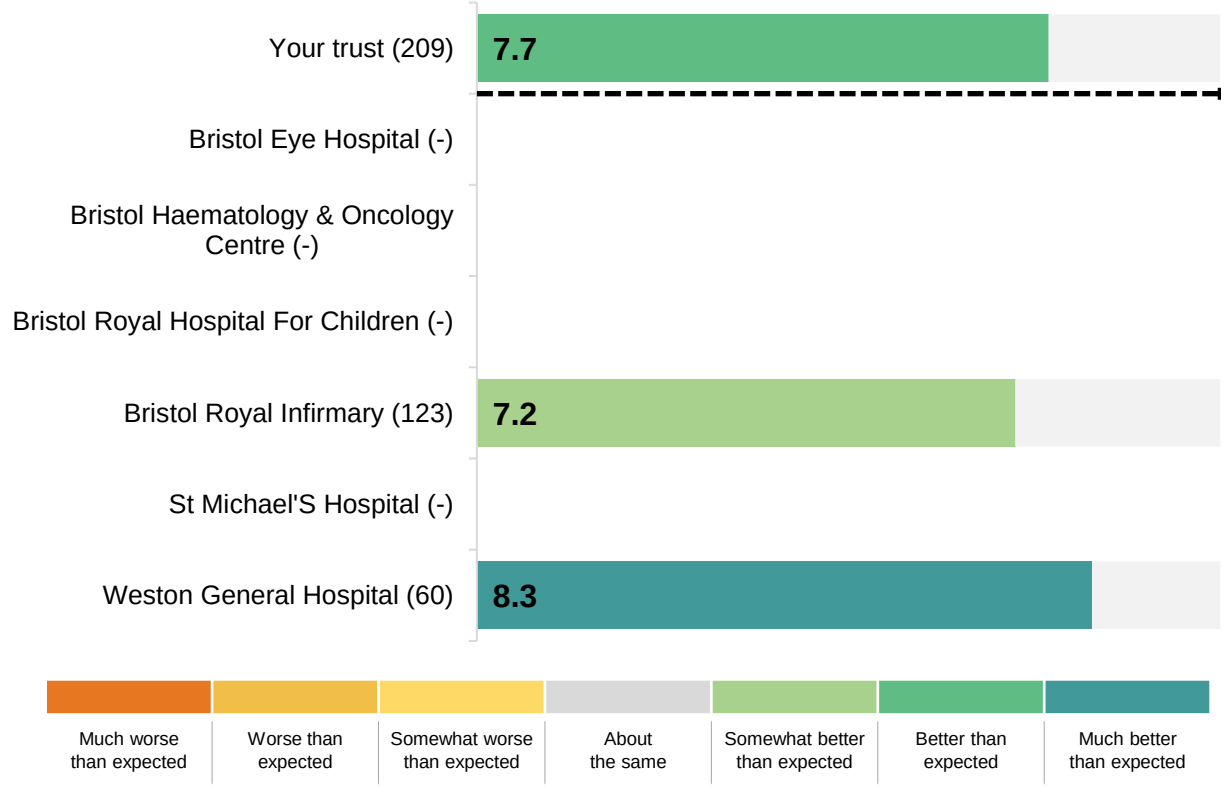
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q15. Were you able to get hospital food outside of set meal times?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



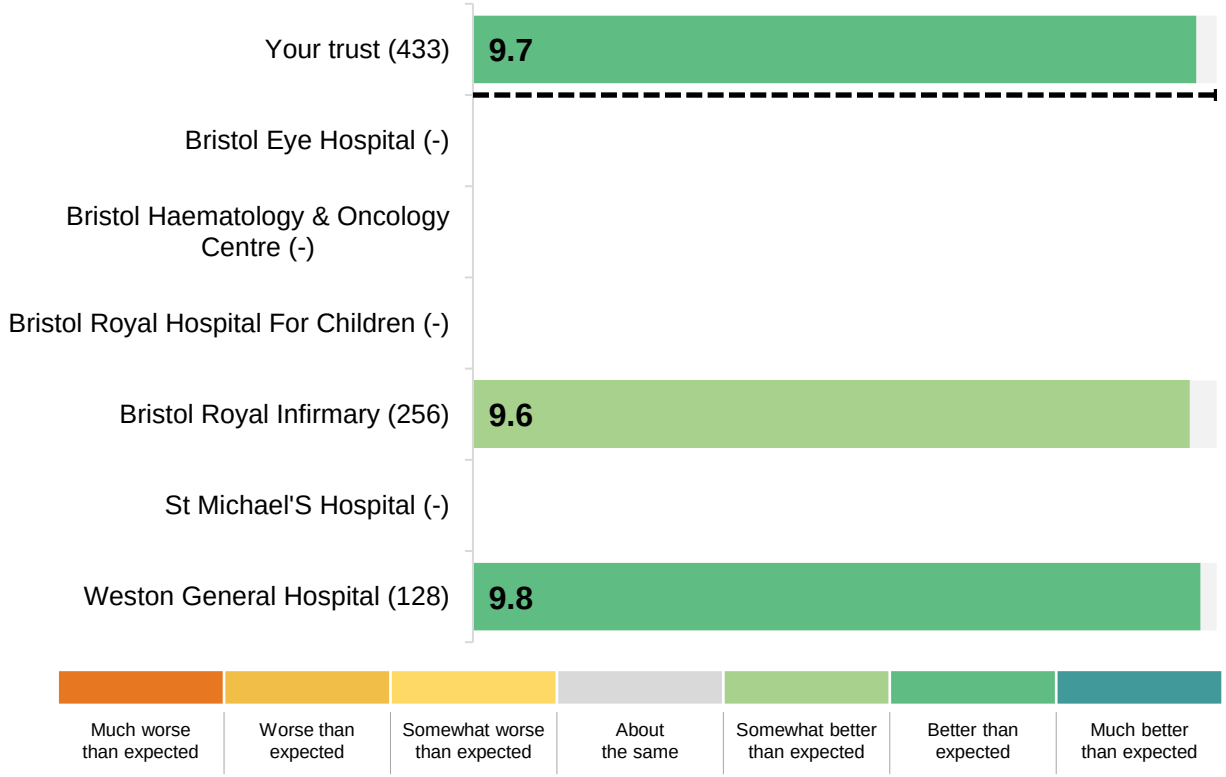
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q16. During your time in hospital, did you get enough to drink?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



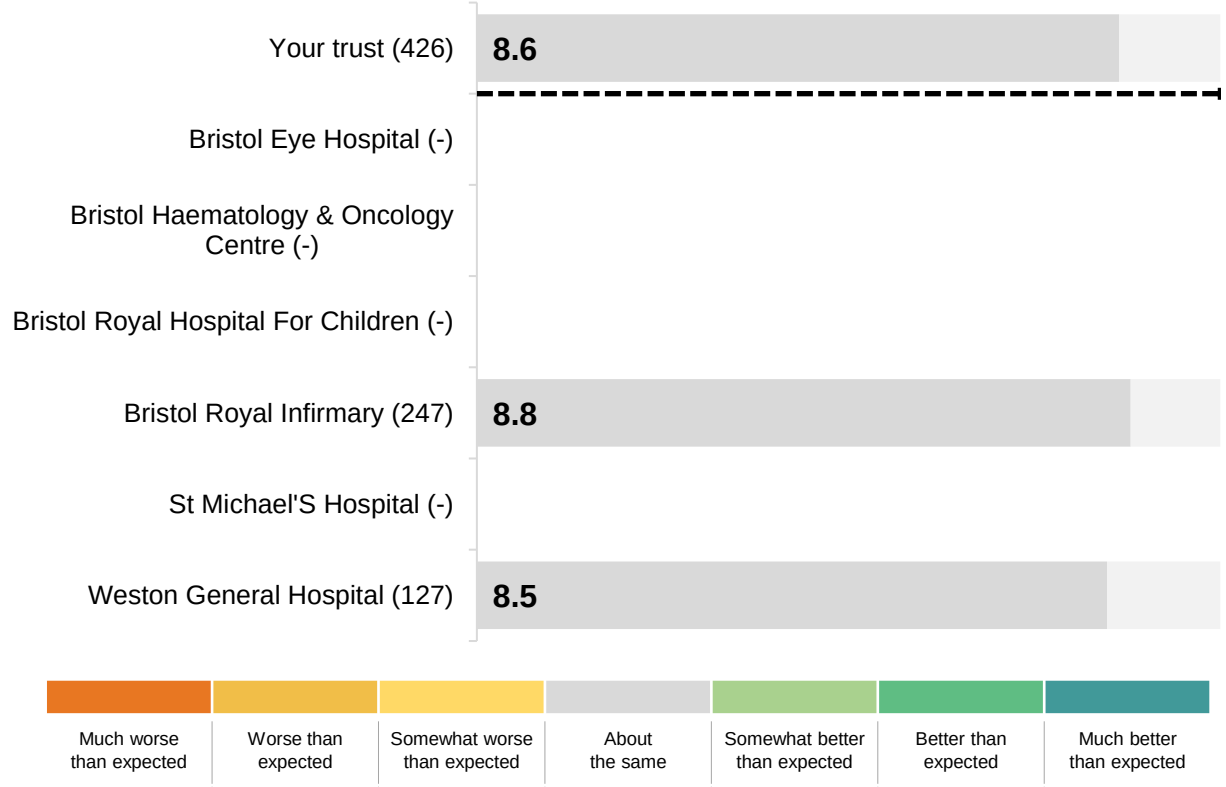
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Doctors

Q17. When you asked doctors questions, did you get answers you could understand?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



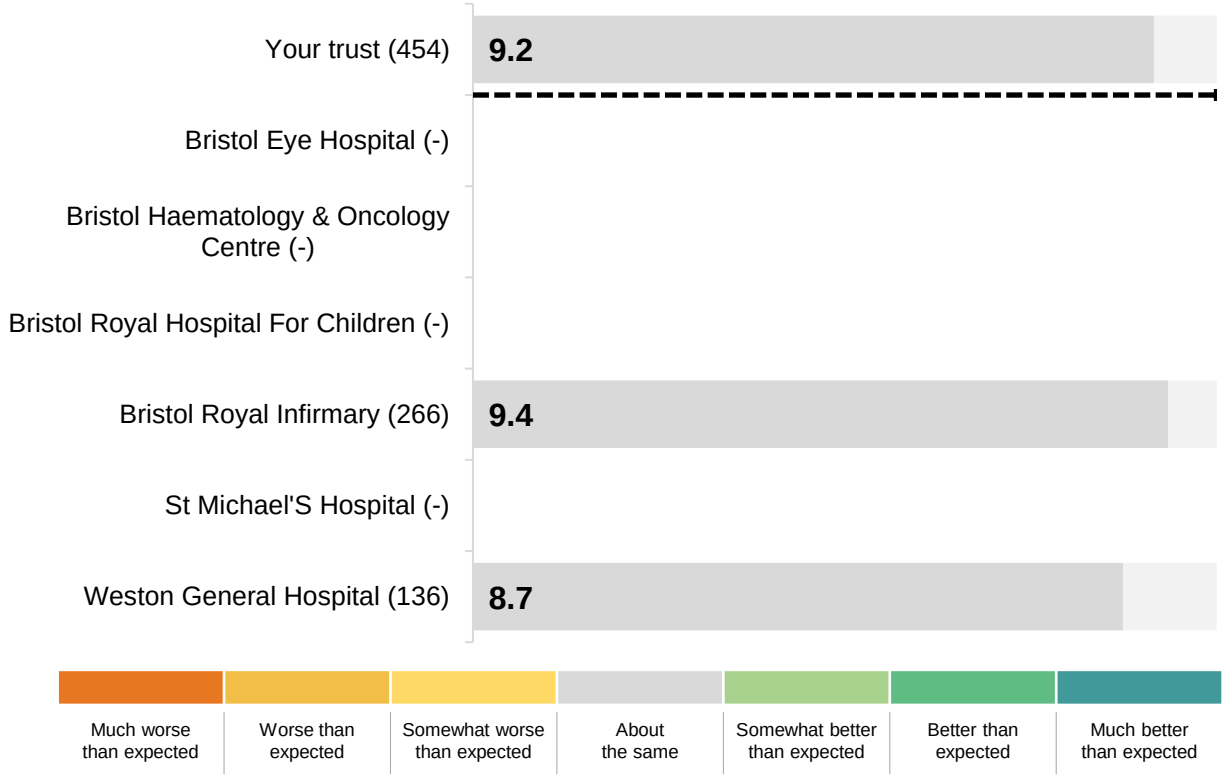
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Doctors

Q18. Did you have confidence and trust in the doctors treating you?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



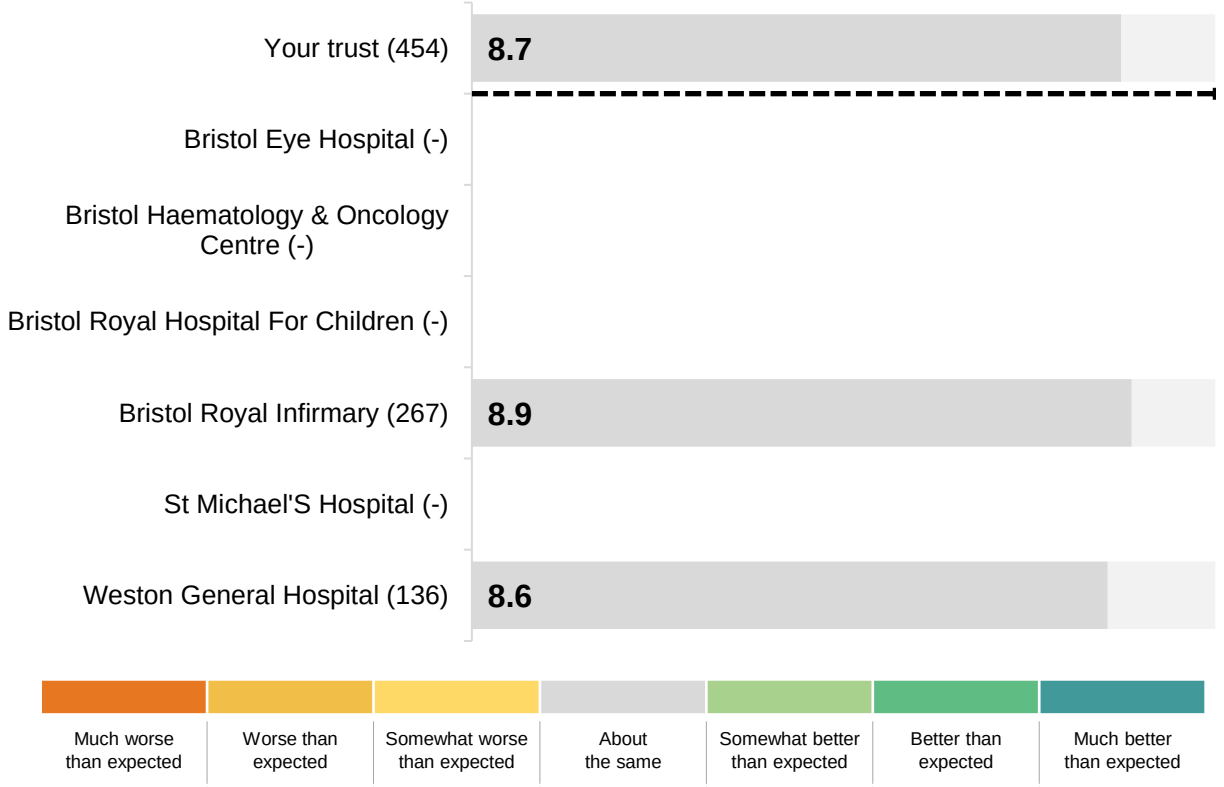
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Doctors

Q19. When doctors spoke about your care in front of you, were you included in the conversation?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



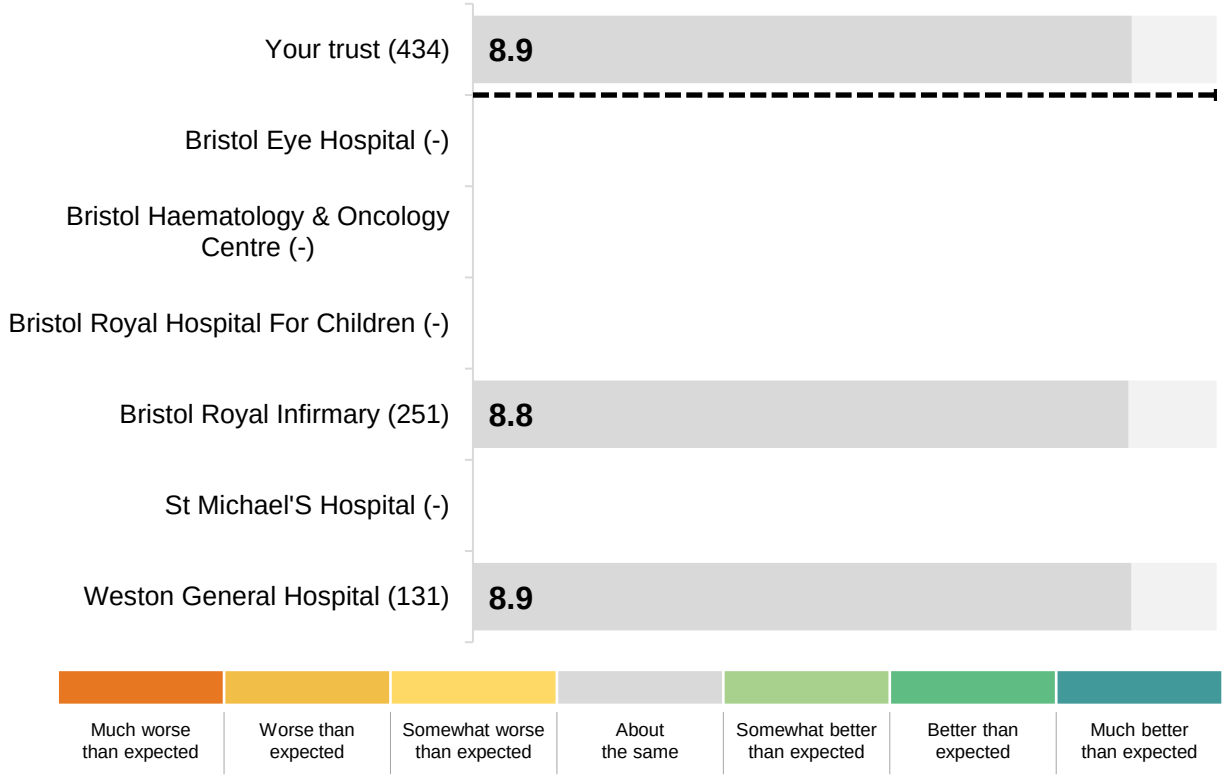
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Nurses

Q20. When you asked nurses questions, did you get answers you could understand?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



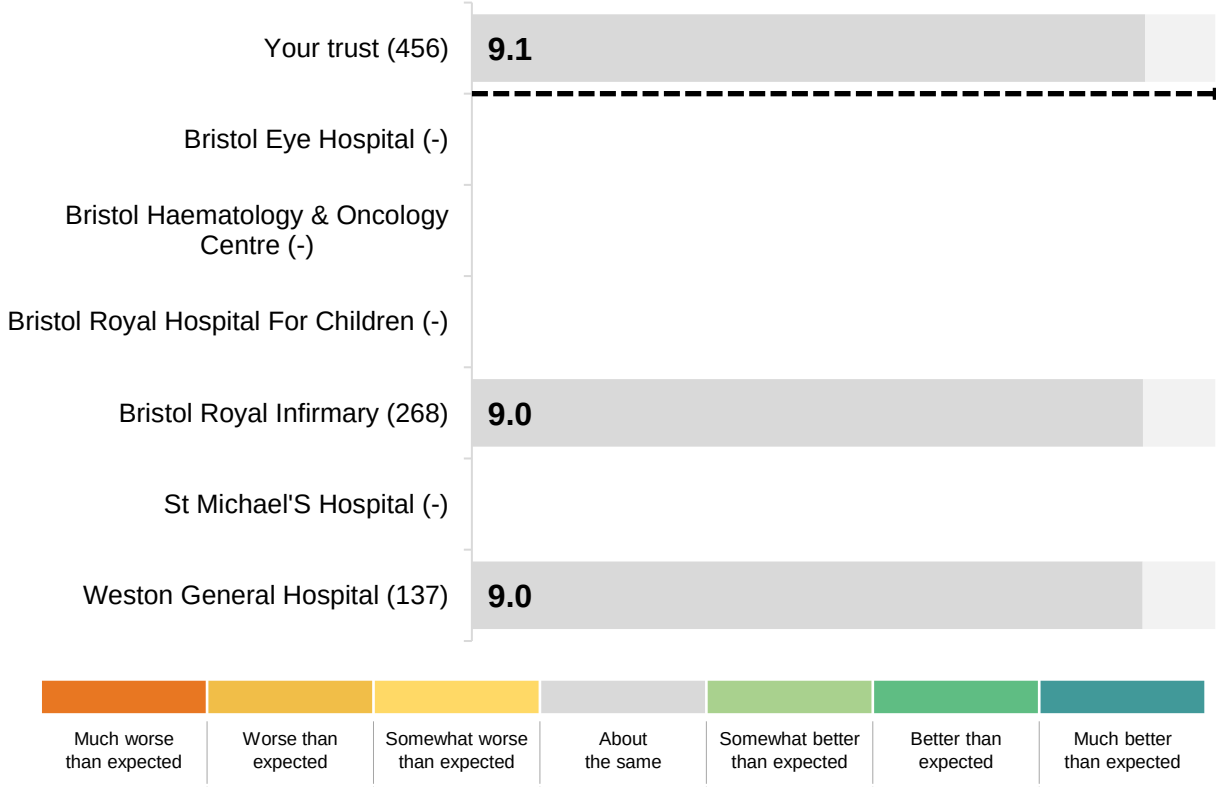
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Nurses

Q21. Did you have confidence and trust in the nurses treating you?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



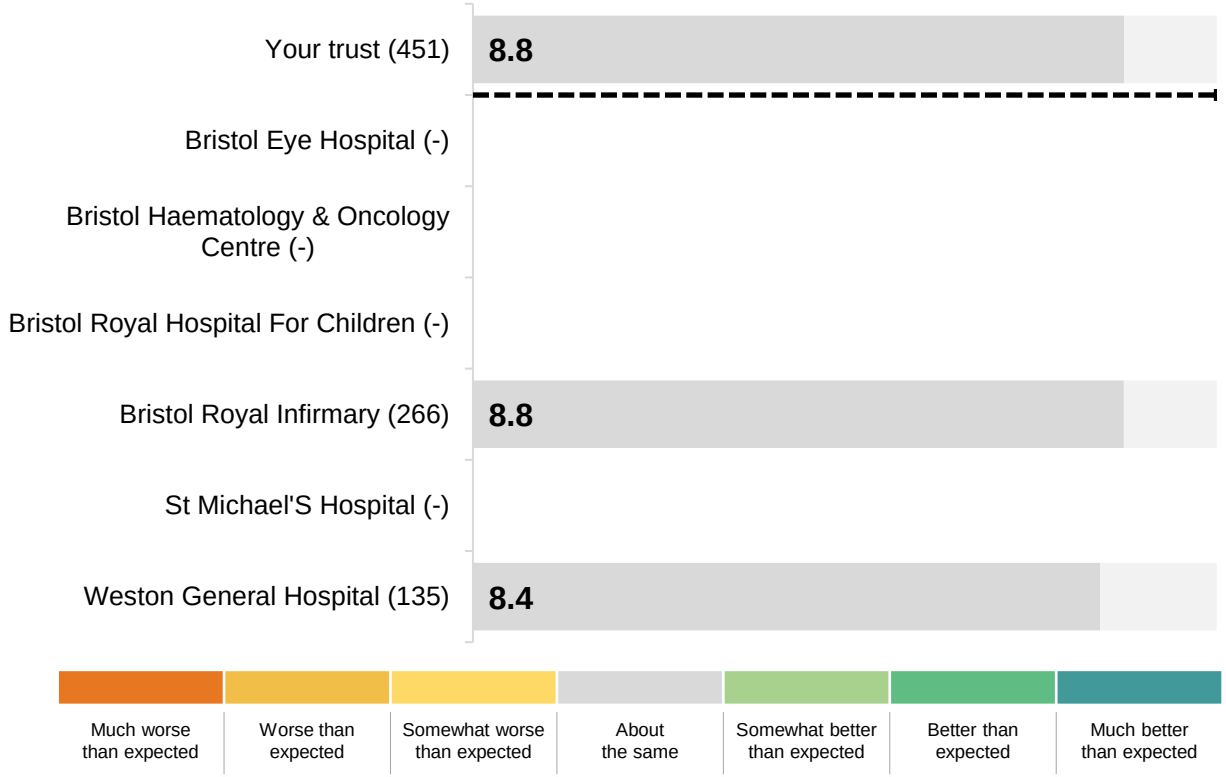
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Nurses

Q22. When nurses spoke about your care in front of you, were you included in the conversation?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



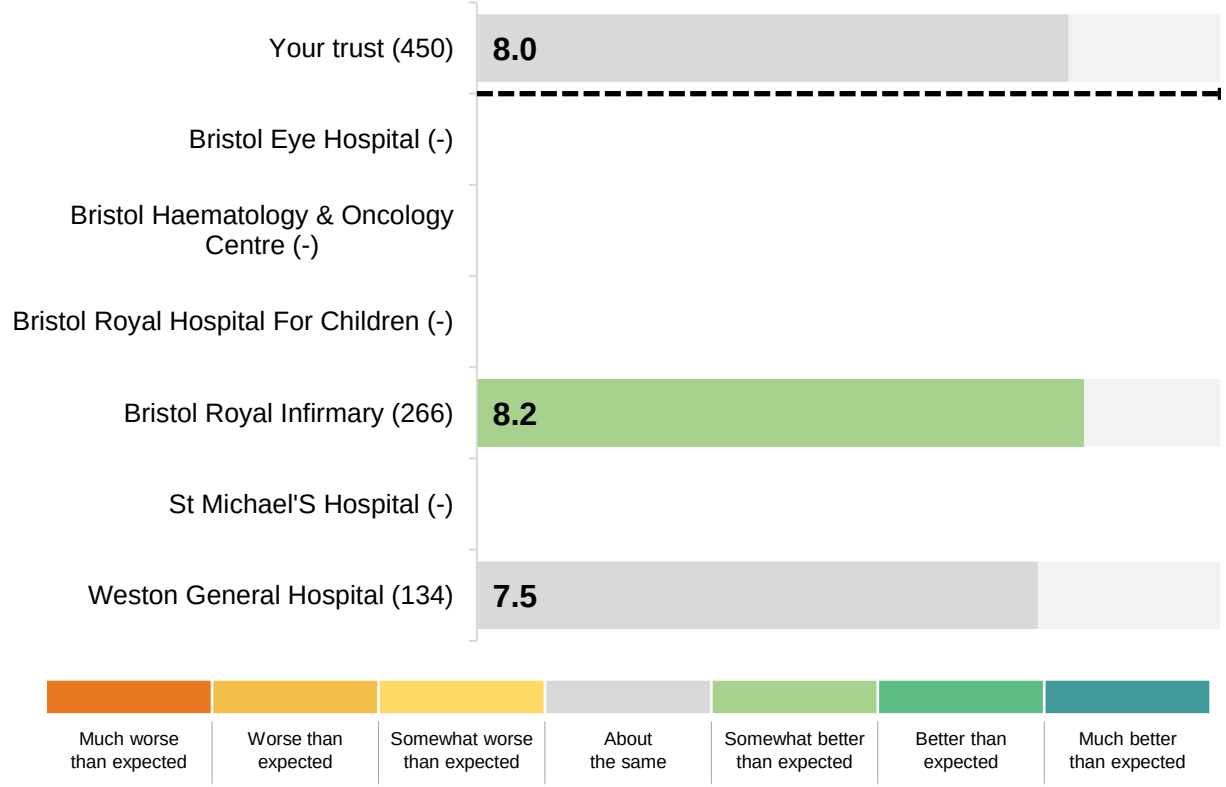
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Nurses

Q23. In your opinion, were there enough nurses on duty to care for you in hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



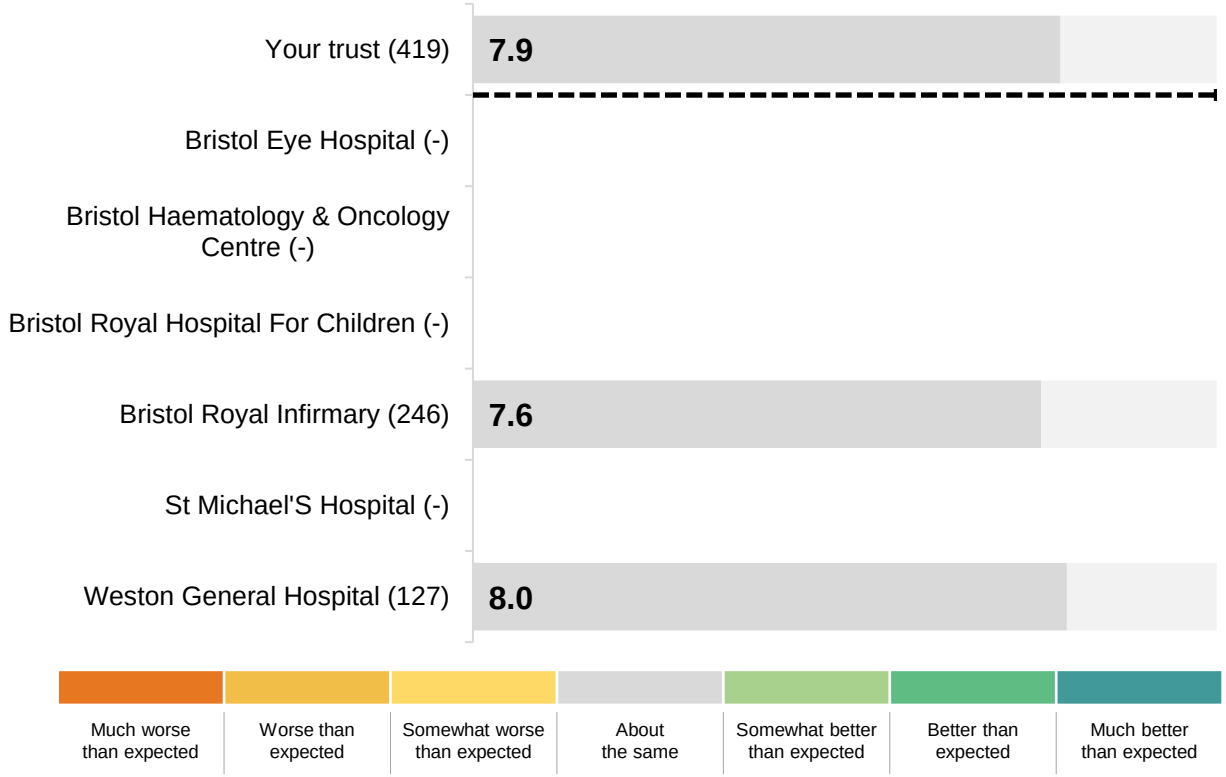
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q24. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



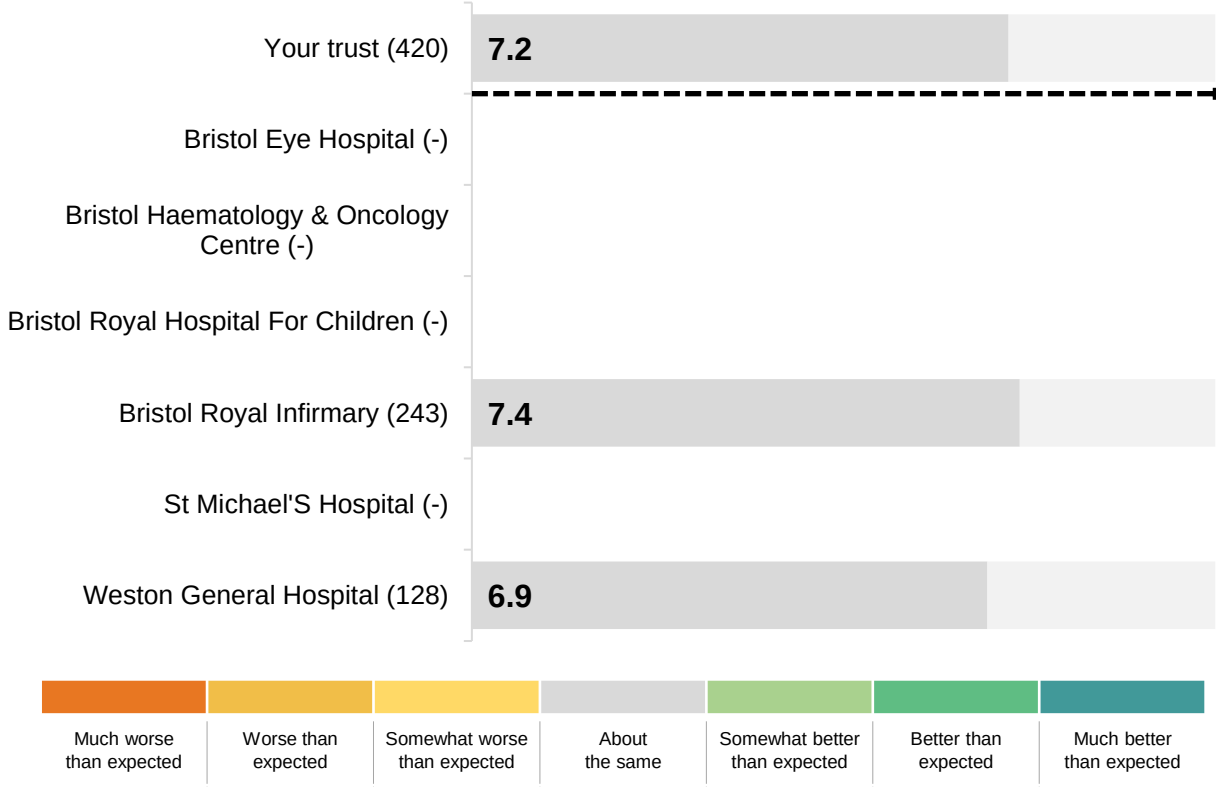
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q25. To what extent did staff looking after you involve you in decisions about your care and treatment?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



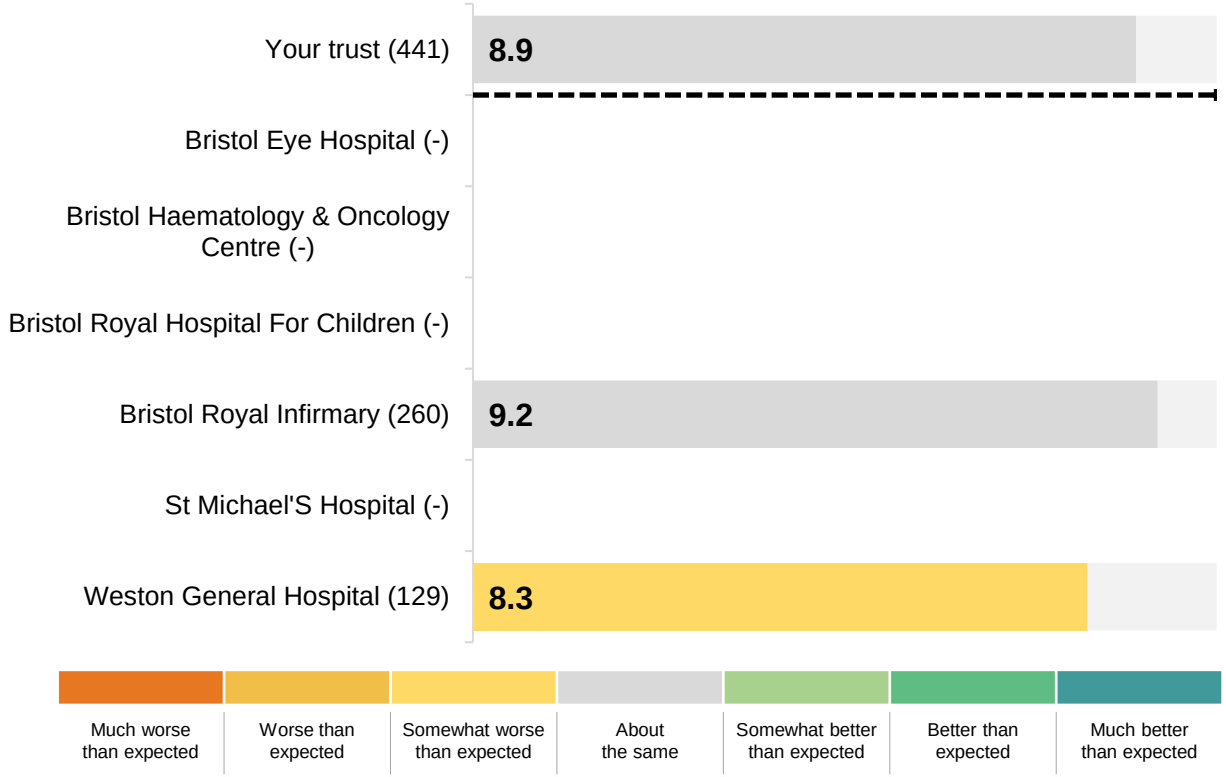
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q26. How much information about your condition or treatment was given to you?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



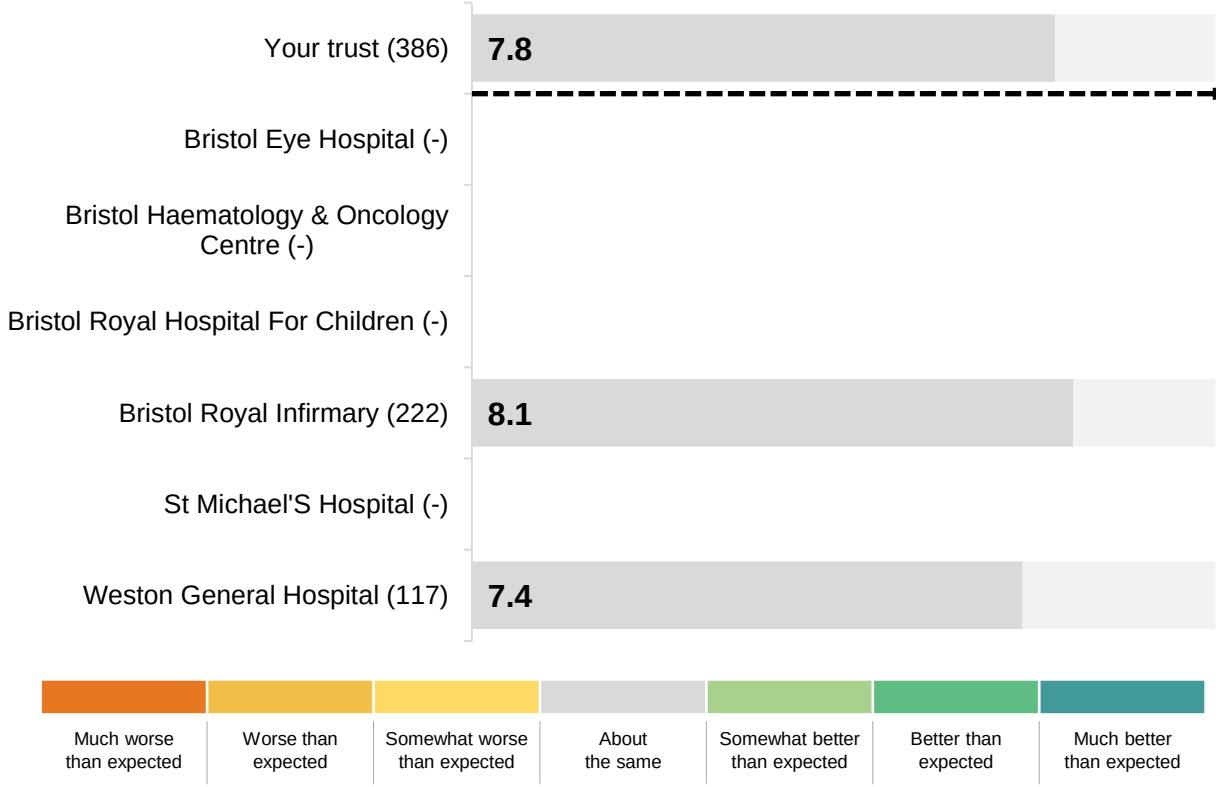
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q27. Did you feel able to talk to members of hospital staff about your worries and fears?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



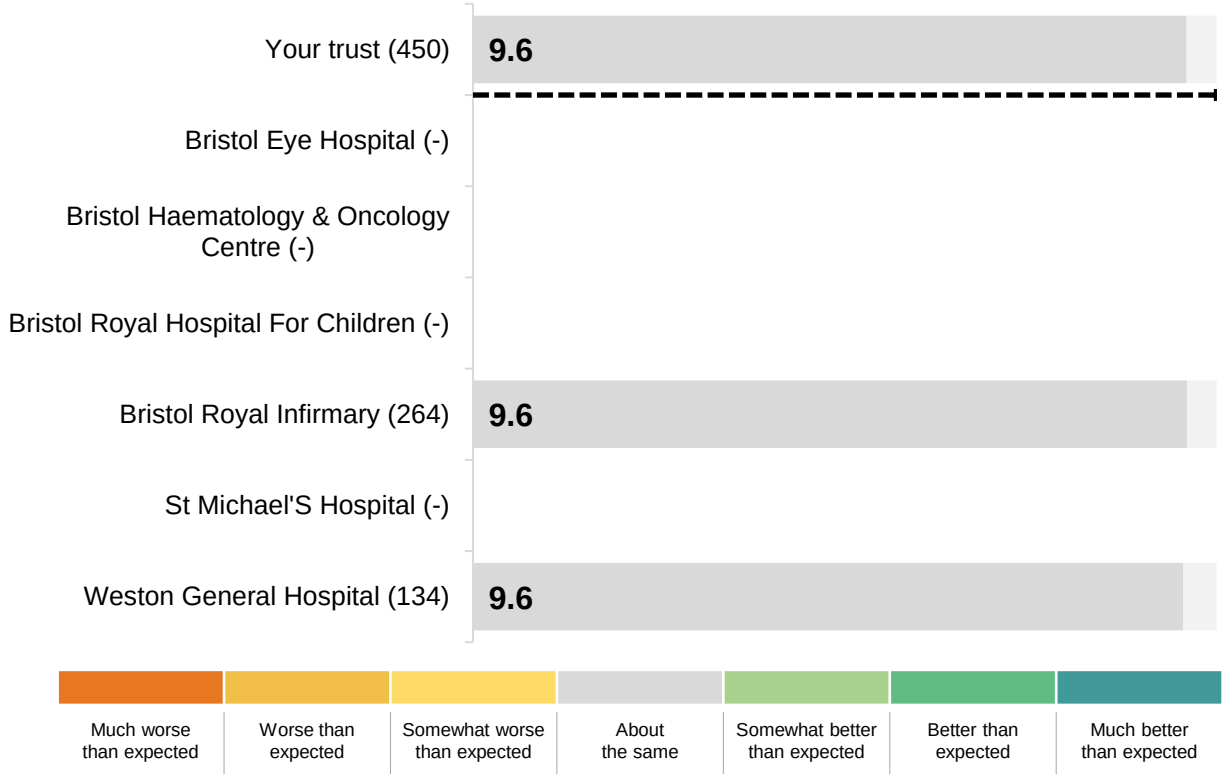
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q28. Were you given enough privacy when being examined or treated?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



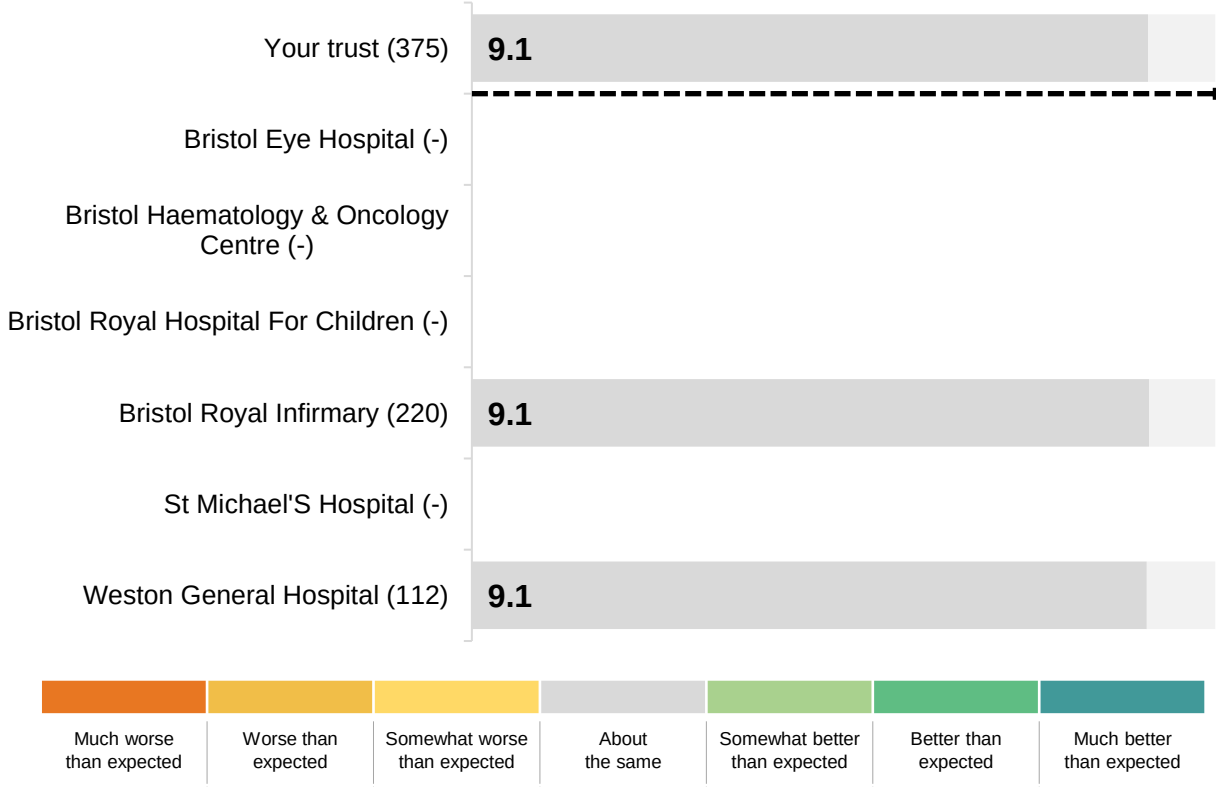
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q29. Do you think the hospital staff did everything they could to help control your pain?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



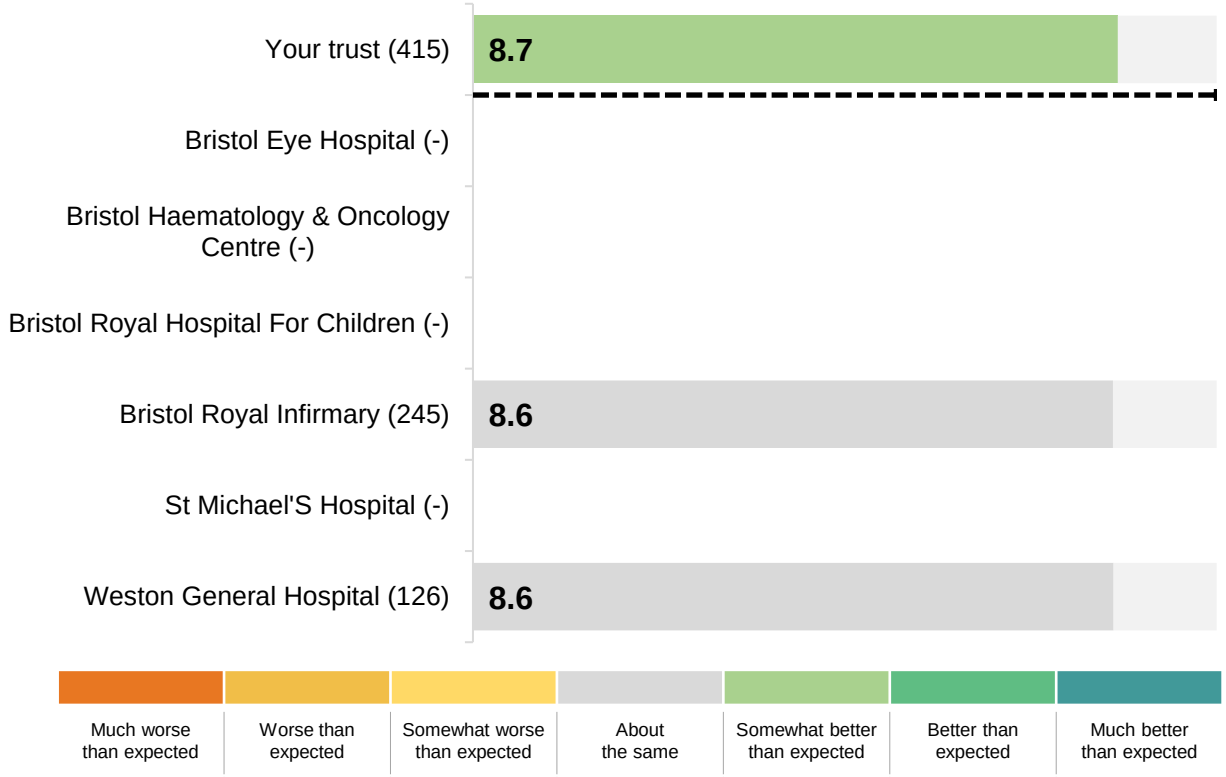
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q30. Were you able to get a member of staff to help you when you needed attention?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



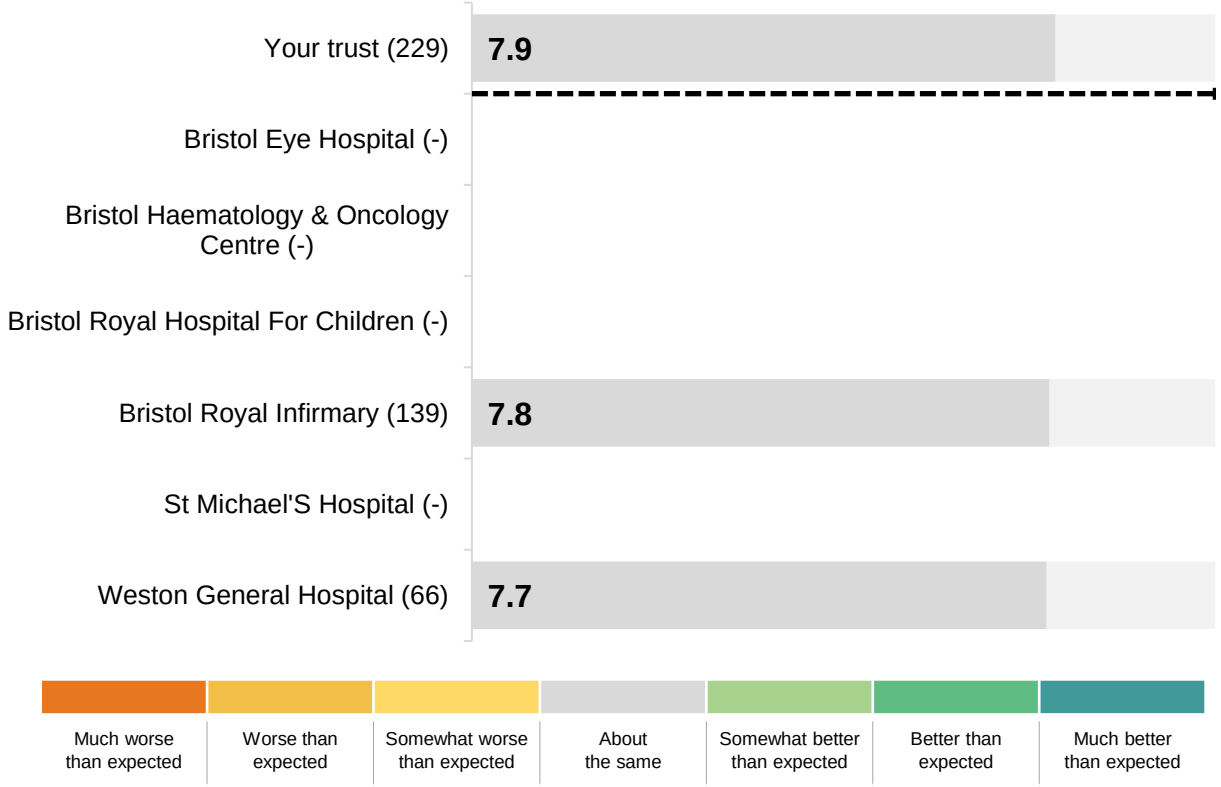
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q31. Did the hospital staff take into account your existing individual needs?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



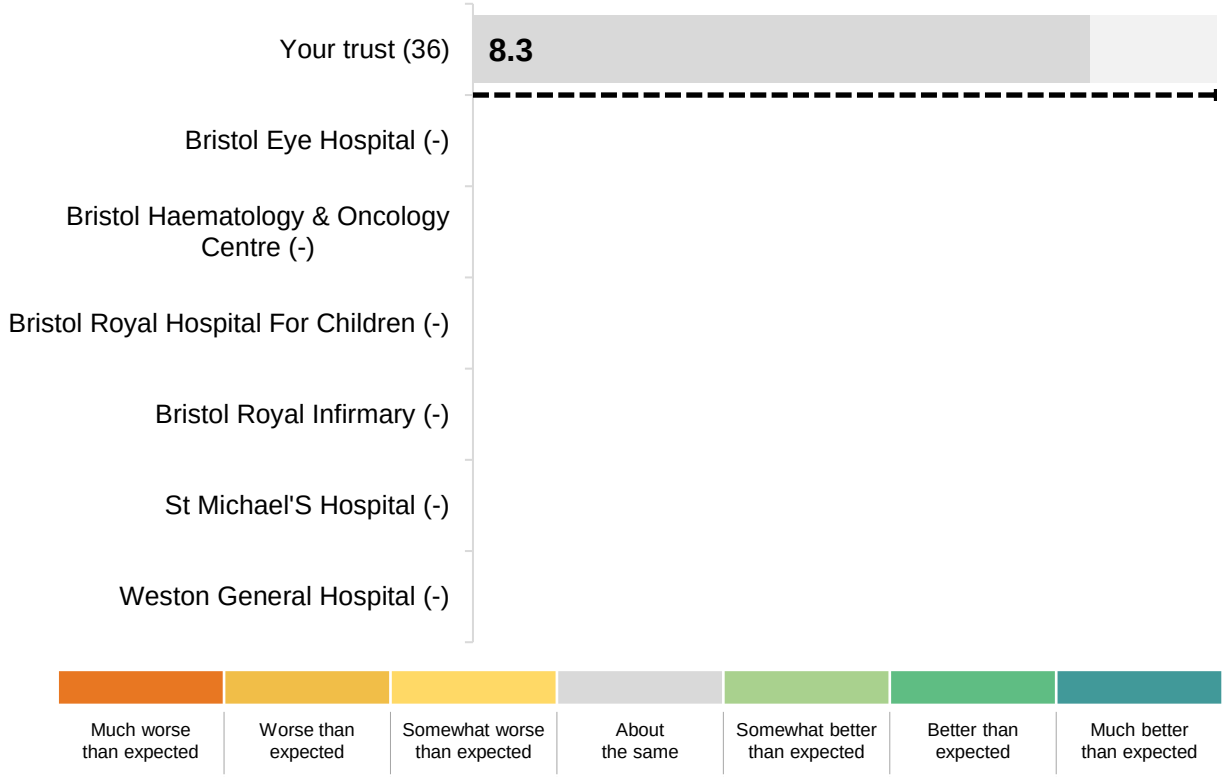
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Virtual wards

Q33. Were you given enough information about the care and treatment you would receive while on a virtual ward?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



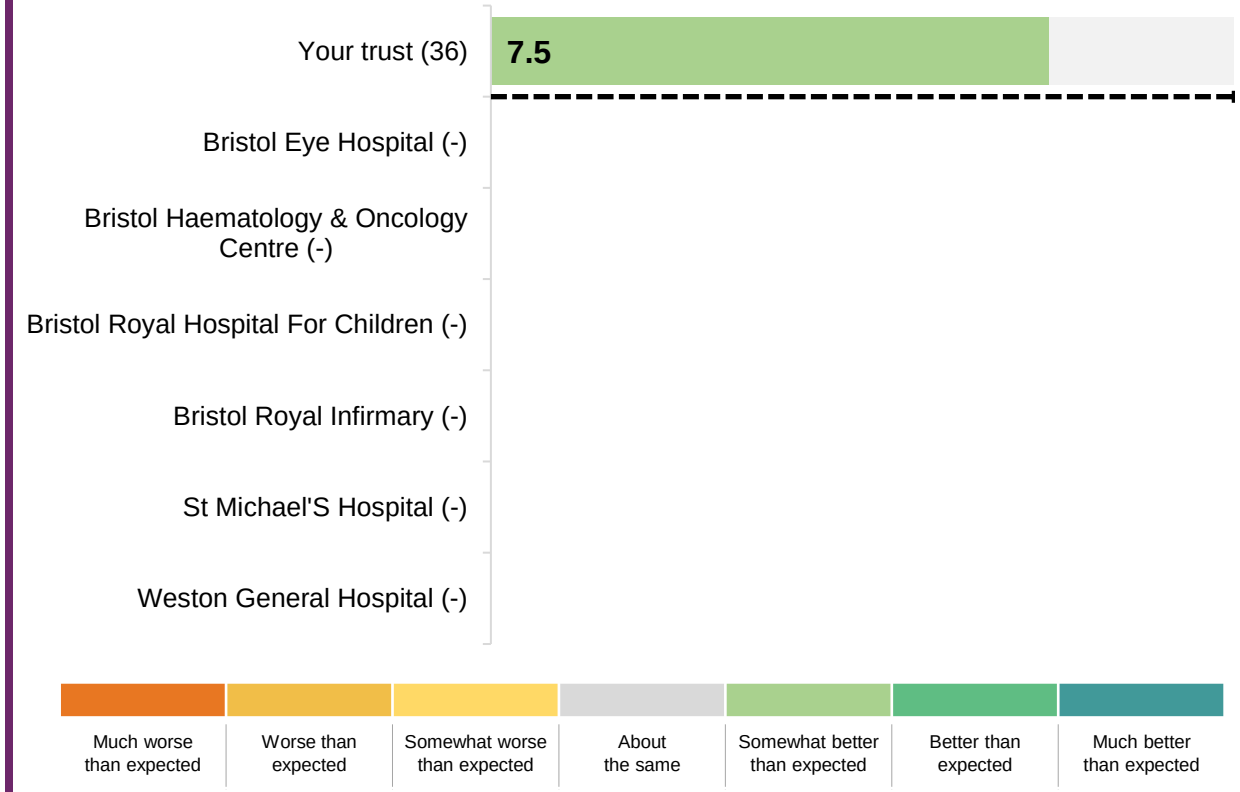
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Virtual wards

Q34. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



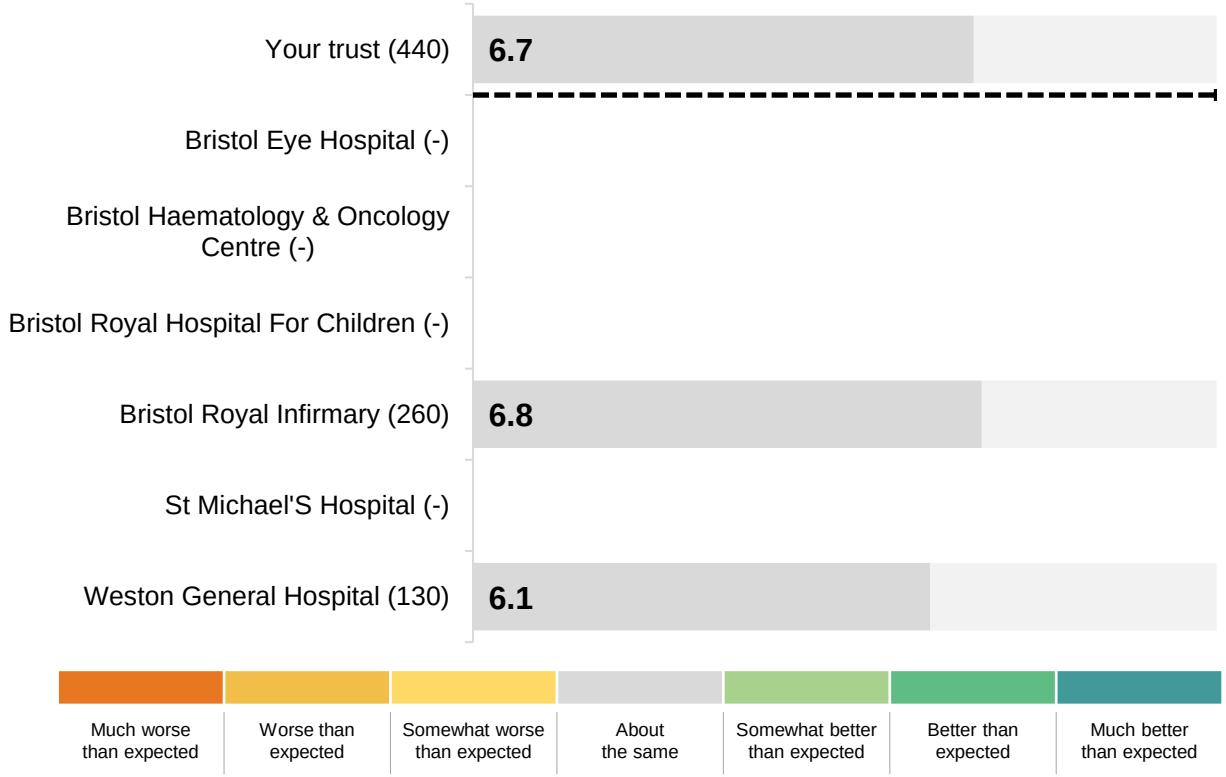
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q35. To what extent did staff involve you in decisions about you leaving hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



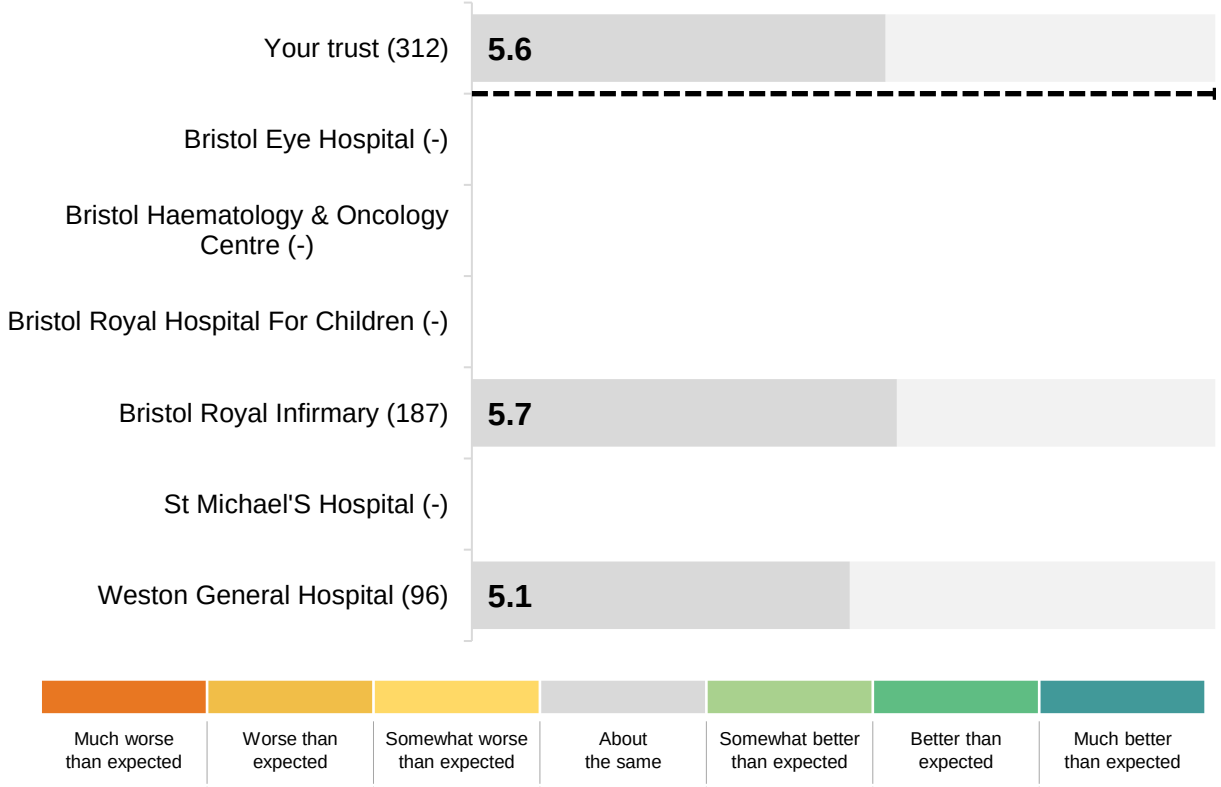
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



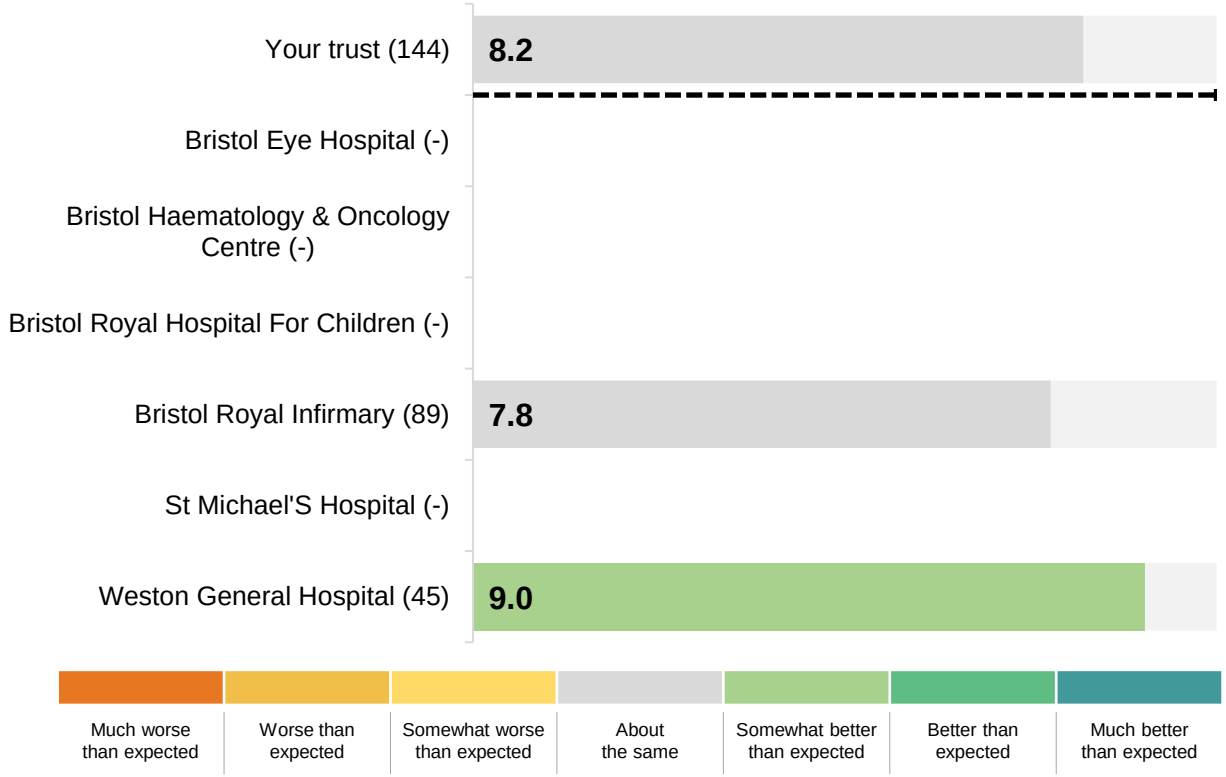
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



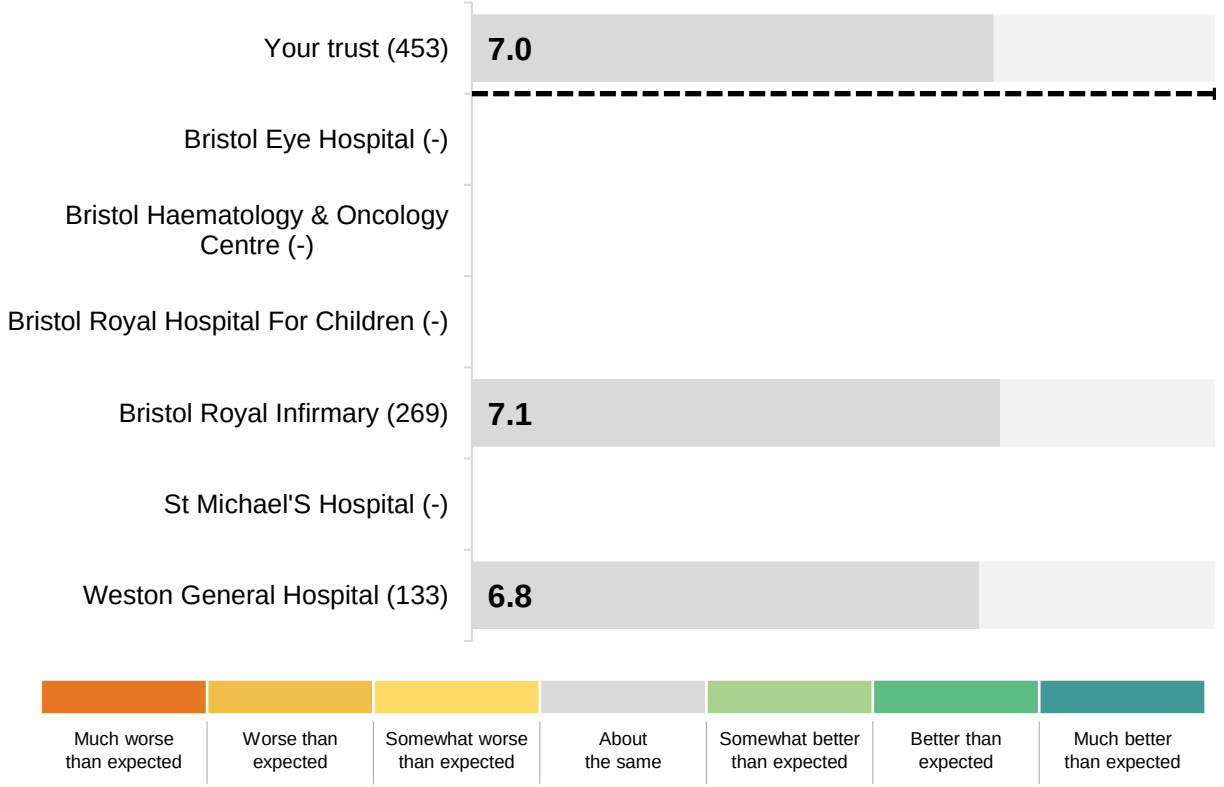
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q38. Were you given enough notice about when you were going to leave hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



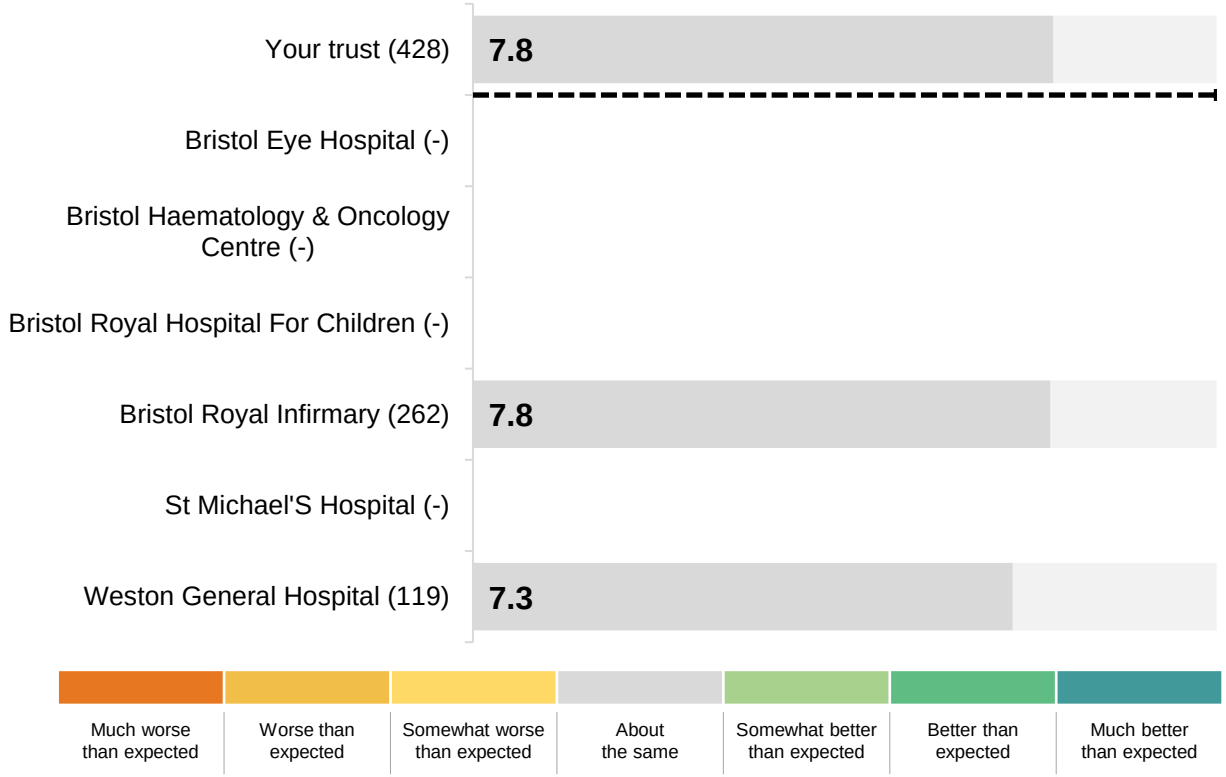
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



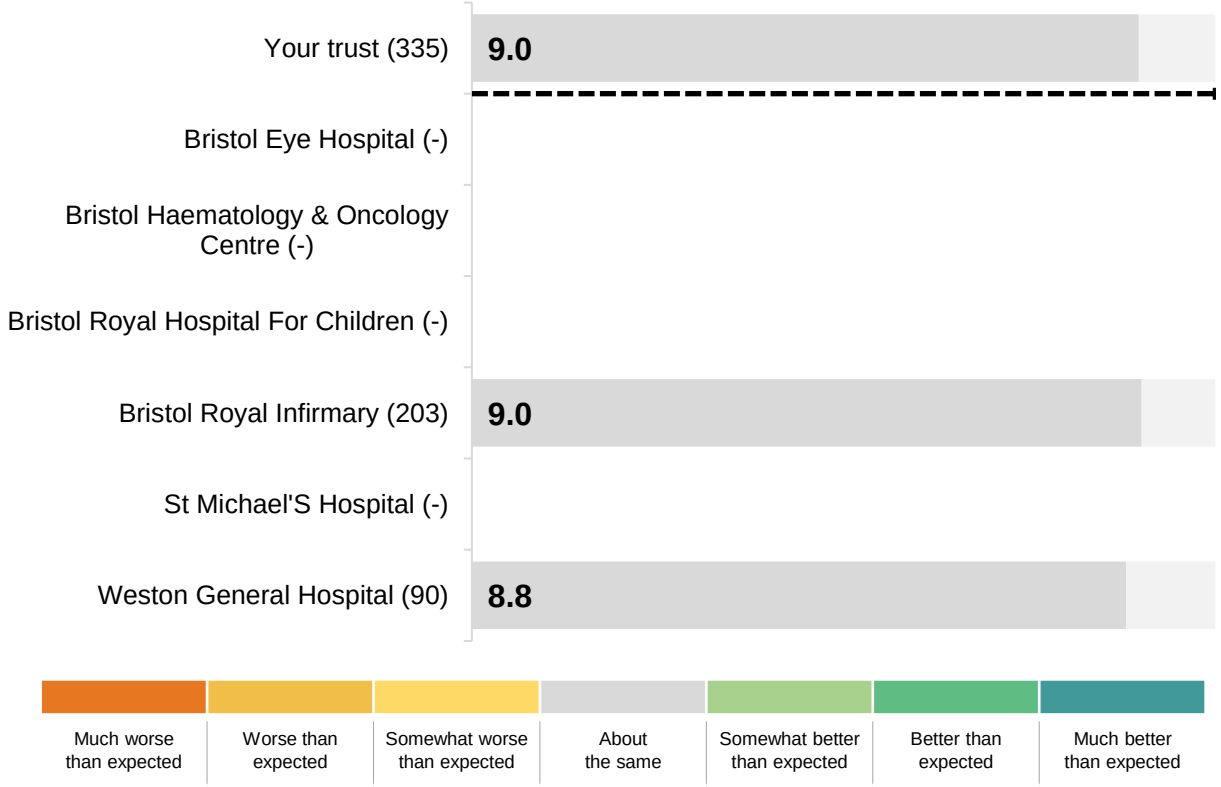
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



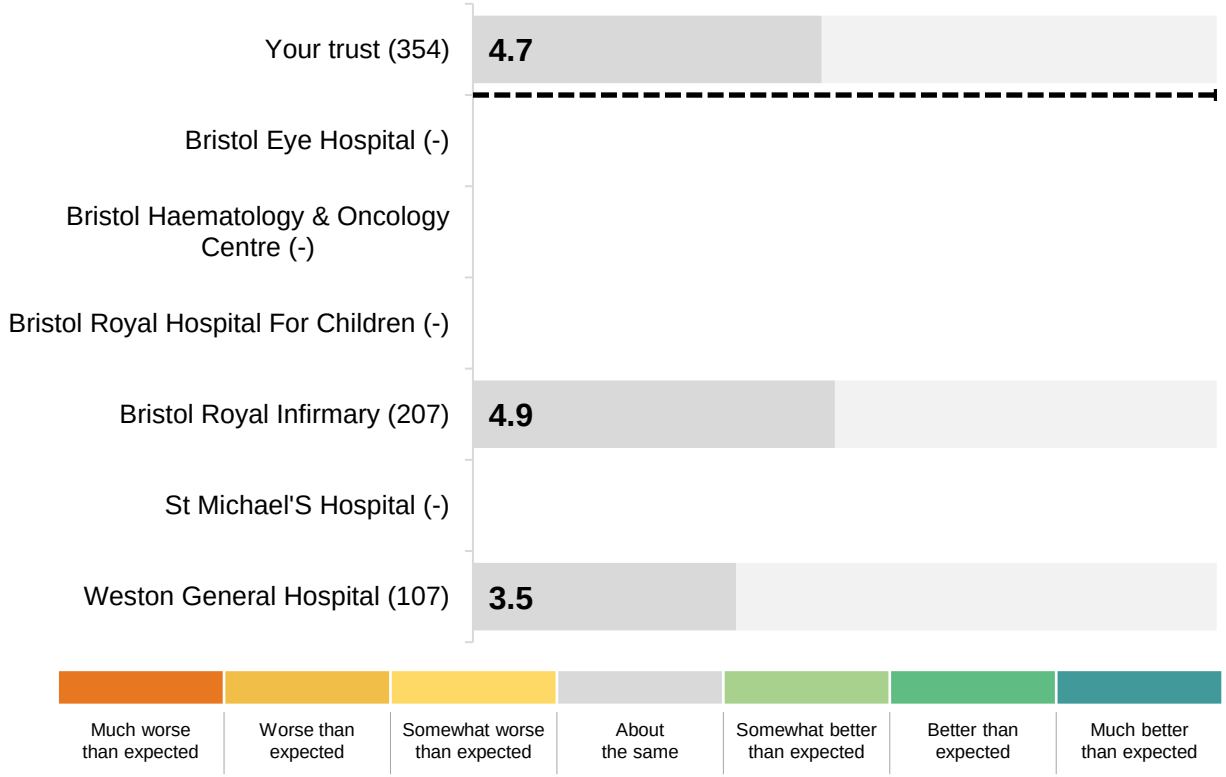
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q41. Thinking about any medicine you were to take at home, were you given any of the following?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



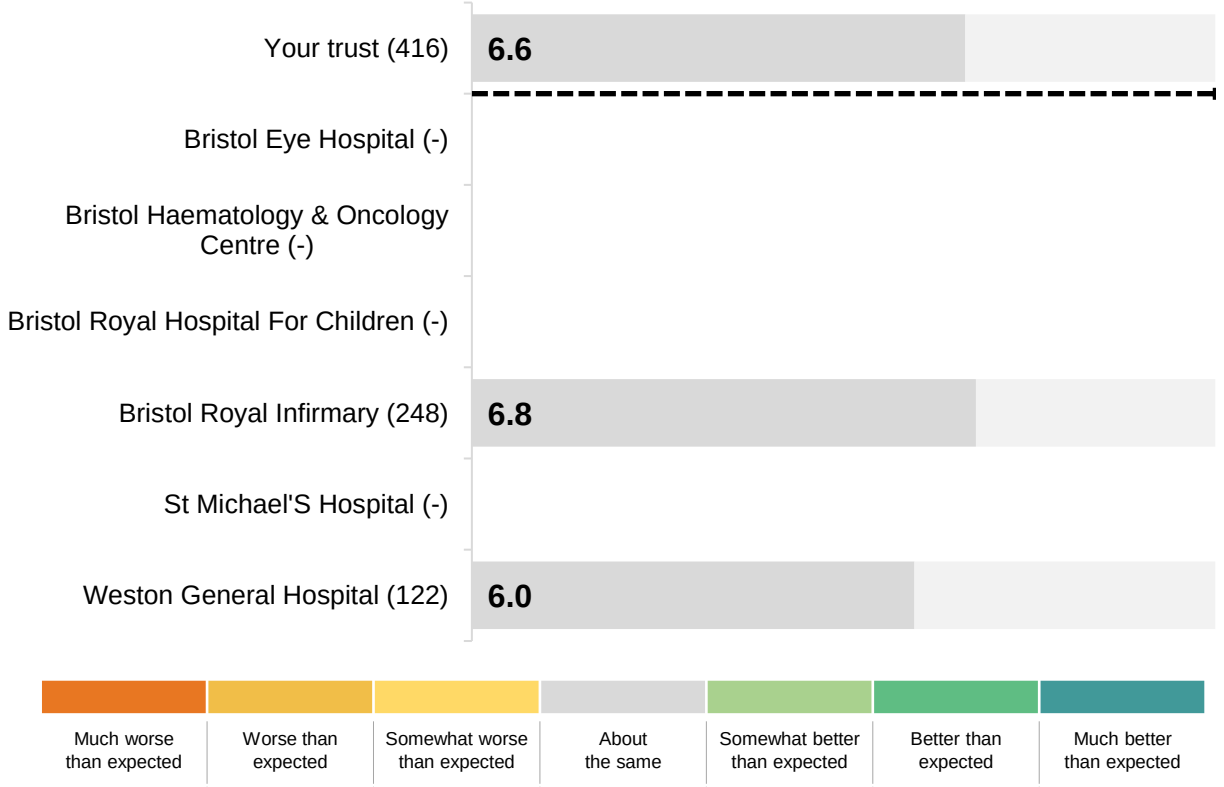
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q42. Before you left hospital, did you know what would happen next with your care?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



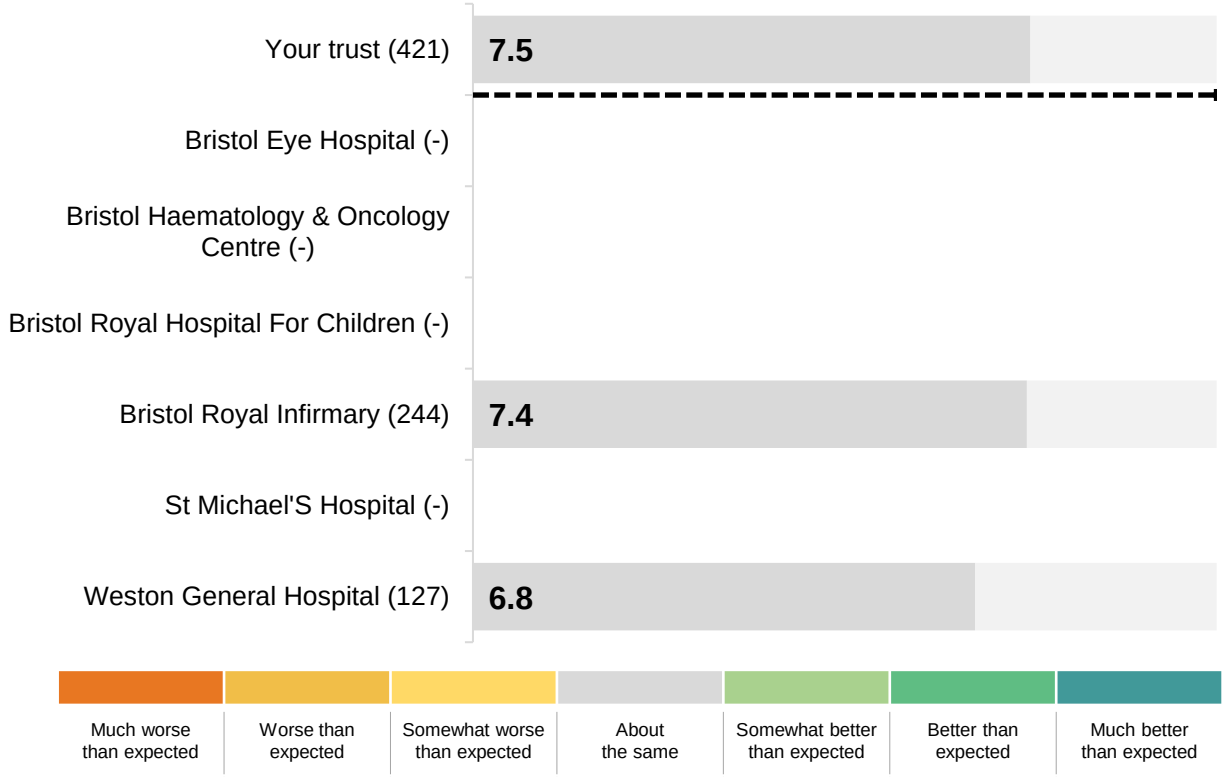
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



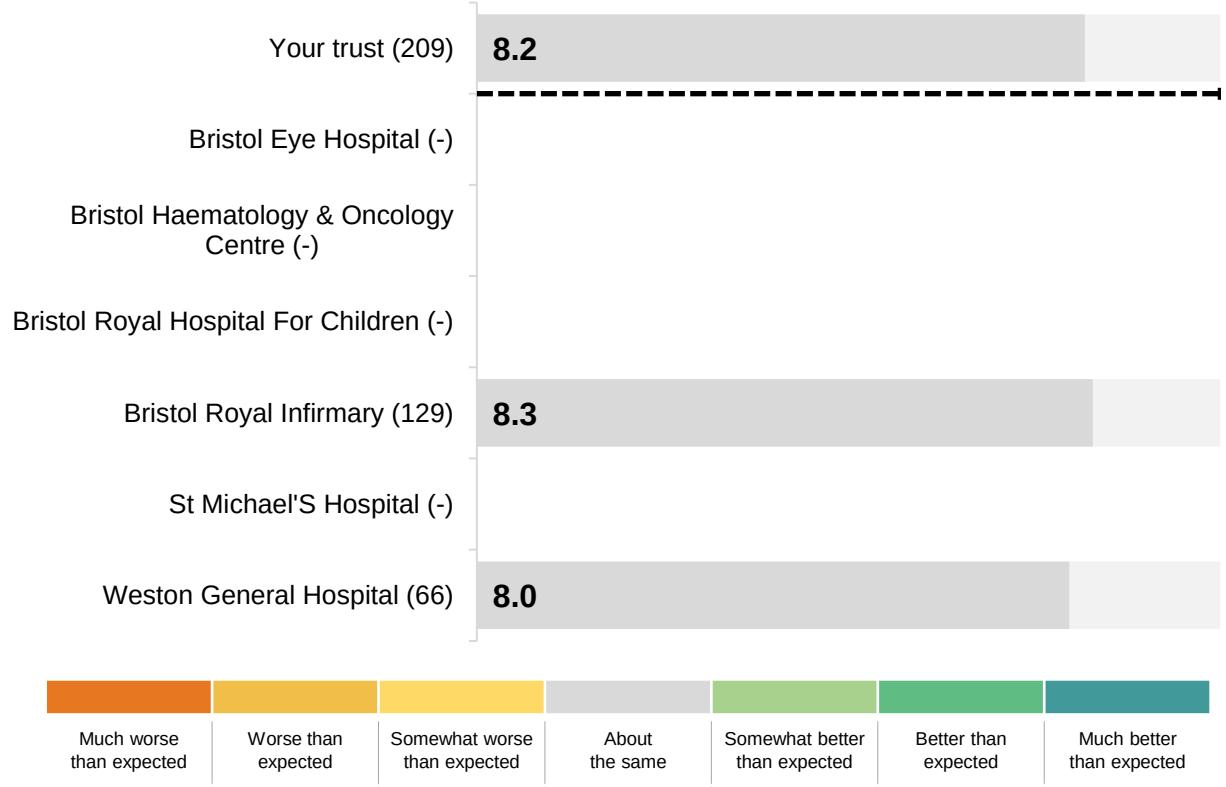
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



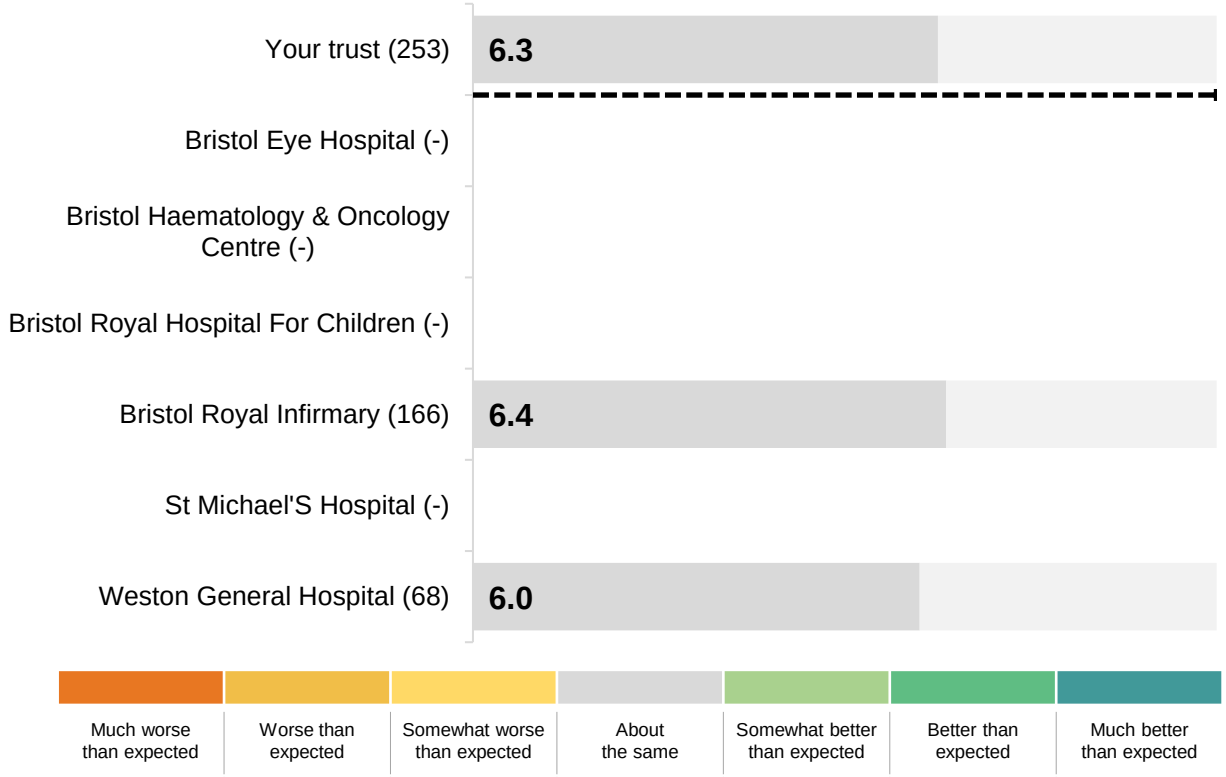
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Leaving hospital

Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



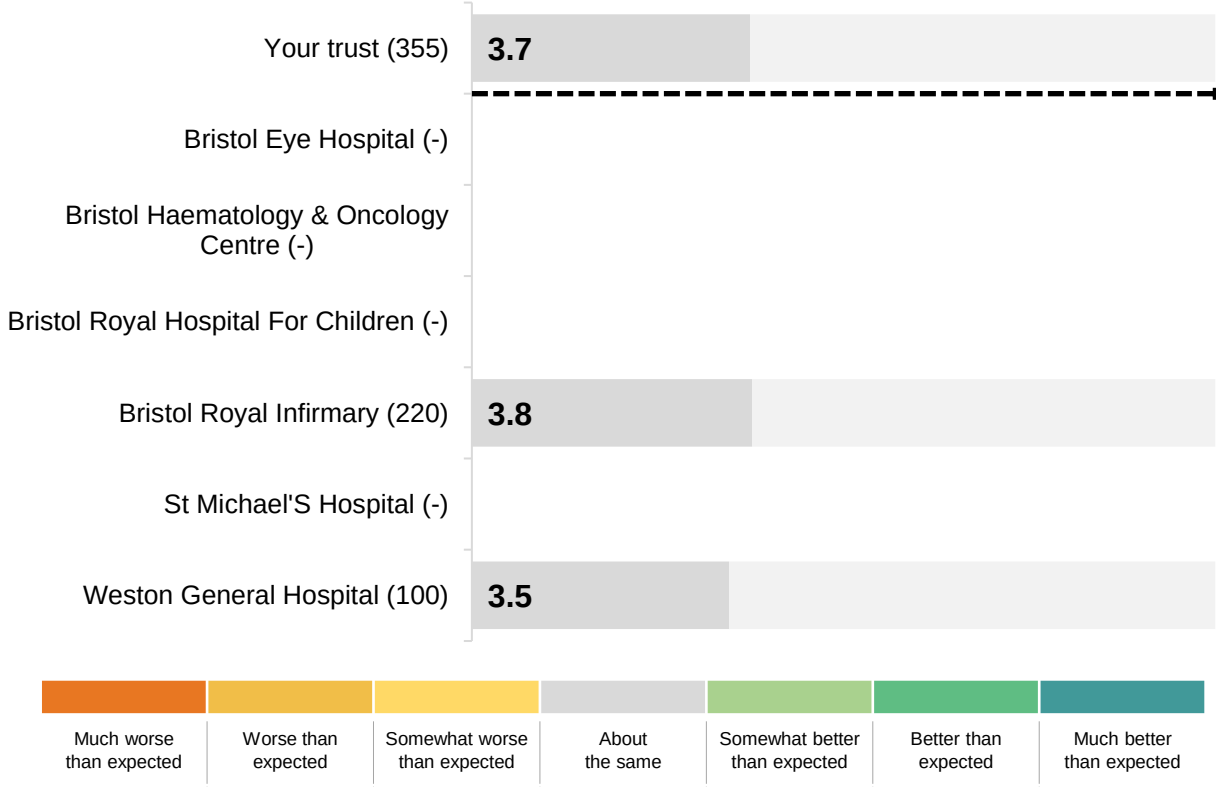
Please note: the number of respondents is shown in brackets next to the site name

Section 8. Feedback on quality of care

Q50. During your hospital stay, were you given the opportunity to give your views on the quality of your care?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



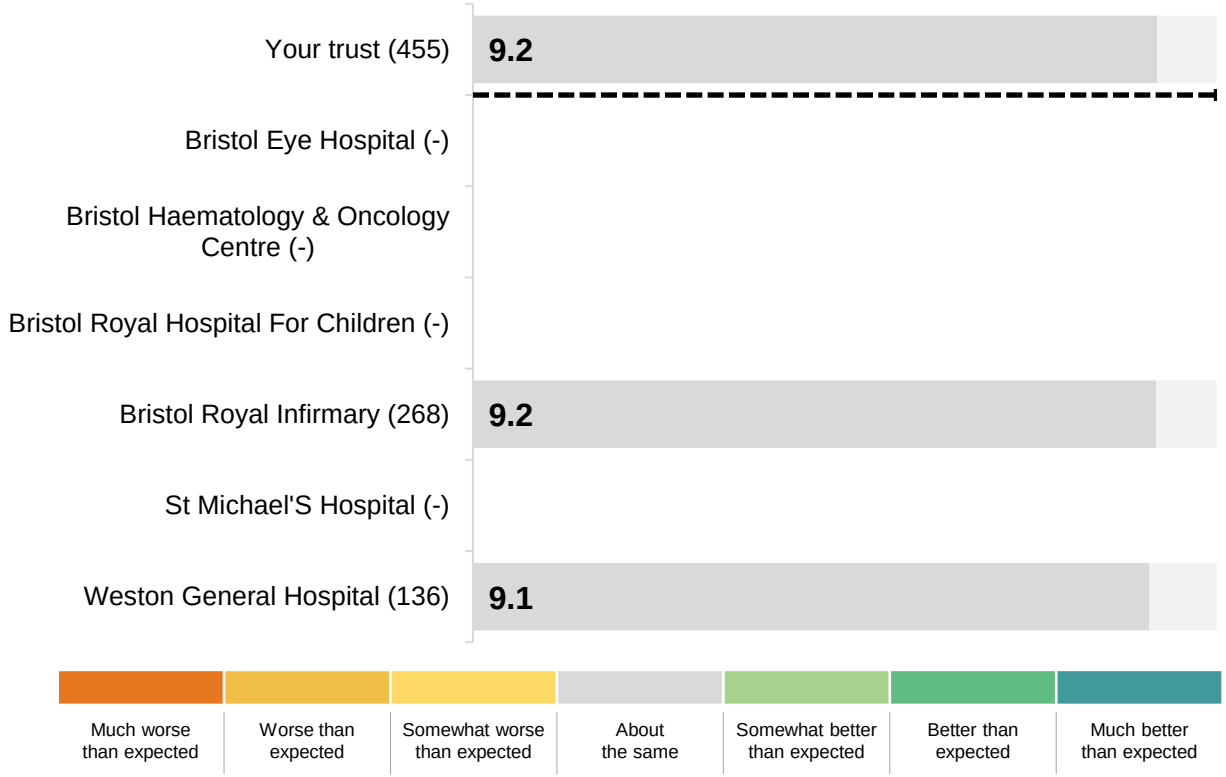
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Kindness and compassion

Q47. Overall, did you feel you were treated with kindness and compassion while you were in the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



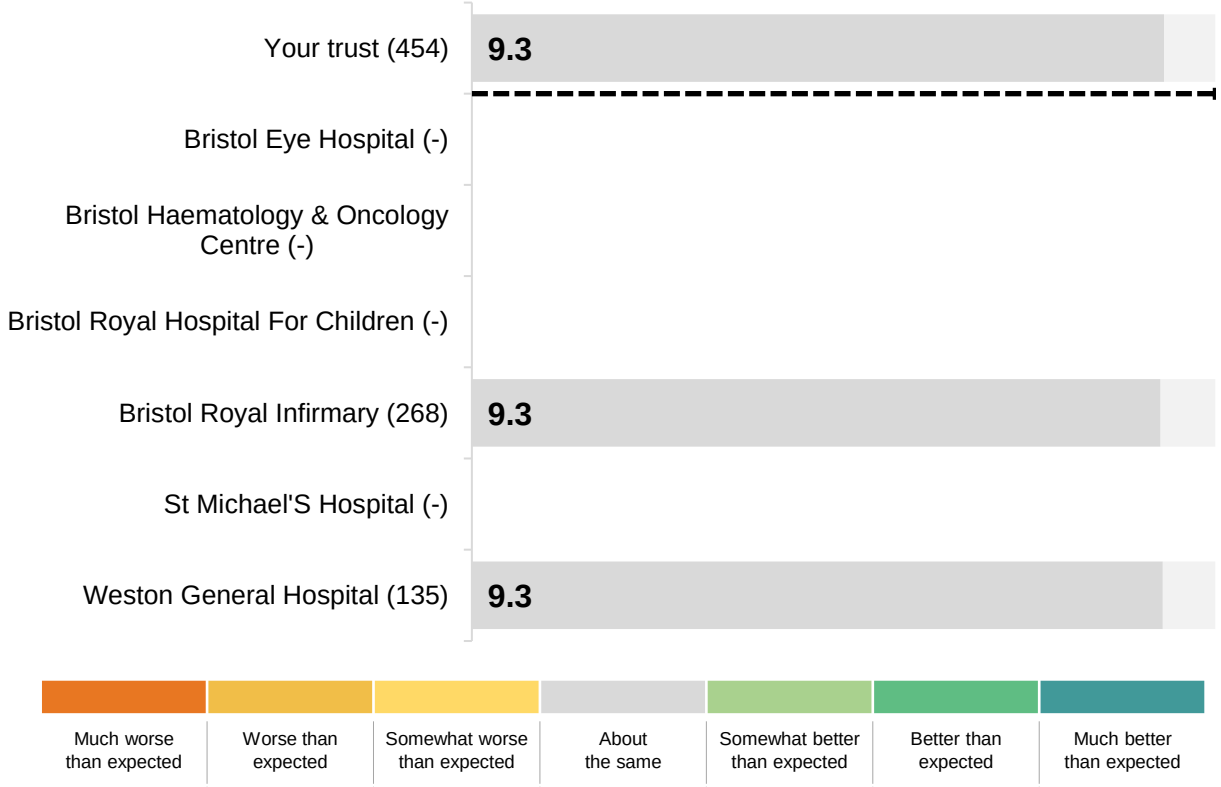
Please note: the number of respondents is shown in brackets next to the site name

Section 10. Respect and dignity

Q48. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



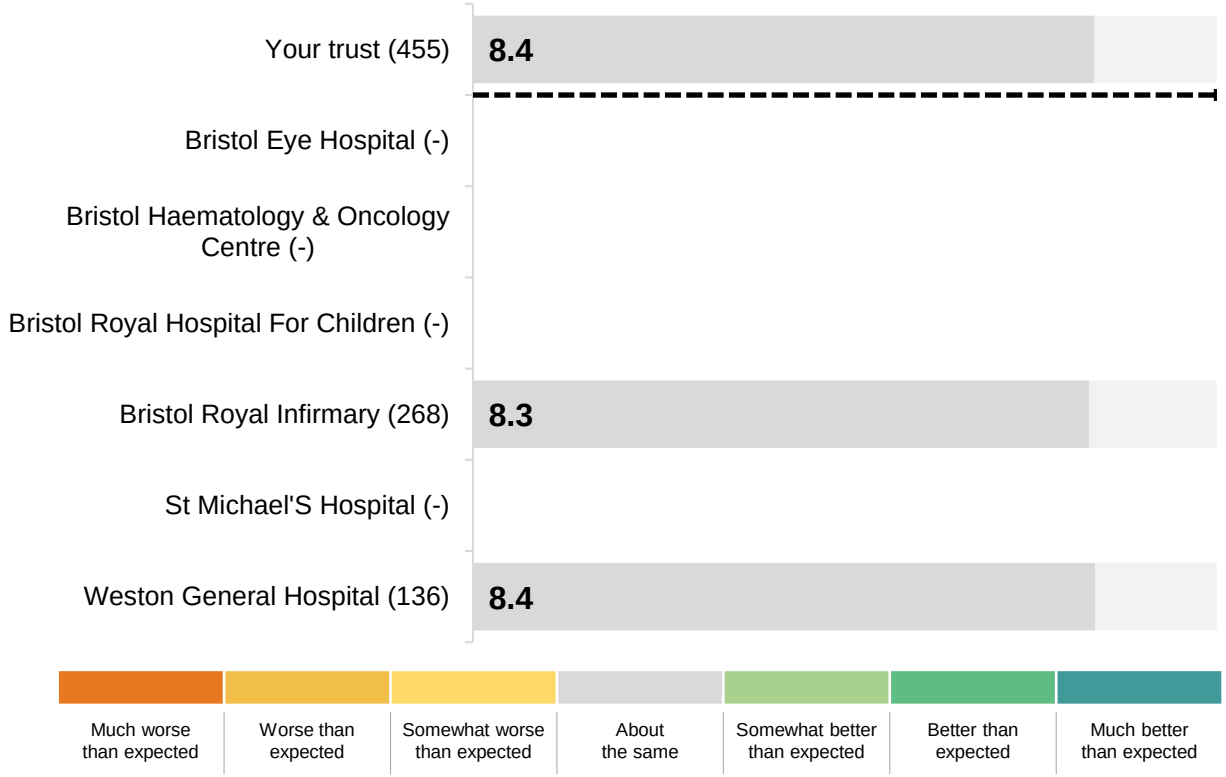
Please note: the number of respondents is shown in brackets next to the site name

Section 11. Overall experience

Q49. Overall, how was your experience while you were in the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



Please note: the number of respondents is shown in brackets next to the site name

Change over time

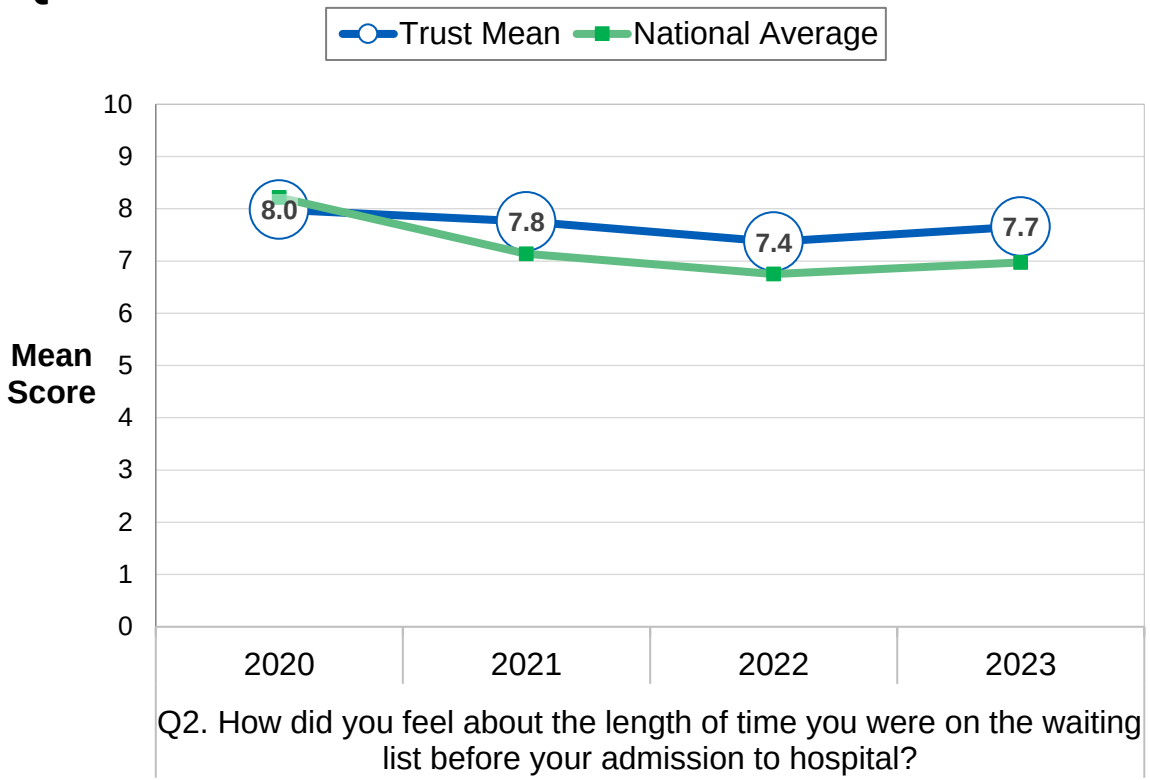
This section includes:

- your mean trust score for each evaluative question in the survey.
- where comparable data is available, statistical significance testing using a two sample t-test has been carried out against the 2021 and 2022 survey results for each relevant question. Where a change in results is shown as ‘significant’, this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust.
- the following questions were new or changed for 2023 and therefore are not included in this section: Q4, Q6, Q31, Q33, Q34, Q47, Q50.

  Please note: If data is missing for a survey year, this is due to a low number of responses, or because the trust data was not included in the survey that year, due to sampling errors or ineligibility.

Section 1. Admission to hospital

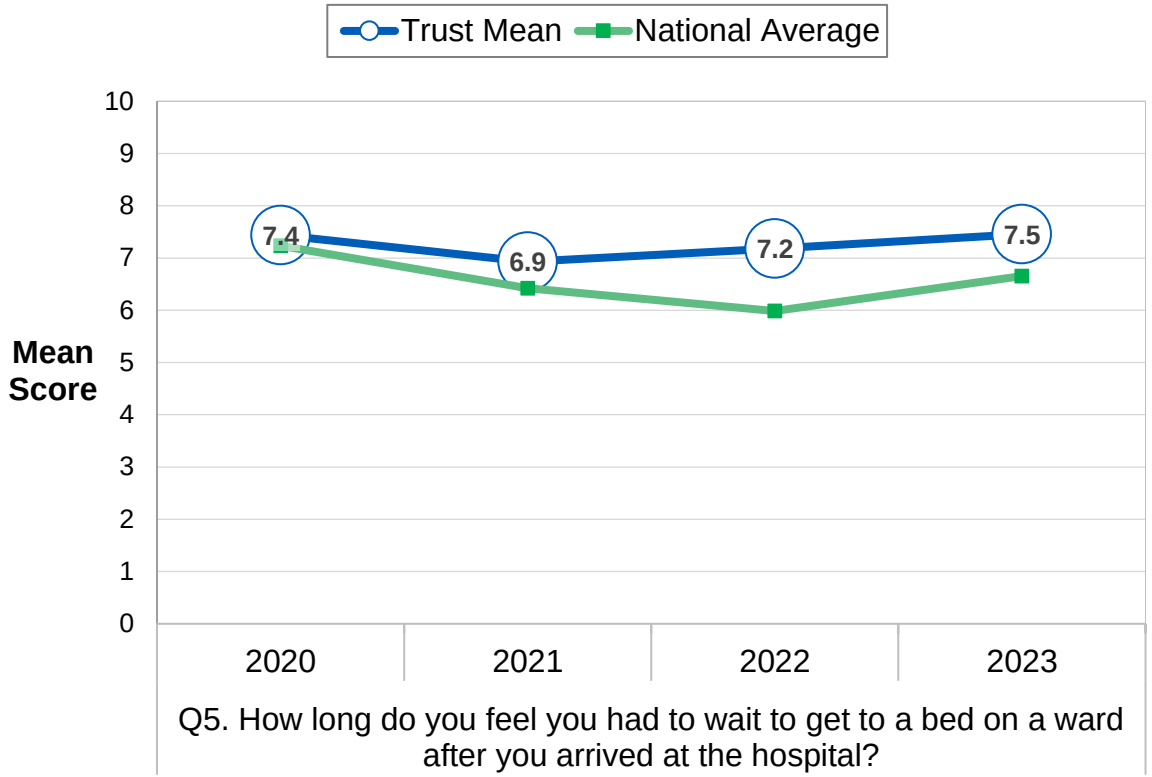
Question scores



Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2020: 102; 2021: 139; 2022: 117; 2023: 111



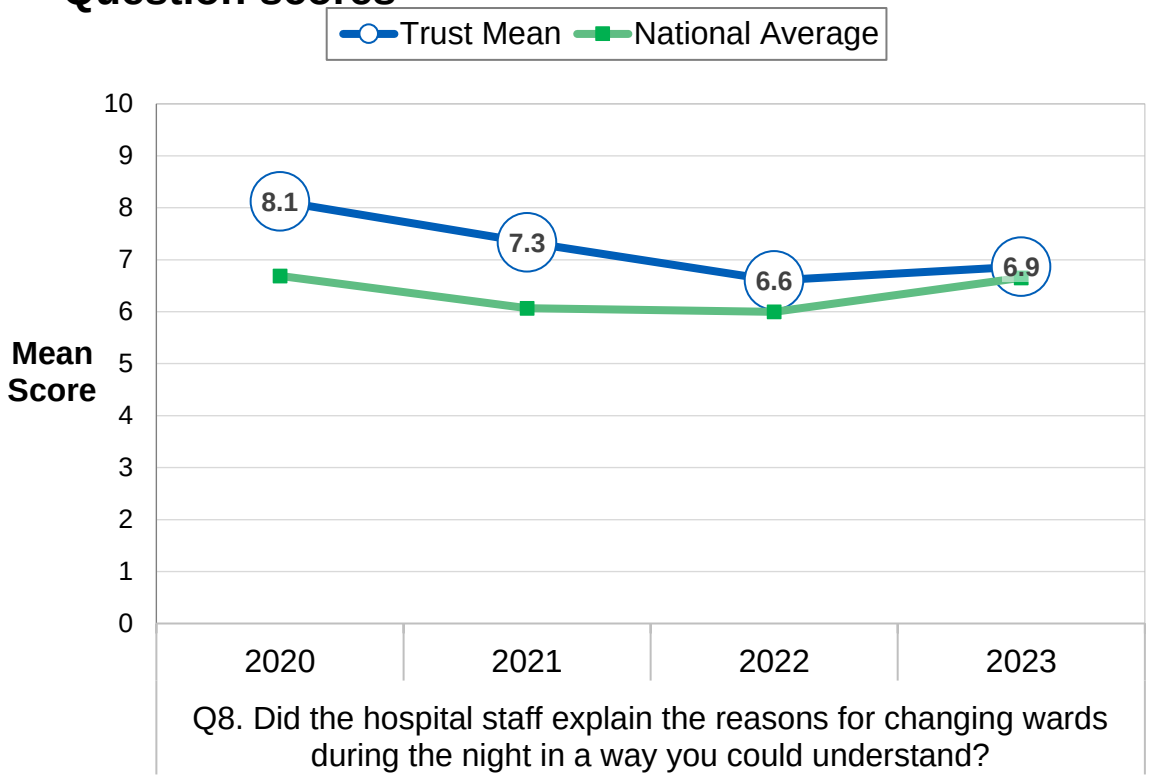
Q5. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2020: 449; 2021: 441; 2022: 422; 2023: 436

Section 2. The hospital and ward

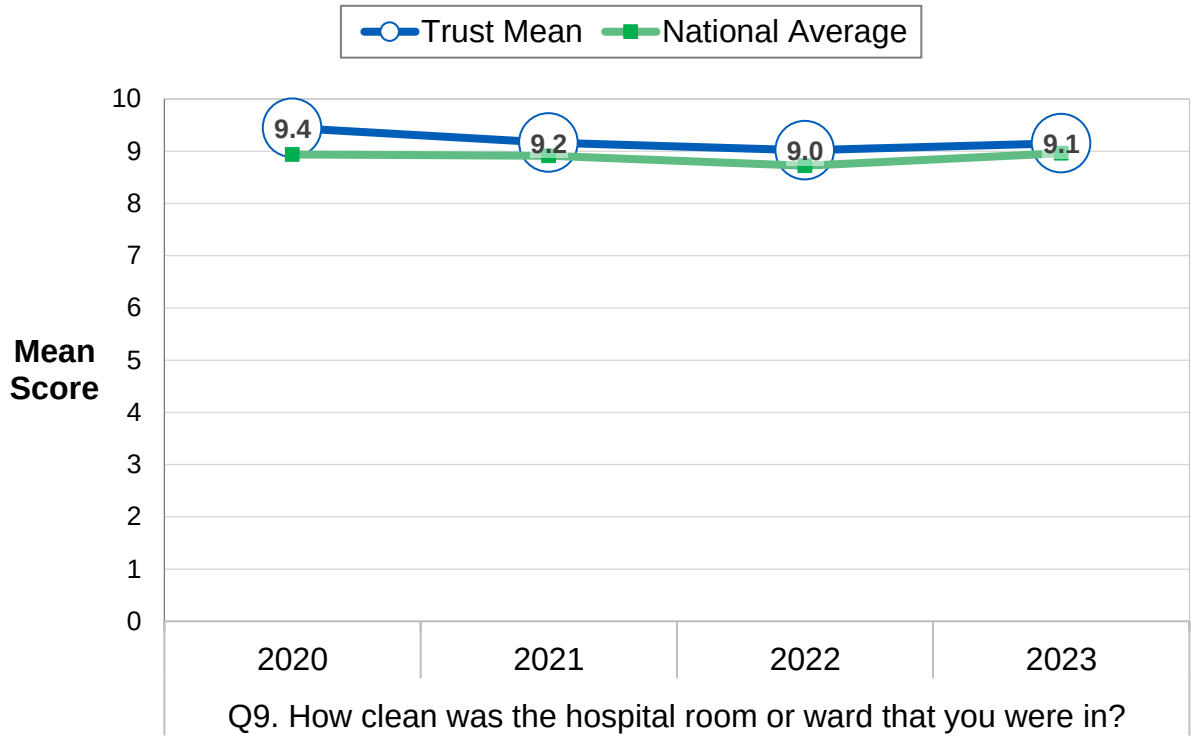
Question scores



Q8. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by those who changed wards during the night. Respondents who stated they didn't need an explanation or couldn't remember have been excluded.
Number of respondents: 2020: 99; 2021: 94; 2022: 89; 2023: 96



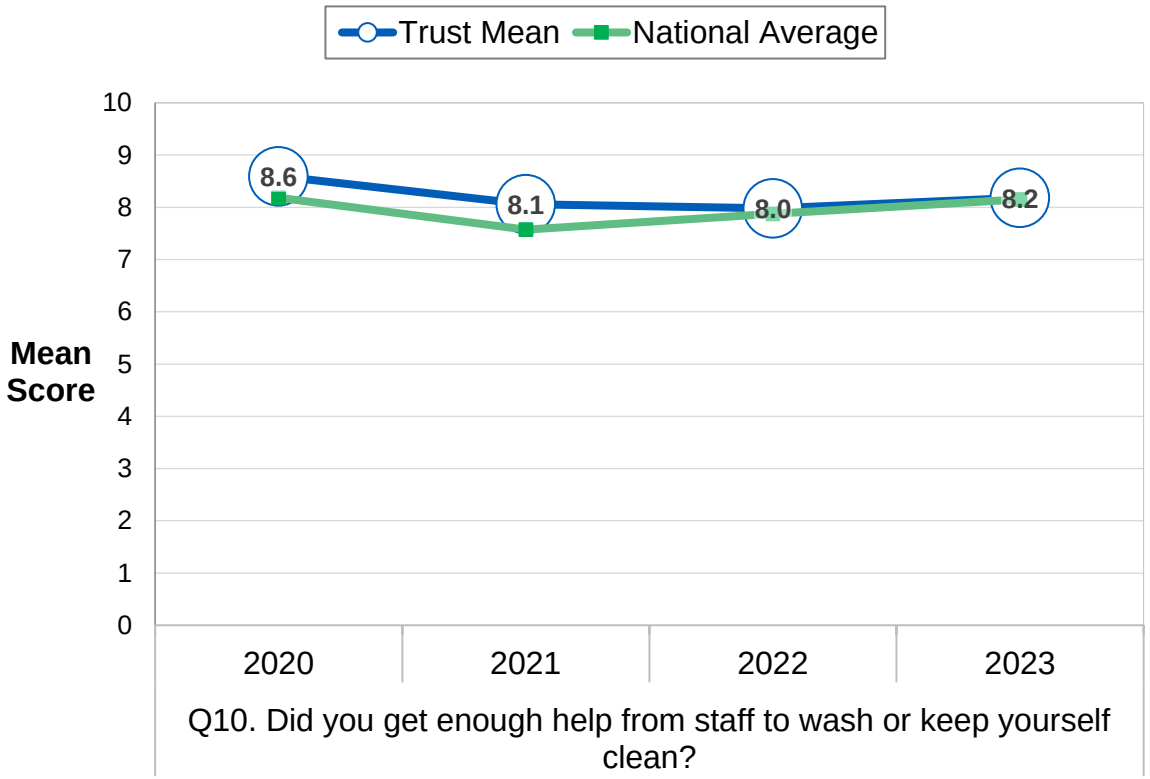
Q9. How clean was the hospital room or ward that you were in?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2020: 467; 2021: 457; 2022: 428; 2023: 448

Section 2. The hospital and ward

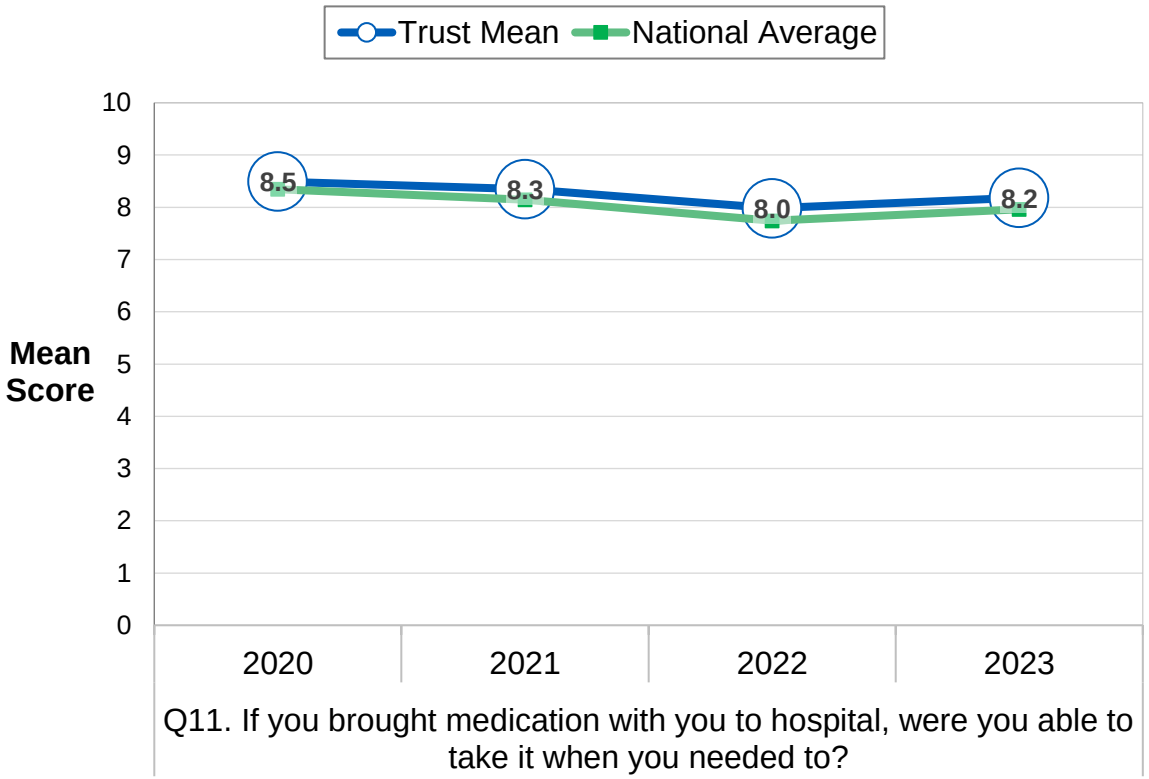
Question scores



Q10. Did you get enough help from staff to wash or keep yourself clean?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they did not need help have been excluded.
Number of respondents: 2020: 311; 2021: 284; 2022: 276; 2023: 287



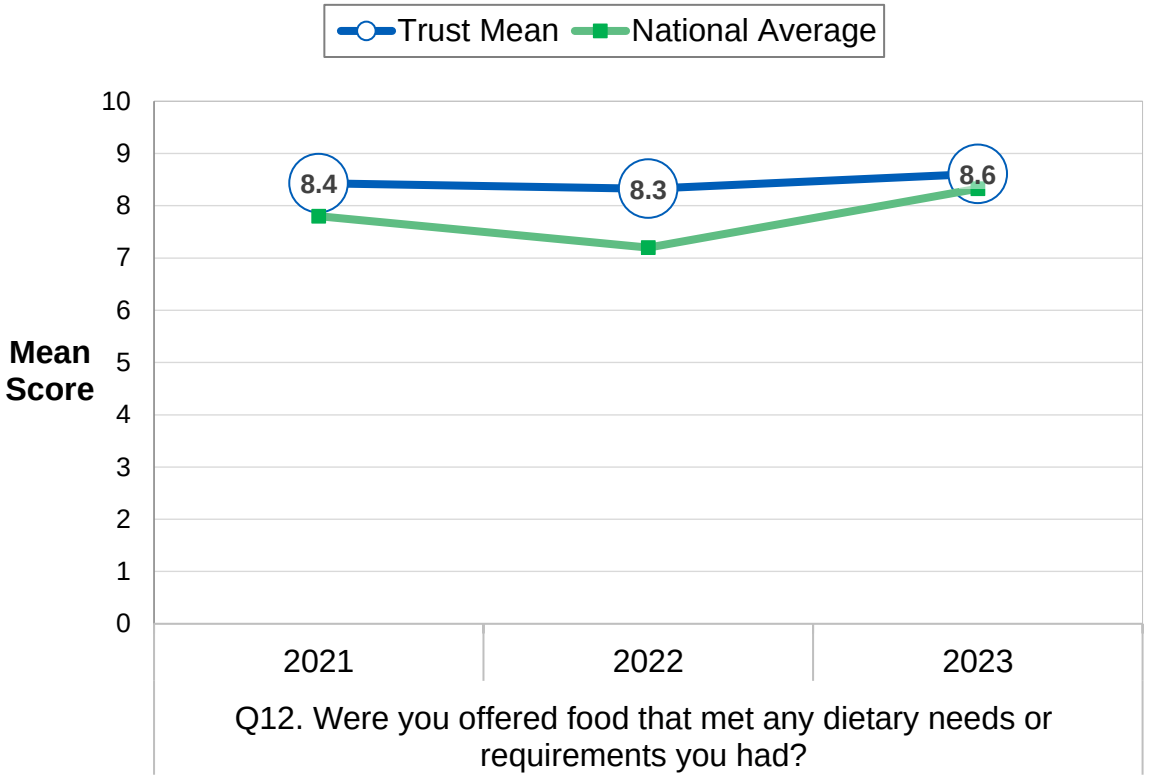
Q11. If you brought medication with you to hospital, were you able to take it when you needed to?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they had to stop taking medication as part of their treatment or did not bring medication with them to hospital have been excluded.
Number of respondents: 2020: 265; 2021: 272; 2022: 244; 2023: 256

Section 2. The hospital and ward

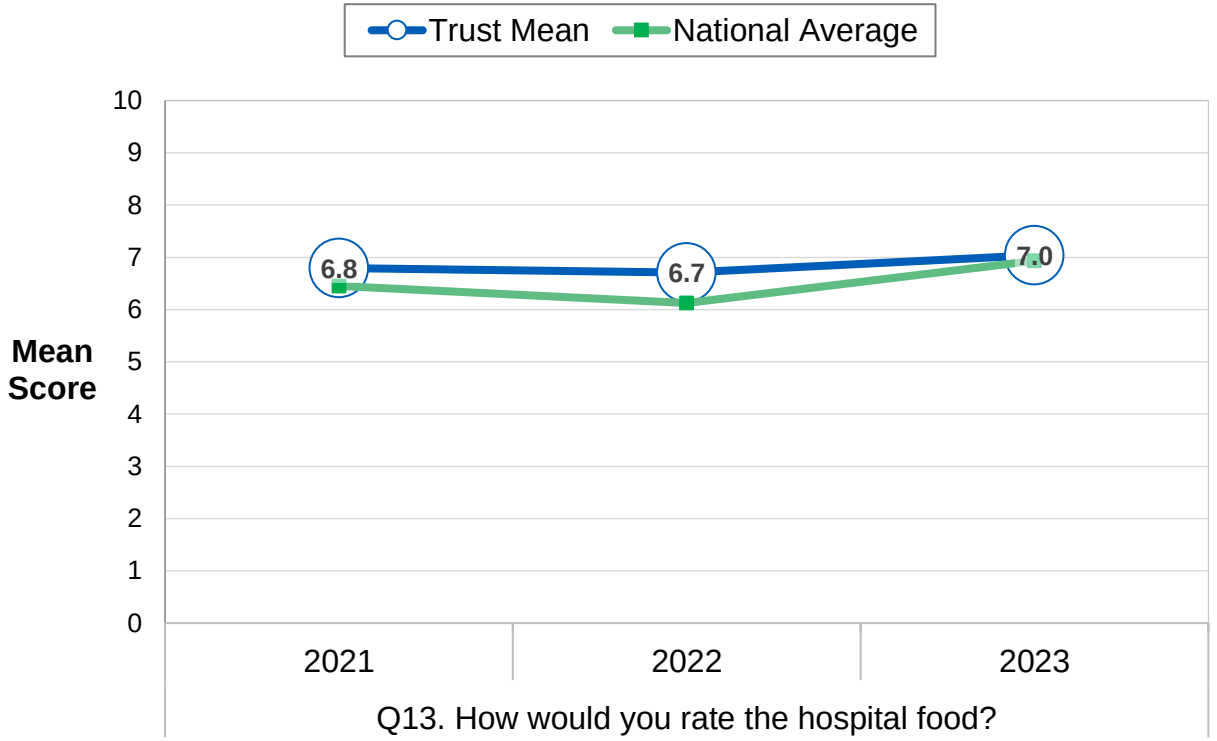
Question scores



Q12. Were you offered food that met any dietary needs or requirements you had?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they did not have any dietary needs or requirements or did not have any hospital food or were fed through tube feeding have been excluded.
Number of respondents: 2021: 243; 2022: 223; 2023: 243



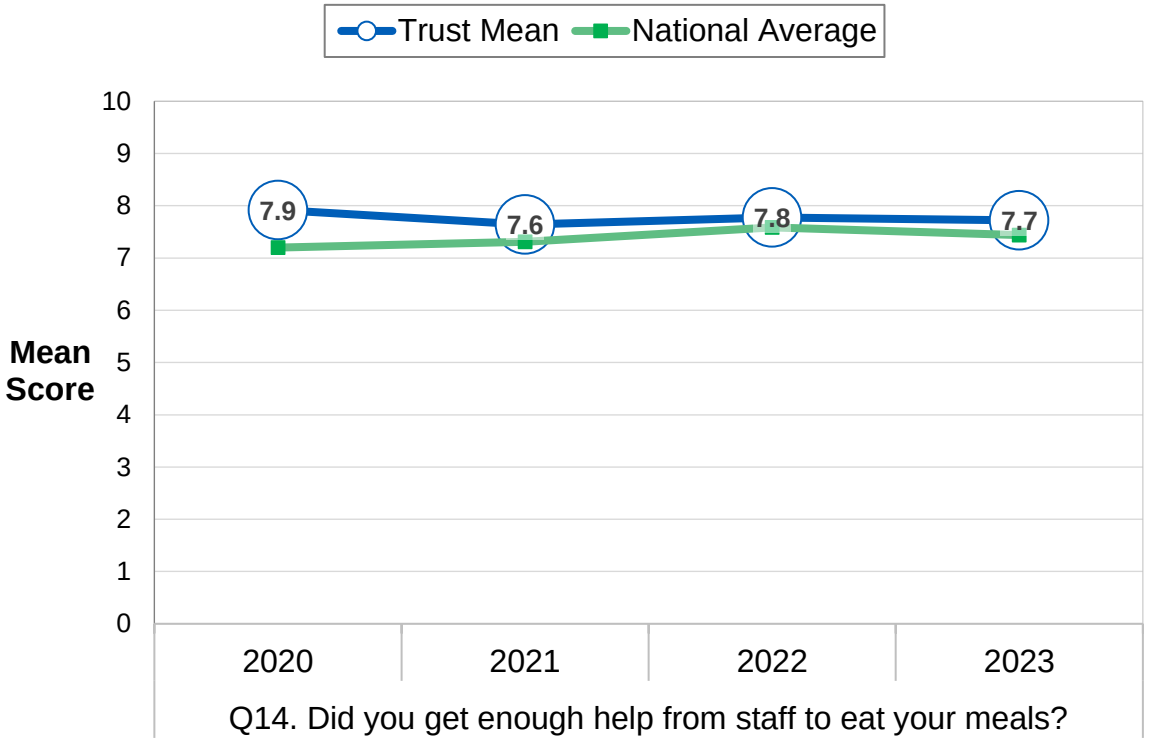
Q13. How would you rate the hospital food?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all who ate hospital food.
Number of respondents: 2021: 438; 2022: 416; 2023: 436

Section 2. The hospital and ward

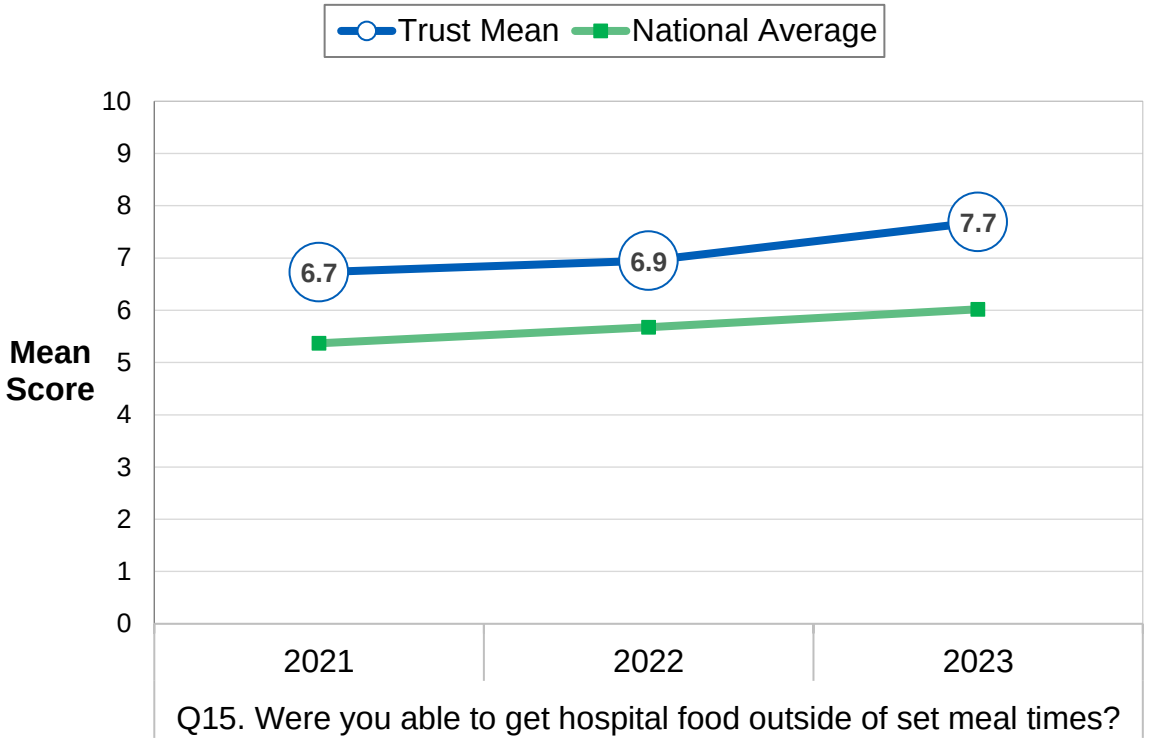
Question scores



Q14. Did you get enough help from staff to eat your meals?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all who ate hospital food. Respondents who stated they did not need help to eat their meals have been excluded.
Number of respondents: 2020: 93; 2021: 102; 2022: 95; 2023: 107



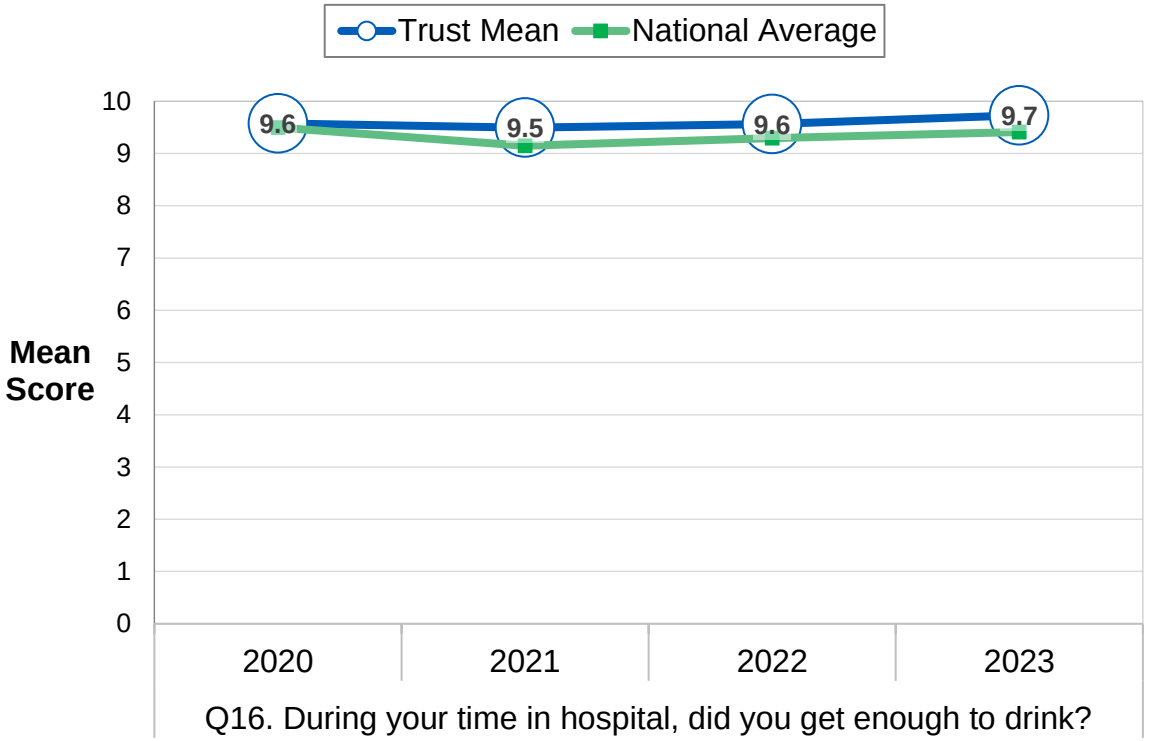
Q15. Were you able to get hospital food outside of set meal times?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all who ate hospital food. Respondents who stated they did not need this, didn't know, or couldn't remember have been excluded.
Number of respondents: 2021: 199; 2022: 184; 2023: 209

Section 2. The hospital and ward

Question scores

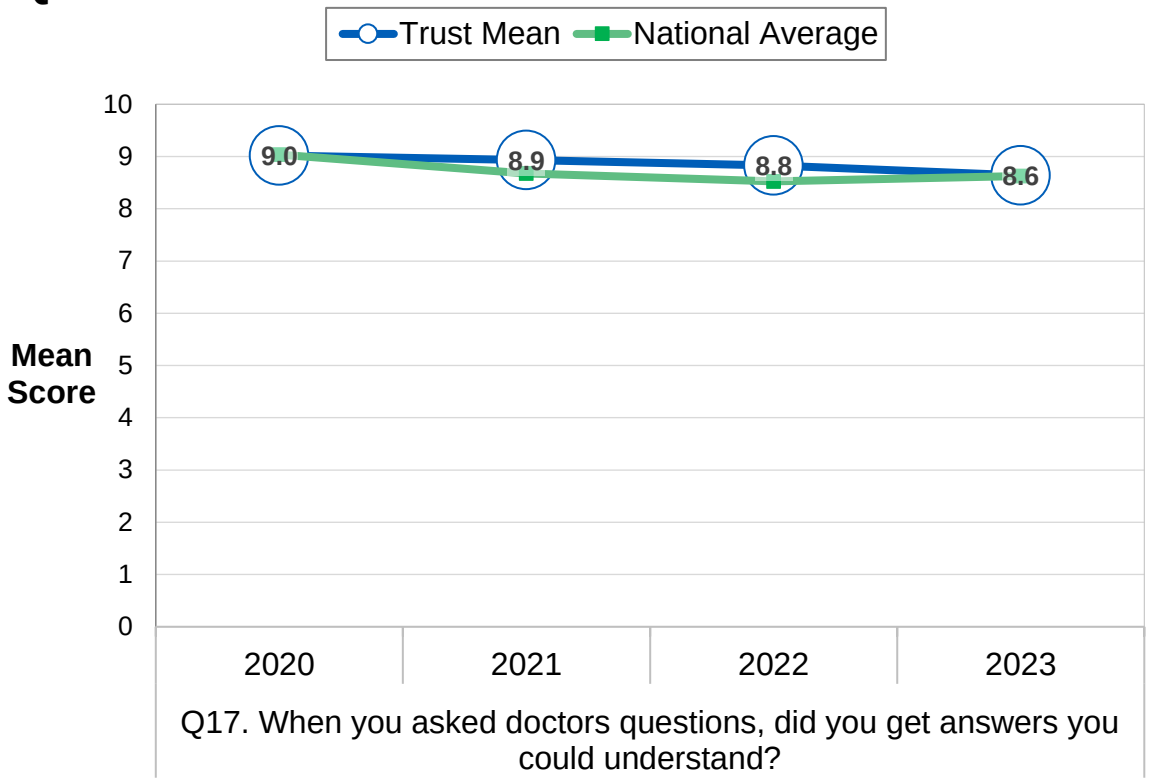


Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who only stated they had a hydration drip have been excluded.
Number of respondents: 2020: 447; 2021: 438; 2022: 413; 2023: 433

Section 3. Doctors

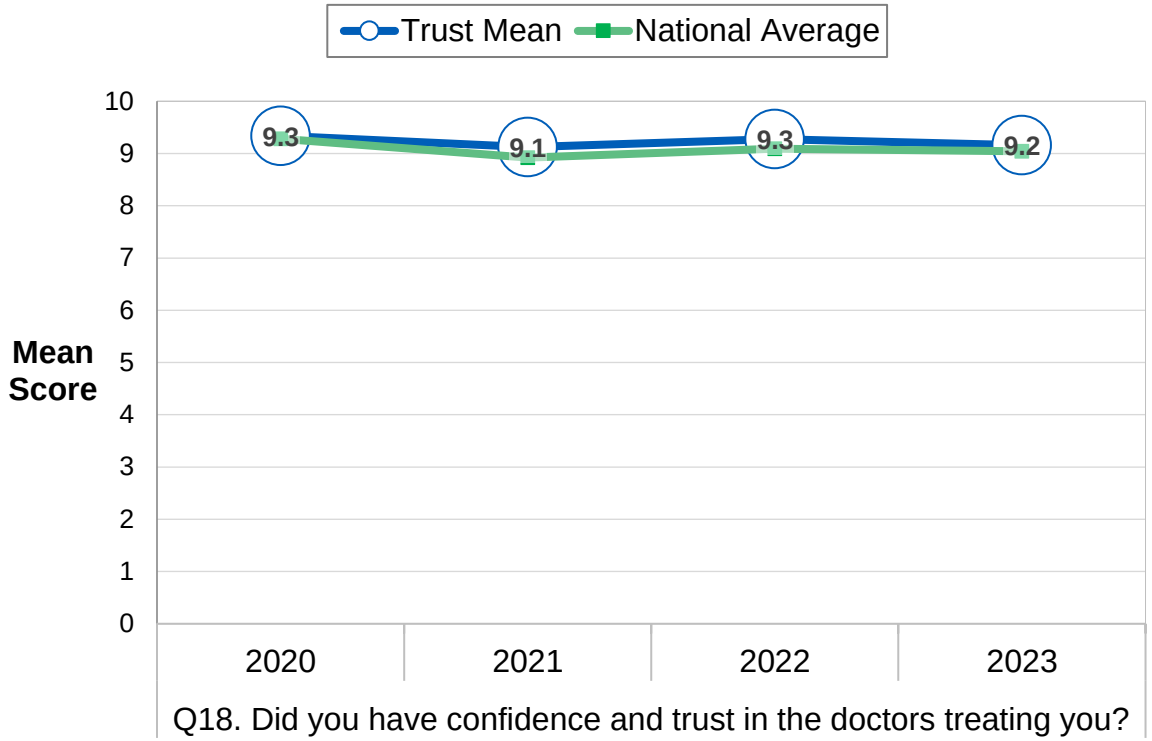
Question scores



Q17. When you asked doctors questions, did you get answers you could understand?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they did not have any questions or feel able to ask questions have been excluded.
Number of respondents: 2020: 434; 2021: 432; 2022: 399; 2023: 426



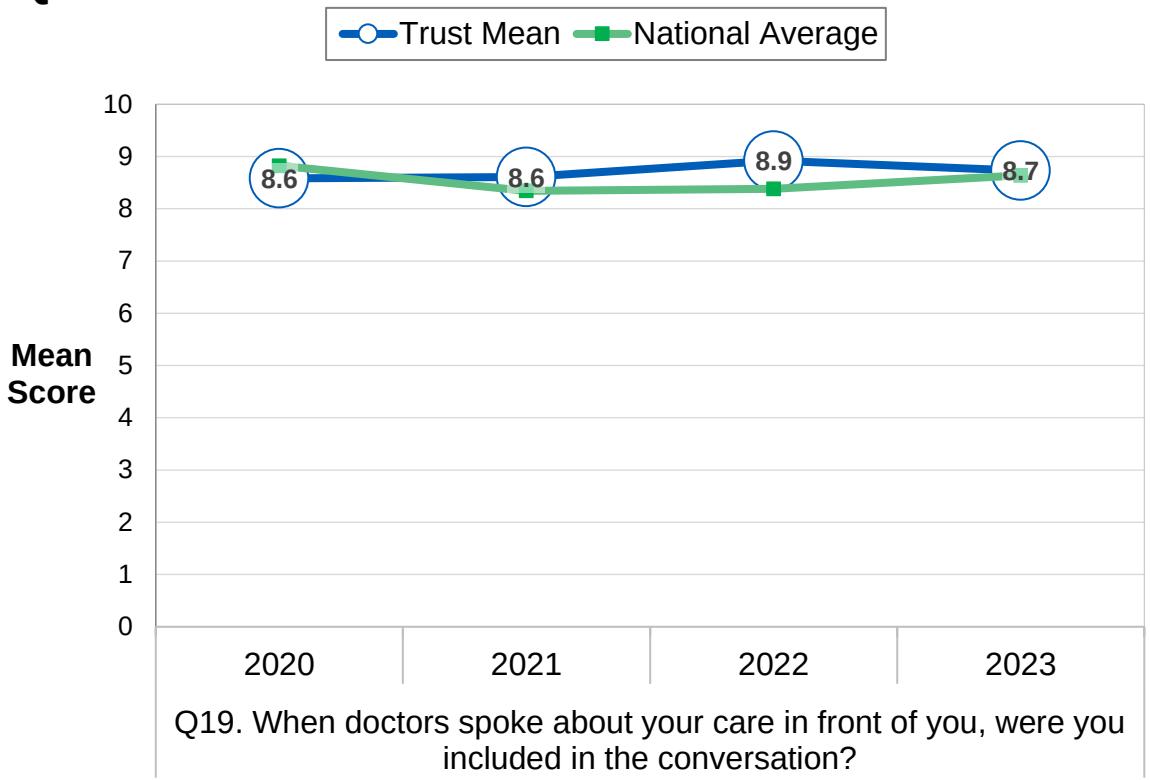
Q18. Did you have confidence and trust in the doctors treating you?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 474; 2021: 463; 2022: 430; 2023: 454

Section 3. Doctors

Question scores

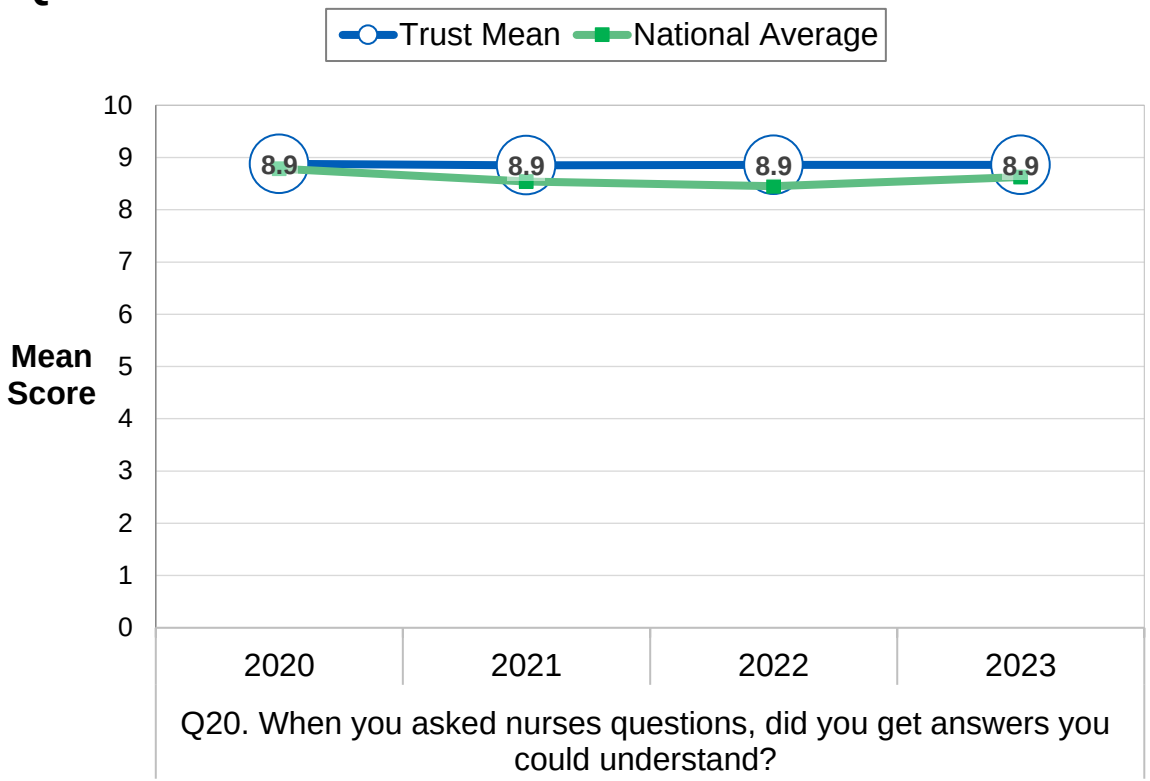


Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 471; 2021: 464; 2022: 428; 2023: 454

Section 4. Nurses

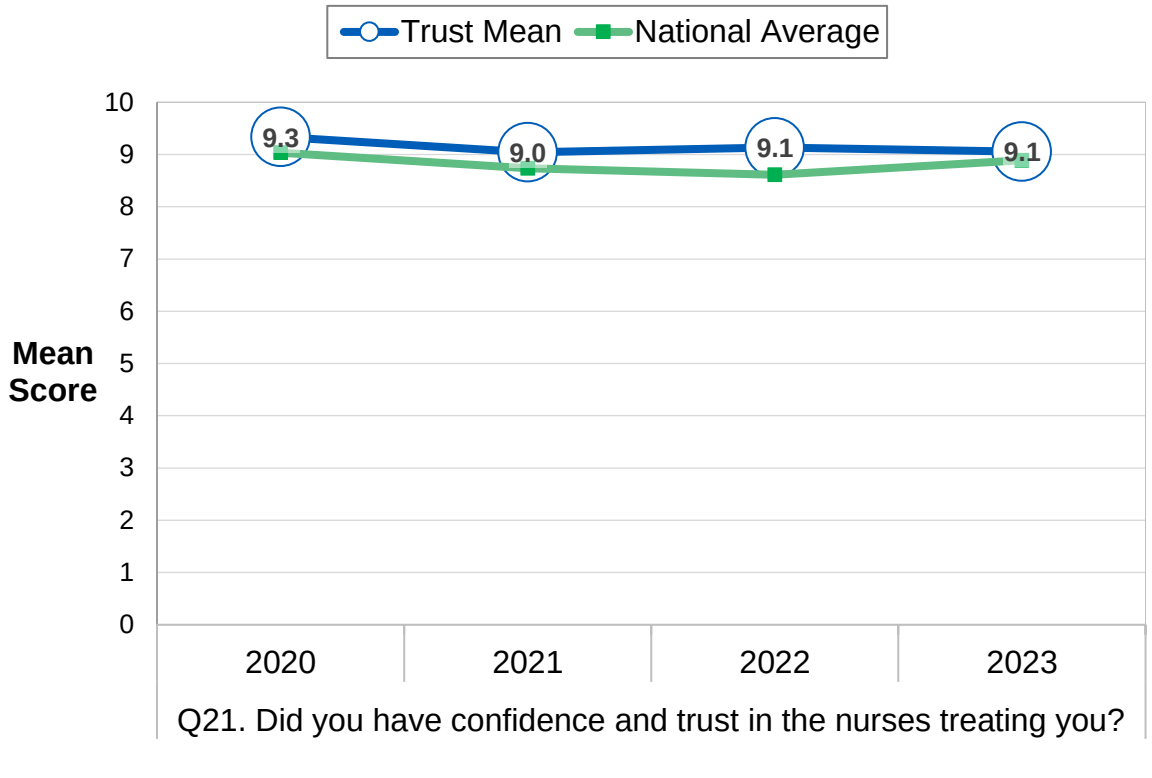
Question scores



Q20. When you asked nurses questions, did you get answers you could understand?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they did not have any questions or feel able to ask questions have been excluded.
Number of respondents: 2020: 454; 2021: 430; 2022: 404; 2023: 434



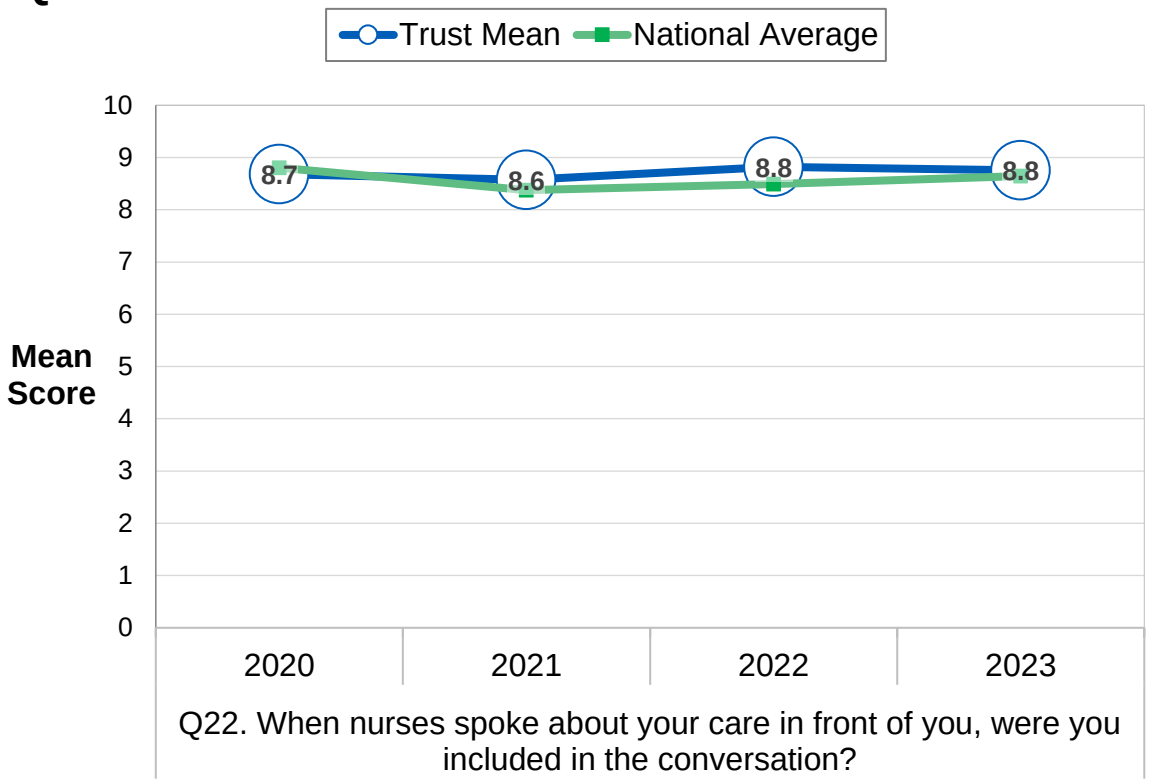
Q21. Did you have confidence and trust in the nurses treating you?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 474; 2021: 465; 2022: 428; 2023: 456

Section 4. Nurses

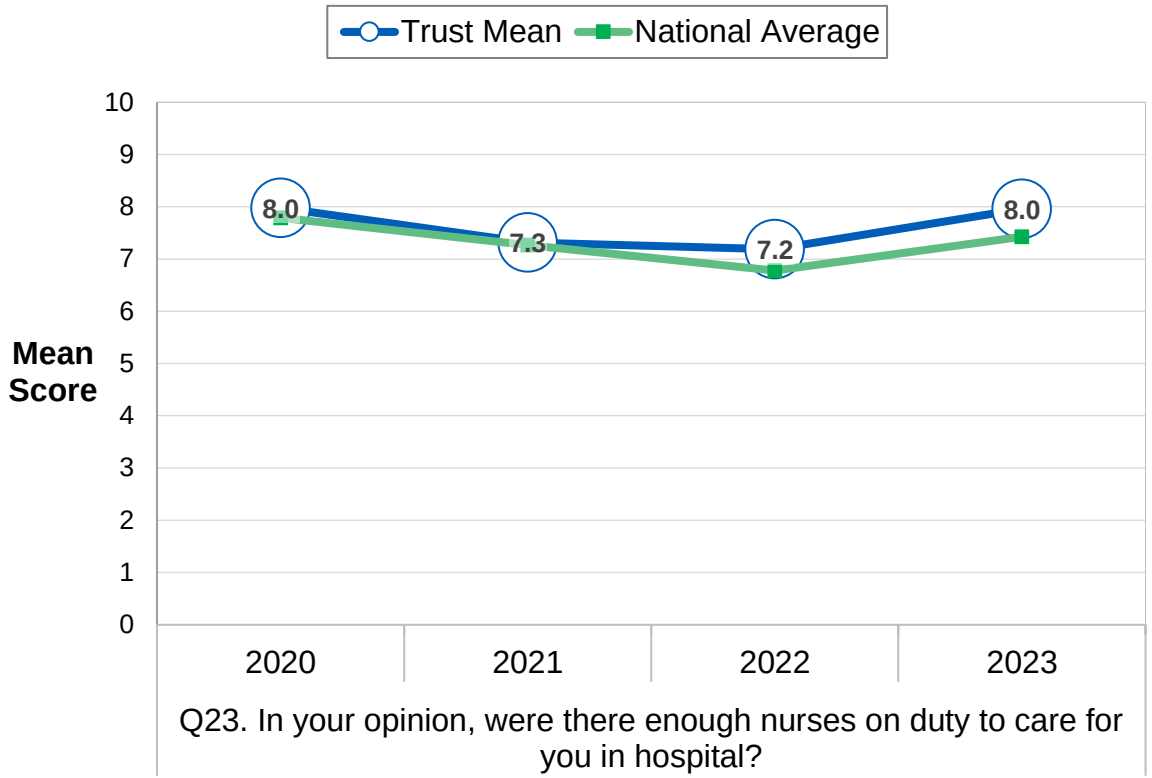
Question scores



Q22. When nurses spoke about your care in front of you, were you included in the conversation?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 473; 2021: 461; 2022: 428; 2023: 451



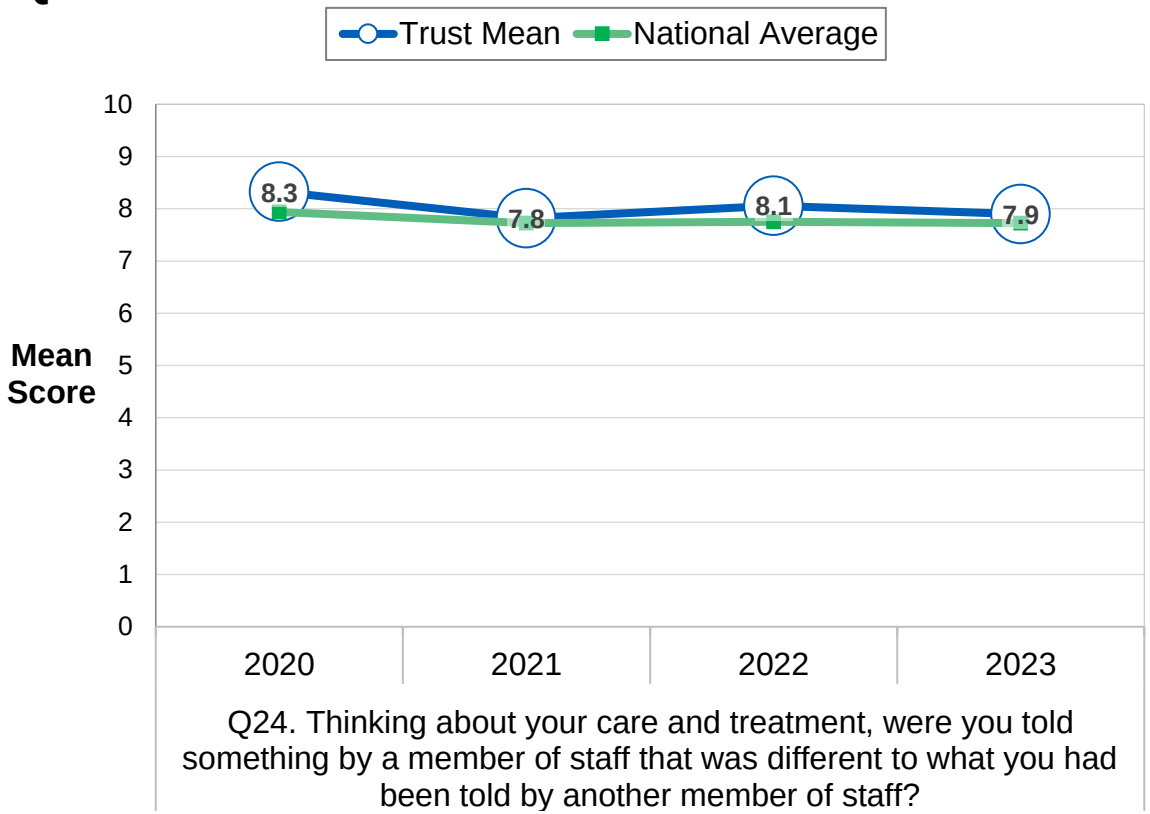
Q23. In your opinion, were there enough nurses on duty to care for you in hospital?

Significant change 2023 vs 2022	Increase
Significant change 2023 vs 2021	Increase

Answered by all
Number of respondents: 2020: 477; 2021: 465; 2022: 429; 2023: 450

Section 5. Your care and treatment

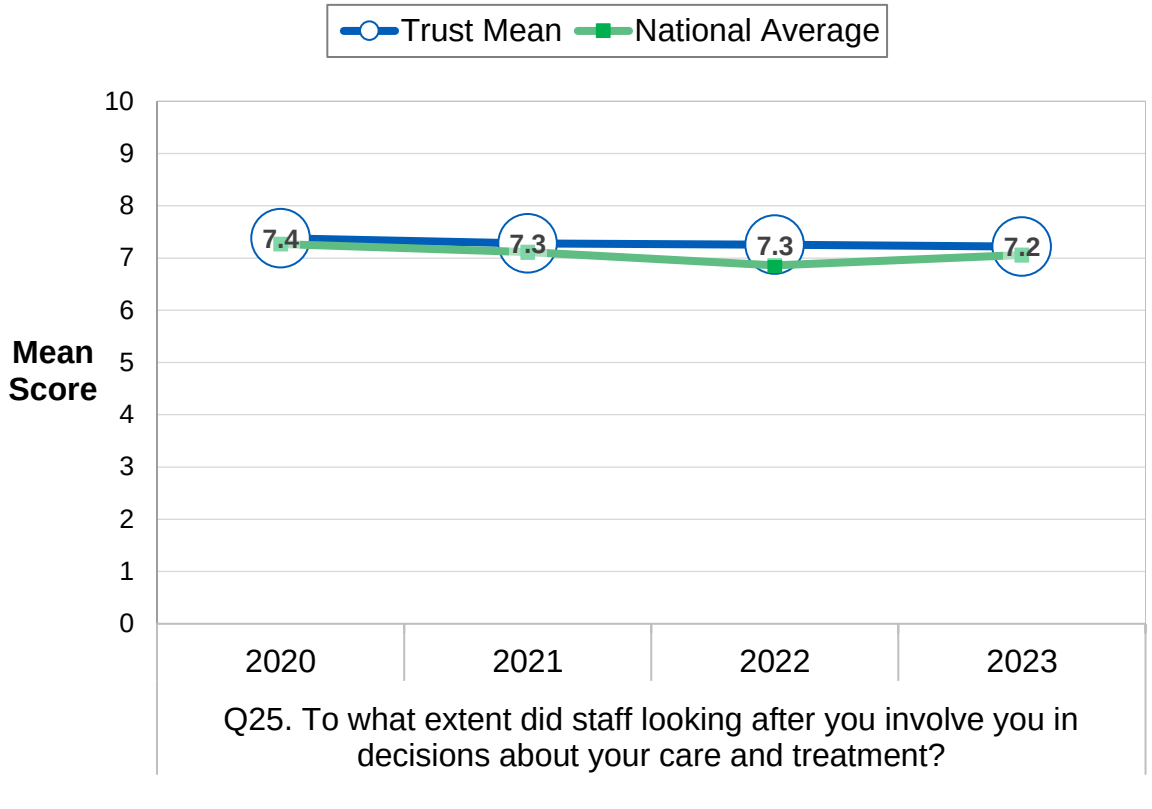
Question scores



Q24. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 427; 2021: 437; 2022: 394; 2023: 419



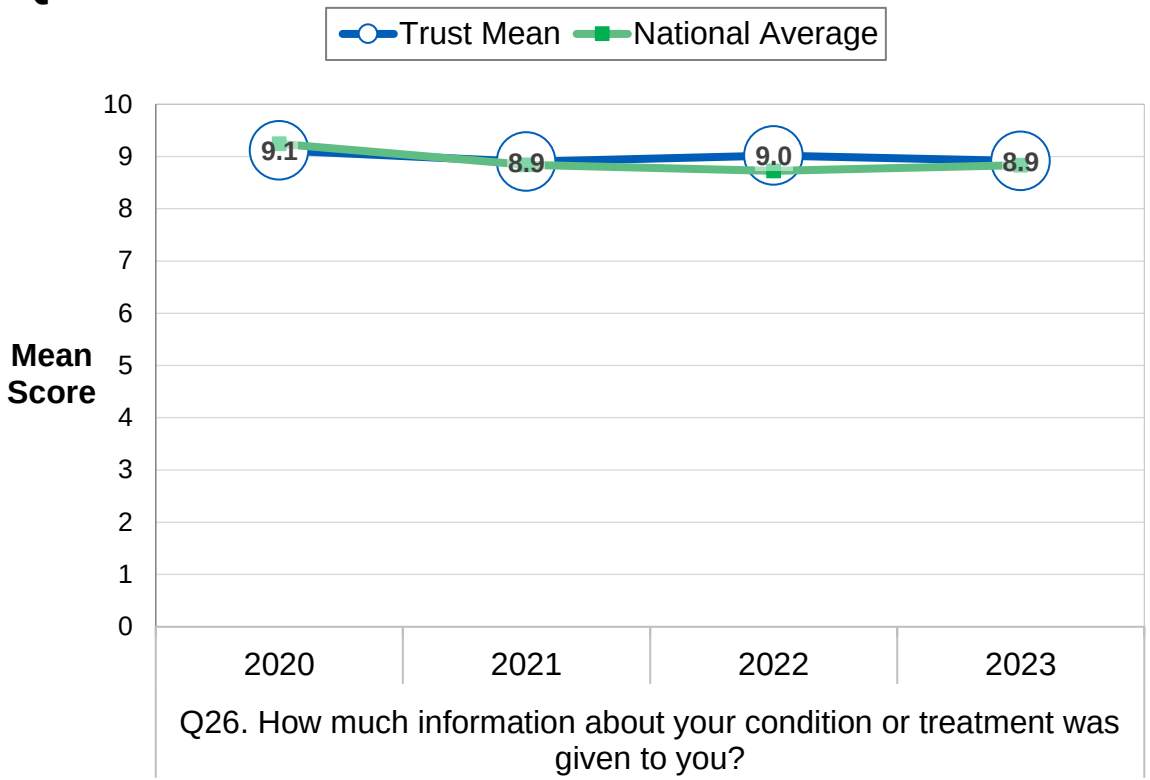
Q25. To what extent did staff looking after you involve you in decisions about your care and treatment?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they were not able to be or didn't want to be involved have been excluded.
Number of respondents: 2020: 458; 2021: 438; 2022: 421; 2023: 420

Section 5. Your care and treatment

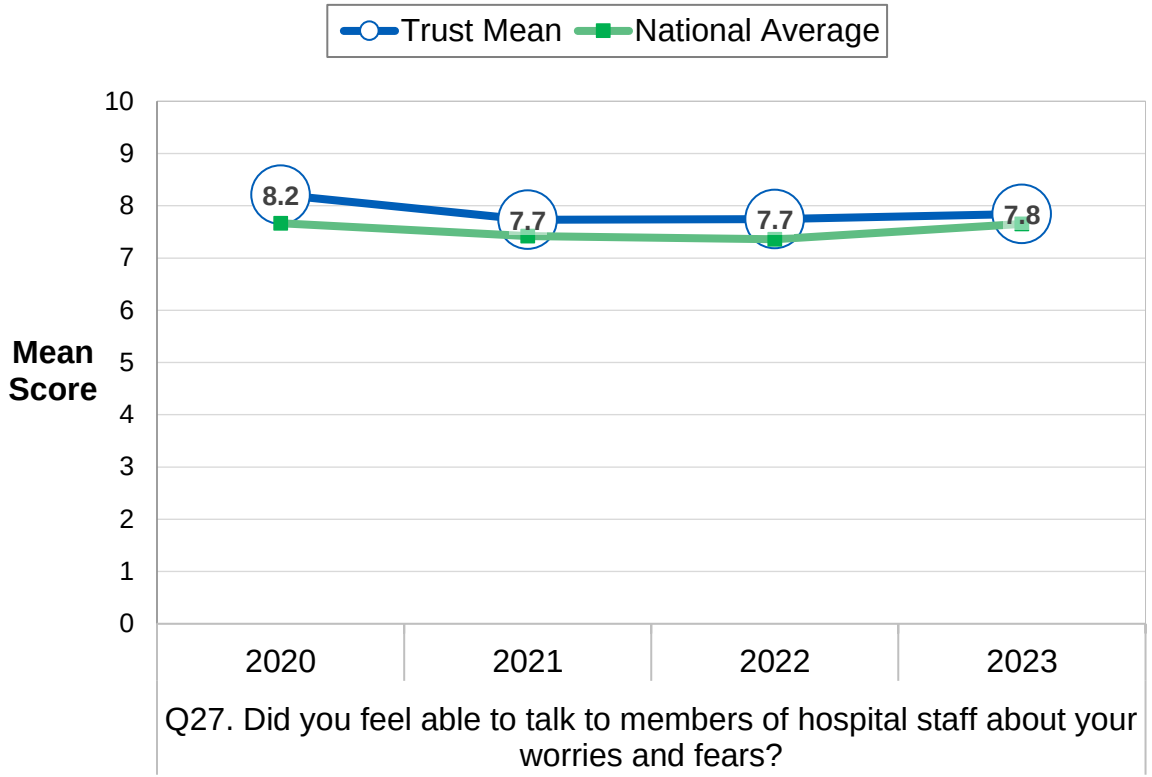
Question scores



Q26. How much information about your condition or treatment was given to you?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 453; 2021: 447; 2022: 425; 2023: 441



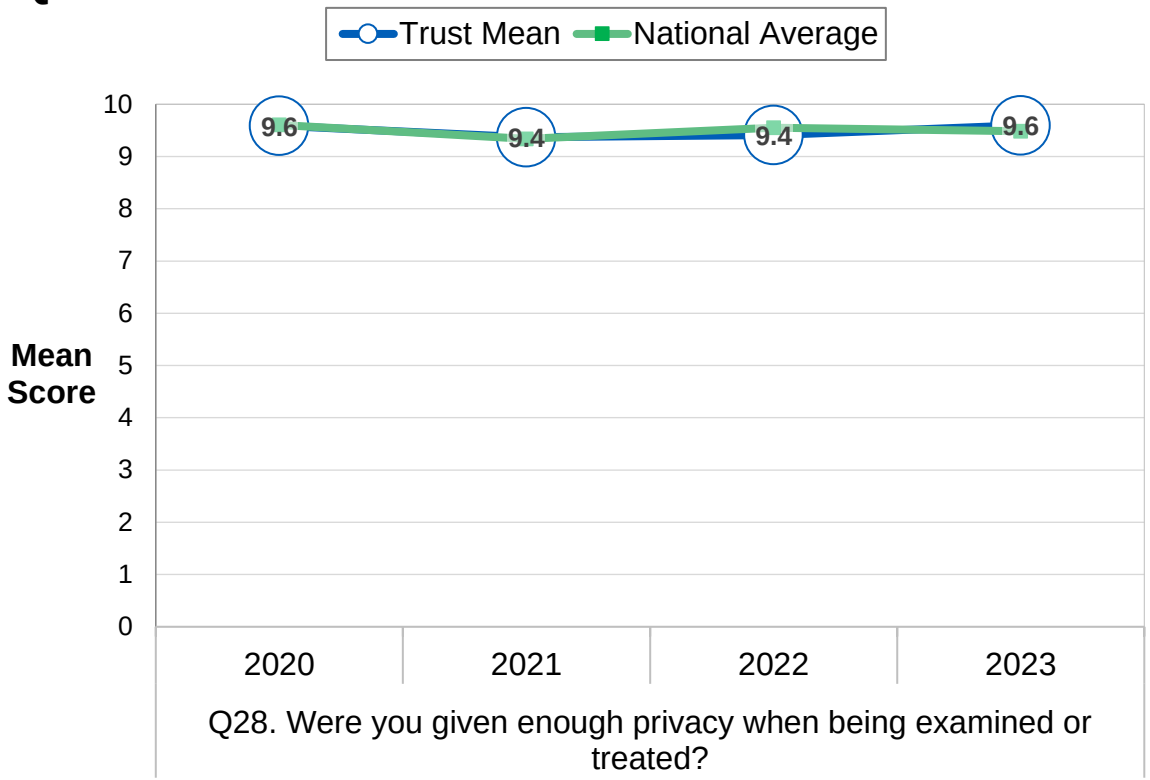
Q27. Did you feel able to talk to members of hospital staff about your worries and fears?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they had no worries or fears have been excluded.
Number of respondents: 2020: 405; 2021: 384; 2022: 378; 2023: 386

Section 5. Your care and treatment

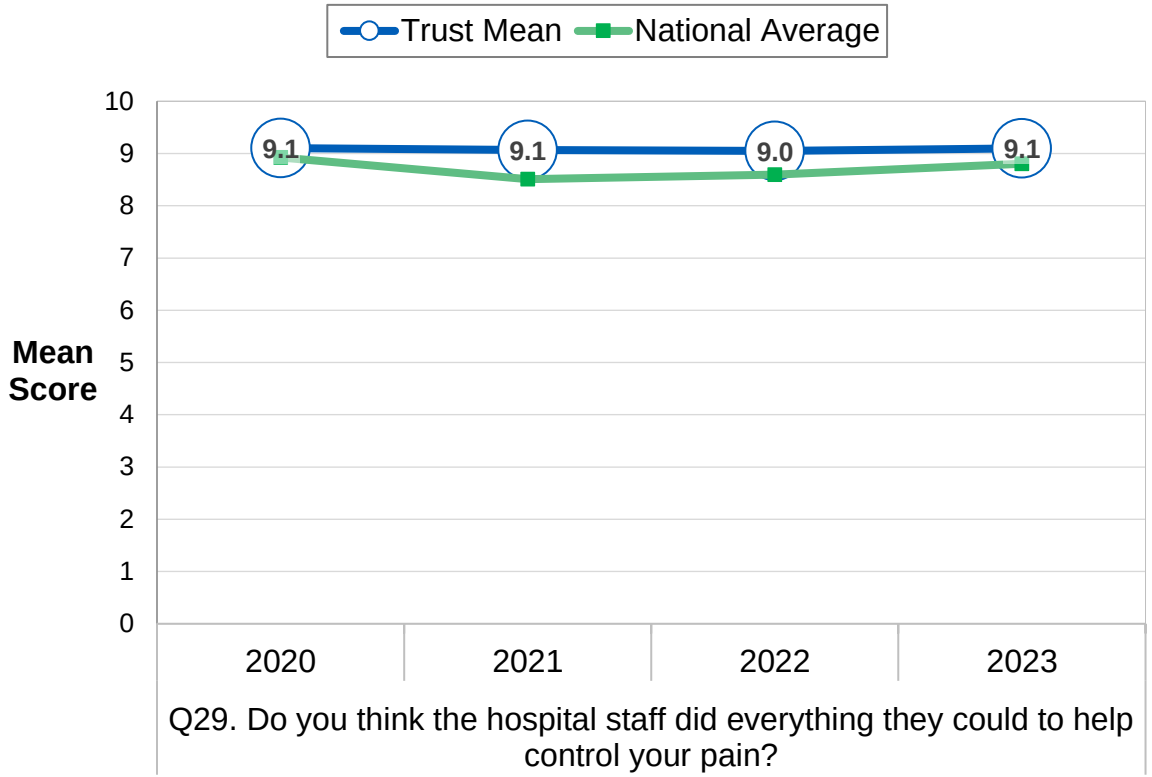
Question scores



Q28. Were you given enough privacy when being examined or treated?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they did not want this, didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 464; 2021: 456; 2022: 427; 2023: 450



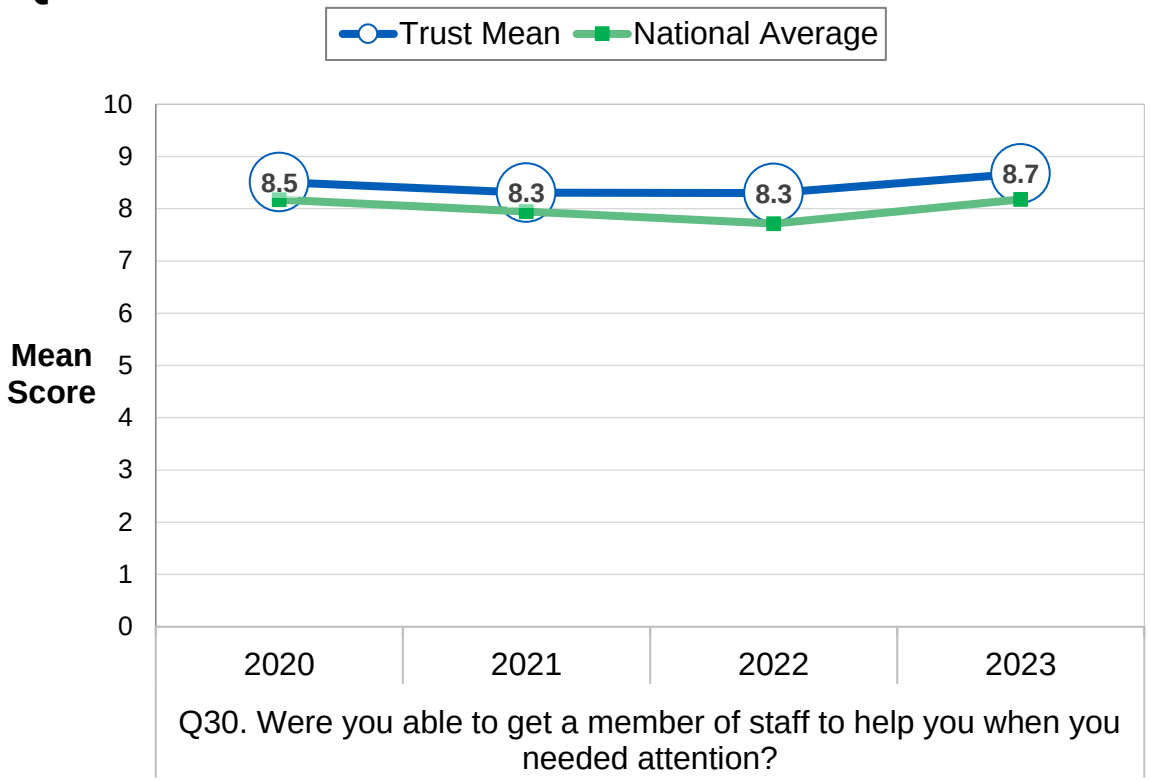
Q29. Do you think the hospital staff did everything they could to help control your pain?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated they were not in any pain, didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 379; 2021: 382; 2022: 359; 2023: 375

Section 5. Your care and treatment

Question scores

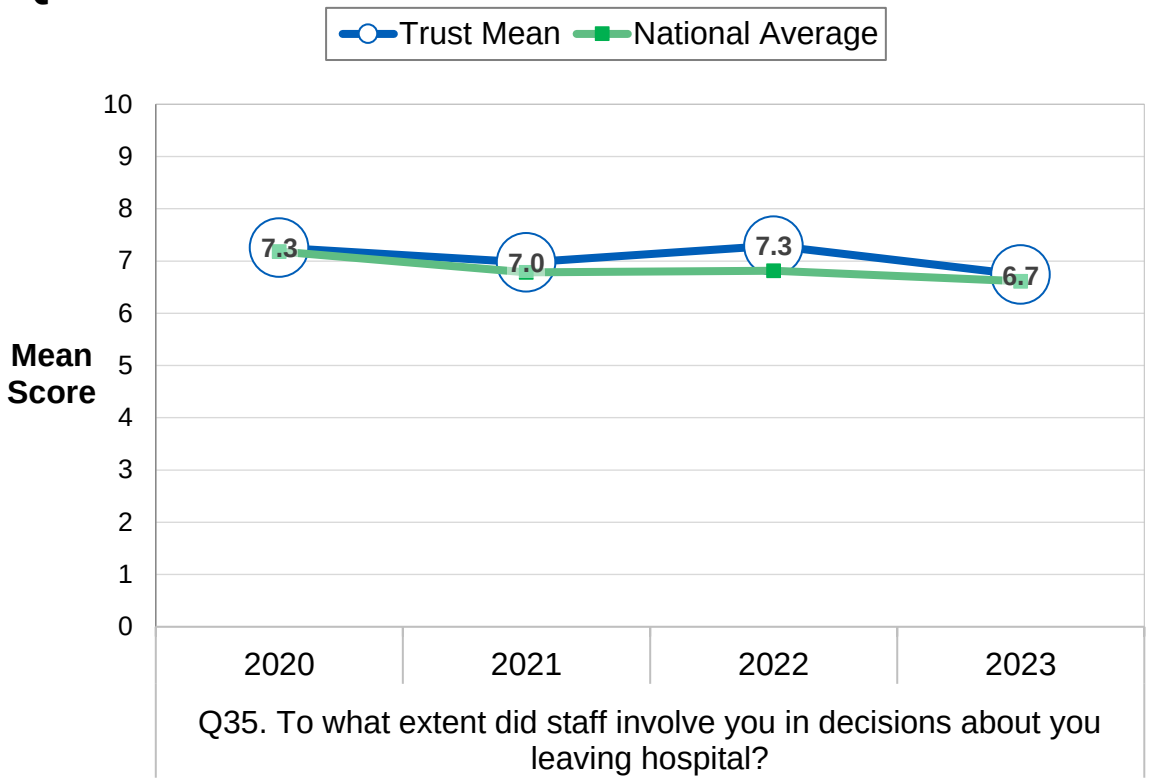


Significant change 2023 vs 2022	Increase
Significant change 2023 vs 2021	Increase

Answered by all. Respondents who stated they did not need attention have been excluded.
Number of respondents: 2020: 430; 2021: 417; 2022: 386; 2023: 415

Section 7. Leaving hospital

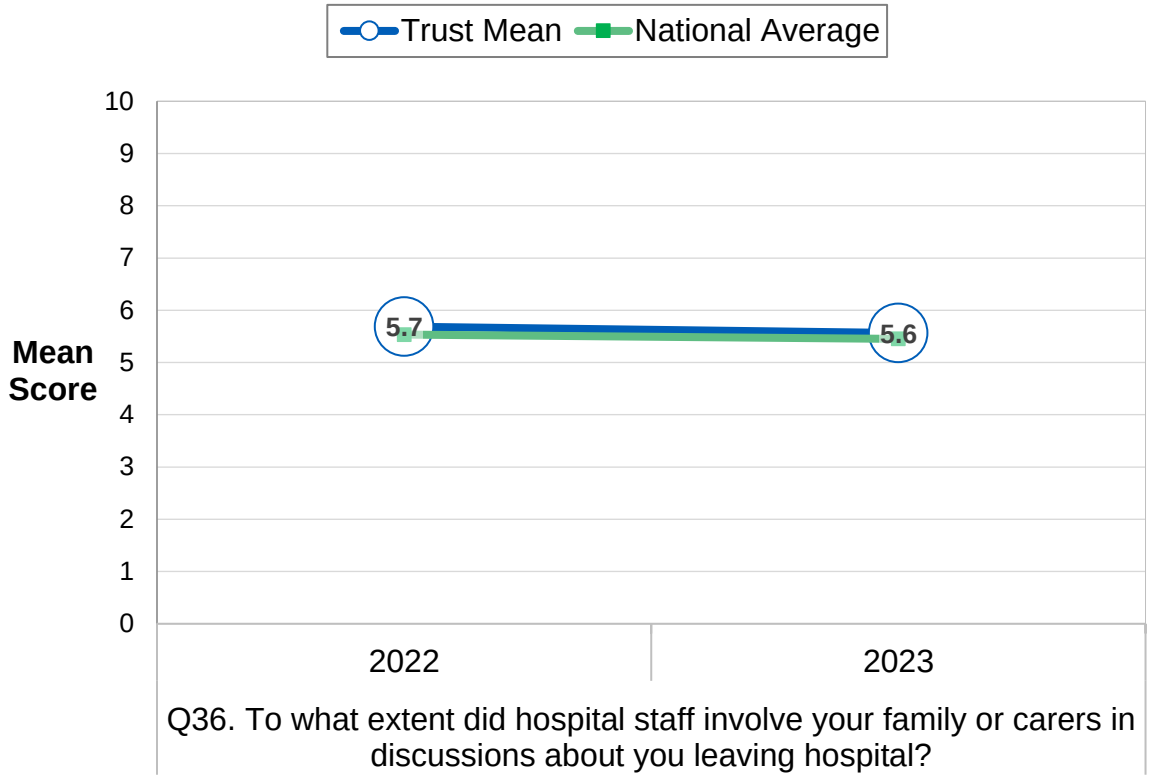
Question scores



Q35. To what extent did staff involve you in decisions about you leaving hospital?

Significant change 2023 vs 2022	Decrease
Significant change 2023 vs 2021	Decrease

Answered by all. Respondents who stated they did not want to be involved in decisions have been excluded.
Number of respondents: 2020: 470; 2021: 454; 2022: 427; 2023: 440



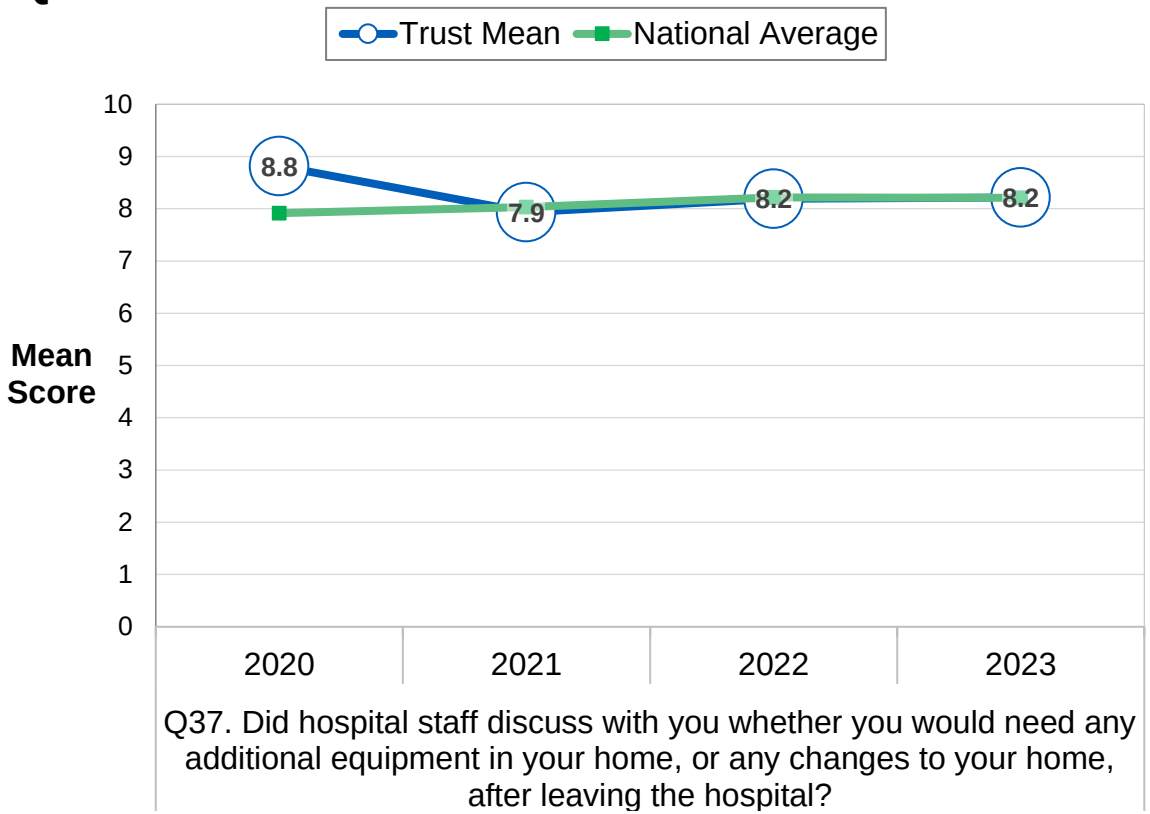
Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?

Significant change 2023 vs 2022	No change

Answered by all. Respondents who stated that it was not necessary, they didn't know or couldn't remember have been excluded.
Number of respondents: 2022: 287; 2023: 312

Section 7. Leaving hospital

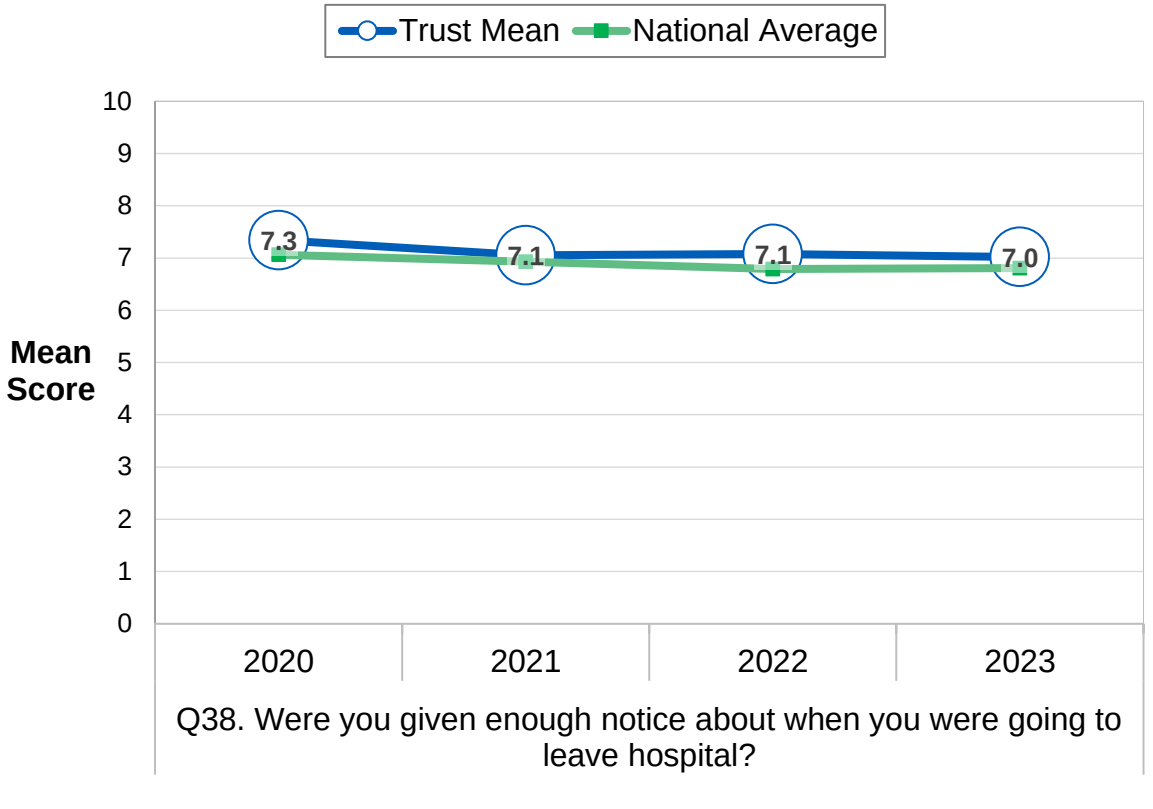
Question scores



Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that it was not necessary to discuss it or that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 150; 2021: 160; 2022: 149; 2023: 144



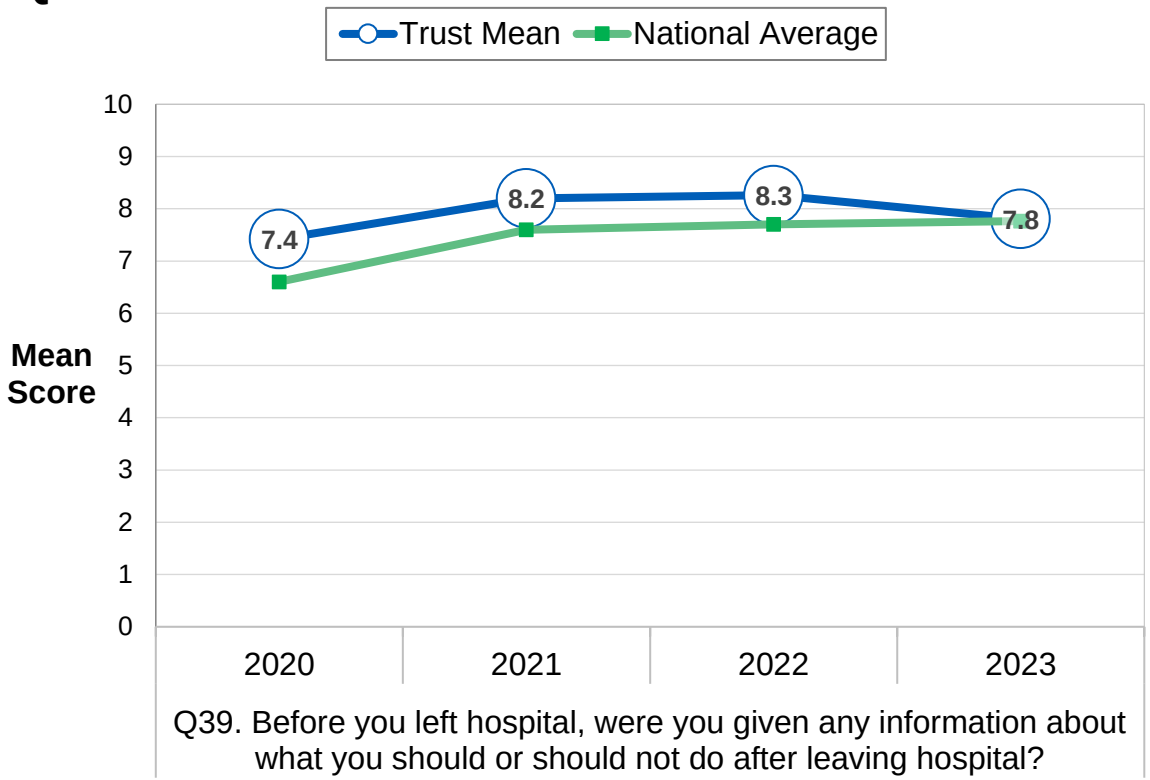
Q38. Were you given enough notice about when you were going to leave hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 476; 2021: 463; 2022: 429; 2023: 453

Section 7. Leaving hospital

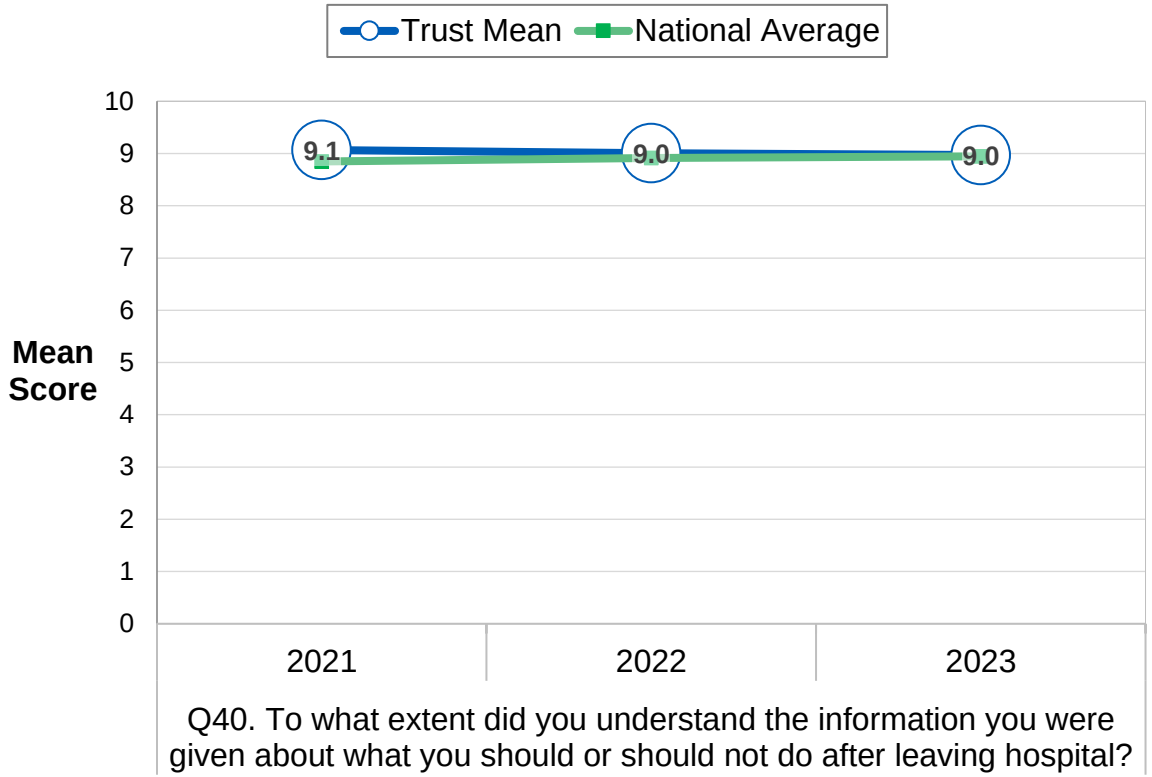
Question scores



Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 442; 2021: 436; 2022: 415; 2023: 428



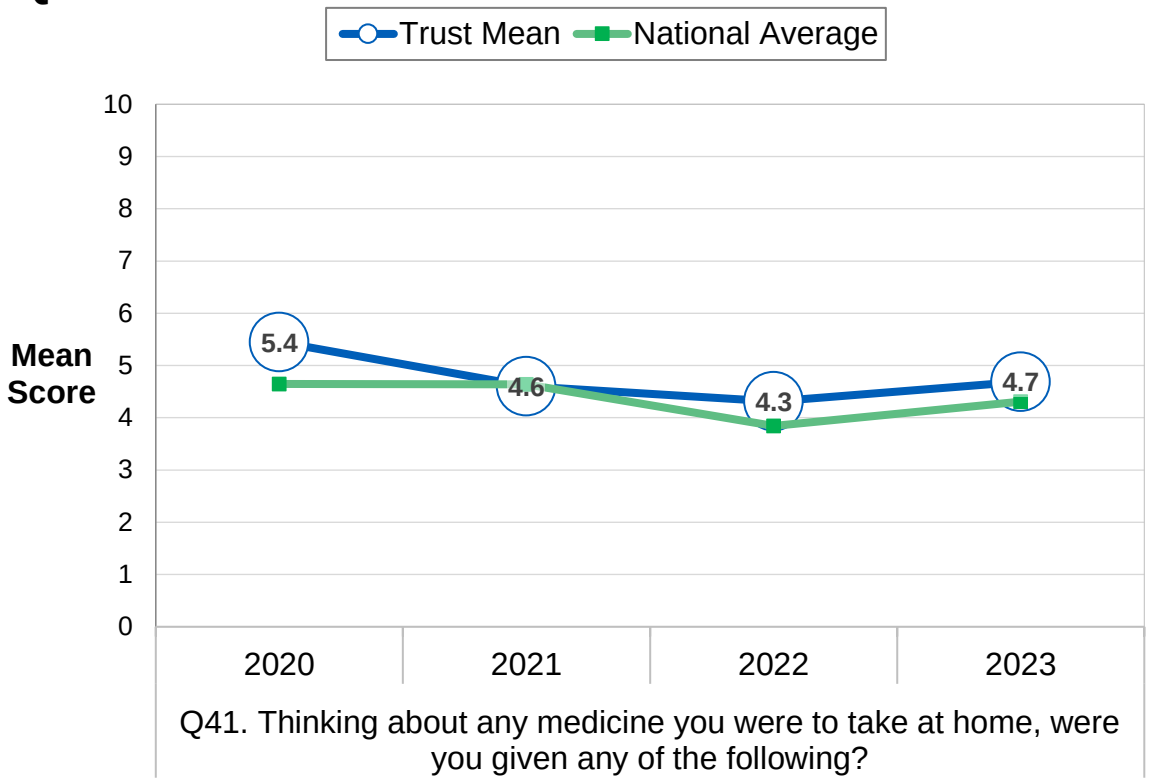
Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by those that were given information about what they should or should not do after leaving hospital. Respondents who stated that they didn't know or couldn't remember have been excluded.
Number of respondents: 2021: 340; 2022: 330; 2023: 335

Section 7. Leaving hospital

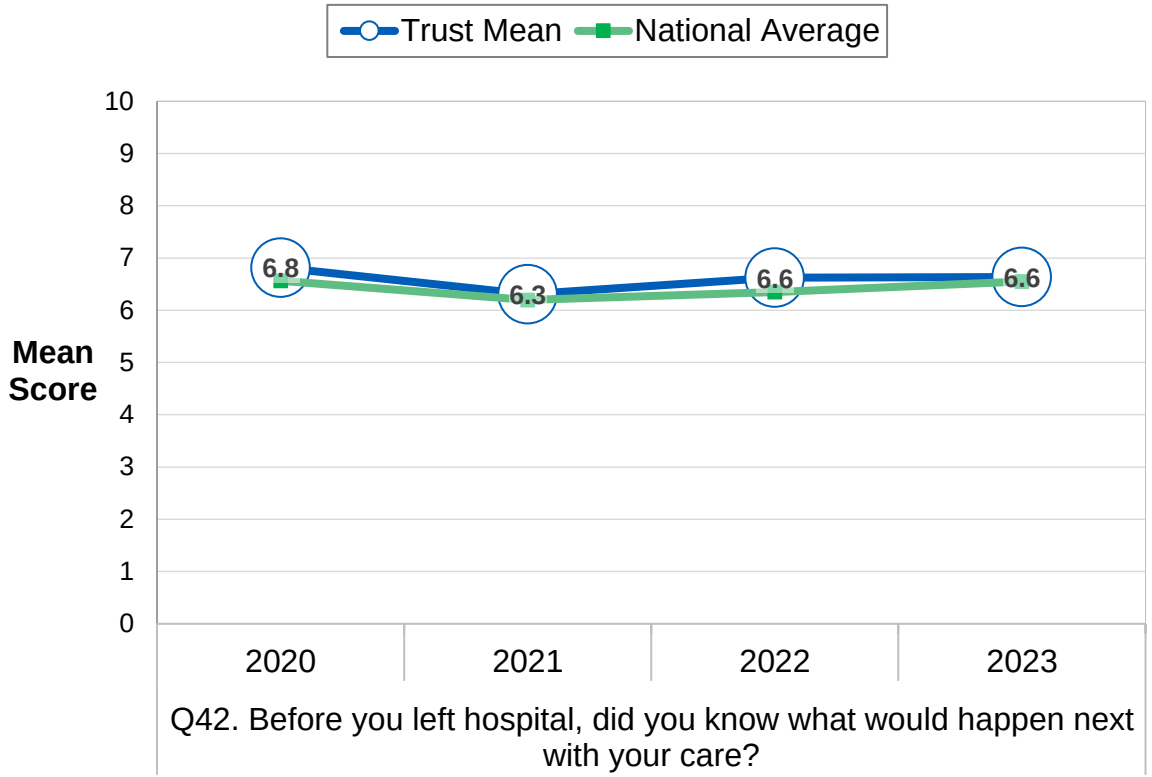
Question scores



Q41. Thinking about any medicine you were to take at home, were you given any of the following?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they had no medicine have been excluded.
Number of respondents: 2020: 366; 2021: 365; 2022: 345; 2023: 354



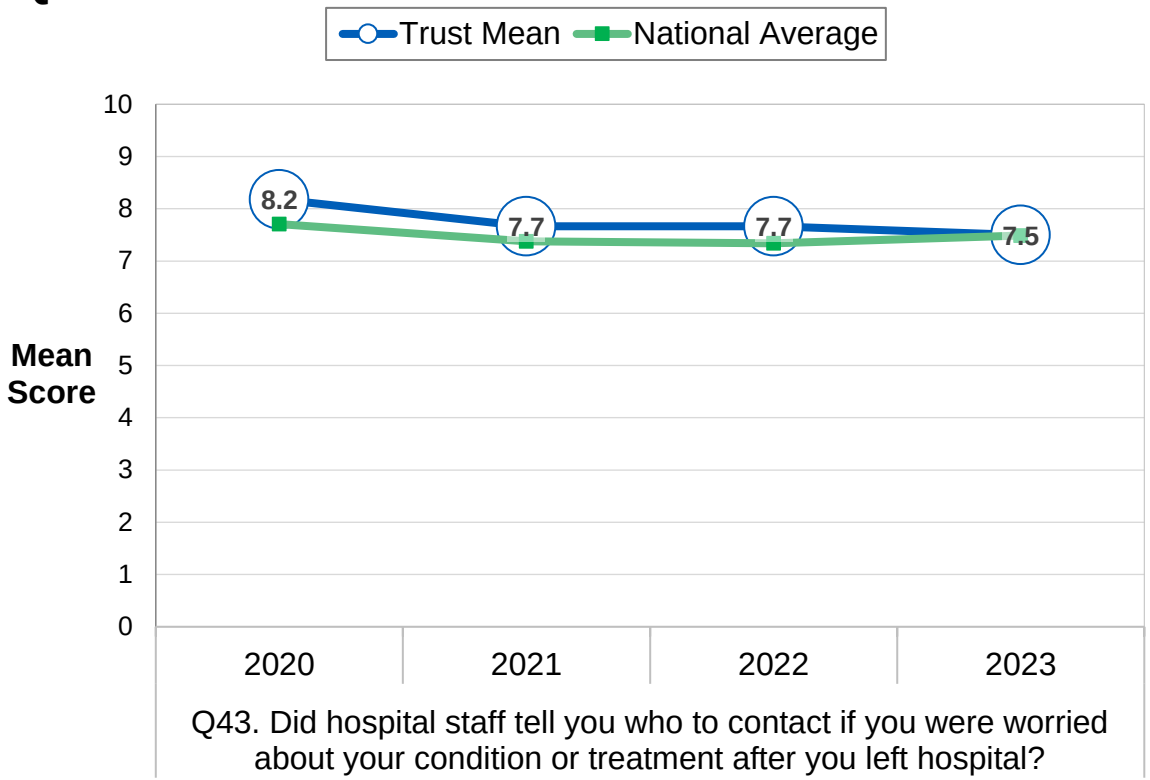
Q42. Before you left hospital, did you know what would happen next with your care?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they did not need further care have been excluded.
Number of respondents: 2020: 429; 2021: 423; 2022: 376; 2023: 416

Section 7. Leaving hospital

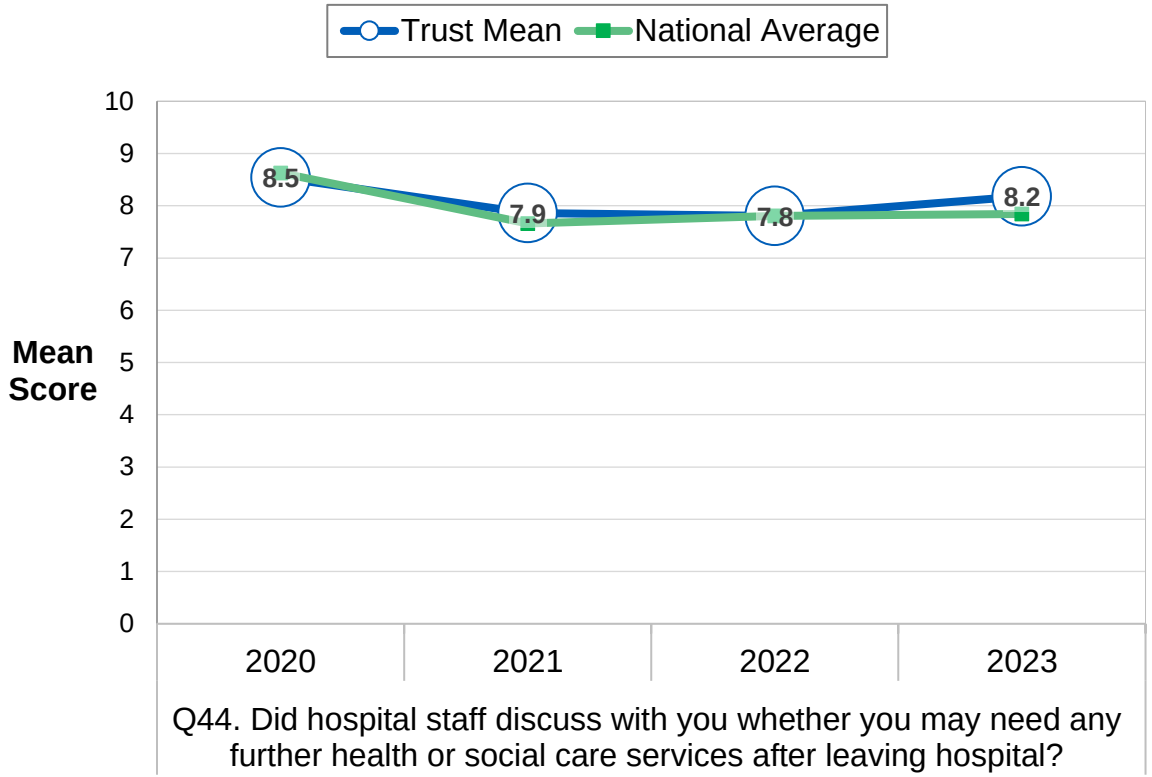
Question scores



Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2020: 426; 2021: 423; 2022: 405; 2023: 421



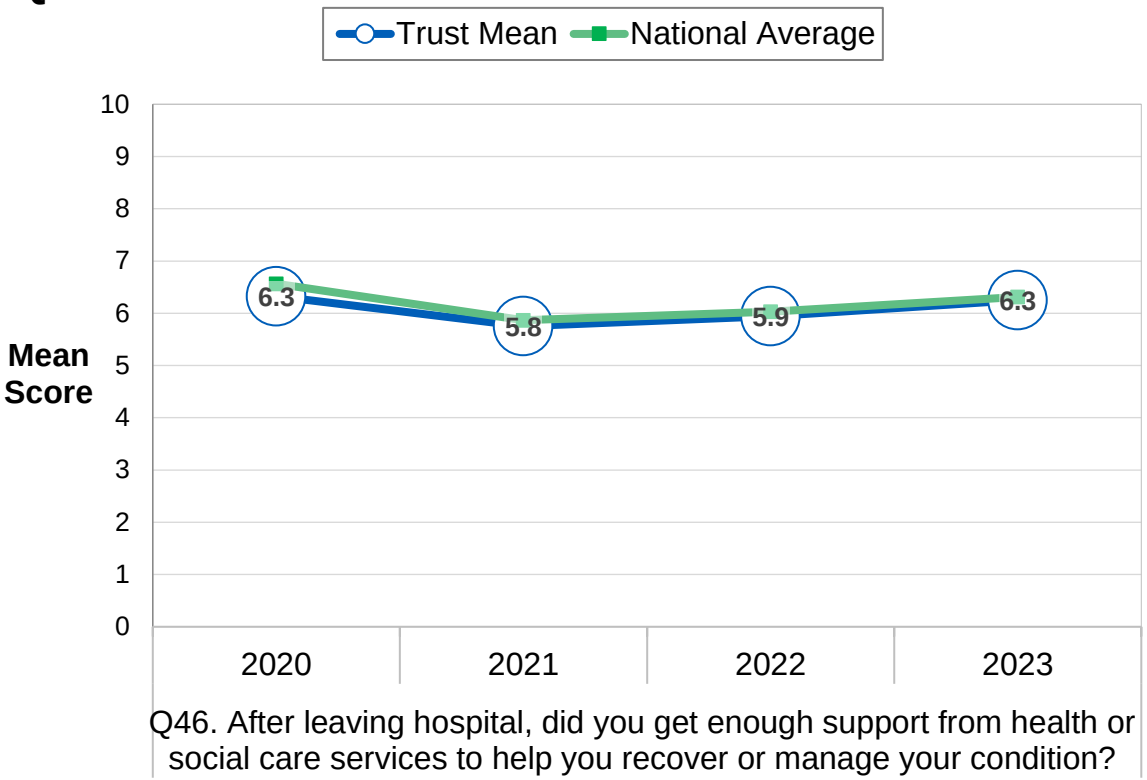
Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all. Respondents who stated that it was not necessary to discuss it, or that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 246; 2021: 234; 2022: 229; 2023: 209

Section 7. Leaving hospital

Question scores



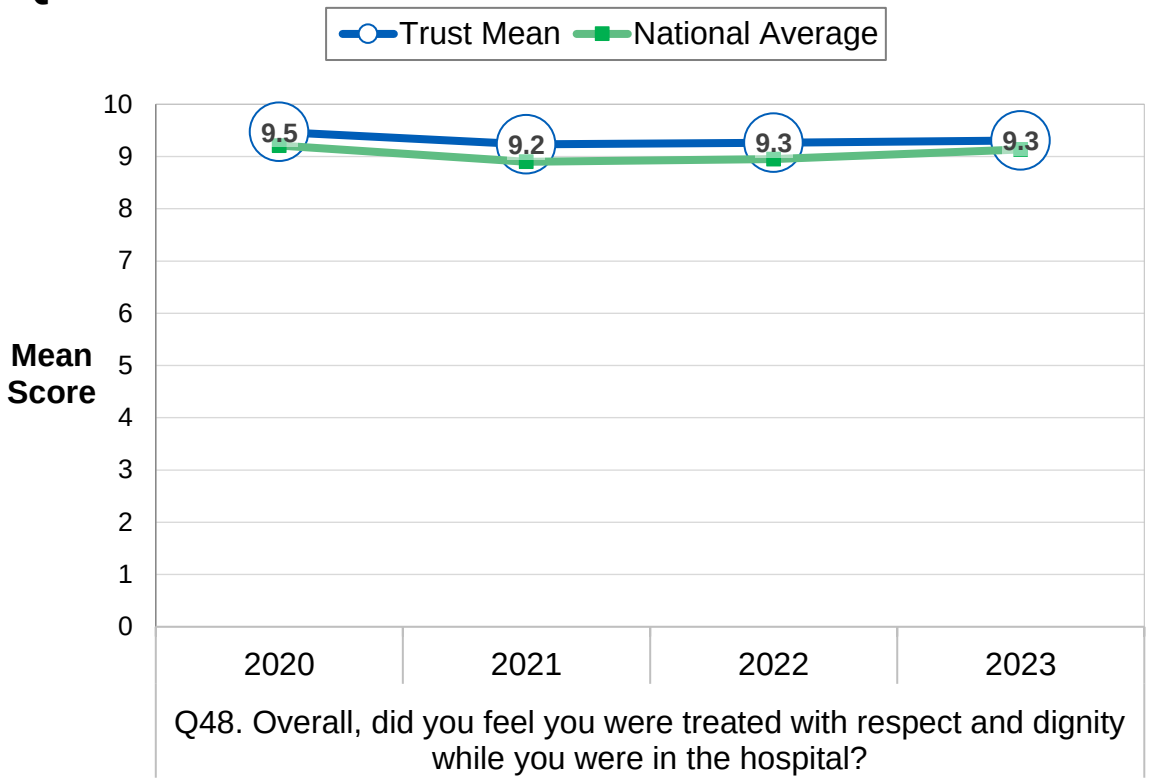
Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all except those who were transferred to another hospital. Respondents who stated they did not need any support have been excluded.
Number of respondents: 2020: 240; 2021: 257; 2022: 222; 2023: 253

Section 10. Respect and dignity

Question scores

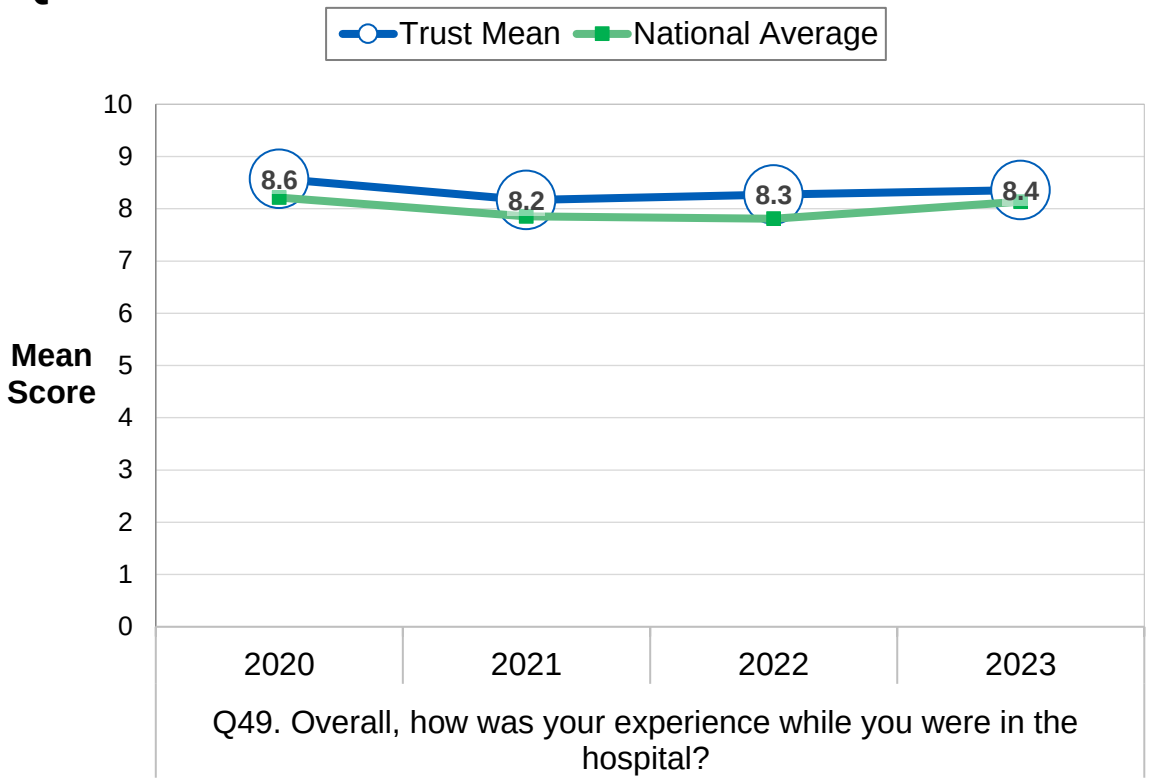


Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 476; 2021: 459; 2022: 428; 2023: 454

Section 11. Overall experience

Question scores



Significant change 2023 vs 2022	No change
Significant change 2023 vs 2021	No change

Answered by all.
Number of respondents: 2020: 476; 2021: 459; 2022: 429; 2023: 455

Appendix

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- Q15. Were you able to get hospital food outside of set meal times?
- Q16. During your time in hospital, did you get enough to drink?

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat better than expected

- Q30. Were you able to get a member of staff to help you when you needed attention?
- Q34. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- No questions for your trust fall within this banding.

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Worse than expected

- Q6_6. Were you ever prevented from sleeping at night by any of the following? Room temperature

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- No questions for your trust fall within this banding.

NHS Adult Inpatient Survey 2023

Results for University Hospitals Bristol and Weston NHS Foundation Trust

Where patient experience is best

- ✓ **Food:** Patients being able to get hospital food outside of set meal times
- ✓ **Information about virtual wards:** Patients getting information about risks & benefits of continuing treatment on virtual wards
- ✓ **Wait to get a bed:** The wait to get a bed on a ward after arrival
- ✓ **Waiting list:** Length of time on waiting list before hospital admission
- ✓ **Information while on virtual ward:** Patients feeling they were given enough information about care and treatment on virtual ward

Where patient experience could improve

- ○ **Sleeping:** Patients not being prevented from sleeping at night
- ○ **Sleeping:** Patients being prevented from sleeping at night due to room temperature
- ○ **Sleeping:** Patients being prevented from sleeping at night due to hospital lighting
- ○ **Support from health or social care services:** Patients getting enough support to recover/manage condition after leaving hospital
- ○ **Leaving hospital:** Staff discussing with patient whether they would need any additional equipment in their home after leaving

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2023. Between January 2024 and April 2024, a questionnaire was sent to 1250 inpatients at University Hospitals Bristol and Weston NHS Foundation Trust who had attended in late 2023. Responses were received from 461 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

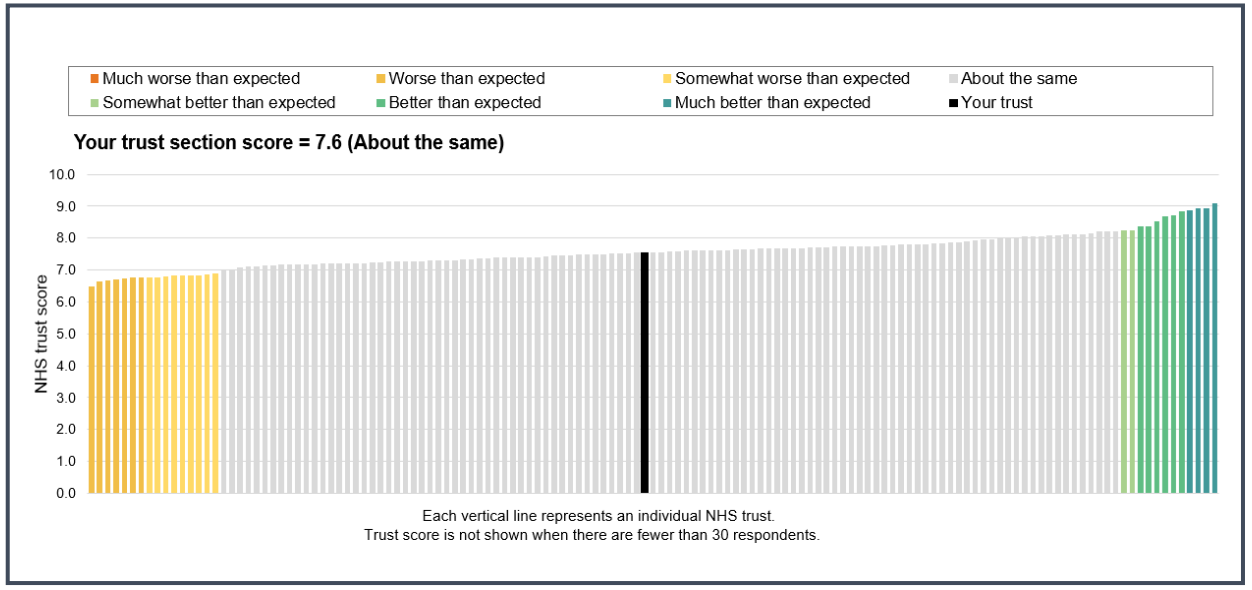
How to interpret benchmarking in this report

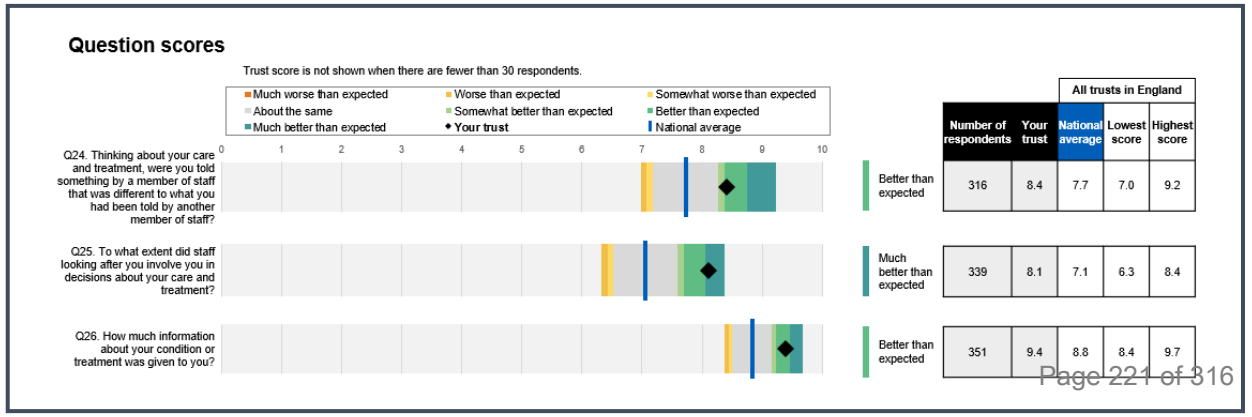
Trust level benchmarking

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.





How to interpret benchmarking in this report (continued)

Trust level benchmarking

The 'much better than expected,' 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Site level benchmarking

The charts in the 'trust and site results' section present site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that there may be differences between the average score of the sites provided and the overall score for the trust. This may be related to the size of the sites, results for suppressed sites or weighting, as sites and trusts are weighted separately. In addition, if a single site result is presented for a trust, the 'expected range' category may differ: although the score achieved will be the same for both the site and for the trust, the upper and lower boundary levels will differ between the two due to them being calculated differently in each case.

If fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site.

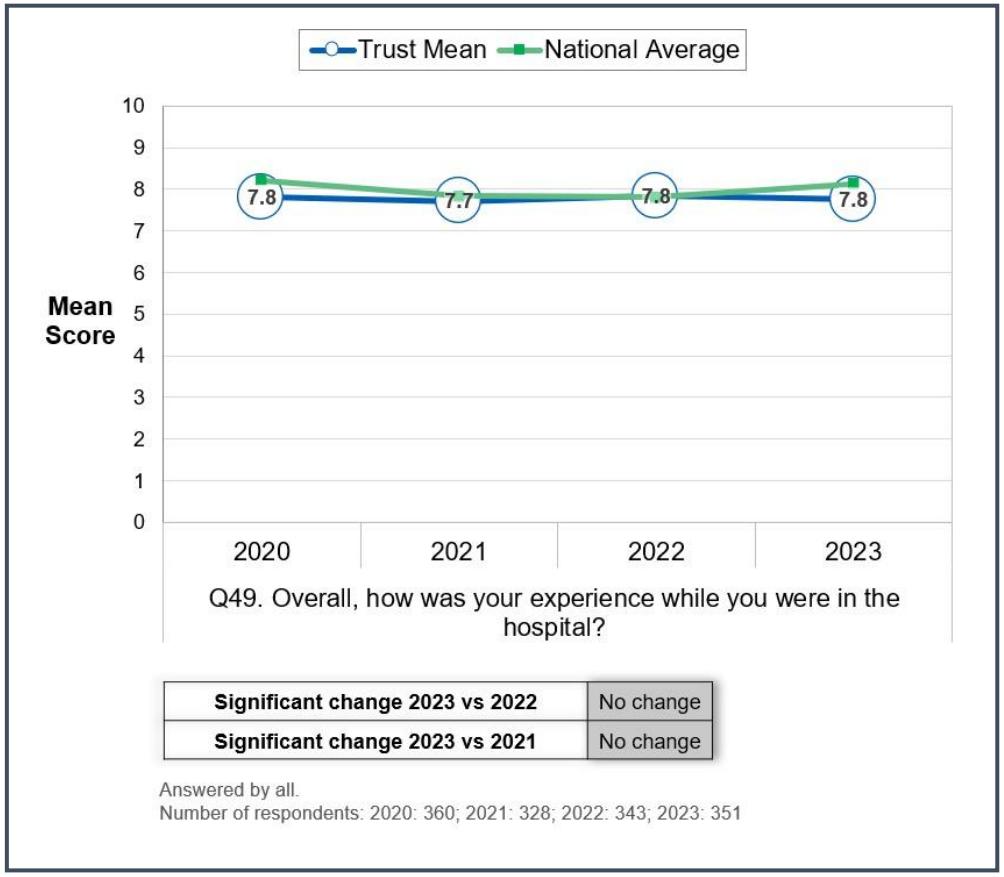
Additional information on the 'expected range' analysis technique can be found in the survey technical report on the NHS Surveys website.

How to interpret change over time in this report

The charts in the 'change over time' section show how your trust scored in each Inpatient survey iteration. Where available, trend data from 2020 to 2023 is shown. If a question only has one data point, this question is not shown. Questions that are not historically comparable, are also not shown.

Each question is displayed in a line chart. These charts show your trust mean score for each survey year (blue line). The national average is also shown across survey years, this is the average score for that question across all NHS trusts with Adult Inpatient services in England (green line). This enables you to see how your trust compares to the national average. If there is data missing for a survey year, this may be due to either a low number of responses, because the trust was not included in the survey that year, sampling errors or ineligibility.

Statistically significant changes are also displayed in tables underneath the charts, showing significant differences between this year (2023) and the previous years (2022 and 2021). Two sample t-tests with a 95% significance level were used to compare data between 2023 and 2022, and 2023 and 2021. A statistically significant difference means it is unlikely that we would have obtained this result if there was no real difference.



An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of patient experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 17 "When you asked doctors questions, did you get answers you could understand":

- The answer code "Yes, always" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No, never" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "I did not have any questions" and "I did not feel able to ask questions" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the survey technical document.

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

For further information

Please contact the Survey Coordination Centre:
inpatient@surveycoordination.com

Report To:	Meeting of the Board of Directors in **Public**		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Maternity Incentive Scheme (MIS) safety standards for 2023/24 Clinical Negligence Scheme for Trusts (CNST) Year Six Assurance Report		
Report Author:	Sarah Windfeld, Director of Midwifery and Nursing Jo Mockler, Quality and Patient Safety Manager		
Report Sponsor:	Deirdre Fowler, Chief Nurse and Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	✓		
	This report provides information relating to the Maternity Incentive Scheme (MIS) for Trusts and University Hospitals Bristol and Weston Foundation Trust's progress against the ten maternity safety actions. The scheme supports the delivery of safer maternity care through an incentive element to Trusts contributions to the Clinical Negligence Scheme for Trusts (CNST).		

Key Points to Note *(Including any previous decisions taken)*

The scheme financially rewards Trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services.
UHBW has been able to demonstrate 100% compliance against the standards for CNST in previous five years and received the full rebate.

An executive review of the year 6 CNST evidence was held on the 3rd of January 2025 by the Chief Nurse and Midwife.

Conclusion: Compliant for all standards

Strategic and Group Model 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.

Risks and Opportunities

The risks associated with this report include: 33 / 3553 / 4628

Recommendation

This report is for **Approval**

- This report is for **Approval.**
- Attached CNST MIS Board Declaration Form **for Board Sign Off**

History of the paper (details of where paper has <u>previously</u> been received)

N/A

Appendices:	UHBW MIS Year 6 Board Declaration Form

Maternity incentive scheme (MIS) safety standards for 2023/24 Clinical Negligence Scheme for Trusts (CNST) year six assurance report

1. Purpose

This report provides an update on the national position of the maternity incentive scheme (MIS) for Trusts and University Hospitals Bristol and Weston Foundation Trust's progress against the maternity incentive scheme. The scheme supports the delivery of safer maternity care through an incentive element to Trusts contributions to the Clinical Negligence Scheme for Trusts (CNST).

2. Background

The scheme financially rewards Trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services.

UHBW has been able to demonstrate 100% compliance against the standards for CNST in previous five years and received the full rebate.

3. National Position:

Year six of the maternity incentive scheme (MIS) was launched on the 2nd April 2024. The timeline for the completed MIS Board declaration is the 3rd March 2025 at 12 noon.

The scheme has been amended once since publication (23rd of October 2023) following feedback from Trusts in relation to the pressures being experienced because of ongoing industrial action and the impact this is having on Trusts' ability to meet the MIS actions within the time frames required to achieve compliance. A short-term adjustment to the submission requirements for action 8 related to meeting the 90% requirement for training, and action 1 in relation to holding MDT meetings within the prescribed timelines has been agreed.

4. Trust Position:

4.1 **Safety action 1:** Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard? **Compliant**

4.2 **Safety action 2:** Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard? **Compliant**

4.3 **Safety action 3:** Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? **Compliant**

4.4 **Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard? **Compliant**

4.5 **Safety action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard? **Compliant**

4.6 **Safety action 6:** Can you demonstrate that you are on track to fully implement all elements of the Savings Babies' Lives Care Bundle Version Three? **Compliant**

4.7 **Safety action 7:** Listen to women, parents and families using maternity and neonatal services and coproduce services with users **Compliant**

4.8 **Safety action 8:** Can you evidence the following 3 elements of local training plans and 'in-house-, one day multi professional training? **Compliant**

4.9 **Safety action 9:** Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues? **Compliant**

4.10 **Safety action 10:** Have you reported 100% of qualifying cases to the Maternity and Newborn Safety Investigations (MNSI) and to NHS Resolution's Early Notification (EN) Scheme? **Compliant**

An executive review of the year 6 CNST evidence was held on the 3rd of January 2025.

Conclusion: Compliant for all standards

.

5. Recommendations

This report is for **Approval.**
Attached CNST MIS Board Declaration Form **for Board Sign Off**

The Board is recommended to sign off the CNST MIS Board Declaration Form based on the above evidence.

Maternity Incentive Scheme - Year 6 Board declaration form

Trust name	**University Hospitals Bristol NHS Foundation Trust**
Trust code	**T076**

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	Yes		-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Midwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes		-	
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	
Total safety actions	**10**	**-**		
Total sum requested			**-**	

Sign-off process confrming that:

* The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

* The content of this form has been discussed with the commissioner(s) of the trust's maternity services
* There are no reports covering either **this year (2024/25) or the previous financial year (2023/24)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports must be brought to the MIS team's attention.
* If declaring non-compliance, the Board and ICS agree that any discretionary funding will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
* We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of Board governance which will be escalated to the appropriate arm's length body/NHS System leader.

Electronic signature of Trust Chief Executive Officer (CEO):	
For and on behalf of the Board of	University Hospitals Bristol NHS Foundation Trust
Name:	
Position:	
Date:	

Electronic signature of Integrated Care Board Accountable Officer:	
In respect of the Trust:	University Hospitals Bristol NHS Foundation Trust
Name:	
Position:	
Date:	

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14th January 2025		
Report Title:	6 Monthly Safe staffing report		
Report Author:	Sarah Dodds, Deputy Chief Nurse Andy Landon Senior Nurse, Safe staffing and E rostering Sarah Windfeld, Director of Midwifery Vimal Sriram, Director of Allied Health Professionals		
Report Sponsor:	Deirdre Fowler, Chief Nurse and Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The purpose of the paper is to provide information to the Trust Board that wards and departments have been safely staffed in line with the National Quality Board guidance and Developing Workforce standards. It makes recommendations for maintaining a sustainable nursing, midwifery, and allied health professional workforce through a triangulation of professional judgement and professional evidenced based acuity tools. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round		

Key Points to Note *(Including any previous decisions taken)*

- The Trust Board is informed of detailed monthly monitoring and reporting to the Quality and Outcomes committee which provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes and staff experience.

- The annual floor to board safe staffing review using the Safer Nursing Care Tool (SNCT) assessments to underpin nursing establishment on all adults and children's in-patient wards and ED's has taken place. The new adult SNCT tool requires at least two audits to be undertaken before any decisions on nurse establishments is undertaken. The second audit was undertaken in November and a third audit will be undertaken in February 2025. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round.

- There are no band 5 vacancies for the trust through over recruitment, however two divisions do still have some Band 5 vacancies in specific areas. In September 2024 the trust has overall surplus of 45.10 WTE or 2.4% of the establishment. The Registered Nurse Turnover rate continues a downward trend (from 11.7% down to 10.1%) due to the successful recruitment of Internationally Educated Nurses (IEN's), Newly Qualified Nurses (NQN's) and the impact of the Trust wide focus on retention initiatives.

- Care hours per patient day (CHPPD) is a measure of actual nursing resource deployment and the registered nurse (RN) CHPPD and total CHPPD are included in the metric tables. Trust wide RN CHPPD has remained within the range 6.6 – 6.9. UHBW benchmarks well against peers in the model hospital dashboard and is in the top national quartile for CHPPD.

- NICE Midwifery red flags are now included in the midwifery section and are reported

each month through the Safe Staffing Report as per the CQC Improvement recommendations.

Strategic Alignment

Patient Safety, Experience of Care, Our People, Making the Most of all Resources

Risks and Opportunities

For all staff groups
The risks have all been reviewed this period due to the improved vacancy and turnover positions sustained over the past 6 months. Risk 5477 has been reduced in line with the current vacancy rate.

Risk Number	Details	Risk Level	Current Score	Target Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups.	Strategic Risk Register	8	8
2694	Risk that the Trust is unable to retain members of the substantive workforce.	Strategic Risk Register	8	8
5477	Risk that nurse staffing levels will not be met.	Strategic Risk Register	6 (↓9)	6

Reviewing the safe staffing through the annual reviews provides an opportunity to ensure that wards and departments are staffed most efficiently and in line with National requirements.

Recommendation

This report is for **Information.**

The Trust Board is asked to note the completion of the Annual Safe staffing reviews and is recommended to support the prioritisation review, via the **operational planning round** to seek funding for**:**

Children's

- **Apollo Ward by 1 RCN per shift (5.2 WTE)** due to the continuous negative variance against the SNCT baseline and the added workload associated with caring for children with mental health issues that is not measured by the SNCT tool.
- As above, support the process to seek **the 3rd year phased staffing funding requirement for Children's ED** (**10 WTE)** identified on previous and current ED SNCT audits.
- Support the process to seek funding for **Caterpillar Ward by 1 RCN per shift (5.2 WTE)** due to SNCT negative variance. This will be subject to ongoing review through the SNCT data prior to any further substantive increase.
- Support the process to seek funding for **Band 7 Learning Disabilities and Autism Specialist Nurse 1 WTE.**

Women's

- Support the process to seek funding for **Band 6 's x 2 per shift (6.1 WTE) 8 a.m to 22 p.m** for phase 1 of the Acute Obstetric Triage Unit planned for 25/26.

History of the paper (details of where paper has <u>previously</u> been received)

Executive Committee	11th December 2024
Appendices:	Appendix 1: *Divisional Grids*

University Hospitals Bristol and Weston NHS Foundation Trust

Report on Nurse (RN's), Midwifery (RM's) and Allied Health Professionals (AHP's) Staffing Levels UHBW (April 2024 – September 2024).

Context

Following publication of the Francis Report 2013[1] and the subsequent "Hard Truths" (2014)[2] document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift on the Trust website.
- Provide a 6-month report on nurse staffing to the Board of Directors.

Contents

There are two specific strategic nurse, midwifery and AHP staffing risks graded as high risk held on the corporate risk register as below. The risks have all been reduced due to the improved vacancy and turnover positions sustained over the past 6 months.

For all staff groups

Risk Number	Details	Risk Level	Current Score	Target score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups.	Strategic Risk Register	8	8
2694	Risk that the Trust is unable to retain members of the substantive workforce.	Strategic Risk Register	8	8
5477	Risk that nurse staffing levels will not be met.	Strategic Risk Register	6 (↓9)	6

For Midwives

Risk 3623: - This risk remains very high due to experienced staff turnover and availability of course places to train new staff. Work is ongoing to reduce the impact of this and some progress is being made.

Risk Number	Details	Risk Level	Current Score	Target score
33	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes.	Departmental	15	6

[1] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK (www.gov.uk)
[2] NHS England » Guidance issued on Hard Truths commitments regarding the publishing of staffing data

988	Risk that neonates are transferred out to alternative NICU units due to lack of cot capacity	Departmental	9	3
3623	Risk that extreme pre-term babies will have a sub-optimal outcome due to inability to deliver in a tertiary centre	Departmental	8	4

For AHPs

Risk Number	Details	Risk Level	Current Score	Target Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff	Strategic Risk Register	8	8
2694	Risk that Trust is unable to retain members of the substantive workforce	Strategic Risk Register	8	8

- The report highlights the work being undertaken to mitigate the above risks.

1. Nursing Report

Trust Metrics overview

The previous 6 months Trust level staffing metrics are contained within Table 1, the Divisional summary tables can be found in the appendices.

Key points to note: -

- Over the past 6 months, the adult fill rates have now consistently been above 95%. The night HCSW fill rate remains above 100%, this is to ensure vulnerable patients are kept safe with enhanced care observation.

- All in-patient area fill rates are based on the funded beds and do not include the additional boarding beds within a ward and escalation beds, when in use these beds are an additional workload for staff.

- There are no band 5 vacancies for the trust through over recruitment, however two divisions do still have some Band 5 vacancies in specific areas. In September 2024 the trust has overall surplus of 45.10 WTE or 2.4% of the establishment.

- The Registered Nurse turnover rate continues a downward trend (from 11.7% down to 10.1%) due to the successful recruitment of Internationally Educated Nurses (IEN's), Newly Qualified Nurses (NQN's) and the impact of the Trust wide focus on retention initiatives.

- Care hours per patient day (CHPPD) is a measure of actual nursing resource deployment and the registered nurse (RN) CHPPD and total CHPPD are included in the metric tables. Trust wide RN CHPPD has remained within the range 6.6 – 6.9. UHBW benchmarks well against peers in the model hospital dashboard and is in the top national quartile for CHPPD.

- The level of red flag reporting has increased over the 6-month period mainly due to difficulty in covering Enhanced Care Observation shifts by Health Care Support Workers. Red flag shifts for Registered nurse remains low due to the low vacancy levels,

- NICE Midwifery red flags are now included in the midwifery section and are reported each month through the Safe Staffing Report as per the CQC Improvement recommendations (please refer to the midwifery report).

- Both the level of agency and bank usage in all divisions has decreased significantly over the previous 6 months, this is reflected the Trust overview as a higher proportion of shifts are filled by substantive staff.

Table 1 - Trust Metrics

Trust Overview Measure	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Registered Nurse Fill Rate - Day	101%	102%	101%	98%	98%	96%	
Registered Nurse Fill Rate - Night	104%	104%	102%	99%	100%	97%	
Unregistered Nurse Fill Rate Day	107%	111%	108%	110%	110%	108%	
Unregistered Nurse Fill Rate Night	116%	118%	117%	118%	117%	118%	
All Staff Fill Rate - Overall	106%	107%	105%	104%	103%	102%	
Registered Care Hours per Patient Day	6.6	6.9	6.9	6.8	6.9	6.6	
Total Care Hours per Patient Day	10.0	11.1	11	10.9	11.0	10.4	
Supervisory Ward Sister %	79%	76%	81%	82%	79%	76%	
Sickness (Rostering KPI)	6.5%	5.9%	5.4%	5.7%	4.8%	5.4%	
Registered Nurse Band 5 Turnover Rate	11.7%	11.5%	11.2%	11.0%	10.8%	10.1%	
Unregistered Nurse Band 2/3 Turnover Rate	16.5%	17.0%	17.4%	16.9%	16.4%	16.7%	
Registered Nurse Band 5 Vacancy WTE	13.3	1.1	-35.1	-18.4	-36.5	-45.1	
Unregistered Nurse Band 2/3 Vacancy WTE	34.8	43.8	94.3	96.4	98.7	90.5	
% Agency staff used to support substantive staff	3%	2%	2%	3%	1%	2%	
% Bank staff used to support substantive staff	16%	17%	17%	17%	16%	14%	
Lower than expected Staffing Incidents - In patient Wards	55	37	35	21	37	70	
Red Flag Reported incidents - In patient Wards	8	2	1	5	13	22	

Safer Nursing Care Tool (SNCT) 2023

- The Trust continues to use the new Safer Nursing Care Tool (2023) to underpin the nursing establishments, this new version has been expanded to include the care for one-to-one Enhanced Care Requirements (ECO) assignments and for patients requiring a two-to-one or more staffing level to ensure both patients and staff are kept safe.

- A detailed training programme based on the national NHS England requirements was delivered to all key adult-based staff (approx.130 senior staff nurses, ward sisters and matrons) between April and June 2024. They all undertook and passed an inter-rater reliability test to ensure consistency in scoring.

- The first SNCT audit using the tool was undertaken in July 2024 with improved compliance to previous audits, this will be repeated in November 2024 and February 2025. This ensures a suitable evidence base has been collected from which establishment reviews can be undertaken.

- The Child and Young Person (CYP) and Emergency Department SNCT tools are unchanged and continue to be undertaken in July and February each year as standard.

The Emergency Department Safer Nursing Care Tool (SNCT)

- **The BRHC ED** requires the pre-planned final 3rd year of funding **(10 W.T.E)** to deliver the phased approach to support staffing, this has been added to the Children's Annual Operating planning round.

- **The BRI ED** following the July SNCT results further work is being undertaken to closer align staffing to the attendance results. This builds on the previous changes made which have made a positive impact on staffing and improvement to patient flow through the department.

- **Weston ED** both the Rapid Triage and Treatment service and ED observation unit are now funded enabling improved safety and flow through the department.

  Staffing and CQC
  In June 2024 the BRI ED had an unannounced CQC inspection, the report stated that*:*

  "the service had enough nursing staff to meet the needs of the service.
  Staff had raised that the skill mix could be challenging with the high number of newly arrived International Nurses but were positive about the training and development opportunities which were available"

Annual Review Programme

- The annual nurse establishment reviews were undertaken across all Divisions between September and November. This included all in patient ward, critical care areas, ambulatory care area, theatre suites, Clinical Nurse Specialists and Research Nurses.

- All roster templates and rules have been reviewed for consistency and alignment with the agreed budgets. In addition, ward roster processes and procedures were also assessed to ensure all areas were effectively rostering.

- The evaluation work required to review the budgetary impact of the increasing level of training in all areas continues. National recommendations indicate at least a 1%

increase from 21% - 22% in all areas with an additional 1% - 3% in specialist areas. This will support the right staff, right skills approach to safe staffing

- All Divisions reported an improvement in staffing levels and general morale following the successful recruitment drive. Detailed work is underway in all divisions including flexible working, self-rostering, increased educational offers and rotational posts to retain staff.

- The annual review process allows divisions to highlight concerns around staffing but also to celebrate successes in ensuring that all patients have received safe and effective high-quality care.

- Divisional review outcomes

    - Medicine
        - Nil to report.

    - Specialised Services
        - Skill mix review to increase Band 6's within the Cardiac Catheter lab

    - Surgery
        - Nil to report

    - Childrens
        - Apollo Ward SNCT audits consistently demonstrate an additional staffing requirement above funded establishment to support safe staffing due to the complexity, mental health and acuity of the patients. This has required an additional RCN to be required frequently. The review supported the recommendation to increase the substantive staffing by 5.2 WTE (1 RCN per Shift)

        - Caterpillar Ward. The July SNCT results demonstrated a negative variance against the funded establishment and with professional judgement the recommendation is to mitigate this with an increase of 5.2 W.T.E (1 RCN per shift) and to monitor this further through the SNCT data for February and July 2025 before any additional substantive increase in funding.

        - The BRHC ED requires the pre-planned final 3rd year of funding (10 W.T.E) to deliver the phased approach to support staffing.

        - There is currently no Learning Disabilities and Autism Paediatric Specialist nurse service; to mitigate this risk, the review supported the recommendation for 1 Band 7 w.t.e.

    - Women's
        - Reviewed the NICU skill mix to include a Band 7 in charge 24 hours per day and an increase in practice development roles was gained through a review of the establishment.

        - Building work is commencing for the new Acute Obstetric Triage unit, the required staffing has been proposed and a phased approach to fund the midwifery staffing (Band 6 Midwives 6.1 w.t.e 8 a.m – 22 p.m initially) has been recommended.

- Weston
    - The Director of Nursing for Weston requested that the SNCT data for both Berrow and Hutton was kept under review for the next 2 audits prior to any substantive changes being made.

2. Midwifery Report

Introduction

This section of the report details the specific requirements and actions taken by Midwifery Services to ensure that all mothers and babies are given quality care in a safe and secure environment.

The Trust continues to review its services against the landmark publications of the Ockendon Reports in December 2020 and March 2022 to assure the Trust that the Midwifery services are responding appropriately to the recommendations outlined in these two reports. A full Birthrate plus workforce assessment was undertaken in June 2022 with the next formal review planned for 2025/2026.
Between April 2024 and September 2024 staffing in both Maternity and Neonatal Intensive Care Unit (NICU) has been challenged during Q1 however Q2 has seen a reduction in vacancies resulting in better staffing across maternity services.

The hospital and community on-call midwives have been allocated in periods of high acuity and/or activity to support staffing shortfall with the midwifery on-call manager available for support. There are twice daily flow meetings held between maternity, gynecology, and neonatology with the flow midwife monitoring activity and the movement of staff during the week. The data recorded in the Birthrate Plus tool informs the flow midwife of hotspots on the day.

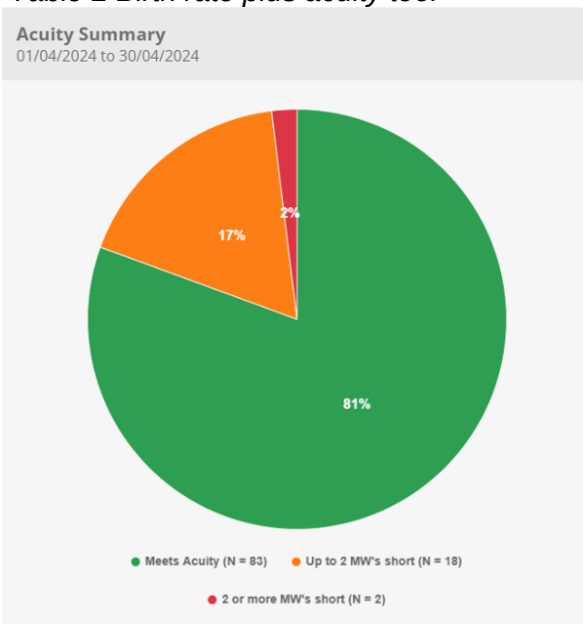
In September 2024 NICU has no band 5 vacancies and the percentage of QIS trained nurses has improved (from 53% to 62%). To meet the British Association of Perinatal Medicine (BAPM) standards we require 70% of the NICU nursing workforce to be QIS trained. An A3 Thinking Project is in progress to support the recruitment, training and retention of QIS trained nurses.

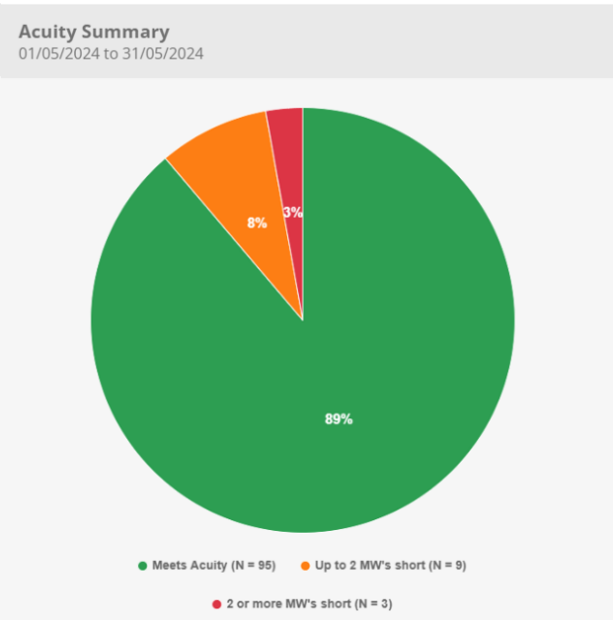
Birth rate Plus acuity tool. *Table 2*
The Birth rate Plus acuity tool has been used on the delivery suite and the compliance data is shown below where: -

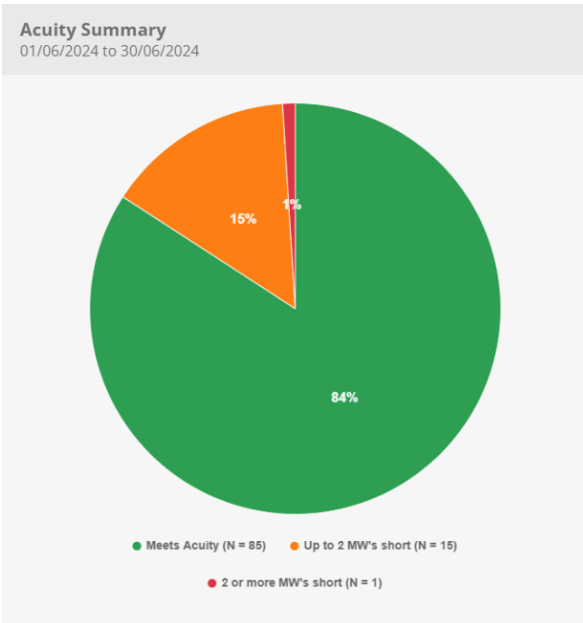
Green = Meets acuity, Amber = Up to 2 midwives short and Red = 2 or more midwives short.

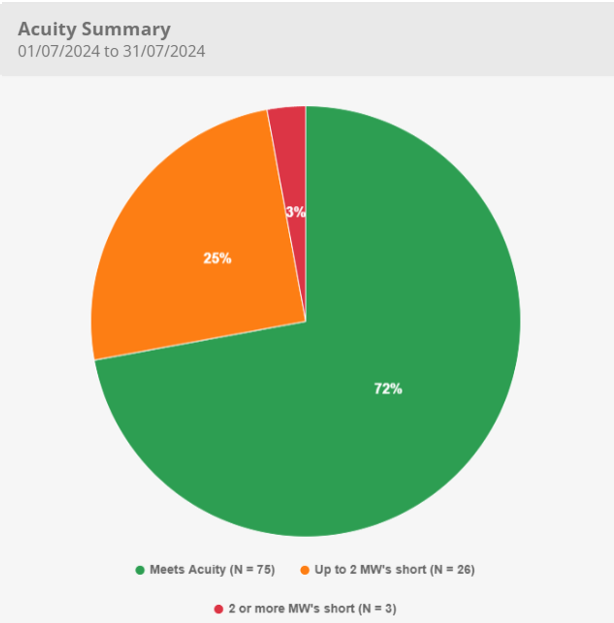
The maternity ward (73) and transitional care (76) have also started to use the tool to help manage the midwifery staffing and trigger escalation. The compliance for these areas will be reported in May 2025.

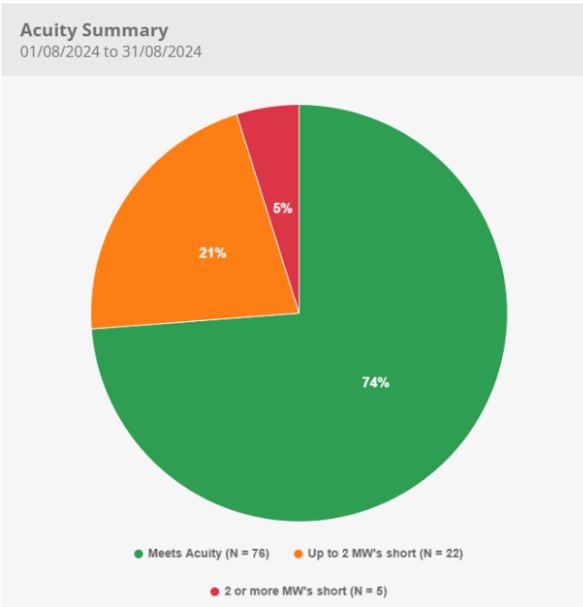
Table 2 Birth rate plus acuity tool

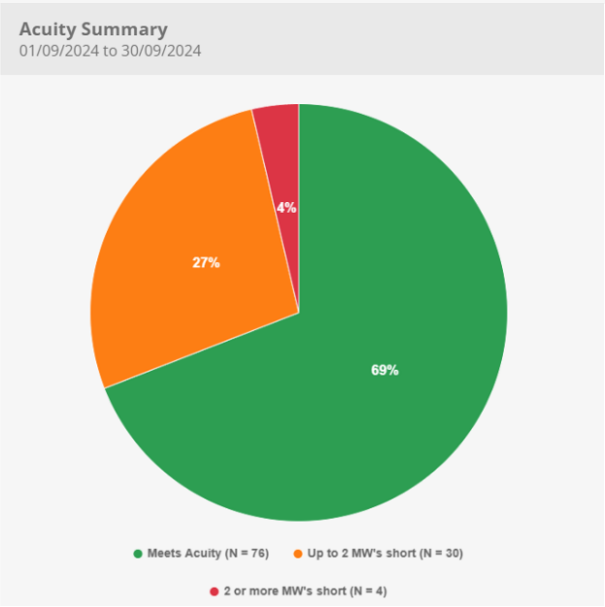












Recruitment

The current vacancy rate for bands 5 to 7 (registered staff) in maternity is 3.16 WTE projected to be -ve 11.84 by Spring 2025 (recruited to turnover). The Trust has introduced an auto-offer of interview to students who have had placements in UHBW with Maternity being the first to implement this.

Staffing and CQC.

The Maternity service was inspected in December 2023 by the CQC and was rated as 'Good' overall, with one requirement and one recommendation made for Safe Staffing.

CQC Requirement	Regulation	Findings	Action
That 'red flag' midwifery staffing incidents are monitored effectively, including delays to induction of labour, in line with national guidance.	Regulation 18 (1)	The service did not effectively monitor maternity 'red flag' staffing incidents in line with NICE guideline 4 'Safe midwifery staffing for maternity settings'... Managers did not monitor and compare maternity red flag incidents in the six nursing and midwifery staffing reports to trust board in line with national guidelines	1) Ensure all managers monitor and compare maternity red flags. 2) Report on Midwifery red flags in the Monthly safe staffing report highlighting any action.

Red flags including delayed inductions are monitored through the PQSM (Perinatal Quality and Safety Maternity Matrix) and daily flow meetings. Red flags and themes of staffing issues are monitored monthly through the individual area governance groups and at the hospital Women's Governance Group and escalated as necessary to the Divisional Quality Assurance Committee.

Staffing is monitored daily at flow meetings and staff are moved to manage any risks, including use of the on-call midwife. Following the CQC visit all staff were reminded to record any staffing related safety incidents or where mitigations have been required to support staffing incidents on Datix including the use of NICE red flags. A significant increase in red flag reporting over the previous months has been noted (See below Table 3). This table differs from previous reports as refreshed to align with the use of the NICE Red flags. It has been collated in this format since May 2024, so April 2024 data is not represented.

Table 3 – Midwifery detailed red flag reporting

	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Delayed or cancelled time-critical activity	22	19	21	21	17	18
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0	0	2	0	0
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	5	3	5	1	7	4

Delay of more than 30 minutes in providing pain relief	0	2	0	1	0	0
Delay of 30 minutes or more between presentation and triage	10.8% (50 attendances)	10.4% (47 attendances)	16.9% (89 attendances)	21.3% (105 attendances)	19.47% (111 attendances)	6.56% (40 attendances)
Full clinical examination not carried out when presenting in labour	27.8% (101 assessments not completed/ partially completed)	28.8% 97 assessments not completed/ partially completed	27.7% 107 assessments not completed / partially completed	25% 99 assessments not completed / partially completed	27.7% 103 assessments not completed / partially completed	15.9% 65 assessments not completed / partially completed
Delay of 2 hours or more between admission for induction and beginning of process	80.3% (98 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle) 82.8% of IOLs were commenced within official IOL window	64.2% (79 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle) 83.16% of IOLs were commenced within official IOL window	Data Pending	Data Pending	Data Pending	Data Pending
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	6	7	9	13	6	4
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	1	0	0	0	0	0

The recommendation from the CQC for staffing was to ensure there are enough midwifery staff to provide a full range of maternity choices including use of the midwifery-led unit (MLU). The CQC noted that "Midwifery staffing levels impacted on the availability of the midwifery led unit'.

The midwifery led unit is staffed from the 11 midwives assigned to Central Delivery Suite (CDS) with two midwives available to cover the midwifery led unit if a woman presents wanting to use the facility.

Following recent recruitment the CDS is now able to allocate and name two midwifery staff members per shift to support any woman opting for MLU birth and fitting the criteria. This has led to an average 75 % increase in births in the MLU following this change.

Continuity of carer teams

The service has maintained the four continuity of carer midwifery teams, mainly present in areas of high deprivation and ethnic diverse population. The funding was received from the LMNS for enhanced maternity support workers in continuity of care teams to reach out to vulnerable women and facilitate earlier engagement into the Maternity service. This had led to 35.1% of women giving birth at UHBW in November 2024 as a result of receiving care from a continuity midwifery team.

Acute Obstetric Triage Unit

The Trust is supportive of the creation of an acute obstetric triage area for non-labouring admissions following the Birmingham model that is now nationally recommended and supported by Ockenden. It has become a core function that needs to be demonstrated for

ongoing compliance with the standards in the Saving Babies Lives Care Bundle (and therefore to achieve the CNST rebate associated with maternity).
Acute Obstetric Triage units should run 24 hours per day, 7 days per week, and require adequate midwifery staffing. The required staffing has been proposed and a phased approach to fund the staffing (**Band 6 Midwives 6.1 w.t.e 8 a.m – 22 p.m initially**) of the new triage unit has been recommended. The building work is due to commence in January 2025.

3. Allied Health Professionals (AHP's) report

The Trust employs nine professional groups as allied health professionals (AHP) and range across all divisions in the Trust as of November 2024, there are:

- 801 (665.95 WTE) Health and Care Professionals Council registered Allied Health Professionals (Bands 5-8D).

- 204 (178.86 WTE) support staff (Bands 2-4).

A detailed review of AHP staffing was presented to the People Committee of the Trust Board in September 2023 to provide assurance of the current recruitment and retention position of AHP's within the Trust. Good progress is being made on the 3-year plan to improve recruitment and retention of AHPs in the Trust.

The current overall AHP staffing vacancy rate has reduced significantly to 3.02%, however there is a continued difficulty in recruiting to occupational therapy posts similar to other NHS and Care organisations across the country.

The overall AHP turnover has decreased to 12.9%, with variance in the specialties and professional groups.

A careers day for 13-19 year old learners to choose AHP professions as a career choice, in partnership with colleagues from NBT, Sirona and BNSSG ICB, was attended by 126 learners accompanied by friends and family.

By employing various entry routes into the professions, including apprenticeships AHP roles continue to be an attractive place to work enhanced further by the creation of consultant practitioner and advanced practitioner roles. In addition, the Trust also offers clinical academic posts and two of our AHP colleagues have secured a prestigious NIHR post-doctoral award and continue to work clinically in UHBW.

Currently there is no acuity tool or a national standard approach for use by AHP's to evidence-base staffing levels required for inpatients, except for critical care areas, stroke and cancer services.

Staffing levels in other specialties areas are determined through demand and capacity data and using data based on patient related and non-patient related (essential training, continuing professional development, service improvement etc.,) activities as well as clinician judgement of complexity and acuity of patient care provided by AHPs.

In partnership with HR and e-Rostering colleagues work has commenced on job planning for AHPs in the Trust, with some preliminary work already started within dietetics teams in adult therapies. This will provide further support and clarity in determining staff levels once full adopted. A bid to procure the required licenses for the system is in progress.

Service leads have started to review bank and agency usage and the capping of agency rates for AHP professionals as part of the southwest regional project.

Work continues to promote the AHP professions in system, regional and national forums, including an AHP celebration week in UHBW, with awards for AHPs in 8 categories from a total of 129 nominations.

4. Assurance statement and summary.

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards guidance (2018). The SNCT cycles completed over the past 12 months support the nursing establishment setting process using a recognised evidence-based approach. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short- and long-term staffing shortfalls. **The conclusion is that professional judgement indicates that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities, whilst also supporting development for both the registered and non-registered Nursing and Midwifery workforce and the AHP staff.**

The last 6 months have seen significant improvement with recruitment and retention of registered nurses with an over establishment in place and many adult areas are now recruited to turnover.

Safe staffing in specific areas where vacancies remain has been supported with nurse bank incentives which have ensured safety and enabled a sustained reduction of off framework agency use. The significant improvement in the vacancies and effects of the retention programmes has ensured that the Trust is well prepared for any risks which may occur through the agency cap rate reduction.

Pressure on the front door service has continued over this 6-month period requiring the regular opening of extra capacity areas and supporting the ED queues in the adult ED departments. With the over establishment these areas are now being staffed by substantive staff instead of temporary staff.

5. Recommendations for Trust Board

The Trust Board is offered assurance of detailed monthly monitoring and reporting to the Quality and Outcomes committee which provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes and staff experience.

The Trust Board is asked to note the following:

- The Trust has undertaken the annual floor to board safe staffing review using the Safer Nursing Care Tool (SNCT) assessments to underpin nursing establishment on all adults and children's in-patient wards and ED's acknowledging this is a process that will evolve over time after each assessment. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round.

- The new adult SNCT tool requires at least two audits to be undertaken before any decisions on nurse establishments is undertaken. The second audit was undertaken in November and a third audit will be undertaken in February 2025 to complete a Summer Autumn and Winter picture from which the optimized nursing numbers can be determined.

The Trust Board is asked to note the completion of the Annual Safe staffing reviews and is recommended to support the prioritisation review, via the **operational planning round** to seek funding for:

Children's

- **Apollo Ward by 1 RCN per shift (5.2 WTE)** due to the continuous negative variance against the SNCT baseline and the added workload associated with caring for children with mental health issues that is not measured by the SNCT tool.
- As above, support the process to seek **the 3rd year phased staffing funding requirement for Children's ED** (**10 WTE)** identified on previous and current ED SNCT audits.
- Support the process to seek funding for **Caterpillar Ward by 1 RCN per shift (5.2 WTE)** due to SNCT negative variance. This will be subject to ongoing review through the SNCT data prior to any further substantive increase.
- Support the process to seek funding for **Band 7 Learning Disabilities and Autism Specialist Nurse 1 WTE.**

Women's

- Support the process to seek funding for **Band 6 's x 2 per shift (6.1 WTE) 8 a.m to 22 p.m** for phase 1 of the Acute Obstetric Triage Unit planned for 25/26.

Report To:	Meeting of the Board of Directors in **Public**		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	South Wales and South West Congenital Heart Disease Network Annual Report 2023/24		
Report Author:	Rachel Burrows, SWSW CHD Network Support Manager Michelle Jarvis, SWSW CHD Network Manager Stephanie Curtis, SWSW CHD Network Clinical Director Sheena Vernon, SWSW CHD Network Lead Nurse		
Report Sponsor:	Becky Maxwell, Interim Chief Medical Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	The South Wales and South West CHD Network Annual Report 2023/24 sets out the key achievements of the Network in its eighth year of operation, the key priorities for future years, and identifies challenges to the delivery of NHS England's Congenital Heart Disease (CHD) standards (published 2016).		

Key Points to Note *(Including any previous decisions taken)*

- Progress made against the agreed work plan
- Key updates across clinical, governance, education and workforce programmes
- NHS Wales formally adopted the NHS England CHD Standards after their self-assessment reviews facilitated by the Network
- Flexibility required to support centres with waiting list backlogs and support continued care

Strategic and Group Model Alignment

The overall visions and aims of the South Wales & South West England CHD Network are in line with both the Patient Safety strategic objective of 'excellent care, every time' and the Timely Care strategic priority to ensure 'timely access of care for all'. The priorities and focus of the Network are identified and agreed through collaboration with Network stakeholders with the collective ambition to improve the quality and equity of care for CHD patients.

Risks and Opportunities

- The Network issue log held 16 items at the close of 2023/24. Two issues of high priority are described on page 24 of the annual report. Programmes of work to support mitigation of these issues form part of the Network workplan within 24/25 and 25/26
- The report highlights opportunities moving into 24/25 to continue work towards achievement of the aims and objectives of the South West & South Wales CHD Network

Recommendation

This report is for **Information.**

History of the paper (details of where paper has <u>previously</u> been received)

SWSW CHD Network Board	November 2024

Appendices:	None

South Wales and South West Congenital Heart Disease Network

South Wales and South West Congenital Heart Disease Operational Delivery Network

Annual Report 2023/2024

GIG CYMRU NHS WALES

NHS England

Contents

Foreword

By Dr Stephanie Curtis, Clinical Director, South Wales and South West Congenital Heart Disease Network

Welcome to our Network Annual Report for 2022/23. There is a lot to digest in this year's report and a lot to be inspired by. Although the British Congenital Cardiac Association (BCCA) conference was only halfway through the financial year, it seems a very long time ago and much has been achieved since then. We have had to say goodbye to colleagues in the Network team and around the region who moved on and welcomed new colleagues.

With the NHS being so financially challenged in recent years, we continue to ensure that we provide high quality and safe healthcare across all our 21 services in 14 NHS Trusts and Health Boards. Key to this is evolving care models, such as cardiac physiology and nurse-led clinics for simple lesions. Whilst there is an initial outlay for these models, they enable low risk patients to be seen more quickly and effectively, as well as saving consultant time and therefore costs. Setting up these clinics and pathways involves a significant personal commitment and investment of time, and I commend Dan Meiring and Owen Burgess for pioneering this work in our region.

Improving image sharing across the Network was one of our key projects in 2023/24 and, despite the significant IT challenges in the NHS, links were made with Wales and Bath, and Exeter's imaging system was made safe. Being able to store images robustly and access and transfer images rapidly across Trusts and Health Boards is not only crucial for patient care but essential for good governance.

The integration of psychology into healthcare has been gradual and very welcome. Our patients, more than most, face many hurdles throughout their lifetimes, and I am very pleased to see our psychology teams growing and able to support more patients and their families across the Network. We have one of the strongest patient representative relationships, which is vital to our work.

On the operational side, we were gratified that NHS Wales formally adopted the NHSE CHD Standards after their self-assessment reviews and even more gratified that they found the process helpful and engaged so much with it. We have also made great progress with the delayed transfers project, allowing us to examine in detail the reasons for delays from our children's cardiac centre and protecting our commissioned bed base in Cardiff to ensure maximum efficiency in the use of our precious children's cardiac beds.

Our education programme, run by our Lead Nurses, is one of our Network's strengths. The numbers attending and the feedback from these study days always astounds me. Congenital cardiology is endlessly fascinating and challenging, and as many more staff become trained, I am confident that our patients will receive excellent care by dedicated staff for many years to come!

About Us

Background

The South Wales and South West Congenital Heart Disease (SWSW CHD) Operational Delivery Network was officially formed in April 2016, following the publication of the NHSE CHD standards, There was already a long established informal clinical Network in the region, and a formal partnership with South Wales, agreed in 2001.

The Network is funded by, and accountable to, NHS England (NHSE) and hosted by University Hospitals Bristol and Weston NHS Foundation Trust. We work closely with the Welsh Health Specialised Services Committee (WHSSC).

Our Network covers a broad geographical area with a population of approximately 6 million (1 in 100 children are born with CHD). It brings together clinicians, managers, patients, carers, and commissioners working together to support children with heart disease and adults with CHD and their families. Our collective ambition is to improve the quality and equity of care for patients.

Meet the Core Network Team (2023/24)

Dirk Wilson
Network Board Chair
(until February 2024)

Louise Hudson
Network Manager
(until October 2023)

Michelle Jarvis
Network Manager
(from November 2023)

Steph Curtis
Clinical Director

Sheena Vernon
Lead Nurse

Jess Hughes
Lead Nurse

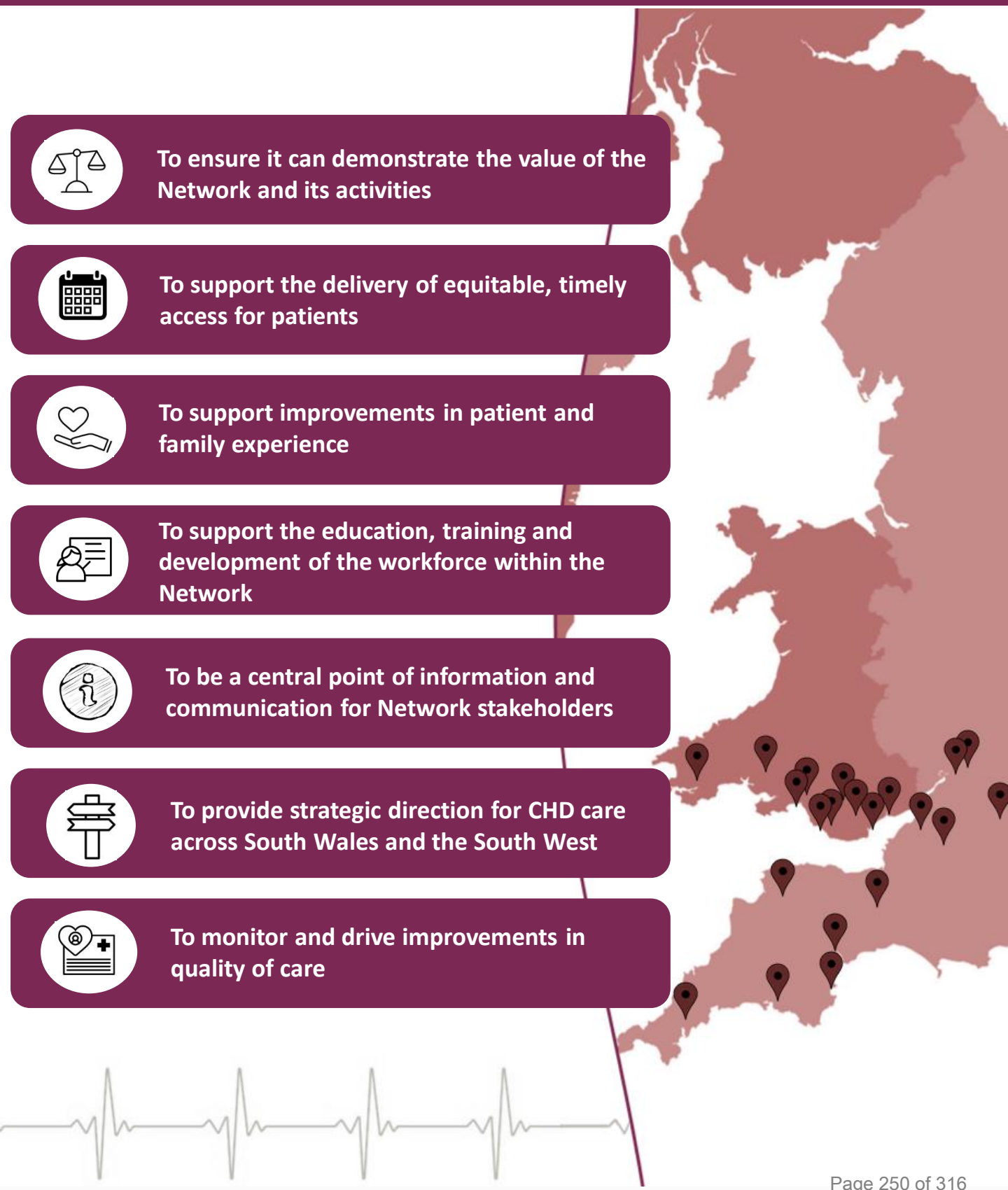
Rachel Burrows
Network Support Manager

Our Vision

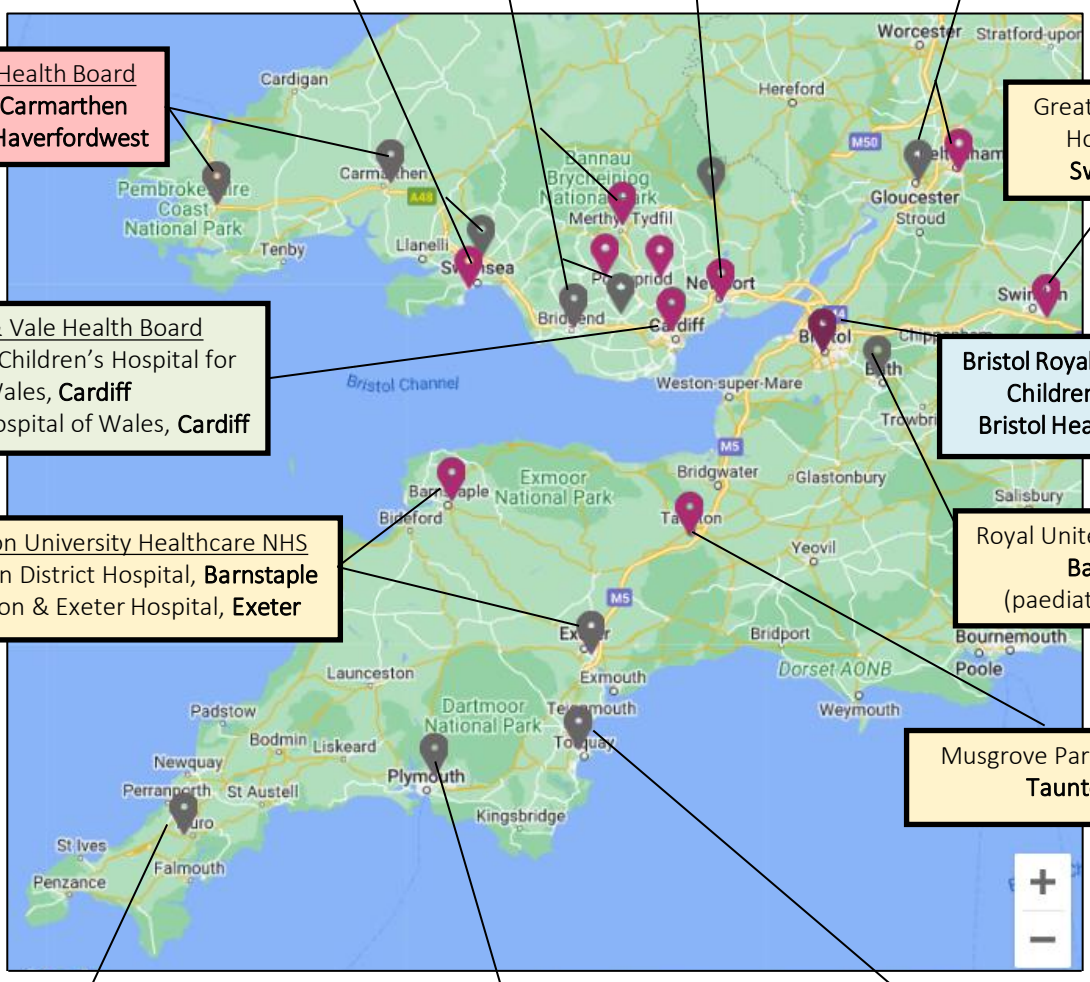
#1	Patients have **equitable access** to services regardless of geography
#2	**Care is provided seamlessly** across the Network and its various stages of transition (between locations, services and where there are co-morbidities)
#3	**High quality care** is delivered, and participating centres meet national standards of CHD care
#4	The provision of **high-quality information** for patients, families, staff and commissioners is supported
#5	There is a strong and **collective voice** for Network stakeholders
#6	There is a strong culture of collaboration and action to **continually improve** services
#7	To ensure it can **demonstrate the value** of the Network and its activities

Network Objectives

- To ensure it can demonstrate the value of the Network and its activities
- To support the delivery of equitable, timely access for patients
- To support improvements in patient and family experience
- To support the education, training and development of the workforce within the Network
- To be a central point of information and communication for Network stakeholders
- To provide strategic direction for CHD care across South Wales and the South West
- To monitor and drive improvements in quality of care



Our Network Centres



Cwm Taf Health Board
Prince Charles, **Merthyr Tydfil**
Royal Glamorgan Hospital, **LLantrisant**
Princess of Wales, **Bridgend**

Aneurin Bevan Health Board
Royal Gwent, **Newport**
Grange, **Cwmbran**
Nevill Hall, **Abergavenny**

Gloucester Royal Hospital

Swansea Bay Health Board
Singleton Hospital, **Swansea**
Morriston Hospital, **Swansea**

Hywel Dda Health Board
Glangwilli, **Carmarthen**
Withybush, **Haverfordwest**

Great Western Hospital, **Swindon**

Cardiff & Vale Health Board
Noah's Ark Children's Hospital for Wales, **Cardiff**
University Hospital of Wales, **Cardiff**

Bristol Royal Hospital for Children (BRHC)
Bristol Heart Institute

Royal Devon University Healthcare NHS
North Devon District Hospital, **Barnstaple**
Royal Devon & Exeter Hospital, **Exeter**

Royal United Hospital **Bath**
(paediatric only)

Musgrove Park Hospital, **Taunton**

Derriford Hospital, **Plymouth**

Torbay Hospital

The Royal Cornwall Hospital, **Truro**

Our Network in Numbers 2023/24

CLINICAL CARE

429
Heart operations

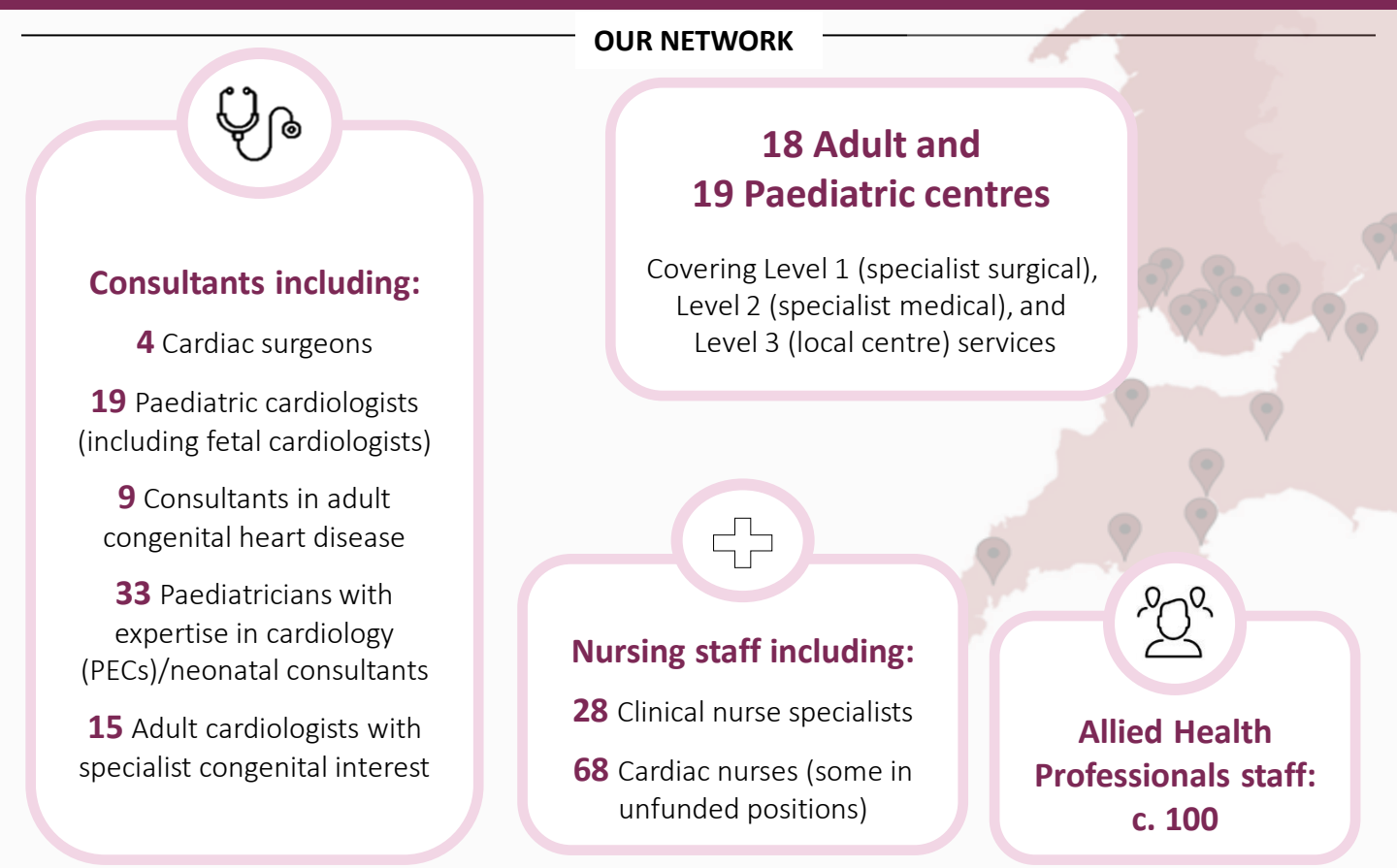
729
Cardiac catheters

c. 17,450
Clinic attendances (Level 1 and 2 only)

OUR NETWORK

18 Adult and 19 Paediatric centres

Covering Level 1 (specialist surgical), Level 2 (specialist medical), and Level 3 (local centre) services



Consultants including:

4 Cardiac surgeons

19 Paediatric cardiologists (including fetal cardiologists)

9 Consultants in adult congenital heart disease

33 Paediatricians with expertise in cardiology (PECs)/neonatal consultants

15 Adult cardiologists with specialist congenital interest

Nursing staff including:

28 Clinical nurse specialists

68 Cardiac nurses (some in unfunded positions)

Allied Health Professionals staff: c. 100

COMMUNICATION AND ENGAGEMENT

32
Webinars

9
Study Days

177
Future Platform staff members

Visit us: wwwswswchdco.uk

Follow Us: @CHDNetworkSWSW

Key developments and highlights 2023/24

1. CHD self-assessment process in Wales

Self-assessment reviews were held with Health Boards in May-July 2023 in collaboration with the Wales Cardiac Network. This directly resulted in the decision for adoption of the NHS England standards across Wales. The eight services (4 adult and 4 paediatrics) were asked to highlight where their RAG rating against the CHD standards had changed since the original 2021-22 self-assessment review and to identify improvement opportunities to further develop centres.

There was a high Level of engagement from all providers with self-assessments completed thoroughly leading to constructive conversations about services. The reviews showed that compliance of individual health boards with the CHD standards had mostly improved. The common themes of challenge across both adults and paediatric CHD services included: time in consultant job plans; variation in nursing support for CHD services; image transfer and storage; variation in physiology support; and dental services. A summary report highlighting the key issues, progress, and good practice was presented to the Network Board. The stronger and more widespread engagement reflects the maturity of the Network.

Towards the end of the financial year, planning commenced for the next phase of self-assessments across the South West of England to commence in May/June 2024.

2. National CHD Network Annual Meeting & BCCA hosted in Bristol

The British Congenital Cardiac Association (BCCA) Annual Conference was successfully hosted in Bristol, in November 2023, with thanks to the many across our region who were involved in the planning and delivery.

This two-day face-to-face conference brought together over 400 delegates from across the country, as well as some international attendees, to share learning and agree area of focus to improve outcomes for CHD patients.

Following this, the Network were delighted to host the National Network of CHD Networks, in Bristol on the following day. 67 attendees were welcomed from around the country, including patient representatives, charity partners, CHD Network Leads and NHS England Leads and Commissioners. Attendees participated in discussions and considered solutions to contribute to better patient outcomes.

3. Delay in flow audit project – Bristol & Cardiff

This NHS Wales Joint Commissioning Committee (previously known as the Welsh Heath Specialist Services Committee) commissioned audit project was launched with the aim of auditing delayed transfers and supporting centres to investigate the barriers to seamless delivery of care and identify mitigating actions to reduce delayed transfers. The pilot focused on monitoring delays in transfer between Bristol and Cardiff paediatric services to better understand issues with patient flow. Regular review meetings between the teams were held and this audit mainly highlighted issues with flow from Bristol to Cardiff due to challenges with beds. The project team have established a clear escalation process for both sites to use when flow issues arise, and an investigation into the use of the Cardiff children's commissioned beds.

4. Transition and transfer between paediatric and adult services

The Level 3 transition pilot project continued to support participating Level 3 paediatric centres (Taunton, Torbay and Gloucester) to enhance the delivery of transition consultations to young people aged 12 to 16 years, sharing good practice and learning via meetings and events. The Network facilitated regional transition programme days were held with good representation across staff groups.

5. Image sharing

Following a highlighted issue from the Welsh self-assessment reviews, this project implemented processes to allow the smooth sharing of patient images across the Network, particularly from Wales to England. A mapping exercise and much effort led to a major breakthrough with a new portal to Swansea and links to be established with the other South Wales Health Boards.

In Exeter, there has been an ongoing paediatric storage issue and through support offered to the local team, this has been resolved with images being permanently stored on PACs with worklists being created for clinics. The new echo platform in Bath was due to go live in May 2024 allowing all images to be transferred seamlessly to the Level 1 centre.

6. Recruitment in the core Network team

New Network Team Manager, Michelle Jarvis, commenced in post in November 2023. Special thanks to Louise Hudson, outgoing Network Manager and to Jessica Hughes, outgoing Network Lead Nurse. Succession planning is key to a stable workforce and to ensure the smooth running of the Network.

Reflections from Network Board Chair, Dr Dirk Wilson

As my time as Network Chair comes to an end, I can reflect on how the Network is evolving and maturing. In November 2023, we hosted the annual meeting of all the CHD Networks across the UK. It was clear from our interactions in this meeting that we remain an exemplar of how a Network team can serve all of the stakeholders across the region.

The annual report demonstrates the scope of work being undertaken across the South Wales and South West CHD Network. With a relatively new team in place (Clinical Director Steph Curtis; Network Manager Michelle Jarvis; Network Chair (from April 2024) Radwa Bedair) I am confident that the work will continue apace.

When I started as Network Chair one of my goals was to try to ensure that the “patient voice” is heard. I think we have achieved this as a Network team. There are some great examples of this in the annual report. I commend it to you!

Successes and challenges around the region

Each quarter we ask our members to highlight successes (green) and challenges (red) at Network Board using the 'exception reporting' process. This enables us to problem-solve and share good practice. Some examples are shown below.

0% DNA rate in some centres with nurse micro-management of lists

5th ACHD Consultant post created in Bristol

Cardiac physiology-led clinics for simple lesions established in Cardiff

Weekend lists for paediatric cardiac surgery

New ACHD Fellow post & Consultant post in Cardiff

New EP Consultant and imaging Consultant in Bristol

Transition/engagement with paediatric cardiology

Level 2 psychology wellbeing group established

JCC tracker set up in Wales

Additional ACHD clinic in Swansea

Swansea ward refurbishment

Taunton Young Persons clinic up and running twice a year

Confirmed funding for Taunton ACHD nurse specialist post 0.4 WTE B7 & new nurse specialist in Gloucester ACHD service

Clinic backlogs across the region for both ACHD and paediatric CHD

Variable DNA rates due to lack of admin support

Long ACHD interventional waiting list

Long surgical waiting list for paediatrics

Long waits for JCC discussion in both ACHD and paediatric CHD

Absence of ACHD co-ordinator (Bristol) for long periods of time

Balancing ACHD CPD of local cardiologist with other local general cardiology commitments

Junior doctor and radiology industrial action

Insufficient Level 1 Paediatric Cardiology time in Level 3 centres

Retirement of ACHD Consultant in Exeter

Lack of maternity cover for ACHD consultant in Truro

Clinical advances across the Network

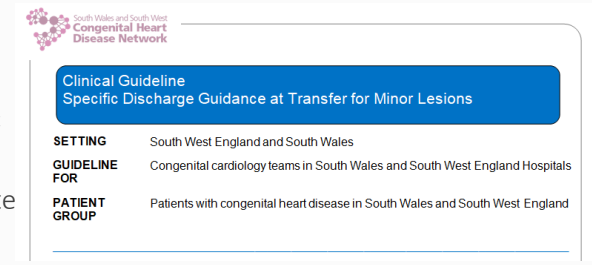
New Clinical Guidelines 2023/24: Specific discharge guidance at transfer for minor lesions

By Dr Stephanie Curtis, Network Clinical Director

Our Transfer of Care Task and Finish Group has been busy this year with trying to improve the safety, efficiency and patient/family experience at the time of transfer from paediatric to adult cardiac services. This work has been challenging with many centres introducing new and varied electronic systems.

One of the challenges we face is the inappropriate transfer of patients who do not need long term follow up. This can result in unnecessary anxiety for the patients and their families as they are under the impression that they have a serious lifelong condition. It can also result in a loss of trust in their previous and new healthcare teams if the information they are receiving is not consistent.

Five members of our Network, Dr Katy Huxstep (Consultant Paediatrician with Expertise in Cardiology, in Truro), Dr Radwa Bedair (ACHD Cardiologist, Bristol), Dr Eva Kapravelou (Paediatric Cardiologist, Bristol), Dr Idoia Grange (Paediatric Cardiologist, Bristol), and Dr Stephanie Curtis (ACHD Cardiologist, Bristol) wrote a guideline entitled, 'Specific Discharge Guidance at Transfer for Minor Lesions', to enable Paediatric Cardiologists and Paediatricians to know which patients can be safely discharged from ongoing cardiological care.


South Wales and South West Congenital Heart Disease Network

Clinical Guideline
Specific Discharge Guidance at Transfer for Minor Lesions

SETTING	South West England and South Wales
GUIDELINE FOR	Congenital cardiology teams in South Wales and South West England Hospitals
PATIENT GROUP	Patients with congenital heart disease in South Wales and South West England

The was finalised in October 2023 and is available on our Network website under https://uhbw.mystaffapp.org/14286/document_view.pdf (MyStaff guideline number 14286)

Another issue faced by teams transferring patients, is knowing to whom patients should be referred. There is a tendency for Paediatric Cardiologists and Paediatricians with Expertise in Cardiology (PECs) to refer all children to the ACHD team, who may not have the appropriate expertise to care for that patient. Whereas all children with heart disease are cared for by Paediatric Cardiologists (and PECs), there are so many adults with heart disease that Cardiologists are typically more specialised and may be experts in a variety of fields, such as heart failure, valve disease, arrhythmias, pacing, and coronary intervention.

We drafted a document detailing the names and subspecialties of all of the Cardiologists in our Network to which patients can be referred with valve disease, cardiomyopathies, arrhythmias and inherited cardiac conditions, as well as ACHD, so that they can be referred to the correct team. This will result in less inappropriate referrals, better patient and family experience, and most efficient use of services. This can also be found on our website:ACHD Consultants and their speciality for referral from BRHC v3 October 2024.pdf

Education and Training 2023/24

A core objective of the Network is to support and promote training and education opportunities for our healthcare professionals across the region. Here are a few highlights:

- Annual Adult CHD Study Day with over 80 delegates
- Two Clinical Nurse Specialist Away Days (Cardiff, July '23 and Bristol, Feb '24)
- Monthly bitesize "Lesion of the month" for nurses
- Annual Paediatric Cardiology Education Forum
- Webinar series led by Cardiac Clinical Nurse Specialists
- Network wide annual mortality and morbidity session (over 30 attendees)
- Fetal cardiology study day (October '23)
- Psychology Study Day (June '23)
- Bi-monthly link nurse sessions
- Transition regional training programme (May '23 and October '23)
- ACHD advanced training programme (April '23)
- Cardiac physiology virtual forum

I just love learning more about these complex patients. This event has given me a better understanding which will be helpful. (ACHD study day, October '23)

I'm better informed to support our patients' transition. I will also make use of the Learning Disability team! (Transition event, May '23)

I have developed a better understanding of the role of psychology within cardiac services. This has further developed my interest in clinical health psychology for the remainder of my training. (Psychology event, June '23)

An excellent event with well thought out programme and engaging speakers. Great to see the engagement from teams across the network with lots of different roles represented. Clearly a valuable educational & training event for many (ACHD study day, October '23)

What changes will you make to your practice following this study day?

Education resources are available on the Network website (www.swswchd.co.uk) and Future Platform

Nursing updates

Clinical

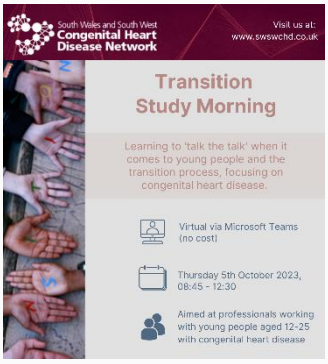
- Ongoing transition pilot project to support Level 3 clinics
- Work on dental pathway across the Network with dental team
- Work with the learning disability and autism services to produce a directory of teams across the Network. Easy read cardiac information resources available.

Education

- Presenting in BCCA and the PECSIG stream at BCCA on transition
- Transition study events twice a year for all network clinical staff
- 21st Annual ACHD day for all staff

Network

- Bristol hosting and presenting at the national Network of Networks day after BCCA November 2023
- Level 1 and 2 adult and paediatric clinical nurse specialist away days. The focus in February was advanced care, learning disability and autism
- Level 3 nurses' bi-monthly virtual meetings which provide support in local service delivery, challenging clinical cases, 1-1 support for Level 3 nurses for service development and mentorship



A Year in the Life of our Healthcare Scientists

By Dan Meiring, Head Cardiac Physiologist, & Owen Burgess, Deputy Head Cardiac Physiologist, Bristol Royal Hospital for Children

Our congenital echo training programme has been working with the South West of England's Level 3 centres since November 2021. The team are very grateful for the continued financial support from NHS England, which allows us to deliver this. There has been strong progress towards the project's aims of achieving a physiologist with congenital echo accreditation and establishing physiologist congenital echo clinics in each Level 3 centre across the South West.

Owen is proud to report that 6 of the 9 centres in the South West have active cardiac physiology echo clinics, led by the local workforce. This is soon to be 7, as training in Exeter is due to imminently commence and hopefully reestablish the work started by a previous staff member. This work is being almost entirely performed by staff who hold or are working towards congenital echo accreditation. The physiologists without full congenital echo accreditation are performing scans under direct supervision from Owen Burgess in their local paediatric physiologist led clinics**.** The project is working to develop strong governance processes to ensure patient safety is maintained. We aim to present audit data on these clinics in due course.

Centre	Clinic structure
Truro	Has a European Association of Cardiovascular Imaging (EACVI) accredited physiologist who performs independent echo lists mainly for simple lesions that have been triaged by the consultant paediatrician with expertise in cardiology (PEC). The physiologist reports back to the PEC to follow up as appropriate. She also scans alongside the visiting consultant clinic each month and performs echo alongside the PEC clinic each week. She also works with the PEC and paediatric nurse specialist at the bicuspid aortic valve screening clinic.
Barnstaple	As the physiology service did not have capacity for a physiologist to complete the full accreditation process, we have undertaken a local competency assessment (consisting of practical assessments and sitting our Mock British Society of Echo exam). The local physiologist performs echo lists when the PEC is on leave and discusses these with the PEC on his return with follow up as required.
Torbay	Now has a British Society of Echo (BSE) congenital accredited physiologist, who performs independent echo lists after the PEC clinic. The PEC is normally available, and remote support is available from the BRHC physiologists. The plan is to commence some lists/scanning support alongside the joint (visiting cardiologist) clinic.
Plymouth	Also now has a BSE congenital accredited physiologist who performs independent echo lists. The PEC completes the follow up with a letter/telephone consultation. The plan is also to commence some lists/scanning support alongside the joint (visiting cardiologist) clinic.
Taunton	Independent echo lists are being performed. The PEC completes the follow up with a letter/telephone consultation as needed. These physiologists are currently supervised by Owen Burgess.
Swindon	Echo lists are performed alongside the consultant/joint clinic lists. The physiology staff involved are currently supervised by Owen Burgess. This model in currently being piloted and there is a plan for some independent echo lists in due course.
Exeter	Up until a recent staff vacancy, the accredited physiologist supported with complex scans for consultant led clinics; performed independent echo lists on low-risk new patients with normal or suspected simple pathologies and also followed up known "simple" lesions, reporting back to the PEC for follow up as appropriate. A new member of the team is due to commence soon and will hopefully re-establish this work.

For Adult CHD services – The Bristol Heart Institute have started a health care scientist led clinic for patients with simple ACHD lesions. Two of the team have also sat the EACVI CHD exam, supported by Owen and Dan. National and international colleagues often visit to gain insight from the service.

Fetal Cardiology Update

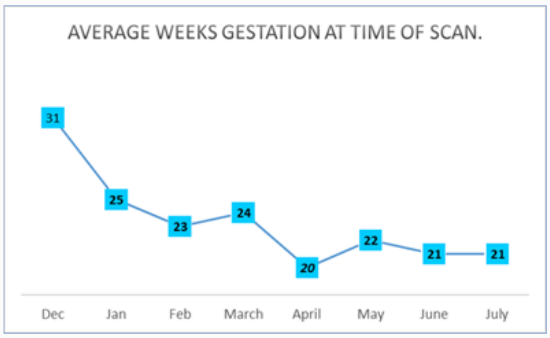
By Angie Smith, Lead Fetal Cardiac and Midwife Sonographer, University Hospitals Bristol and Weston

Development of a sonographer led screening clinic

Screening patients accounted for around a third of the Fetal Cardiologists' workload until the end of 2022, which resulted in a demand that surpassed provision. Screening patients were not being seen within the optimum screening window of 18 to 22 weeks and there were delays in urgent referrals.

In December 2022, a sonographer led screening clinic was launched. Developing the existing senior sonographer role enabled them to autonomously perform fetal echocardiograms for certain high-risk groups, such as those with a maternal history of congenital heart conditions.

- ✓ Since the implementation of the sonographer-led clinics, significant improvements have been made to patient waiting times. The graph (right) shows the reduction over 2023.
- ✓ This has reduced the burden on the specialist fetal consultant clinics, ensuring that women were seen within the recommended screening windows without compromising patient safety.



Teaching and supporting education

In July 2023, the team launched an online interactive monthly teaching session for sonographers in Cornwall. The objective was to increase training opportunities and confidence in scanning the fetal heart for sonographers performing the Fetal anomaly screening programme (FASP) anomaly scan.

The pilot project proved very successful and with the help of the South West Fetal Medicine Network this was rolled out across the South West of England in January 2024. Teaching sessions are held on the second Friday of the month.

In October 2023, Bristol Royal Hospital for Children successfully hosted its third Fetal Cardiology Study Day, led by Dr Patricia Caldas, Consultant Paediatric and Fetal Cardiologist. This was sponsored by Canon Medical Systems.

60 delegates made up of fetal medicine specialists, sonographers, trainees, and paediatricians attended both in person and virtually. Delegates came from all over the region, and we even had a group attending from Iceland!

The next Fetal Cardiology Study Day will be held on 20th September 2024.

A Year in the Life of our Allied Health Care Professionals

Psychology

Update from the South Wales team

By Dr Anna McCulloch, Consultant Clinical Psychologist and Lead Psychologist for Cardiac Services, Cardiff and Vale

The past 12 months have been challenging for the Welsh ACHD Psychology Service as our Band 7 post has been vacant since October 2023. This is likely due to the challenge of recruiting to a part-time post at this Level. Despite this challenge, we continue to deliver inpatient and outpatient psychological assessment and intervention and support patients when they are making decisions about their care. We have also developed online resources for patients to access whilst on the Psychology waiting list.

We are fortunate to work closely with the multi-disciplinary team and offer consultation and reflective supervision to the nursing team. Recent highlights include the successful pilot of both the "Book Club" a psychotherapy group for people living with CHD, and "Time for Tea, Talk and Tai Chi" in which patients attended peer support and tai chi sessions. We are also delighted to have co-written the successful British Heart Foundation bid with the nursing and medical leads.

Patient feedback: "I really felt more connected to the emotional aspects of having CHD. This session really made me understand that it's OK to feel sad/angry/anxious and gave me coping strategies to deal with it. It also made me realise that it's important to use these strategies when feeling joy and happy. It's always so valuable to share your experiences with people who understand and to listen and learn from them too. The laughter is also a huge bonus!"

Update from the Bristol team

By Dr Vanessa Garratt, Consultant Clinical Psychologist for Cardiac Services

Continuing to deliver in-patient and out-patient psychological interventions for young adults and adults living alongside ACHD. With an increase in referral rates, priority out-patient session slots are offered to those on the advanced care pathway (including transplant) and surgical pathways. As part of the SWSWCHD Network, video platforms and telephone session formats permit input to out-patients across the South West of England for those registered with a Bristol ACHD Consultant Cardiologist.

This year in Bristol, the Psychology Department and the Youth at Heart charity submitted a bid to the University Hospital Bristol and Weston Hospital charity and were successful in obtaining funds to refurbish a wall in the BHI out-patients area. Through a real BHI team approach (from nurse managers, the learning disability team to estates), the new wallpaper is up and aims to ease the transition from child to adult ACHD services. Working with the patients' voice, ideas of making this a conducive space for young adults and/or those with neurodiversity is welcomed and will be regularly reviewed. We hope this designated space will facilitate a sense of safety and connection.

A Year in the Life of our Allied Health Care Professionals

Psychology

Update from the Bristol team - continued

The online patient support group, based on the book 'Healing Hearts and Mind' by Livecchi & Morton, was run as a pilot study and results pre- and post-attendance tentatively indicated that patients felt an increased sense of connection and safety after attending this programme. Qualitative feedback stated that being part of the group 'exceeded expectations'. Another group is planned for September 2024.

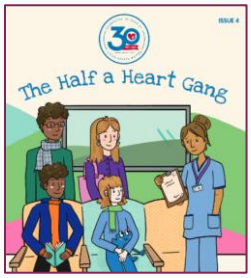
Future plans

The pilot intervention was accepted for poster presentation at the European ACHD conference in London (April 2024). ACHD Psychology was also very pleased to have accepted the invitation to verbally present the Psychologists' view of anxiety in ACHD at the British Cardiovascular Society (June 2024). Psychology is being integrated into the world of the expert ACHD patient and medical space. This may be seen as an important move towards holistic care, and aims to facilitate living alongside the forced life event of ACHD.

The paediatric psychology service in Bristol

The paediatric cardiology service continues to offer inpatient and outpatient support for young people and their families. Demand remained high throughout 2023/24. However, the service works hard to ensure interventions and support are focussed and time-limited so that waiting time standards are met. Priority support is provided to families who are soon to be admitted to hospital and those on the fetal pathway.

Our team presented at the BCCA conference on 'A psychological guide to supporting adolescents during transition to adult services', which was well received. We also supported at the Network psychology day presenting on topics including 'Compassion focussed therapy with parents in paediatric cardiology inpatient settings' and 'The role of psychology in the fetal cardiology pathway'.



Following the BCCA conference presentation we were asked by the charity Little Hearts Matter to write a comic article for children aged 7-11 with a single ventricle heart condition on how to support them with medical procedures involving needles. This was published in their 'Hospital tests and what they are for' comic. Comic book 4 - Little Hearts Matter

As part of the cardiac foundation course, our team continues to provide teaching to nurses on Dolphin Ward and those on PICU with an interest in cardiology on supporting children and young people with a cardiac condition.

Looking forward, our team hope to publish a 'Psychological guide to cardiac surgery for parents' to support parents in looking after themselves and supporting their child through the surgical pathway. We also plan to roll out a pilot of a 'Take a breath' group (Rayner et al., 2016) for parents of children with a cardiac condition.

Pharmacy

By Susie Gage, Lead Paediatric Cardiac Pharmacist, Bristol Royal Hospital for Children

2023-2004 has been another busy year, with involvement in several different projects. Locally, I have set up a mini governance monthly message group to highlight and share learning amongst nursing, medical and pharmacy staff in BRHC.

Regionally, I have been involved with Network projects such as; helping to develop an ADHD pathway for CHD children and development of a new anticoagulation guideline for children with Fontan circulation.

Nationally, I continue to be a clinical member of the Clinical Reference Group for CHD in NHS England, looking at non-nursing/non-medical workforce to try and shine a light on more than 20 professions involved in the CHD pathway. I have become chair of a national, newly set up paediatric cardiac pharmacists' group, where we hope to develop national learning tools and share expertise. I also led a workshop at the BCCA conference on anticoagulation in CHD children.

Research update

Our Network Research Lead is Dr Giovanni Biglino, who is an Associate Professor in Bioengineering by background.

The national transforming collaborative research strategy was published in July 2023, by The University of Birmingham. This is a national strategy to address the 2022 James Lind Alliance (JLA) clinical priorities identified for children and adults with CHD. It aims to provide a structure through which the priorities can be translated into funded collaborative research studies, to improve clinical care and the lives of those affected by CHD.

The SWSW CHD Network has been showcased nationally as one of the only CHD Networks to currently have a Research Lead. We are grateful to Dr Giovanni Biglino for taking on this voluntary role. It has been exciting to continually enhance and share research and academic activity across our region, nationally and internationally.

Research is thriving in the SWSW CHD Network. Network members have published a wide range of scientific papers in high quality peer reviewed journals. One of our main contributors is Massimo Caputo, Professor of Congenital Heart Surgery and Consultant in Cardiothoracic Surgery, who was re-awarded the Chair of the British Heart Foundation (until 2027). Millions of pounds have been raised in research funds in the region and there are active research groups working in areas such as exercise physiology, pregnancy, cardiac surgery and interventions.

Research activities are run in a collaborative way and updates are shared at the bi-annual regional Network Clinical Governance Group. This is a great opportunity for healthcare professionals across the region to hear more about research in the Network. The Network plans to launch a refreshed research portal for members to log and capture research studies they have published.

Following a survey to gather Network interest, we are excited that plans are underway to launch a pilot, online, research forum. The forum will be open to all Network members with an interest in research, regardless of experience, and be an opportunity to discuss and feedback on project ideas. Journal clubs also are held across the Network for clinical teams.

Quality Improvement & Audit Programme

Dr Helen Wallis, ACHD Consultant Cardiologist

As the Network Quality Improvement Lead, I would like to extend a 'big thank you' to all those who have undertaken audits and quality improvement projects over the past year. We were fortunate to hear three of these projects presented at the Governance meeting held virtually in October 2023 (due to the workforce strikes, this meeting was held once this year). These projects reflected both paediatric cardiology and ACHD practice in both England and Wales and across Level 1, 2 and 3 centres.

Audit of medication use in Marfan Syndrome

Dr Steph Curtis, Consultant Cardiologist, Dr Paul Brennan, ACHD Fellow, Dr Uma Thirumoolasangu, CT2, and Hayden Simmons, medical student.

A characteristic of patients with Marfan syndrome is aortic dilation (guidelines recommend treatment to try to delay this with either a beta blocker or an angiotensin receptor blocker (ARB) in maximally tolerated doses (unless contraindicated). This audit looked at 165 adult patients seen in the Level 1 centre. The audit standard was that all patients with Marfan syndrome should be either on a beta blocker (audit showed 51% of patient cohort) or an ARB (audit showed 71%). The reasons for not achieving the audit standard of 100% were outlined. The audit showed 98.4% of patients were offered either an ARB or beta blocker. There is now published data (Lancet, August 2022) showing that patients do better on both drugs – when more data supports this, guidelines may adjust.

Heart block requiring pacemakers following cardiac surgery

Presented by Marium Aljareh, F1 doctor in Cardiology, with the support of Dr Dirk Wilson, Consultant Cardiologist, Cardiff.

This audit project looked at the incidence of bradyarrhythmia (predominantly heart block) requiring permanent pacemaker insertion following paediatric cardiac surgery, over a 10-year period (2012-2021), in patients with a Welsh postcode. The results showed that overall there was a 4% incidence of post-operative heart block requiring pacemaker insertion. This is a higher rate than would be expected, and it was suggested that the reasons for this are explored. However, similar to other studies, it was found that the highest rates were post mitral and tricuspid valve interventions, VSD closure and tetralogy of fallot repairs. The main limitation of the audit was the relatively small cohort size, limiting the general applicability of the results. A similar exercise looking at Bristol patients is planned.

National CHD Audit Report (NCHDA) 2020-21 data analysis

The NCHDA report published in 2022, seeks to measure the performance of CHD services. The report benchmarks Bristol against centres nationwide and provides an analysis of outcomes for further discussion within the forum.

We are constantly on the lookout for ongoing audits and quality improvement projects, so please contact either Dr Helen Wallis or Rachel Burrows in readiness for the next audit/quality improvement session.

Communication and Engagement

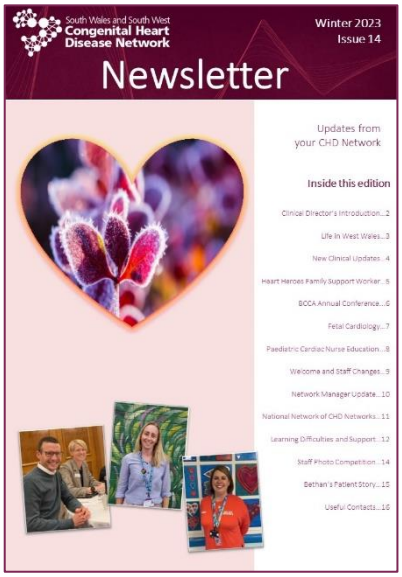
The Network acts as a central point of communication and information for stakeholders. With well-established communication channels, we have been able to support our members and wider teams. Here are a few highlights:

Feedback on the Network Newsletter "Its brilliant and very professional. With so many ongoing work challenges with waiting lists, staffing etc, it's really uplifting to read a newsletter full of positive news! Really like the patient story. Reminds me of why I come to work."

Further enhanced the Network NHS Future Platform with education resources, and the Network website for the benefit of all our members.

Supported the Listening Event for Gloucester families with BRHC. Also supported the South Wales ACHD patient information day in Bridgend, organised by the Cardiff ACHD CNS team.

Recruited some new patient representatives to join the team and continued engagement with a virtual pre-meet and debrief around Network Board meetings. Positively received and led to more active engagement.



Attended the National Patient Involvement Meeting (March '23) with CHD Networks across the UK and fed back at the Network Board .

Staff photographic competition as a wellbeing initiative and to signpost to the Network website (September '23 and March '24).

Photo credit: Amanda Doyle, Cardiff

Feedback on the Network newsletter "I love reading about what is going on across the Network - it helps keep me up to date with things and to feel part of a wider Network. I like the picture competitions; it reinforces a holistic approach to healthcare."

Produced our biannual CHD Network newsletter

The patient/family voice – at the heart of everything we do

As a Network, we invite our patient and family representatives to participate in our Board meetings, task and finish groups and to comment on documents and pathways. Their balanced consideration, experience and contribution to our work enables us to keep the patient at the heart of everything we do.

We asked some of our current patient and family representatives for their reflections on what has gone well and what has been challenging for them over the past year.

Patient representative – Rebecca

Rebecca had the opportunity to share her patient story both at a Network Board meeting and as part of the Network newsletter and reflected on this: "It really emphasised the importance of the patient voice and reflecting on my journey was very welcomed when I looked at it through a positive lens of what I've been through and what I have achieved against the odds."

Rebecca has been pleased to have had the opportunity to co-produce and shape the cardiac psychology service and her input into this work has been really appreciated by the team.

Patient representative - Frankie

Frankie enjoyed speaking at the ACHD day in Wales (January 2024), which offered a great opportunity to meet new people and pool resources. Frankie values the opportunity to connect with other patient/parent reps saying, "it is always good to know that you are not alone and have the support of other people who have gone through similar experiences."

Patient representatives were invited to an external conference signposted to by the Network earlier in the year, which was unfortunately a negative experience. Frankie described the information as being "irrelevant," the patient reps felt as though they were there to meet a tick list and mortality rates were discussed without considering the patient attendees. Hearing this feedback reminds us all of the importance of being clear on the remit of representatives, being considerate to the material we are sharing with them, whilst ensuring we can incorporate the patient and parent voice into our work.

In regard to working with the Network, Frankie describes great communication with the Network team and SWSW CHD Board, with the group being kept up to date with the contents of each meeting and the option to step out of a meeting if the need arises. Frankie finds the debrief after each Board meeting really helpful.

The Network encourages patients and family representatives to only be involved as much as they feel they can and understands that this may fluctuate depending on work, health and family life pressures. Frankie values that the patient and parent representative work is not 'demanded,' but is a choice, depending on capacity. Frankie is positive about the patient and parent representative involvement in the Network:

"I can see the changes happening. Points and comments that patient/parent reps are bringing up are being actioned on. We are being heard, valued and appreciated. Brilliant!"

Communication and engagement

Patient representative - Gareth

Gareth has been pleased to be part of the Network patient and family representative group, describing this as having given him peace and purpose. He describes being proud to be able to share his experiences with others and is grateful that this can help others.

This year, Gareth enjoyed attending the South Wales patient engagement day and has been particularly valuing the patient group led by Cardiff psychology lead Dr Anna McCulloch, which is going from strength to strength.

Gareth reflects on the group, "Despite many of us being in the treatment queue, the support and backing we've been able to give each other has made things easier and we're now organising days out among ourselves where nature and movement fit alongside conversation and discussions. Also, support we've been able to give to other members when they've been inpatients."

We are very grateful to Gareth, Frankie, Rebecca and all of our patient and family representatives for everything they do for the Network. Having them involved directly influences the work towards improvements in pathways and services for all patients with congenital heart disease.

Work with local and national charity partners

The SWSW CHD Network collaborates with our local and national charities to provide as much support as possible to our patients in the Network.

Local support for children, young people and their families is provided by Heart Heroes. Support for young people aged 13 years to 25 years is provided by Youth@Heart and the Bristol Heart Institute Youth worker, Xander. Xander provides support for young people along their cardiac pathway, with lifestyle decisions, career and welfare support.

www.heartheroes.co.uk

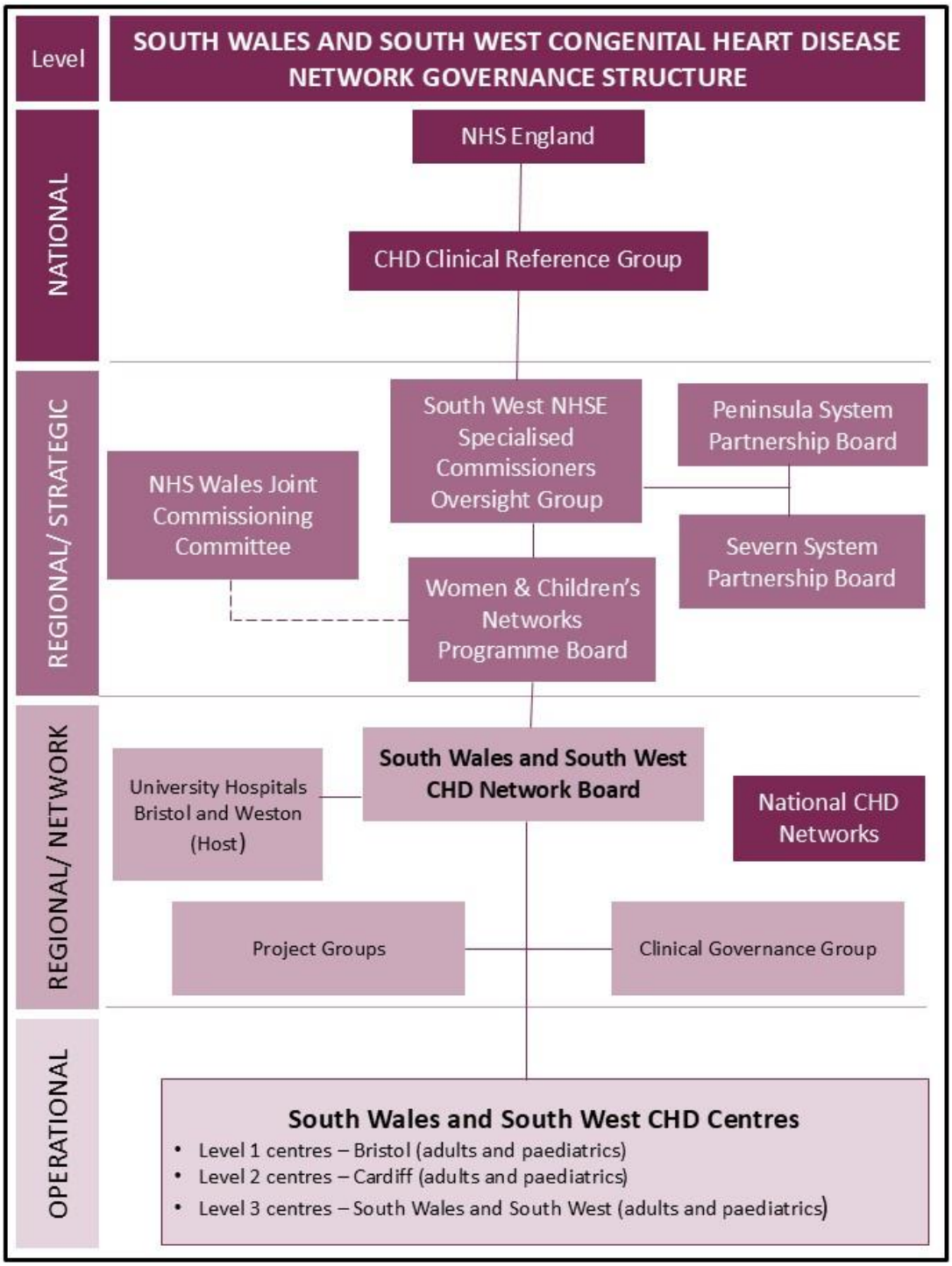
www.youthatheart.co.uk

The Network promotes the national cardiac charities which support children and adults with congenital heart disease by promoting events and resources for patients and families.

Somerville Heart Foundation | British Heart Foundation | Little Hearts Matter | CHF

Network Governance

The oversight of the SWSW CHD Network is through the SWSW CHD Network Board, with an established Clinical Governance Group and ad hoc project groups feeding into the priorities and planning. The operational and governance structure is illustrated through the diagram below:



Risks, issues and challenges

The Network maintains an issue log for any high priority challenges we are made aware of, which may lead to a further risk for patients and / or workforce, issues that may lead to non-compliance of national CHD standards and / or cause a poorer outcome in patients. Assurance data is collected quarterly to support with the identification of issues impacting on performance. Incidents may be escalated to the Network for discussion at the six-monthly Clinical Governance meetings or quarterly Network Board. The Core Network team work collaboratively with centres to consider how any issues can be mitigated and resolved.

The Network issue log held 16 items at the close of 2023/24. Two issues of high priority are described in the table below:

Issues / Challenge	Mitigating action
Concerns around flow between paediatric CHD centres (Level 1 Bristol ⟷ Level 2 Cardiff)	• Network Delay in Flow project workstream instigated with representatives across both sites and including Welsh Specialist Commissioners. • Audit held to understand where challenges were occurring • Escalation process developed to support swift resolution of flow challenges • Work with Level 2 site team to support bed availability for cardiac patients transferring from Level 1 • Investigation into commissioning arrangements regarding the number of Level 2 funded cardiology beds
Concerns raised across the Network about waiting times for case discussion at the CHD Joint Cardiac Conference and patient risk as a result	• Concerns discussed at Network communications group • Network improvement workstream to support improvement in ACHD JCC developed • Scoping Survey regarding adult CHD JCC launched to MDT (March 24) • Findings, Recommendations & Implementation work planned for 2024/25

Financial Report

The SWSW CHD Network is funded by NHS England and was allocated an annual budget of £207,106 in 2023/24, after overhead contributions were made to University Hospitals Bristol and Weston NHS Trust as the host organisation. The end of year statement is shown below. Variance was due to staffing gaps and some ring-fenced money being released following success in securing last minute sponsorship for the hosting of the national Network of Networks conference. Some already committed costs have been carried over into the 2024/25 budget.

Network funding		2023/24		
		Budget	Expenditure	Variance
Pay	Total	£ 198,168	£ 196,295	£ 1,872
Non-Pay*	Total	£ 8, 939	£ 4,519	£ 4,420
Total		£ 207,106	£ 200,814	£ 6,292

*Non-pay includes website and IT costs, travel, print and training expenditure.

Our focus for 2024/25

In addition to our core 'business as usual' activities, such as education and communication, our workplan priorities for 2024/25 are:

Self-assessments against NHS England CHD Standards (South West England)	The Network CHD centres are asked to self-assess against the 2016 NHS England CHD standards every 3-5 years. Within 2024/25 our South West England adult & paediatric centres will complete their assessments. Review meetings will then be held with each centre and the core network team to allow the following: • To understand the Level of compliance with NHSE standards for each centre • Understand key achievements & areas of innovation allowing shared learning across centres • Escalate any risks & concerns • Agree actions to close gaps in compliance • Consider where support is required from the network The findings of the self assessments help to inform the Network workplan and areas of focus moving forward.
Joint Cardiac Conference (JCC) Improvement Project	Work will take place to identify and implement learning opportunities to improve throughput and management of the Adult JCC following the launch of the Network-led scoping survey at the end of 2023/24. If this project is successful, consideration will be given as to how this can be used to improve the paediatric JCC in 2024/25.

Supporting Clinical Care
• Guidelines
• Communications
• Patient Experience
	• Work will continue / start on producing the following guidelines within 2024/25:
	  ○ Clarifying and updating dental pathways for CHD patients, including for those patients requiring pre-surgical or intervention assessment, antibiotic prophylactics or urgent assessment
	  ○ Pregnancy and contraception advice
	• The Network-led project group set up to improve patient related communications from Level 1 to Level 2 and Level 3 centres will continue with the aim to improve patient safety and care through efficient communication pathways.
	• Engagement opportunities will continue for our patient and family representatives to support with enhancing patient and carer experiences of CHD services across the Network.
	• Work to create a contact list and link up professionals working within Learning Disability (LD) services across the Network. Quarterly LD link forum to be established.

Glossary

ACHD	Adult Congenital Heart Disease
BCCA	British Congenital Cardiac Association
BHI	Bristol Heart Institute
BRHC	Bristol Royal Hospital for Children
CHD	Congenital Heart Disease
CNS	Clinical Nurse Specialist
JCC (MDT)	Joint Cardiac Conference (Multi-Disciplinary Team)
Level 1	Specialist Congenital Heart Surgical Centre – University Hospitals Bristol and Weston NHS Foundation Trust (BHI & BRHC)
Level 2	Specialist Congenital Heart Centre - University Hospital of Wales / Noah's Ark Children's Hospital, Cardiff
Level 3	Peripheral NHS hospitals in South Wales and South West of England
MyStaff	Document management system hosted by University Hospital Bristol and Weston NHS Foundation Trust
NHSE	National Health Service England
PEC	Consultant Paediatrician with Expertise in Cardiology
SWSW	South Wales and South West of England
W JCC	Welsh Joint Commissioning Committee

How to get involved

There are many ways to get involved with the Network:

Professionals can:	Patients and families can:
♥ Become a Board member ♥ Attend a training event ♥ Take part in our M&M meetings	♥ Visit our website (www.swswchd.co.uk) ♥ Sign-up to our newsletter mailing list ♥ Become a patient/parent representative ♥ Attend an engagement event

For more information, please:

Visit our website: www.swswchd.co.uk

Follow us on X (twitter): @CHDNetworkSWSW

Email: CHDNetworkSWSW@uhbw.nhs.uk

South Wales and South West Congenital Heart Disease Network

Our patients are at the heart of our services. We would like to thank all the patients and families who have shared their experiences with us.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 14th January 2025

Reporting Committee	**Finance Digital and Estates Committee - Tuesday 26th November 2024**
Chaired By	**Martin Sykes, Committee Chair and Non-Executive Director**
Executive Lead	**Neil Kemsley, Chief Financial Officer and Neil Darvill, Joint Chief Digital Information Officer**

For Information

Finance

The committee spent a considerable part of this section of the agenda reviewing a recent iteration of the ICB medium term system (3-year forwards) financial plan. The anticipated 2024/25 underlying outturn deficit had deteriorated (by c£40m to c£140m) predominantly due to under delivery of recurrent CIPS.

2025/26 is anticipated to be a more difficult year than had been anticipated with the deficit planned to be fully recovered over the three coming years. The system plan has not yet been fully devolved to organisation level, but the saving requirement for each organisation is likely to be at least as high as was required in 2024/25.

National contracting rules and decisions around particularly elective income are awaited, and organisational plans will be fully developed in the new year.

The committee reviewed the month 7 in-year finance report and noted the in-year deficit of £6.4m against a plan of breakeven – a £0.2k improvement in month.

The committee reviewed the submission of the 2023/24 National Cost Collection submission (reference costs) and the published data from the 2022/23 return.

For 2023/24 the committee reviewed the costing methodology and approved the submission.

For 2023/24 the committee noted that the trust position on the reference cost index had deteriorated to 107 (7% worse than the average). A high-level assessment indicated that this was partially linked to cost growth and partially to changes inactivity classification. Deeper analyses were to be conducted.

Digital

The committee reviewed progress against the digital plan noting the revised roll-out date for Electronic Prescribing as May 2025.

The committee were pleased to note that the merger of the Trust diagnostic systems (Weston and Bristol) had been successfully implemented with clinicians now accessing a singular incidence of pathology results and radiology results. This had

successfully addressed on of our clinical risks.

Estates

The committee received its periodic update on fire safety noting the following:

- An Authorised Engineer (Fire) audit had been conducted in October. Key findings were in line with existing plans and provided independent assurance that current fire improvement programmes were in line with known risks.
- The Fire Steering Committee and Fire Improvement Group were meeting as planned and the governance around fire improvement was noted to be working as planned.
- Focus for the coming period included - Policy and Training; Emergency Preparedness; Record Keeping; and False alarm reduction as well as the ongoing infrastructure improvement works.

For Board Awareness, Action or Response
The committee reviewed an updated treasury management policy and recommended this be **approved** by the Trust Board.
Update from ICB Committee
N/A

Date of next meeting:	**Tuesday 28th January 2025**

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Month 8 Trust Finance Performance Report		
Report Author:	Jeremy Spearing, Director of Operational Finance		
Report Sponsor:	Neil Kemsley, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To inform the Trust Board of the Trust's overall financial performance from 1st April 2024 to 30th November 2024 (month 8).		

Key Points to Note *(Including any previous decisions taken)*

The Trust's net income and expenditure position at the end of November is a deficit of £6.3m against a break-even plan. The adverse position against plan of £6.3m is primarily due to the shortfall on the delivery of savings and the shortfall on the delivery of ERF. These have been partially offset by non-recurrent corporate mitigations.

The Trust delivered savings of £19.3m, £7.9m behind plan. The forecast for in-year savings delivery is £30.7m against the plan of £41.2m. The forecast for recurrent savings delivery is £23.7m.

The value of elective activity for outpatient, day case and inpatient delivery points fell behind plan in November and deteriorated by £1.0m to £4.4m behind plan year to date.

The Trust delivered capital investment of £17.0m year to date, £7.6m behind plan.

The Trust's cash position was £88.3m as at the 30th November 2024, £8.2m ahead of plan.

In response to the Trust's year to date deficit, Divisions and corporate services have agreed control totals to support the recovery of the year-to-date deficit by the 31st March 2025. The Divisions and corporate services financial performance in November means the delivery of control totals is currently on track.

Strategic and Group Model 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.

Risks and Opportunities

416 – Risk that the Trust fails to fund the strategic capital programme. Remains at 20(very high).

5375 – Risk that the Trust does not deliver the in-year financial plan. Remains at 12 (high). This will be reviewed again in January upon receipt of the Division's FOT assessments.

Recommendation

This report is for **Information.** The Board is asked to note the Trust's financial performance to date.

History of the paper (details of where paper has <u>previously</u> been received)

N/A	N/A
Appendices:	N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: November 2024

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2024

2024/25 YTD Income & Expenditure Position	• Net I&E deficit of £6,318k against a breakeven plan, an improvement of £131k from last month. • Total operating income is £18,759k ahead of plan due to higher than planned income from activities (£15,585k) and other operating income (£3,174k). The higher than planned position is primarily due to additional income received from Commissioners. • Total operating expenditure is £26,958k adverse to plan due to higher than planned non-pay and depreciation costs of £13,831k and higher than planned pay expenditure of £13,127k. Higher than planned operating expenditure is due to higher than planned staff in post, the impact of non-pay inflation and the YTD shortfall in savings delivery.
Key Financial Issues	• *Recurrent savings delivery below plan* – YTD CIP delivery is £19,257k, behind plan by £7,894k or 29%. Recurrent savings are £12,652k, an improvement of £1,862k in month. • *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £4,358k behind plan, a deterioration of £1,000k in November. • *Failure to deliver the financial plan* – failure to deliver the savings and ERF requirement and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention. A forecast outturn assessment will be undertaken in December and reviewed in early January using April to November actuals. The forecast outturn undertaken in September concluded , as a system, break-even plan remained achievable.
Strategic Risks	• The scale of the Trust's recurrent deficit and CDEL constraint presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: November 2024

Successes

- The Trust's I&E performance was ahead of plan with a £131k surplus in November.
- In aggregate, the Clinical divisions financial performance is on track to delivery the agreed year end Control Totals.
- The Trust's YTD cash position is £88.3m, £8.2m ahead of plan.
- BPPC performance remains good at 91% for invoices paid within 30 days by value and 92% for invoices paid by volume (c14,000 invoices processed in November).

Priorities

- Divisions continuing to deliver, and where agreed, outperform their Control Totals.
- Divisions and Corporate Services to deliver increased recurrent CIP ahead of 1st April 2025.
- Responding to the Resident Doctors Audit and the Workforce Controls Audit.
- Continued focus and delivery of the elective activity volume per the Trust's 2024/25 Operating Plan necessary to secure the planned Elective Recovery Funding (ERF) and support the delivery of the Trust's break-even financial plan.
- Capital expenditure forecast outturn assessment in early January. Potential agreement of options to pull forward capital investment plans from 2025/26 in early January to ensure delivery of capital investment in line with the Trust's 2024/25 CDEL.
- Assessment of the Trust's forecast outturn position and forecast outturn recurrent position as at 31st March 2025 in January to inform the Trust and system draft 2025/26 Financial Plan in for submission to NHSE in mid February.

Opportunities

- Securing the financial and non-financial benefits of fully established nursing and midwifery ward areas through further reductions in temporary bank and agency expenditure.
- Executive agreement to additional Divisional support as requested by Divisions necessary to secure improvement in CIP delivery.
- Additional workforce cost controls in place, including a Trust wide pause in recruitment to reduce the Trust's rate of pay expenditure.
- Opportunity to pull forward capital investment plans from 2025/26 to ensure delivery of capital investment in line with the Trust's 2024/25 CDEL.

Risks & Threats

- Growing emergency activity (10% year on year) and no progress in reducing the Trust's "No Criteria To Reside" patients therefore, displacing the Trust's ability to deliver the elective activity plan and/or remove premium cost escalation capacity and ward costs.
- Increasing staff in post and over-establishment and limited traction on reducing workforce costs where substantive costs exceed funded levels.
- Continued under-delivery on the Trust's savings requirement will result in a significant deterioration in the Trust's recurrent deficit and potential failure of the approved break-even plan.
- Under-delivery against the Trust's elective inpatient activity plan could result in a significant deterioration in the Trust's deficit.
- Loss of Trust autonomy should the Trust fail to recover ERF and savings delivery potentially resulting in NHSE imposed escalation measures including the appointment of external consultants to improve financial performance.
- The significantly reduced CDEL for 2025/26 is likely to constrain the Trust's strategic capital plans over the next three to five financial years.

Income & Expenditure Summary

NHS University Hospitals Bristol and Weston NHS Foundation Trust

November 2024

Trust Year to Date Financial Position

	Month 8			YTD		
	Plan	Actual	Variance Favourable/ (Adverse)	Plan	Actual	Variance Favourable/ (Adverse)
	£000's	£000's	£000's	£000's	£000's	£000's
Income from Patient Care Activities	93,495	97,217	3,722	748,661	764,246	15,585
Other Operating Income	10,137	11,004	867	81,097	84,271	3,174
Total Operating Income	**103,632**	**108,222**	**4,590**	**829,758**	**848,517**	**18,759**
Employee Expenses	(62,113)	(64,113)	(2,000)	(499,820)	(512,947)	(13,127)
Other Operating Expenses	(35,301)	(37,764)	(2,463)	(292,308)	(306,021)	(13,713)
Depreciation (owned & leased)	(5,127)	(5,128)	(1)	(28,890)	(29,008)	(118)
Total Operating Expenditure	**(102,541)**	**(107,005)**	**(4,464)**	**(821,018)**	**(847,976)**	**(26,958)**
PDC	(1,210)	(1,208)	2	(9,680)	(9,667)	13
Interest Payable	(247)	(220)	27	(1,976)	(1,804)	172
Interest Receivable	292	472	180	2,336	3,868	1,532
Net Surplus/(Deficit) inc technicals	**(74)**	**261**	**335**	**(580)**	**(7,062)**	**(6,482)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	74	(130)	(204)	580	744	164
Net Surplus/(Deficit) exc technicals	**0**	**131**	**131**	**0**	**(6,318)**	**(6,318)**

Key Facts:

- In November, the Trust delivered a £131k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,318k (£6,449k at M7) against a breakeven plan. The Trust is therefore £6,318k adverse to plan. The cumulative YTD net deficit is 0.7% of total operating income.

- Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; pay pressures and over-establishment mainly relating to nursing and medical staff; and the impact of non-pay inflation.

- YTD pay expenditure remains higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.

- Agency expenditure in month is £990k, compared with £828k in October. Bank expenditure in month is £4,311k, compared with £4,804k in October.

- Total operating income is higher than plan by £18,759k. The shortfall in ERF of £4,358k is offset by higher than planned pass-through payments, additional commissioner funding and additional other operating income.

Savings – Cost Improvement Programme

NHS University Hospitals Bristol and Weston NHS Foundation Trust

November 2024

Division	2024/25 Programme			Progress to Date					Forecast Outturn					Full Year Forecast Outurn	Full Year Forecast Outurn Variance
				2024/25 Programme					2024/25 Programme						
									Current Year						
	2023/24 Recurrent shortfall*	2024/25 Target (2%)	2024/25 Total Target	Current Plan	<-------- Actual ---------> Recurring	Non-Recurring	Total	Variance Fav / (Adv)	Current Plan	Recurring	Non-Recurring	Total	Variance Fav / (Adv)	Total	Fav / (Adv)
Financial Performance	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Diagnostics & Therapies	543	1,741	2,284	1,515	627	359	985	(530)	2,284	1,092	538	1,630	(654)	1,497	(787)
Medicine	416	2,180	2,596	2,432	2,277	84	2,362	(70)	4,008	3,531	471	4,002	(6)	3,907	(101)
Specialised Services	(377)	2,095	1,718	1,123	779	316	1,095	(27)	1,718	1,195	569	1,765	46	1,535	(183)
Surgery	1,285	3,411	4,696	3,076	1,556	84	1,640	(1,436)	4,696	2,542	199	2,741	(1,955)	3,280	(1,416)
Weston	(156)	1,045	889	624	516	1	517	(108)	889	716	2	718	(171)	744	(145)
Women's & Children's	397	3,316	3,713	2,830	2,813	18	2,831	1	4,260	4,231	28	4,258	(2)	5,410	1,150
Estates & Facilities	194	1,097	1,292	832	155	570	725	(107)	1,292	481	865	1,346	54	890	(401)
Finance	(0)	226	225	252	211	58	268	16	379	329	87	415	37	354	(25)
HR	(0)	274	273	182	121	37	158	(24)	273	199	76	275	2	203	(70)
Digital Services	566	428	994	680	4	374	378	(302)	994	48	471	519	(475)	136	(858)
Trust HQ	417	517	935	623	161	37	197	(426)	935	218	264	482	(453)	218	(717)
Corporate	-	10,385	10,385	7,648	767	4,667	5,433	(2,214)	11,472	1,500	7,000	8,500	(2,972)	1,500	(9,972)
			-												
Divisional Sub Totals	**3,286**	**26,714**	**30,000**	**21,818**	**9,986**	**6,605**	**16,591**	**(5,227)**	**33,200**	**16,082**	**10,570**	**26,652**	**(6,548)**	**19,673**	**(13,527)**
Urgent & Emergency Care	**-**	**9,400**	**9,400**	**2,667**	**2,667**	**-**	**2,667**	**-**	**4,000**	**4,000**	**-**	**4,000**	**-**	**4,000**	-
Elective Recovery	**-**	**-**	**-**	**2,667**	**-**	**-**	**-**	**(2,667)**	**4,000**	**-**	**-**	**-**	**(4,000)**	**-**	(4,000)
Grand Totals	**3,286**	**36,114**	**39,400**	**27,152**	**12,652**	**6,605**	**19,257**	**(7,894)**	**41,200**	**20,082**	**10,570**	**30,652**	**(10,548)**	**23,673**	**(17,527)**

Key Points:

- The Trust's 2024/25 savings plan is £41,200k. This includes £8,000k attributable to Urgent & Emergency Care (UEC) investments delivering bed reductions and reduced insourcing and outsourcing costs of elective recovery.
- The Divisional plans represent 50% of the Trust's plans. Corporate workstreams are driving a significant proportion of the planned savings.
- As at month 8, the Trust is reporting total savings delivery of £19,257k against a plan of £27,152k, a shortfall in delivery of £7,894k (£7,156k shortfall last month). The Trust is forecasting savings of £30,652k against the savings plans of £41,200k, a forecast savings delivery shortfall of £10,548k.
- The full year effect forecast outturn at month 8 is £23,673k, a forecast shortfall of £17,527k.
- The performance of the corporate workstreams supporting the Divisional plans require an urgent step change in delivery to recover the YTD and forecast shortfall on savings delivery.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 14th January 2025

Reporting Committee	**People Committee – Thursday 28th November 2024**
Chaired By	**Linda Kennedy, Committee Chair and Non-Executive Director**
Executive Lead	**Emma Wood, Deputy Chief Executive and Chief People Officer**

For Information

The People Strategy comprises four key pillars of **Growing for the Future, New Ways of Working, Inclusion and Belonging and Looking After Our People**.

The focus in this meeting was on **Inclusion and Belonging and Looking After Our People:**

Inclusion and Belonging

Members received four reports under this theme: Equality Diversity and Inclusion (EDI) Biannual Report, Pro Equity Update, Just and Learning Culture Update, and Freedom to Speak Up Self Assessment.

The key points of note were:

- The EDI report highlighted key successes in the last 6 months to mitigate Risk 285 (the risk that the Trust fails to have a fully diverse workshop) and the Quarter 1 and 2 corporate and divisional performance against the Trust's EDI Strategic action plan 2024/25. Key successes noted include:
    - The Trust's Pro-Equity Approach was launched in June
    - Nearly 250 colleagues have received a Pro-Equity briefing
    - The Pro-Equity Assurance Group and sub-groups have been set up and Divisions have Pro-Equity action plans in place, informed by the analysis of their WRES and WDES data and reviewed at monthly SLT
    - Pro-Equity Workshops including 3 Sexual Safety workshops, Anti-Racism workshops with 114 colleagues, with 25 of those returning for the co-creation workshops. Anti-Ableism workshops have been scheduled for October – November to engage with colleagues.

- The EDI report showed how the Divisional Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) have been used to identify priorities as follows:
    - WRES contained 2 red indicators: shortlisting to appointment; and likelihood of entering the formal disciplinary process
    - WDES contained 6 red indicators: percentage of disabled staff in the workforce experiencing harassment, bullying or abuse; opportunities for career progression or promotion; extent to which their organisation values their work; staff engagement score; board voting membership

- The Pro-Equity Update provided more detail and a full update on the following areas: Anti-racism community commitment, how we got here, Patient First, Engagement and co-creation, Sexual safety, Anti-racism, Anti-ableism, Designing our pro-equity approach, and the Group model.

- It concluded with two questions which were posed to the Committee: What are your thoughts and reflections on our journey so far? How would you like to further shape our pro-equity journey? Committee members commended the team on the work done to date, and commented on how far the Trust had come over the past two years or so.

- The Just and Learning Culture (Respecting Everyone) report provided a second six-monthly update following the initial rollout in November 2023, using an employee relations data set to give a deep dive into data, including Pro Equity areas. Key points to note are:

    - An improved level of early and informal resolution of employee relations cases ('cases')
    - Increasing complexity of cases and numbers of suspensions
    - Significant increases in cases relating to sexual safety, reflective of the national position and UHBW is not an outlier.
    - The continued gap in the likelihood of formal disciplinary action between white colleagues in compared to global majority colleagues.
    - Ratings to assess the 'risk of harm' to employees going through employee relations processes are now live, there have been no 'red' (or 'never event') cases although green and amber cases are being reviewed within the People Teams as part of Best Practice reviews.

- The Committee sought assurance that the increase in cases relating to sexual safety were being robustly addressed. Mitigating actions were described including the development of resources and a webpage setting out support for colleagues in this area; sexual safety guidance being launched on the 2nd December 2024; and firm action being taken by operational and clinical leads where concerns are raised.

- The Freedom to Speak Up Board Self Assessment Repor highlighted the strengths of the current arrangements, but where the scores are low there are actions in place to show where we need to focus our attention. The key actions for the next 6-12 months include:
    - Seeking approval for the new FTSU Strategy at the Board in January 2025
    - Approval and implementation of the revised Data Triangulation Group, to take a holistic view of all data across the Trust and identify hot spot areas for targeted support
    - Ongoing work with FTSU leads and Guardians at NBT to align the offer across the Trusts
    - Approval and implementation of a revised FTSU Policy.

Looking After Our People

Members received two reports under this theme: Wellbeing Bi-annual Update and Guardians for Safe Working Hours Q1 Report.

The key points of note were:

- The Wellbeing Bi-annual Update presents core workplace wellbeing activity from April to September 2024. The key successes to mitigate Risk 793 (that colleagues experience workplace stress) were:
    - Peer Supporter Conference on 12 November to highlight the essential contributions of peer supporters including Workplace Wellbeing Advocate, Freedom To Speak Up Champion and Equality, Diversity and Inclusion Advocate.
    - NHS Health Checks - jointly funded with North Bristol Trust by the Department of Health and Social Care (DHSC) to 700 deliver workplace cardiovascular health

checks as part of a national pilot grant scheme. The new health check will be offered until end of March 2025. The Health Check aims to prevent heart disease, stroke, diabetes and kidney disease and some cases of dementia among adults aged 40-74.
  - Health and Safety Executive Stress Audit tool: training managers in how to use HSE stress audit tool, alongside new and revamped resources to be housed on the 'Helping with Stress' SharePoint site.
  - Health Equity - Use of health equity audit tools to support the planning and preparatory stages of wellbeing programme development to reduce health inequalities across our diverse workforce

- The Guardian of Safe Working Report highlighted a fall in exception reporting albeit still remaining at a high level, with no fines or immediate safety concerns. It was reported that the contemporaneous distribution of exception summaries to departmental and divisional leads may have played in to this reduction. However, the summary indicated that virtually all exception reports cite insufficient capacity to meet demand, with the same specialties highlighting concerns regularly. Concern was expressed by the Chair as to the issues highlighted in the report. The Committee discussed how the "Optimising the Medical Workforce" strategic priority includes measures specifically targeted to address these issues, and it was agreed that an update on this important programme would be very welcome at the next Committee.

We are maintaining a clear link between papers and the ongoing delivery of the People Strategy.

For Board Awareness, Action or Response

Ratings to assess the 'risk of harm' to employees going through employee relations processes are now live, there have been no 'red' (or 'never event') cases therefore no board reviews are required although amber and green cases are routinely reviewed by the People teams. Members noted the positive progress in the Pro-Equity area, and the need to continue this important work.

Key Decisions and Actions

People Committee requested an update on the Optimising the Medical Workforce strategic priority work at the next meeting.

ICB Committee or Relevant System Updates

At the ICB Committee meeting, there was agreement that Zero Acceptance should be the position on racism (which I confirmed was in the USBW People Strategy). The Long Term workforce plan was discussed, with focus on international recruitment and how to retain staff. The Chair of the Committee had also asked for feedback from all as to how the ICB committee meeting could be more effective. Comments included the need for alignment, focus (limiting to "Top Three" priorities and clarification of the "Exam Question". There was positive feedback on the spirit of collaboration and willingness to exchange information.

Commentary

N/A

Date of next meeting:	**30 January 2025**

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in **Public**		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Treasury Management Policy		
Report Author:	Catherine Cookson, Head of Finance – Financial Services and Assurance		
Report Sponsor:	Neil Kemsley, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	✓		
	The Board is asked to approve the Trust's revised Treasury Management Policy.		

Key Points to Note *(Including any previous decisions taken)*

The Treasury Management Policy, last reviewed in November 2023, requires a number of minor changes to reflect job titles, terminology, and operational process updates. The proposed changes are set out in Appendix 1.

The proposed changes to the Treasury Management Policy were considered by the Finance, Digital and Estates Committee on 26 November 2024 and were recommended to the Board for approval.

Strategic and Group Model 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 the Trust's strategic ambitions can continue to be supported, subject to securing CDEL cover.

Risks and Opportunities

None to note.

Recommendation

This report is for **Approval**

- The Board of Directors is asked to approve the proposed changes to the Trust's Treasury Management Policy as set out in Appendix 1 to this report.

History of the paper (details of where paper has <u>previously</u> been received)

Finance, Digital and Estates Committee	26 November 2024

Appendices:	N/A

Treasury Management Policy

1. Purpose

The Board is required to regularly review the Trust's Treasury Management Policy and approve any changes.

2. Background

The Trust's Treasury Management Policy provides the framework for the Trust's treasury management activities and defines its objectives, attitude to risk, responsibilities, and policies. The policy is required to be regularly reviewed and formally approved by the Trust Board.

The policy was last reviewed and amended in November 2023. The current review of the policy proposes the revisions as noted in section 3 which are highlighted through track changes on the policy document.

3. Proposed revisions

The track changes on the Treasury Management policy are minor and relate to:

- Title changes following the Joint Chief Executive appointment and the implementation of the senior finance Corporate Finance Team structure
- Update of the references to the Standing Financial Instructions sections *(section 5.2 and 5.3)*
- Deletion of legacy reporting arrangements from Capital Programme Steering Group *(section 5.4)*
- Update of the operational processes for payments made via cheque *(section 5.5)* and cash monitoring and forecasting *(section 7.2).*

4. Summary and Recommendations

The Board is asked to note that the Treasury Management Policy remains largely unchanged and to **approve** the revised policy.

Treasury Management Policy

Document Data			
Subject:	Procedural Document		
Document Type:	Policy		
Document Reference	19031		
Document Status:	Draft		
Document Owner:	~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance		
Executive Lead:	Chief Financial Officer		
Approval Authority:	Trust Board of Directors		
Review Cycle:	12		
Date Version Effective From:	**01/12/2024**	**Date Version Effective To:**	**01/11/2025~~4~~**

What is in this policy?
The emphasis the Trust places on good corporate governance requires it to have a formally approved Treasury Management policy which sets out its current Treasury Management activities and establishes a treasury risk management environment in which objectives, polices and operating parameters are clearly defined.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions (Job title only)**	**Type of Revision**	**Description of Revision**
23/02/15	0.01	Deputy Director of Finance	None	No changes since last reviewed by Trust Board on 27 February 2014. (Original policy 2008)
18/02/16	0.03	Deputy Director of Finance	Minor	Minor changes to titles of posts, organisations and groups etc. Removal of consumer credit license
28/04/2017	0.04	Deputy Director of Finance	Minor	Changes to external references and internal cross references.
26/03/2018	0.05	Deputy Director of Finance	Major	Changes to job titles, changes to external references and internal cross references, and minor amendments to wording. Imported to new Trust policy layout.
14/06/2019	0.06	Deputy Director of Finance	Minor	Changes to job titles and role responsibilities
24/09/2020	0.07	Deputy Director of Finance – Governance and People	Minor	Changes to the Trust's name, current titles and responsibilities, and terminology. Update to the frequency of weekly payment runs and audit reviews. Reference to the arrangements in place for 2020/21 as part of the Covid response.
17/11/2023	0.08	Head of Finance – Financial Performance		Changes to job titles, responsibilities and terminology Remove references to Covid-19 arrangements. Update processes for borrowings, cash flow forecasting and credit notes.
14/11/2024	0.09	Head of Finance – Financial Service and Assurance	Minor	Changes to job titles

Table of Contents

1. Introduction

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) has a wide discretion in the way they manage and invest cash. This policy sets out how these areas will be assessed, reported, and monitored. It closely follows best practice issued by NHS England 'Managing Operating Cash in NHS Trusts' and 'safe harbour' for investment of surplus operating cash. The guidance advises that Foundation Trusts should establish written policies covering their Treasury Management activities which should be formally approved by the Trust Board and regularly reviewed.

The Treasury Management function aims to support the Trust's activities by;

- Ensuring that cash is managed effectively.
- Ensuring the most competitive return on surplus cash balances, within an agreed risk profile.
- Ensuring that there is competitively priced funding available to meet borrowing requirements should it be needed.
- Ensuring that the Trust is aware of its cash position by regular, thorough reporting.
- Ensuring that all transactions and reviews are carried out within the appropriate timeframe and by the appropriate persons.
- Identifying and managing financial risks, including interest rate and foreign currency risks, arising from operating activities.
- Ensuring compliance with all banking covenants.

In order to meet these aims the treasury management function has the following key objectives:

(a) Surplus Cash: To obtain the most competitive deposit rates using National Loans Fund and a group of relationship banks, in line with the deposit guidelines approved by the Trust's Finance, Digital and Estates Committee.

(b) Funding: Ensure the availability of flexible and competitively priced funding to meet the Trust's current and future requirements.

(c) Interest Rate Management: Maintain an interest rate structure which smoothes out the impact of rises or falls in interest rates on the Trust's Income and Expenditure position.

(d) Foreign Currency Management: Reduce the Trust's exchange rate movement risk by covering known foreign exchange exposures and mitigating material risks.

(e) Bank Relationships: Develop and maintain strong, long-term relationships with a core group of quality banks ("relationships banks") that can meet current and future funding requirements.

These objectives are targeted to ensure that the Trust is able to continue its operational activities without facing financial constraints and that financial support is available to fund future approved developments.

Treasury activities for purely speculative purposes are strictly prohibited.

2. Purpose

This policy has been set up as a practical way of reviewing and monitoring Treasury Management activities.

On a quarterly basis a Treasury Management Report will be presented to the Trust's Finance, Digital and Estates Committee to provide an update on any new issues, movements and Key Performance Indicators, as set out in the detailed sections in the policy.

3. Scope

The policy applies to all Treasury Management functions across the Trust. All processes and controls must be delivered in accordance with the policy.

4. Definitions

4.1 Treasury Management

Treasury Management is the process of managing cash, availability of short term and long-term funds, foreign currency and interest rate risk, and relationships with banks and other financial institutions.

In order to facilitate effective corporate governance, it is necessary to formally set out the expected treasury activities and establish a treasury risk management environment in which all objectives and operating parameters are clearly defined.

In the main, the Treasury Management activities of the Trust will be conducted in accordance with the guidance given by NHS England for dealing with cash and working capital.

4.2 Bank Relationships

The Trust's approach is to develop long term relationships with a core group of high quality banks. This will be subject to a periodic tendering process by the Trust for banking services.

The Trust currently transacts with the Government Banking Service (GBS) and NatWest Bank. The ~~Head of Finance- Financial Performance~~ Head of Finance – Financial Services & Assurance is able to meet with other high-quality banks to discuss the products and services they offer for information gathering purposes. If a new banking relationship proposal is suggested, this must be pre-approved by the Chief Financial Officer before a proposal is made to the Trust's Finance, Digital and Estates Committee. The proposal will detail the need and potential benefit of the new banking relationship, and the Finance, Digital and Estates Committee will sanction or reject the proposal.

The quarterly Treasury Management Report update will include details of any significant meetings with banks, the outcome of any new banking proposals and any forthcoming new banking relationship proposals.

4.3 Investments

All cash balances should remain in a comparatively liquid form in order to reduce the Trust's exposure to risk. If there is surplus cash it should ideally be placed in investments that meet the "safe harbour" criteria. If "safe harbour" investments are not available or do not provide a competitive return, then investments that meet all of the criteria except the credit rating for long term investments (greater than 12 months) will be considered. Note that the Trust does not make long term investments. Appendix 1 details the criteria for "safe harbour" investments.

4.4 Permitted Institutions

The Trust will place investments with institutions that:

- Have been granted permission, or any European institution that has been granted a passport, by the Financial Conduct Authority to do business with UK institutions providing it has a short-term investment grade credit rating of P1/F1/A1 issued by a recognised rating agency; or
- Is an executive agency that is legally and constitutionally part of any department of the UK Government.

5. Duties, Roles and Responsibilities

Operational management of treasury related issues sits with ~~The Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance and the Head of Financial Accounts

5.1 The Trust Board

The Trust Board will be responsible for those Treasury Management issues specified by the Trust's Schedule of Matters Reserved for the Trust Board (Appendix 2), namely:

(a) Approval of external funding arrangements.

(b) Approval of overall Treasury Management policy.

The Trust Board delegates responsibility for approval of Treasury Management procedures, control and detailed policies to the Finance, Digital and Estates Committee.

5.2 The Finance, Digital and Estates Committee

The Finance, Digital and Estates Committee shall make such arrangements as it considers necessary on matters relating to the control and management of the finances of the Trust. On matters relating to Treasury Management this will include:

(a) Approval of the overall Treasury Management policy and recommend for approval by the Trust Board.

(b) Approval of Treasury Management procedures, controls and detailed policies.

(c) Liquidity and cash planning and forecasting.

(d) Approval of the Trust's investment and borrowing strategy, ensuring compliance where appropriate with NHS England's best practice guidance.

(e) Approval of the Trust's interest rate risk management strategy.

(f) Approval of relevant benchmarks for measuring investment and general Treasury Management operational performance.

(g) Reviewing and monitoring investment and borrowing policies and performance against relevant benchmarks in respect of all the Trust's funds.

(h) Ensuring proper safeguards are in place for security of the Trust's funds by:

(i) Approving the Trust's commercial bankers, selected by competitive tender.

(ii) Approving a list of permitted relationship banks and investment institutions.

(iii) Setting investment limits for each permitted investment institution.

(iv) Approving permitted types of investments/instruments.

(v) Approving the establishment of new/changes to existing bank accounts.

(vi) Ensuring approved bank mandates are in place for all accounts and that these are updated regularly for any changes in signatories and authorised limits.

(i) Monitoring compliance with Treasury Management policies and procedures on investments, borrowing and interest rate management in respect of limits, approved institutions and types of investment/instruments.

(j) Approval of external funding arrangements, within delegated limits.

(k) Approval of long-term borrowing for capital and investment programmes.

~~(l) Approval of dispute compromises with suppliers in excess of £25,000, as per Section 11.7 of the Standing Financial Instructions.~~

The Finance, Digital and Estates Committee delegates responsibility for Treasury Management operations to the ~~–~~Chief Financial Officer

5.3 The Chief Financial Officer

In line with Section~~s~~ 6, 7, 11 and 17 of the Standing Financial Instructions ~~t~~The Chief Financial Officer ~~shall~~is responsible for all treasury management operations, which include:

~~(a) Take responsibility for Treasury Management operations.~~

~~(b)~~(a) Approve and maintain operational Treasury Management policies and procedures.

~~(c)~~(b) Approve cash management systems.

~~(d)~~(c) Open all bank accounts in the name of the Trust or any of its constituent parts.

~~(e)~~(d) ~~Open and operate patient money deposit accounts as may be considered necessary and~~ Aauthorise minor petty cash balances ~~bank accounts to be opened at such branches~~ as may be decided and operated according to instructions by any officers specified by the Chief Financial Officer.

~~(f)~~(e) Approve the use of the Trust's credit card and ensure adequate controls are in place to prevent misuse.

~~(g)~~(f) Approve dispute compromises with suppliers in excess of £1,000, up to £50,000. Proposed compromises in excess of £50,000 shall be considered by the ~~Chief Executive~~ Hospital Managing Director for approval.

~~(h)~~(g) Hold meetings with the ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance and members of the Treasury Management team to

discuss and consider any issues that should be brought to the attention of the Finance, Digital and Estates Committee.

5.4 Capital Programme Steering Group

The Finance, Digital and Estates Committee delegates the following Treasury Management responsibilities to the Capital Programme Steering Group, which is directly accountable to the Trust's Executive Committee. ~~The Finance, Digital and Estates Committee receives the minutes of the Capital Programme Steering Group.~~

(a) Formulating the Trust's medium term capital plan.

(b) Reviewing and setting the prioritisation criteria for capital projects, working in conjunction with system partners

(c) Ensuring capital projects support divisional operating plans, the local health economy strategy and the delivery of the Trust's annual operational plan and the national NHS plan.

(d) Reporting actions, decisions and progress on the Trust's capital programme to the Finance, Digital and Estates Committee.

(e) Ensuring all capital projects have a robust business case, and for operational and major medical capital been appropriately scored using the designated prioritisation matrix and offer value for money.

(f) Considering and recommending changes to the Trust's capital programme to the Finance, Digital and Estates Committee.

(g) Ensuring that the Trust's capital programme complies with the overall Financial Strategy of the Trust.

5.5 Head of Transactional Services

The Head of Transactional Services has the responsibility for the prompt collection of ~~Non-NHS~~non-NHS debts and collection of Non-Healthcare Provider to Provider debts. The Finance Manager (~~Contract~~ Patient Care Income) and Head of Transactional Services will review the credit notes raised in the month after each month end and report on any credit notes greater than £50k to the Head of Finance – Patient Care Income and Costing ~~Contract Income and Costing~~ and ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance respectively. Responsibility for the payment of NHS and Non-NHS ~~Creditors~~ payables ~~sits~~sit with the Head of Transactional Services.

Aged Receivables Review

Aged receivable reports will be reviewed on a monthly basis by the Head of Transactional Services and Finance Manager (~~Contract~~ Patient Care Income) for old unpaid items, to check that they have had the appropriate chasing letters issued. The ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance and ~~Head of Contract Income and Costing~~Head of Finance – Patient Care Income and Costing will review the aged receivable reports at least quarterly and ensure that a recovery plan is in place for any significant outstanding receivable.

Bad Debt Write Off

The receivables ledgers will be reviewed at least quarterly for any receivable that potentially needs to be written off. The Head of Transactional Services and Finance Manager (~~Contract~~ Patient Care Income) will provide lists of invoices proposed for write off to the Director of Operational Finance.

Non-NHS Payables

The Head of Transactional Services will process any invoices that are due for payment on the weekly BACS run. ~~A periodic c~~Cheque payment runs are~~is~~ also produced to facilitate the payment of creditors who have not provided bank details. The list of invoices ready for payment will be reviewed to ensure that only due invoices are paid, or if invoices are being paid early it is because there is an advance payment discount available.

The Head of Transactional Services will review the aged creditor report monthly to ensure that resolution of issues preventing the payment of outstanding invoices is being adequately progressed. Information regarding invoices awaiting authorisation will be used to escalate delays in processing to operational managers, Divisional Finance Managers and the ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance as appropriate.

NHS Payables

The Head of Transactional Services will process any invoices that are due for payment on a bi-weekly payment run. The list of invoices ready for payment will be reviewed to ensure that only due invoices are paid.

The Head of Transactional Services will review the aged creditor report monthly to ensure that resolution of issues preventing the payment of outstanding invoices is being adequately progressed. Information regarding invoices awaiting authorisation will be used to escalate delays in processing to operational managers, Divisional Finance Managers and the ~~Head of Finance – Financial Performance e~~ Head of Finance – Financial Services & Assurance ~~-~~as appropriate.

Negotiations with Suppliers over Disputes

The Head of Transactional Services will liaise with suppliers where there are ongoing disputes. Where this involves compromise, the Head of Transactional Services must demonstrate to Director of Operational Finance that a compromise is necessary with the supplier.

5.6 Head of Financial Accounts

The Head of Financial Accounts is responsible for the Trust's banking processes, ensuring that sufficient cash balances are maintained, forecasting future cashflows for planning purposes and monitoring actual cash balances.

Short-Term Investments (Cash Deposits)

Short-term investments or deposits are defined as those of less than 12 months duration. Effective cash monitoring and forecasting on a weekly, monthly and longer-term basis by the Head of Financial Accounts will identify cash surpluses and an appropriate time to be able to invest them for. The Head of Financial Accounts will review and produce forecasts and calculations for investment. The Head of Financial Accounts will contact the National Loans Fund, and all 'relationship' banks and financial institutions and identify the product that generates the best return for the potential investment, ensuring all limits contained in this policy are met.

Investments of more than 3 months but less than 6 months require the prior written approval of the Chief Financial Officer. Cash must not be placed on deposit for more than 6 months without the prior approval of the Finance, Digital and Estates Committee.

If longer term investment is required, this must be referred to the Finance, Digital and Estates Committee detailing the reasons why there are such surplus funds, the duration of the proposed investment, and the product proposed. The Finance, Digital and Estates Committee can refuse this investment because it may decide that it is more appropriate that the cash be spent on other alternatives.

5.7 Head of Finance – Patient Care ~~Contract~~ Income and Costing

The Head of Finance – Patient Care ~~Contract~~ income and Costing has overall responsibility for the prompt invoicing and collection of Healthcare Contract Income charges.

Bad Debt Write Off

The Director of Operational Finance and Head of Finance - Patient Care ~~Contract~~ Income & Costing will review these lists;

- Against the payables ledger to check that there are no ongoing disputes on payments
- Against any other write offs that have happened in the past on this customer
- Against the GBS Unallocated Receipt suspense.
- Against the bad debt provision already held and
- To check that all the necessary steps to recover this money have been taken.

Debts that pass this checking process and require write off, must be authorised for write off in line with the delegated responsibilities contained within the Trust's Standing Financial Instructions. Write offs will be reported to the Trust's Audit Committee and will be summarised in the quarterly Treasury Management Report to the Finance, Digital and Estates Committee.

5.8 Director of Operational Finance

Negotiations with Suppliers over Disputes

The Director of Operational Finance can agree compromise arrangements up to £10,000. Any values over this amount will need to be approved by the Chief Financial Officer or Hospital Managing Director ~~Chief Executive~~ in accordance with delegated limits. Any compromise deal agreement will be reported in the quarterly Treasury Management Report to the Finance, Digital and Estates Committee.

Short-Term Investments (Cash Deposits)

The Chief Financial Officer or Director of Operational Finance will review the investment proposals and approve if appropriate to do so. If any of these post holders refuse to authorise the deposit on principal, authorisation from the other post holders should not be sought unless the original authoriser has suggested onward discussion.

Approval of New Commercial Deposit Options

Where there is already an approved relationship with a Clearing Bank or other financial institution, the Director of Operational Finance can identify new interest generating deposit account products that may benefit the Trust but will not increase, together or separately, the risk to the Trust's asset base.

Where a new product is required the Chief Financial Officer or Director of Operational Finance will pre-approve the product. Because the product is changing the risk profile of the Trust, the decision must be reported to the Finance, Digital and Estates Committee. If any of these post holders refuse to authorise the deposit on principal, authorisation from the other post holders should not be sought unless the original authoriser has suggested onward discussion.

Where a new product is available but not with an already approved relationship Clearing Bank or financial institution this must be referred to the Finance, Digital and Estates Committee for approval.

5.9 ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance

Review of Old Invoices

~~The Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance will review the Non-NHS and NHS aged creditor positions quarterly with the Heads of Controls and Assurance and Transaction Services to ensure that action plans are in place to resolve problems with old outstanding invoices. Any significant difficulties will be reported to the Director of Operational Finance ~~Chief Financial Officer~~ to ensure that appropriate action is taken.

Banking Covenants

~~The Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance will keep a master list of all of the covenants attached to bank, investment and funding arrangements and will report quarterly to the Trust's Finance, Digital and Estates Committee on performance against these covenants.

6. Policy Statement and Provisions

6.1 Framework

Whilst the Trust has significant freedom to invest cash it has a number of responsibilities that it must discharge including;

(a) Under section 17 of the Health & Social Care Act (Community Health and Standards) Act 2003 ("the Act"), the Trust has discretion to invest money for the purposes of or in connection with its functions but must ensure this is managed carefully to avoid financial and/or reputational risks.

(b) Under Section 29 of the Act the Trust is required to exercise its function effectively, efficiently and economically.

(c) Under the Terms of the NHS Provider Licence, the Trust shall at all times remain a going concern.

It is essential that the Trust protects itself by ensuring that no imprudent or inappropriate treasury management or investment behaviour occurs. This policy will assist by providing a clearly defined risk management framework to be used by those responsible for treasury operations. The framework lays down responsibilities, protocols and procedures for the various aspects of treasury activities and sets out what should be reviewed and when.

6.2 Attitude to Risk in Key Treasury Activities

(a) Funding

The Trust will maintain a prudent approach to funding, recognising the on-going requirement to have funds available to cover existing business cash flows and reasonable headroom for seasonal debt fluctuations and capital programme expenditure. Additional finance required for longer term developments and investments will be built into cash flow workings as and when agreed and advised by the Finance, Digital and Estates Committee.

(b) Investments

Where investments are made with institutions that meet the conditions in section 4.3, but which subsequently drop in their short-term credit ratings, the Finance, Digital and Estates Committee will be notified, but unless the Chief Financial Officer considers there to be excessive risk, the investment will continue to maturity.

The use of investments that do not satisfy the above conditions are prohibited unless explicitly approved by the Trust Board and should only be made to manage operational risk. This includes general equities, derivative products and speculative investments such as leveraged investments, hedge funds, derivatives, futures, options and swaps. If there is any doubt as to whether an investment meets the necessary conditions it should be referred to the Finance, Digital and Estates Committee.

Investments for a period of three to six months will require the prior written approval of the Chief Financial Officer or the Director of Operational Finance. Proposed investments resulting for longer than six months must have the prior approval of the Finance, Digital and Estates Committee. No investment may be placed beyond 31 March.

Cash deposits should only be placed with the National Loans Fund and relationship banks in line with the deposit limits approved by the Trust's Finance, Digital and Estates Committee. Cash should only be placed with organisations that hold appropriate credit ratings, based on the "safe harbour" criteria, with a recognised credit rating agency (Moody's, Fitch, or Standard and Poor's). The approved limits, at any one time, are as follows:

- Investments made with the National Loans Fund are unlimited.
- Individual Clearing Banks each have a limit of £15 million if backed by UK Government, £12m otherwise, (subject to the rate of return offered being at least 10 basis points higher than that offered by the higher of the National Loans Fund or Government Banking Service). Details of further limits applied to particular Clearing Banks can be found below.

(c) Permitted Institutions

The list of institutions being used for treasury deposits will be reviewed at least annually or earlier where market conditions or intelligence suggest the need to ensure:

- That each one meets the criteria set out in this policy; and
- That it is appropriate to add (or delete) any new institutions from the list of active deposit takers.

If an institution is downgraded or put on credit watch by a recognised rating agency, then the decision to invest with them should be reviewed.

The table below provides the investment limits for permitted financial institutions based on the credit ratings provided by recognised agencies.

Table: Investment limits

Institutions	Recognised Credit Rating Long-term/(Short-term)	Deposit Limit
Clearing Banks:		
Backed by UK Government	(P-1)	Lower of 50% cash available and £15m
Not Backed by UK Government	(P-1)	Lower of 25% cash available and £12m
Other permitted institutions:	Aaa/(P-1)	Lower of 10% and £7.5m
	Aa1, Aa2, Aa3/(P-1)	Lower of 10% and £5.0m
	A1, A2, A3/(P-1)	Lower of 10% and £2.5m
	Below the above	Nil

NB Appendix 1 provides definitions of risk ratings

Note that cash available is defined as the lowest projected cash balance over the period of the proposed investment.

(d) Interest Rate Management

If the Trust enters into long-term borrowings, it should negotiate terms that incorporate a fixed interest rate, swaps, or a cap, in order to mitigate risk.

If the Trust decides to borrow over a number of projects, this policy will be amended to include guidance on hedging interest rates exposure by use of interest rate swaps.

(e) Foreign Exchange Management

The Trust holds no foreign currency cash balances.

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the date of the transaction. Resulting exchange gains and losses are taken to the Income and Expenditure Account. The vast majority of foreign currency transactions are made in relatively stable currencies (the Euro or U.S. Dollar). In light of the above the Trust has a minimal risk exposure to foreign exchange rate fluctuation.

If foreign currency transactions with a value of over £50,000 (based on the current spot rate) are planned, then the Trust will consider mitigating risk by the use of a forward contract. Whether or not this is deemed appropriate will be dependent on the currency the transaction is denominated in and current market conditions.

6.3 Treasury Organisation and Responsibilities

(a) Receivables

Invoices for charges based on actual activity must be raised as soon as the activity data becomes available and no later than 4 weeks after the end of the month to which the charge relates. Invoices for fixed price service contracts must be raised monthly in advance and are due for payment in the month in which the service is provided.

Non-NHS Receivables

Non-NHS receivables can be split into the following categories.

- **Private patients** – before a private procedure is carried out the Private Patient Officers and/or the patient's Consultant will have agreed a price (as per the annual published private patient tariff) with the patient and the patient will have completed and signed a Private Patient Undertaking to Pay form.
- **Overseas patients** –in line with legislation all overseas visitors are charged ~~upfront and~~ in full for any care not deemed by a clinician to be 'immediately necessary' or 'urgent' and / or cease to provide such non-urgent care where payment is not received ~~in advance of treatment~~. The Non-NHS Patient Income Manager must ~~provide~~ ensure there are detailed written instructions on how to identify potential overseas patients, the treatment classification and the charging mechanisms.
- **Other non-NHS receivables** – various customers may be charged for services provided such as catering, rent and accommodation charges and occupational health services.

The following payment options are available to customers –, direct payment into the Trust's bank account, credit card/debit card payment, via the Trust's website and cheque sent to the Finance Department. All debts are due for payment within 30 days of the date of the invoice.

The process for recovering Non-NHS Receivables is primarily an automated dunning process comprising copy invoices, reminder letters and monthly statements of account. This process includes the use of a debt recovery agency as appropriate.

The quarterly Treasury Management report to the Finance, Digital and Estates Committee will note the number, value and details of any debts passed to the Trust's debt administration and collection company.

(b) NHS Receivables

NHS Healthcare Contract Income Charges

Invoices will be raised for the following services:

- Agreed Contracts/Service Level Agreements (SLAs) with Integrated Care Boards, NHS England and other commissioners.
- Contract variations as agreed with Integrated Care Boards/ NHSE and other commissioners.

Block Invoices

Invoices for 1/12 of the expected annual value of block contracts will be raised on a monthly basis and are due in the month the service is provided. Settlement is due on the 1st and 15th of each month. Where a block invoice is not paid on time then processes approved by the Director of Operational Finance and the Head of Finance ~~Contract~~Patient Care Income and Costing will commence.

'Over/Under Performance' Invoices:

A reconciliation of the services provided will be sent to the commissioner after the end of the quarter. If the commissioner raises a valid query the Contract Income team will respond and resolve it in line with the timescales agreed in contract documents.

Activity information is sent to the Secondary User Service (SUS) on a monthly basis, in addition to local data feeds in support of contract reporting and on a quarterly basis activity information is agreed between commissioners and the Trust, in line with the SUS reconciliation dates.

Non-contract activity

For non-contract activity, where services are provided outside of contracts, invoices will be sent within 30 days after the end of the month, with supporting activity information.

The under/over performance recovery process will be applied to debts of more than 30 days old.

NHS Non-Healthcare Inter-Organisation Charges

Invoices will be raised for the following services:

- Ad hoc service contracts agreed by Divisions and customer organisations.
- Other services such as medical staff recharges, catering, facilities provision etc.

Invoices for charges based upon actual activity must be raised as soon as the activity data becomes available and no later than 4 weeks after the end of the month to which the charge relates. Charges for fixed priced service contracts must be raised monthly in advance and are due for payment in the month in which the service is provided.

The process for the recovery of outstanding NHS inter-organisation debts comprises an automated process consisting of reminder letters and monthly statements of account, complimented by personal contact with debtor organisations, with escalation to the Director of Operational Finance and Chief Financial Officer ~~level~~ as appropriate.

The quarterly Treasury Management report to the Finance, Digital and Estates Committee will note the number, value and details of any outstanding debts.

Credit Notes

Where a credit note is required, the information sent to the Credit Control Team must quote the invoice number to be credited and must be coded to the same code as the invoice. All credit notes must be reviewed by the Contract Income Team or the Accounts Receivable Team. Where a credit note is for items invoiced in previous financial years, the Division that earned the income must absorb the costs against the current year unless the Director of Operational Finance has approved the use of the year end bad debt provision.

Where a credit note relates to a Contract Income invoice it must be signed off by the Finance Manager (~~Contract~~ Patient Care Income) with a supporting reconciliation to show why the credit note is required, before submission to the Director of Operational Finance for cancellation or write-off approval. Where the cancellation is offset by invoicing another commissioner, this can be approved by the Finance Manager (~~Contract~~ Patient Care Income).

The quarterly Treasury Management Report to the Finance, Digital and Estates Committee will note the number and value of credit notes issued in the quarter.

Unapplied Cash

When a customer sends ~~money~~ funds to the Trust without an explanation of what the funds are for, the funds will be initially credited to an ~~unallocated receipt~~ suspense account and further investigations undertaken.

- For cash receipts and funds received direct to the Trust's main bank account the receipt will initially be credited to the Commercial Unidentified Receipt Suspense account. The Cashier will contact the customer for a remittance advice note. Assistance will also be sought from Divisional Financial Management teams to help identify the reason for the receipt and to

reinforce to Service Managers that invoices must be raised for all income due to the Trust.

- For funds received into the Trust's Government Banking Service (GBS) account from commissioners (primarily contract income invoice payments) where no remittance is provided the receipt will be initially credited to the GBS Unidentified Receipt Suspense account. The Cashier will contact the customer for a remittance advice note. The Cashier may, in the absence of any alternative instructions from the Contract Income Team, use such receipts to clear the oldest Contract Income invoices relating to the payment period, i.e. a payment received in April will only be used to clear invoices raised for the period of April with any excess funds remaining in the GBS Unidentified Receipt Suspense account.

A reconciliation of the Commercial and GBS Unidentified Receipt suspense will be maintained identifying the balance remaining in each account, by period received and customer.

On a quarterly basis any cash still unallocated or under customer investigation that is older than 6 months will be taken to the Trust's central reserves, and it will be at the Chief Financial Officer's discretion as to what the reserve is used for.

The value of unallocated cash taken to central reserves will be included in the quarterly Treasury Management Report to the Finance, Digital and Estates Committee.

(c) Payables

Cash Management

Cash is ~~forecast~~ assessed on a daily basis to check that there are sufficient funds available to pay forthcoming liabilities.

Processing of Payments

The Trust's credit card will only be used for payment to suppliers where this is the only accepted method of payment or where to do so will allow the Trust to achieve savings. The use of the credit card is governed by a written procedure which is subject to review.

Standard terms of payment for both Non-NHS and NHS are 30 days from date of receipt of the invoice or the receipt of good/services (whichever is the later) unless they fall into a list of special categories (e.g. utilities, mobile phones, capital payment certificates). No invoices will be paid on any other terms unless expressly agreed by the ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance or if a vital clinical supply that will delay patient care will be delayed if payment is not made.

(d) Bank Reconciliations

Reconciliations of the Trust's bank accounts are undertaken monthly by the Financial Accounting Team. Accounts are also scrutinised daily, by the Cashier for any ~~'rogue'~~ unauthorised transactions.

6.4 Reporting

The quarterly Treasury Management Report to Finance, Digital and Estates Committee will report on investments placed, returns earned and new investments set up.

(a) Long Term investments

Long term investments are defined as those over 12 months. The Trust does not undertake such investments.

(b) Borrowing

Monthly cash reporting will identify whether there are any cash flow shortages.

Short Term Shortages

Where short term cash flow shortages are identified due to working capital movements the following steps will be taken;

(i) The Head of Financial Accounts will notify the ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance and suggest a course of action.

(ii) ~~The Head of Finance - Financial Performance~~ Head of Finance – Financial Services & Assurance will refer to the Director of Operational Finance depending on the seriousness of the issue.

(iii) Any cash held in investments with no or minimal penalty (other than lost interest) will be called back, short term first, followed by long term.

(iv) NHS Supplier payments will be delayed until funds become available.

(v) Non-NHS Supplier payments will be delayed until funds become available.

(vi) Additional pressure will be placed on debtors to make sure all debts are being paid on time or promptly chased.

(vii) Any cash held in investments where penalties will be incurred will be called back.

(viii) Non vital non-urgent stock orders may be delayed.

(ix) All non-vital capital may be delayed where possible.

(x) NHS England may be approached.

The quarterly Treasury Management Report to Finance, Digital and Estates Committee will report on any overdraft usage.

Long Term Borrowings

Long term borrowings will only be used to fund longer term capital or investment programmes.

All strategic capital projects will be approved using the normal Trust Board and committee structure, and at Capital Programme Steering Group, Finance, Digital and Estates Committee or Trust Board whichever is relevant to the particular project. All projects will have produced a detailed business case and have been approved in line with the Trust's Capital Investment Policy.

Progress on existing borrowings and any pending or approaching borrowings will be reported in the quarterly Treasury Management Report.

7. Standards and Key Performance Indicators

7.1 Applicable Standards

Internal Audit conducts a periodic review of the Finance Department that incorporates aspects of Treasury Management. This review will be used to assess how well this policy has been applied. In addition, on an annual basis the Chief Financial Officer sets an internal target for interest receivable.

Achievement against this target will assess how effective the interest maximisation aspect of this policy has been.

7.2 Measurement and Key Performance Indicators

Daily Reporting

On a daily basis the Cashier:

(a) Downloads statements and transaction reports for the previous day's activities on the Trust's Government Banking Service account (via RBS Bankline) and NatWest commercial bank accounts (via NatWest Bankline).

~~(b) Updates the quarterly cashflow plan for the month in light of actual receipts and payments made (e.g. Payroll, Supplier Payments).~~

~~(c) Reviews and updates, as appropriate, future planned receipts and payments in the quarterly cashflow plan in light of actual results for the next 21 days.~~

~~(d) Ensures the monthly cashflow plan agrees with the actual results/plan figures recorded in the quarterly cashflow plan.~~

~~(e)~~(b) Advises the Head of Financial Accounts of any potential for cash surpluses and shortfalls.

Monthly Reporting

On a monthly basis the Head of Financial Accounts will update the monthly cashflow plan for the current financial year and forecast cashflow statement will be produced and reviewed by the ~~Chief Financial Officer~~ Corporate Finance Team. The monthly cashflow will include:

(a) Updating the quarterly cashflow plan to reflect the actual receipts and payments (e.g. Payroll, Supplier Payments).

~~(f)~~(b) Review and update, as appropriate, future planned receipts and payments in the quarterly cashflow plan in light of actual transactions.

Quarterly Reporting to the Finance, Digital and Estates Committee

Appendix 3 details the items relating to Treasury Management that will be reported in a Treasury Management Report to the Finance, Digital and ~~Committee~~Estates Committee on a quarterly basis.

8. Associated Documentation

Standing Financial Instructions- http://nww.avon.nhs.uk/dms/download.aspx?did=4338

9. Appendix A – Safe Harbour Investments

Safe harbour investments are those that ensure adequate safety and liquidity for the Trust and ***must*** meet ***all*** of the following criteria.

- They meet the permitted short-term rating requirement issued by a recognised rating agency;
- They are held at a permitted institution;
- They have a defined maximum maturity date;
- They are denominated in sterling;
- They pay interest at a fixed, floating or discount rate; and
- They are within the preferred concentration limit.

The use of safe harbour investments negates the need for the Trust Board to undertake an individual investment review for these investments. In addition, NHS England will not require a report of these investments as part of its risk assessment process as they are deemed to have sufficiently low risk and high liquidity.

Safe harbour investments include (but are not limited to) money market deposits, money market funds, government and local authority bonds and debt obligations, certificates of deposit and sterling commercial paper provided that they meet the above criteria. The Treasury Management function is not permitted to undertake any of these investment options other than placing money on deposit at the National Loans Fund or pre-approved Clearing Bank without the prior approval of the Finance, Digital and Estates Committee.

Explanation of Terms

Each of the terms above and their limits for the trust are explained below. The appropriateness of the limits needs to be reviewed on an annual basis to confirm that they are still appropriate for the Trust.

Recognised rating agency - are agencies that grade companies and investments on their long-term standing and future viability based on information available in the market. Only Standard and Poor's, Moody's Investors Services and Fitch Ratings Ltd are recognised rating agencies.

Permitted rating requirement – the short-term rating should be A-1 (S&P), P-1 (Moody's') or F-1 (Fitch), which are the highest level of risk ratings and suggest a good quality investment.

Permitted institutions - include institutions that have been granted permission by the Financial Services Authority to do business with UK institutions, and the UK Government.

Maximum maturity date – for general investments, the maturity date must be before the date when the invested funds are needed and, in any event, should not exceed 6 months unless approved by the Finance, Digital and Estates Committee.

Preferred concentration limit - is to ensure that all the risk is not held in the one institution. The preferred concentration rate for the Trust is, with the exception of the National Loans Fund (where the concentration limit is unlimited) set out in the Treasury Management Policy.

10. Appendix B – Schedule of Matters Reserved to the Board issues requiring Trust Board approval

- Defining the overall strategic aims and objectives of UH Bristol and Weston.
- Approving the Membership Council's proposals for amendments to the Constitution (unless routed through the Joint meeting).
- Approving the scheme of delegation to officers and committees.
- Appointing, dismissing and receiving reports of Board Committees.
- Approving the draft Annual Report and accounts for submission.
- Approving the Annual Plan.
- Approving corporate organisational structures.
- Approving proposals for the acquisition, disposal or change of use of land and/or buildings.
- Approving HR policies incorporating the appointment, dismissal and remuneration of staff.
- Approving the health and safety policy.
- Approving revenue and capital budgets.
- Approving those matters reserved to it under the scheme of delegation:
    - Approval of variations to capital schemes of over £1,000,000;
    - All major investments (Strategic Outline Case, OBC and FBC) £15m and over;
    - Individual write-offs and ex-gratia payments over £50,000;
    - Approving supplies or services contracts with a value over £1m.
- Approving and monitoring University Hospitals Bristol and Weston's policies and procedures for the management of risk and provision of assurance.
- Approving proposals for the acquisition, disposal or change of use of land and/or buildings affecting the Trust's services.
- All monitoring returns required by the regulators shall be reported, at least in summary, to the Trust Board.
- Approving major regulatory submissions affecting the Trust as a whole.
- Approving the Standing Orders and Standing Financial Instructions of University Hospitals Bristol and Weston.

11. Appendix C – Contents of Quarterly Treasury Management Report to the Finance Committee

The following information will be reported quarterly to the Finance Committee in a Treasury Management Report:

- New banking relationships entered into in the current quarter, proposals presented to Finance Committee and outcome, any pending proposals, any good products seen at any meetings with institutions
- An update on compliance with covenant
- The number, value and details of any debts passed to the Trust's debt administration and collection company, Chief Financial Officer to Director of Finance meetings, arbitration cases issued, and court proceedings issued
- The number and value of NHS credit notes raised in the quarter
- Number and value of bad debt write offs in the quarter
- The value of unallocated credits over six months' old taken to central reserves.
- Compromise deal agreements following negotiations with suppliers over disputes
- Investments placed, returns earned and new investments set up
- Overdraft usage
- Potential requirements for working capital support identified in the next 12 months
- Borrowings taken out in the quarter, borrowings proposed, pending or approaching in the quarter
- Progress on any existing borrowing, including whether repayments are up to date
- Performance against Key Performance Indicators for any investments and proposed Key Performance Indicators for any new investments.

12. Appendix D- Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
The management and investment of cash will be assessed, reported, and monitored.	Reports to relevant committees	Audit	Monthly through the Chief Financial Officer's Report with a Quarterly Treasury Management Policy report.	Chief Financial Officer's Director of Operational Finance	Finance, Digital & Estates Committee

13. Appendix E – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance
This document replaces existing documentation:	No
Existing documentation will be ~~replace~~replaced by:	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All finance staff and budget holders
Method of dissemination:	It will be available to download from FinWeb or upon request from the ~~Head of Finance – Financial Performance~~ Head of Finance – Financial Services & Assurance
Training is required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments
[DITP - Additional Comments]

14. Appendix F - Equality Impact Assessment (EIA) Screening Tool

Query	Response
What is the main purpose of the document?	This policy has been set up as a practical way of reviewing and monitoring Treasury Management activities.
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Staff group – Finance Staff and budget holders Add ☑ or ☒ Staff ☑ Patients ☒ Visitors ☒ Carers ☒ Others ☒

Could the document have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		☑	
Disability (including physical and sensory impairments, learning disabilities, mental health)		☑	
Gender reassignment		☑	
Pregnancy and maternity		☑	
Race (includes ethnicity as well as gypsy travelers)		☑	
Religion and belief (~~includes~~include non-belief)		☑	
Sex (male and female)		☑	
Sexual Orientation (lesbian, gay, bisexual, other)		☑	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		☑	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		☑	

Will the document create any problems or barriers to any community or group? YES / **NO**

Will any group be excluded because of this document? YES / **NO**

Will the document result in discrimination against any group? YES / **NO**

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		☑	
Will it help to get rid of discrimination?		☑	
Will it help to get rid of harassment?		☑	
Will it promote good relations between people from all groups?		☑	
Will it promote and protect human rights?		☑	

On the basis of the information / evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				**Negative Impact**		
Significant	Some	Very Little	**NONE**	Very Little	Some	Significant

Is a full equality impact assessment required? YES / **NO**

Date assessment completed: ~~16~~ 14 November 202~~3~~4.....

Person completing the assessment: Head of Controls and Assurance .....

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Board of Directors in PUBLIC		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Register of Seals		
Report Author:	Mark Pender, Head of Corporate Governance		
Report Sponsor:	Eric Sanders, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	This report provides a summary of the applications of the Trust Seal made since the previous report in September 2024**.**		

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.

There have been 13 sealings since the last report, as per the attached list.

Strategic Alignment

N/A

Risks and Opportunities

N/A

Recommendation

This report is for **Information**

The Board is asked to note the Register of Seals report.

History of the paper (details of where paper has <u>previously</u> been received)

N/A

Appendices:	Summary of the applications of the Trust Seal

University Hospitals Bristol and Weston NHS Foundation Trust

Register of Seals

September 2024 to January 2025

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
903	Supplemental lease of part of level 3 of BHOC, Horfield Road BS2 8ED between UHBW and the Secretary of State for Health and Social Care (NHS Blood and Transplant).	16/09/24	Maria Kane	Stuart Walker	Emily Judd
904	Deed of Surrender relating to part of Unit 3c and 4c Whitefriars, Lewins Mead, Bristol, between Topland Mercury Ltd and UHBW.	16/09/24	Maria Kane	Stuart Walker	Emily Judd
905	TR1 transfer of whole of registered title of ground floor suite 2 of St James Court, St James Parade, Bristol BS1 3LH from BNP Paribas Leasing Solutions Ltd to UHBW.	16/09/24	Maria Kane	Stuart Walker	Emily Judd
906	License relating to car parking spaces at St James Court, St James Parade, Bristol BS1 3LH between UHBW and BNP Paribas Leasing Solutions Ltd.	16/09/24	Maria Kane	Stuart Walker	Emily Judd
907	Lease relating to Suite 5a, Whitefriars, Lewins Mead, Bristol between UHBW and Topland Mercury Ltd	30/09/24	Stuart Wlaker	Rebecca Maxwell	Mark Pender
908	Deed of surrender relating to lease of part of unit 4a and 4b of Whitefriars, Lewins Mead, Bristol dated 04/07/17 between Topland Mercury Ltd and UHB.	30/09/24	Stuart Wlaker	Rebecca Maxwell	Mark Pender
909	Lease relating to part of unit 4a and 4b of Whitefriars, Lewins Mead, Bristol between Topland Mercury Ltd and UHBW.	30/09/24	Stuart Wlaker	Rebecca Maxwell	Mark Pender

910	Lease relating to Block C, 9th Floor, Whitefriars, Lewins Mead, Bristol between Topland Mercury Ltd and UHBW.	30/09/24	Stuart Wlaker	Rebecca Maxwell	Mark Pender
911	License to assign relating to 78 to 100 St Michaels' Hill, Bristol, between UHBW, Bristol & Weston Hospitals Chairty, West End Investments Clifton Ltd and Webb Investments Clifton Ltd.	27/11/24	Neil Kemsley	Emma Wood	Mark Pender
912	Contract between UHBW and Stone BCI Ltd for internal room improvements at D603 and D703 of BHOC.	27/11/24	Neil Kemsley	Emma Wood	Mark Pender
913	Building contract between UHBW and Stepnell Ltd for fire safety remedial works and improvements, Level D, St Michaels' Hospital.	03/12/24	Stuart Walker	Neil Kemsley	Eric Sanders
914	Supplemental lease of Eugene Flats and Marlborough Flats, Eugene Street, Bristol BS2 8EU between UHBW and Bristol City Council.	02/01/25	Neil Kemsley	Deirdre Fowler	Mark Pender
915	Supplemental lease of Unit A, ground floor, St James Court, St James Parade, Bristol BS1 7LH between UHBW and the Centre for Sustainable Energy.	02/01/25	Neil Kemsley	Deirdre Fowler	Mark Pender

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14 January 2025		
Report Title:	Governors Log of Communications		
Report Author:	Emily Judd, Corporate Governance Manager and Mark Pender, Head of Corporate Governance		
Report Sponsor:	Eric Sanders, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To update Board on the communications with Governors since the last meeting of the Board of Directors in Public.		

Key Points to Note *(Including any previous decisions taken)*

Since the previous Board of Directors meeting held in public on 12 November 2024:

- Three questions have been added to the log related to Unity Sexual Health Contract, access to test results cross-Trusts and relocating and space in the Trust.
- Two questions have been answered on the log and are awaiting the Governor response.
- One question is waiting for Comms sign off and one question is not due a response yet.

Strategic and Group Model Alignment

N/A

Risks and Opportunities

N/A

Recommendation

This report is for **Information**

The Board is asked to note the updates to the log and to respond to outstanding questions as soon as possible.

History of the paper (details of where paper has <u>previously</u> been received)

N/A

Appendices:	Report attached separately

Governors questions reference number	Coverage start date	Governor Name	Governor Constituency	Description	Executive Lead	Coverage end date	Response	Status
298	12/09/2024	John Sibley		At a recent Quality Focus Group meeting we heard there were 160 patients in hospital with no criteria to reside. I would like to have more information and data regarding the length of stay in hospital for all of these patients, broken down by ward if possible. The longer these patients stay in a hospital setting, the more quality of life they lose.	Chief Operating Officer	10/10/2024	It would not be appropriate to provide information relating to individual patients. The number of No Criteria to Reside (NCTR) patients prior to the launch of the Transfer of Care Hubs was a median of 220. The introduction of the Transfer of Care Hub, in October 2023, has seen this number decrease to 160. The Trust continues to prioritise admission avoidance and schemes to improve timely discharges, to support a further reduction in length of stay and overall NCTR. The number of patients seen and treated within Same Day Emergency Care services, to avoid admission to a hospital bed, has increased by 16% year-on-year. However, the delay in opening additional P2 and P3 capacity as part of our system plan to reduce UHBWs NCTR to 105 remains challenging.	Assigned to Executive Lead
299	20/11/2024	Stuart Robinson		In regards to our members at Unity Sexual Health Services, the Unison Branch and members within UHBW, are very concerned that longstanding members of staff (nurses, doctors, administrators and support staff) are currently at risk of losing their jobs, potentially being TUPEd across to other organisations, or being forced to move to other areas of the Trust if UHBW either are not successful in the sexual health procurement exercise, or the service is substantially slimmed down. We are also most concerned about the effect any change in sexual health services will have on our vulnerable patients many of whom are unable to speak up for themselves. Can the Trust board guarantee that sexual health services in the Trust will continue to meet the needs of our patients, many of whom are vulnerable, and that the needs of loyal NHS staff will be paramount in the consideration of changes to sexual health services?	Chief Operating Officer	18/12/2024	UHBW has been the lead provider for an integrated sexual health service, commissioned for the last 10 years by Bristol City Council (working as a lead commissioner for North Somerset and South Gloucestershire and BNSSG ICB). As the contract had reached full term (10 years), Bristol City Council were required to re-procure sexual health provision on behalf of BNSSG. Following detailed engagement work with local people and with staff involved in the service, and other areas, Bristol City Council and their commissioning partners agreed a new service specification, which separated the existing integrated service into 4 “Lots” – Lot 1 is a digital “front end” so maximise access and respond to what local people told commissioners that they wanted from a sexual health; Lot 2 is a clinical service, that provides treatment and support to people who have a sexual health condition that requires specialise sexual health care; Lot 3 is health promotion – focused on increasing preventative approaches to sexual health and...	Awaiting Governor reponse
300	27/11/2024	Martin Rose		I recently experienced a situation where one of my clinicians could not access some test results as they had not requested them. Can the Trust indicate if there are future plans for our systems to join together with primary care so all clinicians can see the entire medical record of one patient, including access to patient test results?	Chief Information Digital Officer	25/12/2024	There are currently several ways that Clinicians can access test results that they have not requested themselves. To view test results in ICE our results reporting system, the clinician can use a system called ICE OpenNet to access ALL results held at UHBW and NBT laboratories regardless of the originating requester (including primary care). The full functionality of this solution is a fairly recent development but is widely available across the whole Trust. Another option is to use the Connecting Care shared record system, which takes a direct feed from the UHBW and NBT Labs and shows all results that have been completed. This system is widely used and has been available for many years. In addition, test results are usually available for each patient to access themselves within the NHS App. Use this link to get started; https://www.nhs.uk › nhs-app › nhs-app-help-and-support It may be the case that the result information was available but was not accessed because of a potential gap in knowledge...	Awaiting Comms sign off

301	24/12/2024	Rob Edwards		Further to a recent Governor Tour where we visited the Radiopharmacy team, the Governors would like to understand if there were any plans to relocate this group to a larger space more suited to their needs and team size?	Chief Financial Officer	21/01/2025		Assigned to Executive Lead