Meeting of the Board of Directors in Public on Tuesday, 11 March 2025 from 13:15 to 16:45 in the Clifton and Hotwells Meeting Rooms, Ground Floor, St James' Court, Cannon Street, Bristol, BS1 3LH

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
Preliminary Business				
1.	Apologies for Absence	Information	Joint Chair	13.15 (20 mins)
2.	Declarations of Interest	Information	Joint Chair	
3.	Patient Story	Information	Patient and Public Involvement Lead	
4.	Minutes of the Last Meeting - **Tuesday, 14 January 2025**	Approval	Joint Chair	
5.	Matters Arising and Action Log	Approval	Joint Chair	
6.	Questions from the Public	Information	Joint Chair	13.35 (10 mins)
Strategic				
7.	Joint Chair's Report	Information	Joint Chair	13.45 (10 mins)
8.	Joint Chief Executive's Report	Information	Joint Chief Executive Officer	13.55 (15 mins)
9.	Board Assurance Framework	Approval	Director of Corporate Governance	14.10 (15 mins)
Quality and Performance				
10.	Quality and Outcomes Committee – Chair's Report	Information	Chair of the Quality and Outcomes Committee	14.25 (10 mins)
BREAK 14.35 TO 15.45				
11.	Integrated Quality and Performance Report	Information	Interim Chief Medical Officer, Chief Operating Officer, Chief Nurse and Midwife, Chief People Officer	14.45 (10 mins)

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NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
12.	Learning from Deaths Quarter 3 report	Information	Chief Medical Officer	14.55 (10 mins)
13.	Surveys: • Under 16 Cancer Experience Survey • National Urgent & Emergency Care Survey reports	Information	Chief Nurse and Midwife	15.05 (15 mins)
Financial Performance				
14.	Finance, Digital & Estates Committee Chair's Report	Information	Chair of the Finance, Digital & Estates Committee	15.20 (10 mins)
15.	Monthly Finance Report	Information	Chief Financial Officer	15.30 (10 mins)
People Management				
16.	People Committee Chair's Report	Information	Chair of the People Committee	15.40 (10 mins)
17.	Annual Safe Working Hours Guardians' Reports	Information	Guardians of Safe Working Hours	15.50 (15 mins)
Governance				
18.	Audit Committee Chair's Report	Information	Chair of the Audit Committee	16.05 (10 mins)
19.	Well Led Action Plan	Approval	Director of Corporate Governance	16.15 (10 mins)
20.	Register of Seals	Information	Director of Corporate Governance	16.25 (5 mins)
21.	Governors' Log of Communications	Information	Director of Corporate Governance	
Concluding Business				
22.	Any Other Urgent Business – *Verbal Update*	Information	Joint Chair	16.30
23.	Date and time of next meeting • **Tuesday, 08 April 2025**	Information	Joint Chair	

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Report To:	Board of Directors in PUBLIC
Date of Meeting:	Tuesday 11th March 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 working together with the people and communities who use our services so that we design and deliver services that meet the needs of our diverse population.

This patient story is about a resident of Weston-Super-Mare who attended Weston General Hospital for a surgical procedure. After a short stay in the hospital their care was transferred to the community, shortly followed by re-admittance to hospital. Through the lens of the patient's experience, the story will explore how Weston General Hospital and For All Healthy Living Centre are working together to open the door to new conversations about how care can more effectively meet the needs of patients. It will explore the new value that is derived when connections are made, and healthcare partners work together to advance the experience of care and clinical outcomes for people.

The story is set in the context of the Division of Weston's aspirations to increase access to care for local people and to continue to develop its profile as a trusted healthcare partner in the community. Equally, it reflects the work of the For All healthy Living Centre which promotes and works in partnership with local people and agencies to increase access and ensure residents are key partners in the design and delivery of their local services.

The story will be shared by Mark and Saz. Mark is the Chief Executive of the For All Healthy Living Company. Saz is the Community Engagement Worker.

https://www.forallhlc.org is a social enterprise which reinvests in the health and wellbeing of the local community in the South Ward of Weston-Super-Mare.

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

Risks and Opportunities
Effective partnerships leverage the strengths of each partner and apply it strategically to the issue at hand. Such approaches may take more work, and they might take longer, however strong partnerships build the relationships, shared understanding, and collective focus to make lasting progress.

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)	
[Name of Committee/Group/Board] **None.**	[Insert Date paper was received] **Not applicable.**

Appendices:	None.

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday 14 January 2025 from 13:45 to 16:45 in Lecture Theatre 1, Education and Research Centre, Upper Maudlin Street, Bristol

Present

Board Members

Name	Job Title/Position
Ingrid Barker	Joint Chair
Arabel Bailey	Non-Executive Director
Sue Balcombe	Non-Executive Director
Rosie Benneyworth	Non-Executive Director
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Joint Chief Digital Information Officer
Jane Farrell	Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Marc Griffiths	Non-Executive Director (*joined online from 2.30pm*)
Susan Hamilton	Associate 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*)
Martin Sykes	Vice Chair, Non-Executive Director
Anne Tutt	Non-Executive Director
Stuart Walker	Hospital Managing Director, UHBW
Emma Wood	Chief People Officer & Deputy Chief Executive

In Attendance

Matthew Areskog	Head of Experience of Care and Inclusion (*for item 13*)
Rachel Hughes	Divisional Director of Nursing (*for item 3*)
Emily Judd	Corporate Governance Manager (*minutes*)
Andy Landon	Senior Nurse – Safe Staffing and Head of e-Rostering
Joanna Mockler	Quality and Patient Safety Manager (*for item 14*)
Mark Pender	Head of Corporate Governance
Eric Sanders	Director of Corporate Governance
Bethany Shirt	Deputy Head of Nursing Quality (*for item 3*)
Tony Watkin	Patient Story (*for item 3*)
Sarah Windfeld	Director of Midwifery (*for item 14*)

The Chair opened the Meeting at 13.45pm

Minute Ref.	Item	Actions
01/01/25	**Welcome and Apologies for Absence**	
	Ingrid Barker, Chair, welcomed members of the Board and all those in attendance to the meeting. It was noted that no apologies of absence had been received.	

Minute Ref.	Item	Actions
02/01/25	**Declarations of Interest**	
	There were no new declarations made.	
03/01/25	**Patient Story**	
	Tony Watkin, Patient and Public Involvement Lead introduced Maisy McCollum who was a Young Ambassador within the Trust and who had joined the meeting to talk about her lived experience of her transfer from children to adult services. Sara Reynolds, Young Persons Involvement Worker for UHBW was also in attendance online to support Maisy.	
	Maisy explained that she had been a patient of the hospital since a young age and had also been a Young Governor for the Trust in 2024. Maisy described her experiences of transferring between children services and adult services in Bristol to receive her care, which had coincided with the end of the covid pandemic. Overall, she had received a good care experience, however she highlighted areas for improvement for younger patients where good communication and information sharing was crucial. She noted that the point of transfer between children and adult services tended to run parallel to important life events, such as taking examinations at college, or going through puberty, and she said in her experience this period was challenging to manage.	
	Maisy suggested that the hospital could improve such information sharing to highlight potential risks, such as being pregnant with a specialist health condition, or the impact of drinking alcohol whilst receiving treatment, or providing guidance around driving and declaring health conditions to the DVLA. Maisy provided further examples of never being offered female consultants to carry out scans, never being informed of the Trust's informative website for transferring between children and adult services, and she described the vast differences between the waiting rooms in children services as opposed to adults.	
	Maisy summarised that transferring from children to adult services had been jarring as the support dramatically stopped, and for her, the process had started too late with poor communication. She said that it felt like she had been ejected from the Children's Hospital and moved from Bristol to Exeter due to her specialist health condition, but with no formal method of communication to explain the new circumstances. Maisy highlighted how the age of transfer to adult services varied between NHS Trusts, which could also impact young people. For example, in Bristol, Maisy was classed as an adult, but on transfer at the age of 16 to Exeter where there was provision for the specialist services for her health condition, she learned she was still considered to be a young patient.	
	During the ensuing discussion, the following points were made:	
	• Rosie Benneyworth, Non-Executive Director, thanked Maisy for sharing her story and asked the Board how the Trust could better support younger patients with the management of adolescent health, making the experience person centred. Deirdre Fowler, Chief Nurse and Midwife, said how useful the story had been and informed the Board that because of this experience, a new post had been invested in specifically to support transition and navigating the patient's journey to support the coordination of care. Deirdre noted	

Minute Ref.	Item	Actions
	that the division would be prioritising communication to create a more personal approach to transition called "Ready Steady Go". - Bethany Shirt, Deputy Head of Nursing Quality, recognised that transition to adult services could be improved within UHBW and across the region and noted how the process should start from the age of 12 and be more personal and equitable to all patients. - Rachel Hughes, Divisional Director of Nursing, said the new transition nurse had a wealth of experience but had limited capacity as the one role would need to support the entire Trust. Rachel noted that work had commenced to build knowledge and experience with 56 Clinical Nurse Specialists with the aim to bring consistency to the transition process across the hospitals. - Emma Wood, Chief People Officer, suggested that digital platforms could provide more support by sharing patient information across different Trusts. Maisy felt this had not been an issue due to being able to access a satellite clinic in Exeter, noting that her patient record was accessible via a digital platform. - Maria Kane, Joint Chief Executive, noted the inconsistencies around the definition of a child across different healthcare settings and asked what age was specified in the model of care. Rachel noted that the Trust covered young adults up to the age of 16, apart from in two specialities, and said it was more about capacity as there was not sufficient space for the level of demand for patients aged between 16-18. Rachel noted that the hospital had worked to create age-appropriate areas, meaning the spaces for teenagers were different compared to the spaces for younger children. - Rebecca Maxwell, Interim Chief Medical Officer referred to The National Institute for Health and Care Excellence (NICE) guidance which listed no age cut off and the approach was much more tailored to personal care. Ingrid Barker, Chair, summarised the differences between every patient, and the importance of communication to younger patients at a time of physical, psychological, educational and social change. Ingrid thanked Maisy for the insightful story. Maisy then left the meeting. **RESOLVED that the Patient Story be received and noted for information.**	
04/01/25	**Minutes of the Last Meeting – 12 November 2024**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 12 November 2024. - Rosie Benneyworth, Non-Executive Director noted that she was not an apology at the last meeting. - Anne Tutt, Non-Executive Director, referred to page 12 of the minutes, where she had asked whether the recurring forecast of £22m in relation to the Cost Improvement Programme was a shortfall, and requested the minutes to be amended accordingly. **Action**: **Trust Secretariat to update the previous set of Public Board minutes from November 2024 to reflect the comments made.** Arabel Bailey, Non-Executive Director, asked whether the new Joint Sustainability Lead could give the Board an update at a future meeting.	Trust Secretariat

Minute Ref.	Item	Actions
	Action: **Trust Secretariat to add a sustainability update to a future meeting agenda of the Board.**	Trust Secretariat
	RESOLVED that the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 12 November 2024 be approved as a true and accurate record, subject to the changes above.	
05/01/25	**Matters Arising and Action Log**	
	Ingrid Barker, Chair noted that there were no outstanding actions from the previous meeting. **RESOLVED that the updates to the action log be approved.**	
06/01/24	**Questions from the Public**	
	No questions had been received from members of the public.	
07/01/25	**Chief Executive's Report**	
	Maria Kane, Joint Chief Executive introduced her report to the Board and highlighted the following points: • **Thank you to staff:** After several weeks of experiencing high winter pressures within the hospitals, Maria thanked all staff for their continued efforts, recognising that life has been difficult within this challenging working environment. • **Reforming Elective Care for Patients**: In response to a plan published by the Government to help reduce elective waiting lists, system-work would commence to respond to several actions and commitments to increase and make additional capacity within the system. Maria highlighted the work already ongoing within the system which included the new Bristol Surgical Centre, due to open in the spring, and two community diagnostic centres which would provide additional capacity. • **Francis inquiry:** A substantial amount of work had 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). The government had launched a consultation on the regulatory system and a national framework which the Trust would respond to. • **The Joint Forward Plan Refresh:** The Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System Joint Forward Plan 2024 to 2029 was published in May 2024. UHBW and NBT would continue working together, as part of the joint planning approach to provide input into the refreshed document by March 2025. • **Global Partnerships Workshop:** UHBW and NBT held a one-off workshop on 10 December, supported by Healthcare UK, to scope the opportunities for the trusts to develop international healthcare partnerships. • Maria noted recent meetings with Tony Dyer, Leader of Bristol City Council, and the Chief Executive Nick Hibberd, as well as a meeting with the Vice Chancellors of the Bristol universities. • During December, Dr Navina Evans, Chief Workforce, Training and Education Officer for NHS England had visited to present at a senior leaders strategy away day and to visit services.	

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	• The official opening of the new permanent North Bristol Community Diagnostic Centre (CDC) had also taken place. During the ensuing discussion, the following points were made: • In response to a query from Rosie Benneyworth, Non-Executive Director, relating to national reports of hospital corridor care and supporting staff wellbeing, Maria noted that the system was entering the peak of high operational pressure and divisions had been written to requesting them to work to the upper end of their establishment to deliver effective patient safety. Regular system meetings were assessing the level of risk in order to improve hospital flow across the region, and additional capacity had been opened in escalation areas or in locations outside of the hospitals. Staff were being reminded of the wellbeing support available to them and had welcomed a letter from the regulators to support them in this challenging period. • Deirdre Fowler, Chief Nurse and Midwife said working to the extent that staff had been doing should not be normalised and staff were aware of the importance of escalating and documenting risks in this environment. It was noted that the overall capacity risks were being assessed regularly on whether escalation areas should be opened and in absolute extreme conditions, there had been patients being cared for in hospital corridors. Deirdre said in this situation, a treatment escalation oversight toolkit was used to ensure patients were being cared for safely, and feedback was gathered to improve the experience for patients in these extreme conditions which supported learning for the Trust. It was noted that the additional numbers of nurses available to the Trust had supported the challenging situation. **RESOLVED that the Joint Chief Executive's report be received and noted for information.**	
08/01/25	**Joint Chair's Report**	
	Ingrid Barker, Joint Chair introduced the Chair's activity report which was presented for information. Key points to note were as follows: • Ben Argo had been appointed to the position of Lead Governor for the next 12 months and Martin Rose would continue in his role as Deputy Lead Governor. Ingrid thanked Mo Phillips, who had been the Lead Governor for 6 years, for her contribution and commitment whilst in the role. • Various visits had taken place including a Joint Board tour of UHBW, a visit to South Bristol Community Hospital, a visit to Unity Sexual Health Services at Central Health Clinic, and the Transfer of Care hub. • Meetings with key system partners continued, including a meeting with Sirona, and joint visits to some of the pathways would be organised. Arabel Bailey, Non-Executive Director asked whether the Non-Executive Director site visits could include the South Bristol Community Hospital and the Unity Sexual Health Services.	

Minute Ref.	Item	Actions
	Action: Director of Corporate Governance/ Trust Secretariat to include visits to South Bristol Community Hospital and the Unity Sexual Health Services on the NED Site Visit schedule. **RESOLVED that the Joint Chair's report be received and noted for information**.	Director of Corporate Governance
09/01/25	**Freedom to Speak Up Strategy**	
	Eric Sanders, Director of Corporate Governance, and Freedom to Speak Up Guardian introduced to the Board the refreshed Freedom to Speak Up Strategy and highlighted the following key points: - Eric thanked Kate Hanlon, the Deputy Speak Up Guardian, the Freedom to Speak Up Champions and others around the Trust including Emma Wood and Arabel Bailey as the Board leads for Freedom to Speak Up, for contributing to the revised strategy. - The refreshed strategy was presented for the Board's approval, and it was noted that six monthly updates would be presented to the Board throughout the period of the new strategy. - It was noted that the new strategy considered the discussion that the Board held at its development day in September 2024, when it looked back at the origins of speaking up and considered the triangulation of information and barriers to speaking up. - The new strategy would focus on 3 core objectives which were the cornerstones of the previous strategy - raising awareness, inspiring confidence and removing barriers. - The refreshed strategy would seek Board support to demonstrate leadership and accountability for staff raising concerns, and to ensure learning from outcomes. - The new strategy aligned with the Trust's People Strategy and supported the vision that was within the People Strategy. - Work had been ongoing with NBT colleagues to align the approaches to Freedom to Speak Up, recognising the development of single managed services and the implementation of the Joint Clinical Strategy. - The team had looked at other Trusts' strategies and the National Guardian's Office strategy to ensure there was alignment and to learn from others. During the ensuing discussion, the following points were made: - Emma Wood, Chief People Officer commended the new strategy and thanked those involved for the work undertaken. - Arabel Bailey, Non-Executive Director, noted that it was a realistic strategy, providing the right level of balance with the budget available to achieve its aim. Arabel suggested that the Trust's people survey was utilised to measure its success, and that the strategy fully aligned with NBT. She queried whether there was any comparison data from other Foundation Trusts on their investment in Freedom to Speak Up, and also whether there was any data relating to the escalation process to demonstrate if concerns had been responded to by managers. Eric said in terms of the comparison with other Foundation Trusts, it would require going beyond Freedom to Speak Up as processes differed in terms of other support from the	

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	organisation. He said in terms of the data relating to escalations there was evidence of positive responses from managers, meaning concerns did not require escalating further.	
	• Rosie Benneyworth, Non-Executive Director, supported the new strategy and welcomed the focus on staff with protected characteristics and on temporary staff. Rosie added that thought needed to be given to making sure the Trust provided an excellent Freedom to Speak Up service within an excellent Freedom to Speak Up culture.	
	• Susan Hamilton, Associate Non-Executive Director, supported the strategy and noted the importance of collaborative working with NBT. Susan echoed Rosie's comment around the culture of Freedom to Speak Up which could still highlight thematic issues that were not actioned. Emma said organisational learning from concerns was still being worked on due to the confidential nature of the concerns.	
	• Leading on from this, Anne Tutt, Non-Executive Director, talked about the case studies used within the strategy and said where possible it would be good to push the boundaries (without breaking the confidentiality of staff) through some of the concerns raised to demonstrate to staff that it was constructive to speak up to create that excellent speaking up culture. Eric agreed that confidentiality was a key issue and giving staff the confidence to publish their story via other models was being explored.	
	• Anne recognised that UHBW had 80 Freedom to Speak Up Champions, which was positive. Eric agreed and referred to the Trust's Leadership and Management training programme which aimed to create a safe place for its staff to raise concerns with managers.	
	• Linda Kennedy, Non-Executive Director supported, the new strategy and referred to the analysis from Appendix C of the report, asking what other opportunities could be considered for sharing staff stories, such as looking outside of the service and considering potential digital platforms.	
	Ingrid Barker, Chair summarised the discussion and noted how the Board was being asked to demonstrate leadership and accountability for staff raising concerns, and to ensure learning from outcomes.	
	RESOLVED that the Freedom to Speak Up 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 November's meeting of the Committee.	
	• The Committee had received various quarterly reports, including safeguarding, where the Committee would learn more about the service and its capacity at its meeting in February 2025.	
	• The Committee received and noted the Trust's response to the Infected Blood Inquiry.	

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	• The Committee talked about the importance of aligning clinical and safety requirements with appropriate and timely digital solutions. In response to a query from Arabel Bailey, Non-Executive Director, Sue said that many of the solutions to improving patient safety involved digital initiatives and noted the importance of having clinical input into the digital planning discussions to reach maximum effectiveness. Neil Darvill, Joint Chief Digital Information Officer, said a key challenge would be for the Board to consider larger, more complex investments that would solve organisational wide issues and be more sustainable going forward. **RESOLVED that the Quality and Outcomes Committee Chair's Report be noted for information.**	
11/01/25	**Emergency Department CQC Report**	
	Deirdre Fowler, Chief Nurse and Midwife introduced the Emergency Department CQC Report and highlighted the following key points: • As part of their assessment of Urgent and Emergency Services at the Bristol Royal Infirmary, the CQC had conducted an on-site inspection of the Emergency Department (ED) on 11 June 2024. This was the first assessment the Trust has received under the CQC's Single Assessment Framework. • The report specified two breaches of regulations in relation to these concerns: safe care and treatment (Regulation 18) - the service did not have enough medical staff to meet demand for the service at weekends; and safe staffing (Regulation 12) - the service did not have enough staff trained as fire wardens in the department. Deirdre confirmed that UHBW was now compliant for the second breach, Regulation 12. • Positive feedback was provided within the report on ambulance handover times and how staff had worked to overcome overcrowding in certain areas of the ED to support patients in escalation areas. • Rebecca Maxwell, Interim Chief Medical Officer, provided an update for safe care and treatment under Regulation 18 in working out of hours in the ED. Rebecca explained that short-term mitigations had been implemented in response to the concerns, which included key senior decision-makers working over the weekend. It was noted that longer-term, a business case was being written to address these issues including what the ideal consultant resource would be; what job-plans could include; managing the demand and capacity according to locations; and whether consultant hours could be moved to provide better coverage. Jane Farrell reinforced that out of hours support was being looked at to develop a more sustainable solution and would be factored into the plans for the next year's business planning. During the ensuing discussion, the following points were made: • Martin Sykes, Non-Executive Director, asked whether generally the longer-term solution might see more reluctance from staff who were being asked to work over the weekends, and whether it made sense for more locum staff to take shifts during the week. Jane explained that everyone contributed to the weekend demands and rotas were managed weekly. Rebecca added that the business case would see	

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	weekend working being increased and she noted the importance of staff wellbeing being considered because of this.	
	• Roy Shubhabrata, Non-Executive Director, clarified that the CQC had raised Regulation 18 as an issue to align to national guidance and benchmarking, rather than what UHBW considered to be safe to meet staffing levels over the weekend. Roy asked if there were other areas where the CQC may have differing views compared to the Trust. Jane Farrell responded that differential staffing arrangements for weekend working was common nationally, and she suggested that the workforce plan was created at a point in time that had moved forward in terms of capacity and demand within the ED over weekends. Jane said the CQC had acknowledged work that was already ongoing within the department to look at staffing levels against increased levels of capacity and demand. In response to Roy's last point, Jane said the Trust was not aware of any other areas in this situation.	
	• In response to a query from Sue Balcombe, Non-Executive Director, Rebecca said they had not been surprised when reading the report from the CQC, as the team was already working on assessing staffing levels over the weekend to cover increased demand and capacity. Sue said she was assured by this and noted that the work to look at a multi-professional workforce was supported and asked whether this would be reviewed across the board for all medical staff. Rebecca suggested the safe staffing format differed, however said it was being developed for other teams within the hospitals.	
	• Ingrid Barker, Chair, asked whether there were any updates on the management of sepsis and mental health liaison services. Deirdre said the liaison mental health services was being looked at as part of the single managed services with NBT and would see opportunities to develop. In terms of the management of sepsis, Deirdre said this was reported under the performance report.	
	RESOLVED that the Emergency Department CQC Report be received and noted for information.	
12/01/25	**Integrated Quality and Performance Report**	
	The Board received an update on the Trust's performance on quality, access and workforce standards, incorporating an update against the Patient First Strategic Priorities. The following points were highlighted: Jane Farrell, Chief Operating Officer provided an overview on access: • It was noted that the performance trends in November had prevailed and had heightened, with most services being impacted by high volumes of flu infections. • Escalation bed occupancy was very high, but it was noted that although urgent emergency care performance had deteriorated because of winter pressures, the Trust was performing well in this area compared to national benchmarking statistics. • Similarly, although performance for ambulance handovers had deteriorated since November, the overall performance was steady compared to other Trusts within the region.	

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	• UHBW remained ahead of the 52-week target for scheduled care and the Trust was forecasting full recovery for the 65-week waits in dental services. • The core cancer waiting times standards continued to be met and the diagnostic six week wait standard had improved. • It was noted that the improvement workstreams to meet recovery targets were being sustained. Deirdre Fowler, Chief Nurse and Midwife provided an overview on quality: • Deirdre referred to the number of complaints received in October 2024 (196 new complaints were received) and said that because of the challenges in responding to complainants, processes had been reviewed and support had been invested in the team, with three new members of staff being recruited. It was expected to see improvement in this area over the next quarter. It was noted that in alignment to the collaboration work with NBT's complaint's team, a formal review of the culture within the team was awaited. Rebecca Maxwell, Interim Medical Officer provided an update on quality: • It was noted that electronic prescribing and medicines administration (ePMA) systems would go-live in May 2025. • In terms of sepsis screening, the figures within the report appeared alarming, however it was noted that following investigation, the audit did not consider the outcomes of patients. The Board heard that a new project team had been set-up to identify improvement opportunities and the upgrade to "Vitals 4.3" digital system would support data collation for deteriorating patients. Emma Wood, Chief People Officer provided a workforce update: • It was noted that broadly the people statistics remained on-track against their targets. • A review of consultant vacancies had been carried out to identify gaps in the medical workforce, as well as work to ensure rotas were right, job planning was in place, and that the Trust was controlling its premium spend. • The Regional Post Graduate Dean had agreed that the Medical Apprentices would not proceed in 2025, due to lack of clarity about national funding. It was noted that this presented a risk for clinical staff at level 7 apprenticeship training in increasing their skillset which would impact on the wider participation agenda and supporting patients. The risks had been escalated by the system to NHS England. During the ensuing discussion, the following points were made: • Rosie Benneyworth, Non-Executive Director, queried whether the Trust held data on the number of complaints that were escalated to the Parliamentary and Health Service Ombudsman (PHSO). Deirdre said a report was presented to the Quality and Outcomes Committee and that the percentage of complainants that were dissatisfied with the Trust's response had been 2%, against a target of 8%. She noted that over a three-year period, the amount that were referred to the PHSO was very low and in comparison to other organisations, with UHBW falling below the average. Deirdre said she would check the data and send it to Rosie for information.	

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	• In response to a query from Arabel Bailey, Non-Executive Director, it was confirmed that discussions around the key themes and learning from complaints took place in the Quality and Outcomes Committee. • Marc Griffiths, Non-Executive Director, queried whether winter pressures had impacted on the Referral-to-Treatment (RTT) performance. Jane responded that in terms of 52 weeks, the Trust remained ahead of its trajectory and in terms of 65-week waits, including dental, the Trust remained on track to achieve full recovery by the end of February. • Martin Sykes, Non-Executive Director, commented on the new format of the report which provided a better overview to the Board on key areas such as the electronic prescribing project, the fire improvement plan and Martha's Rule. • Rosie Benneyworth queried when the Board would start to see improvements coming through in the Venous thromboembolism (VTE) work. Rebecca explained that the data within the report showed that VTE risk assessments needed improvement, whereas the positive improvements being seen were in VTE prescribing. Rebecca hoped that when electronic prescribing and medicines administration (ePMA) systems were introduced, the risk assessments performance would begin to improve. • In response to a query from Arabel Bailey relating to Outpatient Did Not Attend Rates (DNA) and the risk outlined in the report on DrDoctor, Neil Darvill, Joint Chief Digital Officer, explained that the risk related to the next set of developments that the system could offer, such as remotely monitoring care. Neil noted that the existing features of the system had been supporting DNA rates well. • Marc Griffiths echoed Emma Wood's concerns in pausing the Medical Apprenticeships and said the system, including the Universities, needed to continue lobbying to protect the future workforce plan. **RESOLVED that the Integrated Quality and Performance Report be received and noted for information.**	
13/01/25	**Annual National Adult Inpatient Survey**	
	Matthew Areskog, Head of Experience of Care and Inclusion attended the meeting to present the Annual National Adult Inpatient Survey to the Board. The following key points were noted: • In terms of the 'overall experience' question, UHBW ranked 26 out of 131 Trusts with a score of 8.4 out of 10 and placed UHBW amongst the top 20% scoring Trusts nationally and fourth out of fifteen in the South West region. • The improvement was due to the improvements seen at Weston General Hospital (WGH) which scored 8.1 in 2022, increasing to 8.4 in 2023. • The areas which had seen the most improvements in terms of patient experience included Admission to hospital (including waiting	

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	times of being admitted onto a ward); Food and drink; and Nurses (available when needed and help to wash and keep clean when needed).	

- The areas to focus on for future improvements included Communication by Doctors; and the Involvement in discharge decisions including the care and information provided.
- Future improvements will be made and measured alongside the new Experience of Care Strategy and the People First priority of improving experience of care.

During the ensuing discussion, the following points were made:

- Maria Kane, Joint Chief Executive, noted the achievements made and congratulated the teams involved. Maria referred to a comment within the report relating to poor sleeping at night due to noise levels and asked for more information around this theme. Matthew said an improvement had been seen at the Bristol Royal Infirmary but noted that Weston General Hospital was working to reduce its noise at night via a Patient First A3 thinking project. Matthew added that the Patient Feedback Hub would continue as a key method for understanding experience, identifying hotspot areas and developing improvement ideas.

- In response to a query from Rosie Benneyworth, Non-Executive Director relating to communication with Doctors and the decrease in patients reporting that they got answers they could understand from Doctors, Rebecca Maxwell said a project was ongoing to benchmark against other Trusts to establish where there were gaps to ensure training and learning captured this theme.

RESOLVED that the Annual National Adult Inpatient Survey be received and noted for information.

Minute Ref.	Item	Actions
14/01/25	**Maternity CNST MIS Report**	

Sarah Windfeld, Director of Midwifery, and Joanna Mockler, Quality and Patient Safety Manager, attended the meeting to present the Maternity CNST MIS Report. They reported that UHBW had been able to demonstrate 100% compliance against the standards for the CNST scheme which financially rewarded Trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services. They noted that the evidence for the declaration had been reviewed by the Executive Directors, the Local Maternity System, and now the Board was asked to sign-off the declaration.

During the ensuing discussion, the following points were made:

- Sue Balcombe, Non-Executive Director thanked the maternity team for this huge achievement in meeting all safety standards.
- In response to a query from Maria Kane, Joint Chief Executive, Sarah explained that the evidence gathered was thorough and the saving babies lives component of the declaration had to demonstrate that progress was being made. Sarah noted that the declaration had been reviewed in detail by the Local Maternity System.

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Minute Ref.	Item	Actions
	• Ingrid Barker, Joint Chair thanked the maternity team for this piece of work and asked the Board to approve the statement and declaration, and there were no dissenting voices. **RESOLVED that the Maternity CNST MIS Report be received noted, and the CNST statement be approved.**	
15/01/25	**Six-Monthly Nurse Staffing Report**	
	Deirdre Fowler, Chief Nurse and Midwife, introduced the Six-Monthly Nurse Staffing Report to the Board and highlighted the following updates: • The Quality and Outcomes Committee received monthly safe staffing update reports to assure the Board that staffing levels were safe using the Safer Nursing Care Tool (SNCT). • It was noted the Registered Nurse Turnover rate continued to decrease 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. This triangulated with feedback from recent patient surveys where patients said they had more access to nurses than previously experienced. • The National Institute for Health and Care Excellence (NICE) Midwifery red flags were now included within the midwifery section of the report and would be reported on monthly through the Safe Staffing Report as per the CQC improvement recommendations. • The Board was asked to note the recommendations from the Annual Safe Staffing review for additional funding for resource on the Apollo Ward, Children's ED, Caterpillar Ward, one Learning Disabilities and Autism Specialist Nurse, and the need to support the new Acute Obstetric Triage Unit. During the ensuing discussion, the following points were made: • Rosie Benneyworth, Non-Executive Director queried whether Risk 3623 relating to midwives contradicted the evidence for the CNST declaration, and Deirdre assured Rosie that although the risk remained high, the neonatal nurses that were qualified in service were not included in the standards. • In response to a query from Sue Balcombe, Non-Executive Director, on how the additional funding would be met, Neil Kemsley, Chief Financial Officer, explained that given the challenge expected in setting a balanced financial plan for 2025/26, there was unlikely to be a discrete allocation set aside to meet the cost of any emerging quality and/or safety concerns, and therefore the source of funding would need to be identified through the identification of existing funds that could be repurposed. It was noted that this would be discussed by the Board in March. **RESOLVED that the Six-Monthly Nurse Staffing Report be received and noted for information**.	
16/01/25	**Congenital Heart Disease Network Annual Report**	
	Rebecca Maxwell, Interim Chief Medical Officer introduced the Congenital Heart Disease Network Annual Report on the progress made against the	

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Minute Ref.	Item	Actions
	work plan from 2023/24, where most of the challenges had been overcome. The Board raised no questions. **RESOLVED that the Congenital Heart Disease Network Annual Report be received and noted for information**.	
17/01/25	**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 November 2024 and highlighted the following: - The Committee reviewed the Integrated Care Board's (ICB) system 3-year financial plan. - The Committee acknowledged that 2025/26 was anticipated to be a more difficult year than had been anticipated. - The Committee reviewed the National Cost Collection submission and noted that the 2023 outturn had deteriorated to 7% worse than average. Work would continue to explore the reasons why. - The Committee also reviewed this year's cost return and approved the submission on behalf of the Board. - The Committee reviewed the month 7 in-year finance report and noted the in-year deficit of £6.4m against a plan of breakeven, which was an improvement in month of £0.2k. - The Committee would monitor the progress of the electronic prescribing system rollout. - The Committee noted that the merged systems in Diagnostics for Bristol and Weston had been implemented. - The Committee noted that the fire improvements project had progressed well and the focus going forward would be on policy and training awareness. - The latest Treasury Management Policy was reviewed by the committee and recommended to the Board for approval. **RESOLVED that the Finance, Digital and Estates Committee Chair's Report be received and noted for information.**	
18/01/25	**Monthly Finance Report**	
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance for month 8, and up to the end of December 2024. Key points included: - The Trust's net income and expenditure position at the end of December 2024 was a deficit of £6.1m against a system break-even plan. - The Divisions continued to over-perform on their set control totals trajectories. - The Cost Improvement Programme (CIP) was expected to see a year-end improvement of circa £10m, but it was noted this would be a shortfall when considered on a recurring basis. This would remain a challenge going into the next financial year. The Productivity and Financial Improvement Group monitored the delivery of these programmes and considered the National Cost Collection submission. - The Trust's cash position remained healthy and was £88.3m at the end of November 2024.	

Minute Ref.	Item	Actions
	• A challenge around capital was reported, with £20m being spent at the end of December 2024 which needed to increase to £44m by the end of the financial year. The Finance, Digital and Estates Committee would receive a report on this. During the ensuing discussion, the following points were made: • Emma Wood, Chief People Officer, asked whether the Board could do anything further to support the CIP and whether there was any learning UHBW could take from other Trusts delivering on larger plans. Neil responded that UHBW would continue to learn from other organisations and said one of the key priorities in a group context would be to focus on pump priming schemes in year-one to deliver a greater investment in future years, rather than only taking a 12-month view. Stuart Walker, Hospital Managing Director, added the Productivity and Financial Improvement Group worked with Divisions to identity opportunities in a more sustainable way to deliver a CIP that did not cause significant quality and safety risks in terms of workforce concerns. • Rosie Benneyworth, Non-Executive Director highlighted the importance of considering patient outcomes in terms of productivity. • Sue Balcombe, Non-Executive Director noted how the CIPs had been managed differently this year and thanked the teams involved for their efforts. • In response to a comment from Arabel Bailey, Non-Executive Director, in taking a more sustainable view to CIP efficiency targets in the future, Neil said the Benefits Case for the proposed Hospital Group Model would respond to this longer-term perspective and the two hospital Boards would see this at its meeting in February. **RESOLVED that the Monthly Finance Report be received and noted for information**.	
19/01/25	**People Committee Chair's Report**	
	Linda Kennedy, Chair of the People Committee, introduced the report from the meeting of the People Committee held during November 2024 and highlighted the following: • The Committee had received the Equality Diversity and Inclusion (EDI) Biannual Report, a Pro Equity Update, the Just and Learning Culture update, the Freedom to Speak Up Self-Assessment and Strategy, and the Guardians of Safe Working report, where a deep dive would be brought back at a later meeting. • At the ICB Committee meeting, there was agreement that Zero Acceptance should be the position on racism, which was also represented in the Trust's People Strategy. **RESOLVED that the People Committee Chair's Report be received and noted for information.**	
20/01/25	**Treasury Management Policy**	

Minute Ref.	Item	Actions
	Neil Kemsley, Chief Financial Officer introduced the updated Treasury Management Policy to the Board and noted the proposed minor changes to reflect updated job titles, terminology, and operational process updates. The Board of Directors was asked to approve the proposed changes to the Trust's Treasury Management Policy and there were no dissenting voices. **RESOLVED that the Treasury Management Policy be APPROVED.**	
21/01/25	**Register of Seals**	
	Eric Sanders, Director of Corporate Governance, presented the Register of Seals report for the information of the Board and said there had been 13 sealings since the previous report. **RESOLVED that the Register of Seals be received and noted for information.**	
22/01/25	**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 three questions had been added to the log which related to the Unity Sexual Health Contract, access to test results cross-Trusts and relocating and space in the Trust. It was noted that the question in relation to the Unity Sexual Health Contract question had been closed. **RESOLVED that the Governor's Log of Communications be received and noted for information**.	
23/01/25	**Any Other Urgent Business**	
	There were no items of urgent business for discussion.	
24/01/25	**Date of Next Meeting:** Tuesday, 11 March 2025	

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Public Trust Board of Directors Meeting on Tuesday, 11 March 2025
Action Log

No.	Minute reference	Detail of action required	Executive Lead	Due Date	Action Update
Outstanding actions from the meeting held in January 2025					
1.	*04/01/25 Minutes of the Last Meeting*	Trust Secretariat to update the previous set of Public Board minutes from November 2024 to reflect the comments made.	Director of Corporate Governance/ Trust Secretariat	March 2025	**Suggest action closed** The minutes from November's Public Board meeting have been updated to reflect the comments made.
2.	*04/01/25 Minutes of the Last Meeting*	Trust Secretariat to add a sustainability update to a future meeting agenda of the Board.	Director of Corporate Governance/ Trust Secretariat	March 2025	**Suggest action closed** An item on sustainability will be added to the forward planner to be discussed by the Board at its meeting in April.
3.	*08/01/25 Joint Chair's Report*	Director of Corporate Governance/ Trust Secretariat to include visits to South Bristol Community Hospital and the Unity Sexual Health Services on the NED Site Visit schedule.	Director of Corporate Governance/ Trust Secretariat	March 2025	**Suggest action closed** These will be offered to NEDs as options for visits.
Closed actions from the meeting held in January 2025					
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

Meeting of the Trust Board in Public on Tuesday 11ᵗʰ March 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)
Executive Lead	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

1. Purpose
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.

2. 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.

3. Strategic 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.

4. Risks and Opportunities
Not applicable

5. Recommendation
This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Joint Chair.

6. History of the paper Please include details of where paper has <u>previously</u> been received.	
N/A	

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

1. **Purpose**

The report sets out information on key items of interest to the Trust Board, including the Joint Chair's 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 receives 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. **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 January and February 2025, including:

- Monthly meetings with Non-Executive Directors (NEDs)
- Monthly meetings with Vice-Chair
- Introductory meeting with David Wynick, Chair, Paul Kearney, CEO, and Katie Walker, CEO Designate, Bristol and Weston Hospital Charity
- Visit to Medical Wards with Hayley Long, Divisional Director of Nursing, Medicine
- Reciprocal Tour with Non-Executive Directors from both Trusts to Weston Locations included in the visit: Emergency Department/Same Day Emergency Care, two Care of the Elderly wards, two Surgical wards, Seashore, Ashcombe and Older Persons Assessment Unit
- Meeting with Lead Governor, Ben Argo
- Attended a Health Equity Delivery Group
- Hosted a visit from Paul Miller, Chair, Avon and Wiltshire Mental Health Partnership NHS Trust to UHBW. The areas visited included the Children's Emergency Department, Apollo Ward at Children's Hospital, Transfer of Care Hub and met with the High Impact User Team and Liaison Psychiatry Service.

4. **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:

- Alongside our Joint Chief Executive Officer, hosted a visit by Her Royal Highness, The Princess Royal to Southmead Hospital. It was an honour to accompany Her Royal Highness, during her recent visit where she reconnected with some of the staff who provided her care following an incident at the Gatcombe Park estate in June 2024. During her visit, Her Royal Highness had the opportunity to meet with doctors, nurses and allied health professionals who were directly involved in her treatment, recovery

and discharge. The visit also provided a valuable moment to showcase the exceptional dedication of our clinical teams.

- Monthly meetings with Non-Executive Directors (NEDs)
- Monthly meetings with Vice-Chair
- Visit to Mortuary
- Introductory meeting with Fiona King, new JUC Chair
- Hosted a visit from Paul Miller, Chair, Avon and Wiltshire Mental Health Partnership NHS Trust. The areas visited included the Emergency Department, Mental Health Liaison Team at Donal Early House and S136 suite and Mother and Baby Unit, New Horizon.
- Met with the Patient and Carer Partnership Group.

5. 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.

6. Group Development

The development of the group model is continuing at pace, focusing on finalising the group benefits realisation case, governance arrangements, and an operating model and accountability framework to facilitate joined up services for our patients and service users. This work is being driven through the work of a number of key groups including:

- Fortnightly Group Design Futures Working Group
- Joint Executive Group meetings
- Teneo Governance Working Group
- UHBW and NBT Board to Board workshops and development sessions
- Remuneration committees held in common
- Monthly joint NED meetings.

Two meetings were held with UHBW Governors in February 2025 to discuss Group governance, the draft benefit realisation case and the operation model.   The Boards of UHBW and NBT also met formally together "in common" for the first time in February 2025 (in private session) and will begin meeting in this way in public from April 2025.

On 26 February, leaders from North Bristol Trust and University Hospitals Bristol NHS Foundation Trust, met with local partners to explore opportunities for collaboration as our Trusts move towards forming a Hospital Group. Bringing together dedicated healthcare professionals, partners and community leaders, the discussion was an invaluable opportunity to align our collective efforts in improving health and well-being across our region.   Sincere thanks to all who contributed their insights and expertise to this important conversation.

7. Connecting with our Partners

The Joint Chair undertook introductory and follow-up meetings with a number of partners during January and February 2025 as follows:

- Alongside our Joint CEO, hosted a visit by Rt Hon Darren Jones, Chief Secretary to the Treasury to the Community Diagnostic Centre at Cribbs Causeway
- Introductory meeting with Paul Miller, Chair, Avon and Wiltshire Mental Health Partnership NHS Trust
- Attendance at the fortnightly City Partners Conference Call
- Attendance at the BNSSG ICP Board
- Alongside our Joint CEO and UHBW Managing Director, met the CEO of Maggie's Centre to discuss plans for a centre for Bristol to support people undergoing a cancer journey
- Meeting with Kerry McCarthy, MP Bristol East
- Meeting with Maggie Tyrrell and Ian Boulton, Leaders of South Gloucestershire Council
- Introductory meeting with Stephen Peacock, Leader from the West of England Combined Authority
- BNSSG Chairs Reference Group, chaired by Jeff Farrar
- NHS Providers farewell event for Sir Ron Kerr, stepping down from his role as NHS Provides Chair

8. National and Regional Engagement

The Joint Chair has also attended:

- The monthly National NHS Confederation Chairs' Group.
- Regular one to one 'touch points' with Elizabeth O'Mahony, NHSE South West Regional Director
- Attended a Good Governance Institute seminar on 'The White Paper on Local Government Reform'.
- Meetings with fellow Trust Chairs to share learning on the development of groups, Mehboob Khan from Barking, Havering and Redbridge (Barts Hospital Collaborative), Charles Alexander (Guys and St Thomas's), Andrew Moore (Leicester and Northampton Group) and Professor Derek Bell (Teeside Group)
- Alongside Becca Dunn, met with Professor Alf Collins of TPC Health, former NHSE national lead for Personalisation, to discuss the Trust's approach to 'What Matters to You?'
- We were delighted to welcome the Prime Minister, Sir Keir Starmer, to the Cribbs Causeway Community Diagnostic Centre. His visit offered a firsthand look at how we are delivering on our commitment to improve healthcare access. Our Community Diagnostic Centres (at Cribbs and Weston) play a crucial role in addressing health inequalities and this visit was a testament to the impact of collaborative efforts in enhancing patient care.

9. Vice-Chairs Report

The Joint Chair undertook a variety of visits and meetings during January and February 2025, including:

- Fortnightly Group Design Futures Working Group
- 1-1 meetings with Hospital Managing Director
- UHBW and NBT Board to Board workshops and development sessions
- Remuneration Committee held in common
- Monthly joint NED meetings
- Monthly Finance Digital and Estates Committee
- Black Maternity Matters Event
- Division of Surgery with Divisional Director, Ashley Livesey, visiting Bristol Eye Hospital, Hey Groves Theatres and Intensive Care Unit
- Division of Specialised Services with Divisional Director, Owen Ainsley
- Weston Hospital with Hospital Director, Judith Hernandez del Pino and Divisional Director of Nursing, Joanna Poole

10. Summary and Recommendations

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

Report To:	Board of Directors in Public		
Date of Meeting:	11 March 2025		
Report Title:	Joint 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. The report will consider the following areas:

- 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

Joint 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 Priorities and Operational Planning Guidance 2025/26

On 30 January 2025, NHS England published the *Priorities and Operational Planning Guidance 2025/26*, confirming the ambitions referenced in the Reforming Elective Care document.

The national priorities to improve patient outcomes in 2025/26 are outlined as:

- Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement. Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026

- improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26

- improve patients' access to general practice, improving patient experience, and improve access to urgent dental care, providing 700,000 additional urgent dental appointments

- improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019

To achieve these priorities for patients and service users, ICBs and providers, with the support of NHSE, must collaborate to:

- Implement reforms to support the immediate priorities and prepare the NHS for the future. In 2025/26, ICBs and providers should work to reduce demand by developing neighbourhood health service models to prevent long and costly hospital admissions, and improve timely access to urgent and emergency care, maximise opportunities associated with shifting service delivery from analogue to digital, and tackle inequalities including a focus on secondary prevention.

- Operate within the allocated budget, reducing waste and improving productivity, and working to achieve a balanced financial position.

- Prioritise the overall quality and safety of services, with focus on improving challenged and fragile services, such as maternity and neonatal care.

UHBW are working in partnership with NBT and the BNSSG ICS in order to ensure that local planning responds to both the national priorities and the needs of our local population. Headline submissions have been made to NHSE on 27th Feb with final submission due on 27th March 2025.

2. Integrated Care System Update

2.1 ICB Leadership Changes

Sarah Truelove, Chief Finance Officer and Deputy Chief Executive of Bristol, North Somerset, and South Gloucestershire (BNSSG) ICB since 2018 will take over as CEO of Gloucestershire ICB later this year. Sarah has brought strong financial leadership to the BNSSG system and has been an exemplar for partnership working. We wish Sarah all the best in her new role in Gloucestershire.

3. Strategy and Culture

3.1 Second Inquest Verdict

The Trust has assisted His Majesty's Assistant Coroner at the Second Inquest into the death of Ben Condon. This hearing lasted for 3 weeks from 3-21 February 2025 at Avon Coroner's Court. Evidence was heard from clinicians involved in Ben's care in 2015 and two experts instructed by the Assistant Coroner. The Coroner recorded a narrative conclusion:

> Ben was born premature. He contracted HMPV bronchiolitis and was admitted to the Paediatric Intensive Care Unit at Bristol Royal Hospital for Children. Within days, his condition deteriorated; his ventilation and oxygen requirements went up and his lungs became progressively more congested.

> On 14,15 and 16 April, consultants in charge of Ben's care considered whether they should give him antibiotics to guard against the risk of secondary bacterial infection but decided not to do so.

> On 15 April, Ben developed a bacterial infection in his lungs, and by the early hours of 17 April it had spread to his blood stream.

> On 17 April Ben's condition was critical and the consultants in charge of his care decided to treat his lungs with surfactant. This was a treatment which carried serious complications, but the doctors did not discuss the proposed treatment with Ben's parents or involve them in the decision-making process.

> At around 3.45pm on 17 April, Ben's badly compromised lungs were treated with surfactant, air immediately leaked into internal cavities including the sac around his heart, triggering a cardiac arrest. Appropriate steps were taken to resuscitate Ben and restore his circulation, but he did not recover fully and sadly died at 9.07pm that evening.

We remain deeply sorry that Ben died whilst in our care in 2015, and for how we communicated with Ben's family following his death. We have undertaken significant learning and reflection in the ten years since then. This learning is outlined in the independent assurance review commissioned by the Trust, which provided assurance to the Assistant Coroner that all of that learning has been embedded.

3.2 Joint Executive Meetings with Sirona Care and Health and Avon Wiltshire Mental Health Partnership NHS Trust (AWP)

Over the last two months the NBT and UHBW Executive teams have met with Executive counterparts from two of our system partner organisations.

Discussions with colleagues from Sirona focussed on "no criteria to reside" numbers and opportunities for greater provider-level collaboration to move care pathways from hospital into the community. Specific areas for joint action included more integrated therapy team working, consideration of risk appetites and thresholds, and single managed service opportunities in diabetes care.

Separately, AWP colleagues shared their Community Transformation Programme for a Needs-led Offer, and we discussed work to improve support for Eating Disorders, and mental health crisis response developments. We agreed to establish regular forum for our clinical and operational executives to collaborate on improving transitions across acute and community pathways for Drug and Alcohol, Emergency Mental Health Care and Learning Disability services.

3.3   Summary of meetings with Governors

Several meetings have been held with Governors to discuss the development of the Group Benefits Case, the name of the Group and to discuss how the Group will be governed. There was positive support from Governors for the Benefits Case and name of the Group, which are now both subject to ongoing stakeholder engagement. Discussions will continue around Group governance to ensure that Governors understand how the Group will operate and how their roles will need to adapt as the two Trusts work more closely together.

3.4   Supporting the Government's 10 year plan engagement:

Over the past few months, both NBT and UHBW have been actively supporting the government's NHS 10-Year Plan engagement campaign, working closely with NHS England and BNSSG ICB to ensure our staff and stakeholders have a real opportunity to contribute. Through our internal communications, we've made sure staff are not only well-informed but also encouraged to share their insights, helping shape the future of the NHS from the frontline. Beyond this, we have played a key role in regional engagement, supporting NHS England and BNSSG ICB in bringing together different voices to discuss the challenges and opportunities ahead. I was also pleased to chair a public event hosted by the ICB—an invaluable opportunity to hear directly from members of our community. The conversations were thoughtful, honest, and energising, reinforcing just how important it is that we continue to create spaces for open dialogue as we plan for the future of our health service.

4.   Engagement and Visits

4.1   Strategic Partnership Event

The first of what I hope will be a regular Strategic Partnership Event took place on 26 February. The event brought together key stakeholders from across the city, system and region with a mixture of NHS, Local Authority, business, care and voluntary organisations being represented. The focus was to engage these partners in interactive sessions, sharing the work we have been doing on the development of the Group and our Joint Clinical Strategy, and to gain their input and insights. Both the Joint Chair and I were very grateful to the communication teams who have worked so hard on pulling the event together and to our Executive colleagues who helped to facilitate the breakout sessions.

4.2   Visit to North Bristol Community Diagnostic Centre with Darren Jones, MP and also the Prime Minister, Sir Keir Starmer

In January we were pleased to be able to welcome Darren Jones, MP for North West Bristol to a tour of the North Bristol Community Diagnostic Centre. We were also joined by the CEO for InHealth the company which runs the centre on behalf of the NHS and who have already provided over 23,000 appointments for patients across Bristol in the past nine months. Darren found the visit to be very useful and particularly relevant following the Government's plans for elective reform which were released earlier that week, and which named Community Diagnostic Centres and surgical hubs as pivotal tools for delivering the capacity needed to reduce backlogs.

In February we were also very grateful to welcome the Prime Minister for a visit to the North Bristol Community Diagnostic Centre. This was following the Government's announcement that they had met a pre-election target of delivering an additional 2 million extra appointments across the NHS. Sir Keir was taken on a tour of the centre and shown the equipment and scanners which are used there. The Prime Minister had a number of questions about how the centre operated and was keen to learn about how the centre was reducing waiting times for diagnostic tests.

4.3 Kerry McCarthy Visit

The Joint Chair and I were very happy to welcome Kerry McCarthy, MP for Bristol East to UHBW for a visit last month. Discussion included Group updates and general service developments.

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 as well as our wonderful volunteers – and hear about their great ideas and of their challenges. Areas include:

- South Bristol Community Hospital – outpatients, endoscopy, day case unit and pain clinic
- Transfer of Care Hub
- The UHBW Labs

I also met with consultants from a variety of specialties including Trauma and Orthopaedics, Gynaecology, Respiratory and Genetics.

Recommendation

The Board is asked to note the report.

Maria Kane
Joint Chief Executive

Report To:	Meeting of the Trust Board in Public		
Date of Meeting:	11th March 2025		
Report Title:	UHBW Board Assurance Framework – Q3 2024/25		
Report Author:	Sarah Wright, Head of Risk Management		
Report Sponsor:	Maria Kane, Joint Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The Trust's Board Assurance Framework (BAF) is a key document guiding governance and oversight of the Trust's principal risks. The risk management process starts at the ward level, where frontline staff identify, and report risks based on daily operations and patient care. These risks are initially recorded in departmental risk registers, where they are assessed and managed operationally. If a risk escalates due to its potential impact, it moves through management structures for inclusion in the divisional risk register. Risks are considered for escalation to the Corporate Risk Register (CRR) if they reach a score of 12 or above for corporate services, due to their potential Trust-wide impact, or 15 and above for clinical divisions. Through this structured process, corporate risks that pose significant threats to the Trust's priorities are elevated to the Board via the BAF. The BAF aligns principal risks with corporate operational risks, assurance received by the Board, and the mitigation strategies through Patient First Strategic Initiatives, Corporate Projects, and Breakthrough objectives, offering a comprehensive view of the Trust's risk landscape from ward to Board.		

Key Points to Note

Risk 1. Quality

- **Risk 528 - Preventable pressure damage**, has reduced from a 12 to 9. This improvement reflects a decrease in the prevalence of avoidable harm.
- **Risk 3763 - CQC Regulations**, has reduced from 12 to 4 this reflects a reframing of the risk to acknowledge that some non-compliance may occur despite controls; however, the likelihood of significant enforcement action against the Trust is considered rare.
- **Risk 5615 - Failure to provide interpreting support when needed**, has been closed following the termination of the supplier contract and the appointment of a reliable alternative.
- **Risks 6634 - Adults & children safeguarding** and 6635 - Requirements of Mental Capacity Act and 7869 - Maternity Safeguarding may not be met have been replaced by overarching Risk 7980.

- **Risk 7449 - Failure to effectively procure and maintain fit-for-purpose equipment**, has been formall assessed and escalated as a Corporate Risk.
- **Risk 6677 - Non-compliant behaviours for effective IPC practice amongst staff**, has been escalated as a Corporate Risk due to the significance of the impact on capacity and performance following HAHO infections.
- **Risk 7566 - That staff fatigue impacts performance and patient safety**, has been escalated as a Corporate Risk following human factors review and discussions at Patient Safety Group.
- **Risk 7919 - that sepsis is not considered, recognised and responded to**, has been escalated as a Corporate Risk due to current systems for providing assurance of prompt sepsis screening and treatment lacking reliability due to variation in process and availability, causing delays.
- **Risk 2614 - That patient care and experience is affected due to being cared for in extra capacity locations**, has been escalated as a Corporate Risk due to all extra capacty areas being open.
- **Risk 418 - Routine radiology reports**, has been escalated as a Corporate Risk due to delayed plans to digitise reporting for all Imaging and the access problems between Weston and Bristol sites.
- **Risk 2042 - DNA policy is not followed for 16 and 17 year olds**, reduced from 12-9 as no non-compliance noted.

Risk 2. Workforce
- **Risk 7324 - Inadequate Health & Safety provision**, reduced from 12 to 4 due to the completion of a review and alignment with service structure at NBT. The H&S advisory team has increased by an additional 4 persons.
- **Risk 2639 - Staff not receiving an annual appraisal** has reduced from 12 to 9 due to decrease in the likelilihood assessment from likely to possible. Appraisal is one of the key areas of focus for the OD team in response to the Staff Survey findings, which although showed an increase in compliance has demonstrated we remain behind our benchmark group acute average (-0.3) our aim is to continue to close the gap in line with the acute best score (-0.95).
- **Risk 7566 - Risk that staff fatigue impacts performance and patient safety**, has been escalated to the Corporate Risk Register an linked to principal risks 1. Quality and 2, Workforce.
- **Risk 674 - Use of agencies who are non-compliant with national pricing caps**, requires review as most agencies used are now on framework.

Risk 3. Financial
- There have not been any changes to the Corporate Risks during Q3.
- **Risk 674 - Use of agencies who are non-compliant with national pricing caps**, requires review as most agencies used are now on framework.

Risk 4. Estate Infrastructure
- The principal risk description has been refined following review at SEDPB to explicitly incorporate the risk that clinical services will be impacted if buildings have to close.
- **Risk 6112 - Estates backlog maintenance program will not be adequately funded to address known infrastructure life-cycle needs** was increased due to the system

capital prioritisation process and CDEL limits imposed on the Trust and has now been escalated as a Corporate Risk.

- **Risk 2642 - Inability to modernise the estate due to restricted access to areas** has ben closed due to being superseded by Risk 7130 - The Trust is unable to fund the strategic estate programme
- **Risk 5540 - The Trust infrastructure is inadequate for extreme weather** has reduced from 16 to 12 following review that concluded that 16 was an inaccurate assessment.

Risk 5. Fire Safety

- **6136 - Lack of building specific fire strategies**, has reduced from 12 to 9 due to strategies being completed for the main clinical buildings on the Bristol and Weston sites. The outcome of the strategies will need to be assessed.
- **3827 - Incomplete Risk Assessments for plant rooms** has reduced from 20 to 12 due to the fire strategy and FRA being completed, including plantrooms.
- **4823 - BEH theatres have inadequate compartmentation** has been rejected as it is out of date and requires new assessment inline with new FS and FRA.
- NICU fire safety project added to mitigation.

Risk 6. Capacity & Performance

- **Risk 5779 - @Home service will be limited due to lack of dedicated service base**, has been closed as adequate office space is in place for the hospital-based team. Community based teams have laptops and wi-fi in order to support documentation in the patient's homes
- **Risk 1035 - Access to critical care beds for BNSSG and tertiary catchment areas**, has reduced from 16 to 12 ,since Trust have supported with funding to open 8 of the 11 new beds, the adult critical care service has had 1 capacity cancellation in 2024.
- Execs agreed to review the adequacy rating for the existing controls in light of the current number of NCTR patientss within the Trusts bedbase.

Risk 7. Digital & Cyber

- A review is underway of software or outdated server operating systems.
- The Enterprise Network Replacement Programme Strategic Outline Case has been completed and is due to be reviewed by Finance, Digital and Estates Committee and Trust Board and work has begun on the full business case.
- The CareFlow Medicines Management Project Plan has been rescheduled with go-live planned for May 2025 causing **Risk 7633 - That the Trust remains reliant on paper-based medication prescribing and administration**, to be escalated due to the delay.
- **Risk 526 - IG Training Compliance** has been re-framed and reassessed as 9.

Risk 8. Change Management

- **Risk 7875 - That business as usual is disrupted due to Group Model implementation**, has been refined and the description updated.
- Continue deploying Patient First according to the agreed timeline to maintain momentum and alignment with project milestones.

- Ensure regular reporting of strategic priorities to the Trust Board and relevant Committees to support oversight and informed decision-making.
- Ensure the Group Development design phase continues to deliver to plan
- Conduct a review of the risk register associated with Group development to identify and address potential risks effectively.

Risk 10. Emergency Planning
- **Risk 5787 - UHBW continues to see supply disruption to many of the consumables it purchases as part of its day-to-day activity.** Supply disruption notifications continue to be sent to the Trust by BWPC as and when they receive them. Clinical teams then work with BWPC to source appropriate alternative products for services to use.

Strategic Alignment	
Each principal risk has been assessed against its impact to affect the achievement of the Trusts 'Patient First' Strategic Priorities.	
Risks and Opportunities	
As noted in the paper.	
Recommendation	
This report is for **Information.**	
History of the paper (details of where paper has <u>previously</u> been received)	
Executive Committee	22nd January 2025
Appendices:	Appendix A – Corporate Risk Register

Impact on Delivery of Patient First Strategic Priorities	Experience of Care of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Goal	We will be in the top 10% of NHS organisations for providing a consistently outstanding experience	A significant reduction in patient harm events	We will improve the employment experience of all our colleagues to retain our valuable people	Eliminate delays in patient care	To be in the top decile for staff stating they can easily make improvement in their area of work	To eliminate underlying deficit within the timeline within the System Medium Financial Plan
Risk 1. Quality	High	High	High	High	Low	Moderate
Risk 2. Workforce	High	High	High	High	Low	Moderate
Risk 3. Financial	High	Moderate	Moderate	Moderate	Low	High
Risk 4. Estate Infrastructure	High	High	High	High	Low	Moderate
Risk 5. Fire Safety	Low	Moderate	Moderate	Low	Low	High
Risk 6. Capacity & Performance	High	High	Moderate	High	Low	High
Risk 7. Digital & Cybersecurity	Moderate	High	Moderate	Moderate	Moderate	High
Risk 8. Change Management	Low	Low	High	Low	High	Moderate
Risk 9. System Working						
Risk 10. Emergency Planning	Moderate	High	High	High	Low	Low

For each principal risk, impact levels are assigned across the strategic priorities. The impact levels, ranging from Low to High, indicate how much each risk may potentially disrupt or delay progress toward the specific goals.

- **Risk 1. Quality**: Has a high impact across multiple strategic priorities, meaning that quality-related issues could significantly undermine patient safety, care experience, and workforce goals.
- **Risk 2. Workforce**: High across most areas, showing that workforce challenges pose significant risks to delivering safe, timely care and improving staff experiences, with a moderate impact on finances.
- **Risk 3. Financial**: High in terms of financial sustainability but moderate for patient safety, experience of care, and timely care, indicating that financial constraints could strain operations without an immediate threat to safety or experience.
- **Risk 4. Estate Infrastructure**: High impact across patient experience, safety, people, and timely care—indicating infrastructure challenges could severely affect core service delivery.
- **Risk 5: Fire Safety:** Rated as moderate for safety and workforce, but high for resources, highlighting substantial financial commitment needed to ensure compliance with fire regulations.
- **Risk 6. Capacity & Performance**: Presents high risks across patient safety, care, and resource management, highlighting the challenges of meeting demand while maintaining quality care.
- **Risk 7. Digital & Cybersecurity**: High for patient safety and resources, showing the essential role of secure digital infrastructure in maintaining safe and efficient services.
- **Risk 8. Change Management**: High impact on workforce, reflecting the potential strain on staff during periods of transformation and improvement, while being less impactful on safety and timely care.
- **Risk 10. Emergency Planning**: Poses high risks to patient safety and workforce experience, indicating that emergency readiness is crucial for ensuring safety in crisis situations.

Linked Corporate Risks	High Risks	Very High Risk	Total	Movement
Risk 1. Quality	9	10	19	↔
Risk 2. Workforce	2	1	3	↔
Risk 3. Financial	4	1	5	↔
Risk 4. Estate Infrastructure	1	5	6	↔
Risk 5. Fire Safety	6	2	8	↓ 1
Risk 6. Capacity & Performance	4	5	9	↓ 1
Risk 7. Digital & Cybersecurity	5	6	11	↓ 1
Risk 8. Change Management	2	0	0	↑1
Risk 9. System Working	-	-	-	-
Risk 10. Emergency Planning	1	0	1	↔

The table above provides an overview of corporate risks linked to principal risks, categorised by their risk level, and tracks changes compared to the previous reporting period. When risks fall below a score of 12, they are de-escalated from the Corporate Risk Register (CRR) but remain active on the relevant divisional risk register.

Board Assurance Framework | Impact on Delivery of Strategic Priority

Risk 1	Quality (Patient Safety, Patient Experience, Clinical Effectiveness)	Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Chief Nurse & Chief Medical Officer**	High	High	High	High	Low	Moderate
Board Committee	**Quality & Outcomes Committee**	**Operational Lead**	**Associate Directors of Quality**		**Executive Sub-Group**	**Clinical Quality Group**	

Principal Risk Description

Failure to uphold high standards of care and clinical safety within the Trust may compromise patient well-being and result in a range of adverse consequences. These could include an increased incidence of errors leading to patient harm, an increase in health inequalities, higher rates of hospital-acquired infections, prolonged recovery times, avoidable complications, and in severe cases, permanent harm.

Suboptimal patient outcomes may also result in decreased patient satisfaction, impacting staff retention rates and the overall reputation of the Trust within the community as well as leading to legal liabilities, and financial repercussions.

Causal & Contributory Factors

- Resource Constraints
- Organisational Culture
- Lack of Standardisation
- Insufficient investment in infrastructure
- Failure to address systemic issues
- Lack of robust digital infrastructure and processes
- Communication Breakdowns
- Ineffective feedback mechanisms
- Aging equipment.

Sources of Assurance

- Clinical Accreditation Programme
- Deep dive reports into services
- Safe Staffing Reports
- Complaint and patient experience reports
- Pulse surveys and staff survey reports
- FTSU feedback reports
- Maternity assurance reports
- IQPR – performance metrics
- CQC Reports

External – Third Line of

Existing Controls

- Staff Training and Education Programs
- Policies and Guidelines
- Clinical Audits
- Patient Safety Initiatives
- Incident reporting
- Communication channels
- Patient Feedback and Engagement
- Resource Allocation

Adequate

Gaps in Controls

- Insufficient Training uptake
- Limited staffing availability
- Lack of robust digital infrastructure and processes
- Lack of robust BI function
- Failure to act on results
- Inadequate Feedback Mechanisms
- Limited Data Analysis and Learning
- Lack of centralised medical equipment repository
- Lack of capital rolling replacement programme for equipment

Strategic Priority Projects to Mitigate

1. **Strategic Initiative** - Experience of Care Strategy
   - Ensure representative patient feedback
   - Access to interpreting services
2. **Breakthrough Objective** - Improve communication with patients
3. **Strategic Initiative** – UHBW Clinical Strategy, incorporating:
   - Joint Clinical Strategy
   - Healthy Weston phase 2
   - UHBW Elective Strategy
4. **Critical Corporate Project** – Careflow Medicines Management
5. **Important Corporate Project** - Deteriorating Patient Programme
6. **Important Corporate Project** - Implementation of Martha's rule
7. **Important Corporate Project** – Mental Health Across UHBW

Corporate Risks

ID	Description		
6744	Patients attending with Stroke will not receive specialist treatment	↔	20
7449	Failure to effectively procure and maintain fit-for-purpose equipment	↑	16
6677	Non-compliant behaviours for effective IPC practice amongst staff	↑	16
7566	That staff fatigue impacts performance and patient safety	↑	16
7919	That sepsis is not considered, recognised and responded to	↑	16
7633	Reliance on paper-based medication prescribing	↔	16
2264	Delays in commencing induction of labour	↔	16
2614	Patient care and experience is affected due to being cared for in extra capacity	↑	15
588	Patient deterioration is not recognised and responded to	↔	15
856	Emotional & mental health needs of C&YP may not be met	↔	15
6691	That medicines are not stored securely	↔	12
5942	Failure to record patients communication requirements	↔	12
6013	Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's	↔	12
418	Routine radiology reports are not signed off/ acknowledged timely	↔	12
1598	Patients suffer harm or injury from preventable falls	↔	12
1702	Communication needs of patients with disability or sensory impairment	↔	12
2680	Complainants experience a delay in receiving a call back	↔	12
3452	Patient Safety Improvement Programme aims are not met	↔	12
7980	Non-compliance with statutory and regulatory safeguarding duties	↑	12
418	Routine radiology reports are not signed off in a robust and timely manner	↑	12

Risk Appetite and Tolerance

Appetite -The Trust Board of Directors is averse to any risks that could compromise patient safety, patient safety is our utmost priority, and we maintain a strong aversion to risks that could jeopardise it. However, we recognise that in certain situations, accepting a measured level of short-term risk can be in the best interests of our patients and service users. This willingness allows us to prioritise patient experience and clinical effectiveness, ultimately leading to long-term rewards and benefits that enhance the overall quality of care we provide. In line with this commitment, we actively support innovation and embrace opportunities for improvement. We understand that innovation can bring about positive advancements in healthcare delivery, technology, and treatment options. Our risk appetite extends to fostering a culture of innovation and exploring new ideas, processes, and technologies that have the potential to transform patient care.

Tolerance - 6 The Trust expects any individual risk that may impact on the safety of patients, staff or public or the quality of our services and patient experience, with a current assessment above 6 to be actively mitigated to a more tolerable level.

Current Position

- Risk 528 - Preventable pressure damage, has reduced from a 12 to 9. This improvement reflects a decrease in the prevalence of avoidable harm.
- Risk 3763 - CQC Regulations, has reduced from 12 to 4 this reflects a reframing of the risk to acknowledge that some non-compliance may occur despite controls; however, the likelihood of significant enforcement action against the Trust is considered rare.
- Risk 5615 - Failure to provide interpreting support when needed, has been closed following the termination of the supplier contract and the appointment of a reliable alternative.
- Risks 6634 - Adults & children safeguarding and 6635 - Requirements of Mental Capacity Act and 7869 - Maternity Safeguarding may not be met have been replaced by overarching Risk 7980.
- Risk 7449 - Failure to effectively procure and maintain fit-for-purpose equipment, has been formall assessed and escalated as a Corporate Risk.
- Risk 6677 - Non-compliant behaviours for effective IPC practice amongst staff, has been escalated as a Corporate Risk due to the significance of the impact on capacity and performance following HAHO infections.
- Risk 7566 - That staff fatigue impacts performance and patient safety, has been escalated as a Corporate Risk following human factors review and discussions at Patient Safety Group.
- Risk 7919 - that sepsis is not considered, recognised and responded to, has been escalated as a Corporate Risk due to current systems for providing assurance of prompt sepsis screening and treatment lacking reliability due to variation in process and availability, causing delays.
- Risk 2614 - That patient care and experience is affected due to being cared for in extra capacity locations, has been escalated as a Corporate Risk due to all extra capacty areas being open.
- Risk 418 - Routine radiology reports, has been escalated as a Corporate Risk due to delayed plans to digitise reporting for all Imaging and the access problems between Weston and Bristol sites.
- Risk 2042 - DNA policy is not followed for 16 and 17 year olds, reduced from 12-9 as no non-compliance noted.

Board Assurance Framework

		Impact on Delivery of Strategic Priority					
Risk 2	**Workforce**	**Experience of Care**	**Patient Safety**	**Our People**	**Timely Care**	**Improve Together**	**Our Resources**
Executive Leads	**Chief People Officer**	High	High	High	High	Low	Moderate
Board Committee	**People Committee**	**Operational Lead**	**Deputy Chief People Officer**		**Executive Sub-Group**	**People Learning & Development Group**	

Principal Risk Description	Root Causes & Contributory Factors	Sources of Assurance
There is a risk that our colleagues employment experience is not consistently excellent, and the Trust is unable to develop, engage and empower colleagues. This may lead to poor retention and difficulty in attracting new staff, exacerbating the shortage of appropriately skilled and experienced professionals and increasing the cost of temporary staffing. This situation could increase workloads, create skill gaps, decrease staff motivation, reduce a sense of belonging and ultimately impact the quality of care and patient outcomes.	• Increasing demand for services along with budget constraints • Retention and Recruitment challenges and shortages of specialists nationally • Fixed reward structure (AFC) • Tempory staffing costs and market forces • Insufficient training provision • Workload and work related stress • Dr rotation allocation • Capacity of HEI's and FE's to develop workforce plan • Inconsistent culture and experience across staff groups • Pipeline, leadtimes and funding for developing the workforce • Industrial action	• Compliance with standards related to staffing levels and safety • Routine monitoring and reporting on performance metrics • Deliverables of People Strategy reported to PLDG & People Commitee • People themed audits as part of the ASW Assurance annual planning • CQC reports contain feedback on workforce • Annual site visits from HEI's of sudent experiences and placements • Workforce planning annual submission • British Safety Council Audit and Safer Learning Environmental Charter • NHSE Quality visits to Education • Freedom to Speak up process and reports • National Violence and Aggression Prevention Standards _(External Audit – Third Line of Defence)_

Existing Controls		Gaps in Controls	Strategic Priority Projects to Mitigate

• The People Strategy
• Workforce planning
• Funded Nurse Retention Programme
• Workforce information Reports
• Reports in IQPR
• Job planning and E-Rostering
• Guardian of safe working reports
• Education Strategy
• Safer staffing report
• High cost agency and temporary spend working groups
	Adequate	• Pro-equity and Anti Racism statement is in development
		• Understanding the productivity of our workforce
		• Ability to forecast future threats to local supply of workforce e.g Elective Hub **(action required unknown until workforce plan is finalised)**
		• Current workforce plan for medical roles needs to be refreshed to include hard to fill posts, alternative roles, options for reducing high cost agency and locums and international pipeline
		• Long term workforce plan financial and student allocations are unknown **(action required unknown until national letter is received)**
			• **Strategic initiative** - People Strategy year 3 delivery plan:
			  o Reduction in agency spend
			  o Meet stability index of 85%
			  o Compliance with LMC offer at 75%
			  o Deliver H&S governance and systems
			  o Develop 3 new career pathways for A&C, HCS and Pharmacy
			• **Important Corporate Project** - Medical Workforce programme
			• **Breakthrough objective -** Delivering the pro-equity promise

Corporate Risks

7566	Risk that staff fatigue impacts performance and patient safety	↑	16
422	that patients and staff experience violent or aggressive behaviour	↔	12
674	Use of agencies who are non-compliant with national pricing caps	↔	12

Risk Appetite and Tolerance

Appetite - The Trust Board of Directors understand that innovation can bring about workforce risks, and we are prepared to accept them when they are a direct result of our pursuit of innovation. We recognise that embracing innovation can lead to improved recruitment and retention of talented staff and create developmental opportunities for our workforce.
Our commitment extends beyond UHBW, as we actively collaborate with partner organisations to foster value and opportunities across current and future services through system-wide partnerships. By working together as a system partner, we aim to leverage collective expertise, resources, and innovations to enhance the quality of care and drive positive outcomes for our patients.

Tolerance - 8
The Trust expects any individual workforce related risk with a current assessment above 8 to be actively mitigated to a more tolerable level.

Current Position

• Risk 7324 - Inadequate Health & Safety provision, reduced from 12 to 4 due to the completion of a review and alignment with service structure at NBT. The H&S advisory team has increased by an additional 4 persons.
• Risk 2639 - Staff not receiving an annual appraisal has reduced from 12 to 9 due to decrease in the likelilihood assessment from likely to possible. Appraisal is one of the key areas of focus for the OD team in response to the Staff Survey findings, which although showed an increase in compliance has demonstrated we remain behind our benchmark group acute average (-0.3) our aim is to continue to close the gap in line with the acute best score (-0.95).
• Risk 7566 - Risk that staff fatigue impacts performance and patient safety, has been escalated to the Corporate Risk Register an linked to principal risks 1. Quality and 2, Workforce.
• Risk 674 - Use of agencies who are non-compliant with national pricing caps, requires review as most agencies used are now on framework.

Board Assurance Framework

		Impact on Delivery of Strategic Priority					
Risk 3	**Financial**	Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Chief Financial Officer**	High	Moderate	Moderate	Moderate	Low	High
Board Committee	**Finance, Digital & Estates Committee**	**Operational Lead**	**Director of Operational Finance**		**Executive Sub-Group**	**Productivity and Financial Improvement Group**	

Principal Risk Description

Failure to overcome financial constraints and achieve fiscal balance caused by inability to meet elective activity targets, productivity targets, cost improvement targets and/or manage cost pressures.

The resultant budget deficits can then lead to service reductions and compromised patient access and care, as well as negative impacts on reputation, stakeholder trust and an ability to invest to mitigate other operational risks.

The likely consequences are additional headcount controls and recruitment constraints, a loss of autonomy in decision-making with greater System and Regulator oversight and reduced financial scope for investing in the future.

Root Causes & Contributory Factors

- Insufficient revenue funding from the ICB and Specialised Commissioners
- Insufficient CDEL and/or cash for capital investment
- Underlying financial challenge
- Increasing demand, with fixed and/or limited growth funding
- Workforce supply challenges, with premium costs or contained capacity
- Operational inefficiencies and negative productivity
- Estate configuration, condition and infrastructure maintenance
- Political priorities
- Macro-economic conditions
- Technological advancements
- Public expectations

Sources of Assurance

(External – Third Line of Defence)

- Monthly reporting to Board, Finance Committee, SLT, ICB and NHSE.
- Monthly reporting of CIP/ERF at PFIG (with ICB/NHSE review)
- Intenal and External Audit submissions to Audit Committee
- Report from Local counter fraud service
- Capital plan monitoring at Trust Capital Group and Capital Progam Steering Group.
- ICB review through BNSSG Performance and Recovery Board and BNSSG Finance, Estates & Digital Committee.

Existing Controls

(Inadequate)

- Budget Planning and Oversight
- Regular financial reporting at divisional and Trust level, through internal and external routes.
- ICB and Trust level escalation frameworks
- Divisional Performance Management
- Investment Prioritisation
- Stakeholder Engagement
- Continuous Improvement Initiatives
- Financial Forecasting and Scenario Planning
- Local counter fraud service

Gaps in Controls

- Failure to achieve CIP targets on a recurring basis
- Overspending on pay budgets due to over-establishment and premium workforce costs
- Negative productivity (as measured by NHSE) and linking elective recovery investment (of more inputs) with elective activity delivery
- Review of previous investments to ensure benefits realised

Strategic Priority Projects to Mitigate

1. **Strategic Initiave** - Digital Strategy and Joint Estates Strategy
2. **Mission Critical Corporate Project** - Driving Productivity and Financial Improvement
3. **Important Corporate Service Project** - Digital procurement, stores & materials management transformation
4. **Important Corporate Service Project** - Medical Workforce Pragramme, reducing premium spend.
5. **Breakthrough objective – Waste reduction:** savings identified on a recurring basis (paused).

Corporate Risks

ID	Description	Trend	Score
416	The Trust fails to fund the Trust's Strategic Capital Programme	↔	20
5645	The Trust fails to achieve its stated Clean Air Hospital Framework	↔	12
6494	Specialised commissioning structures (delegation) impacts income	↔	12
5375	That the Trust doesn't deliver the in-year financial plan	↔	12
674	Use of agencies who are non-compliant with national pricing caps	↔	12

Risk Appetite and Tolerance

Appetite - The Trust Board of Directors recognise the importance of balancing financial considerations with patient safety and the quality of care. While we acknowledge the need to manage costs effectively, our focus extends beyond financial factors alone. We are prepared to accept a certain level of financial risk when necessary to mitigate risks to patient safety or uphold the quality of care. We prioritise the implementation of appropriate controls to ensure responsible financial management. Our decision-making process encompasses a comprehensive understanding of value for money, where cost is an important consideration but not the sole determinant. We remain committed to making decisions that optimise patient outcomes, taking into account a holistic perspective that encompasses both financial prudence and the provision of high-quality care.

Tolerance - 9
The Trust expects any individual risk that may impact on the Trust's finances with a current assessment above 9 to be actively mitigated to a more tolerable level.

Current Position

- There have not been any changes to the Corporate Risks during Q3.
- Risk 674 - Use of agencies who are non-compliant with national pricing caps, requires review as most agencies used are now on framework.

Board Assurance Framework

		Impact on Delivery of Strategic Priority					

Risk 4	**Estate Infrastructure**	**Experience of Care**	**Patient Safety**	**Our People**	**Timely Care**	**Improve Together**	**Our Resources**
Executive Leads	**Chief Finance Officer**	High	High	High	High	Low	Moderate
Board Committee	**Finance, Digital & Estates Committee**	**Operational Lead**	**Director of Estates & Facilities**		**Executive Sub-Group**	**Strategic Estates Development Prog. Board**	

Principal Risk Description

Failure to prioritise infrastructure upgrades for the modernisation or maintenance of the estate infrastructure and its key equipment may result in significant safety, operational, and compliance issues.

If infrastructure upgrades and maintenance are not effectively prioritised, then facilities and equipment may deteriorate, leading to malfunctions or structural deficiencies, increasing the risk of accidents and injuries for patients and staff, operational inefficiencies and service disruptions, with clinical services impacted if buildings or equipment become unusable, non-compliance with statutory and regulatory requirements (e.g., Health Technical Memoranda).

A poor estate also has the potential to negatively impact patient experience due to longer wait times, delays, or cancellations of services and on staff morale, contributing to frustration, burnout, and higher turnover rates.

Causal & Contributory Factors

- Aging Infrastructure
- Deferred Maintenance
- Inadequate Funding
- Lack of Strategic Planning
- Regulatory Compliance Issues
- Environmental Factors
- Technological Obsolescence
- Budgetary Constraints
- Staffing Shortages

Sources of Assurance

- Internal Audit reports from ASW Assurance
- Premises Assurance Model
- External Audits
- Regulatory Inspections
- Third-Party Assessments
- Quality Assurance Programs
- Benchmarking Studies
- Certification Programs
- Performance Reviews

Internal Audit – Third Line of Defence

Existing Controls

- Preventive Maintenance Programs
- Asset Management Systems
- Compliance Audits
- Risk Assessments
- Training and Development
- Emergency Preparedness Plans
- Technology Integration
- Sustainability Initiatives
- Collaboration and Partnerships

Inadequate

Gaps in Controls

- Resource Allocation
- Data and Information Management
- Workforce Skills and Training
- Risk Management Practices
- Technology Integration
- Collaboration and Communication
- Condition Survey
- Full Asset Registers
- Compliant Planned Preventative Maintance (PPM) Porgramme

Strategic Priority Projects to Mitigate

1. **Strategic initiative** – Joint Estates strategy
   - Develop interim plan
   - Heygroves Theatres refurbishment,
   - Neonatal Intensive Care Unit (NICU) Fire Safety
   - Bristol Eye Hospital (BEH) Theatres

Corporate Risks

Ref	Description	Trend	Score
3472	That the Trust fails to deliver the ICS Green Plan	↔	20
7130	The Trust is unable to fund the strategic estate programme	↔	16
7131	That the strategic estate programme is not delivered	↔	16
5325	BHOC services are compromised due to estate condition	↔	16
6112	Estates backlog maintenance may not be adequately funded	↑	15
5540	The Trust infrastructure is inadequate for extreme weather	↓	12

Risk Appetite and Tolerance

Appetite - The Trust Board of Directors prioritise compliance with regulatory requirements and uphold a cautious approach. Whilst we strive to ensure adherence to all applicable regulations, we also recognise that certain circumstances may pose regulatory challenges. In such cases, we are willing to accept the possibility of regulatory scrutiny while maintaining the confidence that we can successfully defend our actions.
We commit to taking all reasonable measures to ensure our practices align with regulatory standards. Our focus remains on proactive compliance, while acknowledging the potential for occasional regulatory challenges and preparing ourselves to address them effectively.

Tolerance – 8/9
The Trust expects any individual risk with the potential to impact upon on our statutory obligations, regulatory compliance, assessments and inspections with a current assessment above 8 or environmental risks above 9 to be actively mitigated to a more tolerable level.

Current Position

- The principal risk description has been refined following review at SEDPB to explicitly incorporate the risk that clinical services will be impacted if buildings have to close.
- Risk 6112 - Estates backlog maintenance program will not be adequately funded to address known infrastructure life-cycle needs, was increased due to the system capital prioritisation process and CDEL limits imposed on the Trust and has now been escalated as a Corporate Risk.
- Risk 2642 - Inability to modernise the estate due to restricted access to areas, has ben closed due to being superseded by Risk 7130 - The Trust is unable to fund the strategic estate programme
- Risk 5540 - The Trust infrastructure is inadequate for extreme weather, has reduced from 16 to 12 following review that concluded that 16 was an inaccurate assessment.

Board Assurance Framework

		Impact on Delivery of Strategic Priority					
Risk 5	**Fire Safety Compliance**	Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Chief Finance Officer**	Low	Moderate	Moderate	Moderate	Low	High
Board Committee	**Finance, Digital & Estates Committee**	**Operational Lead**	**Director of Estates & Facilities**		**Executive Sub-Group**	**Strategic Estates Development Prog. Board**	

Principal Risk Description

Fire safety within the NHS is paramount due to the unique environment and critical nature of healthcare facilities.

The Trust has a statutory duty to implement and maintain robust fire safety management systems. While stringent regulations and protocols are in place to mitigate fire risks, there are inherent challenges and complexities that must be addressed to ensure the safety of patients, staff, and visitors.

Additionally, a lack of investment in fire safety schemes impacts on compliance with fire standards and the safety of our buildings which require fire protection including dampers, compartmentation, fire doors etc.

Causal & Contributory Factors

- Aging Infrastructure
- Complex estate
- Insufficient historical investment
- Fire safety culture
- Lack of specialist knowledge
- Lack of data management and record keeping
- Inadequate project management
- Insufficient decant space to complete major work
- Limited access to clinical areas to complete work
- Lack of curiosity following prior fire incidents
- Asbestos containing buildings delay intrusive fire surveys and related work
- Building Safety Act, and related secondary legislation, increased the fire safety duties that the Trust is required to manage.

Sources of Assurance

- Internal Audit reports from ASW Assurance
- Annual report from Authorised Officer
- Premises Assurance Model
- Compliance reports
- External fire engineers

Internal Audit – Third Line of Defence

Existing Controls

- Fire Improvement Group
- Building Fire Strategies (FS) and Building Fire Risk Assessments (FRA)
- Fire Evacuation Plans and equipment
- Fire detection and suppression systems
- Investment in expanding Fire Safety Team
- Dedicated fire improvement project team
- Intrusive surveys following reciept of FS/FRA's
- Planned Preventaive Maintance (PPM) Programme
- Fire safety training inc. evacuation
- Fire wardens
- Compliance with HTM 05-01 - Managing healthcare fire safety

Inadequate

Gaps in Controls

- Building Fire Strategies and Fire Risk Assessments incomplete
- Evacuation Plans incomplete and fire evacuation routes compromised
- Fire detection and suppression systems inadequate
- Emergency lighting inadequate
- Fire warden coverage and data inadequate
- Capacity to undertake identified fire improvement work
- Staff fire safety training compliance
- Incomplete Asset Register of fire safety systems
- Non-complaint Planned Preventaive Maintance (PPM) Programme
- Competency of Estates tradestaff to inspect and repair fire doors
- Inadequate storage, goods, beds and equipment management

Strategic Priority Projects to Mitigate

1. **Mission Critical corporate project -** Fire Safety Programme.
2. **Breakthrough Objective -** Consistency in undertaking weekly fire evacuation checks in every division and department.
3. Neonatal Intensive Care Unit (NICU) Fire Safety project

Corporate Risks

972	Non-Compliance with Regulatory Reform Order 2005	↔	20
3830	Incomplete fire compartmentation	↔	20
3826	Departmental Risk Assessments by non-competent persons	↔	12
5564	WGH fire doors do not meet current certification standards	↔	12
6085	StMH wet riser is not sufficient for firefighting needs BS9990:201	↔	12
6202	Fire alarm cause & effect is not programmed correctly	↔	12
3827	Incomplete Risk Assessments for plant rooms	↓	12

Risk Appetite and Tolerance

Appetite -The Trust Board of Directors prioritise compliance with regulatory requirements and uphold a cautious approach. Whilst we strive to ensure adherence to all applicable regulations, we also recognise that certain circumstances may pose regulatory challenges. In such cases, we are willing to accept the possibility of regulatory scrutiny while maintaining the confidence that we can successfully defend our actions. We commit to taking all reasonable measures to ensure our practices align with regulatory standards. Our focus remains on proactive compliance, while acknowledging the potential for occasional regulatory challenges and preparing ourselves to address them effectively.

Tolerance – 8 The Trust expects any individual risk with the potential to impact upon on our statutory obligations, regulatory compliance, assessments and inspections with a current assessment above 8 to be actively mitigated to a more tolerable level.

Current Position

- 6136 - Lack of building specific fire strategies, has reduced from 12 to 9 due to strategies being completed for the main clinical buildings on the Bristol and Weston sites. The outcome of the strategies will need to be assessed.
- 3827 - Incomplete Risk Assessments for plant rooms has reduced from 20 to 12 due to the fire strategy and FRA being completed, including plantrooms.
- 4823 - BEH theatres have inadequate compartmentation has been rejected as it is out of date and requires new assessment inline with new FS and FRA.
- NICU fire safety project added to mitigation.

Board Assurance Framework		Impact on Delivery of Strategic Priority					
Risk 6	**Capacity & Performance**	Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Chief Operating Officer**	**High**	**High**	**Moderate**	**High**	**Low**	**High**
Board Committee	**Quality & Outcomes Committee**	**Operational Lead**	**Deputy COO's & Performance Director**		**Executive Sub-Group**	**Planning & Delivery Group**	

Principal Risk Description

When demand surpasses available resources in healthcare settings, it results in overcrowding, care delays, and staff stress. Patients endure prolonged wait times, risking worsened conditions, while overcrowded conditions heighten infection spread.

The inability to discharge patients who meet the "no criteria to reside" threshold directly contributes to overcrowding, delays in patient flow, and inefficient use of limited resources.

Stretched resources raise error risks, compromising patient safety.

Failing to meet goals and standards leads to extended wait times, poor experiences and risks to safety.

These issues decrease productivity and quality service delivery, exacerbating health inequalities.

Causal & Contributory Factors

- Poor coordination between different parts of the healthcare system leading to inefficiencies and duplications.
- Limited access to primary care.
- Capacity of social care to support complex discharge.
- A growing and aging population increases the prevalence of chronic conditions and the need for healthcare services.
- Sudden surges in demand due to outbreaks, such as COVID-19, can overwhelm healthcare systems.
- Limited bed capacity and space in emergency departments and wards.
- Significant numbers of patients with no criteria to reside (NCTR).

Sources of Assurance

- IQPR Reports to Trust Board and sub-committees
- True North Timely Care Quality Report
- ASW Data Quality Framework Audit

Internal Audit– Third Line of Defence

Existing Controls

- Bed management for Improving internal flow
- Same Day Emergency Care Departments (SDEC) prevents admission
- Discharge planning to facilitate discharge
- NHS@Home to prevent admission and facilitate discharge
- Extra capacity locations identified
- Telemedicine
- System working

Adequate

Gaps in Controls

- Ability to measure productivity
- Ability to staff extra capacity locations
- Ability to discharge in a timely manner
- Inability to ring fence critical care beds for elctive procedures due to emergency admissions

Strategic Priority Projects to Mitigate

1. **Strategic Initiative** - Patient First Deployment
2. **Mission Critical Corporate Project** – Proactive Hospital
3. **Important Corporate Services Project** - Improving Outpatients Productivity and Efficiency
4. **Important Corporate Services Project** - Improving theatres productivity and efficiency
5. **Breakthrough Objective** – Ready for discharge

Corporate Risks

423	That demand for inpatient admission exceeds available bed capacity	↔	20
7769	Patients in the Trusts ED's may not receive timely and effective care	↔	20
2244	Long waits for Outpatient follow-up appointments	↔	20
6782	Non-compliance with the 28 day Faster Diagnosis cancer standard	↔	16
6320	That there is inadequate Clinical Site Management resource	↔	15
5532	Non-compliance with the 31 day cancer standard	↔	12
801	That elements of the NHS Oversight Framework are not met	↔	12
5520	That health inequalities are exacerbated for patients on waiting lists	↔	12
1035	Access to critical care beds for BNSSG and tertiary catchment areas	↓	12

Risk Appetite and Tolerance

Appetite - The Trust Board of Directors is averse to any risks that could compromise patient safety, patient safety is our utmost priority, and we maintain a strong aversion to risks that could jeopardise it. However, we recognise that in certain situations, accepting a measured level of short-term risk can be in the best interests of our patients and service users. This willingness allows us to prioritise patient experience and clinical effectiveness, ultimately leading to long-term rewards and benefits that enhance the overall quality of care we provide.

Tolerance - 6
The Trust expects any individual quality or safety related risk with a current assessment above 6 to be actively mitigated to a more tolerable level.

Current Position

- Risk 5779 - @Home service will be limited due to lack of dedicated service base, has been closed as adequate office space is in place for the hospital-based team. Community based teams have laptops and wi-fi in order to support documentation in the patient's homes
- Risk 1035 - Access to critical care beds for BNSSG and tertiary catchment areas, has reduced from 16 to 12 ,since Trust have supported with funding to open 8 of the 11 new beds, the adult critical care service has had 1 capacity cancellation in 2024.
- Execs agreed to review the adequacy rating for the existing controls in light of the current number of NCTR patientss within the Trusts bedbase.

Board Assurance Framework

Board Assurance Framework		Impact on Delivery of Strategic Priority					
Risk 7	**Digital & Cybersecurity**	Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Chief Digital Information Officer**	Moderate	High	Moderate	Moderate	Moderate	High
Board Committee	**Finance, Digital & Estate Committee**	**Operational Lead**	**Deputy Chief Digital Information Officer**		**Executive Sub-Group**	**Digital Hospital Programme Board**	

Principal Risk Description

Inadequate digital maturity, oversite and coordination will lead to an insecure and unstable digital infrastructure of siloed incomplete data.

This can result in successful cyber-attack, data breaches, privacy violations, regulatory action, financial losses, and damage to reputation, as well as inadequacies in service delivery, poor user experience, compromised patient safety and confidence in the Trust.

Causal & Contributory Factors

- Limited and fragmented investment in digital infrastructure has led to a variety of systems, presenting challenges in maintenance, future-proofing, performance, and alignment with evolving cybersecurity standards.
- The existence of shadow IT complicates the coordination of digital systems, making it harder to consolidate information and ensure security.
- Delays in investment and prioritisation of replacing end-of-life software have resulted in a reliance on unsupported systems.
- Business Intelligence (BI) capabilities are affected by data silos, continued use of paper records, and inconsistent data quality.
- The capacity for digital transformation is spread thin due to competing priorities and the complexity of managing multiple initiatives

Sources of Assurance

- HIMSS Infrastructure Adoption Model Assessment has scored our digital infrstructure capability at 4 out of 7.
- DSPT Self-Assessment and Audit Report
- Internal Audit reports of the Trust's Information Security Policies, Cyber-Security Action Plan, and Business Continuity Plans in the Trust's digital supply chain
- Annual IT Health Check
- Digital Maturity Assessment
- HIMSS Electronic Medical Record Adoption Model

External Audit – Third Line of Defence

Existing Controls

- Information Security Policies Compliance
- Disaster recovery/virtualisation/backup in place
- End user devices updated after 5 years use
- CareFlow Clinical workspace brings together patient information from multiple systems
- Connecting Care brings together data from primary care, GP practices, secondary and community care providers
- Clinical Risk Management System for Digital Systems
- Digital Hospital Programme Board and its supporting bodies
- DS Business Board
- New Request Process for changes to or introduction of Digital systems

Inadequate

Gaps in Controls

- The current infrastructure and insufficient alignment of core IT systems is not equipped to support joint working with NBT as outlined in the JCS.
- The Information Asset Register is incomplete, making it difficult to confirm full compliance with Information Security Policies.
- A significant portion of shadow IT and some Digital Services systems do not yet comply with the clinical risk management system.
- Servers are operating on unsupported systems.
- Contract management for digital systems is currently limited.
- Business Intelligence (BI) reporting tools are not user-friendly or advanced enough to meet the needs of users.
- The data quality function is limited, affecting data accuracy and reliability.

Strategic Priority Projects to Mitigate

1. **Strategic initiative** – Digital Strategy Year 1 delivery plan
2. **Critical Corporate Project** – Careflow Medicines Management

Corporate Risks

Ref	Description	Trend	Score
7051	Risk that bespoke Homegrown Solutions limits future development	↔	16
7633	Reliance on paper-based medication prescribing	↑	16
291	Trust IT infrastructure does not meet the needs of a Digital hospital	↔	15
292	Risk that the Trust is impacted by a cyber incident	↔	15
6299	That patients may not have migrated from Millenium to Medway	↔	15
7034	That the Trust has unsupported server operating systems in use	↔	15
6431	Inability to upload patient data from Careflow Connect to EPR	↔	12
3115	Clinical decision making may be based upon incomplete information	↔	12
6129	That inappropriate access to systems is undetected	↔	12
1374	Risk that obsolete network components are not replaced	↔	12

Risk Appetite and Tolerance

Appetite The purpose of a Risk Appetite Statement is to articulate what risks the Trust is willing or unwilling to take in order to achieve its objectives, it's how we describe the Trust's 'attitude' to change and innovation and communicate how willing we are to encourage risk taking.
In order to achieve its objectives Trusts may have to adopt a more innovative approach to delivery overtime and therefore a more open risk appetite. See the Trusts Risk Management Policy for the Risk appetite matrix.

Tolerance The Trust expects any individual safety or quality related risk with a current assessment above 6 to be actively mitigated to a more tolerable level, likewise with any workforce, statutory or reputation risk above 8 and Business, finance, and environmental risks of above 9.

Current Position

- A review is underway of software or outdated server operating systems.
- The Enterprise Network Replacement Programme Strategic Outline Case has been completed and is due to be reviewed by Finance, Digital and Estates Committee and Trust Board and work has begun on the full business case.
- The CareFlow Medicines Management Project Plan has been rescheduled with go-live planned for May 2025 causing Risk 7633 - That the Trust remains reliant on paper-based medication prescribing and administration, to be escalated due to the delay.
- Risk 526 - IG Training Compliance has been re-framed and reassessed as 9.
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Board Assurance Framework			Impact on Delivery of Strategic Priority					
Risk 8	**Change Management**		Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Executive Managing Director (WGH)**		**Low**	**Low**	**High**	**Low**	**High**	**Moderate**
Board Committee	**People Committee**	**Operational Lead**	**Deputy Director of Improvement & Innovation**		**Executive Sub-Group**	**Executive Patient First Steering Group**		

Principal Risk Description

Inadequate planning and delivery of organisational change priorities, risks overwhelming staff and straining their ability to manage both transformational, improvement work and business-as-usual operations. This can lead to decreased morale, increased turnover, operational disruption and failed improvement initiatives.

Failure to manage capacity to maintain effective balance between responsibilities for core business and large-scale change initiatives, could result in strategic misalignment, cultural friction, financial strain, and compromised service delivery, ultimately impeding the Trust's ability to achieve its key objectives and maintain its leadership within the health system.

Causal & Contributory Factors

- The purpose and intended outcomes of the change are complex and require ongoing clarification and communication
- Variation in the use of change management tools and techniques
- Too many projects and programmes being initiated without prioritisation
- Governance processes are inherently complex, which can create natural barriers to change
- Staff involvement in co-designing the change is influenced by time and role demands, limiting the extent of participation
- Previous changes have influenced current perceptions of new initiatives
- Resources – perceptions of wat is needed and actual capacity - time, people, finances, space, and equipment
- Stakeholder and regulatory requirements may create competing priorities

Sources of Assurance

- Regular reporting on Board priorities for improvement and change
- Policies and procedures
- Audit and assurance reviews
- Balanced scorecard Performance metrics (IQPR)
- Staff feedback mechanisms
- Training and competency assessments
- Risk registers
- Benchmarking and peer comparisons

Internal Audit – Third Line of Defence

Existing Controls

Adequate

- Patient First continuous improvement operating system and methodology
- Change management tools, techniques, processes and templates
- Project and programme management approaches and governance
- Effective communication channels
- Stakeholder engagement
- Training and development programmes in leadership, continuous improvement, change management
- Coaching, mentoring, support to staff and well-being Initiatives
- Performance monitoring and feedback mechanisms
- Risk management processes
- Resource allocation and planning
- System transformation group
- Group Development PMO resourced for Design phase

Gaps in Controls

- Limited capacity of Improvement team to deliver staff training at pace
- Limited staff capacity to attend training leading to limited capability across all staff to effectively undertake change projects and programmes using Patient First continuous improvement methodology, and Change and project/programme management tools
- Challenges in releasing clinical staff to help lead change programmes
- Staff awareness of Strategic priorities and Patient First approach
- Requirements for Group Development PMO to support implementation are being determined

Strategic Priority Projects to Mitigate

Patient First Deployment directly mitigates this risk:

- Focus on smaller number of improvement projects at corporate, division, specialty and team levels to enable focus of improvement resource and accelerate pace of change
- Systems, processes and tools for change projects with focus on purpose and root cause understanding
- Dedicated Continuous Improvement team providing training, coaching and support to teams undertaking improvement
- Trustwide training programmes in leadership, management and coaching, and leadership for change aligned to the Patient First approach
- Communication plan underway for Trust strategy A Difference that Matters raising awareness of strategic priorities and local team contributions to achieving
- Group Development focus on delivery of Joint Clinical Strategy and corporate enablers included in strategic priorities.

Corporate Risks

7875	Business as usual is disrupted due to Group Model implementation	↔	12
2695	Risk that the Trust fails to establish and maintain robust governance	↔	12

Risk Appetite and Tolerance

Appetite - The Trust has an open risk appetite for change management risks, acknowledging that innovation and transformation are essential for improving healthcare services. This balanced approach ensures that while the Trust is open to embracing necessary changes, it also supports the Trusts cautious stance to protecting patient safety, ensuring the provision of quality services, and maintaining financial stability.

Tolerance - The Trust expects any individual safety or quality related risk with a current assessment above 6 to be actively mitigated to a more tolerable level, likewise with any workforce, statutory or reputation risk above 8 and Business, finance and environmental risks above 9.

Current Position

- Risk 7875 - That business as usual is disrupted due to Group Model implementation, has been refined and the description updated.
- Continue deploying Patient First according to the agreed timeline to maintain momentum and alignment with project milestones.
- Ensure regular reporting of strategic priorities to the Trust Board and relevant Committees to support oversight and informed decision-making.
- Ensure the Group Development design phase continues to deliver to plan
- Conduct a review of the risk register associated with Group development to identify and address potential risks effectively.

Board Assurance Framework		Impact on Delivery of Strategic Priority					
Risk 10	**Emergency Planning**	Experience of Care	Patient Safety	Our People	Timely Care	Improve Together	Our Resources
Executive Leads	**Chief Operating Officer**	**Moderate**	**High**	**High**	**High**	**Low**	**Low**
Board Committee	**Quality & Outcomes Committee**	**Operational Lead**	**Deputy Chief Operating Officer**		**Executive Sub-Group**	**Planning & Delivery Group**	

Principal Risk Description	Causal & Contributory Factors	Sources of Assurance
Failure to plan for emergency scenarios as well as black swan events (cyber incidents, pandemics etc.) and ensure robust business continuity arrangements can result in operational disruptions, financial losses, compromised patient care, and reputational damage, as well as legal and regulatory penalties.	• National security risk assessement (NRSA) identifies the threat of malicious attack to the population of the UK and its territories. This includes the threat to crital infrasturcture from cyber attack. • Avon and Somerset community risk register identiifes the risk to the local population from threats and hazards such as those due to local infrastructure locations such as industry, the use of hazardous materials in manufacturing industry, the impacts of incindets affecting transport networks such as rail, air and road. Pandemic disease outbreaks, flooding, adverse severe weather, malicious threats are included. This risk regsiter informs the local health resilience partnership and organisational EPRR workplan.	• EPRR Annual Report. • NHSE EPRR Core standards compliance report. • Data Security Protection Toolkit compliance report. • ASW Assurance Business Continuity audit. *Audit – Third Line of Defence*

Existing Controls		Gaps in Controls	Strategic Priority Projects to Mitigate
• Trust Accountable Emergency Officer (AEO) is the Chief Operating Officer, supported by Deputy Chief Operating Officer for urgent care, flow and discharge as the senior responsible officer (SRO) for Emergency Preparedness, Resilience and Response (EPRR). • EPRR policy identifies the roles and responsibilities. • EPRR workplan with cross divisional and corporate representation. • Business Continuity Management System (BCMS) aligned to the international standard for Business Continuity. • BC Plans in place across the trust at service level plans are reviewed annually and after an incident. • Incident response plan in place providing the response framework to an incident that results in casualties requiring emergency hospital attendance and treatment to save life and reduce harm. • Digital services disaster recovery plan. • Compliance with BC elements of the DSPT.	**Adequate**	• The trust was rated substantialy compliant at 98% (fully compliant in 61 out of 62 core standards) in the 2023 NHS England Core standards for EPRR assurance process. The trust was partialy compliant on 1 core standard "lockdown plans". The Bristol hospital sites had a lockdown plan in place, the gap was for a lockdown plan for the Weston hospital site at the time of the assurance process being completed . This has since been completed by the trust security team and is now in place.	

Corporate Risks				Risk Appetite and Tolerance	Current Position
5787	That there is severe disruption to supplies of non-pay consumables	↔	12	**Appetite** - The purpose of a Risk Appetite Statement is to articulate what risks the Trust is willing or unwilling to take in order to achieve its objectives, it's how we describe the Trust's 'attitude' to change and innovation and communicate how willing we are to encourage risk taking. In order to achieve its objectives Trusts may have to adopt a more innovative approach to delivery over time and therefore a more open risk appetite. See the Trusts Risk Management Policy for the Risk appetite matrix. **Tolerance -** The Trust expects any individual safety or quality related risk with a current assessment above 6 to be actively mitigated to a more tolerable level, likewise with any workforce, statutory or reputation risk above 8 and Business, finance and environmental risks above 9.	• Risk 5787 - UHBW continues to see supply disruption to many of the consumables it purchases as part of its day-to-day activity. Supply disruption notifications continue to be sent to the Trust by BWPC as and when they receive them. Clinical teams then work with BWPC to source appropriate alternative products for services to use.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Trust Board in Public – 11 March 2025

Reporting Committee	Quality and Outcomes Committee – January 2025 meeting
Chaired By	**Sue Balcombe – Non-Executive Director**
Executive Lead	**Deirdre Fowler – Chief Nurse**

For Information

Significant service pressures continue with little sign of any improvement or relief operationally. This is unprecedented. Clinically patients are still presenting with flu and norovirus, but the single most important challenge is the lack of available beds with the No Criteria to Reside levels the highest ever. The clinical risk to patients requiring admission is being monitored carefully and regularly with the impact on staff also becoming increasingly evident. All escalation areas are now in use across all sites.

The committee received an update on progress against the Patient First workstream - Timely Care. The sustained improvement on theatre utilisation was welcomed with the focus increasingly moving onto scheduling and pre-operative screening. Work to reduce outpatient non-attenders and improve utilisation is progressing well using all opportunities in the GIRFT guides.

The committee received the first update on Medical Devices following a series of incidents which had identified areas for improvement. A number of areas of risk have now been identified including vital work to review the procurement process, storage, tracking of equipment and safety evaluations in order to ensure that the best quality, most cost effective, and safe equipment is available across all sites. Opportunities to work with national programmes are being explored.

The Quarter Two Patients Complaints report was received. It was noted that the backlog and the number of dissatisfied complainants are both reducing but the response rate is still not good enough. The committee have asked for more progress and assurance.

The Quarter Two Legal report highlighted the extreme levels of work with a number of complex cases underway together with a high level of inquests also in the pipeline. The mock inquest simulation course had been particularly well received by staff.

The Safer Staffing report demonstrated a fill rate in excess of 107% with staff being utilised in escalation areas and to provide cover for increasing levels of staff sickness due to influenza. The turnover for Band 5 nurses remains stable.

The Maternity Spotlight Report focussed on The Saving Babies Lives standard. It was noted that of the six standards – three have been fully implemented with more work underway in the remaining three to include foetal growth monitoring, smoking cessation and the identification or at-risk mothers pre-term. The committee heard how action against each was progressing.

For Board Awareness, Action or Response

The Trust has asked for a Clinical Risk Summitt to be stood up with the ICB, CQC and all stakeholders due to the sustained level of operational pressures and the clinical impact on patients and staff wellbeing.

Marthas Rule has been successfully launched in Bristol Children's Hospital in early January with the impact on the Children's Critical Care Outreach Team as expected so far. The importance of picking up signs of deterioration early has been stressed in order to prevent escalation, with analysis of the early learning expected in March.

The committee was briefed on the delay in implementing the Careflow Vitals Sepsis Module which will not now be available until 2026.Actions to manage and mitigate the clinical risk were discussed.

Key Decisions and Actions

The committee received the CQC Composite Action Plan and agreed the closure of 15 completed actions. Progress against the four remaining actions was discussed.

Additional Chair Comments

The committee were particularly concerned about the unprecedented and sustained clinical pressure due to the high levels of patients with No Criteria to Reside.

Date of next meeting:	**Tuesday 25 February 2025**

Meeting of the Trust Board in Public – 11 March 2025

Reporting Committee	Quality and Outcomes Committee – February 2025 meeting
Chaired By	Sue Balcombe – Non-Executive Director
Executive Lead	Deirdre Fowler – Chief Nurse

For Information

Significant service pressures continue with little sign of any improvement or relief operationally. Bed occupancy remains very high with No Criteria to Reside fluctuating between 20% and 23% of beds across the Trust. The committee received feedback following the Clinical Risk Summitt including the development of a system dynamic risk assessment. A short-term increase in access to step down beds helped to decompress pressures. Martha's rule has now been launched in adult services with resources for staff and families being developed including a digital wellness questionnaire.

As previously agreed, the committee received the Safeguarding Service Review following the implementation of the safeguarding service joint leadership pilot with NBT. The review identified a number of issues including a lack of capacity in the safeguarding team, an outdated service delivery model and a need to improve governance. In response, a plan of investment and significant improvement has been agreed and is being implemented. This includes actions to mitigate any risk whilst the transformation programme is underway. The committee will be monitoring progress against the plan on a quarterly basis. The quarterly safeguarding report was also considered and noted that safeguarding activity continues to increase but is likely to be under-reported due to challenges with data collection. Rates of safeguarding training compliance is improving.

The Quarter Three Patient Safety Report included reporting against four new proxy measures for patients "feeling safe" with 71% of patients indicating that they feel safe receiving care at UHBW. The report also included new reporting of incidents from external providers with themes including concerns regarding discharge planning and processes and discharge medication. The committee was also briefed on the findings of a thematic review into the effectiveness of the Trusts Discharge Summaries. This identified that focussed work was now required to ensure that the discharge communication was purposeful, relevant and clear and that it was undertaken by appropriately trained individuals. A system wide improvement programme involving all stakeholders was being proposed.

The Quarter Three Infection Prevention and Control report was presented and discussed. The case rate for measles in Bristol remains a concern and is in the top 10 in the UK. The impact for the IPC team is considerable and involves contact tracing and working with local authority colleagues undertaking educational campaigns and vaccination clinics in schools. Focussed work to understand the higher levels of MRSA and C Difficile infections is underway. Revised training,

education and resources has been developed. The monitoring of surgical site infection rates remains a priority to ensure that best practice is promoted and maintained.

The monthly Safer Staffing report demonstrated an overall fill rate in excess of 108%. The surplus of band 5 vacancies are being used to staff escalation areas and support areas where high levels of staff sickness continues to be an issue. Band 2 and 3 turnover has reduced to 14.7%. There has been an increase in the use of RMNs due to the number of patients with complex mental health needs.

The Maternity Spotlight Report focussed on the delivery of the final year of the 3-year delivery plan. Good progress was noted with 81% of actions complete with the majority of outstanding areas requiring system wide actions. Assurance regarding maintaining appropriate staffing levels with high levels of patient acuity was provided.

For Board Awareness, Action or Response
N/A

Key Decisions and Actions
The committee was asked to review progress against the Trusts Health Equity Delivery Plan which was agreed in March 2023. Whilst great progress has been made in driving forward the EDI agenda – a request was made to extend the programme until March 2026 in order to allow time to work more closely with North Bristol Trust, to deliver the remaining objectives and to commence the co-design of future priorities with patients and communities. This was agreed.

Additional Chair Comments
The committee members were particularly concerned about the unprecedented and sustained clinical pressure due to the high levels of patients with No Criteria to Reside. Whilst short term actions appear to help reduce the immediate pressure it is evident that in the longer term a significant transformation programme across health and social care stakeholders is now required

Date of next meeting:	**Tuesday 25 March 2025**

Report To:	Board of Directors in PUBLIC
Date of Meeting:	Tuesday 11 March 2025
Report Title:	Integrated Quality and Performance Report
Report Author:	David Markwick, Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head Quality (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/Stuart Walker, Medical Director Workforce – Emma Wood, Director of People Finance – Neil Kemsley, Director of Finance

Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	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)*

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

Integrated Quality and Performance Report

Month of Publication February 2025

Data up to January 2025

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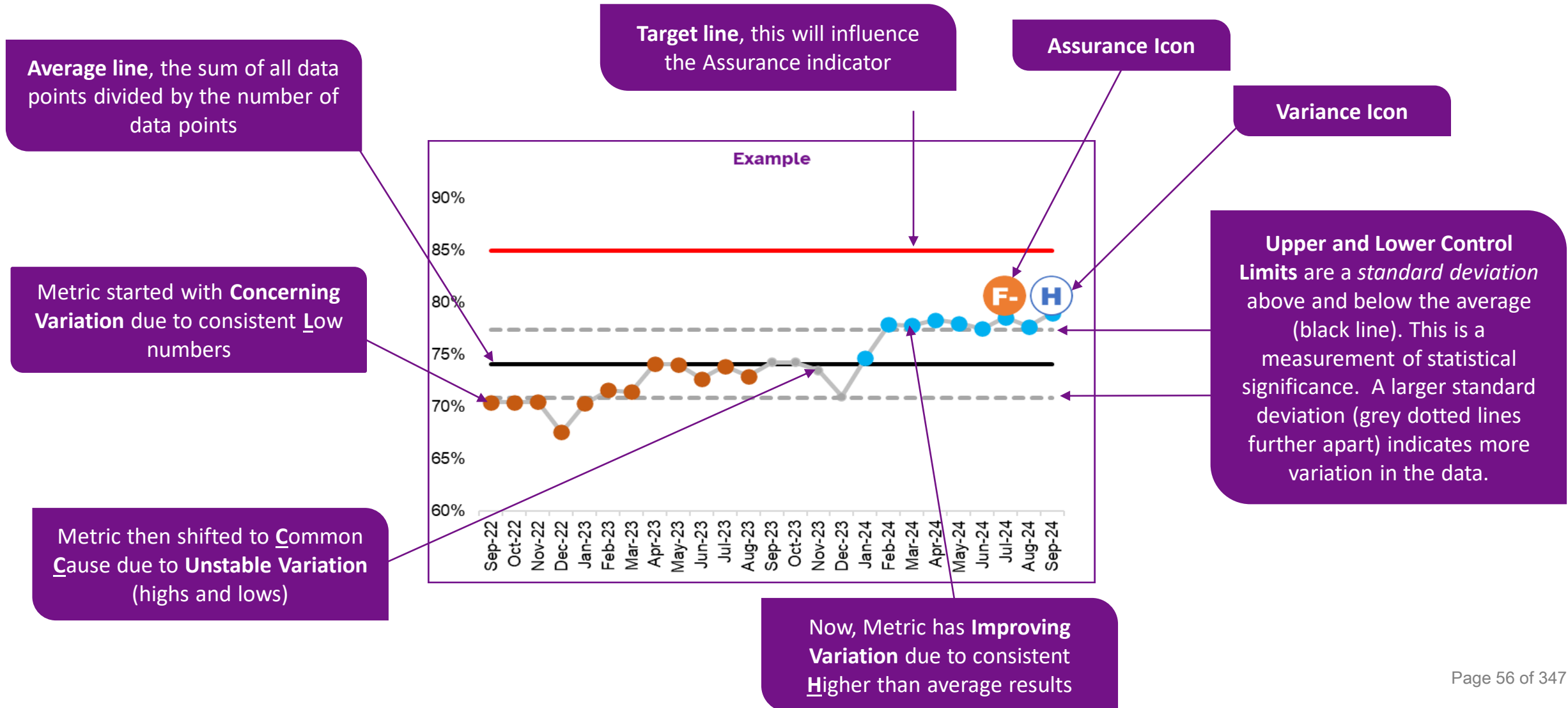
Further Reading / Other Resources

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

Type of Metric; either Breakthrough Objective, Corporate Project or Constitutional Standard/Key Metric

Name of Metric/KPI

The most recent data period - this will be the last complete month for the majority, but some metrics are reported one or more months in arrears.

The target, where applicable, for the most recent month. This may be the national target or internal target / planned trajectory.

This icon indicates the assurance for this metric (see above key for summary or see Appendix for full detail).

Response taken based on the Metric Type and the Assurance and Variation Icon for the latest month (see Appendix for full detail). Action is either Note Performance, Escalation Summary, Counter Measure Summary or Highlight Report.

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	Caring	Monthly Inpatient Survey - Standard of Care	Sep 24	93.2%	94.1%	90.1%	**F**	**C**	Escalation Summary	✳

The CQC Domain the indicator is covered by. See CQC Website for more information: The five key questions we ask - Care Quality Commission

The actual performance for the most recent month.

The actual performance for the previous month.

This icon indicates the variance for this metric (see above key or see Appendix for full detail).

Data Quality Kitemark gives indication of data quality by assessing 10 key questions, with missing pieces highlighting any DQ issues. See slide n for full detail.

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 **L**ow 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 **C**ommon **C**ause due to **Unstable Variation** (highs and lows)

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

Business Rules and Actions

Assurance						Variation		
P* Consistently Passing Target	**P** Meeting or Passing Target for at least Six Months	**?** Inconsistent Passing and Falling Short of Target	**F** Falling Short of Target for at least Six Months	**F-** Consistently Falling Short of Target	No icon — No Assurance Icon as No Specified Target	**H L** Special Cause of Improving Variation due to Higher or Lower Values	**C** Common Cause Variation - No Significant Change	**H L** 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	
(grey)	Yes
(white)	No
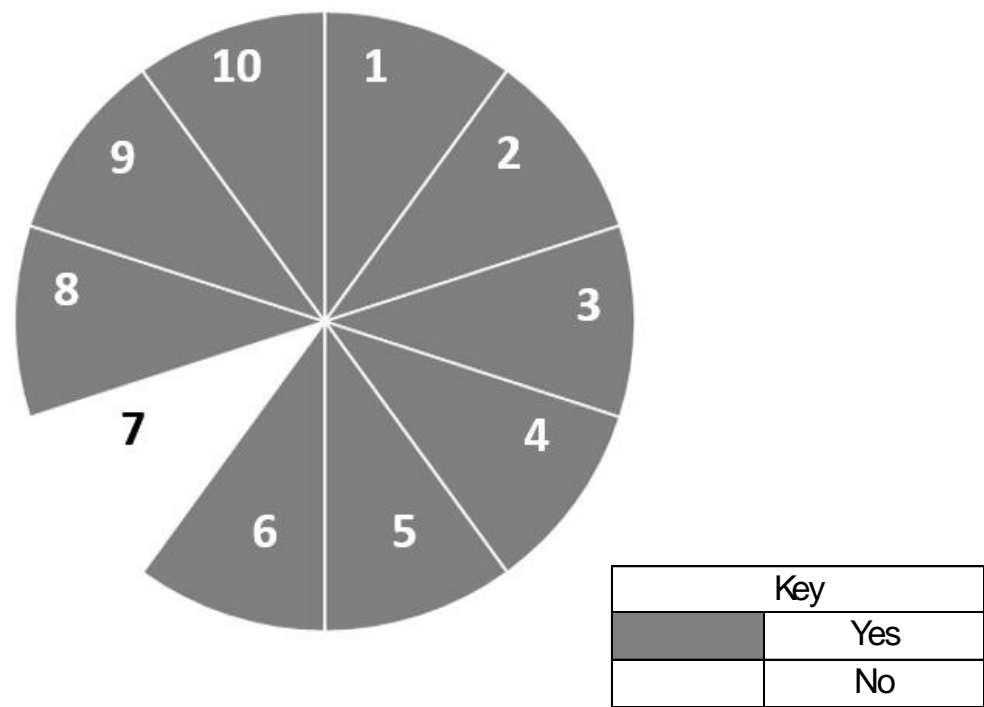
Number	Question
1	Data electronically captured.
2	KPI definition documented.
3	Information processes documented
4	Data does not have significant proportion of missing values.
5	Data included in divisional reports.
6	Validation processes built into the system*
7	Data captured in a timely fashion (noting 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:

The "Improve experience of care through better communication" breakthrough objective has yet to meets its 88% target, with most recent 8 months data showing normal variation around the mean. This objective has been prioritised in two divisions and Weston General Hospital where improvements will make the most impact. Progress in January 2025 includes:

- **Weston** – Draycott Ward have focussed on improving communication regarding discharge plans with patients and their families. An activity coordinator is in post and supporting activities with patients.
- **Specialised Services** – Established launch date for Experience of Care Champion role. Review of trend in communication experience metric, demonstrates statistically significant improvement for BHI.
- **Medicine** – Wards A522 and A801 have been embedding improvements work undertaken during the past month. Data shows an improvement in A522 communication experience scores.

A new Experience of Care breakthrough objective to strengthen the infrastructure to support safer care of patient with mental health (MH) needs is on track. Key 'mini-charters' have been established for multiple workstreams (MH Safer Spaces; Mental Health Act (MHA) compliance; MH Training; Development of a Trustwide MH Management model ; UHBW MH Strategy and ETOC (Enhanced Therapeutic Observation Care). A gap analysis of MH Services across UHBW (including Weston) and NBT has been completed. A process for delivery of 'MH Harm Reduction' function has been agreed along with a Standard Operating Procedure (SOP) for 1:1 care of patients with MH needs. Implementation of the SOP has been initiated with associated training.

Patient Safety:

- During January 2025: there were 195 falls (5.549 per 1000 bed days) which is above the trust target of 4.8 per 1000 bed days. Of these, 141 falls were on the Bristol site and 54 falls on the Weston site. There were four falls with moderate or severe physical and/or psychological harm, one of which was assessed as having a fatal outcome and is subject to a Patient Safety Incident Investigation under PSIRF. A unusually high proportion (17 of the 195 falls) occurred in outpatient settings. Potential improvement work is being explored to address the rise in outpatients. The Dementia, Delirium and Falls team are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights and further opportunities for improvements when published.

- Implementation of Martha's Rule continues in adult areas following the successful launch in the Children's Hospital last month. A Martha's Rule call pathway has been created for staff, patients, relatives, and carers in adult in-patient locations. A digital Patient Wellness Questionnaire (PWQ) for adults identifying softer signs of deterioration and escalation actions developed for a pilot to commence from February 26th. A patient questionnaire to understand patients' current awareness of Martha's Rule is now live, with volunteers visiting wards to talk to patients about Martha's Rule. Content for resources for staff, patients and families to know about Martha's Rule and how to make a call is being worked on for leaflets, videos, stickers, and posters.

Executive Summary

Patient Safety (continued):

- Whilst the rate of pressure injuries per 1,000 bed-days remains consistently below the target of, there were three unstageable pressure injuries in January 2025 and two category 2 pressure injuries. No specific themes in terms of anatomical location were identified. Initial reviews of these incidents identified that the implementation of preventative offloading measures was variable. Tissue viability improvement work continues to address these findings which include ongoing engagement with Tissue Viability Champions on wards to support good pressure prevention practice, including support, feedback, and wellbeing incentives.

- There were four events of mixed sex breaching in January 2025, affecting nine patients in total with operational pressures continuing to challenge the ability to comply with the standard. Details of the breaches are provided in the escalation summary in this report. Flow and discharge improvement projects to enable earlier bed availability through the Every Minute Matters programme continue. A proposal for an e-learning module to support staff to follow the guidance has been approved by the Learning and Workforce Development Board, and funding for this is currently being sought.

- Best practice tariff for fractured neck of femur continues to be challenged due getting patients with fragility fractures to theatre within 36hrs from admission/diagnosis consistently not meeting the target. At present, to mitigate this the service is proactively identifying patients who would be appropriate for transfer to the Weston General Hospital site to utilise theatre capacity there. In future , the significant reduction in ambulatory trauma being operated on at the BRI (moved to Southmead) will allow us to utilise an am trauma list each day for inpatient trauma and being able to operate on am lists will also reduce our breach time. Additionally, we will maintain full day weekend trauma lists which will allow us to 'mop up' any outstanding inpatient trauma from the week.

Our People:

- Overall vacancies increased to 3.1% (391.7 FTE) compared to 3.0% (384.4 FTE) in the previous month. Turnover remained static at 11.1%. And Sickness absence reduced to 4.7% compared to 4.8% the previous month (updated figures).
- Appraisal compliance reduced to 80.4% January compared to 81.0% December. Increases were seen in two divisions, with reductions in the remaining six.
- Agency usage is at 0.7% (88.5 FTE) and 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 . A multi-disciplinary workshop has reviewed findings on sexual safety, anti-racism and anti-ableism, 3 subgroups have been set up and have commenced work on outline plans. A peer review of the plans is scheduled for 25th February, and we aim to have a consolidated plan for pro-equity in place by end of March, which will also include our staff survey benchmarked data for 2024/25.

- Medical Workforce Corporate Priority Project: Annual leave policy drafted and being tested with divisional colleagues. Still focus on scoping locum bank rate alignments across the region. Resident Doctor Rota Review has progressed at the Children's Hospital, Health roster roll out now 11 remaining areas outside of Womens and Childrens. The outline case for the Locally Employed Doctors Medical Rotation is moving to final sign off, subject to this adverts are due out shortly.

Executive Summary

Timely Care:

Bed occupancy increased in January (BRI: 109.6% and Weston 100.2%) which, when coupled with high non-elective demand, increasing numbers of patients presenting with infectious disease and high numbers of patients with no criteria to reside, significantly impacted non-elective services, and in particular hospital flow, although good progress has been noted against a number of performance measures.

At the end of January, the Trust reported 62 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 December, maintaining the performance reported across 2024/25 which is anticipated to continue through the remaining three months of the year.

At the end of January, performance against the diagnostic six week wait standard was reported as 80.3% against the operational planning trajectory of 93.7%, a deterioration from December (83.0%). There is a continued focus on diagnostic recovery plans in the remaining months of the financial year.

Performance against the ED 4-hour standard in January improved to 73.3% from 70.0% in December (74.4% YTD) against a system and NHSE ambition of 78%. Performance against the ED 12-hour standard also deteriorated to 8.5 % (December, 7.0%) against the national target of 2%.

During January, the average daily number of patients in hospital with No Criteria to Reside (NCtR) increased to 198 (183 in December), this equates to 21.4% of total available beds (18.3% at BRI and 30.8% at Weston) compared with 20.8% in December (19.1% at BRI and 27.9% at Weston).

Theatre utilisation was above the NHSE set target of 81% in January, reporting 81.4% and outpatient DNA rates have reduced to 6.2% (6.6% in December).

Our Resources:

In January, the Trust delivered a £1,759k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £4,409k (£6,168k net deficit last month) against a breakeven plan. The Trust is therefore £4,409k adverse to plan. The cumulative YTD net deficit is 0.4% of total operating income.

Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

YTD pay expenditure is c3% higher than plan. Medical staffing in the Women's & Children's Division and nursing costs continue to cause overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Agency and bank expenditure increased in January. Agency expenditure in month is £897k, compared with £754k in December. Bank expenditure in month is £5,158k, compared with £4,069k in December.

Matrix Summary – Constitutional Standards and Key Metrics

January 2025			P* — Consistently Passing target (target outside control limits)	P — Passing target	? — Passing and Falling short of target subject to random variation	F — Falling short of target	F- — Consistently Falling short of target (target outside control limits)	No icon — No Target
H	L	Special Cause - Improvement	•Percentage Agency Usage •Summary Hospital Mortality Indicator (SHMI) – National Monthly Data	•Cancer – 28 Day Faster Diagnosis •Cancer – 31 Day Diagnosis To Treatment •Cancer 62 Day Referral To Treatment •Essential Training Compliance •Staffing Fill Rate – Combined	•Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours •Theatres – Touchtime Utilisation		•Diagnostics Percentage Under 6 Weeks (15 Key Tests)	•Patient Complaints – Formal
C		Common Cause	•Pressure Injuries Per 1,000 Beddays •Sickness Rate •Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	•Hospital Standardised Mortality Ratio (HSMR) •Workforce Turnover Rate	•CDiff Healthcare Associated Cases •Falls Per 1,000 Beddays •Friends and Family Test Score – ED •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	•ED Percentage Spending Under 4 Hours in Department •Fracture Neck of Femur Patients Treated Within 36 Hours •Inpatient Communication Experience Score •Median Discharge Time •Outpatient DNA Rate •Workforce Appraisal Compliance (Non-Consultant)	•ED Attendances (Trust Total) •Fracture Neck of Femur Patients Achieving Best Practice Tariff
H	L	Special Cause - Concern			•ED Percentage Spending Over12 Hours in Department		•Adult Inpatients who Received a VTE Risk Assessment •No Criteria To Reside – Beds Occupied •No Criteria To Reside Occupancy •ED 12 Hour Trolley Waits (from DTA)	
n/a		Not SPC - Run Chart Only		•Total RTT Pathways 52+ Weeks		•Total RTT Pathways 65+ Weeks		

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'

22/23, 8% from Top 10%
23/24, 6.2% from Top 10%

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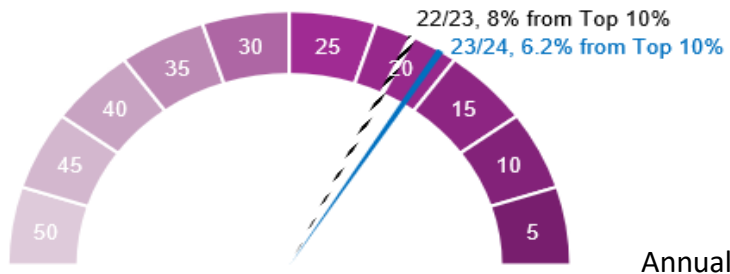
≥98% of inpatients and maternity will rate their care as good or above (2024/25 Target – 94.1%)

Apr23 to Jan24
91.8/%

Apr24 to Jan25
90.3%

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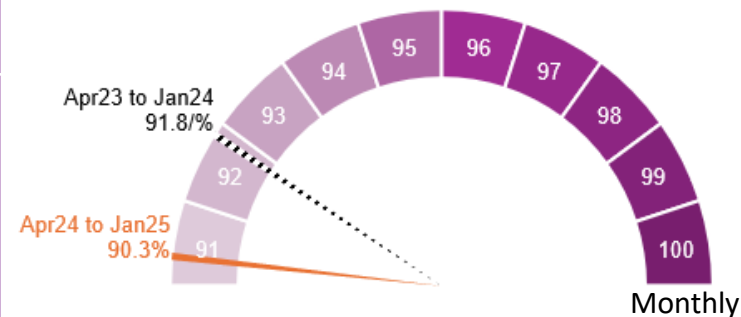
Feedback is representative of the patients we care for by undertaking a minimum of 4 community outreach events per year aligned to the Core20Plus5 health inequality areas

24/25, 3 events

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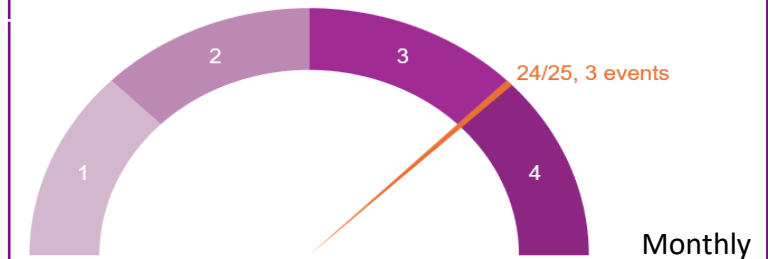
To be in top 10% of non-specialist acute Trusts for overall patient experience in national **inpatient** survey

22/23, 26% out of all trusts
(34th out of 133)

23/24, 20% out of all trusts
(26th out of 131)

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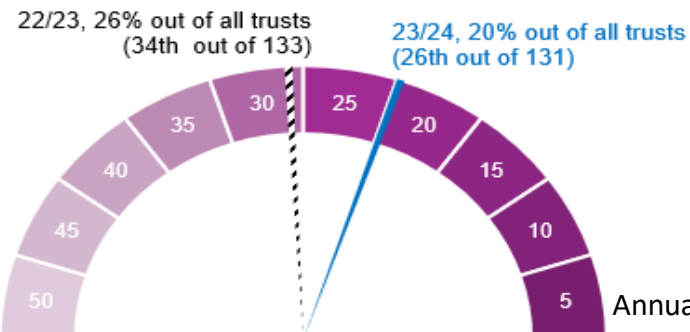
To be in top 10% of non-specialist acute Trusts for overall patient experience in national **maternity** survey

2024, 27% out of all Trusts
(32nd out of 120)

2023, 22% out of all Trusts
(27th out of 121)

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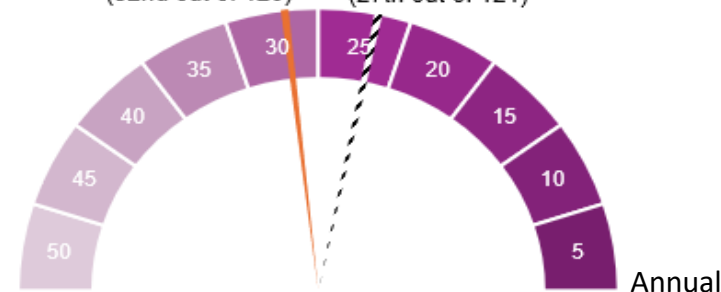
To be in top 10% of non-specialist acute Trusts for overall patient experience in national **child and young person** survey

22/23, 5% out of all trusts
(6th out of 125)

Annual
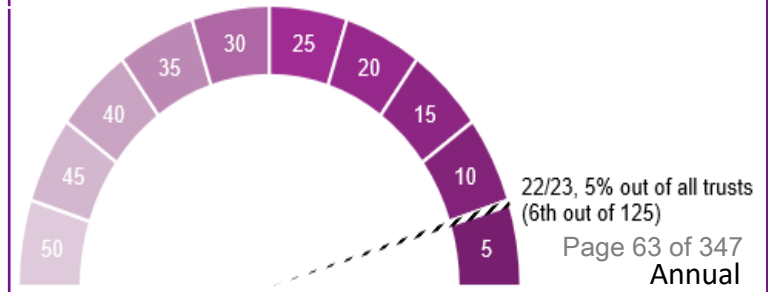
The number displayed represents the maximum of that segment

Experience of Care

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			**Highlight Report Provided**					
Breakthrough Objective*	Caring	Inpatient Communication Experience Score	Jan 25	83.7	88.0	84.5	F-	C	Counter Measure Summary	
Constitutional Standards and Key Metrics	Caring	Monthly Inpatient Survey - Overall Experience	Jan 25	92.9%	94.1%	91.6%	F	C	Escalation Summary	
	Caring	Monthly Outpatient Survey - Overall Experience	Jan 25	94.1%	97.5%	96.6%	?	C	Escalation Summary	
	Caring	Friends and Family Test Score - ED	Jan 25	86.5%	85.0%	83.3%	?	C	Escalation Summary	
	Caring	Patient Complaints - Formal	Dec 24	27	No Target	24	n/a	L	Note Performance	
	Caring	Formal Complaints Responded To Within Trust Timeframe	Dec 24	53.6%	90.0%	54.3%	F	C	Escalation Summary	
	Caring	Informal Complaints Responded To Within Trust Timeframe	Dec 24	78.7%	90.0%	81.9%	?	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

Our 12 to 18 month goal:

To have a robust infrastructure to support the Mental Health (MH) care of patients, ensuring the safety of patients & staff, by September 2025

Latest Month	February 2025
Project status	Project timeline on track
Related Principal Risk	1. Quality

Key progress in last month

- Key 'mini-charters' established (MH Safer Spaces; Mental Health Act (MHA) compliance; MH Training; MH Management model - *Trustwide model*; UHBW MH Strategy)
- ETOC (Enhanced Therapeutic Observation Care) Project incorporated into MH Project as additional mini-charter
- Gap analysis of MH Services across UHBW (including Weston) & NBT completed.
- Process for delivery of 'MH Harm Reduction' function agreed
- 1:1 MH Guidance Standard Operating Procedure implementation initiated with Training

Metrics in box

Weekly data for RMN usage to be collated

Metrics in box

monthly data for Restrictive Practice incidents to be collated

Key aims for next month

Establish 'MH Across UHBW Steering Group' & Terms of Reference

Establish ETOC Assessment tool & flow chart

Review Mental Health Act (MHA) Policy

Review training needs for ETOC/HCA/MHSW staff

Continue roll-out 1:1 MH Guidance with Training

High Level Roadmap

- Dec 24- MH Project Charter commenced
- Mar 25- MHA Policy Completed
- Apr 25- LPS SMS Completed
- Apr 25 –MH Strategy Completed
- Mar 25- 20% reduction in RMN usage; *with further 20% reduction per month*

Key risks and challenges

- Breadth of project & prioritisation
- Funding required to deliver MH training Trust wide ('MH Module' & 'Suicide Prevention')
- Substantial future funding required for ward/bay adaptations to provide 'MH Safer' spaces.

Overall project achievements /Impact achieved

- Initial project 'mini-charters' established
- ETOC project folded into MH Project

Inpatient Communication Experience Score
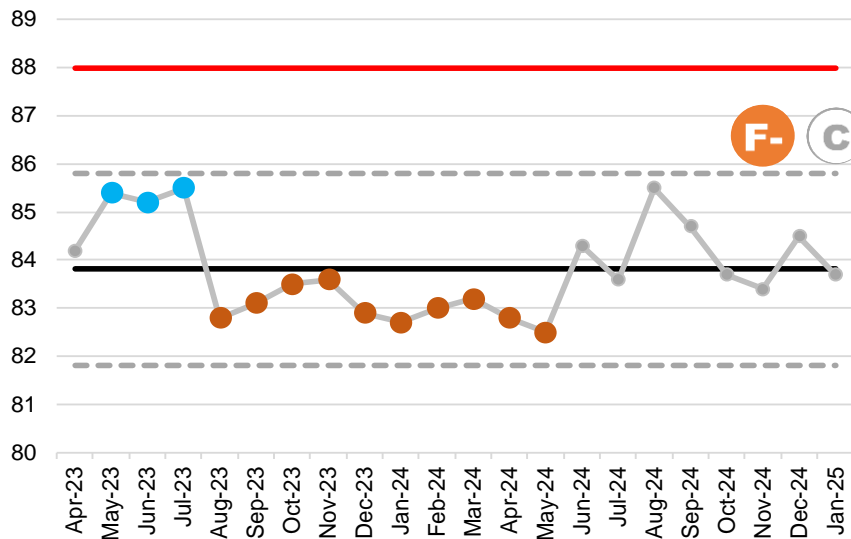
Inpatient Communication Experience Score	
Latest Month	
Jan-25	
Target	
88.0	
Latest Month's Position	
83.7	
Performance / Assurance	
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.	
Corporate Risk	
5942 - Risk that patients' communication requirements are not identified, and care is suboptimal or delayed (12)	
1702 - Risk that the Trust does not meet the communication needs of patients with a disability or sensory impairment (AIS) (12)	

Stratified data

Communication experience score -rolling 3 month average January 2025 data - Gap by Division to achieve score of 88
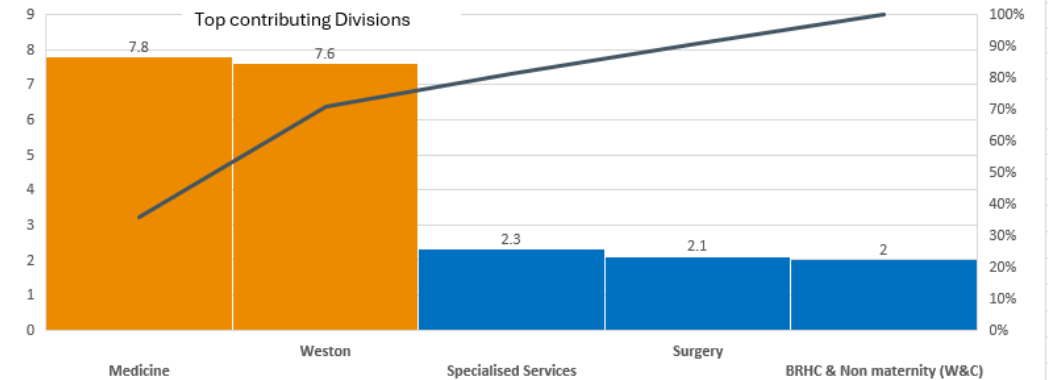
Note: Maternity = 89.2 rolling 3 month average in January 2025

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

Delayed progress in implementing countermeasures during the last period due to operational pressures. However, a range of activity did take place including:
- **Weston** – Focus on Draycott Ward on improving communication regarding discharge plans with patients and their families. Activity coordinator in post and supporting activities with patients.
- **Specialised Services** – Established launch date for Experience of Care Champion role. Review of trend in communication experience metric, demonstrates statistically significant improvement for BHI.
- **Medicine** – A522 and A801 have been embedding improvements during the past month. Data shows an improvement in A522 communication experience scores.

Next actions

The following Divisional activities have been prioritised for the next period:
- **Weston** – Hutton A3 project group reforming and is focusing on the fundamentals of care. Wider work across inpatient wards includes a focus on nurse education which will include conversation prompts to support communication experience.
- **Specialised Services** – Roll out of What Matters To You on D703 which will align with Martha's Rule pilot roll-out. Launch Experience of Care Champion role. Begin bedside handover pilot on C805.
- **Medicine** – Review and update of quarterly 'You Said, We Did posters to display improvements that have taken place based on patient feedback

Monthly Inpatient Survey – Overall Experience

Latest Month
Jan-25
Target
94.1%
Latest Month's Position
92.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
5942 - Risk that patients' communication requirements are not identified, and care is suboptimal or delayed (12)
1702 - Risk that the Trust does not meet the communication needs of patients with a disability or sensory impairment (AIS) (12)

Monthly Inpatient Survey - Overall Experience

Monthly Outpatient Survey – Overall Experience

| Latest Month |
| --- |
| Jan-25 |
| **Target** |
| 97.5% |
| **Latest Month's Position** |
| 94.1% |
| **Performance / Assurance** |
| Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation. |
| **Corporate Risk** |
| **5942 -** Risk that patients' communication requirements are not identified, and care is suboptimal or delayed (12) |
| **1702** - Risk that the Trust does not meet the communication needs of patients with a disability or sensory impairment (AIS) (12) |

Monthly Outpatient Survey - Overall Experience

Summary

Please note that latest month's data will change as more surveys are received. Therefore, the latest month's data should be treated with caution.

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

Summary

The mean for outpatient survey score is above 96% 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.

Friends and Family Test Score - ED

Friends and Family Test Score - ED	
Latest Month	
Jan-25	
Target	
85%	
Latest Month's Position	
86.5%	
Performance / Assurance	
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	
Corporate Risk	
No Corporate Risk	

Friends and Family Test Score - ED
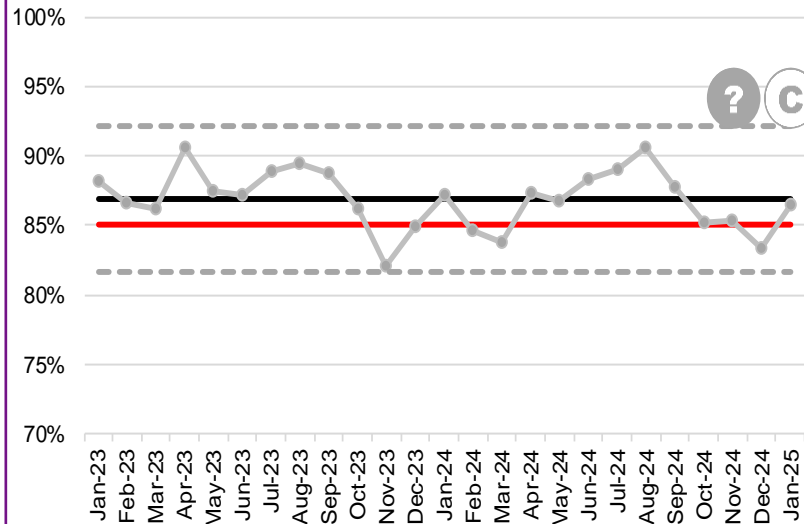
The overall FFT score for the Trust's Emergency Departments was 86.5% in January 2025, above the target of 85% and well above the latest published (December 2024) national average FFT score for Emergency Departments (76%).

At a department level, results for January 2025, were as follows:
- Bristol Royal Infirmary ED 78.2%
- Bristol Royal Hospital for Children ED 88.6%
- Bristol Eye Hospital ED 94.4%
- Weston General Hospital ED 90.8%

Results of the recently published 2024 Urgent and Emergency Care Survey show that UHBW ranks 13th out of 120 Trusts nationally (Top 10%) for overall experience. At a department level, BRI ED ranks 10th place out of 175 ED sites nationally (top 10%) and WGH ED ranks 35th place (top 20%).

Friends and Family Test (FFT) data for the Trust's Emergency Departments is imported into the Patient Feedback Hub on a weekly basis and management teams log in regularly to view FFT scores and comments, taking action as appropriate.

Formal Complaints Responded To Within Trust Timeframe

Formal Complaints Responded To Within Trust Timeframe (vertical label)

Latest Month	
Dec-24	
Target	
90%	
Latest Month's Position	
53.6%	
Performance / Assurance	
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.	
Corporate Risk	
Risk 2680 - Complainants experience a delay in receiving a call back (12)	

Informal Complaints Responded To Within Trust Timeframe

Informal Complaints Responded To Within Trust Timeframe (vertical label)

Latest Month	
Dec-24	
Target	
90%	
Latest Month's Position	
78.7%	
Performance / Assurance	
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	
Corporate Risk	
Risk 2680 - Complainants experience a delay in receiving a call back (12)	

Summary (vertical label)

In December 2024 (reported one month in arrears):

- 173 new complaints were received (27 Formal, 112 Informal and 34 PALS Concerns).
- 89% of complaints and concerns received in December were acknowledged in line with national guidance (within three working days).
- Responses for 28 Formal and 61 Informal Complaints and 32 PALS Concerns were sent out to complainants.
- 78.7% of informal complaints were responded to by the agreed deadline (target 90%).
- 53.6% of formal complaints were responded to by the agreed deadline (target 90%).
- 81.3% of PALS concerns were responded to by the agree deadline (target 90%).
- Of 46 first formal complaints responded to in November (reported one month in arrears), 4 complainants told us they were unhappy with our response (8.7%, compared to our target of 8%)."

Patient Safety

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

23/24, 3.9% from Top 1%
22/23, 5.9% from Top 1%
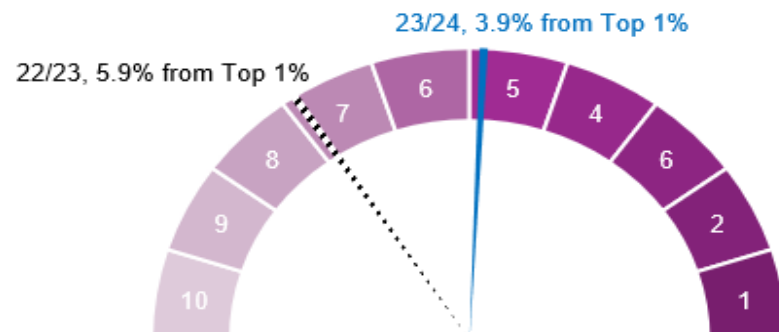
Annual

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

23/24, 2.5% from Top 1%
22/23, 1.4% from Top 1%
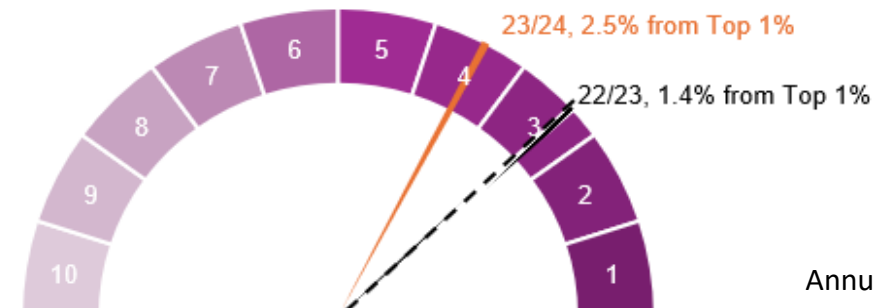
Annual

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

23/24, 7.1% from Top 1%
22/23, 7.7% from Top 1%
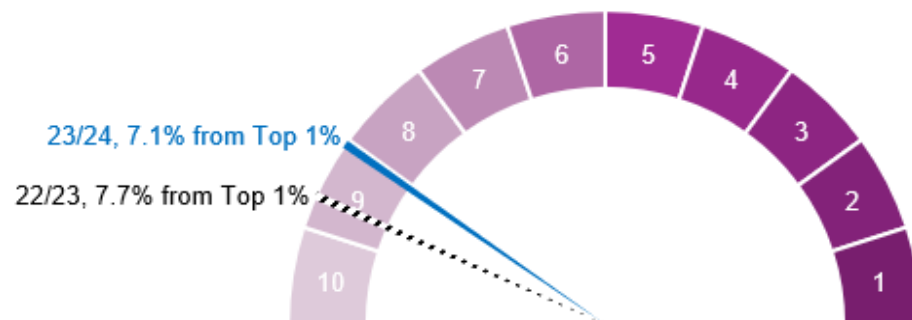
Annual

To be within 1% of the best non specialist acute Trust for feedback given on changes made following errors/near misses/incidents
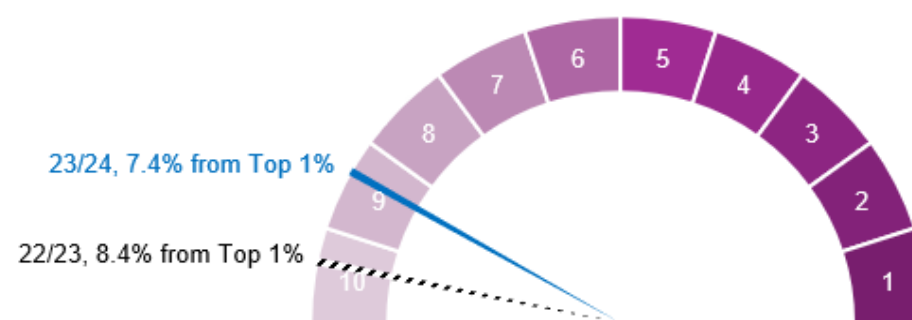
23/24, 7.4% from Top 1%
22/23, 8.4% from Top 1%

Annual

The number displayed represents the maximum of that segment

Patient Safety

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

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	Jan 25	5.5	4.8	4.9	?	C	**Escalation Summary**	
	Safe	Total Number of Patient Falls Resulting in Harm	Jan 25	4	2	11	?	C	**Escalation Summary**	
	Safe	CDiff Healthcare Associated Cases	Jan 25	5	9	11	?	C	**Escalation Summary**	
	Safe	MRSA Hospital Onset Cases	Jan 25	0	0	1	F	C	**Escalation Summary**	
	Safe	Adult Inpatients who Received a VTE Risk Assessment	Jan 25	76.1%	90%	74.5%	F-	L	**Escalation Summary**	
	Safe	Pressure Injuries - Grade 3 or 4	Jan 25	3	0	1	F	C	**Escalation Summary**	
	Safe	Pressure Injuries Per 1,000 Beddays	Jan 25	0.14	0.40	0.12	P*	C	**Note Performance**	
	Safe	Staffing Fill Rate - Combined	Jan 25	108.4%	100%	107.5%	P	H	**Note Performance**	
	Safe	Mixed Sex Accommodation Breaches	Jan 25	9	0	8	F	C	**Escalation Summary**	
	Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	Jan 25	46.2%	90%	51.4%	F-	C	**Escalation Summary**	TBC
	Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	Jan 25	96.2%	90%	95%	?	H	**Note Performance**	TBC
	Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	Jan 25	46.2%	No Target	48.6%	n/a	C	**No Target**	TBC
	Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	Sep 24	89.8	100	91.0	P*	L	**Note Performance**	
	Effective	Hospital Standardised Mortality Ratio (HSMR)	Oct 24	80.7	100	80.4	P	C	**Note Performance**	
	Effective	Maternity Services Perinatal Quality Surveillance Matrix (PQSM)	Jan 25	n/a	n/a	n/a	n/a	n/a	**Narrative**	n/a

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

Latest Month	February 2025
Project status	**Project timeline on track**
Related Principal Risk	1. Quality

Key progress in last month

- Finalisation of plans to commence working group meetings for the next three priority projects for the Deteriorating Patient Improvement Programme (Quality of documentation/Escalation Pathways and Communication/Revised Escalation Thresholds)
- Continued observation work in both BRI and Weston Emergency departments (EDs) to identify system and process design areas to prioritise for sepsis improvement initiatives.
- Sepsis acrostic poem poster developed to aid education/awareness of Sepsis NICE 2024 guidelines.
- Amendments made to the Sepsis Screening Tool and Pathway in response to initial observation work in the EDs.
- Sepsis Medical and Nursing posts to support rapid improvement work in sepsis screening and treatment approved; draft job descriptions developed.

Key aims for next month

- Complete observation work in EDs, using the Systems Engineering for Patient Safety initiative (SEIPS) framework for feedback and validation of observed processes.
- Test change ideas in EDs in response to findings of the observational visits.
- Acrostic poem to be disseminated via several routes (Deteriorating Patient Steering Group Divisional Reps/Directors of Nursing/Practice Education Facilitators) for display in clinical areas.
- Finalise the sepsis Medical and Nursing rapid improvement post job descriptions and adverts to aid recruitment process.
- Commence priority project working group meetings.

High Level Roadmap

- March 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.
- May 2025 – sepsis posts filled.
- Aug 2025 – sepsis change ideas tested and adoption plans developed.

Key risks and challenges

- Substantial resource required for process of data collection (manual audit) (Risk 3452); resulting in a risk that data publication for reporting and escalation purposes is not timely and impedes ability to identify opportunities for improvement.
- 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 lack of UHBW Sepsis Leads limits effective adoption of 2024 NICE Sepsis Guidance (Risk 7919).

Overall project achievements /Impact achieved

- Between Aug – Dec 2024, 629 patients were sampled across adult inpatient areas and adult EDs. 304 patients required screening for sepsis; of these, 76 (25%) had documented evidence of sepsis screening (on the UBHW Screening Tool and Pathway, based on 2024 NICE guidance).
- 156 of the 304 patients (who required screening) were identified as 'high risk' of having or developing sepsis and required the delivery of the Sepsis Six; of these, 20 (13%) 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

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

To implement:

1. A structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily.
2. A system for staff to be able, at any time, to ask for a review from a different team if they are concerned the patient is deteriorating and not being responded to.
3. 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 if they are worried about a patient's condition

Latest Month	February 2025
Project status	**Project timeline on track**
Related Principal Risk	1. Quality

Key progress in last month

- Digital Patient Wellness Questionnaire (PWQ**)** for adult patients identifying softer signs of deterioration and escalation actions (element 3 of Martha's Rule) developed for the pilot.
- Adult ward areas confirmed on Bristol and Weston sites for the pilot commencing February 26th.
- PWQ CareFlow EPR note created and symbol developed to display on ward view boards to enable visibility of adult patients whose wellness score suggests deterioration.
- Patient questionnaire is now live, with volunteers visiting wards to understand patients' current awareness of Martha's Rule..
- Martha's Rule call pathway created for staff, patients, relatives, and carers in adult in-patient locations.
- Quality and Equality Impact Assessment for submitted and engagement secured across all divisions with adult in-patient beds .
- Communications plan created, with draft content in progress for leaflets, videos, stickers, and posters for staff, patients and families to know about Martha's Rule and how to make a call.
- Ongoing exploration of accessible telecommunication options for patient, family, and carer calls, including support for non-English speakers.
- Measurement strategy drafted.

Key aims for next month

- Finalise and obtain sign-off for the measurement strategy.
- Develop a data collection method in collaboration with the BI team for the PWQ's.
- Launch the pilot.
- Complete the first Plan-Do-Study-Act quality improvement cycle.
- Develop and implement staff training, including simulation-based learning

High Level Roadmap

- **February 2025:** Launch pilot in selected wards.
- **Post-Pilot Phase:** Evaluate, refine, and implement learnings.
- **Scaling Phase:** Expand, adapt, and embed the approach across all relevant areas.

Key risks and challenges

- 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 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

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	February 2025
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 complete mapping and progress SOP work. Mitigations for processes have been identified and put forward for approval.
- **Clinical Configuration:** Continue with final clinical configuration in Live system. Change control process under development for Pharmacy team, to manage ongoing BAU process and go-live configuration.
- **Training:** Training schedule has been designed. Superusers identified. System accounts created in the digital learning platform. Awaiting final sign-off before uploading to digital platform.
- **Resource:** Securing additional training resource and floorwalking support staff. Onboard and embed additional resources to sure up plan, 3.0 Whole Time Equivalent (WTE) additional temp pharmacy staff onboarded other resources still outstanding
- **Go Live Planning:** Review of go live plans is underway by project team. Project Management team to visit Weston on 24th Feb, to discuss Weston cut over with the Weston Ops team.
- **Business Continuity Plan (BCP) /Business As Usual (BAU**): Discussed in February Project Board.
- **Communications and Engagement :** New Comms and Engagement Workstream Lead in place. Animation released with latest newsletter. Engagement sessions underway.
- **Technical/Hardware (HW**): Additional HW audit has been completed. Identified kit is being ordered.
- **Clinical Safety:** Hazard workshops are continuing as planned. Analysis of previous test results has been completed and will be shared with the testers. Visit with Clinicians to Gloucestershire Hospital has taken place, to review use of electronic prescribing and medicines administration in their Emergency Department. Very positive feedback was received.
- **Project Governance:** Additional Project Managers and Project Support team are now fully onboarded, working with the workstream leads. UBHW and NBT Project Management teams are also in contact to support one another's projects, leveraging any learnings from both Trusts.

Key aims for next month

- **Process Mapping/SOPs:** Obtain sign off for identified mitigations. Review for any remaining gaps.
- **Clinical Configuration:** Continue with final clinical configuration in Live system. Embed project change control process to support this.
- **Training:** Digital Training to be made live in March. Begin booking superusers into classroom training sessions. Classroom Training to begin in April.
- **Resource:** Continue to onboard and embed additional resources to sure up plan, specifically additional training resource.
- **Go Live Planning:** Ongoing development of go live plans with Divisions. Hold visits and workshops as required to review plan for each site. Build details of cut over for both system and clinical aspects.
- **BCP/BAU:** Work with Digital and Clinical teams to build the "Service Transition Document".
- **Communications:** Roadshows arranged throughout March and April at Weston General Hospital Rafters, Bristol Royal Hospital for Children and Bristol Heart Institute atrium
- **Technical/Hardware:** Final round of User Acceptance testing in March. system cut over planning workshops to be held with the supplier.
- **Clinical Safety:** Hazard workshops to continue. Continue to engage with Clinical teams to answer questions, and continue to build confidence in the system.
- Continue to review and current plan and position, challenging any assumptions 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.
- Engage with clinical teams who raise any concerns.

High Level Roadmap	Key risks and challenges	Overall project achievements /Impact achieved
• Go live agreed for May 2025, with Western hospital being the first area to go live with CMM	• 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,	• Stronger governance, leading to stability, and confidence in the project, teams and the business in delivering CMM safely on time and on budget. Improved momentum across all workstream activity in January and into Feb.

Patient Safety

Falls Per 1,000 Bed days

Latest Month
Jan-25
Target
4.8
Latest Month's Position
5.5
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

Falls Per 1,000 Beddays

Total Number of Patient Falls Resulting in Harm

Latest Month
Jan-25
Target
2
Latest Month's Position
4
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

Summary

Performance: During January 2025: there have been 195 falls, which per 1000 bed days equates to 5.549, this is higher than the trust target of 4.8 per 1000 bed days. There were 141 falls at the Bristol site and 54 falls at the Weston site. There have been 4 falls with moderate or severe physical and/or psychological harm.

Commentary: The number of falls in January 2025 (195) is higher than December 2024 (167) of these falls 17 occurred in out-patient areas, this is being reviewed to identify potential improvement work. There are four falls with harm in January 2025, one fall with fatal harm is included in this number, this incident is currently being investigated. Falls with harm in January 2025 (4) is lower than the previous month (11).

Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below;

Actions:

- Learning: In January 2025, the divisions of Medicine and Surgery shared their learning from their analyses of falls incidents at the Dementia Delirium and Falls steering group. They shared some patient stories and learning themes; an increase in side-room use due to infection prevention control measures, staffing for patients requiring enhanced care observations has been very difficult over winter and to ensure prompt reporting of patients who require enhanced care observations to get additional staff as needed.
- Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights when published.
- Improvement: Improving completion and use of the Multi Factorial Risk Assessment (MFRA) document. Following an update of the MFRA document and education to staff a re-audit is currently being carried out until 31st March 2025.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.
- The Dementia Garden Project is embedded in the BRI and Weston hospital sites. The aim of the Dementia Garden project is to promote activity, engagement and wellbeing and improve patient experience.
- Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. In January the education session focused on SWARM huddles focusing on improving SWARM huddle completion and quality of information. The DDF team continue to deliver education sessions and simulation-based training for staff across the Trust.

C. Difficile Healthcare Associated Cases

Latest Month
Jan-25
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.
Corporate Risk
Risk 3216 - Risk that the Trust will breach the NHSE Limits for cases of clostridiodes difficile (12)

CDiff Healthcare Associated Cases

MRSA Hospital Onset Cases

Latest Month
Jan-25
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.
Corporate Risk
Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's

MRSA Hospital Onset Cases

Summary

January C-Diff figures are five cases (3 HOHA & 2 COHA) our year-to-date is now 112 (78 HOHA & 34 COHA). It is noted that the NHSE position both nationally and regionally is showing an increased incidence of cases and the work continues to be ongoing with quality Improvement activities described in previous reports.

Summary
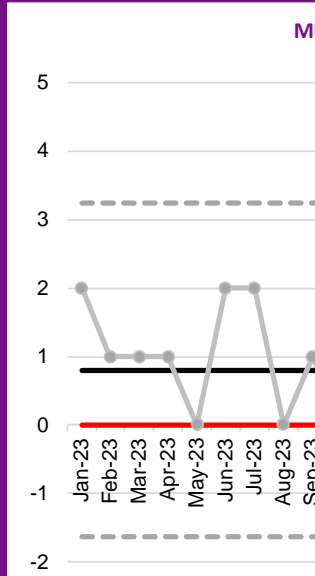
January saw no additional cases for the trust year-to date figures stands at seven cases for 2024/25. UHBW remain with a higher incidence of MRSA blood stream infections. The relaunch of the streamlined MRSA management pathway started on the 20th January 2025, as part of the delivery of quality improvements with key actions and targeted education. A 'deep dive' review of the seven cases to date has clarified the risk factors that require action are all incorporated in the existing quality improvement project.

Adult Inpatients Who Received A VTE Risk Assessment

Latest Month
Jan-25
Target
90%
Latest Month's Position
76.1%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.
Corporate Risk
No Corporate Risk

Adult Inpatients who Received a VTE Risk Assessment

Summary

Work continues on engaging with CMM in readiness for launch in May
Additional work is being completed with maternity and paediatrics to ensure compliance
Manual auditing demonstrates performance with prescribing above 90% despite the number of completed risk assessments.

Pressure Injuries – Grade 3 or 4

Pressure Injuries - Grade 3 or 4

Latest Month
Jan-25
Target
0
Latest Month's Position
3
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
No Corporate Risk

Summary
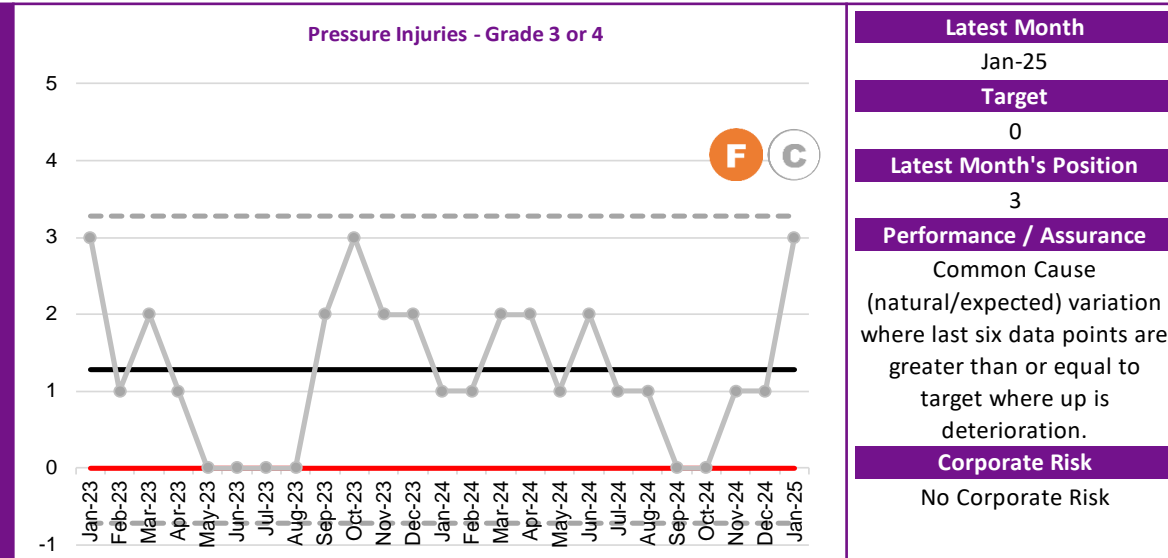
During January 2025, the rate of pressure injuries per 1,000 bed-days was 0.141 across UHBW. Across UHBW there were three unstageable pressure injuries. One in Surgery (buttock), one in Weston (ischial tuberosity) and one in Medicine (heel). There were two category 2 pressure injuries, one in Weston (nostril) and one in surgery (elbow). No specific themes in terms of anatomical location were identified in January. In terms of compliance, of the five injuries reported, the implementation of preventative offloading measures was variable. Adherence to the Pressure Ulcer care Plans was also variable with gaps noted in the daily completion of the care plans when reviewed by the TVN.

Actions:
- 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.
- Bi-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.

Mixed Sex Accommodation Breaches

Latest Month	
Jan-25	
Target	
0	
Latest Month's Position	
9	
Performance / Assurance	
Common Cause (natural/expected) variation where last six data points are greater than or equal to	
Corporate Risk	
No Corporate Risk	

Mixed Sex Accommodation Breaches

Fracture Neck of Femur Patients Treated Within 36 Hours
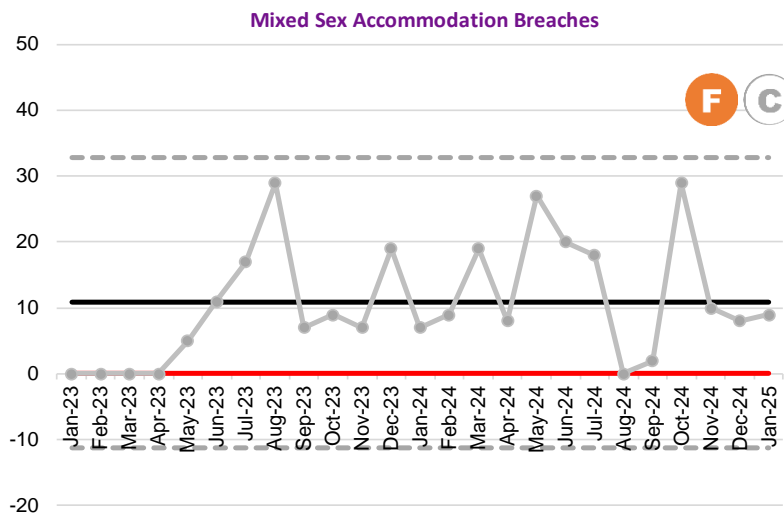
Fracture Neck of Femur Patients Treated Within 36 Hours

Latest Month	
Jan-25	
Target	
90%	
Latest Month's Position	
46.2%	
Performance / Assurance	
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.	
Corporate Risk	
No Corporate Risk	

Summary

- There were four events of mixed sex breaching in January 2025, affecting nine patients in total. Two of these events occurred in theatre recovery in Bristol, where five patients experienced mixed sex accommodation due to a delay in transfer to inpatient beds. A further episode occurred in Intensive Care (Weston), where there was a delay in a patient being stepped down from intensive care to ward level care, due to a delay in inpatient bed availability; this event affected two patients. The fourth event of mixed sex accommodation occurred in the Cath Labs, where patients being cared for in an escalation space, were moved into mixed sex accommodation to allow for elective activity to commence; this event affected two patients.
- There is continued flow and discharge improvement projects to enable earlier bed availability, through the Every Minute Matters programme.
- Clinical leads continue to undertake ongoing review of clinical areas to ensure consistent compliance with the NHSE Delivering Single Sex Accommodation guidance. Further assurance checks are conducted as part of the monitoring of Temporary Escalation Spaces.
- 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 our communities. A proposal for e-learning module has been approved by the Learning and Workforce Development Board, and funding for this is currently being sought. The group is working alongside community partners.

Summary

The Orthopaedic Trauma service continue to experience difficulties in achieving the national average percentage of patients with a femoral fragility fractures getting to theatre within 36hrs from admission/diagnosis. At present, to mitigate for this, we are proactively identifying patients who would be appropriate for transfer to the Weston General Hospital site to utilise their theatre capacity. This will largely be patients from their catchment area, but also patients from our catchment area who would otherwise be subjected to unacceptable delays. We have improved our processes for transferring patients and are now working much more efficiently across sites.

In future, the significant reduction in ambulatory trauma being operated on at the BRI (moved to Southmead) will allow us to utilise an am trauma list each day for, largely, inpatient trauma. The majority of inpatient trauma care is for femoral fragility fractures. Being able to operate on am lists will also reduce our breach time. Additionally, we will maintain full day weekend trauma lists which will allow us to 'mop up' any outstanding inpatient trauma from the week.

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

Summary

In January 105 of 131 (80.15%) women admitted for IOL experienced a delay of two hours or more from time of admission to time of first IOL cycle.

The median delay time was 352 minutes

This is an increase from the previous month, although most likely to be representative of the unit's increased activity/acuity during January.

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

22/23, 10.2% from Top 10%

23/24, 4.7% from Top 10%

Annual

A 5% improvement year on year in staff recommending us as a place to work
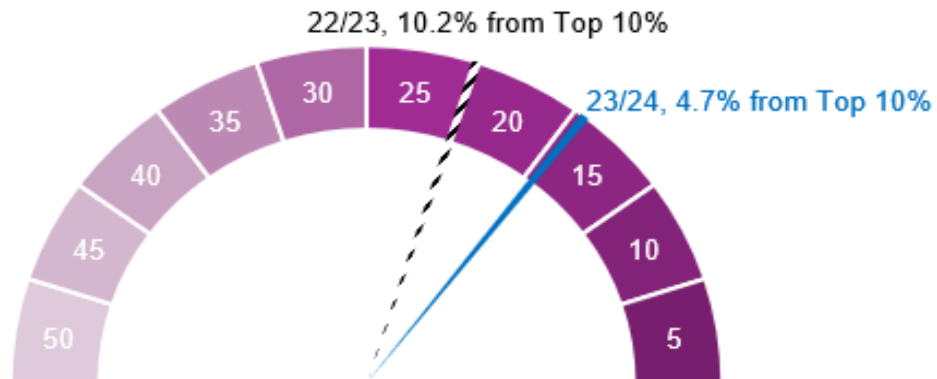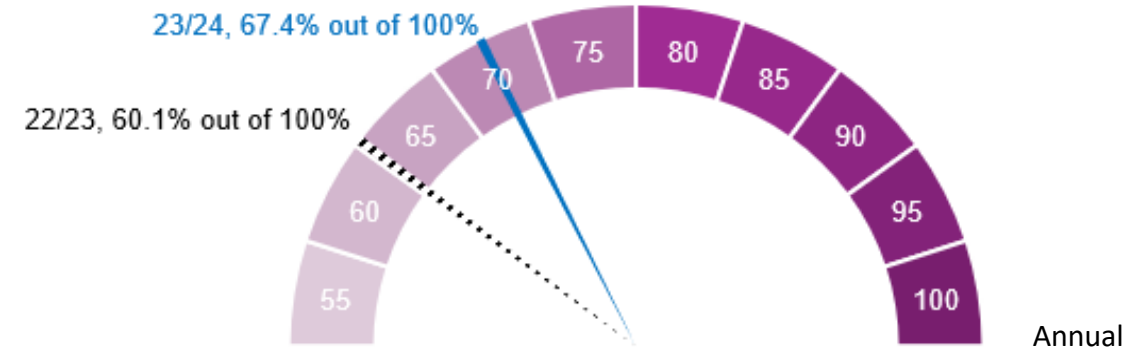
23/24, 67.4% out of 100%

22/23, 60.1% out of 100%

Annual

The number displayed represents the maximum of that segment

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	Jan 25	0.7%	1.0%	0.6%	P*	L	Note Performance	
	Well-Led	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	Jan 25	3.1%	5.0%	3.0%	P*	C	Note Performance	
	Well-Led	Sickness Rate	Jan 25	4.7%	4.9%	4.8%	P*	C	Note Performance	
	Well-Led	Workforce Appraisal Compliance (Non-Consultant)	Jan 25	80.4%	85.0%	81.0%	F-	C	Escalation Summary	
	Well-Led	Workforce Turnover Rate	Jan 25	11.1%	12.0%	11.1%	P	C	Note Performance	
	Well-Led	Essential Training Compliance	Jan 25	90.6%	90.0%	90.4%	P	H	Note Performance	

*Strategic Priority

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

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	February 2025
Project status	**Project timeline off track**
Related Principal Risk	2. Workforce

Key progress in last month

Policies
Annual leave policy drafted and being tested with divisional colleagues

Medical Workforce Systems (Healthroster, Locum's Nest and E-job planning system)
- Women's and Children's use of Healthroster has increased
- Loop app usage tracking commenced, currently at 10%

Long Term Plan
- Created recruitment microsite and advertising documentation for LED rotation.
- Identify priority Medical Workforce Risks by Division to shape speciality action planning, returns from Divisions
- Created presentation with SAS leads to promote use of SAS roles.

Key aims for next month

Reduce Premium Spend
- Set up medical agency controls meeting
- Carry on scoping locum bank rate alignments across the region

Resident Doctor Rota Review
- Agree principles for over & underpayments
- 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
- Complete Healthroster implementation in 11 remaining departments excluding Women's & Children's

Long Term Plan
- . Presentation to Weston Clinical Leads and Managers regarding SAS roles
- Final sign off for LED rotation at Cardiology Exec and S PCP, then proceed to advert

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

Average % uptake of medical workforce systems across divisions. Includes signed off e-job plans, healthroster and locums nest implementation. December 2024 position.

Division	% uptake (white)	% uptake (black, October)
Medicine	61%	60%
Surgery	70%	61%
Women and Children	71%	58%
Diagnostics and Therapies	89%	84%
Weston	88%	82%
Trust Services	38%	
Specialised Services	87%	

NB: The figures in white are from the last SLT report and the figures in black represent the October position.

Key: any Division over 75%
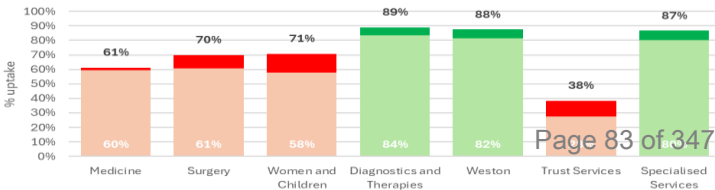
Our People

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	February 2025
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 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 the 'deep dive' analysis
- We have identified four key workstreams and allocated leads: HR, recruitment, Learning and Development, Culture and Trauma Informed. Each workstream lead is analysing their feedback with the aim of having an outline plan end of February

Key aims for next month

- Each subgroup to meet to analyse their data and develop an outline plan
- Pro-Equity Assurance group to receive a detailed update on the progress made and the changes to the subgroups in response to the data analysis.

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 in December, 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

- We have published our Anti-Racist community commitment

Workforce Appraisal Compliance (Non-Consultant)

Latest Month
Jan-25
Target
85%
Latest Month's Position
80.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk
No Corporate Risk

Workforce Appraisal Compliance (Non-Consultant)

Summary

- The largest divisional increase was seen within Surgery, increasing to 76.6% from 75.7% in the previous month.
- The largest divisional reduction was within Weston General Hospital, where compliance reduced to 83.7% from 85.7% in the previous month.
- One division, Facilities and Estates, has met the new KPI target of 85.0% this month.
- Preliminary Staff Survey 2024 measures for appraisal improved year on year and were in most improved scores, however although compliance improved the score remains below the expected level
- Work continues to improve reporting measures for annual declarations to provide assurance on exception reporting for vaccines and convictions.

Timely Care

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

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

Vision Metrics
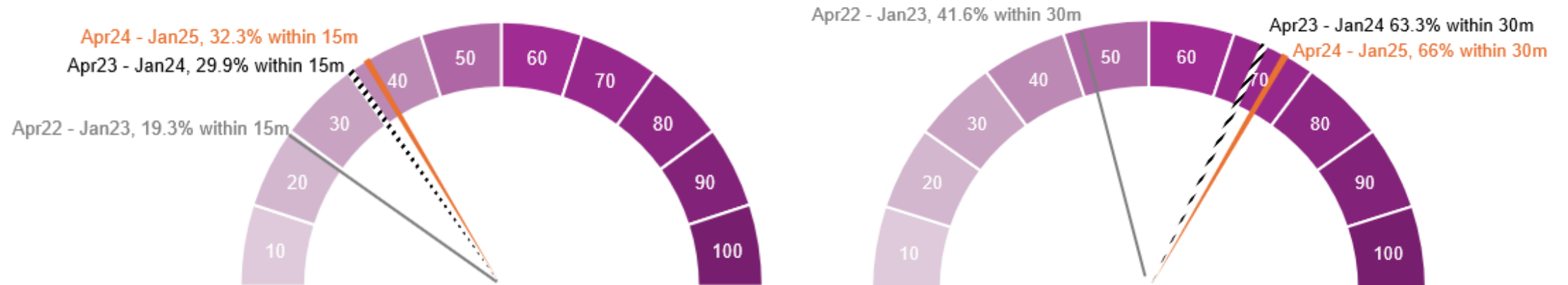
Apr24 - Jan25, 32.3% within 15m
Apr23 - Jan24, 29.9% within 15m
Apr22 - Jan23, 19.3% within 15m

Apr22 - Jan23, 41.6% within 30m
Apr23 - Jan24 63.3% within 30m
Apr24 - Jan25, 66% within 30m

The number displayed represents the maximum of that segment

Timely Care

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	Jan 25	8.5%	2.0%	7.0%	?	H	Counter Measure Summary	⊛
	Responsive	Theatres - Touchtime Utilisation	Jan 25	81.4%	81.0%	80.7%	?	H	Note Performance	⊛
	Responsive	Outpatient DNA Rate	Jan 25	6.2%	5.0%	6.6%	F-	C	Counter Measure Summary	⊛
Breakthrough Objective*	Responsive	Median Discharge Time	Jan 25	15:30	13:30	15:34	F-	C	Counter Measure Summary	⊛

*Strategic Priority

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

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	Jan 25	938	1125	1022	P	n/a	Note Performance	
	Responsive	Total RTT Pathways 65+ Weeks	Jan 25	62	0	54	F	n/a	Escalation Summary	
	Responsive	Diagnostics Percentage Under 6 Weeks (15 Key Tests)	Jan 25	80.3%	93.7%	83.0%	F-	H	Escalation Summary	
	Effective	Cancer - 28 Day Faster Diagnosis	Dec 24	77.9%	77.0%	77.2%	P	H	Note Performance	
	Effective	Cancer - 31 Day Diagnosis To Treatment	Dec 24	97.7%	96.0%	96.5%	P	H	Note Performance	
	Effective	Cancer 62 Day Referral To Treatment	Dec 24	76.4%	70.0%	74.3%	P	H	Note Performance	
	Responsive	Last Minute Cancelled Operations - Percentage of Admissions	Jan 25	2.5%	1.5%	2.9%	F	C	Escalation Summary	
	Responsive	ED Percentage Spending Under 4 Hours in Department	Jan 25	66.0%	71.8%	62.3%	F-	C	Escalation Summary	
	Responsive	ED 12 Hour Trolley Waits (From DTA)	Jan 25	909	0	695	F-	H	Escalation Summary	
	Responsive	ED Attendances (Trust Total)	Jan 25	17002	No Target	17953	n/a	C	Note Performance	
	Responsive	No Criteria To Reside - Beds Occupied	Jan 25	198	105	183	F-	H	Escalation Summary	
	Responsive	No Criteria To Reside Occupancy	Jan 25	21.4%	13.0%	20.8%	F-	H	Escalation Summary	

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

ED Percentage Spending Over 12 Hours in Department

ED Percentage Spending Over 12 Hours in Department	
Latest Month	Jan-25
Target	2.0%
Latest Month's Position	8.5%
Performance / Assurance	Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Stratified data

12 hour Emergency Department waits by site and specialty
January 2025

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 Care (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

- Opportunities and countermeasures for ED-CT and ED-pathology A3's planned through workshop in February
- ED to specialty referrals work to be included as a priority within the Proactive Hospital project charter in line with GIRFT acute care standards
- Weekend discharges improvement work started - initial audit completed in Medicine

Next actions

- Further analysis of 12-hour performance within divisions underway
- Urgent Care Leads operational group meetings restarting in February
- Detailed Key Performance Indicator (KPI)'s being collected to assess impact of winter schemes
- Continue to progress ED pathway reviews and review of GIRFT acute care standards

Outpatient DNA Rate

Latest Month	Jan-25
Target	5.0%
Latest Month's Position	6.2%
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk	Add Risk 5520 - that health inequalities are exacerbated if positive action is not taken for patients on waiting lists (12)

Outpatient DNA Rate
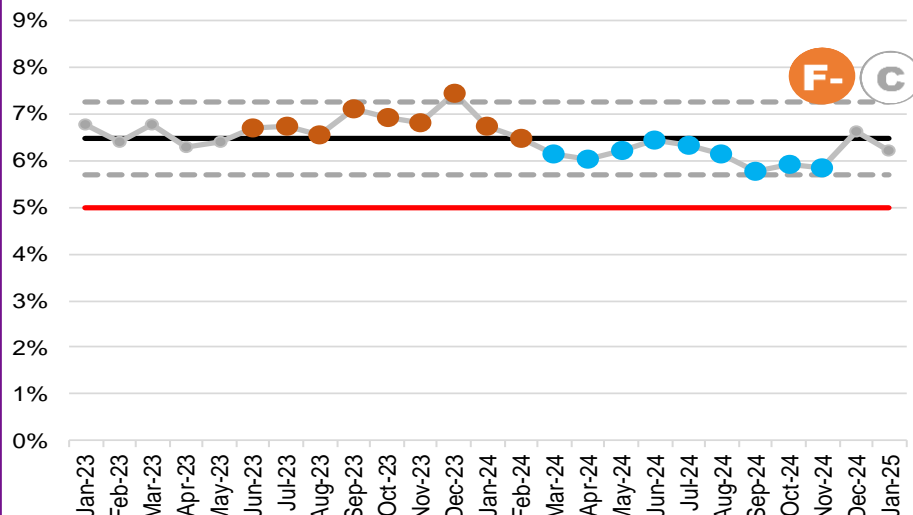
Stratified data

November 2024 DNA rate. Reduction needed to achieve 5% target
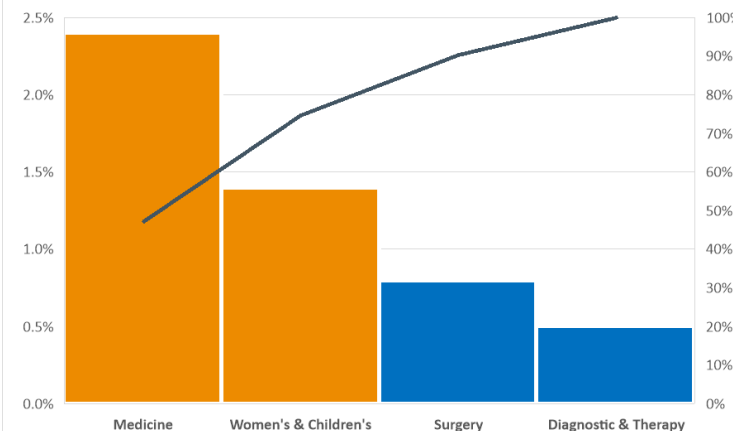
Orange = top contributors.

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.
- Lack of technical means 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

- DrDoctor digital letters increase by 10,000 per month 75% of patients now accessing letters digitally
- Seasonal increase in DNA rate in January 6.2% (0.5% less than Jan 24)
- D&T 6.1% (-0.6%)
- Medicine 7.4% (-1.3)
- Specialised 4.9% (0%)
- Surgery 6.4% (-0.3%)
- Women's and Children's 6.9% (-0.2%)

Next actions

- Further 100 specialities currently not using DrDoctor automated appointment reminders selected for improvement
- Review of specialities with fixed booking and the potential expansion Patient Initiated Follow-Up (PIFU) pathways.
- Review of DrDoctor digital letter business rules to maximise digital by default. Reducing bulk printing and post room spending.

Median Discharge Time
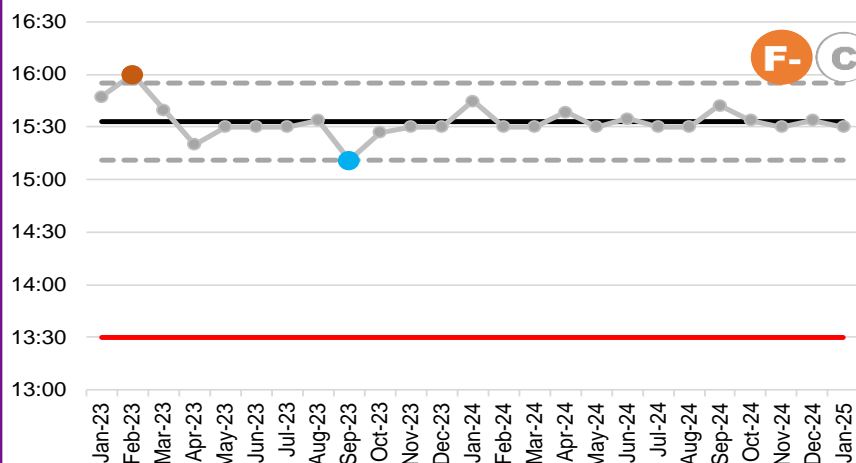
Median Discharge Time

Latest Month
Jan-25

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 - December 2024

Median Discharge Time for Wards Completing Breakthrough Objective
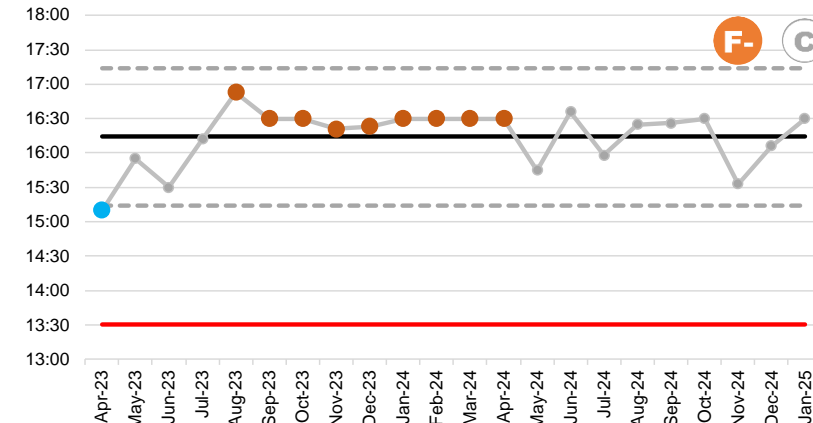
Wards completing A3 thinking for breakthrough objective:

- 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

- Weekend Planning project underway across Divisions, with targeted improvement projects being formulated to increase weekend discharges
- Weston discharge lounge refocus shows continued progress with increased utilisation (43.5% - Trust target is 45%) in January
- Audit of new direct referral process for Pathway 1 shows average time to complete 41% quicker than Transfer of Care Document (37min vs 63min). 915 referrals made since Nov 24 launch = almost 400 hours released back to care.
- Rolling schedule of inpatient review events set up to provide continuous support, challenge and oversight regarding timely care on all adult wards
- Wardview (digital whiteboard) at Weston has successfully completed next phase of testing, launch provisionally planned for w/c 3rd March 2025

Next actions

- Request for Divisional engagement and support with progression of Weekend Planning projects
- Finalise launch plan for Wardview and roll out
- Evaluate accuracy of recording of discharge time and consider improvement actions
- Identify quality improvement measures relating to safety and experience of discharges

Total RTT Pathways 52+ Weeks

Latest Month
Jan-25
Target
1125
Latest Month's Position
938
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12).

RTT 52 Weeks
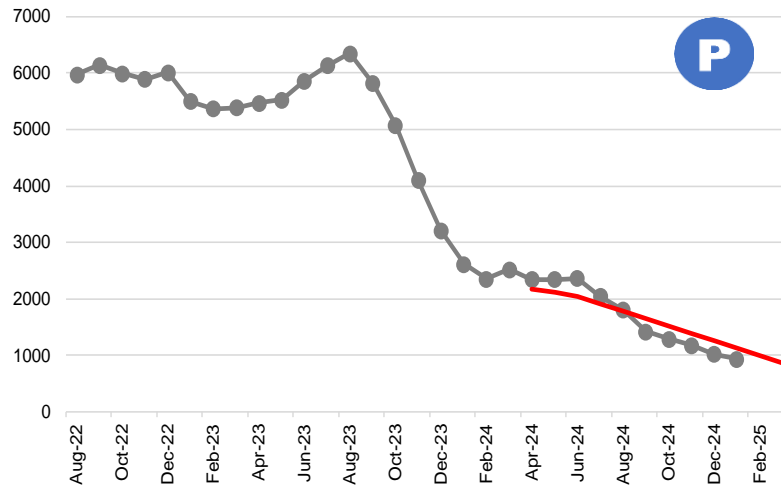
Total RTT Pathways 65+ Weeks
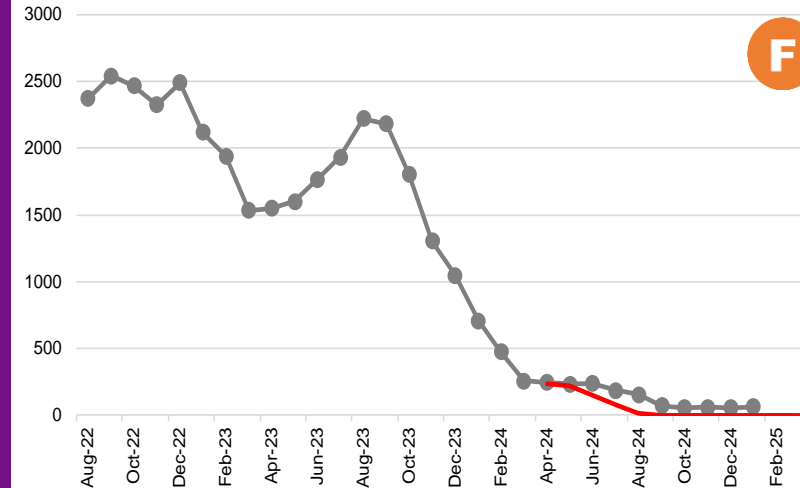
Latest Month
Jan-25
Target
0
Latest Month's Position
62
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12).

RTT 65 Weeks

Summary

- At the end of January 62 patients waiting more than 65 weeks (38 in Dental services and 24 Cornea Graft) which is a slight deterioration from the previous month (54).
- NHS Blood and Transport (NHSBT) have now extended the cohorts that the Trust are able to request cornea graft material for which now extends to patients who will breach 65ww by the end of March 2025. There are currently 22 patients who would otherwise breach (13 in February and 9 in March) with sufficient capacity to date 15 of those patients. Additional support has been requested for provision of a waiting list initiative (WLI) to treat the remaining patients.
- 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 had been established for outpatient services in Paediatric Dentistry with the first clinic running on 26th January and 11 patients seen for the first appointment. It is anticipated that further clinics will be run in February and March alongside other weekend WLIs running with existing staff.
- The Trust has sought additional Orthodontic capacity via KPI Health to support clinic appointments and on-going brace adjustments. This work has resulted in identifying two suitable Orthodontists with the first dates taking place on 18th, 19th and 20th January (46 new patients) and additional dates are being planned in February and March.
- The Dental service is using additional Independent Sector capacity under contractual agreements with Spire to support their recovery in cleft services whilst there has been a gap in consultant staffing in this service.
- The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives.

Diagnostics Patients Under 6 Weeks and Last Minute Cancellations
Escalation Summary

Diagnostics Patients Waiting Under 6 Weeks

Latest Month
Jan-25
Target
93.7%
Latest Month's Position
80.3%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

Diagnostics Percentage Under 6 Weeks (15 Key Tests)

Last Minute Cancelled Operations

Last Minute Cancelled Operations - Percentage of Admissions

Latest Month
Jan-25
Target
1.5%
Latest Month's Position
2.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
No risk on Board Assurance Framework

Summary

At the end of December 2024, the national DM01 performance stood at 76.63%, while UHBW achieved 83.0%, ranking 93rd out of 157 Trusts reporting diagnostic wait times. In January, the Trust reported 80.33%.

Performance Overview
Despite focused efforts to reduce long waits, six-week wait performance has declined due to:
- **Community Diagnostic Centre (CDC) cancellations:** 108 out of 208 Echocardiography lists were cancelled at short notice, significantly affecting capacity.
- **PACS integration issues in December:** Led to hospital-initiated cancellations across all imaging modalities, with the knock-on effect of increased re-booking demand in January, further straining available capacity.
- **Demand and capacity:** High-pressure areas such as Cardiac MRI, Cardiac CT, and Paediatric MRI continue to see demand outstripping current capacity, despite mitigation efforts.
- **Staffing shortages:** Constraints within both clinical and booking teams have exacerbated delays.

Recovery Measures and Capacity Expansion
To address demand and mitigate ongoing disruption, the following actions are being taken:
- **Adult MRI**: Enhanced bank rates and the deployment of a mobile diagnostic van at Weston General Hospital (February–March 2025) via Alliance Medical.
- **CT Cardiac**: Outsourcing to St Joseph's Hospital, Newport, initiated in November 2024, will continue throughout 2024/25.
- **Cardiac MRI (CMR)**: Outsourcing to St Joseph's Hospital Newport, prioritising the longest waiters

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 now available and in use across divisions and monitored via Planned Care Group.

The Continuous Improvement Team are also supporting a review of the project charter with a specific focus on peri-operative practice and a refocussing of improvement efforts towards hospital-initiated clinical cancellations for operation not needed, or patient not fit, where there may have been opportunities to optimise the health of patients in advance of their surgery to avoid cancellation.

ED Percentage Spending Under 4 Hours in Department

Latest Month
Jan-25
Target
71.8%
Latest Month's Position
66.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

ED Percentage Spending Under 4 Hours in Department

ED 12 Hour Trolley Waits (from DTA)

Latest Month
Jan-25
Target
0
Latest Month's Position
909
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration.
Corporate Risk
Corporate Risk 910 - That patients in BRI ED do not receive timely and effective care (20)

ED 12 Hour Trolley Waits (from DTA)

Summary

Bristol Royal Infirmary (BRI)
- Type 1 attendances to the front door decreased in January to 6,482, this was an overall decrease of 4.8% when comparing to January 2024. The reduction in attendances is primarily, as a result of reduced admissions.
- Fast Flow attendances: 3,846 in January 25, a slight increase when comparing to January 2024. Increased acuity & LoS in Fast Flow, as patients not being moved to Majors due to a lack of capacity.
- BRI 4-hour performance was at 48.53%, a slight improvement from December (46.36%)
- During January, there was an increase in the proportion of patients in ED >12hours (13.6% in January up from 10.23% in December). This is monitored through the Division of Medicine Strategic Deployment Review (SDR), with actions in progress including utilisation of pre-emptive boarding spaces and increased cross Divisional engagement at GRIP huddles in ED to drive flow.
- Ambulance arrivals were 2,302 in January, with 13.8% of handovers under 15 minutes. Ambulance lost time increased in January to 2,189 hours, this is an overall increase of 35.3% when comparing to December 24. This increase is primarily, as a result, of an increase in 12 hour waits in ED, due to IPC restrictions in month impacting on flow out of the Emergency Department.

Bristol Royal Hospital for Children (BRHC):
- 4-Hour performance of 81.3% in January 2025, which is up 7.77% from December 2024 performance of 73.53%. 4-Hour performance for January 2024 was 72.85%.
- There were 3,946 patient attendances in January 2025 (an average of 127 attendances per day), this is a decrease on December 2024 attendance which was 4,745 overall (an average of 153 attendances per day). When comparing January 2025 attendance data to January 2024 figures, we see a decrease of 10.48%, or a real number attendance decrease of 462
- 12-Hour breach working group is ongoing and have been successful in driving down 12-Hour breaches since inception in September 2024. There were 1 x 12-Hour breaches in January 2025, compared with 75 x 12-Hour breaches in January 2024, (a reduction of 74 overall, or 98.67%

Weston General Hospital (WGH):
- ED attendances were 4,205 in January (av. Of 136 per day against YTD av. of 149)
- 63% of patients were seen within four hours (YTD av. 67%)
- 13% of patients waited for more than twelve hours in the Emergency Department in January (same % in December). The main driver of this was patients waiting for admission to a medical bed, with increased waits due to IPCR on the bed base and increased numbers of NCTR patients (32% in January against YTD average of 26% of the bed base
- 869 patients were seen via SDEC in January (21% of ED attendances)-the highest ever number in a calendar month - as a result in increase in weekend staffing through winter schemes

No Criteria To Reside - Beds Occupied

No Criteria To Reside - Beds Occupied	
Latest Month	
Jan-25	
Target	
105	
Latest Month's Position	
198	
Performance / Assurance	
Special Cause Concerning Variation High, where up is deterioration.	
Corporate Risk	
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20). Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)	

No Criteria To Reside Occupancy

No Criteria To Reside Occupancy	
Latest Month	
Jan-25	
Target	
13%	
Latest Month's Position	
21.4%	
Performance / Assurance	
Special Cause Concerning Variation High, where up is deterioration.	
Corporate Risk	
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20). Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)	

Summary

No Criteria to Reside (NCTR) numbers fluctuated in January ranging from 205 patients to 244, largely driven by an increase in non-elective admissions (up 6.9% from previous month) and lack of capacity in the community. In January, length of stay (LoS) for P0 pathways remained consistent with previous months, P1 average LoS increased (16.4 day LoS in Dec vs 18.9 day LoS in Jan); P2 LoS decreased slightly (21 days in Dec vs 20.4 days in Jan); P3 LoS was reduced in Jan (to 36.9 days from 41.4 days in Dec). The Local Authorities' have agreed new KPI's and implemented changes in their processes to deliver against these metrics resulting in some improvements.

During January, the Home First Team facilitated 119 patients to leave hospital sooner with Early Supportive Discharges (family support) resulting in 429 bed days saved.

Actions:
- System focus led by Chief Operating Officer to provide extra capacity to support Trust NCTR position. 10 extra P3 beds, bridging capacity to support Sirona's NCTR position.
- Focus continues on internal delays using new coding structure continues with ongoing staff training.
- Expansion of South Bristol Community Hospital P2 escalation capacity beds being undertaken.

Timescales for Improvement and Assurance:
- 25% reduction in LoS across all patient 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 bed base).

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

22/23, 7.1% from Top 10%

23/24, 3.2% from Top 10%

Annual

23/24, 59.6%

22/23, 55%

Annual
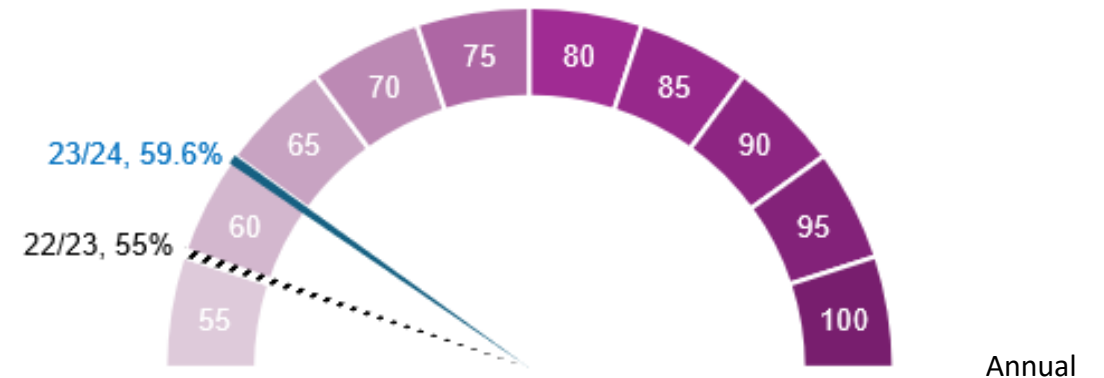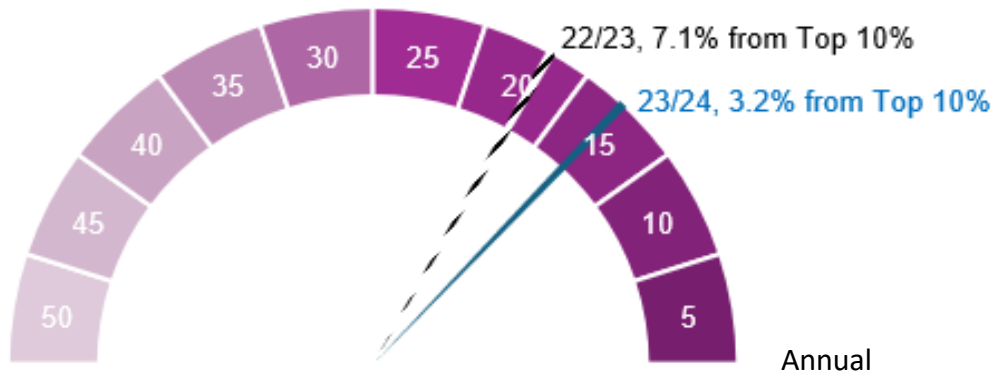
The number displayed represents the maximum of that segment

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

Innovate and Improve

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	February 2025
Project status	**Project timeline on track**
Related Principle Risk	5.Fire Safety

Key progress in last month

- 25/26 Capital prioritisation draft programme based on hazard and consequences submitted for review
- Neonatal Intensive Care Unit (NICU) contractor on-site for initial NICU fire improvement project but IPC concerns with continuing patient care in a work-site – decant on-going discussions
- NICU Fire Safety Project strategic phase – planned start date July 2026. Principle Contractor (PC) unable to come to an agreement and replacement PC appointed
- Fire alarm survey of clinical buildings continuing to establish systems are L1 compliant
- Completion of emergency lighting survey to establish gaps in coverage or where upgrades required
- Damper survey review completed, and risk drafted to reflect new known risk from essential repairs and replacements identified
- Fire Safety Engineer job description banding completed – role will ensure capital works comply with fire regulations and mitigate fire risks
- Reframing of BAF Fire risks commenced – draft risks entered for Firestopping, Fire alarm, Fire doors, Compartmentation, timely maintenance and Dampers.

Key aims for next month

- BAF – Additional 14 fire related risks to be drafted and historical risks to be closed
- Arrange fire strategies and fire risk assessments (FRA's) for St James Court, Dolphin House and Education Centre
- Appointment of Appointed Person Fire (maintenance) for fire alarm
- Complete tracker for PPM compliance – statutory and mantuary gap analysis
- Compartmentation lines within buildings – commission intrusive surveys to establish if lines meet the 30- or 60-minute requirement
- Works on SharePoint risk/action/project tracker to allow clear visibility and accountability across multiple existing reports and survey information.
- Development of fire risk assessment process for individual departments using Zetasafe; to be undertaken by Fire safety Advisors – start date April 25
- Compile risk tracker from all the existing building FRA's and link to Internal Audit and annual Fire Audit report

High Level Roadmap	Key risks and challenges	Overall project achievements
• Multi-year project that will require substantial resources – human and capital resources	• 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	• 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

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	February 2025
Project status	**Project timeline on track**
Related Principle Risk	5.Fire Safety

Key progress in last month

- Fire evacuation simulation exercise in NICU at 04:00am, unannounced – very positive but still reliant on non-fire rated lifts for vertical evacuation.
- Planned fire evacuation exercise completed at South Bristol Community Hospital to ensure additional beds would not impede existing plans for wards 100 and 200
- Fire Advisors providing support to dependent patient wards without evacuation plan to complete the fire evacuation template – 90% completed
- New fire evacuation floor plans placed on newly installed red fire evacuation boards in Children's hospital. Queens evacuation floor plans received for review
- Fire safety advisors attending wards to complete on-site training for fire wardens
- Joint fire safety walk-arounds commenced between Fire Safety Manager and staff-side representative to check evacuation routes and address cultural change
- SDR fire data metrics developed for Divisions for testing in March

Key aims for next month

- Commence installation of red fire evacuation boards in Queens and install new fire evacuation floor plans
- Continue Divisional fire evacuation plan workshops to help with template and guidance document
- Recruit replacement Principal Fire Officer to continue leading on fire evacuation project
- Continue group fire warden walk-arounds instead of 1-2-1 with Fire safety Advisers
- Provide divisions with summary chart for those areas with and without evacuation plans plus those areas that require updating their evacuation plans
- Fire Safety Advisers continue to support wards with completing their evacuation plans
- Focus on improving attendance on evacuation training and Fire Warden recruitment

High Level Roadmap

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

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

24/25 Month 9
£6.168m adverse

24/25 Month 10
£4.409m adverse

£10m £9m £8m £7m £6m £5m £4m £3m £2m £1m

Monthly

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

Month 9, 24/25
£150.0m out of £153.4m

Month 10, 24/25
£168.2m out of £171.3m

114.9m 124.9m 134.9m 144.9m 154.9m 164.9m 174.9m 184.9m 194.9m 204.9m

Monthly

Day Cases

£6.3m £12.3m £18.9m £25.2m £31.5m £37.8m £44.1m £50.4m £56.7m £63m

Month 9, 24/25
£46.6m out of £47.0m

Month 10, 24/25
£53.0m out of £52.7m
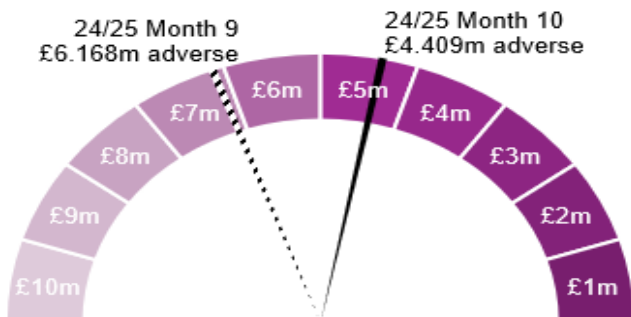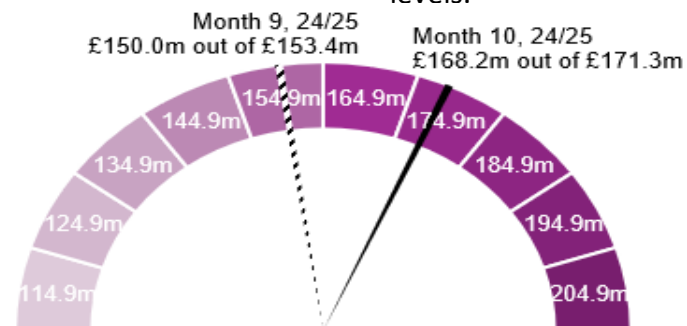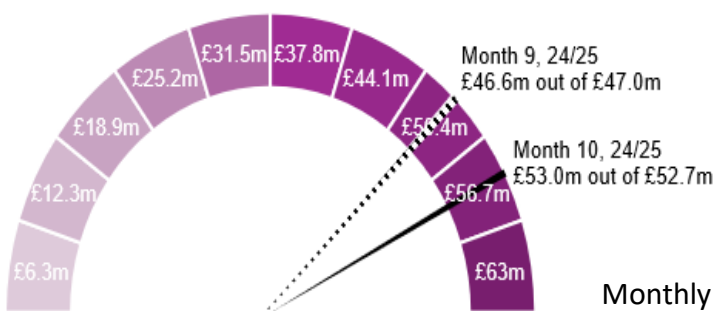
Monthly

Elective Inpatients

£7.2m £14.4m £21.7m £28.9m £36.1m £43.3m £50.5m £57.8m £65.0m £72.2m

Month 9, 24/25
£50.6m out of £54.4m

Month 10, 24/25
£56.2m out of £60.7m

Monthly

Outpatients

£7m £13.9m £20.9m £27.8m £34.8m £41.8m £48.7m £55.7m £62.6m £69.6m

Month 9, 24/25
£52.6m out of £52.0m

Month 10, 24/25
£59.0m out of £57.9m

Monthly

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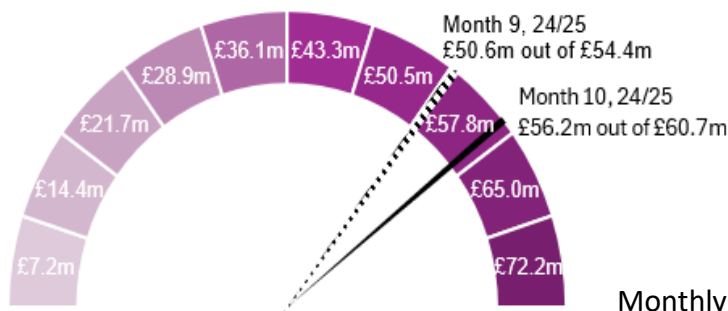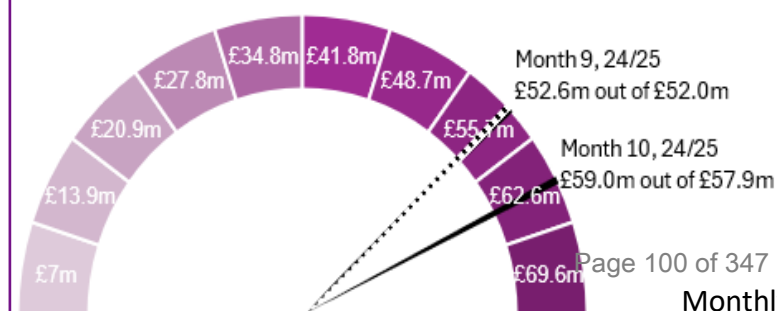
Metric Type	CQC Domain	Our Resources Metric	KPI	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action	DQ Kite Mark
Corporate Project*	Well-Led	Driving Productivity and Financial Improvement					**Highlight Report Provided**				
Breakthrough Objective*	Well-Led	To reduce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

*Strategic Priority

Assurance						Variation			
P* Consistently Passing Target	**P** Meeting or Passing Target	**?** Passing and Falling Short of Target	**F** Falling Short of Target	**F-** Consistently Falling Short of Target	No icon No Specified Target	**H** **L** Improving Variation	**C** Common Cause (natural) Variation	**H** **L** 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	February 2025
Project status	**Project timeline on track**
Related Principle Risk	3.Financial

Key progress in last month

- Improvement in position on NHSE productivity metrics: Increase in productivity run rate performance metrics in month by 0.7%. YTD in total is favourable.
- Continuation of FSIT hosted divisional workshops in month
- Continuation of delivery of agreed divisional financial control totals
- First cut 2025/26 CIP submissions received from divisions
- Assessment of trust wide forecast underlying financial position completed
- Cost Improvement Programme guidance issued
- Medical Staffing strategic priorities agreed

Key aims for next month

- Review of national productivity data packs issued from NHSE
- 2nd cut 2025/26 CIP submissions to be received from Divisions
- Launch of non pay workplan for 2025/26 in conjunction with BWPC and divisions. Formalising plans, areas of responsibility and commencing task and finish groups
- Review of medical pay controls as part of the optimising medical staffing group.
- Delivery of further CIP workshops across divisions
- 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

- £30.9m Year end forecast savings achievement 24/25
- 4.9% Productivity improvement @M8 vs 23/24 Financial year
- Year end trust financial forecast outturn favourable to majority of acute providers nationally

January 2025

2024/25 YTD Income & Expenditure Position	• Net I&E deficit of £4,409k against a breakeven plan, an improvement of £1,759k from last month. • Total operating income is £31,463k ahead of plan due to higher than planned income from activities (£25,391k) and other operating income (£6,072k). The higher than planned position is primarily due to additional income received from ICB Commissioners and NHS England South-West Specialised Commissioning. • Total operating expenditure is £38,865k adverse to plan due to higher than planned non-pay costs of £19,268k and higher than planned pay expenditure of £19,592k. Higher than planned operating expenditure is due to higher than planned staff in post, the impact of non-pay inflation, higher than planned pass-through costs and the YTD shortfall in savings delivery.
Key Financial Issues	• *Recurrent savings delivery below plan* – YTD CIP delivery is £25,049k, behind plan by £9,134k or 27%. Recurrent savings YTD are £15,497k, an improvement of £1,937k in the month. • *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £3,113k behind plan, an improvement of £288k in January. • *Failure to deliver the financial plan* – failure to deliver the planned savings and failure to earn the planned level of ERF would constitute a breach of the statutory duty to break-even and will result in regulatory intervention. A forecast outturn assessment has been completed and as a system, and with further mitigations, the break-even plan remains 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 10			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	94,529	99,481	4,952	934,200	959,591	25,391
Other Operating Income	10,137	10,893	756	101,371	107,443	6,072
Total Operating Income	**104,666**	**110,374**	**5,708**	**1,035,571**	**1,067,034**	**31,463**
Employee Expenses	(62,113)	(66,005)	(3,892)	(624,046)	(643,638)	(19,592)
Other Operating Expenses	(37,748)	(38,569)	(821)	(364,330)	(383,598)	(19,268)
Depreciation (owned & leased)	(3,716)	(3,632)	84	(36,276)	(36,281)	(5)
Total Operating Expenditure	**(103,577)**	**(108,206)**	**(4,629)**	**(1,024,652)**	**(1,063,517)**	**(38,865)**
PDC	(1,210)	(1,186)	24	(12,100)	(11,311)	789
Interest Payable	(247)	(213)	34	(2,470)	(2,236)	234
Interest Receivable	292	412	120	2,920	4,717	1,797
Net Surplus/(Deficit) inc technicals	**(76)**	**1,181**	**1,257**	**(731)**	**(5,313)**	**(4,582)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	76	578	502	731	904	173
Net Surplus/(Deficit) exc technicals	**0**	**1,759**	**1,759**	**0**	**(4,409)**	**(4,409)**

Key Facts:

- In January, the Trust delivered a £1,759k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £4,409k (£6,168k net deficit last month) against a breakeven plan. The Trust is therefore £4,409k adverse to plan. The cumulative YTD net deficit is 0.4% of total operating income.

- Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

- YTD pay expenditure is c3% higher than plan. Medical staffing in the Women's & Children's Division and nursing costs continue to cause overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

- Agency and bank expenditure increased in January. Agency expenditure in month is £897k, compared with £754k in December. Bank expenditure in month is £5,158k, compared with £4,069k in December.

- Total operating income is higher than plan by £31,463k. The shortfall in ERF of £3,143k is offset by higher than planned pass-through payments, additional commissioner funding and additional other operating income.

Appendix

VARIATION ICON		ASSURANCE ICON P* — Consistently Passing target (target outside control limits)	P — Passing target	? — Passing and Falling short of target subject to random variation	F — Falling short of target	F- — Consistently Falling short of target (target outside control limits)	No icon — 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	

Report To:	Meeting of the Board of Directors in Public
Date of Meeting:	11 March 2025
Report Title:	Q3 Learning from Deaths Report 2024-25
Report Author:	Karin Bradley – Associate Medical Director Dawn Shorten - Administrator
Report Sponsor:	Rebecca Maxwell – Chief Medical Officer

Purpose of the report:	**Approval**	**Discussion**	**Information**
			√
	To update Board on UHBW Learning from Deaths process Q3 24-25		

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

3.7% decrease in deaths at UHBW in Q3 24/25 as compared to Q3 23/24 (national picture in England shows 1.4% increase over same window).

Medical examiner (ME) referrals into UHBW improved from 22% of all deaths in Q2 to 14% in Q3. Proportion of ME referrals triggering an SJR has also improved (now within historical baseline at 31%). Numbers of SJRs for mandatory categories (LD&A and severe mental health) are stable.

Previous data highlighted number of SJRs triggered for potential care concerns (corrected for number of deaths) was considerably higher in Weston in-patients as compared to BRI in-patients. This discrepancy is no longer seen in Q3 data.

For assurance, SJRs completed so far in 24/25 cycle show predominantly good scores.

Increase in ME feedback focusing on safe discharge processes and historical UHBW in-patient admissions/care pathways since ME service has been capturing all community deaths from September 2024 onwards. Winter pressures may also be relevant to increased ME feedback regarding discharge planning. Ongoing discussions with ME service and external partners to streamline review of such concerns.

New Division of Medicine mortality lead to commence in post in January 2025.

Successful new strategy deployed for escalation of any delays to MCCD completion.

eSJR template update ongoing, target go live date early Q1 25/26.

Strategic and Group Model Alignment

Strategic: Patient Safety
Group Model: Joint NBT/UHBW Learning from Deaths Improvement Programme

Risks and Opportunities
Ongoing work planned to align PSIRF/LfD processes. The tracking of SJRs across UHBW is not currently supported by robust digital processes and requires considerable manual input to monitor and analyse and is therefore vulnerable to errors. The Learning Disability and Autism Audit, highlights risks around use of accurate LD&A terminology and the ReSPECT process in this patient cohort. Opportunity to collaboratively optimise LfD work following joint appointments to NBT/ UHBW Learning from Deaths Improvement Programme.

Recommendation
This report is for **Information**

History of the paper (details of where paper has <u>previously</u> been received)	
Clinical Quality Group	5 March 2025

Appendices:	Report attached separately

LEARNING FROM DEATHS REPORT Q3 24/25

INTRODUCTION

Authors   -   **Karin Bradley – Associate Medical Director, UHBW Mortality Lead**
              -    **Dawn Shorten, CMO Mortality Administrator**

Circulation   -   **Divisional/Site Mortality and Patient Safety Leads (to share at M&Ms)**
              -    **Divisional Senior Tris (to share at Divisional Boards)**
              -    **Upwards reporting via CQG and Public Board**

This report provides an update on the UHBW Learning from Deaths (LfD) process for Q3 2024/25.

This report covers learning from adult deaths across the Trust. A separate annual Child Death Review (CDR) report is shared through W&C governance and the Trust Mortality Surveillance Group. Maternity and peri-natal deaths are also reported separately and are collated on an annual MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) report.

All LfD reports are circulated to Divisional mortality and patient safety leads along with Clinical Chairs with a request to share the report at Divisional/Departmental M&Ms and Divisional Boards (following feedback re insufficient sight of information by clinical staff).

PROGRESS THIS QUARTER

The NBT/ UHBW joint Learning from Deaths Improvement Programme has now appointed to the new posts working across NBT and UHBW. The team members will be commencing their roles in January / February 2025.

Changes to the Structured Judgement Review (SJR and eSJR) template on Careflow are pending agreement with the team at NBT working under the joint improvement programme. It is hoped these changes will be able to go live in the next few months.

It is recognised that PSIRF and LfD processes are not yet aligned at UHBW, and benchmarking has confirmed that this is a national problem. Work is ongoing to streamline workflows to limit the risk of duplication or overlap. The corporate Patient Safety Team and Inquest Core Group are sighted on the challenges. In particular, discussions are ongoing regarding the appropriateness of completing SJRs for patients referred to His Majesties Coroner. To not complete SJRs in this context would align UHBW with NBT but equally other tertiary centres do routinely complete SJRs in this context. There are plans for meetings in March 2025 to progress these discussions and thereby facilitate updating of the UHBW Learning from Deaths policy which has been obsolete since October 2024. In December 2024, a meeting was held with the Somerset Senior Coroner (mirroring an earlier meeting with the Avon Senior Coroner) to inform and share current processes.

There has been an increase in Medical Examiner (ME) feedback focusing on safe discharge processes and historical UHBW in-patient admissions/care pathways. This is consequent on the ME service

becoming statutory in September 2024 and subsequently capturing all community deaths; some patients dying in the community will have had recent UHBW contact/admission. Discussions are ongoing with external partners and the ME service regarding how best to target queries and concerns to the organisation best placed to address and provide assurance.

Following the statutory changes to how the MCCD is agreed and signed off, a meeting was held with the bereavement team to review issues that had arisen in the timeliness of doctors agreeing the MCCD with the Medical Examiner. An escalation process was agreed with the COO team, and now we have been informed of the successful use of the Operations Matrons as the main point of contact to contact a doctor for the MCCD should delays be encountered. This process was also followed for an out of hours faith death and enabled swift MCCD sign off and burial well within the timeframe requested by the family.

A ReSPECT Learning Disability and Autism Audit (LD&A) was completed at UHBW and presented at Mortality Surveillance Group.
The report audited notes for adult patients admitted for 3 days or more between July and December 2023 with a diagnosis of a learning disability or autism. The main objective of the audit was to provide assurance that:

- LDA should never be a reason to limit treatment or not to resuscitate
- If there is reason to doubt capacity then a formal mental capacity assessment should be completed and documented in the medical notes (unless patient too unwell and urgent decision)
- If person lacks capacity for ReSPECT discussion, the NOK/advocate/IMCA should be involved
- The terms Learning Difficulty and Learning Disability should not be confused

The audit found that:

- 67% had a ReSPECT form completed
- In 31% the LD&A diagnosis was wrongly described as a learning difficulty
- Section 3 was left blank in 93% of all forms ('what matters to me about my treatment or care in an emergency')
- 38% gave adequate clinical guidance in section 4 around interventions that may or may not be wanted, 26% gave partial guidance
- 94% had good clarity regarding CPR decisions
- 50% had not completed the MCA section
- 88% of forms were clearly legible

The audit findings have been disseminated through the LD&A newsletter and into Divisions via the Mortality Surveillance Group, the End of Life Steering Group and this LfD report. It has also been raised at LeDeR governance meetings.

UHBW MORTALITY FIGURES, ME REFERRALS AND SJRs

Death rates for England Q3 23/24 and Q3 24/25 (Office for National Statistics)

	Q3 (23/24)	Q3 (24/25)
Oct	42,815	46,165
Nov	46,752	43,382
Dec	43,427	45,253
Total	**132,944**	**134,800**

The national data shows a marginal increase in the death rate in England between Q3 23/24 and Q3 24/25.

UHBW in-patient deaths Q3 23/24 vs Q3 24/25

Discharge Site	Discharge Division	Q3 23/24	Q3 24/25
Bristol Haematology and Oncology Centre	Specialised Services	30	29
	Total	30	29
Bristol Royal Children's Hospital	Died in ED	1	1
	Surgery	1	0
	Women's & Children's	11	13
	Total	13	14
Bristol Royal Infirmary	Died in ED	15	10
	Medicine	189	182
	Specialised Services	45	47
	Surgery	35	36
	Total	284	275
St Michaels Hospital	Women's & Children's	5	4
	Total	5	4
Weston General Hospital	Died in ED	9	10
	Medicine	117	122
	Specialised Services	1	0
	Surgery	24	11
	Total	151	143
Total		**483**	**465**

N.B. Adult in-patient deaths in Women's are typically treated under gynae-oncology and hence are often captured in Specialised Services data, Teenage Young Adults oncology patients could also reside at BHOC.

The table above includes child death figures, but the remainder of the report excludes these, and deals with data for adult deaths only.

Slightly against the national trend, deaths at UHBW have shown a decrease (3.7%) in Q3 24/25 as compared to Q3 23/24. A 5% fall in deaths at Weston overall was noted, with a 54% reduction in Weston surgery deaths. Weston surgery/mortality leads have been contacted to clarify any possible reasons for this but given the overall small numbers it may simply reflect chance.

ME referrals and SJRs triggered Q2 23/24 and 24/25 – adult deaths

	Q3 23/24	Q3 24/25
Total Adult Deaths	**460**	**447**
Referrals from ME Office	**62**	**61**
Referrals meeting SJR criteria	**16**	**19**
Referred for a Learning Disability and Autism SJR	5	6
Referred for a Mental Health SJR	1	1
Referred for both a Mental Health and LD&A SJR	0	0
Total mandatory category reviews	**6**	**6**
SJRs referred for only treatment/care concerns	**10**	**12**

Chart below shows ME referrals as % of all adult in-patient deaths
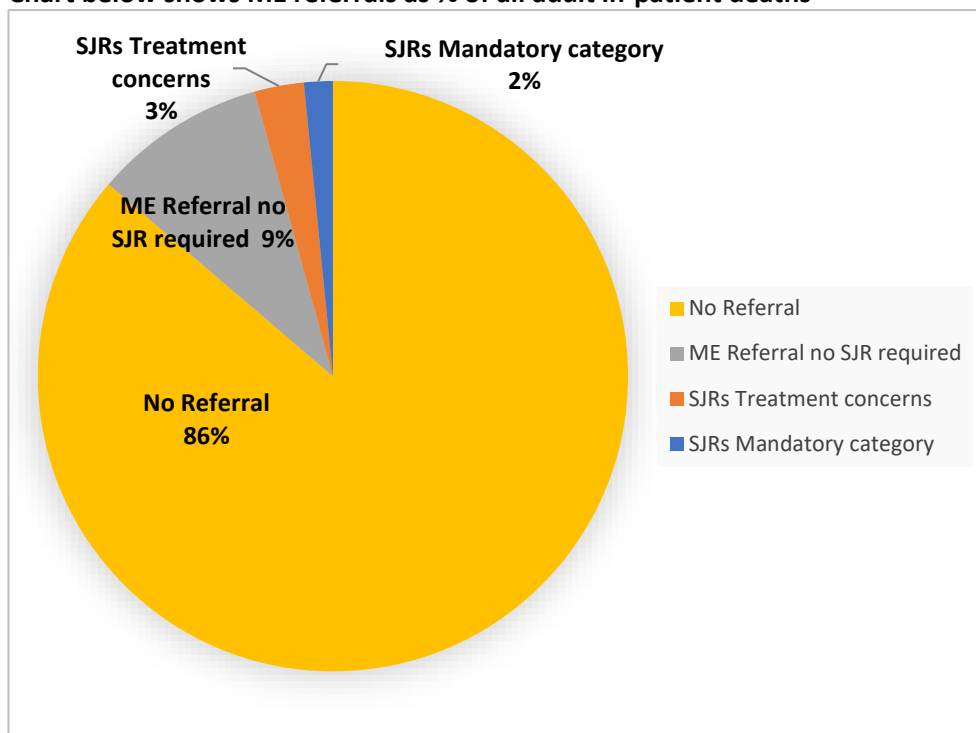
Of the 444 adult deaths at UHBW in Q3, 61 (14%) were referred by the ME Service (referrals capture both positive feedback and potential governance concerns). The ME referral rate into UHBW was 19% on average in 22/23 and 13% in 23/24. The results this quarter are positive given that the referral rate in Q2 was 22%; attributed to the expansion and widening scope of the newly statutory ME service.

Of the 61 referrals passed to the Medical Director Team, 19 (31.15% of ME referrals or 4.28% of deaths overall) met the criteria for an SJR. The same data for the year 23/24 was 25.81% of referrals or 3.48% of deaths and for Q2 24/25 was 35% of referrals or 7.6% of deaths overall. So, SJR numbers as a proportion of referrals is reasonably stable. Of the 19 SJRs in Q3, 6 (31%) fell under mandatory reporting categories; learning disability & autism (5, 26.31% of SJRs or 8.71% of all referrals) and mental health (1, 5.2 % of SJRs or 1.6% of all referrals). The remaining 12 (63% of SJRs) were triggered solely for treatment/care concerns.

As highlighted in the 23/24 annual LfD report, the indications at UHBW for an SJR have expanded since the introduction of PSIRF and there has been a (national) rise in mandatory category SJRs. However, this quarter, mandatory SJR numbers are stable as compared to the equivalent period in 23/24.

The 61 ME referrals were triaged into appropriate processes (see table below).

Process (note referrals may be subject to more than one process)	**#**
Feedback to ward/clinical team	28
Structured judgement review	19
Query with Clinical Team	8
Patient safety process already underway	5
Query with ME Team	2
Report to other organisation	1
No action required	1
PALs	0

3

Chart shows % of ME referrals assigned to each process
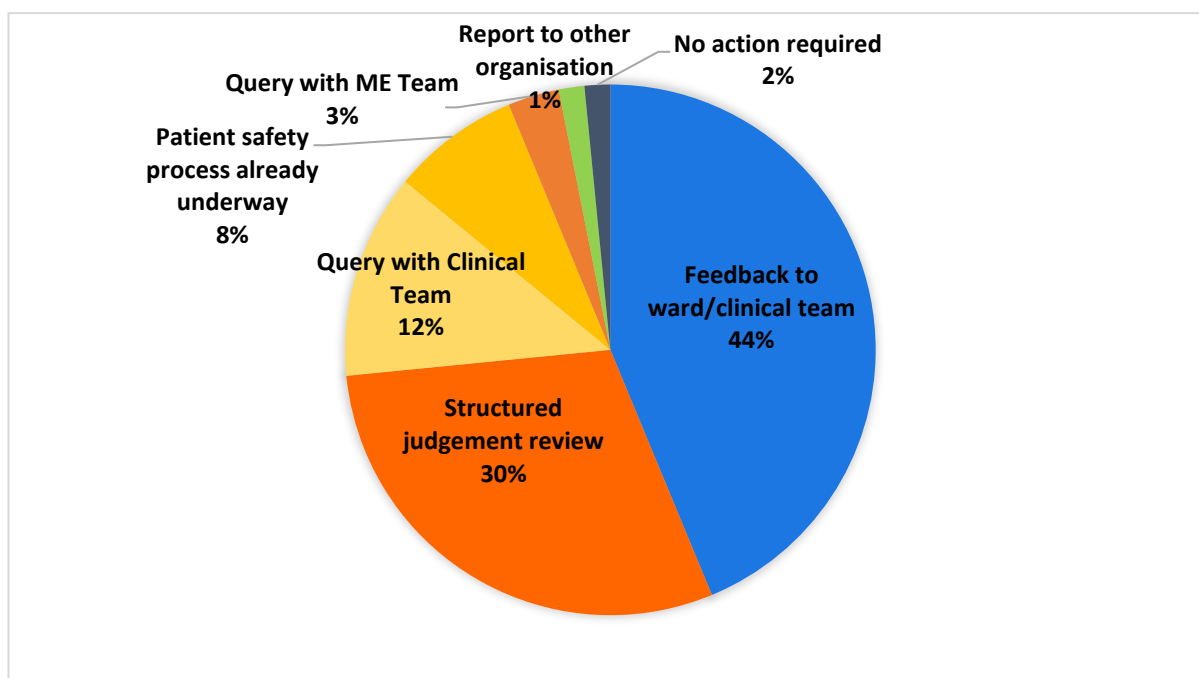
Any comments shared within the organisation are highlighted to appropriate senior staff with a request for sharing the learning as appropriate. Confirmation and assurance regarding follow-up actions and shared learning is sought by the Medical Director's office. Queries / clarifications may be pursued via UHBW clinical teams or via the ME team prior to selecting the final process. Upon review of the detail of the feedback, the commonest themes continue to be around communication and treatment concerns. Environment concerns, mainly around a suitable quiet ward space for the dying patient, and issues around discharge planning have also been prominent this quarter. A drop in positive feedback was noted this quarter which can be attributed to the ME team increasingly feeding back to teams directly using Greatix rather than via the referrals process. This has only recently come to light and the ME Team will now be providing this Greatix data for inclusion in future reports.

Examples of feedback from bereaved (as shared with UHBW from ME team):

No care concerns (the nurses in ED were brilliant) but husband wanted to share his sadness and frustration about: 1. the BHOC facilities & state of the building in comparison to the BRI facilities on A701 that they experienced during this last admission (own room, en suite facilities, most things worked) - BHOC: no space, crowded ward, lights not working - hanging off the wall, 1 toilet to a ward and no shower, then being in a windowless room (xxxx dreamt she was in a garage being chopped up by criminals) with the air conditioning tube shoved out of a window blocking the en suite toilet. He felt sad for the staff who do a great job but should have a better environment to work in. 2: Poor continuity of care: previously X was under the BHOC team and was well known to them and she'd built up a bond and trust with the staff. This time she was admitted to the BRI as told she needed support for her lungs/heart - lack of continuity of care from BHOC to BRI, and then so many different people involved, being whisked around, undergoing different investigations, meaning they were repeatedly having to explain everything over and over. Xxx said Xxx felt bewildered by it all - understood she needed to be seen by different specialties but just felt cut off. They could not fault the care and said it was amazing but just that the communication could be improved.

The family mentioned that whilst the staff were amazing in regards to care and empathy, actions took a long time to happen. Everything was very slow and the family felt they had to be there to make sure actions were taken etc. One example they gave was that on a Sunday it took 4 bleeps over several hours before a doctor attended to review xxxxx.

Family mentioned that they would have preferred if X had been moved to a private room when she was dying as it was quite upsetting for the family to be surrounded by several patients at such a difficult time.

Patient was prescribed antibiotics for a UTI on a Monday evening and on Tuesday morning received a phone call stating that her mum could not return to her care home as her needs had increased and would need discharge to a nursing home. NoK felt that time should have been allowed for the antibiotics to take effect before making the decision. When social worker got in touch they said they would assess the patient regarding d/c location. The assessment was very brief and did not involve contacting the existing care home for their input. D/C information was sent to the previous care home rather than the new one and the old one stated that the d/c information did not reflect the patient at all. The plan that was put in place did not cover things such as the patient liking a proper wash (not just a bed bath), needing encouragement with feeding – she enjoyed food and listening music and she would sing along. During the admission the patient (dementia diagnosis) was left lying in bed, being bathed in bed and fed in bed whilst lying flat. She appreciates the ward was busy and her mum needed the assistance of 2 and a hoist to transfer but feels her mother lost her spirit during the admission as she was not stimulated in any way to do the things she liked such as listening to music or be cajoled into eating. The family had to provide all stimulation. Overall she feels things could have been better.

One day X was in a lot of pain and requesting additional analgesia but staff 'had lost his records' so couldn't give it to him. It took most of the day and in the end they reproduced his drug chart. He was left in pain the whole time they were trying to locate his drug chart. One of the doctors they spoke to at the time had said this was not acceptable. No other care concerns & family don't wish to take it further through PALS but do wish this issue to be noted.

Had to wait really long time to get pain relief at the end - couldn't tolerate CPAP, staff busy with other patients, X was in agony for couple of hours with no pain relief.

SJRs for care concerns by Division/geographical site

Site	Division	Deaths Q3 (24/25)	SJRs for care concerns only
BHOC	Sp Sv	29	0
		29	
BRI	Died in ED	10	0
	Medicine	182	5
	Surgery	47	0
	Sp Sv	36	4
		275	
Weston	Died in ED	10	0
	Medicine	122	3
	Sp Sv	0	0
	Surgery	11	0
		143	
Total		447	**12**

Q3 24/25

	Weston	BRI
SJRs triggered for care concerns	3	9
Total deaths	143	304
SJRs triggered for care concerns as a % of total deaths	2.1%	3.0%
Bed base	279	400
Approximate % of bed base occupied by 'medical' in-patients	75%	61%

The annual 23/24 report highlighted that Weston (3.2%) triggered more than double the rate of ME referrals leading to SJRs for care concerns as compared to the BRI (1.3%). The significant caveats around interpreting that data are detailed in that report. This discrepancy between sites persisted in Q1 and Q2 of 24/25 but in Q3 this trend is reversed.

ME referral numbers and the volume of SJRs requested for care concerns simply warrant ongoing monitoring. **Importantly, neither an ME referral nor an SJR being triggered for a potential care concern are valid outcome metrics of quality of care. They are merely triggers for additional reflection (see SJR scoring outcomes below). It is also important to note that tracking of SJRs across UHBW is not currently supported by robust digital processes and requires considerable manual input to monitor and analyse and is therefore vulnerable to errors.**

SJR Scoring during Q3

Key to Care scores: 1=Very Poor, 2=Poor Care, 3=Adequate, 4=Good Care, 5=Excellent

Overall care scores:

5 (Excellent Care): 1 review assessed overall care as **excellent**

4 (Good Care): The majority of reviews assessed overall care as **good**

3 (Adequate): 2 reviews assessed overall care as 3. One of these reviews is still in draft form and under discussion as the patient was cared for within a number of teams across both sites, and information is still coming to light.

2 (Poor Care): 1 SJR received a score of **2** for overall care. This was a high-risk patient safety incident involving a patient with learning disabilities which is now subject to multiple processes including an SJR, a LeDeR review, a coronial investigation and formal learning responses under PSIRF.

Avoidability of death ratings:
1   Definitely avoidable
2   Strong evidence of avoidability
3   Probably avoidable, more than 50:50
4   Possibly avoidable but unlikely, less than 50:50
5   Slight evidence of avoidability
6   Definitely unavoidable

The majority of SJRs scored 6 (definitely unavoidable), two scored 5 (slight evidence of avoidability) and one scored 4 (possibly avoidable but unlikely, less than 50:50).

THEMATIC REVIEWS

There are currently no active thematic reviews triggered through mortality processes.

RISKS

The Learning Disability and Autism Audit, highlights risks around use of accurate LD&A terminology and the ReSPECT process in this patient cohort.

PSIRF processes are under ongoing evaluation alongside the other mortality and incident review/investigation formats in use. Patient Safety Leads have noted that for some incidents where an RIR is required, an SJR is also requested leading to a possible duplication of process. However, PSIRF will only address the scope of the specific incident and SJRs may identify additional concerns/learning. Currently the diverse purpose and functioning of RIRs and SJRs means that typically both continue to be completed where indicated for both Coroner assurance and to ensure the objectives of both formats are met. The exception is where it is clear that the specific concern raised by the ME service is captured in the planned PSIRF learning response. Dialogue continues on the duplication/overlap of LfD and PSIRF, a situation that is reflected nationally.

Report To:	Meeting of the Trust Board in Public
Date of Meeting:	Tuesday 11th March 2025
Report Title:	2023 Under 16 Cancer Patient Experience Survey Briefing Report
Report Author:	Anna Horton, Feedback and Insight Lead Rachel Perrow, Lead Clinical Nurse Specialist Paediatric Haematology/Oncology & BMT Kathryn Clayton, Matron for Haematology, Oncology & BMT (HOB) and Adolescents
Report Sponsor:	Deirdre Fowler, Chief Nurse & Midwife

Purpose of the report:	Approval	Discussion	Information
			X
	This report provides a summary of how the Trust performed in the Under 16 Cancer Patient Experience Survey 2023, the full results of which are attached as Appendix A.		

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

The Under 16 Cancer Patient Experience Survey 2023 is the fourth iteration of a national survey that seeks to understand the experience of tumour and cancer care for children and young people. The survey captures the experiences of children who were aged 8 and above at the start of the fieldwork period, but under 16 at the time of their care, and the parents and carers of children who were aged under 16 at the time of their care. The 2023 survey involved 13 Principal Treatment Centres (PTCs), composed of 16 NHS Trusts. 949 responded out of a total of 3,741 eligible cases, resulting in a response rate of 25%. For University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), there were 62 respondents to the survey out of a total of 216 eligible patients which equates to a 29% response rate, which is above the national average.

UHBW scored above the national average on 12 questions, below the national average on 32 questions and the same as the national average on one question. Picker has recommended that PTCs take caution when benchmarking their results against those of other PTCs due to a number of reasons including small response numbers and results not being adjusted for patient profile differences across PTCs.

In the overall care section of the survey, parents/carers of all age groups were asked 'Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)'. UHBW had an overall score of 80% compared to the average of all PTCs which was 88% and ranked 13th out of the 13 PTCs involved in the survey. This compares to an overall score of 86% and a ranking of 12th out of the 13 PTCs in the 2022 survey.

Another question which forms part of the overall care section of the survey asks all children aged 8-15 'Overall, how well are you looked after for your cancer or tumour by the healthcare staff?'. 77.1% answered 'very well' which is below the national average score of 82.2% although this score is an improvement from the 2022 survey where UHBW scored 68.2%.

A review of the freetext comments from the survey has been carried out and has informed the development of an action plan. Mindful of the limitations of data comparisons as outlined by Picker, the Operational Delivery Network and the Nursing Leadership Team in the PTC are planning to carry out targeted work for the next iteration of the survey to ensure more voices are heard from underrepresented groups.
Strategic and Group Model Alignment
This work aligns to the Trust's Patient First strategic priority for improving experience of care.
Risks and Opportunities
Improvement opportunities as outlined in action plan.
Recommendation
This report is for **Information.**   The Board is asked to note the findings of the survey and associated action plan.
History of the paper (details of where paper has <u>previously</u> been received)

Experience of Care Group	16th January 2025
Clinical Quality Group	5th February 2025
Cancer Steering Group	27th February 2025
Appendices:	Appendix A - U16CPES23_pdf_report_UHBW

Briefing report: 2023 Under 16 Cancer Patient Experience Survey Results

1. Purpose of this report

This report provides a summary of how well the Trust performed in the Under 16 Cancer Patient Experience Survey 2023. The full benchmarking report prepared by Picker is attached as Appendix A to this report.

2. Background

The Under 16 Cancer Patient Experience Survey 2023 is the fourth iteration of a national survey that aims to understand the experience of tumour and cancer care for children and young people. The survey captures the experiences of children who were aged 8 and above at the start of the fieldwork period, but under 16 at the time of their care, and the parents and carers of children who were aged under 16 at the time of their care. The survey is managed by NHS England, who commission Picker to oversee survey development, technical design, implementation and analysis of the survey.

Children's cancer care[1] in the South West of England is led by three Multi-Disciplinary Teams (MDTs) - solid tumour, neuro-oncology and leukaemia from within UHBW, designated as the Children's Cancer Principal Treatment Centre (PTC). All children under 16 within the South West (a patch covering the hospital catchments of Gloucester Royal, Bath, Yeovil, Musgrove Park Taunton, Royal Devon and Exeter, North Devon, Plymouth and Truro) come to UHBW for diagnosis of their cancer. Treatment plans are agreed in the relevant MDT and treatment is led from the PTC, via a named consultant lead. In addition, UHBW is a supra-regional referral centre for Bone Marrow Transplant (BMT), undertaking one third of the malignant transplants (for leukaemia) in the UK. These patients are drawn from our South West catchment as well as the catchments of Cambridge, Oxford, Cardiff and Belfast.

Delivery of cancer treatment may be devolved to in one of seven Paediatric Oncology Shared Care Units (POSCU) to be delivered (under the guidance of the PTC). North Devon is not a POSCU; children are supported by Royal Devon and Exeter. This shared care model of children's cancer care in the South West is most is one of the longest running networks in the UK.

The current format of the Picker Under 16 Cancer Patient Experience Survey identifies patients via their diagnostic or other inpatient episode in UHBW. However, for many patients with acute lymphoblastic leukaemia (approximately one third of cases), low grade brain tumours, and some other solid tumours (approximately one quarter of cases) subsequent treatment and follow up may be wholly delivered in the POSCU. In addition, specialised treatment i.e. access to early phase trials or to proton beam radiotherapy, may also have been delivered outside UHBW.

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1 Cancer care has a wide definition in Paediatrics and also covers benign conditions such as low-grade glioma, where rehabilitation and long term needs may be significant and related conditions such as histiocytoses, where protracted chemotherapy schedules may be required.

The data from the survey ('your child has been treated for cancer in the last year') cannot be analysed to extract the data in accordance with place of care. Therefore, for each of the questions, the parental and child answer could relate to at least one of eight organisations.

The Under 16 Cancer Patient Experience Survey 2023 is comprised of three different questionnaires, each one appropriate for a different age group of patients sampled:

- The 0-7 questionnaire; sent to parents/carers of patients aged between 0 and 7 years old
- The 8-11 questionnaire; sent to parents/carers of patients aged between 8 and 11 years old
- The 12-15 questionnaire; sent to parents/carers of patients aged between 12 and 15 years old

Questionnaires sent to those aged 8-11 and 12-15 contained a section for the child to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer. The survey used a mixed mode methodology consisting of post with the option to complete online or over the phone.

The sample for the survey included all patients with a confirmed tumour or cancer diagnosis who received inpatient or day case care from NHS Principal Treatment Centres (PTCs) between 1st January 2023 and 31st December 2023, and were aged under 16 at the time of their discharge. The 2023 survey involved 13 Principal Treatment Centres (PTCs), composed of 16 NHS Trusts. 949[2] responded out of a total of 3,741 eligible cases, resulting in a response rate of 25%. For University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), there were 62 respondents to the survey out of a total of 216 eligible patients which equates to a 29% response rate, which is above the national average.

3. Summary of results

In its capacity as PTC for the South West, UHBW scored above the national average on 12 questions, below the national average on 32 questions and the same as the national average on one question. Picker has recommended that PTCs exercise caution when benchmarking their results against those of other PTCs' results at a national level; reasons include small response numbers and results not being adjusted for patient profile differences across PTCs as outlined on page 7 of the main report.

This is the second year where year on year comparisons can be made. The table overleaf highlights where there have been consistent improvements or declines in particular questions between the 2021, 2022 and 2023 surveys.

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[2] A response consists of one survey completion for a single patient, which could consist of both parent/carer and child responses.

Table 1: Year on year comparisons

Question	2021 score	2022 score	2023 score	Difference between 2021 and 2023 score
Parents or carers reported that facilities for them to stay overnight were very good	7%	26%	30%	+23%
Parents, carers, and children reported that it was always quiet enough for them to sleep in the hospital	14%	21%	33%	+19%
Children reported always or mostly seeing the same members of staff for their treatment and care	52%	59%	63%	+11%
Parents or carers reported that their child had access to hospital school services during their stay in hospital	77%	85%	87%	+10%
Parents, carers, and children reported that information at diagnosis was definitely given in a way they could understand	76%	72%	71%	-5%
Parents or carers felt that they and their child were always treated with respect and dignity by staff	90%	83%	77%	-13%
Parents or carers felt that they were always treated with empathy and understanding by staff caring for their child	83%	77%	76%	-13%
Parents or carers reported that they definitely had access to reliable help and support 7 days a week from the hospital	58%	50%	45%	-13%

4. Overall experience analysis

In the overall care section of the survey, parents/carers of all age groups were asked 'Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)'. Chart 1 (below) shows that UHBW PTC had an overall score of 80% compared to the average of all PTCs which had a score of 88% and ranked 13th out of the 13 PTCs involved in the survey. This compares to an overall score of 86% and a ranking of 12th out of the 13 PTCs in the 2022 survey.

Another question which forms part of the overall care section of the survey asks all children aged 8-15 'Overall, how well are you looked after for your cancer or tumour by the healthcare staff?' and 77.1% answered 'very well' which is below the national score of 82.2% (Chart 2 overleaf) although this score is an improvement from the 2022 survey where UHBW scored 68.2%.

Chart 1: Overall parent/carer rating of child's cancer or tumour care from 0 (very poor) to 10 (very good) – all PTC's
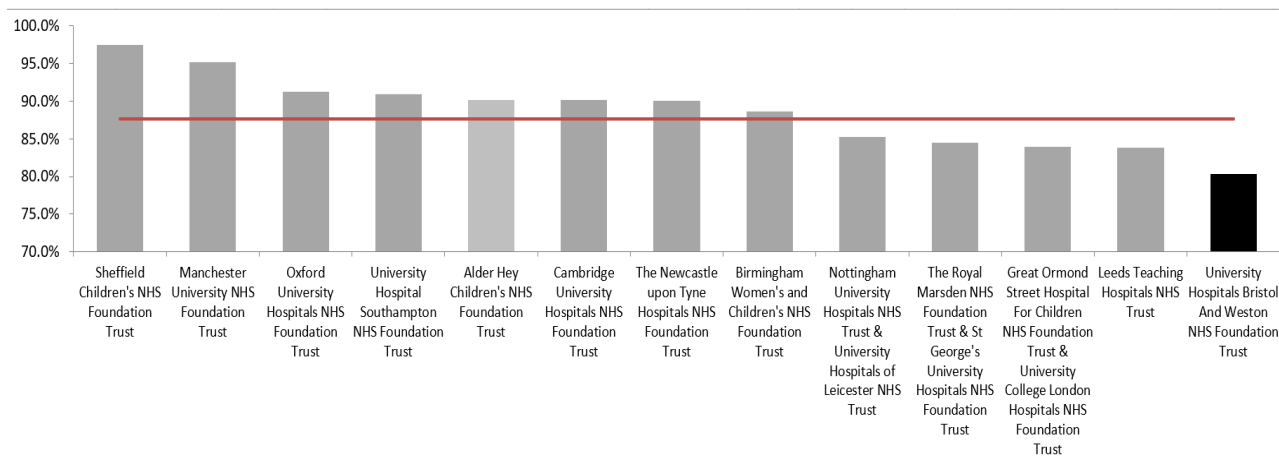
Chart 2: Percentage of patients who rated being looked after 'very well' for their cancer or tumour by the healthcare staff
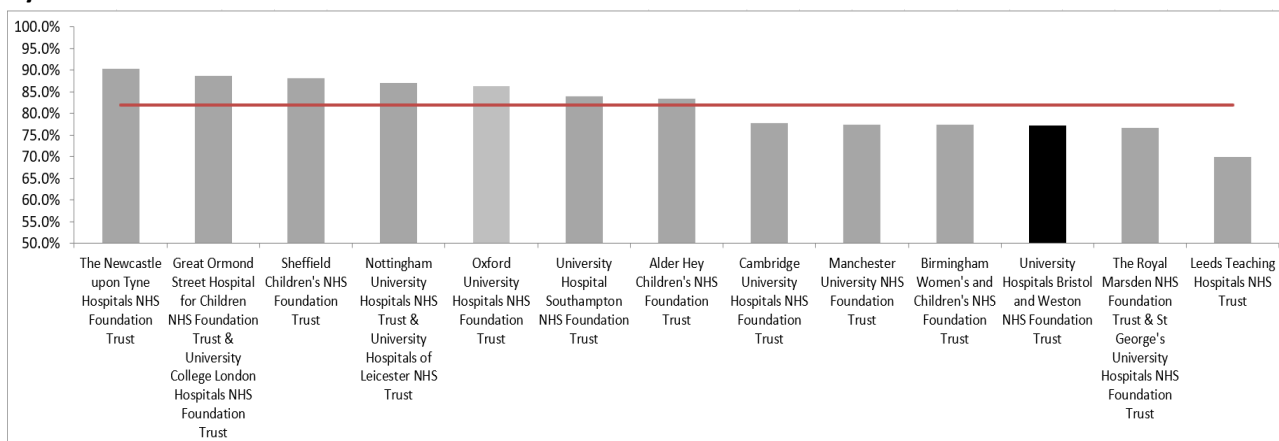
Chart 3 overleaf shows the key touchpoints of an "average" patient experience journey whilst visiting our hospital. These touchpoints are calculated in sections based on the average of a cohort of related question scores in the survey. UHBW PTC scored above the national score in the combined 'Care at home or school' section and below the national score in the remaining sections of the survey.

Chart 3: Key touchpoints in the patient journey
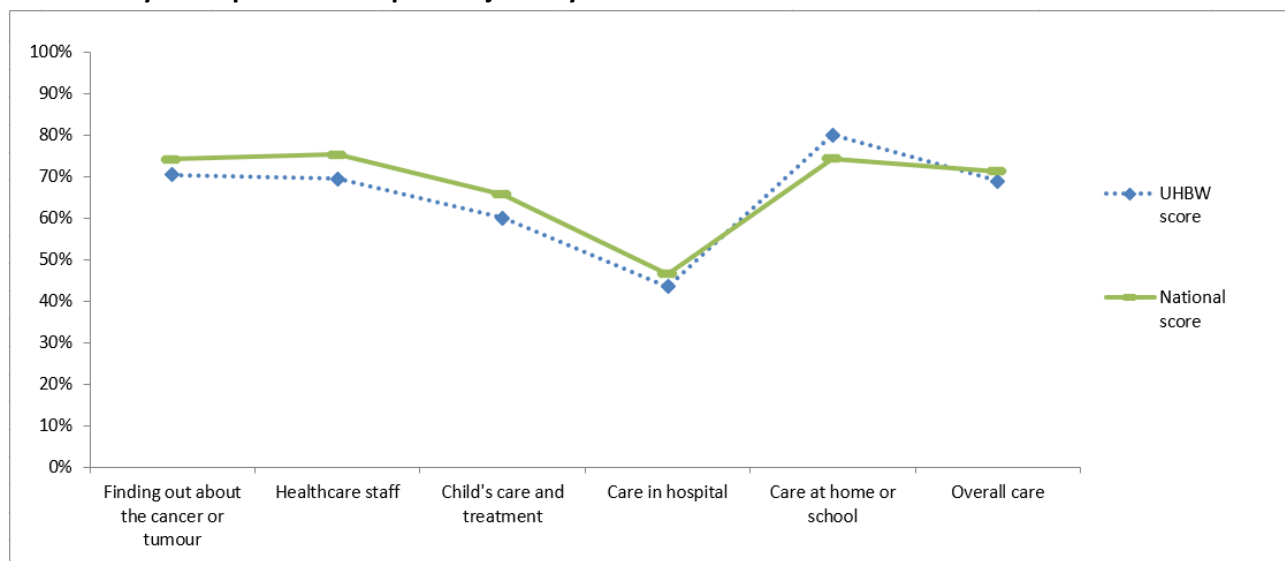
5. Sentiment analysis for patient comments

An analysis of each free-text comment received as part of the Under 16 Cancer Patient Experience Survey was prepared by Picker and split into negative and positive themes. This analysis is shown below.

Table 2: Sentiment analysis of free text comments

Theme	Mixed	Negative	Neutral	Positive	% Negative of total	% Positive of total	Grand Total
Who	12	27	2	37	35%	47%	78
Staff	11	16	2	49	21%	63%	78
Place of Care	9	27	1	19	48%	34%	56
Care Quality	9	9	2	19	23%	49%	39
Treatments	5	18	1	12	50%	33%	36
Communication and Information	5	17		12	50%	35%	34
Activities & entertainment	5	10	1	10	38%	38%	26
Stage of Care	8	13		3	54%	13%	24
Mental Health and Wellbeing	5	8		6	42%	32%	19
Facilities	5	13			72%	0%	18
Food and Drink	3	12	1	1	71%	6%	17
Access To Care & Waiting Times	3	9			75%	0%	12

Scans and Tests	2	7		1	70%	10%	10
Medication	2	5			71%	0%	7
Respect, Dignity and Privacy		5		2	71%	29%	7
Appointments	1	4		1	67%	17%	6
Complaints and Concerns		4		1	80%	20%	5
Transport and Travel		4		1	80%	20%	5
Funding & finance		4			100%	0%	4
Impacts of Cancer		3			100%	0%	3
Total	**85**	**215**	**10**	**174**	**44%**	**36%**	**484**

The majority of comments which were tagged as 'negative' were around 'Who' and 'Place of care', such comments include:

- *"Delays in cancer treatment due to bed availability. Delaying treatment impacts success/outcomes of treatment. I do not think the delays in bed availability in cancer care is acceptable. More activities for children on (ward), long wards & delays."*
- *"Parents need to be catered for better. A designated parents lounge, comfortable seating and quiet space when you need a minute. Better cooking facilities or an option to buy main meals (same as the children's menu would have been ideal). Better space on the ward, not stuck in curtains of blue in the corner with no windows."*
- *"Locum consultant was totally wrong the two times he covered and other staff had to come round after and correct him, to a terrifying level like wanting to discharge us (5 weeks early!). He was awful I would refuse treatment from him in future. Weekends there was nothing to do at all, everything stopped at once. No school, therapies, play therapies, music/magician, all stopped. It was along 48 hours every week."*

In contrast, the topic of 'Staff' also had the most positive sentiment analysis tagged to the comments along with 'Who'. These comments include the following:

- *"Community specialist nurses and the (name) Ward nurses are exemplary. When teaching were available it was of high quality. Original diagnosis information was very clear and well communicated. (name) play specialist is excellent social work provision & (name) as carer generally are hugely beneficial for families."*
- *"The doctors were and are very thorough in there work. Nurses & doctors put me at ease and answer my questions in a way I understand."*
- *"Staff at (name) @ Bristol Childrens are outstanding. Always the absolute best level of care received. We have been treated there for >3 years. My son will finish treatment on (date). They are like family to us because of the compassion shown to us during out darkest time."*

6. Improvement opportunities

There has been a disappointing response rate of 29%, with a low number of responses (62), which provides low confidence to draw statistically valid analysis of the results across the PTC. This has been acknowledged by the National Under 16 Cancer Patient Experience Survey advisory group. We also have no representation from vulnerable groups such as ethnic minorities, newly diagnosed and

no representation from our more socially deprived communities. Within the Southwest we have areas of significant vulnerability defined as groups 1&2 in the IMD. One key aim of the next survey is to ensure their voices are heard and represented here. We need to improve overall response rates. We will do this through joint working with the Operational Delivery Network (ODN) and utilising the strong links the Clinical Nurse Specialist (CNS) Team have with their client group. For our more vulnerable groups, joint working with Young Lives v Cancer Social Workers will help us to reach out to those that have felt unable to respond either through challenges with literacy or technology poverty.

Issue	Actions	Due date	Owner	Status
Response rate of 29%	Improve response rate – CNS team will send link to all patients. Improve response rate in our more vulnerable groups, aiming to give those from ethnic minorities and vulnerable groups a stronger voice. ODN support requested.	3 months ready for next survey	Rachel Perrow	Ongoing
30% felt that there was not enough to do in hospital (note we don't know which hospital).	We acknowledge the playroom facilities were reduced during the time of this survey following COVID restrictions and BMT protective isolation. The playrooms are now fully open. We have increased our Macmillan Support Worker (MSW) Provision to 1.5WTE, this role provides respite and activity sessions with children and young people, but this remains a vulnerability with no play services out of hours/weekends and stretched play services/resource. The ODN is working with the South West Play Services Group to develop a play team handover proforma for use between hospitals. In addition: 1. Request weekend packs for play team to prepare for	12-month project	Rachel Perrow/Kathryn Clayton	Expansion of MSW resource completed. Ongoing

	weekends and out of hours. 2. Seek outside agency and 3rd sector support for weekends and out of hours activities. 3. Meet with Play Team Leader to see how we can review the offer. 4. Empower families to bring more activities in for their children/young person for elective admissions and ensure that activities are accessible out of hours.			
Only 56% of respondents stated that referral psychology was offered to them	Improve access to Psychology – CNS team to provide leaflet, ODN website has clear "how to access psychology/what is psychology." Variable service provision across the ODN. Benchmarking process currently in progress by ODN.	6 Months	Rachel Perrow	Ongoing
Only 27% were offered contact with other families	Reduction in interaction between families during and post covid. More opportunities are now available: • Macmillan Coffee Morning • Make a Move Sports Day • Next Steps end of treatment day. Working with Young lives v Cancer, create a family buddy system.	New measures in place	Rachel Perrow	Complete

| Only 47% felt that they received enough support at end of treatment. | Since the survey, further investment has taken place in this area:

• Re-launch of Next Steps day
• CNS end of treatment (EOT) clinics offered to all oncology patients (minimum of 2 appointments within 6 months)
• Psychology team lead a focus group for EOT support. | Complete | | |
| | Aim to roll out EOT Clinic offer for Leukaemia patients in line with expansion of CNS service. | 6/12 | Chris Morris/ Rachel Perrow | |

Reflections from free text feedback:

Reduced treatment delays - We have formalised our bed management and patient flow management process with a daily bed huddle with all Haematology, Oncology & BMT (HOB) specialities, our delays have significantly reduced in the last 12 months, with delays due to non-clinical reasons very unusual. This is also reflective of a successful staff nurse recruitment. We also have a chemotherapy practice group that meets regularly to improve patient experience, safety and quality.

Continuity of care – The feedback regarding the locum doctor is disappointing to read. We are sorry this happened. This highlights to us all the importance of continuity of care and the named consultant and keyworker roles are key to this.

Facilities for Parents – There are parents cooking facilities on two of the oncology wards in Bristol. We are mindful of the impact of being away from home for long periods of time and how we can meet the needs of families during their stay. Young Lives Home from Homes have more extensive cooking facilities which all parents can access, even if they are not staying in the homes, there is a kitchen and lounge facility they can access.

Other areas of service improvement in HOB:

Nurse Led Chemotherapy Clinic – Our Outreach CNS and Chemotherapy Lead CNS have cohorted patients that are single agent chemotherapy into one clinic. This is more efficient but also allows a cohort of patients have more interaction and peer support. This is particularly helpful to the low-

grade glioma group who frequently have additional and complex needs. Our goal for this clinic is make it completely nurse led, so the medical fit for process will be carried out by the CNS team.

Siblings Workshops – Siblings of those having cancer treatment can feel excluded from this pathway and this can have a lasting impact on their own mental health and wellbeing and relationships. The Outreach CNS and Psychology team have been working with a local charity, Siblings United, to develop an activity day for siblings. We have had two successful days so far with great feedback.

Communication between hospitals – The Leukaemia CNS has been trialling a weekly meeting with the shared centres so they can improve communication between hospitals. We have just submitted a 12-month CNS project proposal with the aim to improve communication across hospitals and service user access to the CNS service.

These results have been shared with the Divisional Triumvirate for Children's Services and Executive Directors and discussed at the local governance meeting, Experience of Care Group, Clinical Quality Group and Trust Cancer Steering Group.

Whilst The Under 16 Cancer Patient Experience Survey is useful as a way of comparing patient experience between PTCs, the small sample sizes and delay in publishing the results mean that it has limited use as a service improvement tool, however, the Trust has an ongoing patient experience programme that supports ongoing monitoring of patient-reported experience at ward and department level which is the main focus of the Trust's improvement work in response to patient feedback. It is also important to be mindful that we are unable to differentiate between BRHC and the seven hospitals that make up the Southwest Shared Care Network. In addition, some of our service users are referred to Birmingham for bone cancer surgery and London for Protons.

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Date report prepared: 9th January 2025

Updated version for Trust Board: 26th February 2025

Under 16 Cancer Patient Experience Survey 2023

Quantitative Results

University Hospitals Bristol and Weston NHS Foundation Trust

Contents

Executive summary

Overall PTC response rate

Nationally, 949 responded out of a total of 3,741 eligible parents, carers, and children who were sent a survey, resulting in a response rate of 25%. A response consists of one survey completion for a single patient, which could consist of both parent or carer and child responses. The response rate for your PTC is displayed in the table below.

PTC	Original sample size	Adjusted sample size†	Completed	Response rate
University Hospitals Bristol and Weston NHS Foundation Trust	220	216	62	29%

Overall PTC care rating
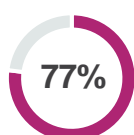
77% **Children reported that they were very well looked after by staff for their cancer or tumour** (Question X60)
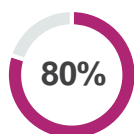
80% **Parents or carers rated the overall experience of their child's care as 8 or more out of 10** (Question X59)

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†The adjusted sample excludes patients who were discovered to be ineligible during fieldwork.

PTC key question scoring

The key questions presented on this page have been selected by healthcare professionals as some of the most important questions in the Under 16 Cancer Patient Experience Survey for children's cancer care. Scores for all questions can be found in the PTC data tables on the survey website.

Data for questions in which the base size per question was <10 have been suppressed have been replaced with an asterisk (*). Please refer to the 'Suppression' section of this report for further details.

75% Parents or carers reported that they were definitely offered clear information about their child's treatment
(Question X36)

65% Parents or carers reported that they were definitely told about their child's cancer or tumour diagnosis in a sensitive way
(Question X07)

72% Parents or carers felt they always had confidence and trust in staff caring for their child
(Question X18)

64% Children reported that they could always understand what staff were saying
(Question X13)

67% Parents or carers felt that staff definitely offered them enough time to make decisions about their child's treatment
(Question X37)

50% Parents or carers felt that different hospital staff were definitely aware of their child's medical history
(Question X27)

45% Parents or carers reported that they definitely had access to reliable help and support 7 days a week from the hospital
(Question X33)

71% Parents, carers, and children reported that information at diagnosis was definitely given in a way they could understand
(Question X08)

Introduction

The Under 16 Cancer Patient Experience Survey (U16 CPES) measures experiences of tumour and cancer care for children across England. It is an annual survey. This report presents the U16 CPES 2023 findings for University Hospitals Bristol and Weston NHS Foundation Trust. The survey captures the experiences of children who were aged 8 to 15 at the time of their care and discharge, and parents or carers of children who were aged under 16 at the time of their care and discharge.

The survey has been designed to understand patient experiences of tumour and cancer care – both across England and at individual NHS organisations. It also allows care experiences to be monitored over time.

The survey is overseen by the Under 16 Cancer Patient Experience Survey Advisory Group made up of professionals involved in the provision of children's cancer care, charity representatives, cancer patients, and parents or carers of children with cancer. This group advises on questionnaire development, methodology and reporting outputs. The survey is managed by NHS England, who commission Picker to oversee survey development, technical design, implementation and analysis of the survey.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all patients with a confirmed tumour or cancer diagnosis who received inpatient or day case care from NHS Principal Treatment Centres (PTCs) in England between 1 January 2023 and 31 December 2023 and were aged under 16 at the time of their discharge[†].

The fieldwork for the survey was undertaken between April and June 2024. One of three versions of the survey were distributed:

- The 0-7 questionnaire; sent to parents or carers of patients aged between 0 and 7 years old immediately prior to survey fieldwork

- The 8-11 questionnaire, sent to parents or carers of patients aged between 8 and 11 years old immediately prior to survey fieldwork

- The 12-15 questionnaire; sent to parents or carers of patients aged between 12 and 17 years old immediately prior to survey fieldwork

Survey version was assigned based on the patient's age at the beginning of survey fieldwork (30th March 2024) as opposed to their age at the time they received care, to ensure the most age-appropriate version was sent. For instance, there were small differences in survey design, wording and the way that answer options were presented in the 8-11 and 12-15 questionnaire versions.

Questionnaires sent to those aged 8-11 and 12-15 contained a section for the child to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer.

The survey used a mixed mode methodology. Questionnaires were sent by post and addressed to the parent or carer of the child, with two reminders sent to non-responders, and included an option to complete the questionnaire online or over the phone. A Freephone helpline and email address were available for respondents to opt-out, ask questions about the survey, enable respondents to complete their questionnaire over the phone and provide access to a translation and interpretation services for those whose first language was not English.

[†]The survey asked recipients to answer about their (or their child's) cancer care during 2023. Some patients may have been 16 or 17 years old at the time they received the questionnaire if they were 15 years old at the time of their discharge but then had a birthday or two prior to the survey being sent out.

Understanding the results

The 'PTC results' section of this report presents data from some of the survey questions and shows the percentage of respondents that selected each response option. There is at least one question from each section of the questionnaire presented in a bar chart.

The 'Year on year comparisons' section of this report presents charts showing the scores for your PTC between 2021, 2022, and 2023 for comparable questions. This allows you to monitor changes in patient experiences over time. The score shows the percentage of respondents who gave the most favourable response to a question. Any response options that are not applicable are removed before the score is calculated. Please note that the 2023 scores that are not comparable to 2021 or 2022 are not presented in this section and can be found in the data tables on the survey website.

From the example data table below, the question would be scored as follows:

Parents or carers felt that staff definitely offered parents or carers enough time to make decisions about their child's treatment: 60%

Question text	Answer options	No. of responses	% responses
Did staff offer you enough time to make decisions about your child's treatment?	Yes, definitely	120	60%
	Yes, to some extent	72	37%
	No, but I would have liked this	6	3%
	No, but this was not needed	4	-
	No, but this was not possible	4	-

Full responses and scores to all questions can be found in the PTC Excel Data Tables on the survey website. Meanwhile, more details on scoring can be found in the Technical Appendix on the survey website.

The percentages in this report have been rounded to the nearest whole percent. Therefore, in some cases the figures may not add up to 100%.

Question numbers relate to the numbering on the data tables, not the question numbers used on the surveys themselves.

Please take care in interpreting comparisons both between your current and historic data and against the national average, due to numbers of respondents and in the absence of statistical significance testing. Confidence interval bars are included on your PTC scores throughout the report.

How to use this data

We recommend that PTCs take caution when benchmarking their results against those of other PTCs, or against results at national level. This is because:

1) The results are not adjusted for differences in patient profiles across PTCs

- In larger samples, scores are ordinarily adjusted to account for the fact that different demographic groups tend to report their experience of care differently.

- However, scores have not been adjusted for the 2023 survey due to small sample size restrictions. This means that PTCs with differing populations could potentially lead to results appearing better or worse than they would if they had a slightly different profile of patients. Furthermore, survey responses might be influenced by the type of care provided by PTCs, for example some provide specialised care and treatment.

2) PTC scores are often based on small numbers of responses, reducing statistical confidence in the results

- **Confidence intervals** are displayed for your PTC data throughout this report. They are shown as black bars on charts. Assuming the sample is representative of your organisation, confidence intervals are a method of describing the uncertainty around results. The most common methodology, which was used here, is to produce and report 95 percent confidence intervals around the results. At the 95 percent confidence level, the confidence intervals are expected to contain the "true" population value 95 percent of the time (i.e. out of 100 such intervals, 95 will include the true figure), based on the sample of information we have.

- PTC scores are often based on a very small number of responses, meaning that the confidence intervals around one score can be wide and overlap with another. This indicates, when the comparison is valid, that there is not enough statistical evidence to conclude whether or not there is a "true" difference between the two results.

We recommend that PTCs review their results for the 2023 survey and triangulate these with local intelligence and other data sources to identify areas for further local investigation. We recommend that this is done whilst also reviewing the information about who responded to the survey in the PTC (available in the 'About the respondents' section), to understand the patient groups that make up (and do not make up) the results.

Suppression

The Under 16 Cancer Patient Experience Survey uses two types of suppression: suppression for anonymity and suppression for reliability. These suppression methods are used to prevent individuals and their responses being identifiable in the data, and to ensure unreliable results based on very small numbers of respondents are not released.

Suppression for anonymity

The purpose of this type of suppression is to protect people's identity and their data.

Where the data is semi-identifiable (e.g. a demographic), the eligible population at risk is 1,000 or fewer, and there are 5 or fewer respondents in a particular category, then the data has been suppressed and replaced with an asterisk (*).

Double suppression for anonymity

In instances where only data from one group has been suppressed, the data from the next lowest group has also been suppressed. This is to prevent back calculation from the total number of responses.

For example, if only one PTC has a score suppressed for a question, then the PTC with the next lowest number of respondents for that question will also be suppressed.

The same rule applies to groups in each sub-group breakdown. For example, if only one PTC has the 0-7 age group data suppressed for question X19, we suppress the score of the PTC with the second lowest data for the 0-7 age group data for this question.

Suppression for reliability

The purpose of this type of suppression is to prevent unreliable results from being released, due to small numbers.
In cases where a result is based on less than 10 responses, the result has been suppressed replaced with an asterisk (*).
For example, if only 8 people answered a question from a particular PTC, the results are not shown for that question for that PTC. Double suppression is not required here.

Survey type sub-group and n.a. values

A special case for suppression is represented by the Survey Type breakdown. Where a question is not asked in a particular survey type, for example question X02 is not asked in the 0-7 version, the values will be represented by n.a. (not asked) and highlighted in grey. In this scenario, only the other Survey Type sub-groups (8-11 survey and 12-15 survey) would count towards the double suppression criteria.

Further information

For more information on development and methodology, please see the Survey Handbook available on the survey materials page of the website. For all other outputs including the Technical Appendix, please visit the survey website.

cancer patient experience survey

About the respondents[†]

Table 1: Response rate

Please note that a response means one survey completion, which could be completed by a parent or carer, a child or both.

	Original sample size	Adjusted sample size[††]	Completed	Response rate
PTC	220	216	62	29%

Table 2: Percent of responses by survey mode

	PTC		National	
Survey mode	n	%	n	%
Paper	43	69%	656	69%
Online	19	31%	291	31%
Phone – English	0	0%	1	0%
Phone – translation service	0	0%	1	0%
Mixed (combination of paper and online)‡	0	0%	0	0%

Table 3: Percent of responses by survey type

	PTC		National	
Survey type	n	%	n	%
0-7 Survey	24	39%	490	52%
8-11 Survey	16	26%	178	19%
12-15 Survey	22	35%	281	30%

[†]Demographic breakdowns may not equal the total number of respondents as certain response options have been aggregated, or excluded, due to small numbers at PTC level. National percentages may not total 100% as the National 'About the respondents' breakdowns include all response options. A full demographic breakdown can be found in the national report.

[††]The adjusted sample excludes patients who were discovered to be ineligible during fieldwork.

‡Indicates cases in which the entire parent or carer section was completed in one mode and the entire child section was completed in another mode.

Table 4: Percent of responses by ethnic group (Question X64)

Ethnic group	PTC		National	
	n	%	n	%
White	55	89%	695	73%
Mixed	*	*	56	6%
Asian	*	*	110	12%
Black	0	0%	31	3%
Other ethnic groups	0	0%	11	1%

Table 5: Percent of responses by 'Which of the following best describes you?' (Question X62)

Which of the following best describes you? (asked to children aged 8-15)	PTC		National	
	n	%	n	%
Boy/Male	14	40%	247	54%
Girl/Female	21	60%	173	38%

Table 6: Percent of responses by sex registered at birth (Question X63)

Sex registered at birth	PTC		National	
	n	%	n	%
Male	32	52%	528	56%
Female	29	48%	385	41%

Table 7: Percent of responses by current care or treatment stage[†] (Question X67)

Current care or treatment stage	PTC		National	
	n	%	n	%
Recently diagnosed	*	*	13	1%
Watch and wait	8	13%	89	9%
Receiving treatment	21	34%	400	42%
Finished treatment within the last one month	6	10%	79	8%
In remission / long term follow-up	23	37%	346	36%
Palliative or end of life care	0	0%	11	1%
Other	6	10%	53	6%

Table 8: Percent of responses by diagnostic group[††] (from ICD-10 code in patient sample)

Diagnostic group	PTC		National	
	n	%	n	%
Leukaemias, myeloproliferative diseases, and myelodysplastic diseases	27	44%	369	39%
Lymphomas and reticuloendothelial neoplasms	6	10%	102	11%
CNS and miscellaneous intracranial and intraspinal neoplasms	16	26%	218	23%
All other	13	21%	260	27%

Table 9: Percent of responses by long term condition status[‡] (Question X65)

Long term condition status	PTC		National	
	n	%	n	%
Another long term condition	28	45%	340	36%
No other long term condition	32	52%	494	52%
Not given	2	3%	115	12%

[†]Based on a select all that apply question and therefore the total number of responses may be more than the total number of respondents.
[††]Details of how diagnostic groups were formed can be found in the Technical Appendix, available on the survey website.
[‡] Full LTC breakdown data can be found in the Excel Data Tables, available on the survey website.

Table 10: Percent of responses by 'Does the child's long term condition or cancer reduce their ability to carry out their day-to-day activities'? (Question X66)

Impact of cancer or long term condition	PTC		National	
	n	%	n	%
Yes, a lot	23	38%	253	27%
Yes, a little	24	39%	429	45%
No, not at all	14	23%	234	25%

Table 11: Percent of responses by main person who answered questions in the children's section (Question X61)

Respondent	PTC		National	
	n	%	n	%
The child / young patient	14	23%	140	15%
The parent or carer	13	21%	131	14%
Both the child / young patient and the parent or carer together	9	15%	150	16%
Not given	26	42%	528	56%

Table 12: Percent of responses by deprivation (IMD quintile)[†] (based on Index of Multiple Deprivation from postcode in patient sample)

Deprivation (IMD quintile)	PTC		National	
	n	%	n	%
1 (most deprived)	*	*	186	20%
2	*	*	157	17%
3	19	31%	177	19%
4	13	21%	187	20%
5 (least deprived)	20	32%	221	23%
Non-England	0	0%	21	2%

[†] Indices of Multiple Deprivation (IMD) classifies geographic areas into five quintiles based on relative disadvantage.

Overall care: sub-group comparisons

This section summarises the responses of various sub-groups to questions asking about overall care. Further information about how these sub-groups were determined can be found in the accompanying Technical Appendix, available on the survey website.

Questions asking about overall care were structured differently for children and parents or carers, therefore they cannot be directly compared. Children aged 8 and over were asked how well they were looked after for their cancer or tumour by healthcare staff and were given the options "Very well," "Quite well," "OK," "Not very well" and "Not at all well." Meanwhile, parents and carers of all age groups were asked to rank their child's overall care on a scale of 0-10, with 0 indicating that the care was very poor and 10 indicating that the care was very good. In the results below, these parent or carer rankings have either been presented as scores of 8-10 (good), 4-7, and 0-3 (poor), or as an average rating.

A breakdown of all survey questions by each sub-group can be found in the PTC Excel Data Tables available on the survey website.

Parents or carers overall rating of care by survey type

The average parent or carer rating of the overall experience of their child's care was 8.52 (scale from 0 to 10).

Figure 1: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

Parents or carers average rating (scale from 0 to 10)

☐ 0-7 survey   ■ 8-15 survey   ■ Overall
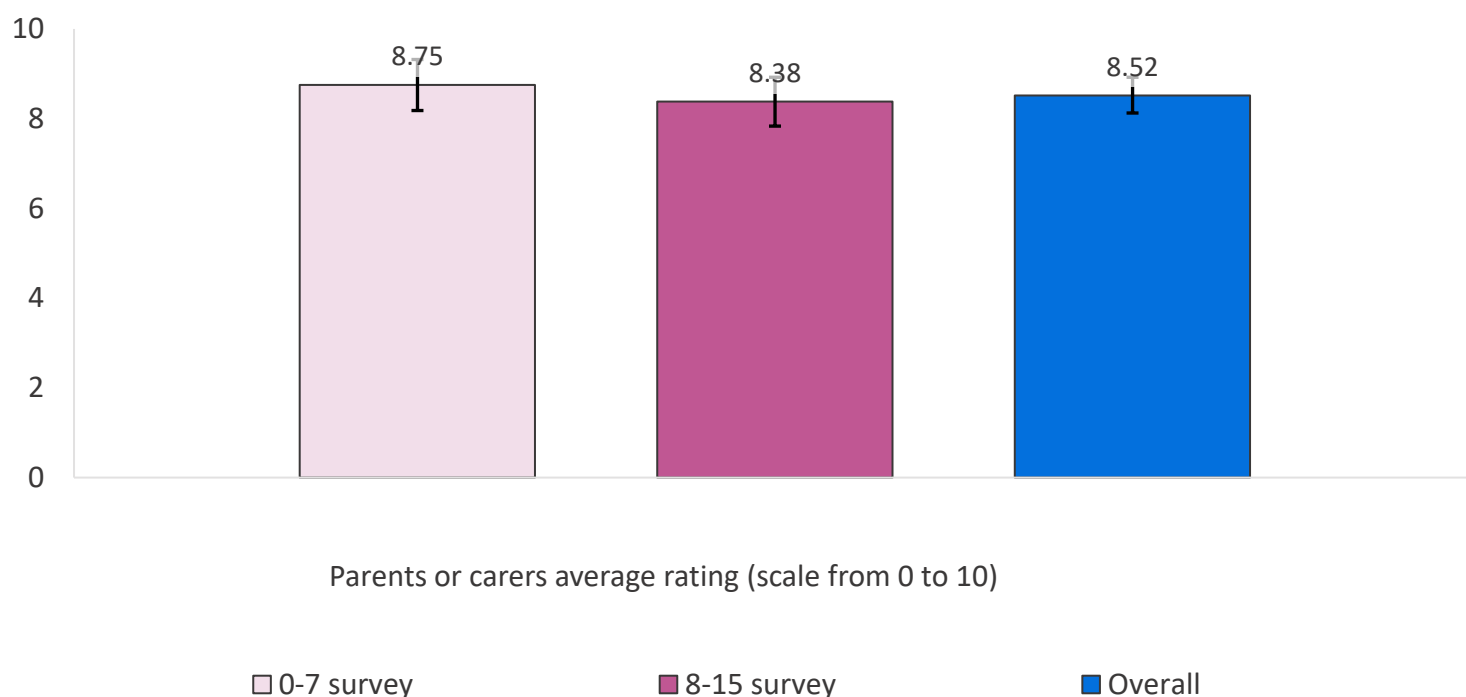
Question X59_mean: Asked to parents or carers of all age groups. Total responses = 61.

![16 cancer patient experience survey]

Survey type

Figure 2: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?

Legend: ■ 8-15 survey   ■ Overall

Data (per category, 8-15 survey / Overall):
- Very well: 77% / 77%
- Quite well: 11% / 11%
- OK: 9% / 9%
- Not very well: 3% / 3%
- Not at all well: 0% / 0%
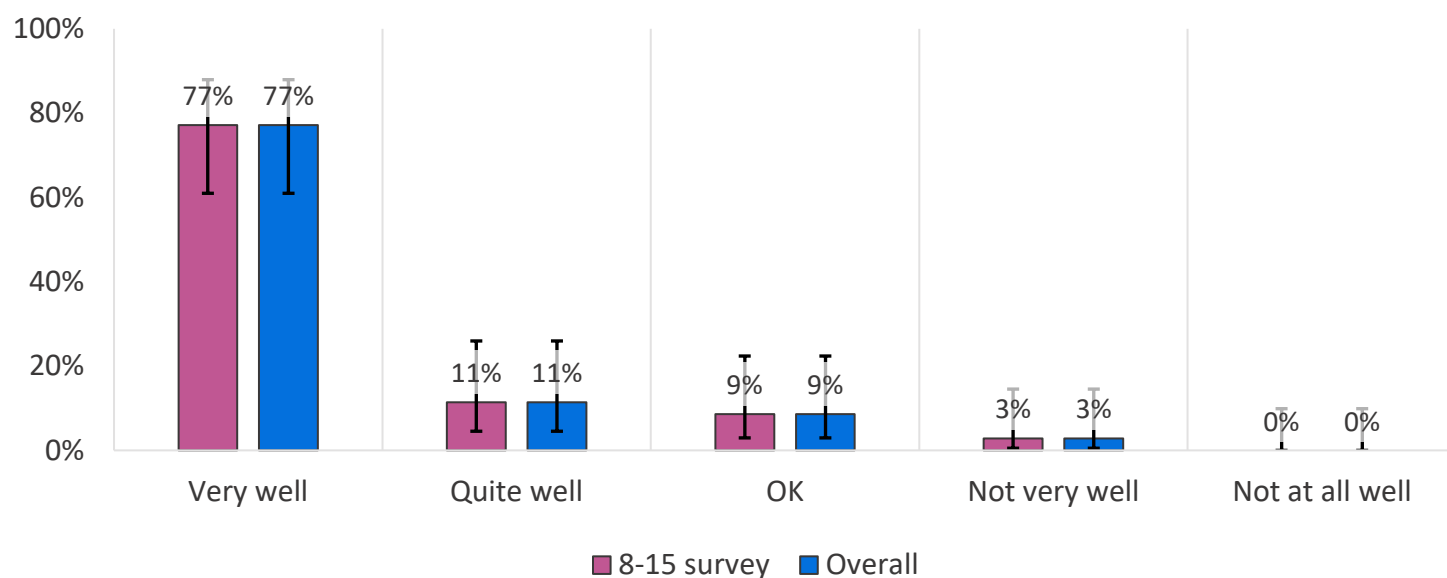
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 3: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

Legend: ■ 0-7 survey   ■ 8-15 survey   ■ Overall

Data (per category, 0-7 survey / 8-15 survey / Overall):
- 8 to 10: 92% / 73% / 80%
- 4 to 7: 8% / 24% / 18%
- 0 to 3: 0% / 3% / 2%
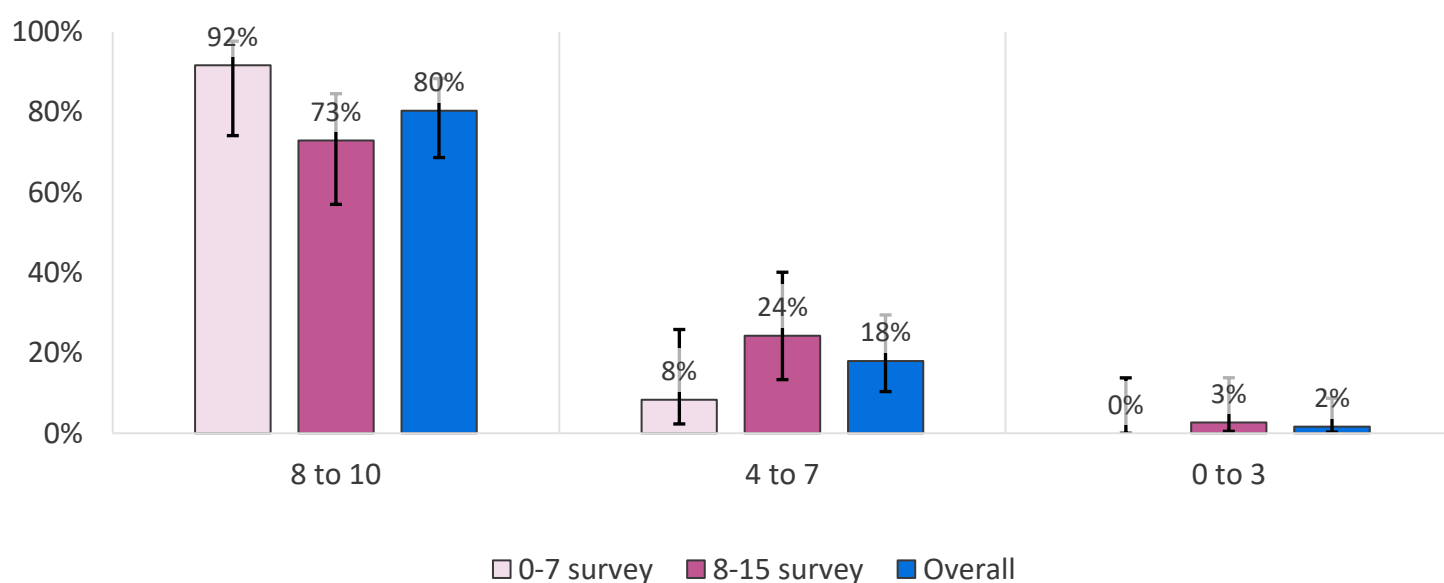
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

Which of the following best describes you?†

Figure 4: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?
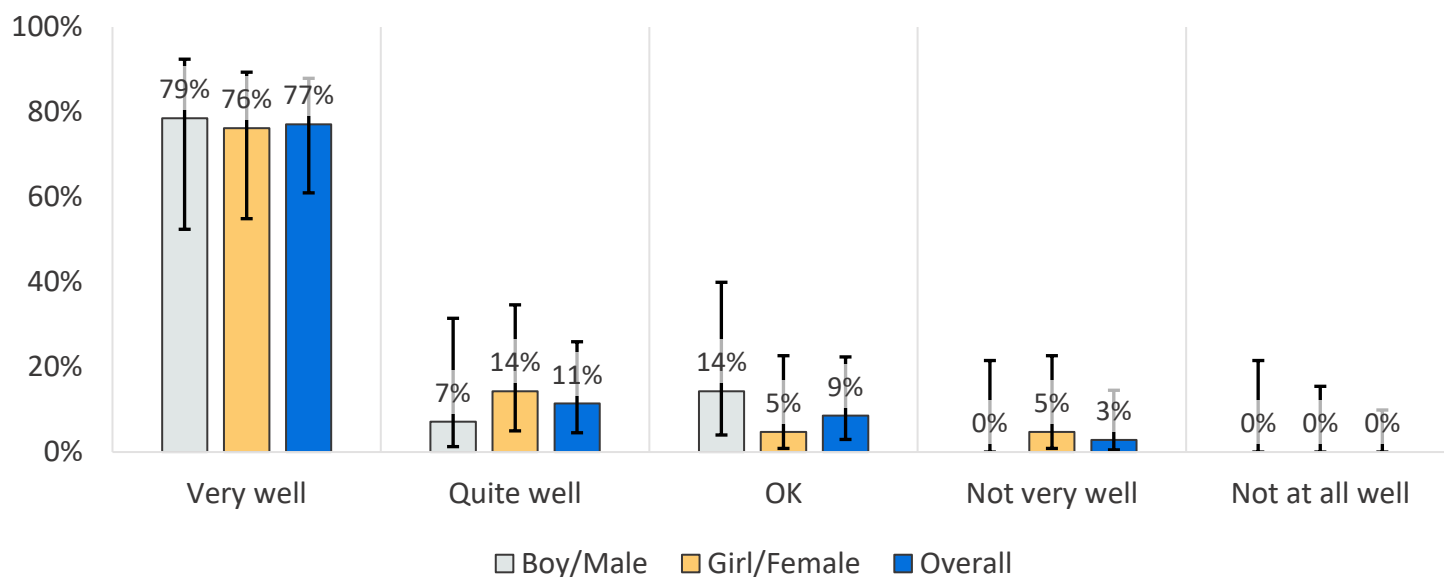
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 5: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
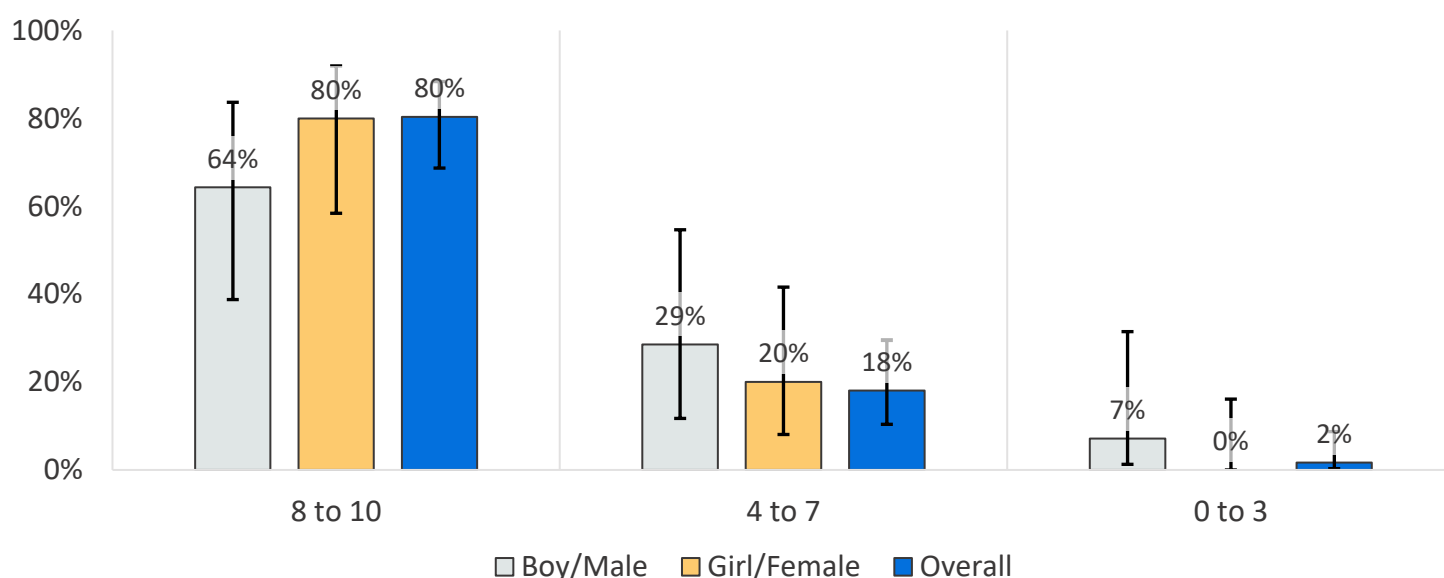
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

†Only data for boy/male and girl/female is shown, as the number of respondents answering 'I describe myself in another way' or 'prefer not to say to this question was suppressed.

Sex registered at birth†

Figure 6: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?
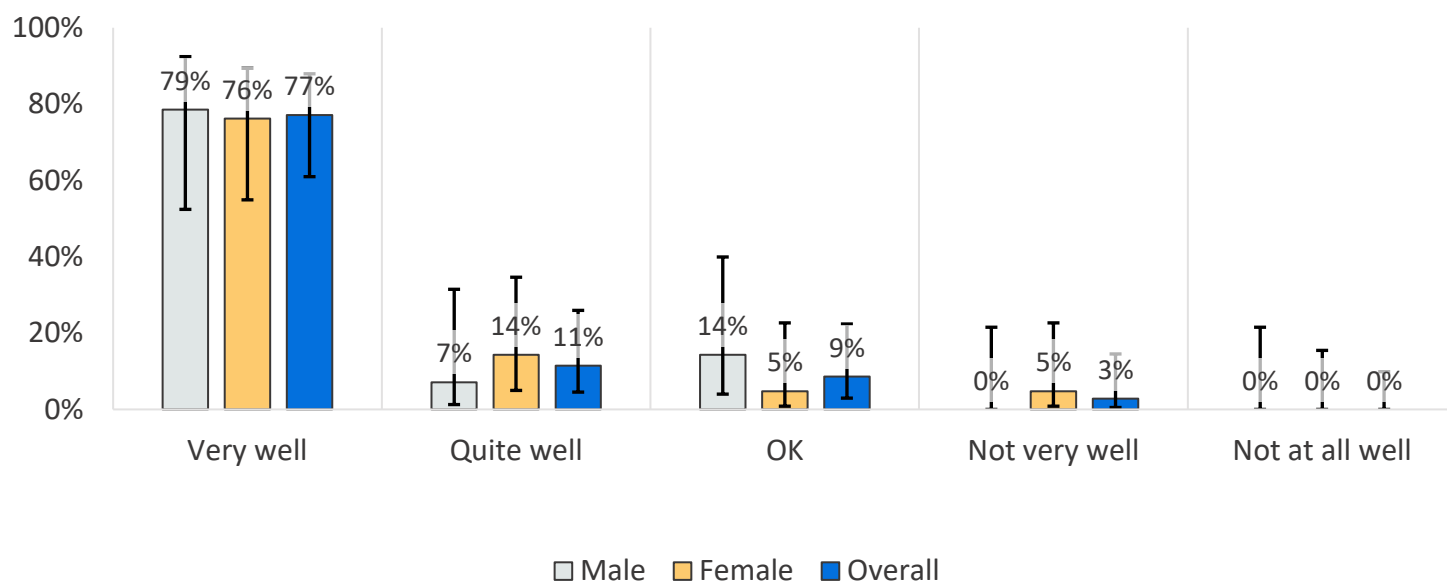
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 7: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
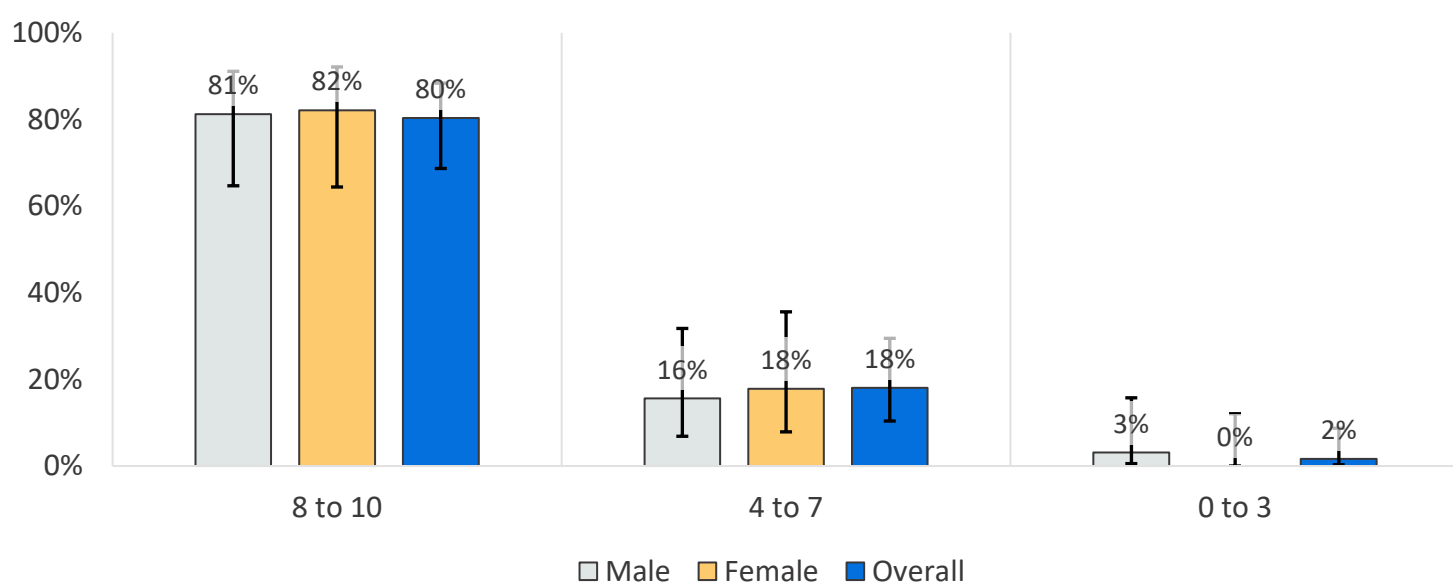
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

†Only data for male and female is shown, as the number of respondents answering 'prefer not to say' to the sex registered at birth question was suppressed.

Ethnic group†

Figure 8: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?
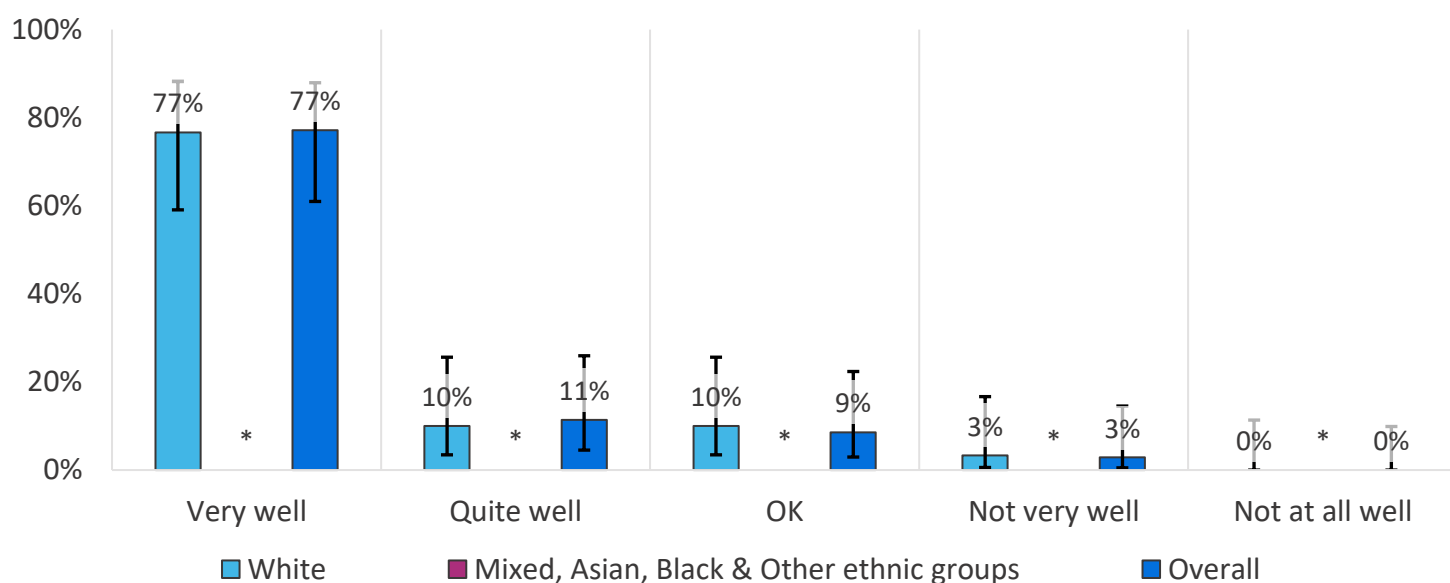
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 9: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
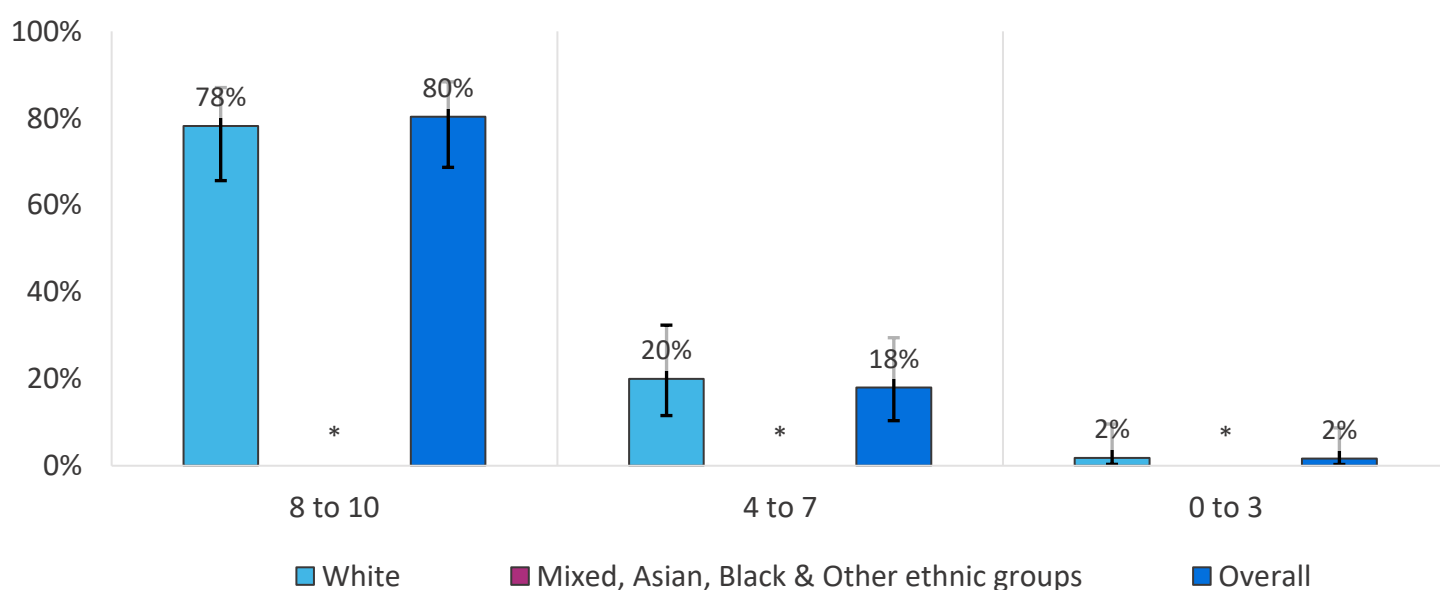
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

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† Due to small numbers at PTC level, ethnic group data has been aggregated for the ethnic minority groups. It is important to note that there are often significant disparities in health outcomes between ethnic groups and caution is recommended when analysing this aggregated group i.e. poorer experience may become less obvious.

![cancer patient experience survey logo]

Deprivation (IMD quintile)

Figure 10: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?

Legend: ■ 1 (Most deprived) ■ 2 ■ 3 ■ 4 ■ 5 (Least deprived) □ Non-England
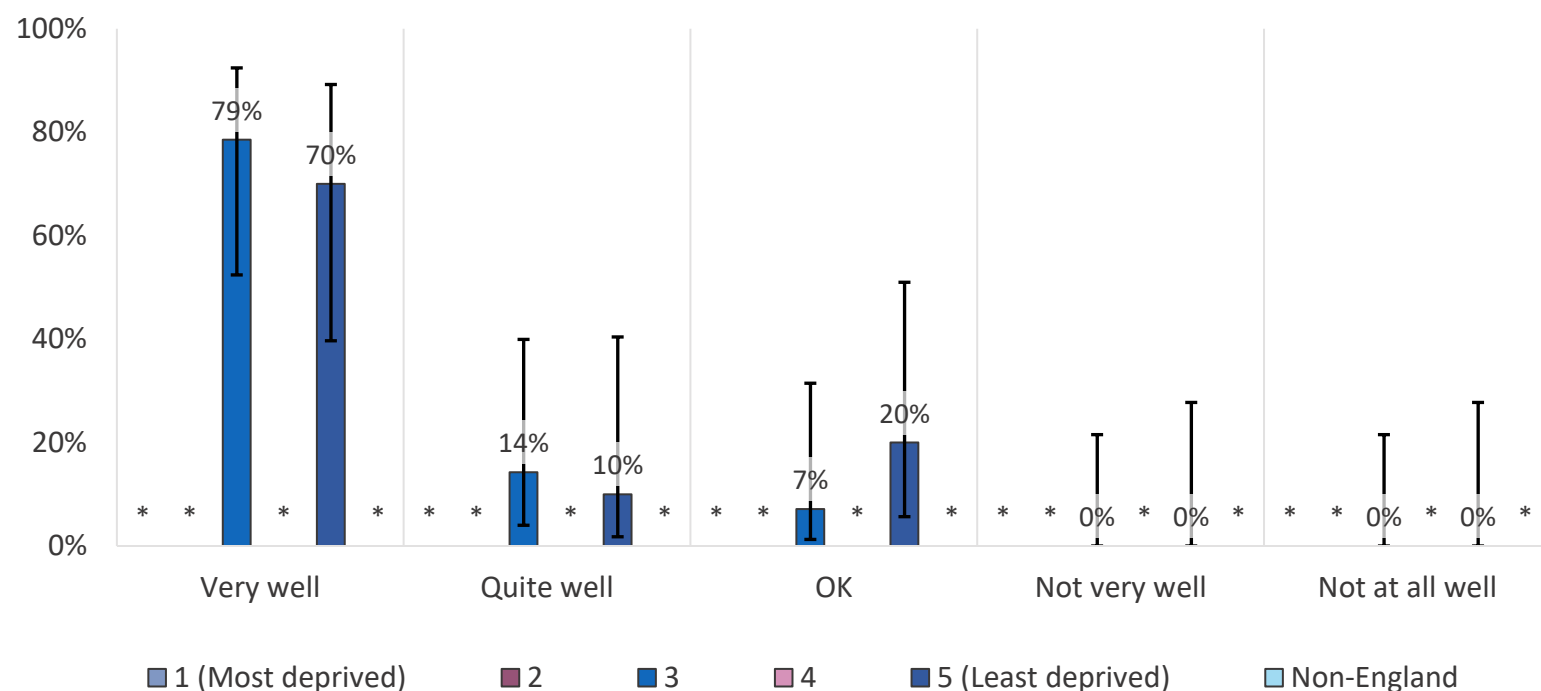
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 11: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

Legend: ■ 1 (Most deprived) ■ 2 ■ 3 ■ 4 ■ 5 (Least deprived) □ Non-England
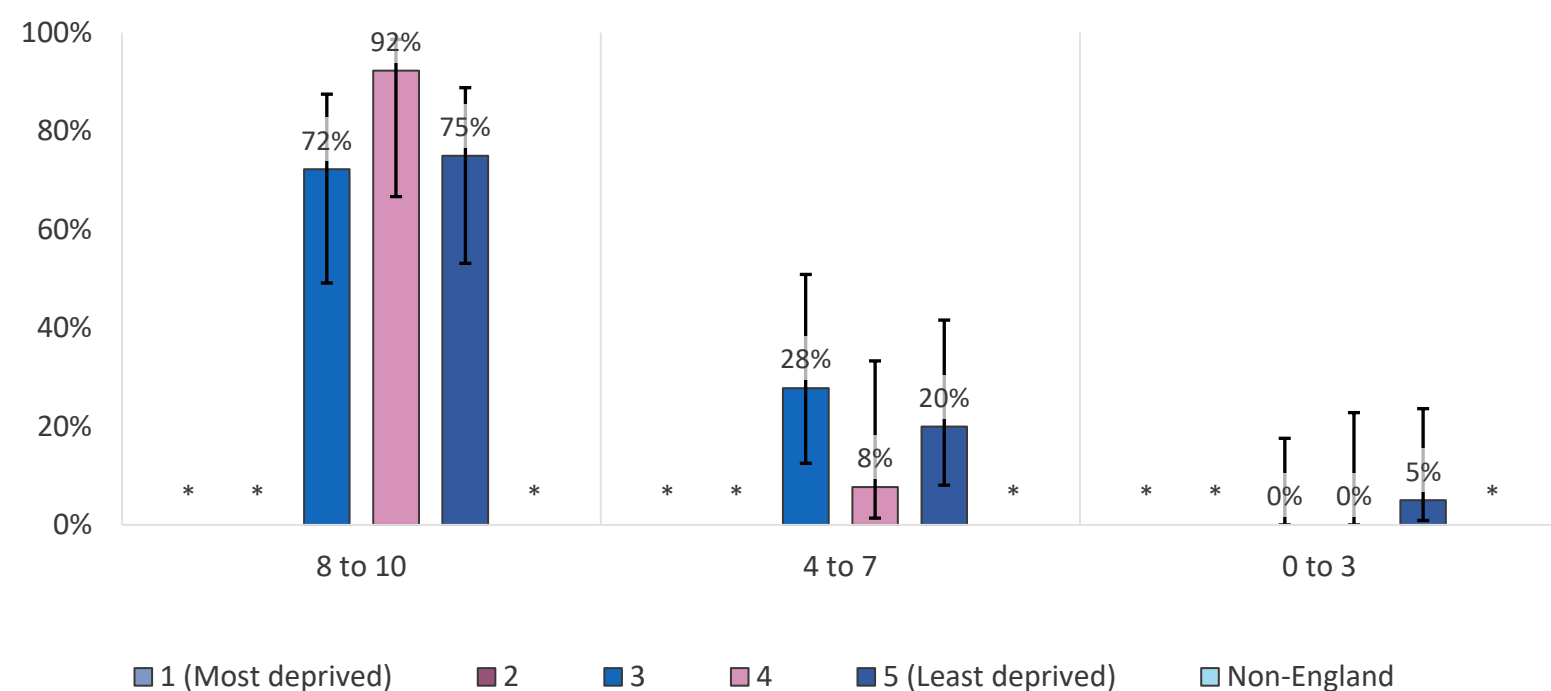
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

Diagnostic group†

Figure 12: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?

Legend: Leukaemias, myeloproliferative diseases, and myelodysplastic diseases | Lymphomas and reticuloendothelial neoplasms | CNS and miscellaneous intracranial and intraspinal neoplasms | All other | Overall
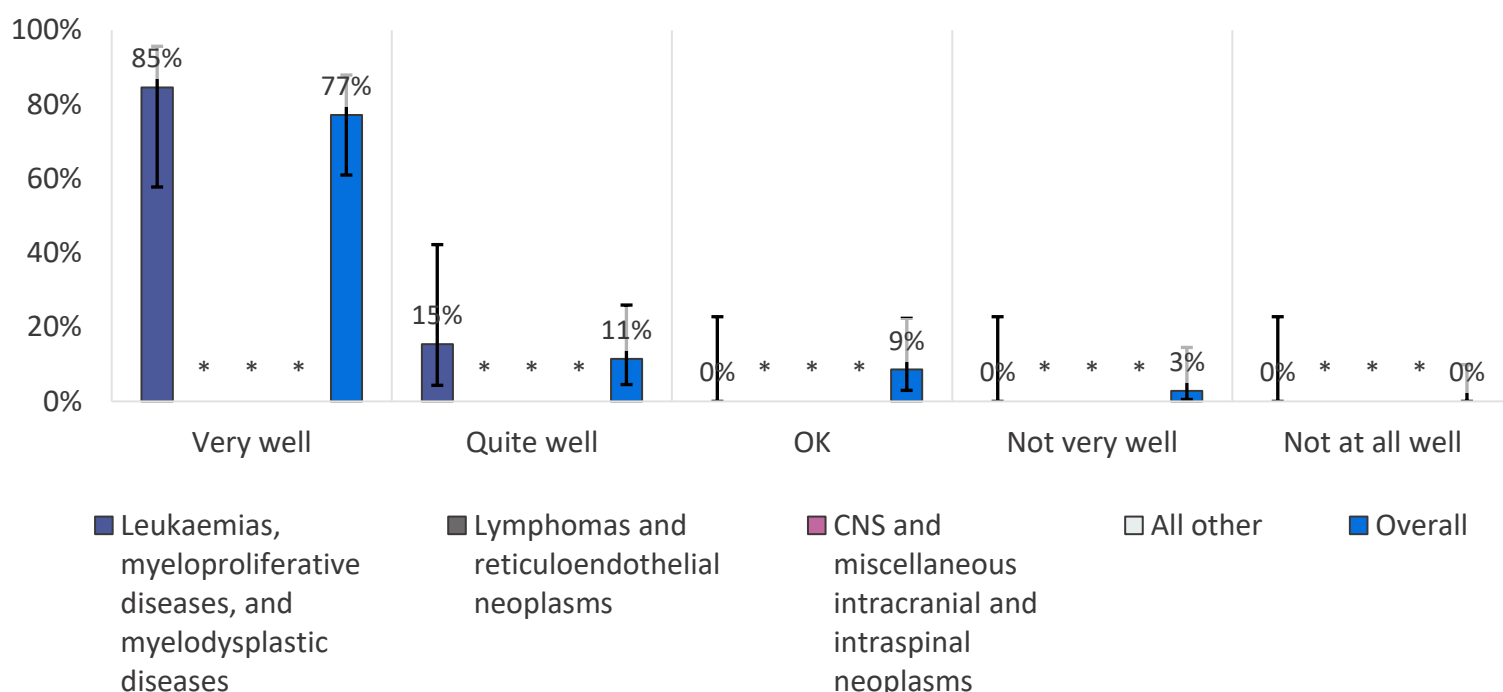
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 13: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
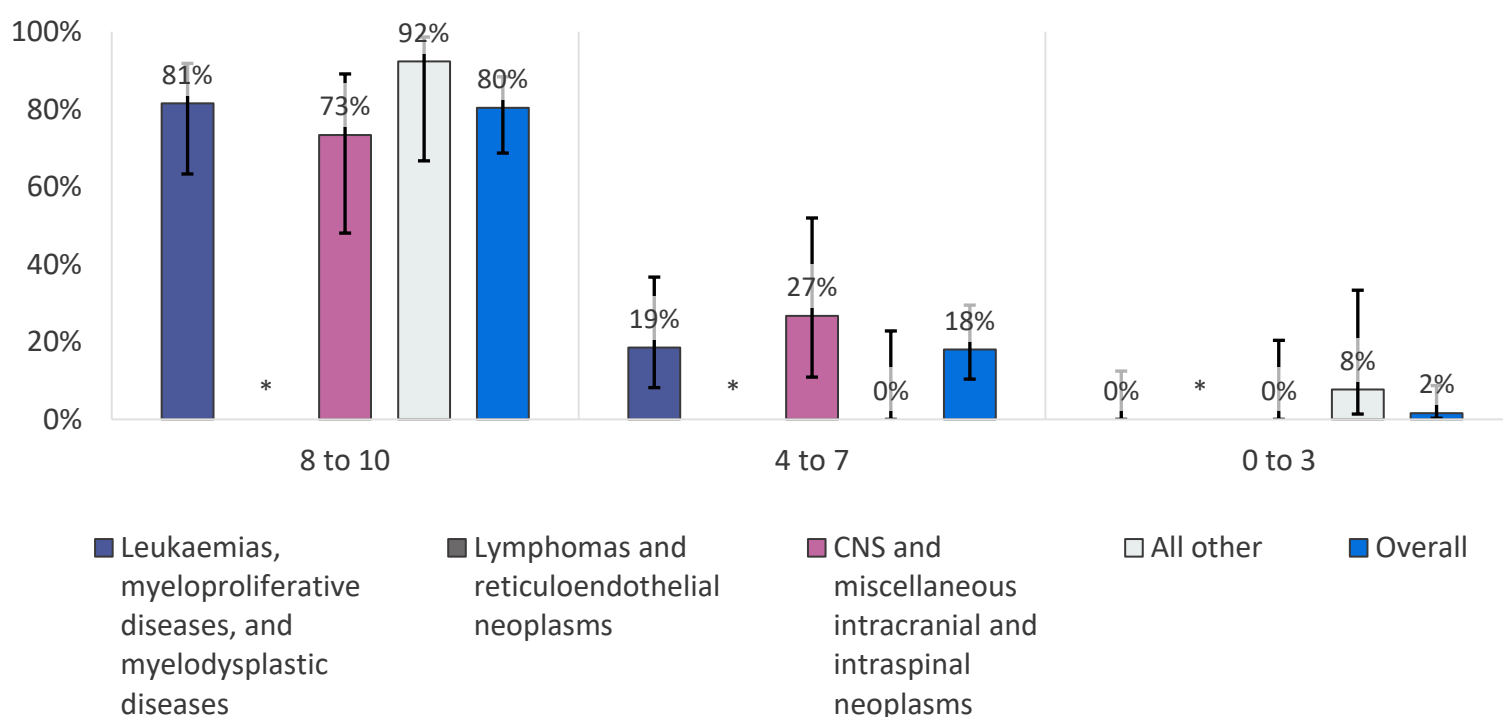
Legend: Leukaemias, myeloproliferative diseases, and myelodysplastic diseases | Lymphomas and reticuloendothelial neoplasms | CNS and miscellaneous intracranial and intraspinal neoplasms | All other | Overall

Question X59: Asked to parents or carers of all age groups. Total responses = 61.

† Due to small numbers at PTC level, diagnostic group data has been aggregated to allow for some analysis by diagnostic group. It is, however, important to exercise caution when analysing aggregated groups i.e. poorer experience for some diagnostic groups is undetectable when aggregated.

Long term condition status

Figure 14: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?
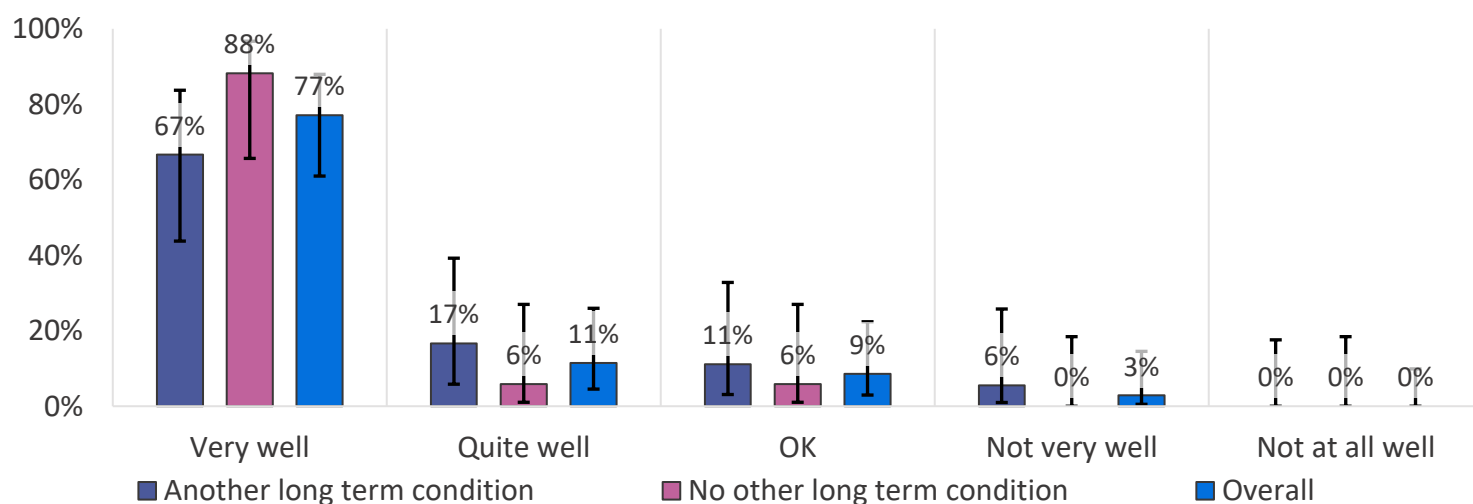
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 15: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
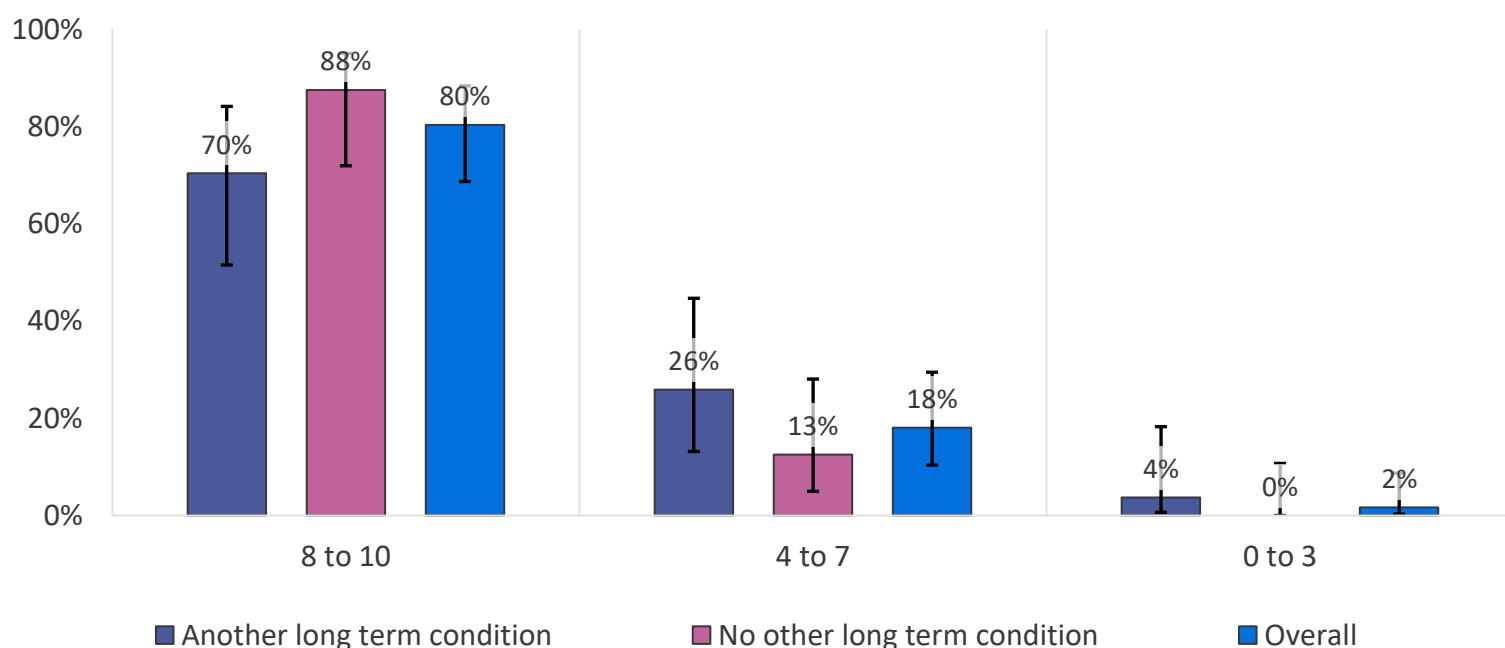
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

Does the child's long term condition or cancer reduce their ability to carry out their day-to-day activities?

Figure 16: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?
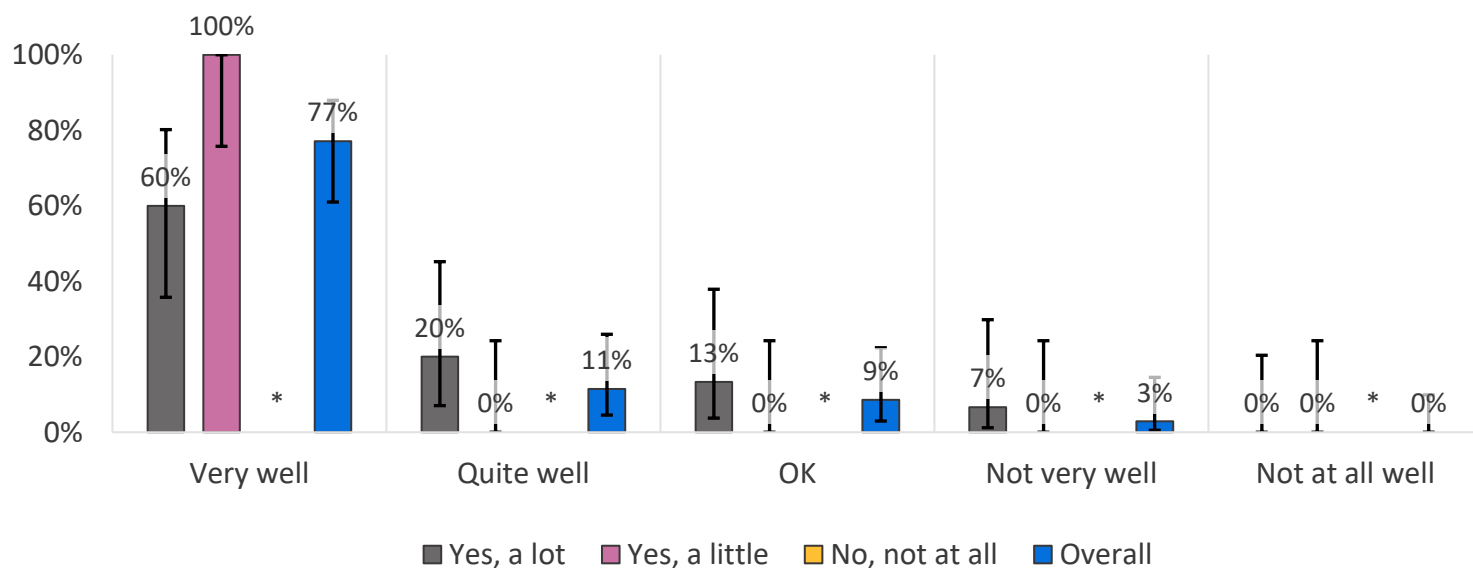
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 17: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
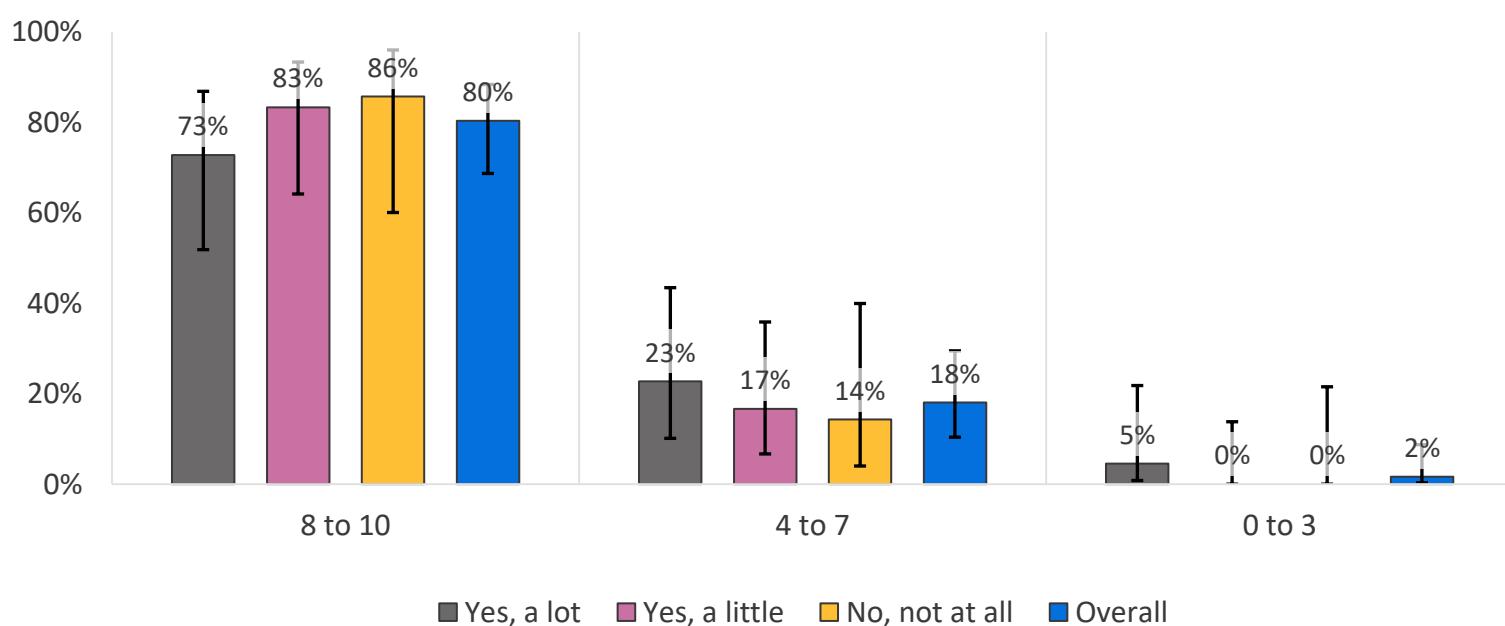
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

Current care or treatment stage

Figure 18: Overall, how well are you looked after for your cancer or tumour by the healthcare staff?
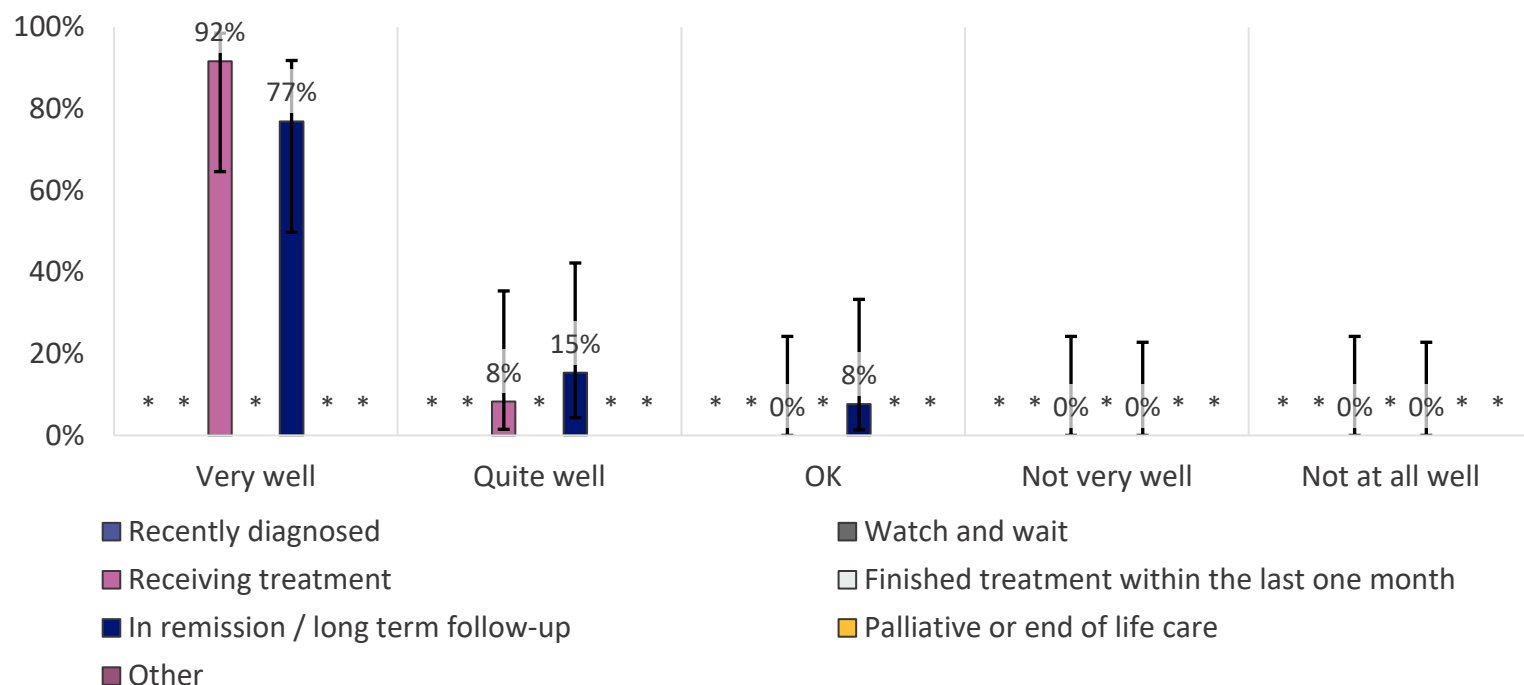
Question X60: Asked to all children aged 8-15. Total responses = 35.

Figure 19: Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)
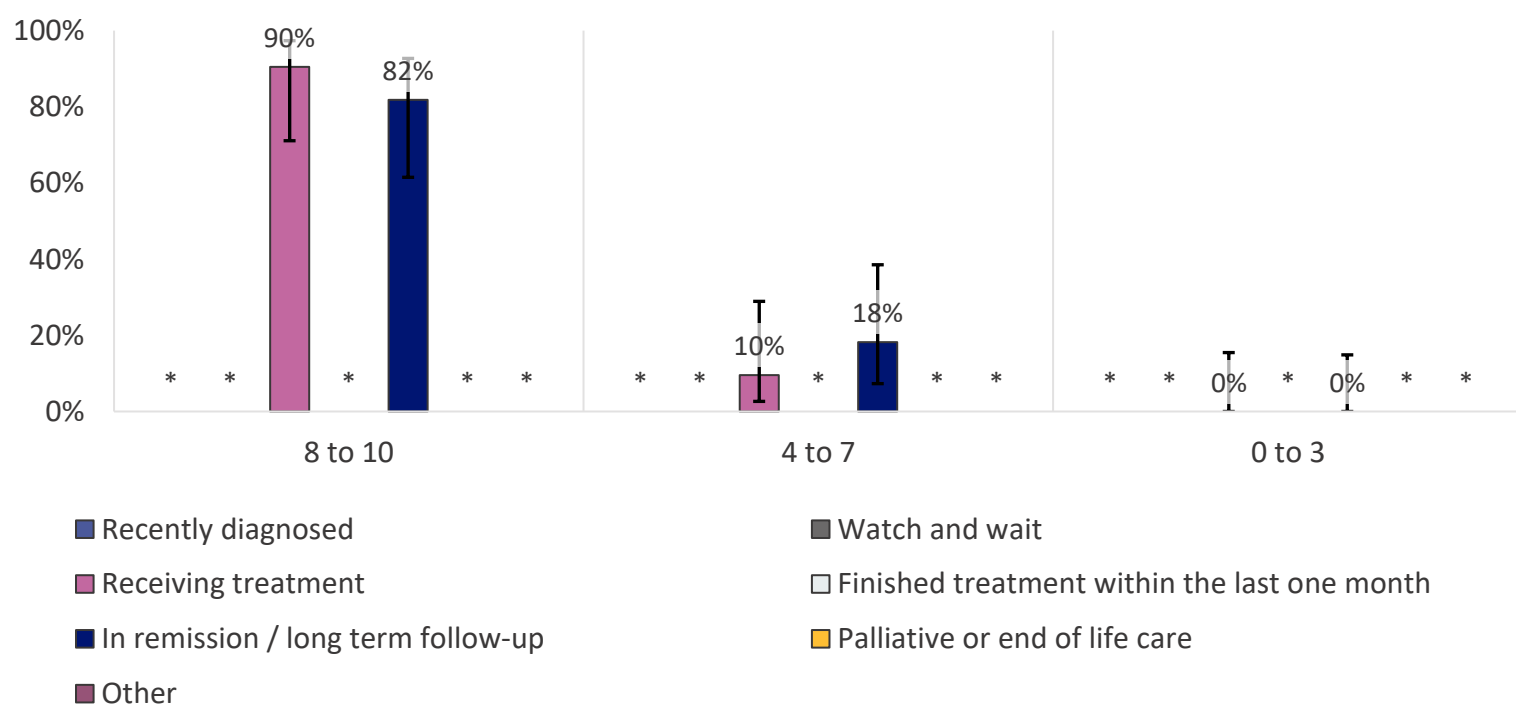
Question X59: Asked to parents or carers of all age groups. Total responses = 61.

PTC results

Key findings from each section of the questionnaire can be found below. Please note that full results can be found within the PTC Excel Data Tables (see 'Further information' section for more details).

Overall care

All respondents were asked how they felt about their overall care. Further results for these questions (showing breakdowns by different groups) can be found in the 'Sub-group comparisons' section of this report. Two questions were asked about how well different hospitals providing cancer or tumour care worked together and how long it takes to get to the hospital where the child received most of their cancer or tumour care. Results can be found in Figures 20 and 21 below.

Figure 20: Do different hospitals providing your child's cancer or tumour care work well together? / Do different hospitals providing your cancer or tumour care work well together?

Legend: □ 0-7 survey ■ 8-15 survey ■ Overall

	Yes, always	Yes, sometimes	No
0-7 survey	56%	38%	6%
8-15 survey	48%	42%	10%
Overall	51%	40%	9%
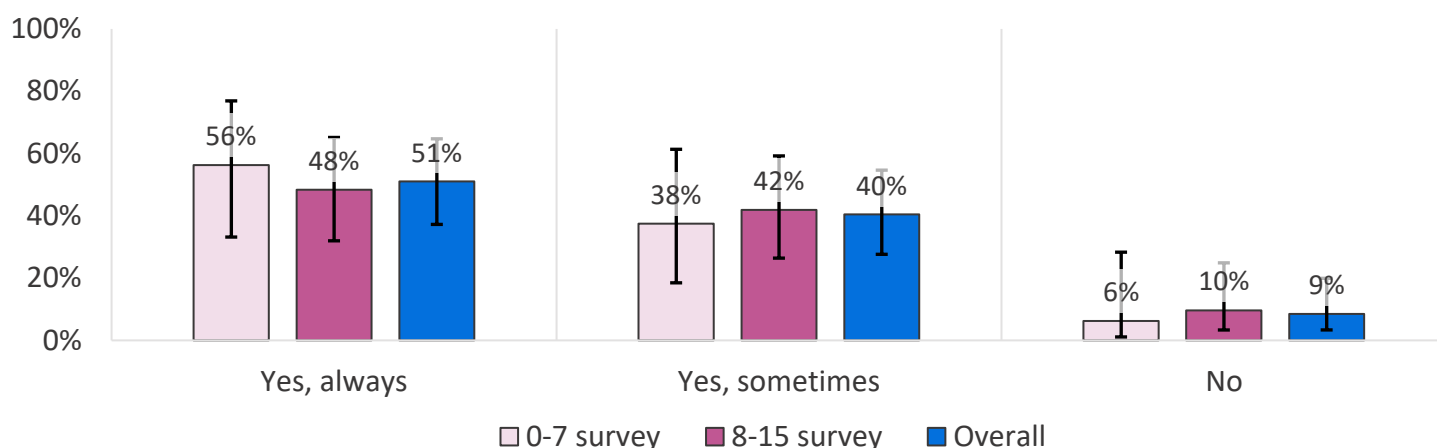
Question X57: Asked to parents or carers of children aged 0-11, and children aged 12-15. Total responses = 47 (excluding 14 responses of "My child does not / I don't receive care at different hospitals").

Figure 21: How long does it take to get to the hospital where your child receives most of their cancer or tumour care?

Legend: □ 0-7 survey ■ 8-15 survey ■ Overall

	About an hour or under	Over an hour
0-7 survey	74%	26%
8-15 survey	63%	37%
Overall	67%	33%
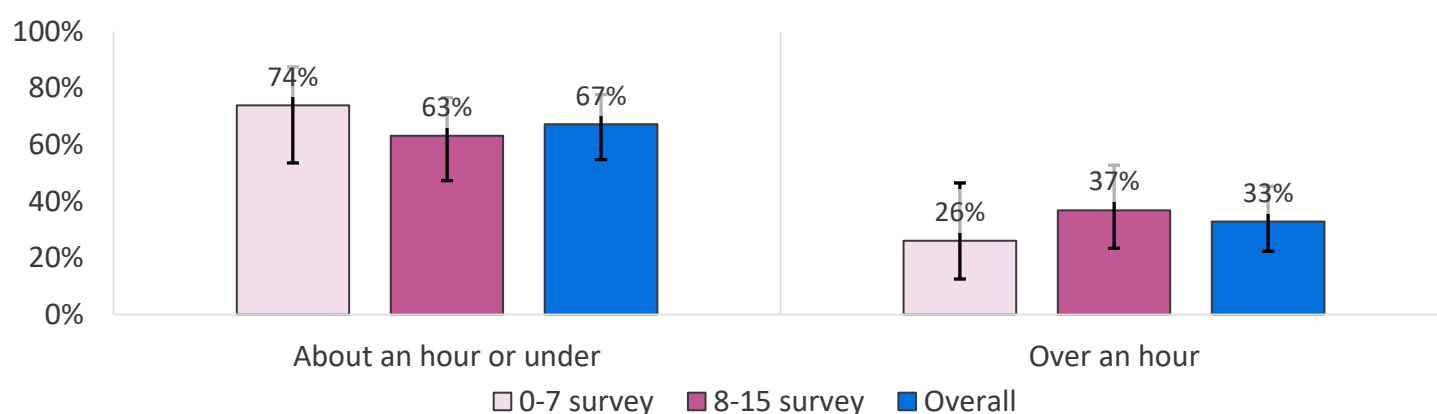
Question X58: Asked to parents or carers of all age groups. Total responses = 61.

Finding out about the cancer or tumour

66% (n=41) of all parents or carers reported that their children were told they had cancer or a tumour during 2023 (Question X01). This group of respondents were then asked how many times they had seen their GP prior to receiving a formal diagnosis for their child's cancer or tumour (Question X03) – results are displayed in the chart below.

Figure 22: Before you were told your child needed to go to hospital about their cancer or tumour, how many times did they see a GP (family doctor) about the health problem(s) caused by the cancer or tumour?
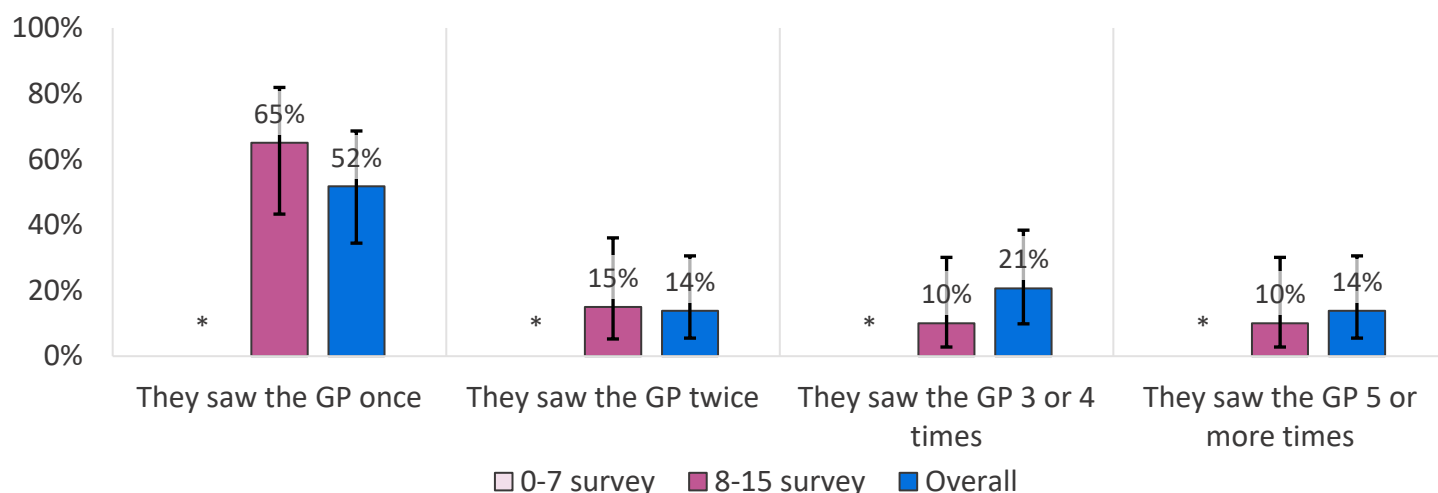
Question X03: Asked to parents or carers of all age groups whose children were told they had cancer or a tumour. Total responses = 29 (excluding 12 responses of "None - they went straight to hospital" and excluding 0 responses of "Don't know / can't remember").

Further questions were asked to all parents or carers of children who had received diagnosis during 2023 by the hospital named in the covering letter.

Figure 23: Were you told about your child's cancer or tumour in a sensitive way?
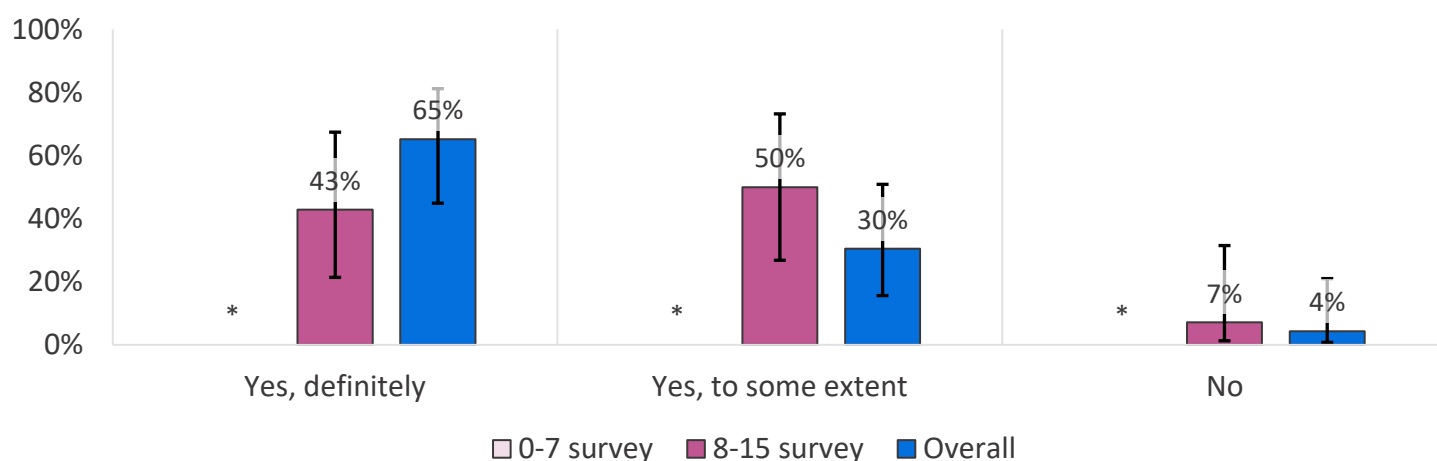
Question X07: Asked to parents or carers of all age groups who were told about their child's cancer or a tumour. Total responses = 23 (excluding 0 responses of "Don't know / can't remember").

Figure 24: When you were told about your child's cancer or tumour, was information given in a way that you could understand? / When you were told about your cancer or tumour, was information given in a way that you could understand?
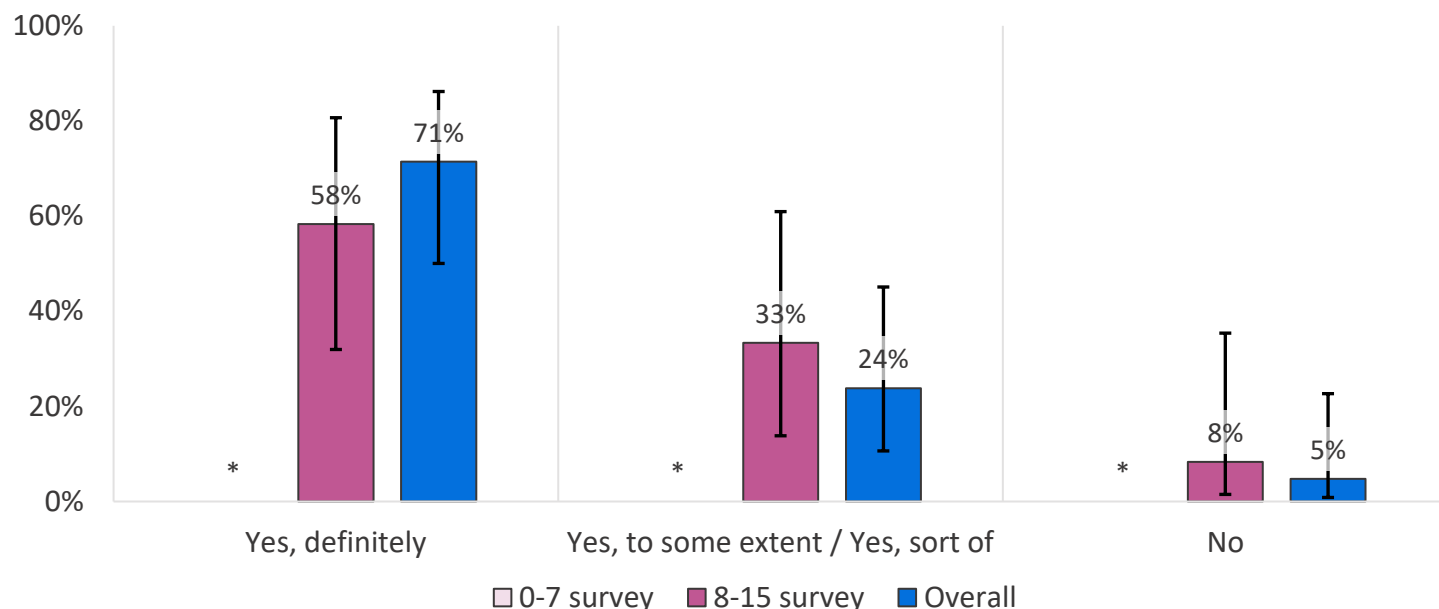
Legend: □ 0-7 survey ■ 8-15 survey ■ Overall

Question X08: Asked to parents or carers of 0-7s who were told about their child's cancer or a tumour, and children aged 8-15 who were told they had cancer or a tumour. Total responses = 21 (excluding 3 responses of "Don't know / can't remember").

Figure 25: Were you able to have any questions answered by healthcare staff after you were told about your child's cancer or tumour? / Were you able to have any questions answered by healthcare staff after you were told about your cancer or tumour?

Legend: □ 0-7 survey ■ 8-15 survey ■ Overall
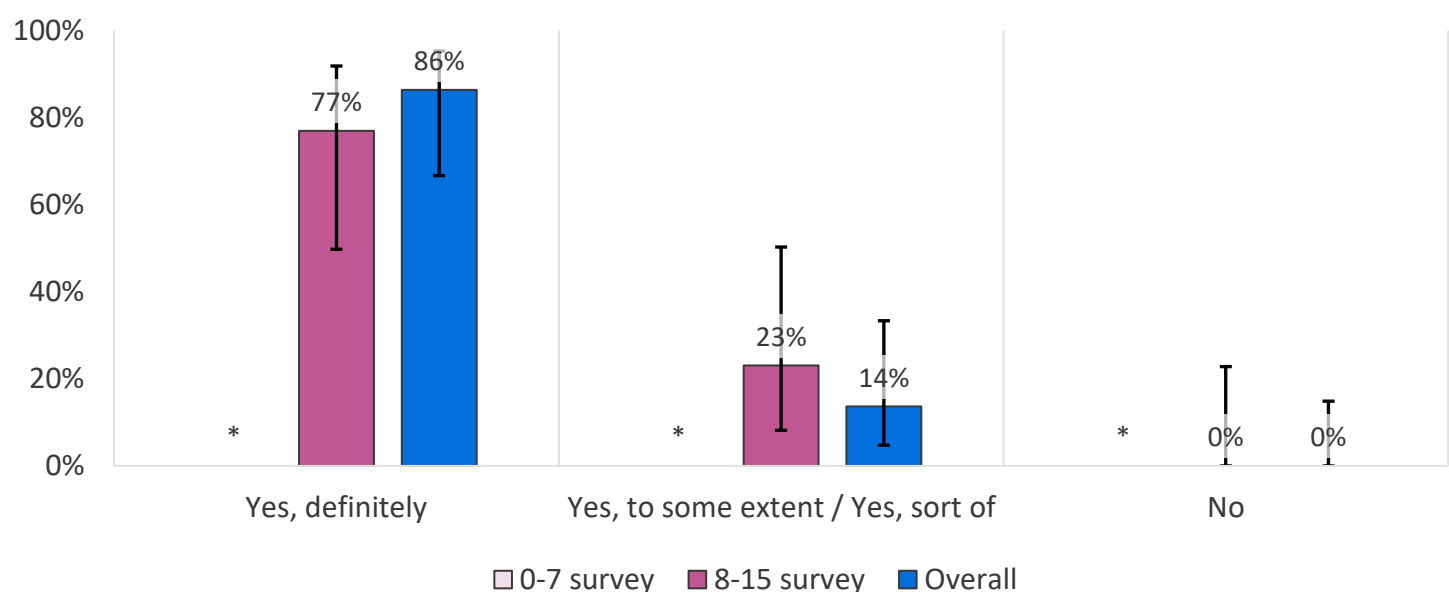
Question X09: Asked to parents or carers of 0-7s who were told about their child's cancer or a tumour, and children aged 8-15 who were told they had cancer or a tumour. Total responses = 22 (excluding 0 responses of "I did not have any questions" and excluding 2 responses of "Don't know / can't remember").

Child's care and treatment

All parents and carers were asked questions about staff involved in their child's care at the hospital named in the letter that came with their survey, including questions about awareness of the child's medical history and whether they had access to help and support.

Figure 26: Are different hospital staff caring for your child aware of your child's medical history?
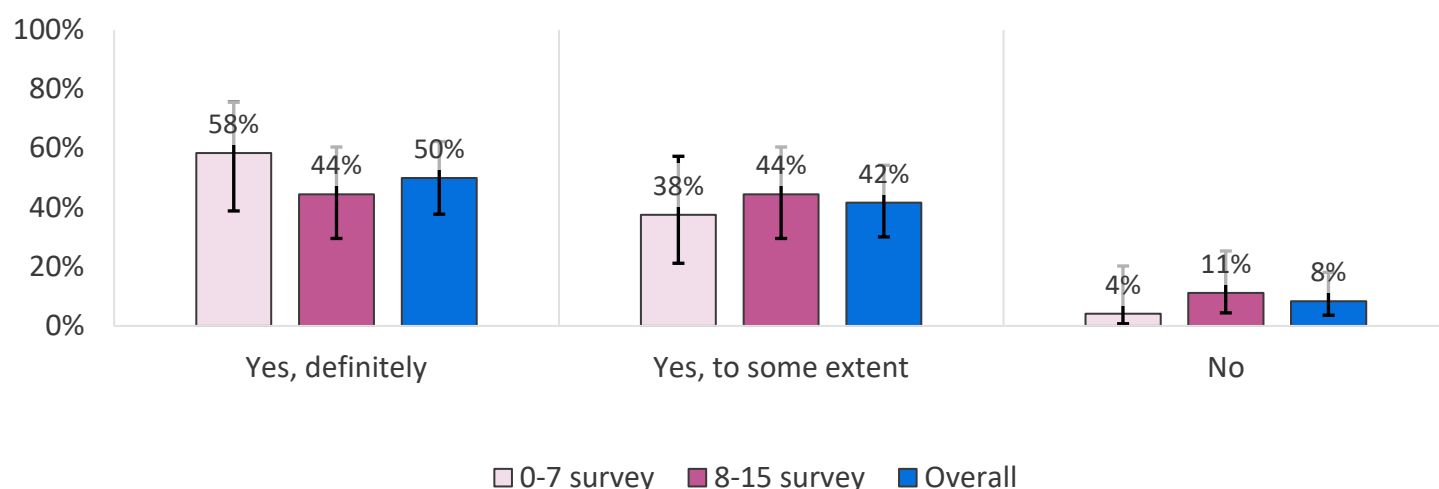
Question X27: Asked to parents or carers of all age groups. Total responses = 60 (excluding 2 responses of "Don't know / not applicable").

Figure 27: Do you have access to reliable help and support 7 days a week from the hospital?
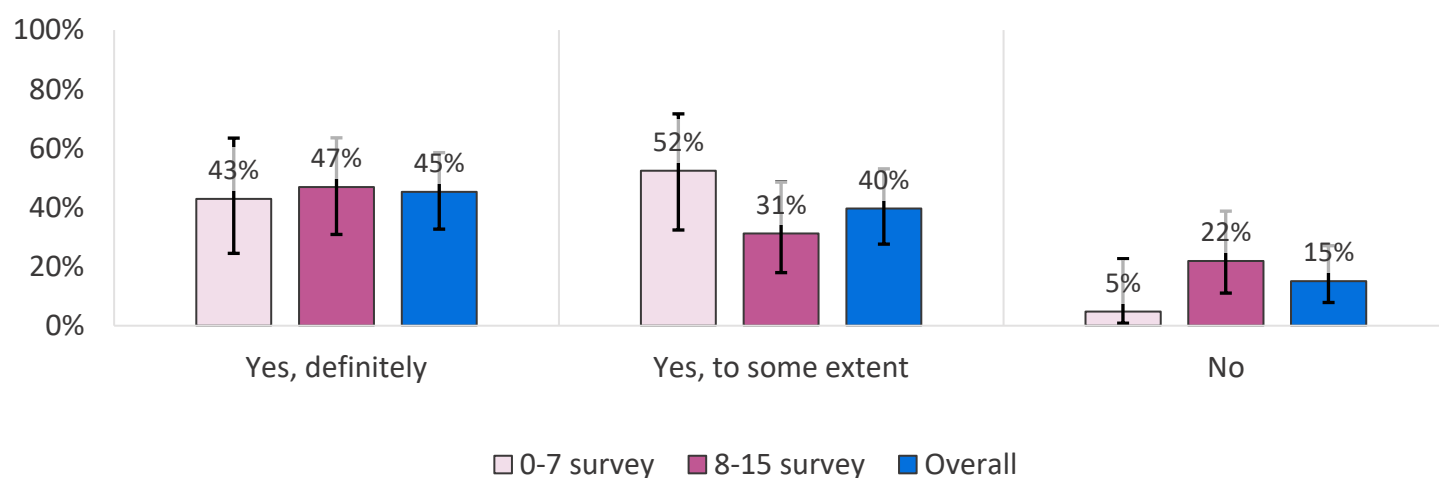
Question X33: Asked to parents or carers of all age groups. Total responses = 53 (excluding 9 responses of "This is not needed").

Figure 28: Were you offered clear information about your child's treatment?
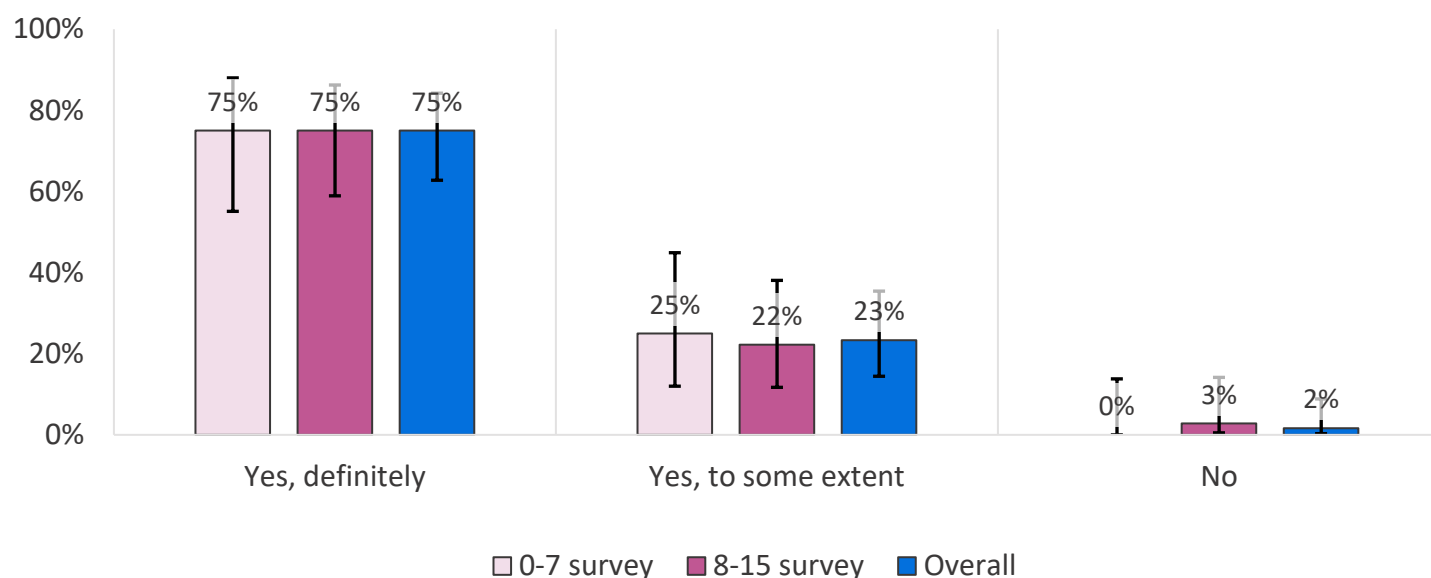
Question X36: Asked to parents or carers of all age groups whose children received treatment for their cancer or tumour. Total responses = 60 (excluding 0 responses of "This was not needed").

Figure 29: Did staff offer you enough time to make decisions about your child's treatment?
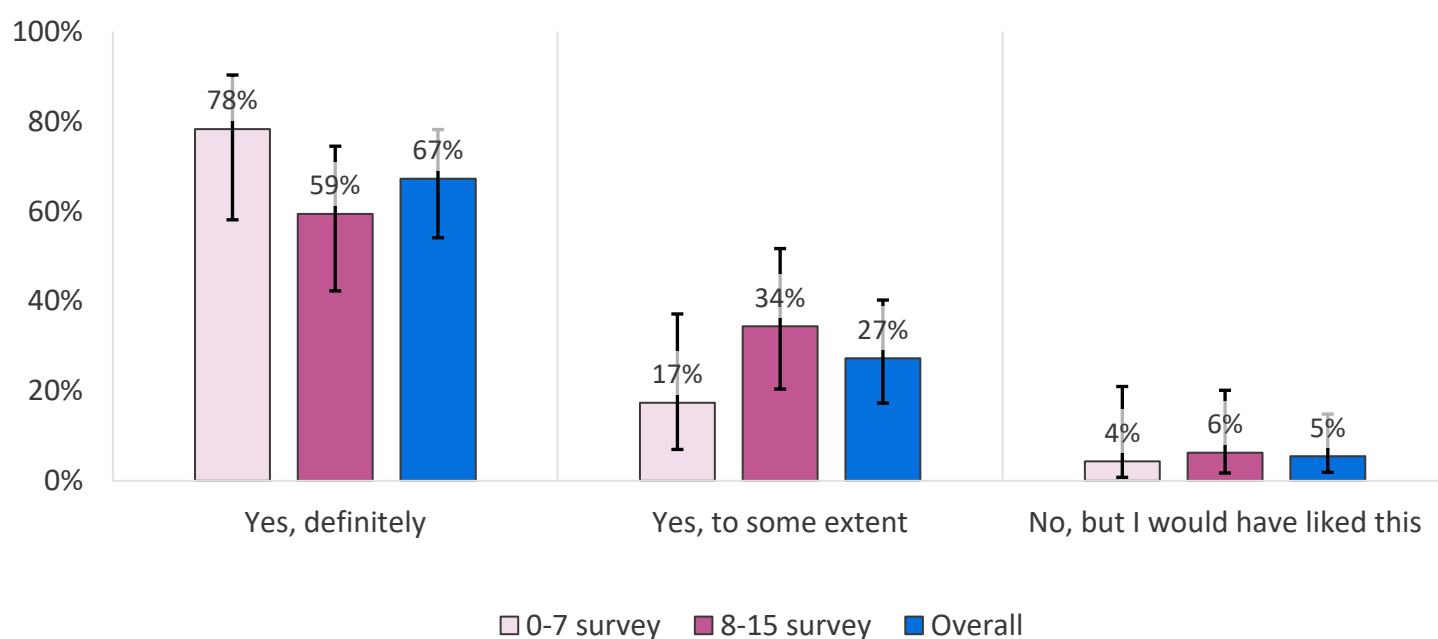
Question X37: Asked to parents or carers of all age groups whose children received treatment for their cancer or tumour. Total responses = 55 (excluding 3 responses of "No, but this was not needed" and excluding 2 responses of "No, but this was not possible").

Figure 30: Has your child's schooling and education (including pre-school) been impacted in any of the following ways by their treatment and care? / Has your child's schooling and education been impacted in any of the following ways by their treatment and care?

Legend: ☐ 0-7 survey ■ 8-15 survey ■ Overall
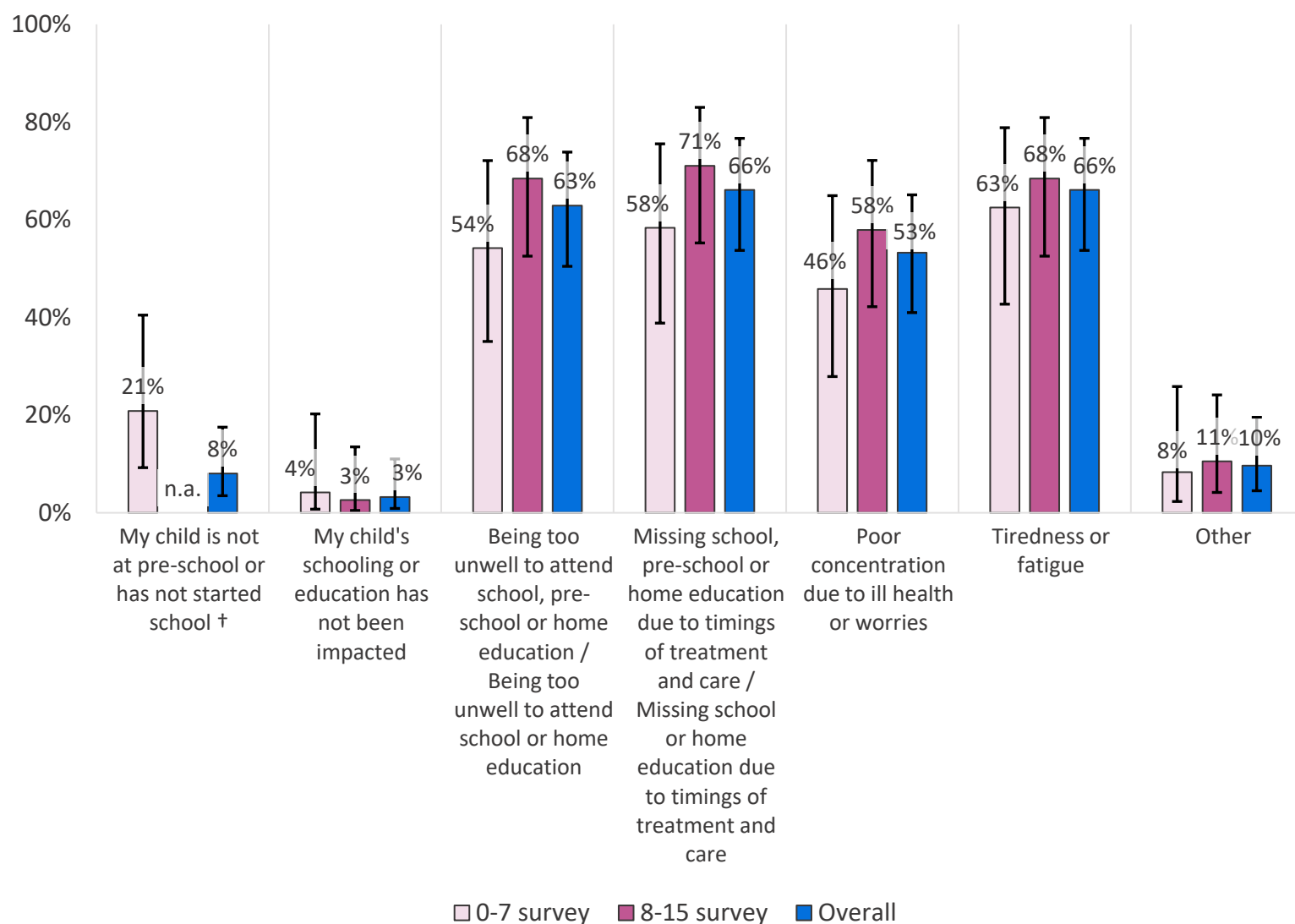
Question X30: Asked to parents or carers of all age groups. Total responses = 62.

† Response option was only asked to parents or carers of 0-7 years olds

Care in hospital

Respondents who had stayed in the hospital named in the letter that came with their survey during 2023 (receiving treatment or care in the daytime, or for an overnight stay) were asked questions about hospital staff, services and facilities. Out of all parents or carers, 97% (n=60) answered that their child had stayed in hospital during 2023 (Question X40).

Figure 31: When your child was in hospital, were they able to get help from staff on the ward when they needed it? / Could you get help from staff on the ward when you needed it?
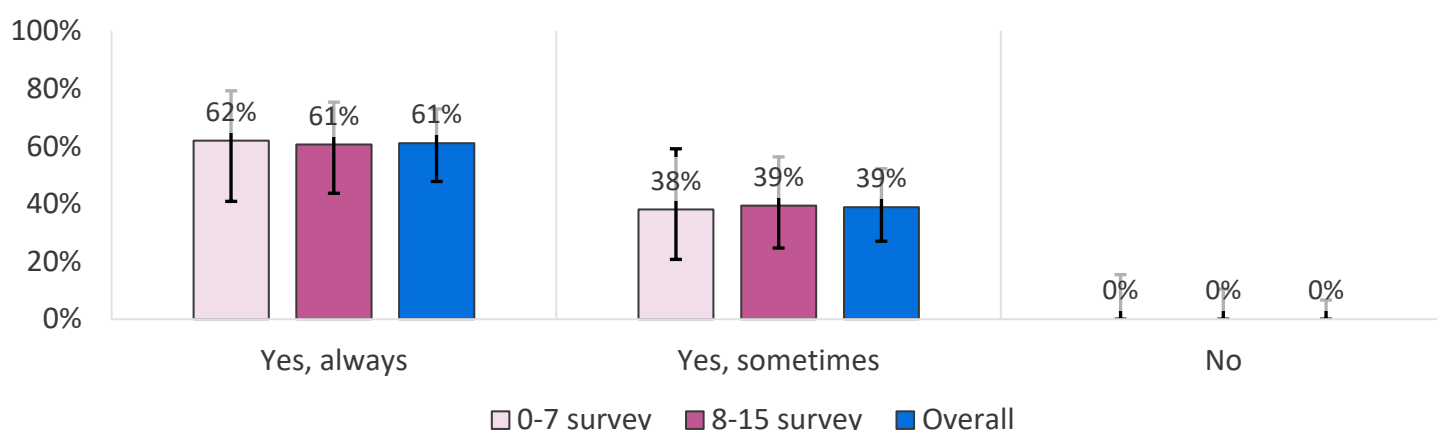
Question X42: Asked to parents or carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who have stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total responses = 54 (excluding 2 responses of "They did not need any help / I did not need any help" and excluding 1 response of "Don't know / can't remember").

Figure 32: Were there enough things for your child to do in the hospital? / Were there enough things for you to do in the hospital?
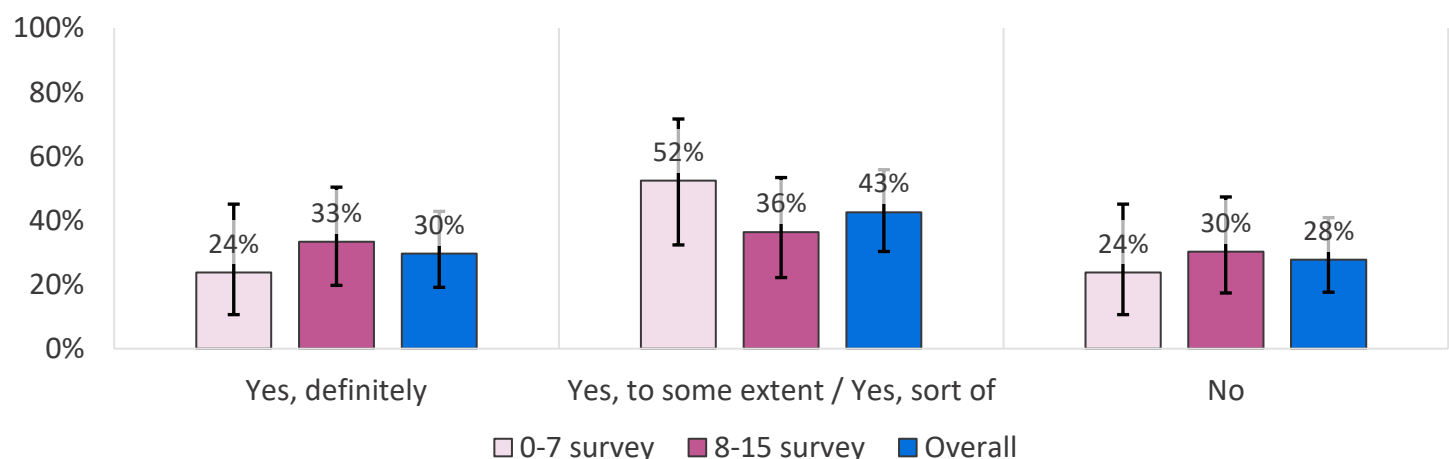
Question X43: Asked to parents or carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime, or for an overnight stay). Total responses = 54 (excluding 3 responses of "This was not needed").

Care at home or at school

Children aged 8 and above, and parents or carers of children under the age of 8 who had been visited at home or school by a nurse during 2023 (69% (n=40) of respondents) (Question X53), for care relating to the child's cancer or tumour, were asked a short series of questions about this care. Some results from this section can be found below.

Figure 33: Were the nurses that came to your home or your child's school friendly? / Were the nurses that came to your home or school friendly?
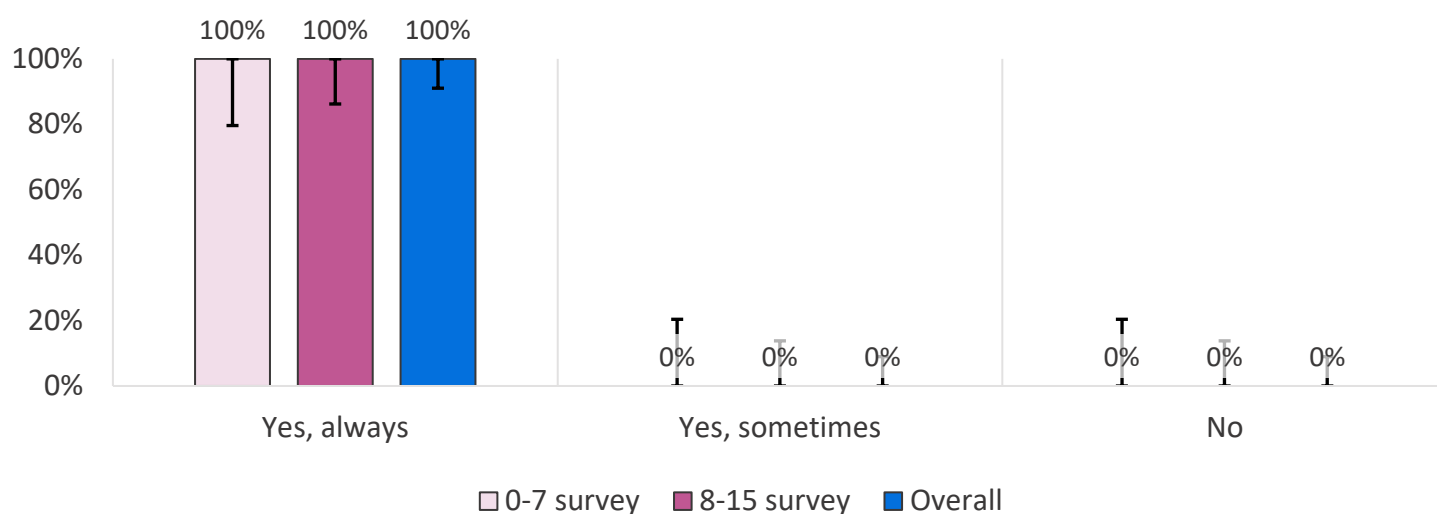
Question X54: Asked to parents or carers of children aged 0-7 whose children have been visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total responses = 39 (excluding 0 responses of "Don't know / can't remember").

Figure 34: When nurses speak to you, do you understand what they are saying?
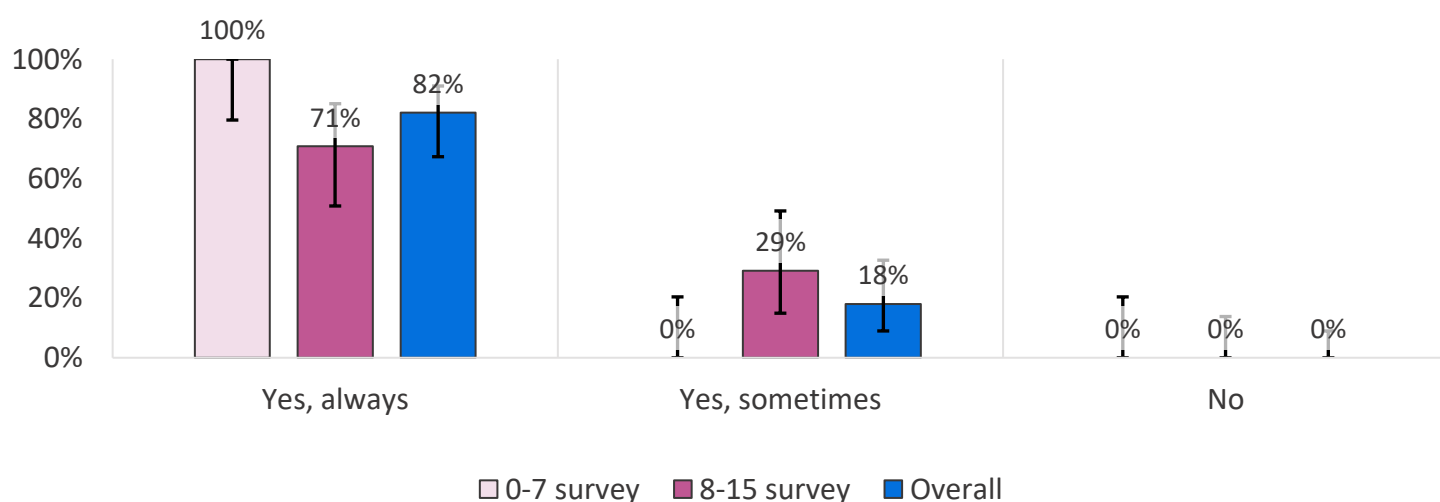
Question X55: Asked to parents or carers of children aged 0-7 whose child was visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total responses = 39 (excluding 0 responses of "Don't know / can't remember").

Healthcare staff

All parents or carers of children aged under 16 at the time of their care and children aged 8 and above at the time of their care were asked questions about their interactions with healthcare staff at the hospital named in the letter that came with their questionnaire. The results for this section have been broken down into three main themes below: bedside manner and trust, clear communication and support.

Bedside manner and trust

Figure 35: Are you and your child treated with respect and dignity by staff?
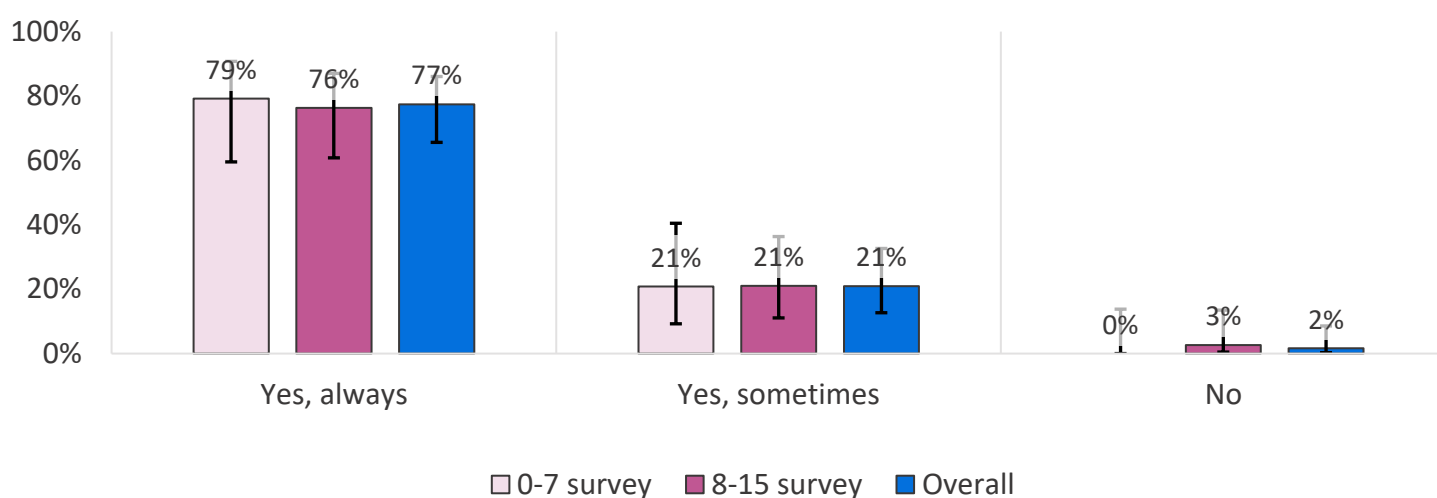
Question X17: Asked to parents or carers of all age groups. Total responses = 62.

Figure 36: Do members of staff caring for your child treat you with empathy and understanding?
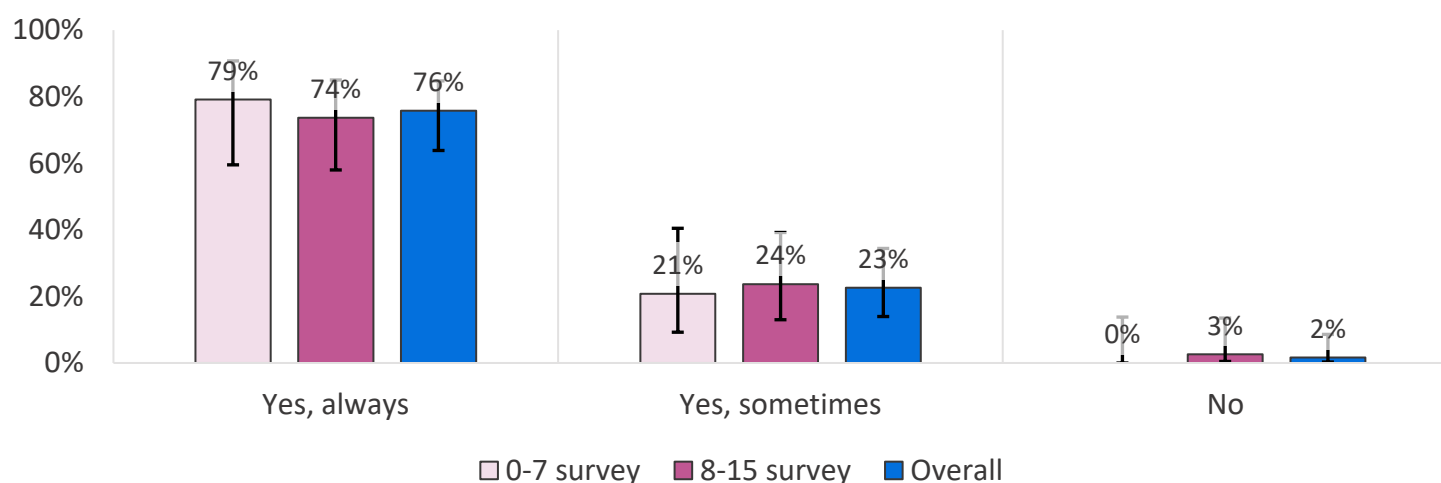
Question X19: Asked to parents or carers of all age groups. Total responses = 62.

Figure 37: Are staff sensitive to the information they share with you when your child is in the room?
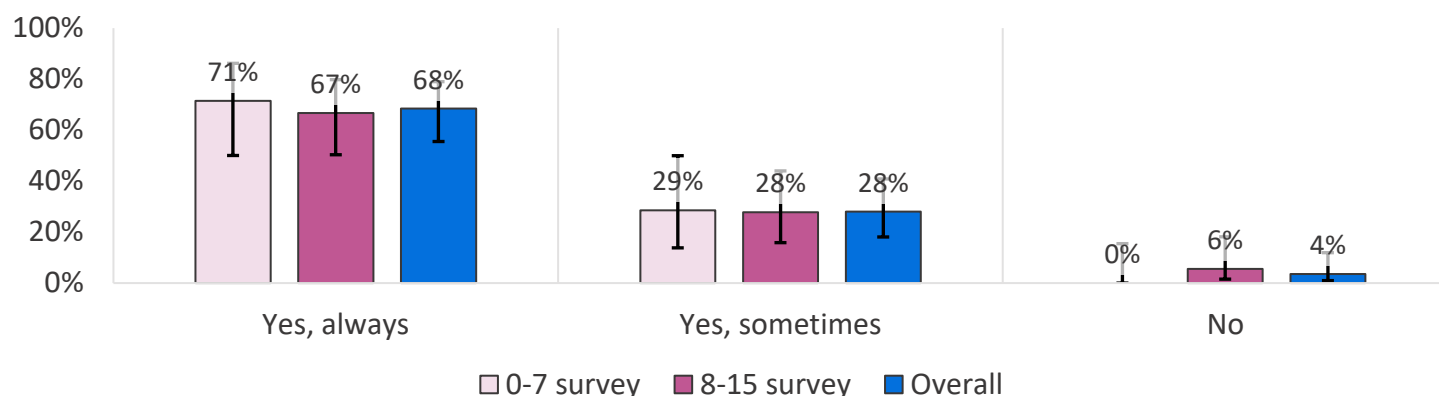
Question X21: Asked to parents or carers of all age groups. Total responses = 57 (excluding 5 responses of "This is not needed").

Figure 38: Do you have confidence and trust in the members of staff caring for your child?
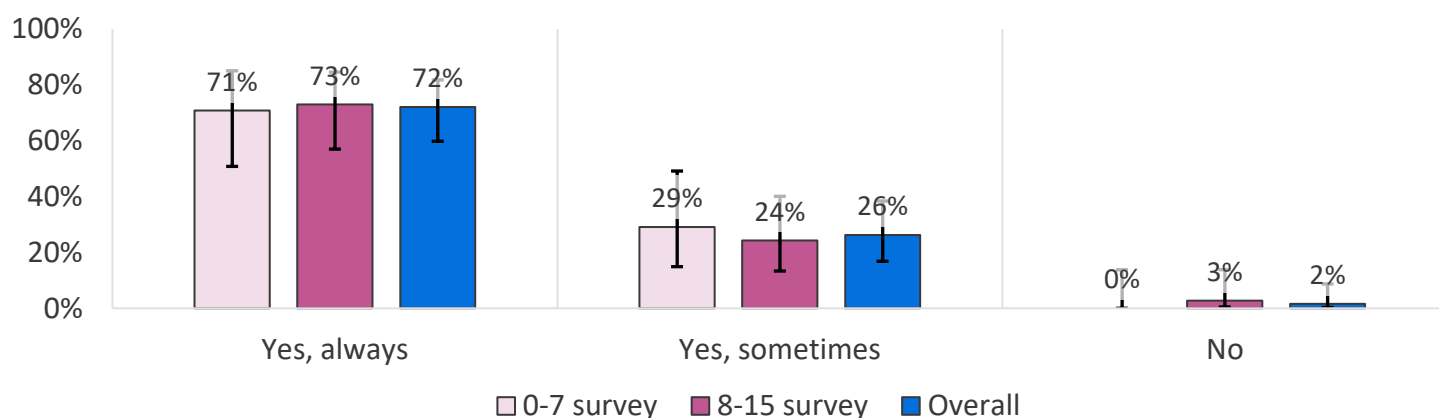
Question X18: Asked to parents or carers of all age groups. Total responses = 61.

Figure 39: Do you feel that staff are friendly?
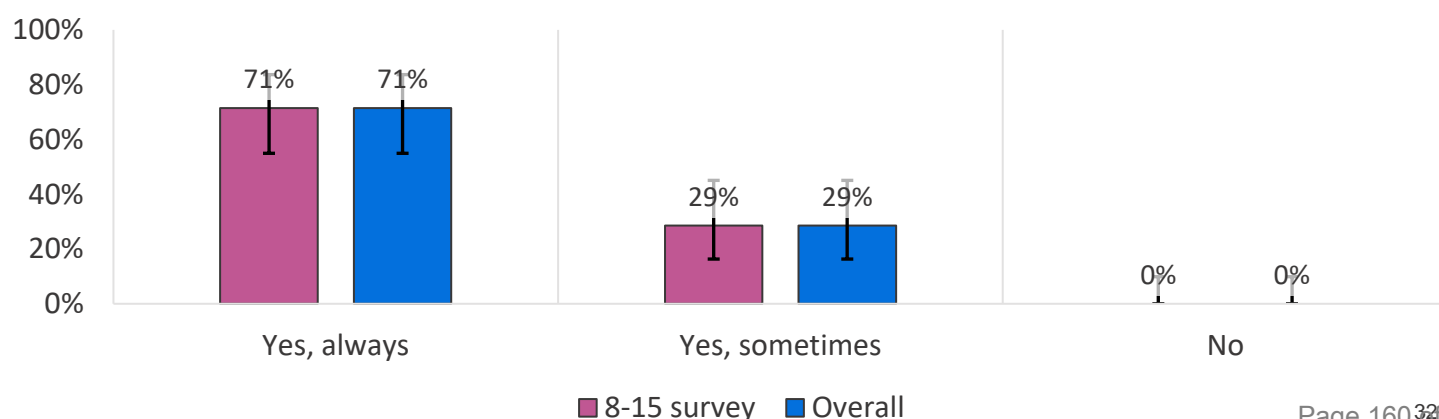
Question X12: Asked to all children aged 8-15. Total responses = 35.

Clear communication

Figure 40: Do healthcare staff share information with your child in a way that is appropriate for them?
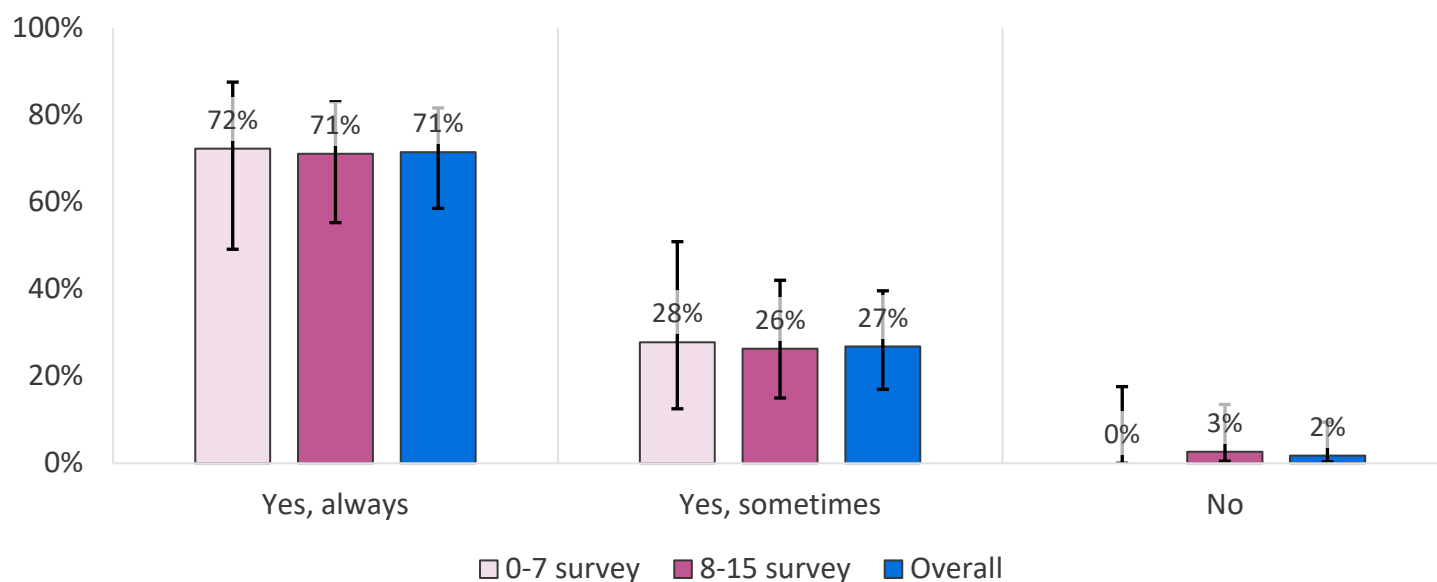
Question X22: Asked to parents or carers of all age groups. Total responses = 56 (excluding 6 responses of "This is not needed").

Figure 41: When staff speak to you, do you understand what they are saying? / Do staff speak to you in a way that you can understand?
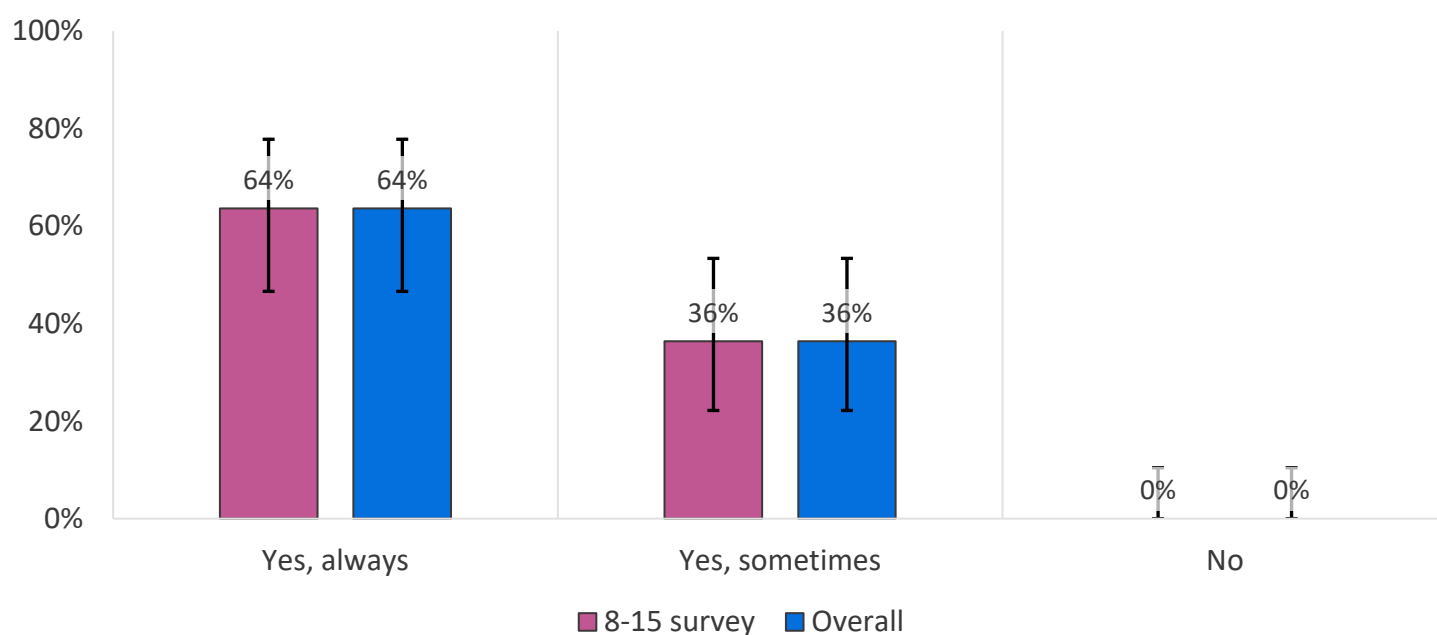
Question X13: Asked to all children aged 8-15. Total responses = 33 (excluding 1 response of "Don't know / can't remember").

Figure 42: Are you ever told different things by different members of staff, which leaves you feeling confused?
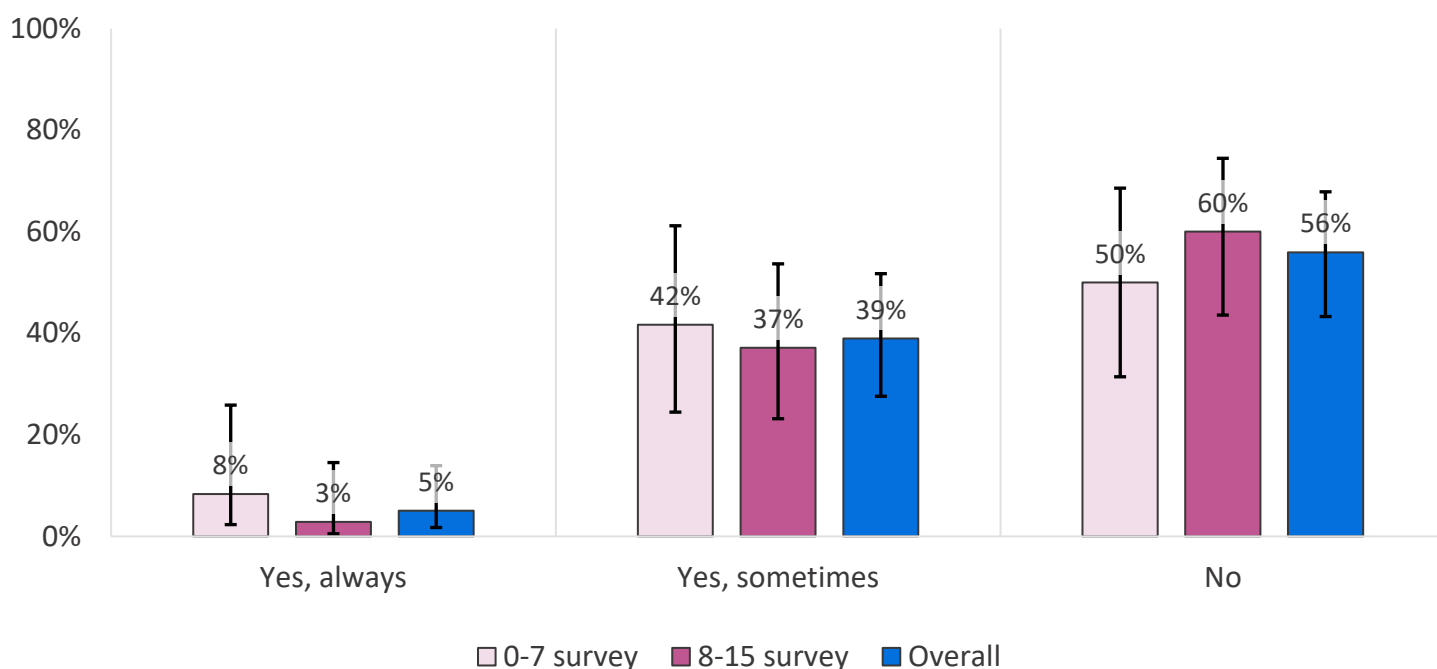
Question X20: Asked to parents or carers of 0-7s and children aged 8-15. Total responses = 59.

Figure 43: Do staff talk to you, not just to your parent or carer?
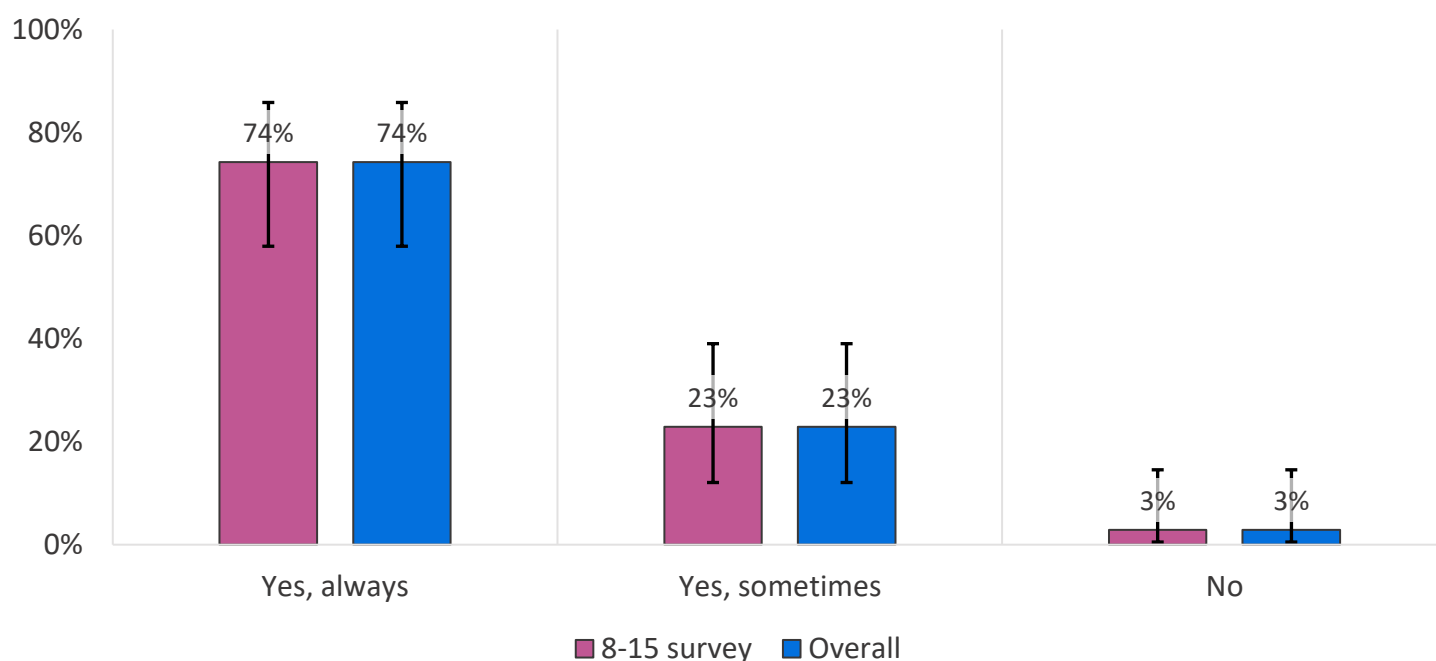
Question X14: Asked to all children aged 8-15. Total responses = 35.

Support

Figure 44: Have hospital staff given you information about any of the following people you can chat to about your child's cancer or tumour?

Legend: 0-7 survey, 8-15 survey, Overall
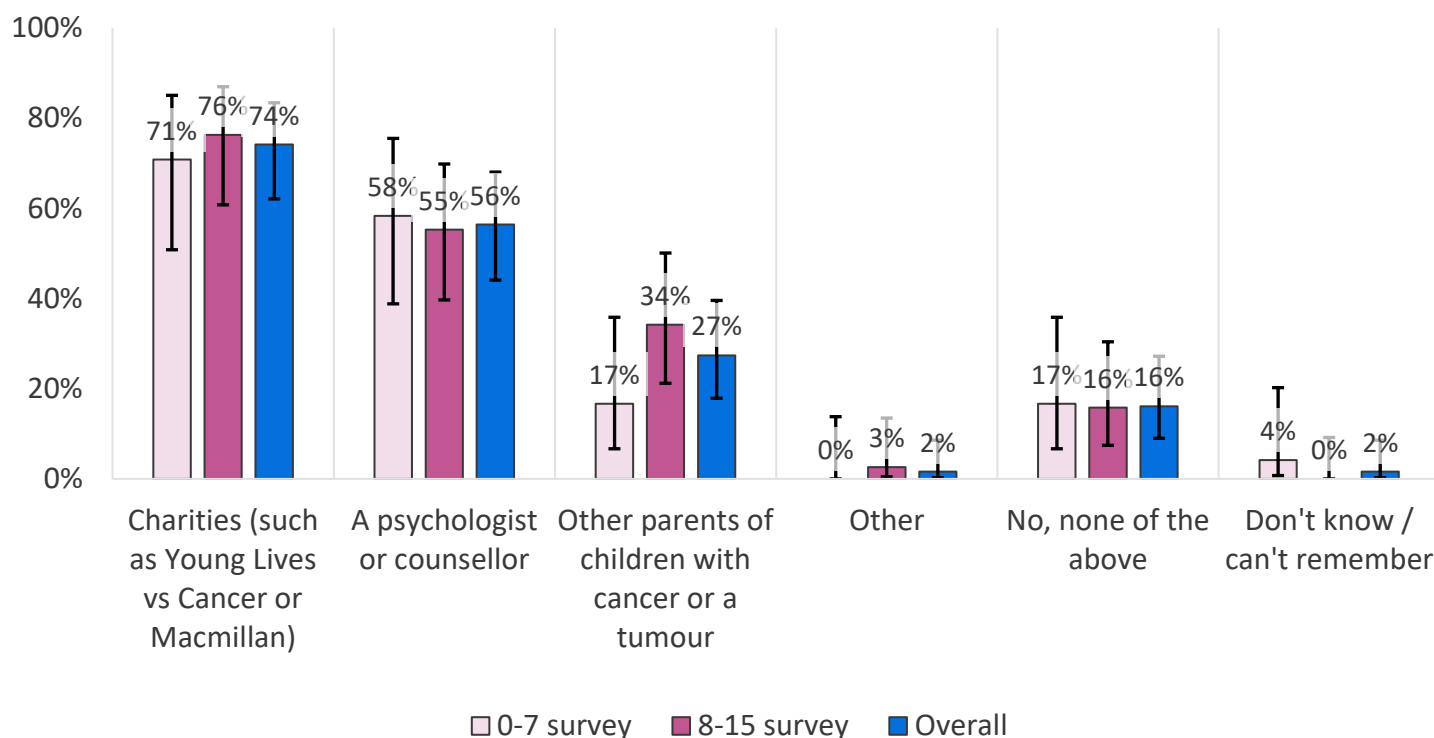
Question X24: Asked to parents or carers of all age groups. Total responses = 62.

Figure 45: Have hospital staff given you information about any of the following people you can chat to about your cancer or tumour?

Legend: 8-15 survey, Overall
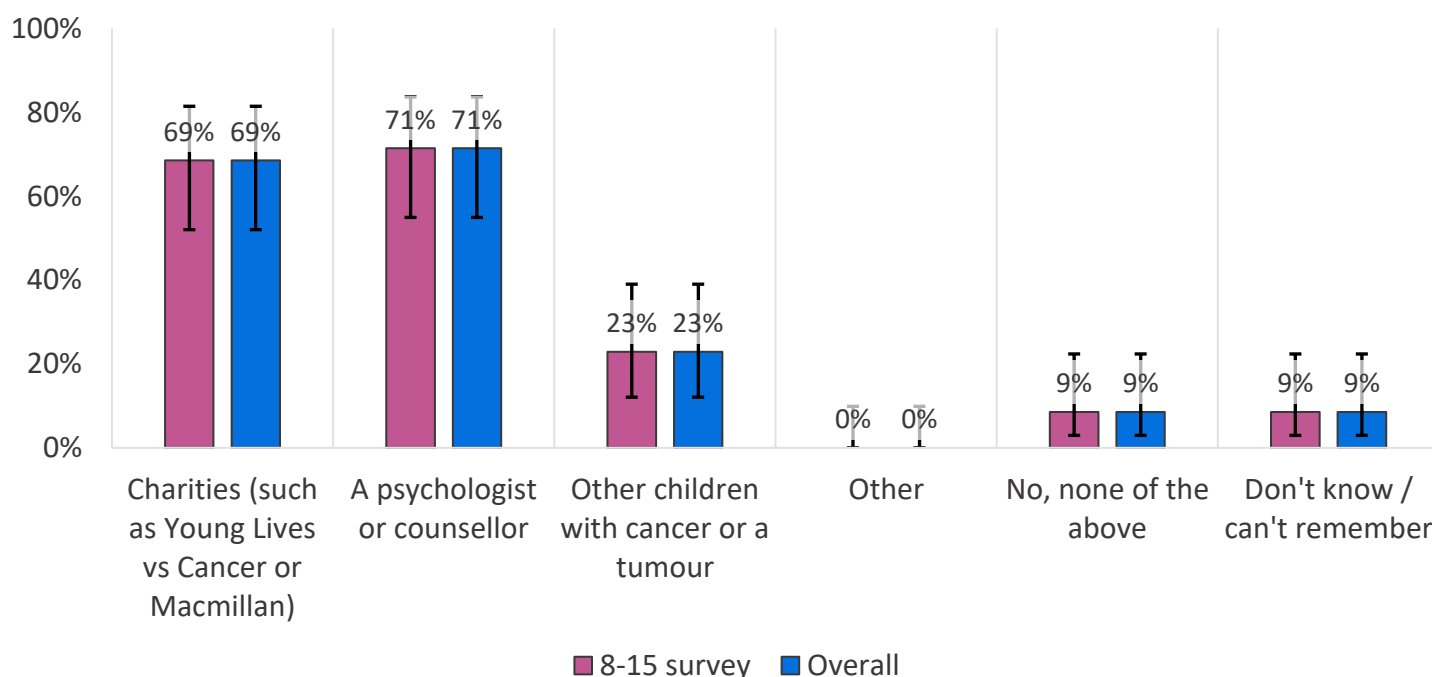
Question X23: Asked to all children aged 8-15. Total responses = 35.

Year on year comparisons

The line charts in this section show the national score and the score for your PTC for 2021, 2022, and 2023 for all comparable questions.

We recommend that PTCs take caution when benchmarking their results against last year, or against results at national level, due to numbers of responses. Please refer to the 'How to use this data' section for more information.

Please note that the 2023 scores that are not comparable to both 2021 and 2022 are not presented in this section and can be found in the data tables on the survey website. Full details on data comparability can be found in the Technical Appendix.

How to interpret these results

In this section, the confidence intervals surround the PTC data only and not the national data.

Assuming the sample is representative of your organisation, confidence intervals are a method of describing the uncertainty around these estimates. The most common methodology, which was used here, is to produce and report 95 percent confidence intervals around the results. At the 95 percent confidence level, the confidence intervals are expected to contain the true population value 95 percent of the time (i.e. out of 100 such intervals, 95 will include the true figure).

In this example below, the PTC scored 73% in 2022, and 53% in 2023. As the confidence intervals do not overlap, you could be statistically confident that there is "true" difference between the two.

EXAMPLE DATA ONLY

	2021	2022	2023
PTC	85%	73%	53%
National	75%	71%	80%
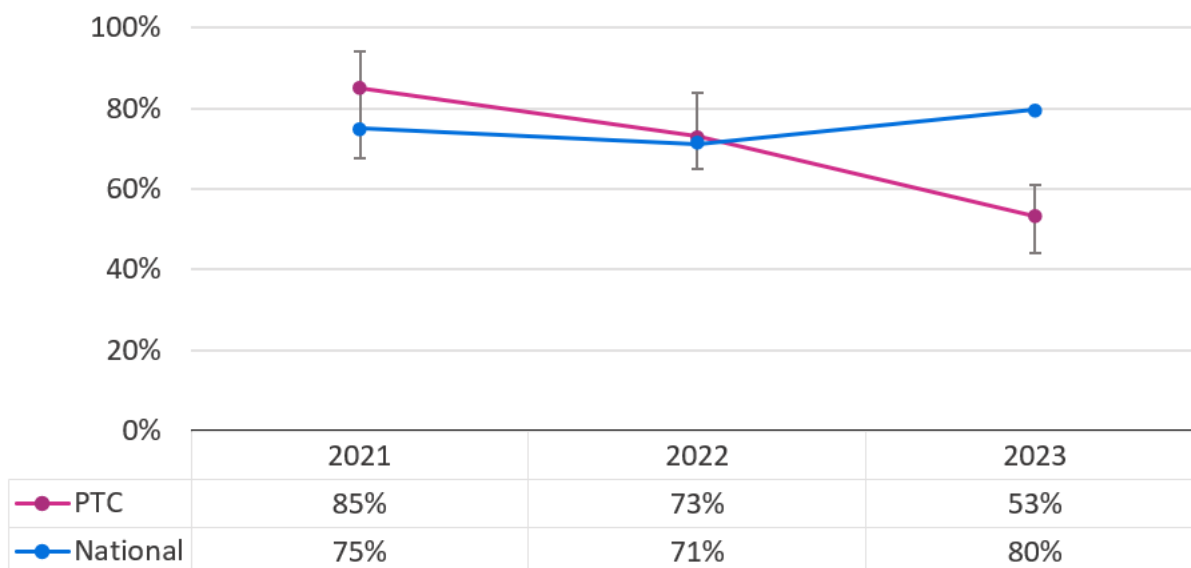
Finding out about the cancer or tumour

Figure 46: Parents or carers reported that their child saw a GP once or twice before they were referred to hospital
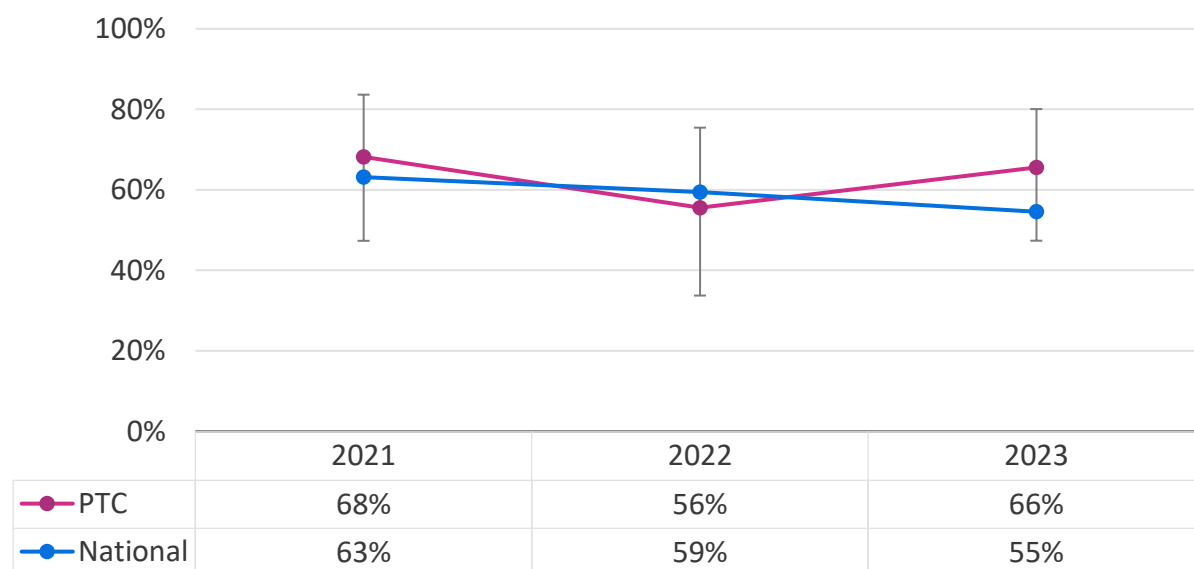
	2021	2022	2023
PTC	68%	56%	66%
National	63%	59%	55%

Question X03: Asked to parents or carers of all age groups whose children were told they had cancer or a tumour. Total PTC responses for 2021 = 22, for 2022 = 18, for 2023 = 29.

Figure 47: Parents or carers reported that they were definitely told about their child's cancer or tumour diagnosis in a sensitive way

	2021	2022	2023
PTC	82%	63%	65%
National	74%	73%	71%
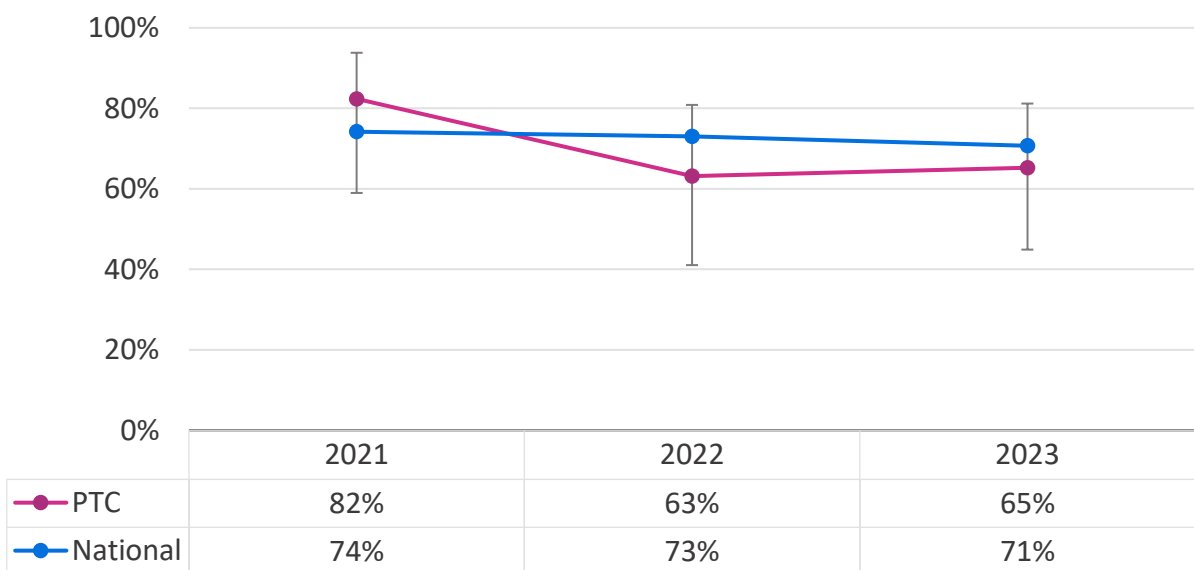
Question X07: Asked to parents or carers of all age groups who were told about their child's cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 19, for 2023 = 23.

Finding out about the cancer or tumour

Figure 48: Parents, carers, and children reported that information at diagnosis was definitely given in a way they could understand

	2021	2022	2023
PTC	76%	72%	71%
National	73%	69%	73%
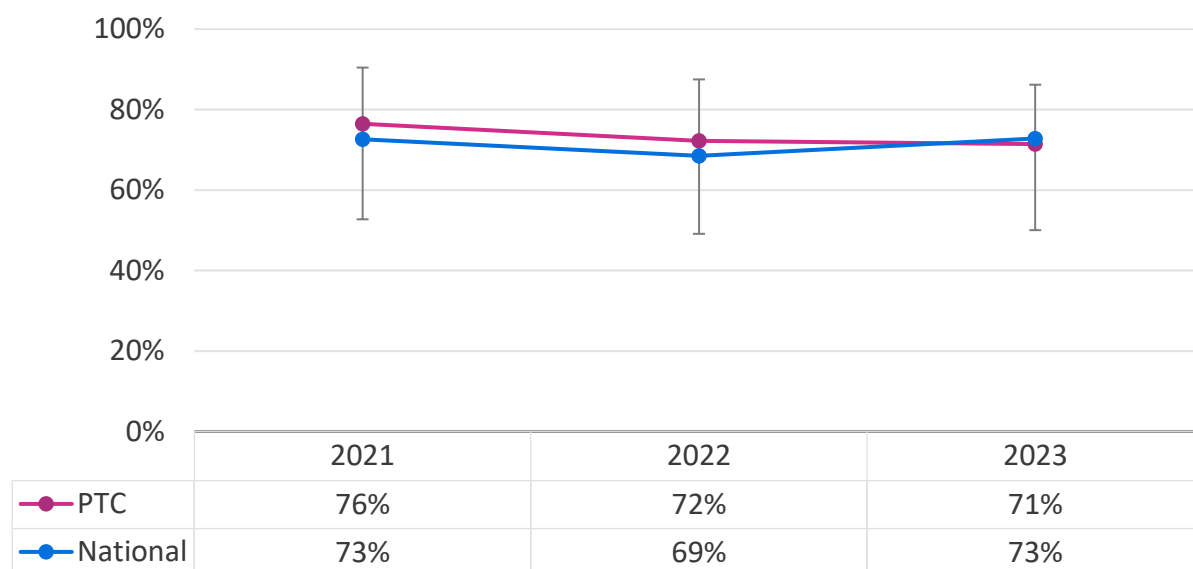
Question X08: Asked to parents or carers of 0-7s who were told about their child's cancer or a tumour, and children aged 8-15 who were told they had cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 18, for 2023 = 21.

Figure 49: Parents, carers, and children reported that they were definitely able to have questions answered after being told about the cancer or tumour
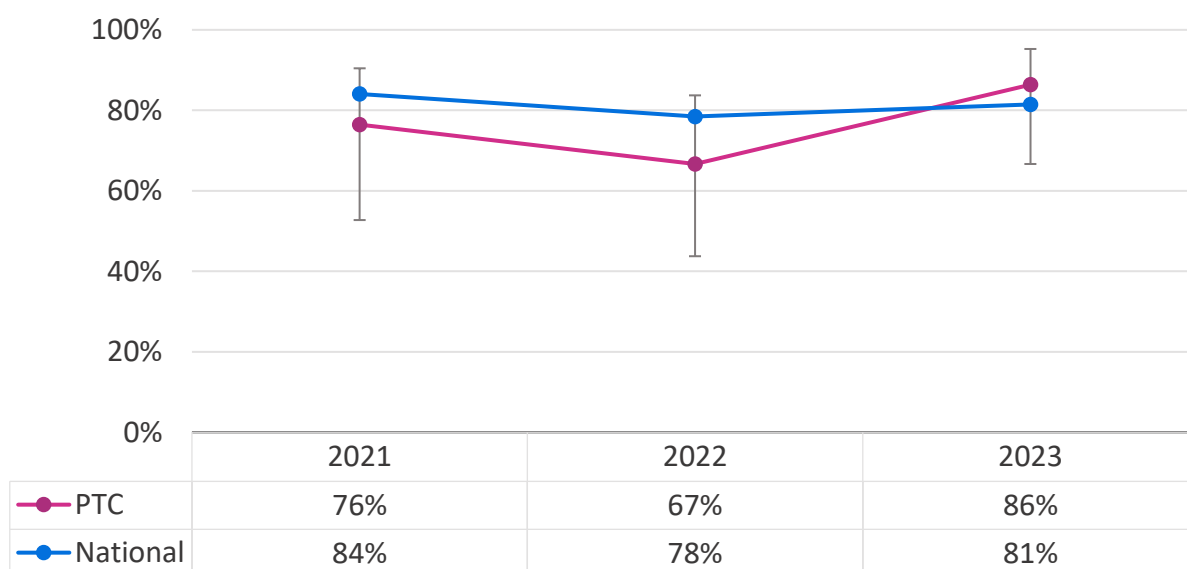
	2021	2022	2023
PTC	76%	67%	86%
National	84%	78%	81%

Question X09: Asked to parents or carers of 0-7s who were told about their child's cancer or a tumour, and children aged 8-15 who were told they had cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 18, for 2023 = 22.

Finding out about the cancer or tumour

Figure 50: Parents or carers reported that they were definitely able to find information about their child's diagnosis

	2021	2022	2023
PTC	71%	79%	57%
National	75%	74%	72%
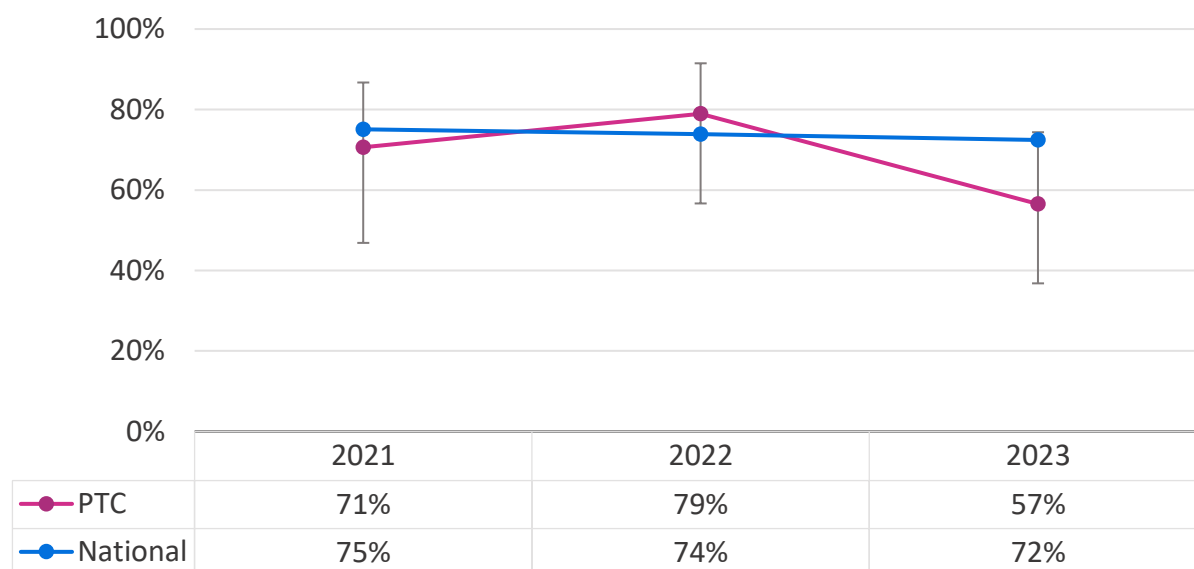
Question X10: Asked to parents or carers of all age groups who were told about their child's cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 19, for 2023 = 23.

Healthcare staff

Figure 51: Children felt that staff were always friendly
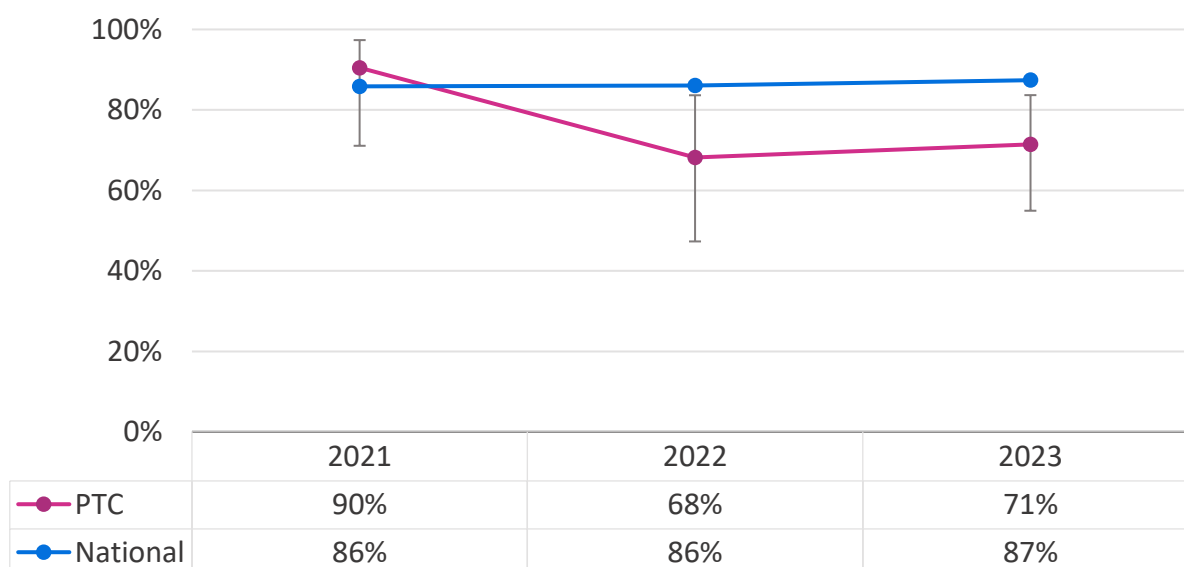
	2021	2022	2023
PTC	90%	68%	71%
National	86%	86%	87%

Question X12: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22, for 2023 = 35.

Healthcare staff

Figure 52: Children reported that they could always understand what staff were saying
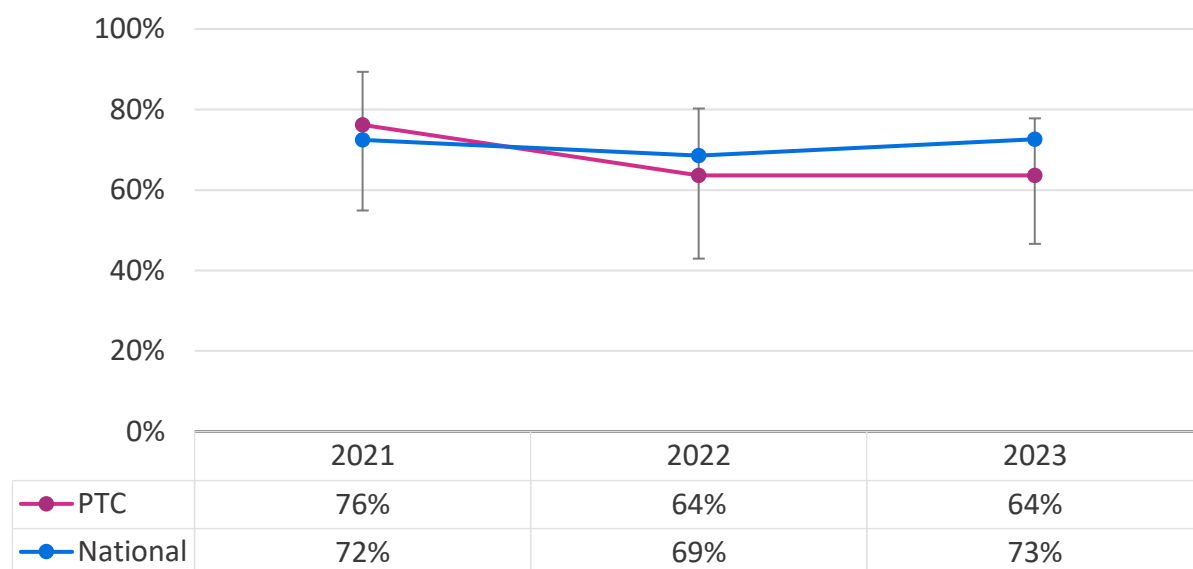
	2021	2022	2023
PTC	76%	64%	64%
National	72%	69%	73%

Question X13: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22, for 2023 = 33.

Figure 53: Children felt that staff always talked to them, not just their parent or carer
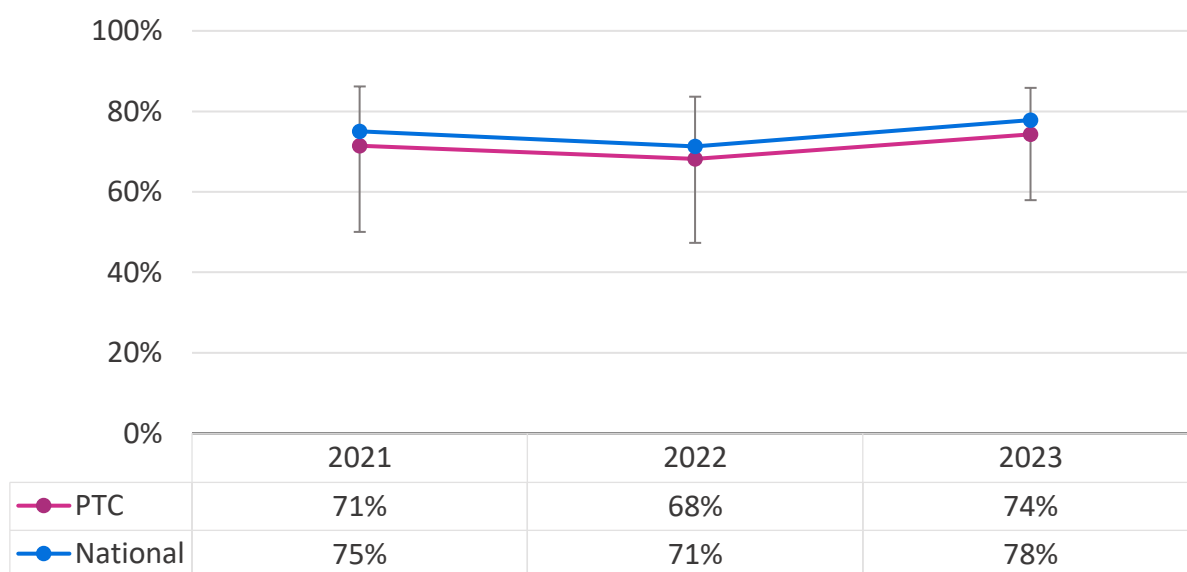
	2021	2022	2023
PTC	71%	68%	74%
National	75%	71%	78%

Question X14: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22, for 2023 = 35.

Healthcare staff

Figure 54: Children reported always or mostly seeing the same members of staff for their treatment and care

	2021	2022	2023
PTC	52%	59%	63%
National	59%	57%	59%
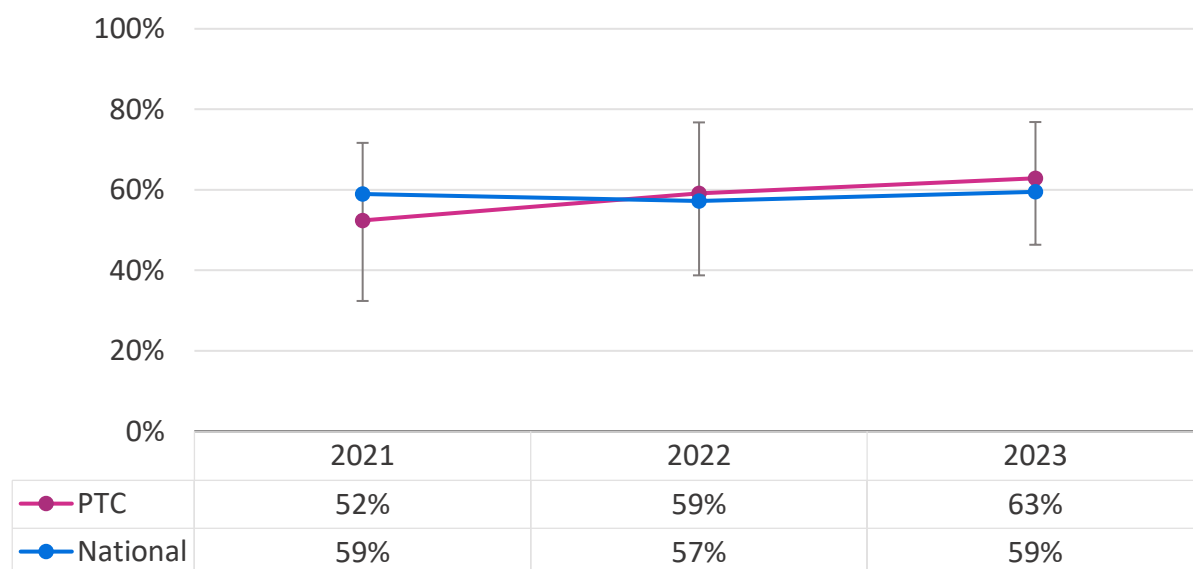
Question X15: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22, for 2023 = 35.

Figure 55: Parents or carers reported that they definitely had the chance to ask staff questions about their child's care and treatment

	2021	2022	2023
PTC	77%	74%	87%
National	86%	87%	84%
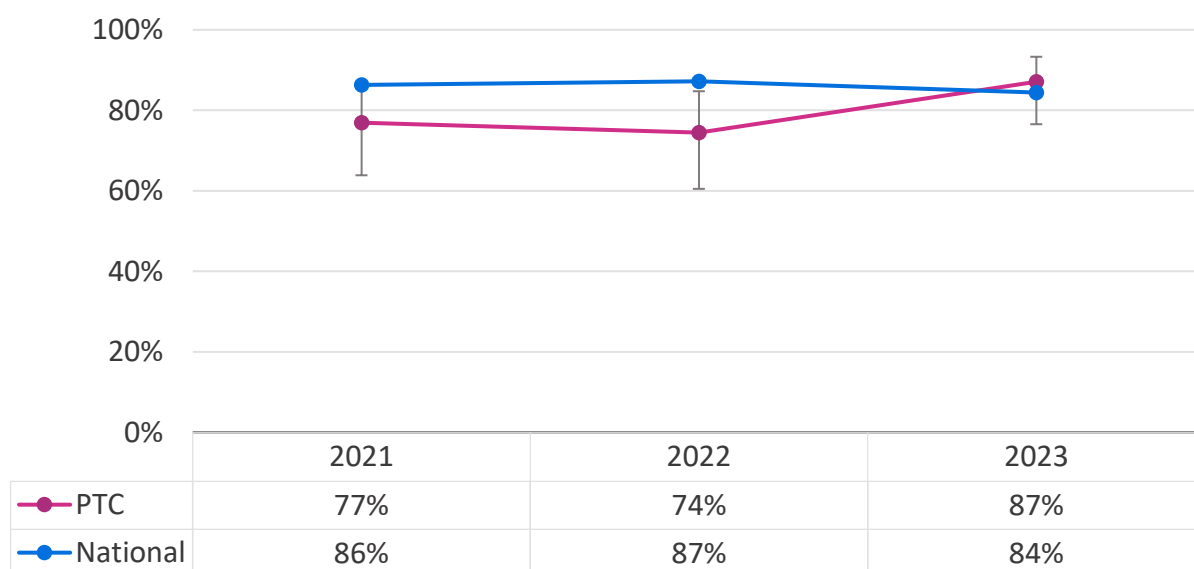
Question X16: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 47, for 2023 = 62.

Healthcare staff

Figure 56: Parents or carers felt that they and their child were always treated with respect and dignity by staff

	2021	2022	2023
PTC	90%	83%	77%
National	88%	91%	89%
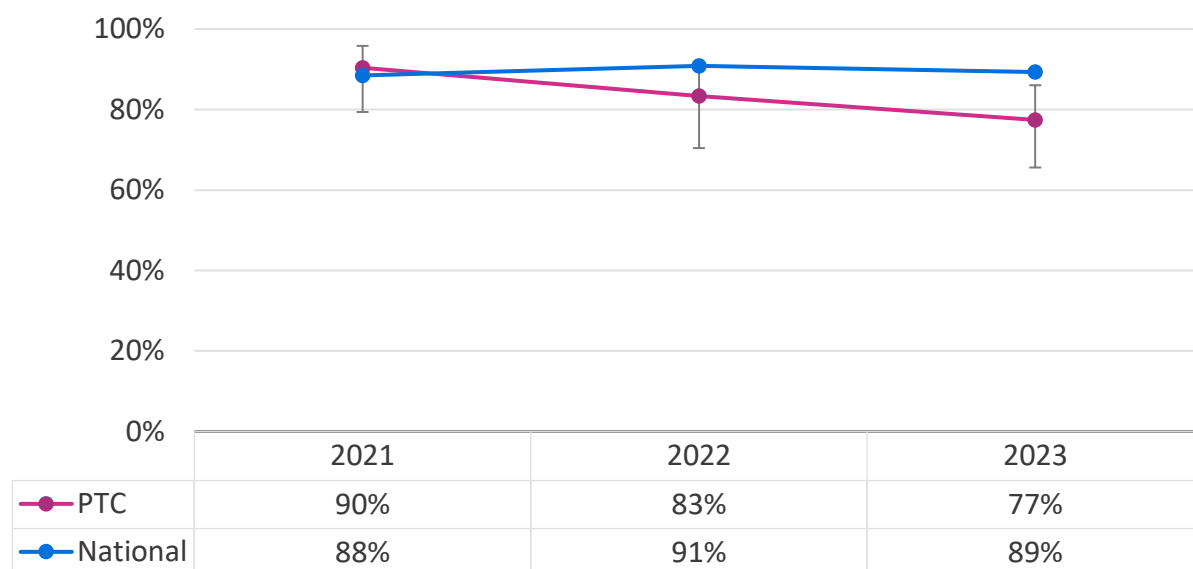
Question X17: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 48, for 2023 = 62.

Figure 57: Parents or carers felt they always had confidence and trust in staff caring for their child

	2021	2022	2023
PTC	79%	70%	72%
National	84%	83%	80%
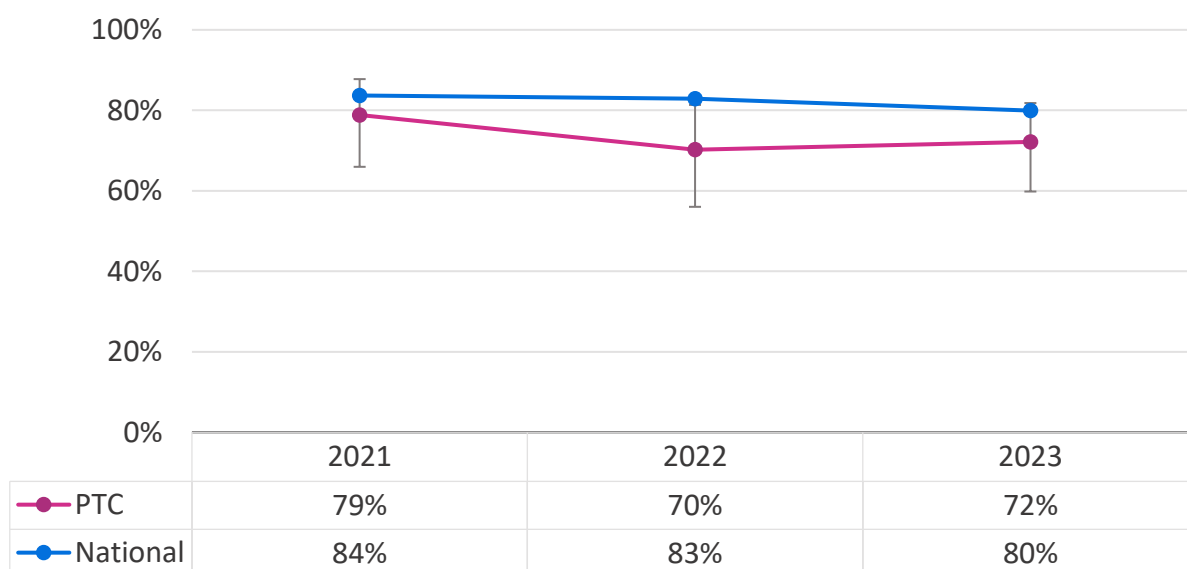
Question X18: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 47, for 2023 = 61.

Healthcare staff

Figure 58: Parents or carers felt that they were always treated with empathy and understanding by staff caring for their child

	2021	2022	2023
PTC	83%	77%	76%
National	82%	83%	82%
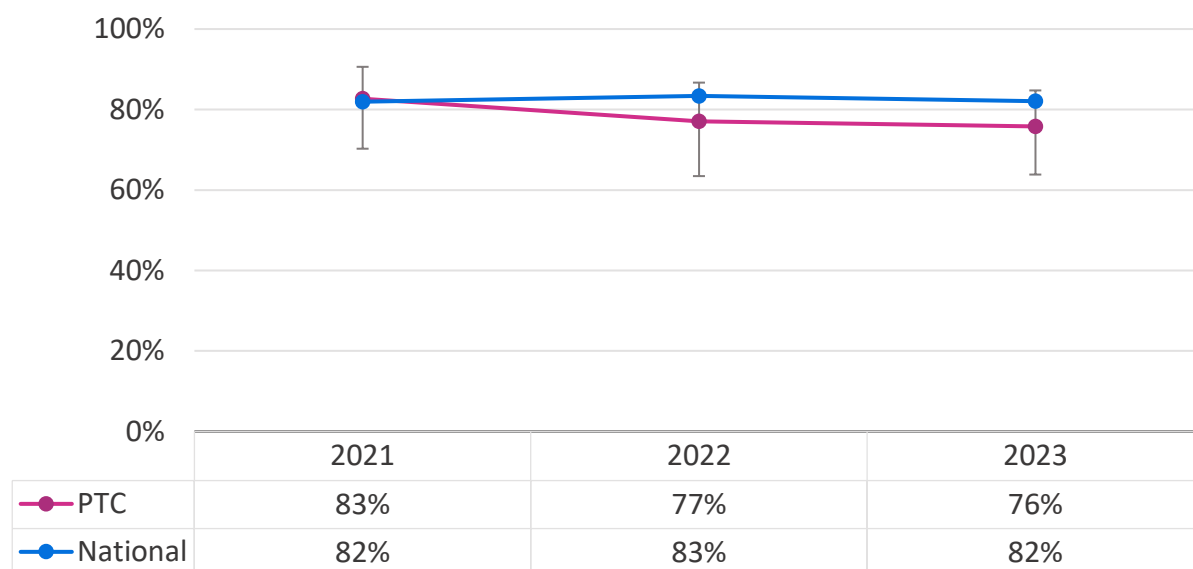
Question X19: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 48, for 2023 = 62.

Figure 59: Parents, carers, and children reported not being told different things by different members of staff that left them feeling confused
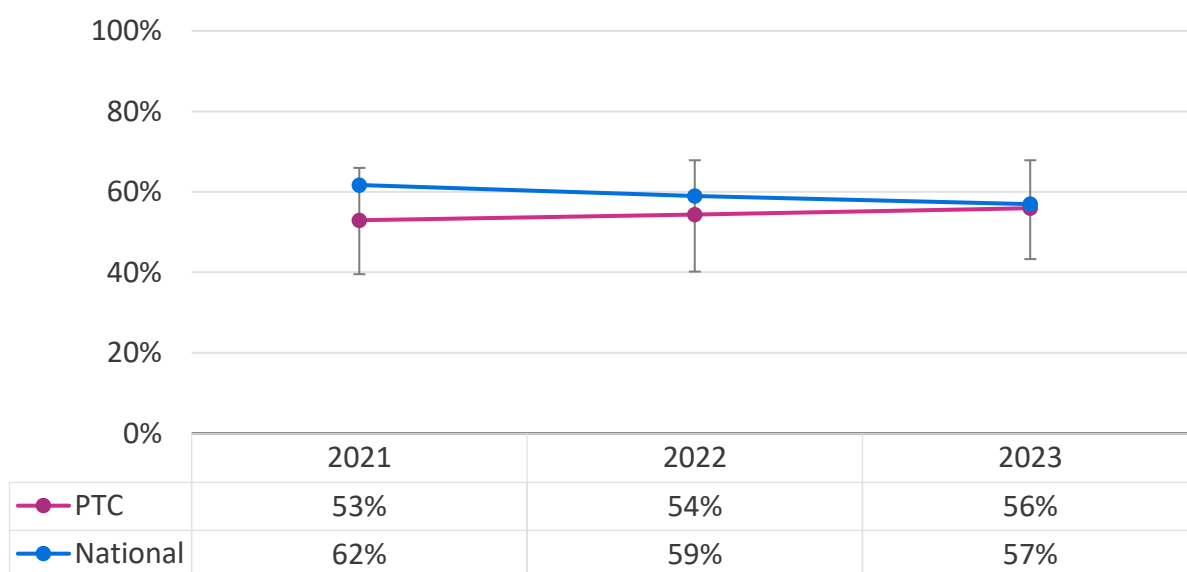
	2021	2022	2023
PTC	53%	54%	56%
National	62%	59%	57%

Question X20: Asked to parents or carers of 0-7s and children aged 8-15. Total PTC responses for 2021 = 51, for 2022 = 46, for 2023 = 59.

Healthcare staff

Figure 60: Parents or carers felt that staff were always sensitive to information shared with them when their child was in the room
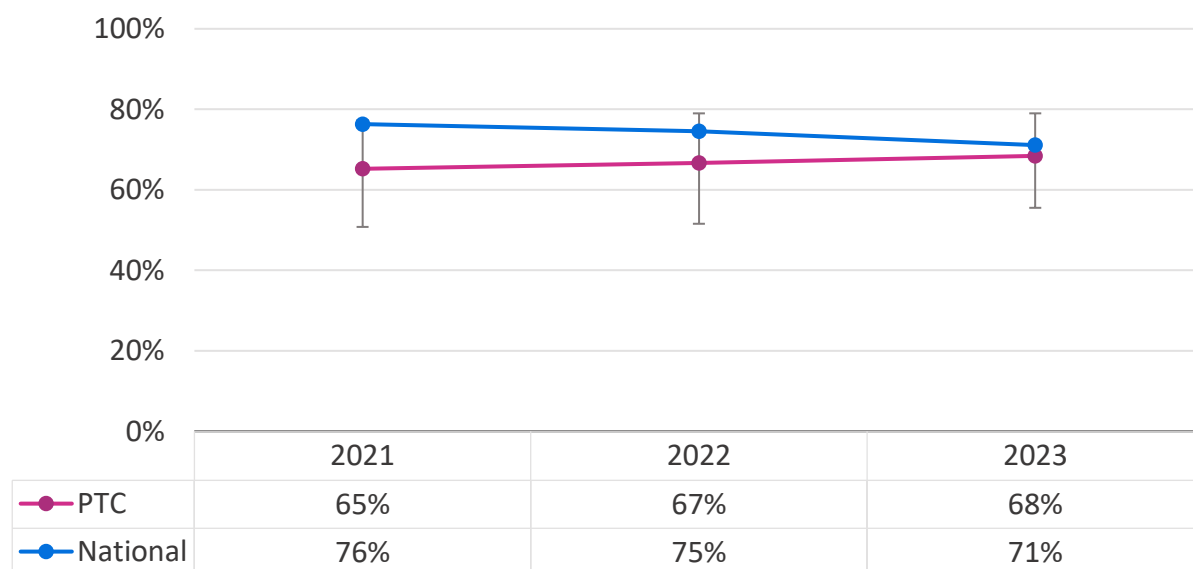
	2021	2022	2023
PTC	65%	67%	68%
National	76%	75%	71%

Question X21: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 46, for 2022 = 42, for 2023 = 57.

Figure 61: Parents or carers felt that healthcare staff always shared information with children in a way that was appropriate
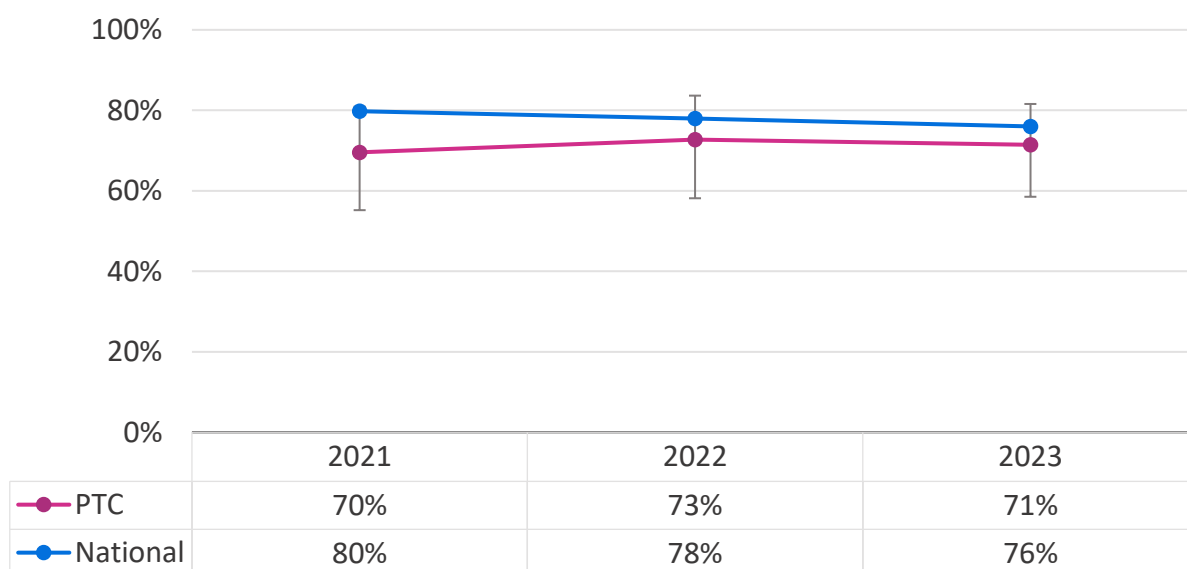
	2021	2022	2023
PTC	70%	73%	71%
National	80%	78%	76%

Question X22: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 46, for 2022 = 44, for 2023 = 56.

Healthcare staff

Figure 62: Parents or carers felt they had enough information about financial help or benefits

	2021	2022	2023
PTC	67%	72%	54%
National	69%	69%	66%
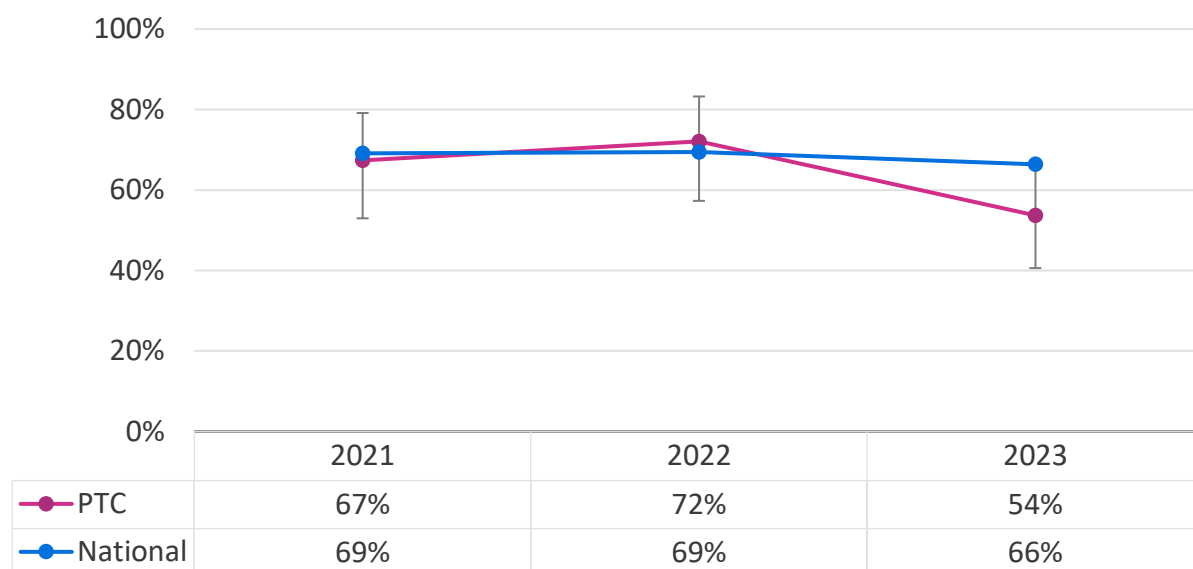
Question X25: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 46, for 2022 = 43, for 2023 = 54.

Child's care and treatment

Figure 63: Parents or carers felt that different hospital staff always worked well together

	2021	2022	2023
PTC	57%	47%	61%
National	66%	62%	62%
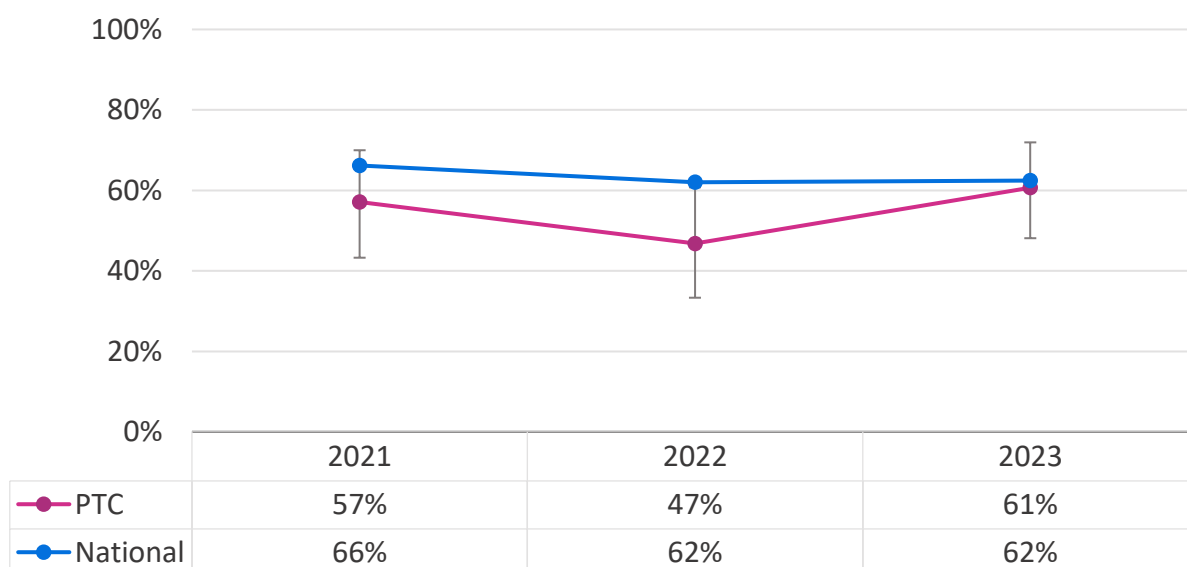
Question X26: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 49, for 2022 = 47, for 2023 = 61.

Child's care and treatment

Figure 64: Parents or carers felt that different hospital staff were definitely aware of their child's medical history

	2021	2022	2023
PTC	49%	50%	50%
National	57%	58%	54%
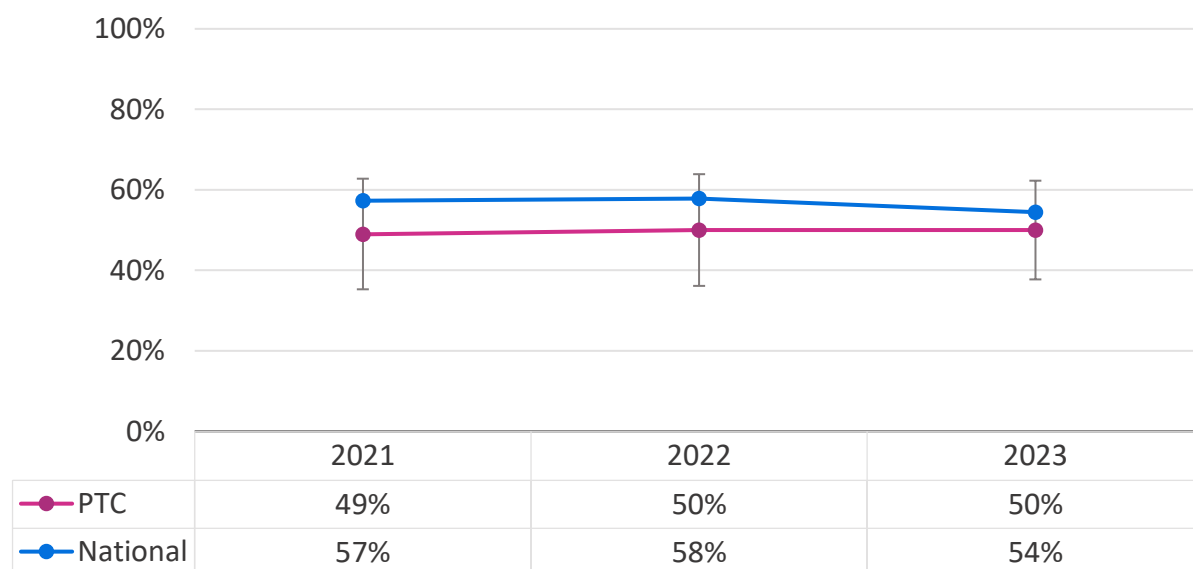
Question X27: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 47, for 2022 = 46, for 2023 = 60.

Figure 65: Parents, carers, and children felt they always knew what was happening with their child's or their care

	2021	2022	2023
PTC	53%	58%	54%
National	66%	64%	64%
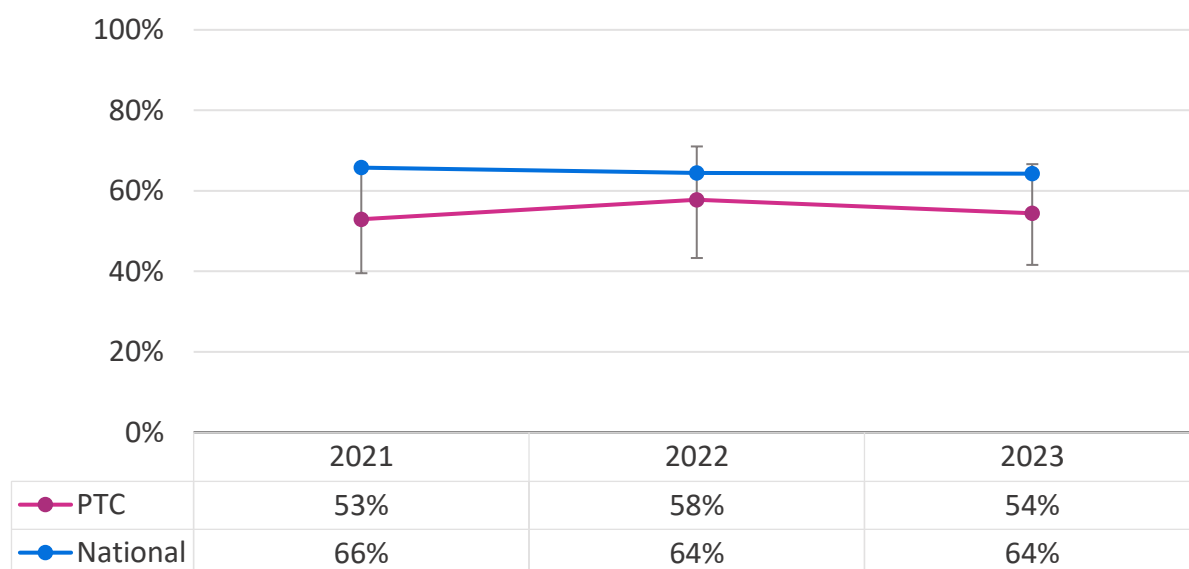
Question X28: Asked to parents or carers of 0-7s and all children aged 8-15. Total PTC responses for 2021 = 51, for 2022 = 45, for 2023 = 57.

Child's care and treatment

Figure 66: Parents, carers, and children felt they were definitely involved in their child's or their care and treatment

	2021	2022	2023
PTC	57%	67%	67%
National	68%	68%	69%
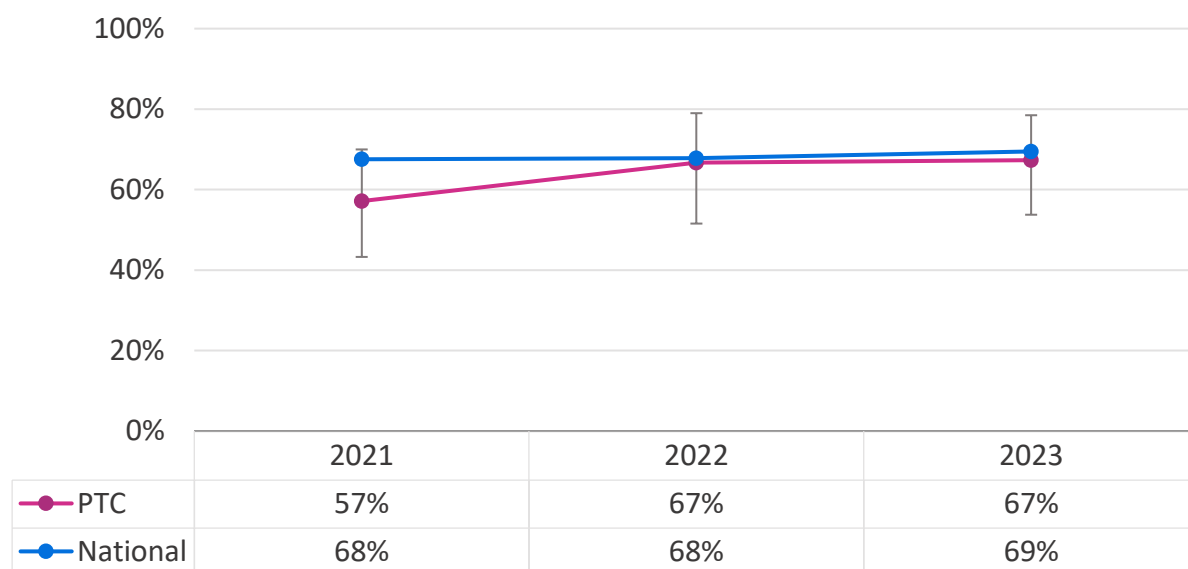
Question X29: Asked to parents or carers of 0-7s and all children aged 8-15 . Total PTC responses for 2021 = 49, for 2022 = 42, for 2023 = 52.

Figure 67: Parents or carers reported that there was a main person in the team looking after their child that they could contact about their care or treatment

	2021	2022	2023
PTC		89%	82%
National		89%	87%
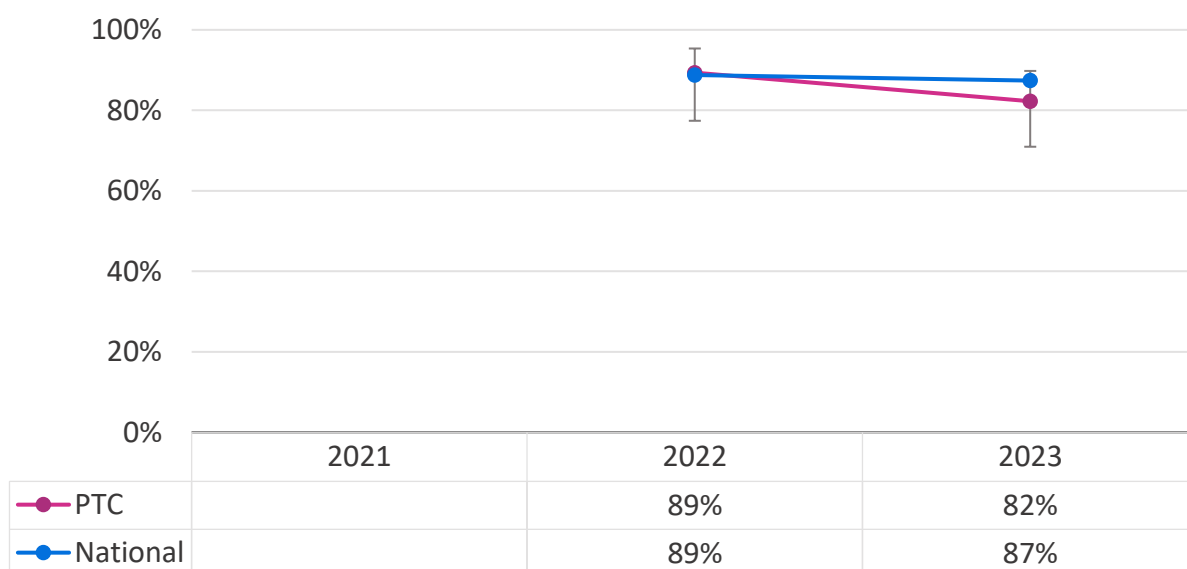
Question X31: Asked to parents or carers of all age groups. Total PTC responses for 2022 = 47, for 2023 = 62.

Child's care and treatment

Figure 68: Parents or carers reported that it was very easy to contact the main person in the team looking after their child

	2021	2022	2023
PTC		55%	52%
National		47%	47%
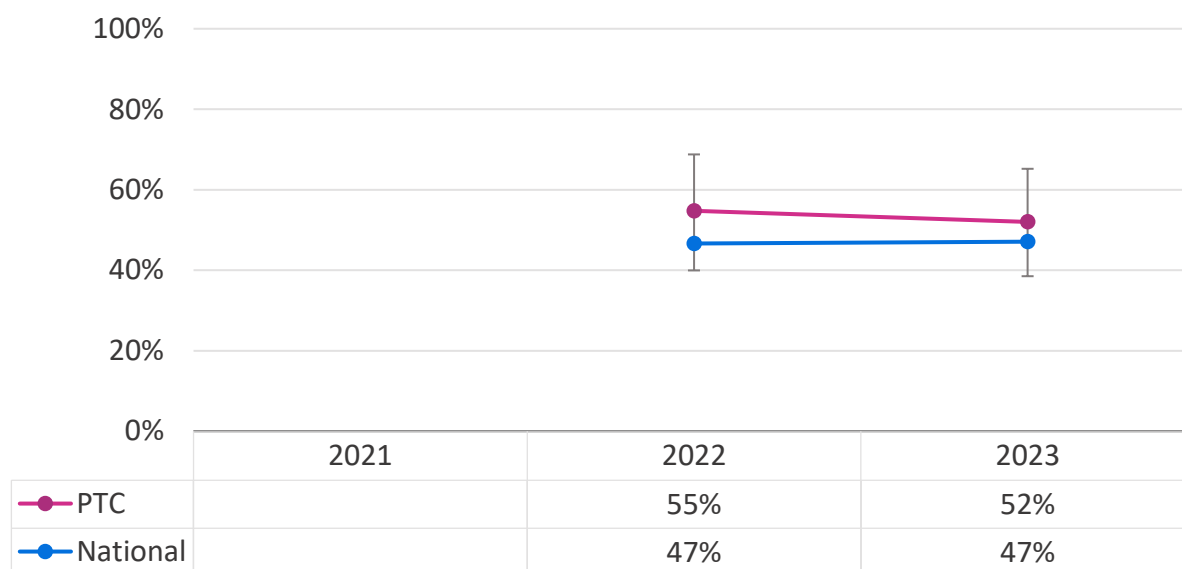
Question X32†: Asked to parents or carers of all age groups who could contact the main person looking after their child if needed. Total PTC responses for 2022 = 42, for 2023 = 50.

Figure 69: Parents or carers reported that they definitely had access to reliable help and support 7 days a week from the hospital

	2021	2022	2023
PTC	58%	50%	45%
National	63%	61%	58%
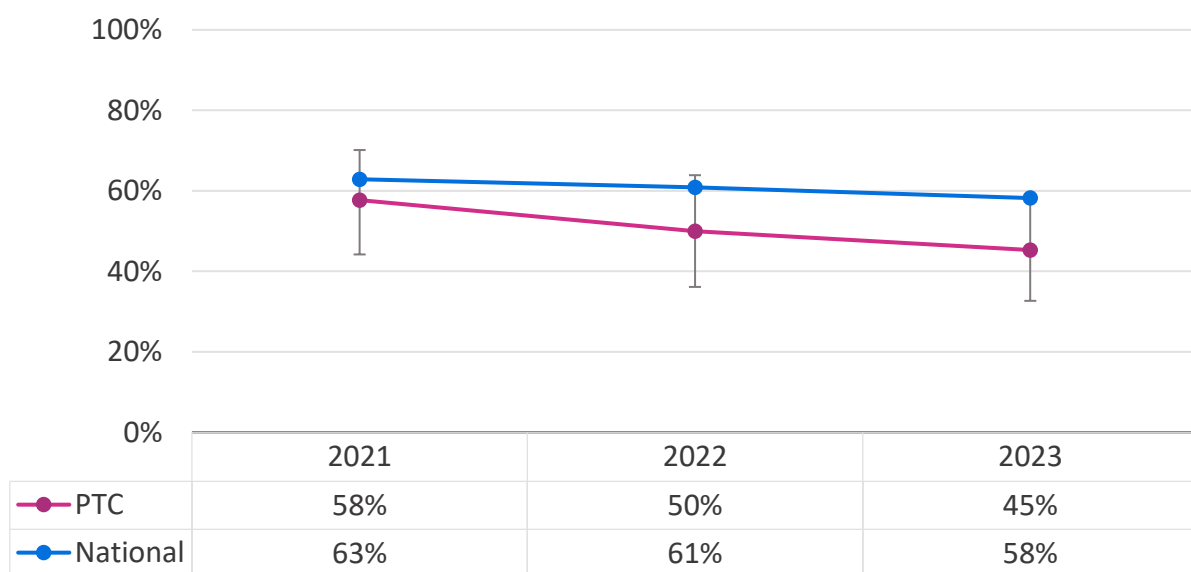
Question X33: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 46, for 2023 = 53.

† Due to changes in scoring X32, the 2022 score has been recalculated and so scores from published 2022 reports will not be comparable to this year's results.

Child's care and treatment

Figure 70: Parents or carers reported that their child's care and treatment was definitely offered at a time suitable for them and their family

	2021	2022	2023
PTC		47%	48%
National		56%	53%
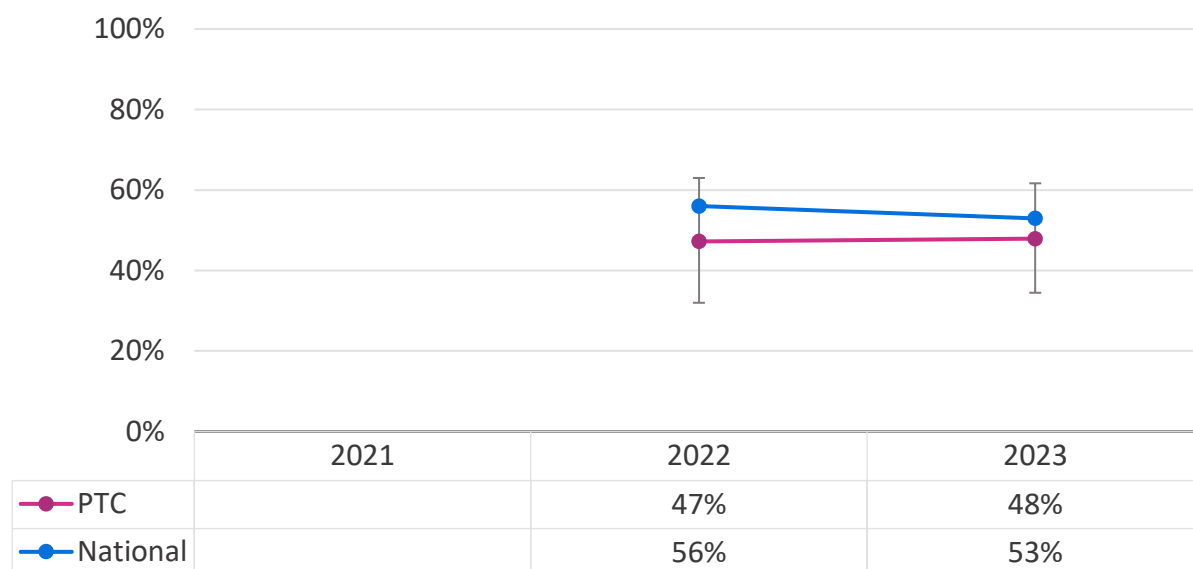
Question X34: Asked to parents or carers of all age groups. Total PTC responses for 2022 = 36, for 2023 = 48.

Figure 71: Parents or carers reported that they were definitely offered clear information about their child's treatment

	2021	2022	2023
PTC		85%	75%
National		85%	83%
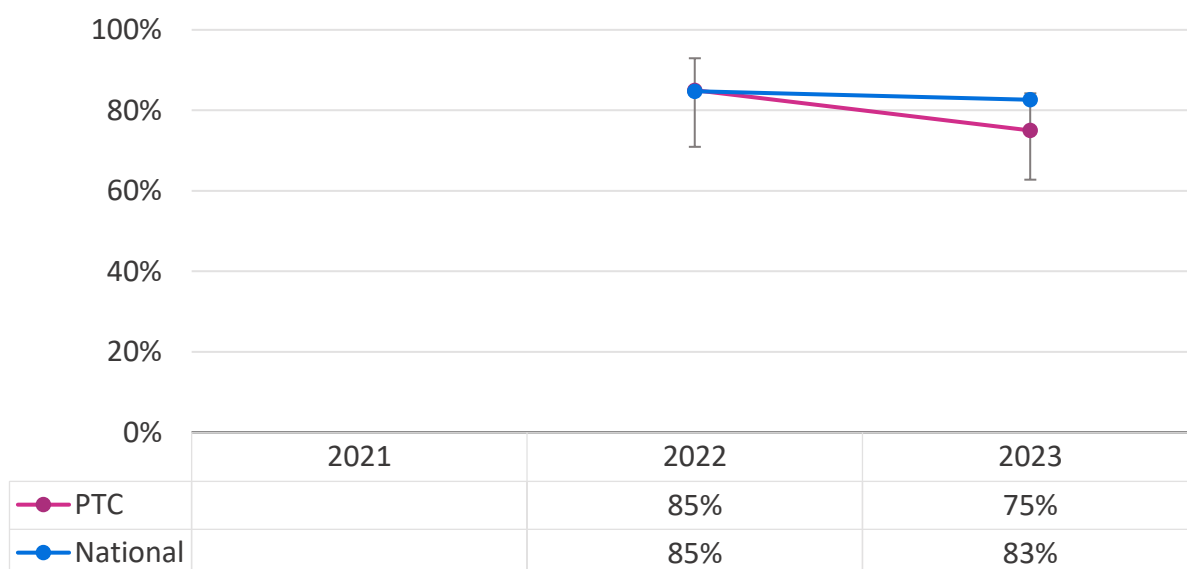
Question X36: Asked to parents or carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2022 = 40, for 2023 = 60.

Child's care and treatment

Figure 72: Parents or carers felt that staff definitely offered them enough time to make decisions about their child's treatment

	2021	2022	2023
PTC	80%	84%	67%
National	75%	79%	76%
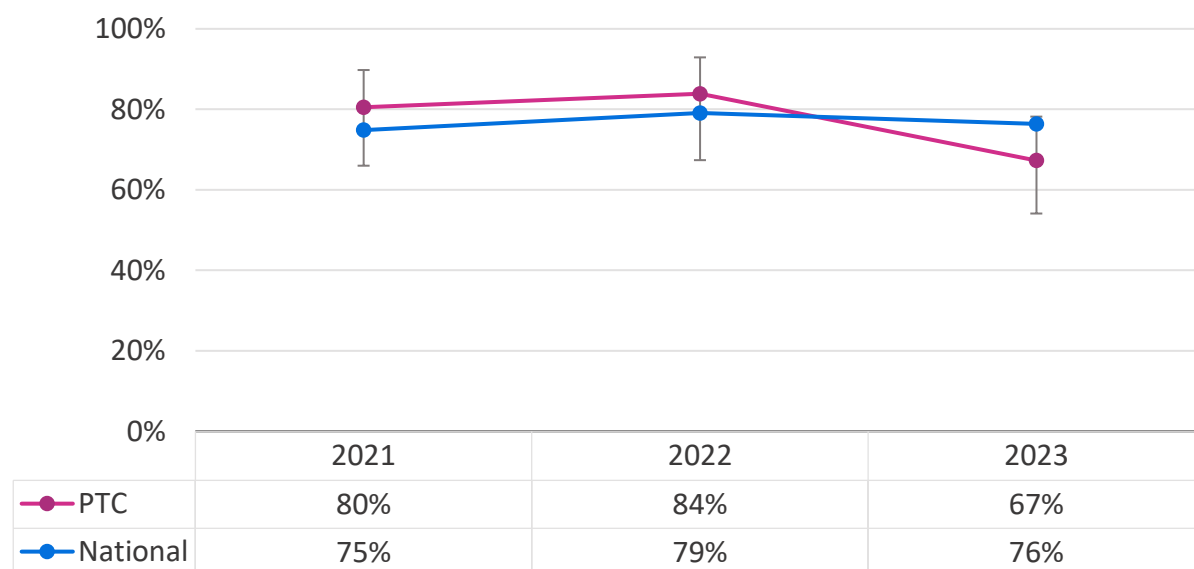
Question X37: Asked to parents or carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2021 = 41, for 2022 = 31, for 2023 = 55.

Figure 73: Parents or carers reported that staff definitely offered them support to help manage their child's treatment side effects

	2021	2022	2023
PTC	77%	59%	71%
National	73%	74%	71%
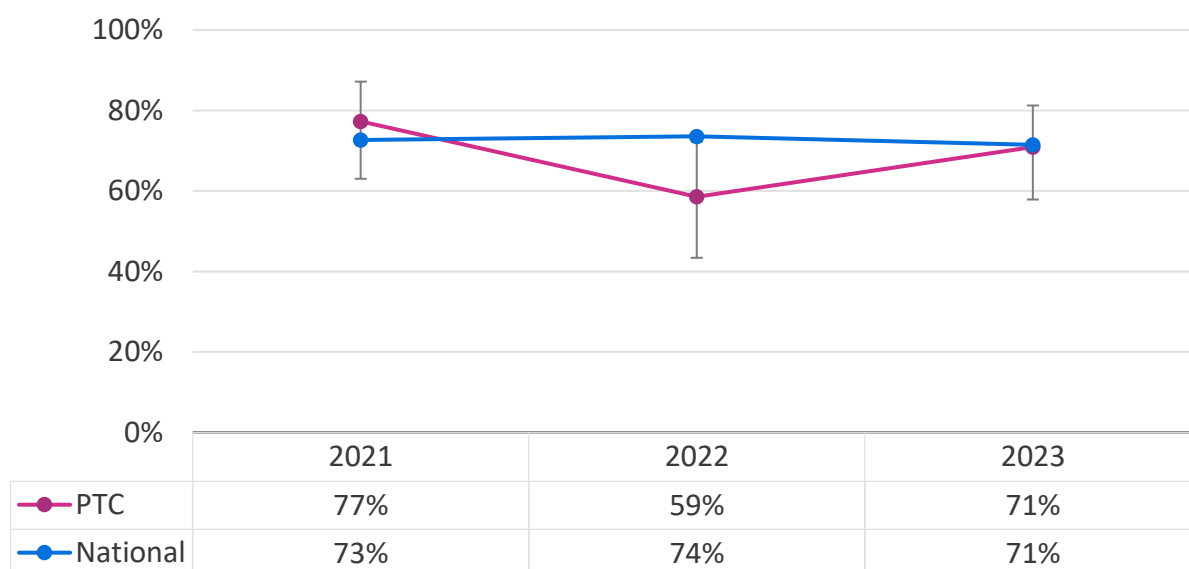
Question X38: Asked to parents or carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2021 = 44, for 2022 = 41, for 2023 = 55.

Care in hospital

Figure 74: Parents or carers felt they definitely received enough ongoing support from the hospital after their child's treatment ended

	2021	2022	2023
PTC	53%	24%	47%
National	57%	57%	62%
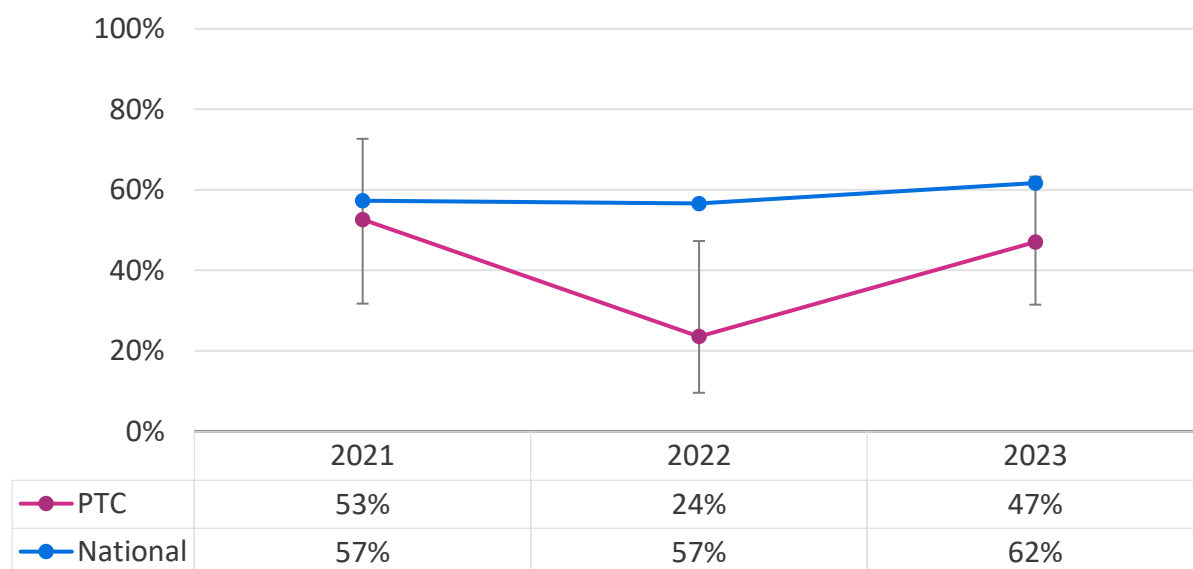
Question X39: Asked to parents or carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2021 = 19, for 2022 = 17, for 2023 = 34.

Figure 75: Parents, carers, and children felt that their child or they were always able to get help from staff on the hospital ward when they needed it
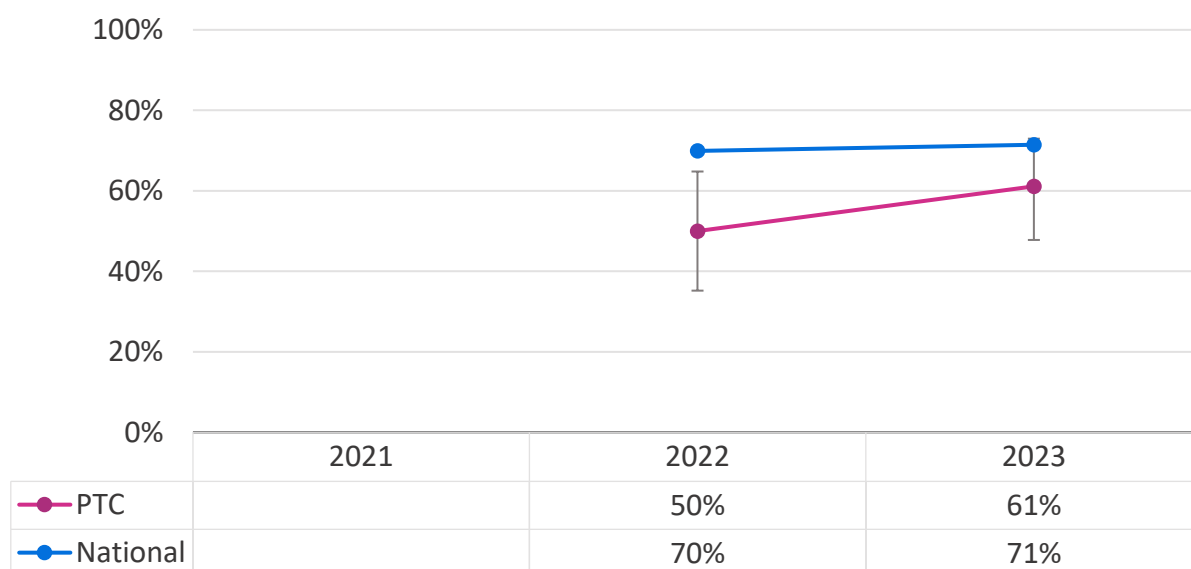
	2021	2022	2023
PTC		50%	61%
National		70%	71%

Question X42: Asked to parents or carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who have stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2022 = 40, for 2023 = 54.

Care in hospital

Figure 76: Parents, carers, and children felt that there were definitely enough things for their child to do in the hospital
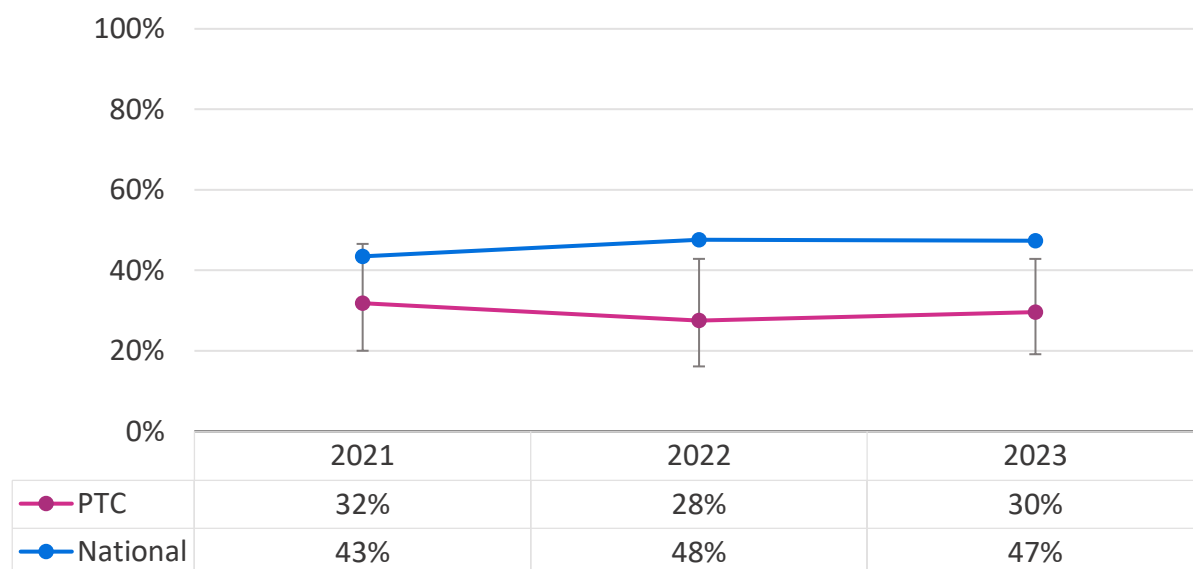
	2021	2022	2023
PTC	32%	28%	30%
National	43%	48%	47%

Question X43: Asked to parents or carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime, or for an overnight stay). Total PTC responses for 2021 = 44, for 2022 = 40, for 2023 = 54.

Figure 77: Parents, carers, and children reported always being given somewhere private to talk to staff when their child was in hospital

	2021	2022	2023
PTC	41%	48%	42%
National	52%	50%	50%
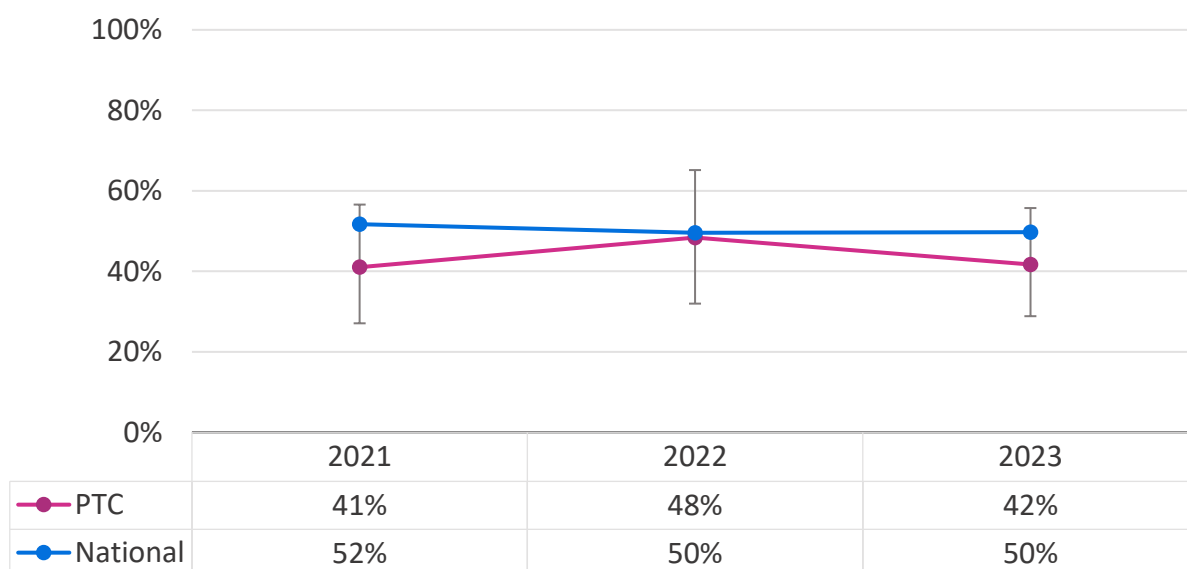
Question X45: Asked to parents or carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 39, for 2022 = 31, for 2023 = 48.

Care in hospital

Figure 78: Parents or carers reported that the hospital always offered play specialist support when they needed it

	2021	2022	2023
PTC		24%	43%
National		53%	52%
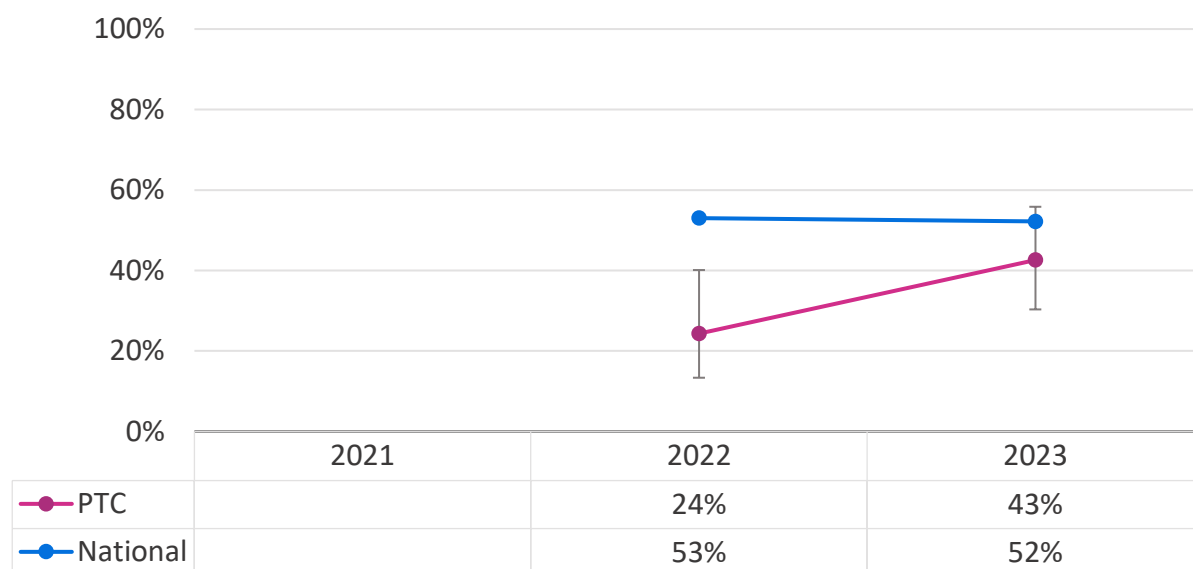
Question X46: Asked to parents or carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime, or for an overnight stay). Total PTC responses for 2022 = 37, for 2023 = 54.

Figure 79: Parents or carers reported that facilities for them to stay overnight were very good

	2021	2022	2023
PTC	7%	26%	30%
National	32%	31%	36%
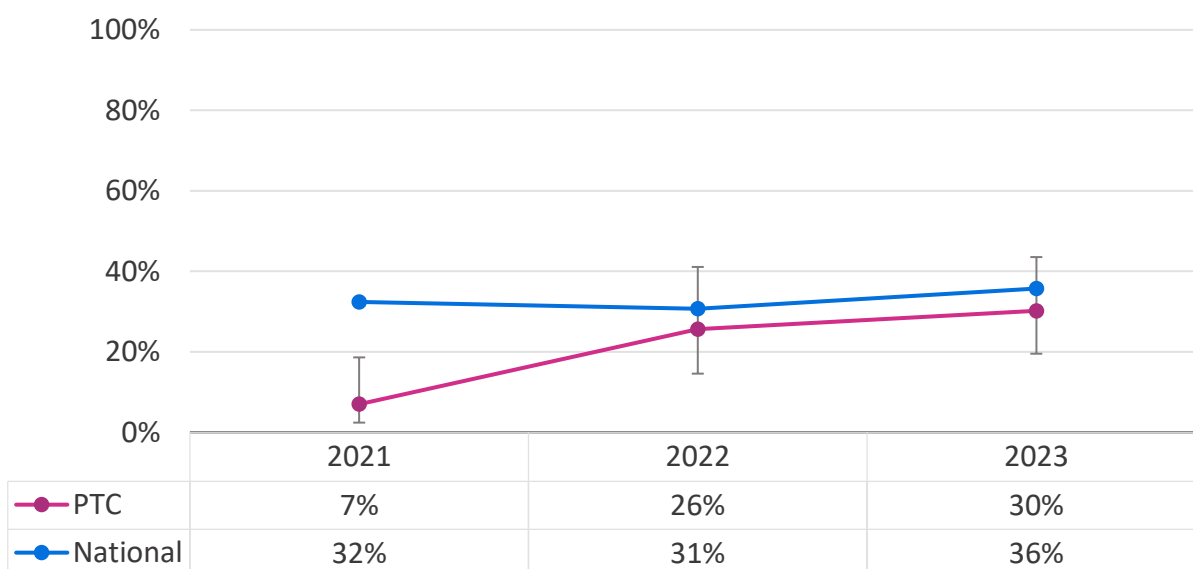
Question X48: Asked to parents or carers of all age groups whose children stayed in hospital and who stayed overnight with them (receiving treatment or care in the daytime, or for an overnight stay). Total PTC responses for 2021 = 43, for 2022 = 39, for 2023 = 53.

Care in hospital

Figure 80: Parents, carers, and children reported that it was always quiet enough for them to sleep in the hospital

	2021	2022	2023
PTC	14%	21%	33%
National	28%	27%	25%
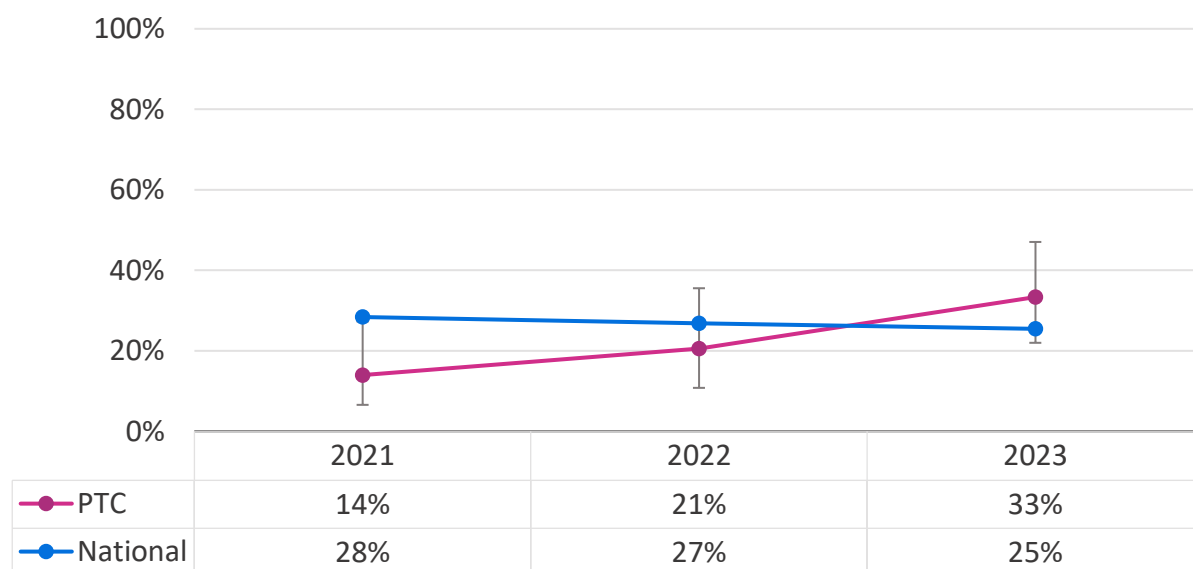
Question X49: Asked to parents or carers of children aged 0-7 whose children stayed in hospital and who stayed overnight with them, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 43, for 2022 = 39, for 2023 = 51.

Figure 81: Parents or carers reported they were definitely able to prepare food in the hospital if they wanted to

	2021	2022	2023
PTC	23%	38%	36%
National	36%	38%	40%
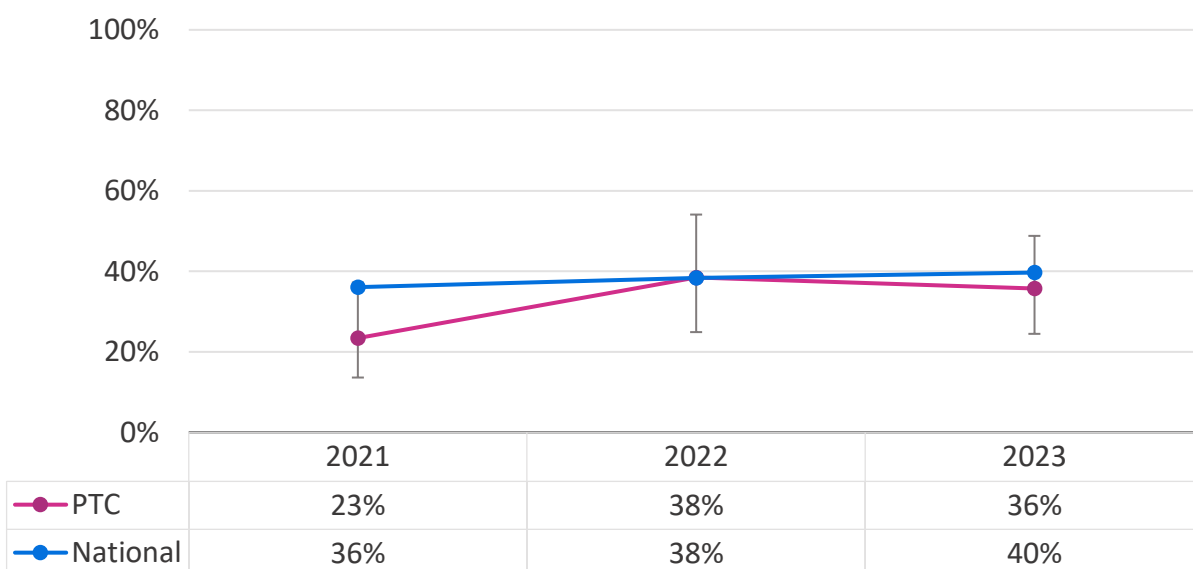
Question X50: Asked to parents or carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 47, for 2022 = 39, for 2023 = 56.

Care in hospital

Figure 82: Parents or carers felt that the hospital Wi-Fi always met the needs of them and their child

	2021	2022	2023
PTC	28%	60%	41%
National	34%	38%	36%
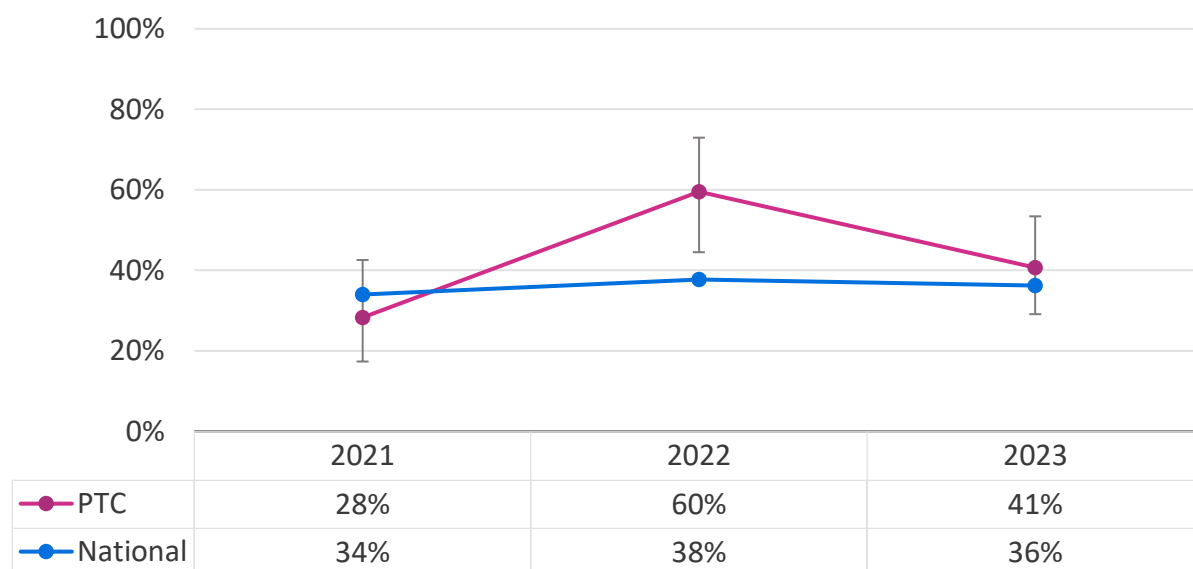
Question X51: Asked to parents or carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 46, for 2022 = 42, for 2023 = 59.

Figure 83: Parents or carers reported that their child had access to hospital school services during their stay in hospital

	2021	2022	2023
PTC	77%	85%	87%
National	69%	71%	70%
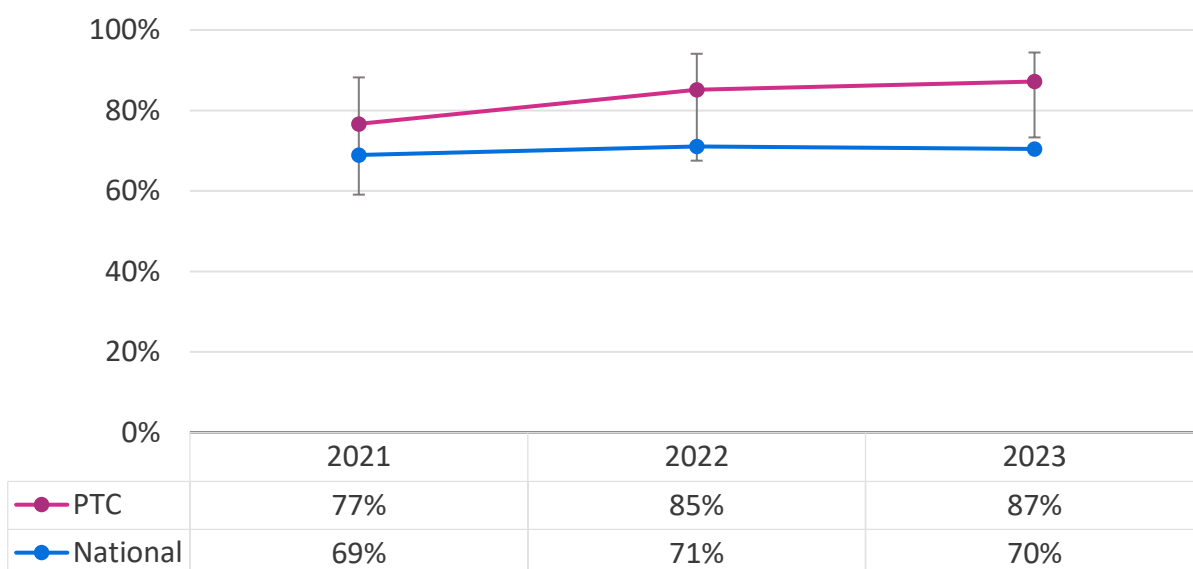
Question X52: Asked to parents or carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 30, for 2022 = 27, for 2023 = 39.

Care at home or at school

Figure 84: Parents, carers, and children felt that the nurses who came to their home or school were always friendly
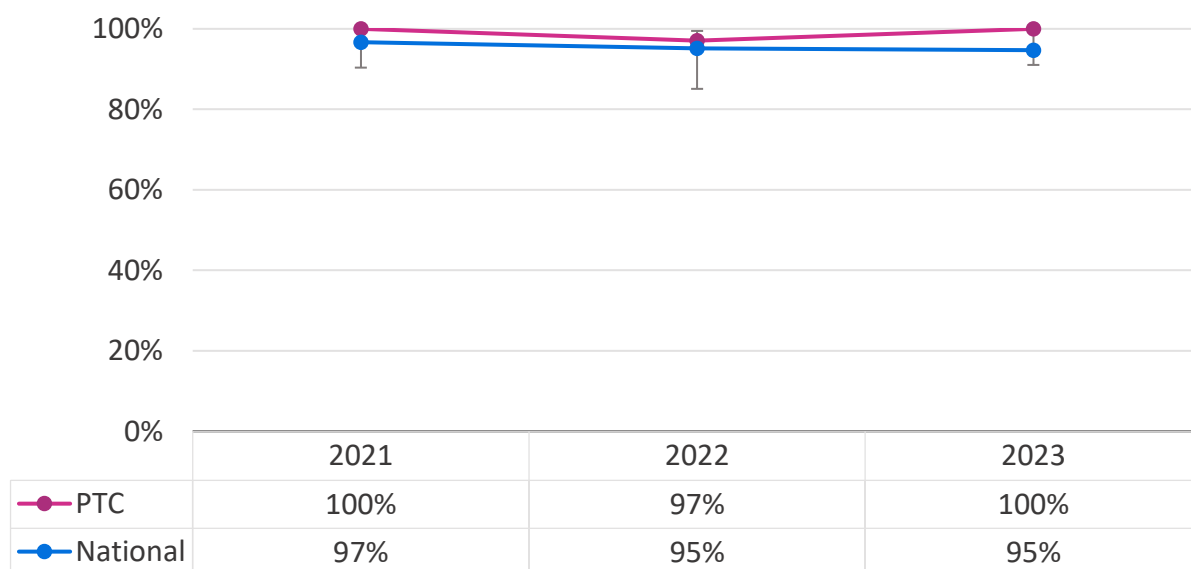
	2021	2022	2023
PTC	100%	97%	100%
National	97%	95%	95%

Question X54: Asked to parents or carers of children aged 0-7 whose children have been visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total PTC responses for 2021 = 36, for 2022 = 34, for 2023 = 39.

Figure 85: Parents, carers, and children reported that they always understood what nurses visiting their home or school were saying
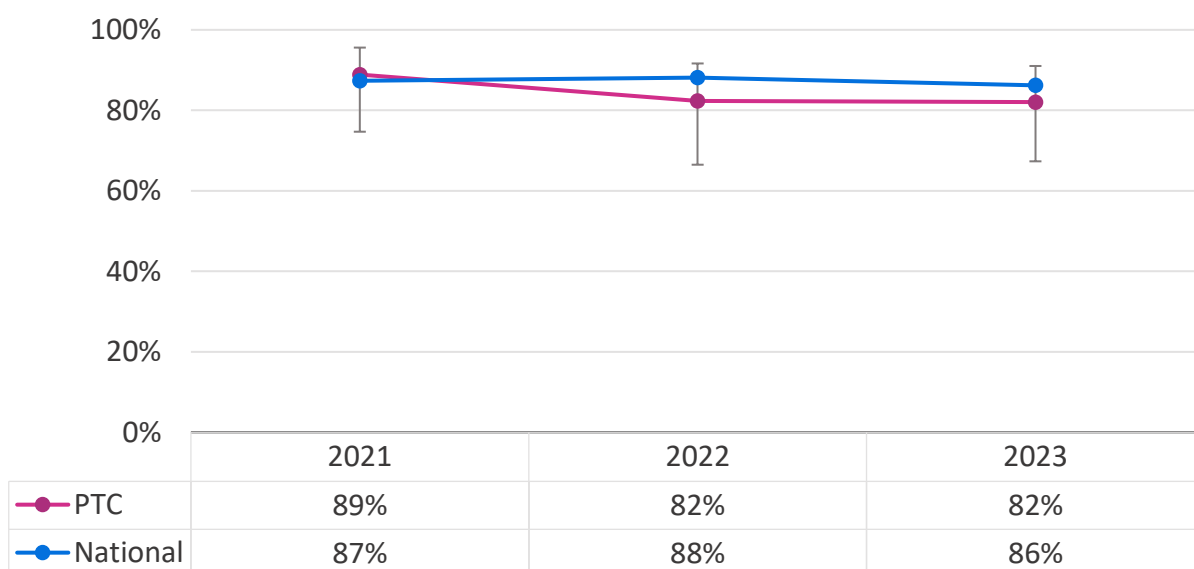
	2021	2022	2023
PTC	89%	82%	82%
National	87%	88%	86%

Question X55: Asked to parents or carers of children aged 0-7 whose child was visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total PTC responses for 2021 = 36, for 2022 = 34, for 2023 = 39.

Care at home or at school

Figure 86: Parents, carers, and children reported that the same nurses always came to their home or school

	2021	2022	2023
PTC	80%	88%	58%
National	41%	43%	42%
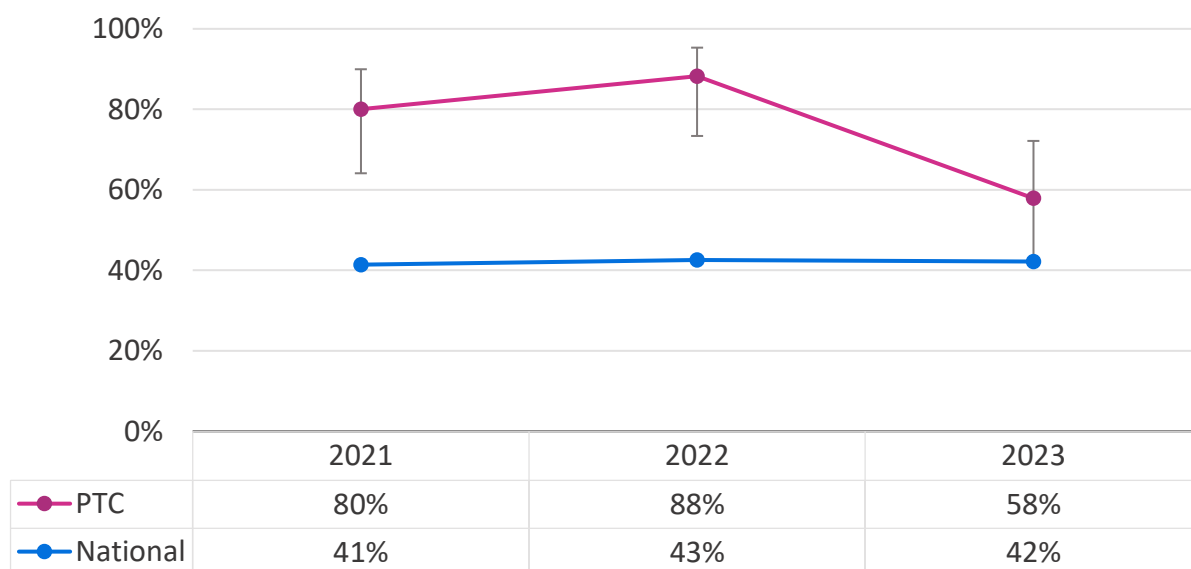
Question X56: Asked to parents or carers of children aged 0-7 whose child was visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total PTC responses for 2021 = 35, for 2022 = 34, for 2023 = 38.

Overall care

Figure 87: Parents, carers, and children reported that different hospitals providing cancer or tumour care always worked well together

	2021	2022	2023
PTC	56%	50%	51%
National	54%	51%	50%
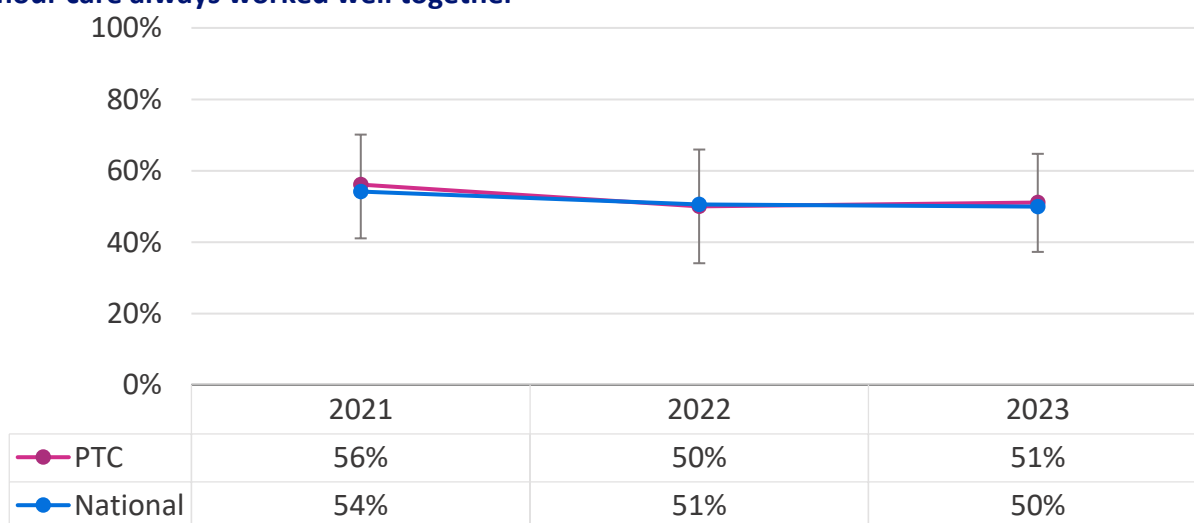
Question X57: Asked to parents or carers of children aged 0-11, and children aged 12-15. Total PTC responses for 2021 = 41, for 2022 = 34, for 2023 = 47.

Overall care

Figure 88: Parents or carers reported that the hospital where their child received most of their care is about or under an hour's travel from their child's home

	2021	2022	2023
PTC		70%	67%
National		66%	66%
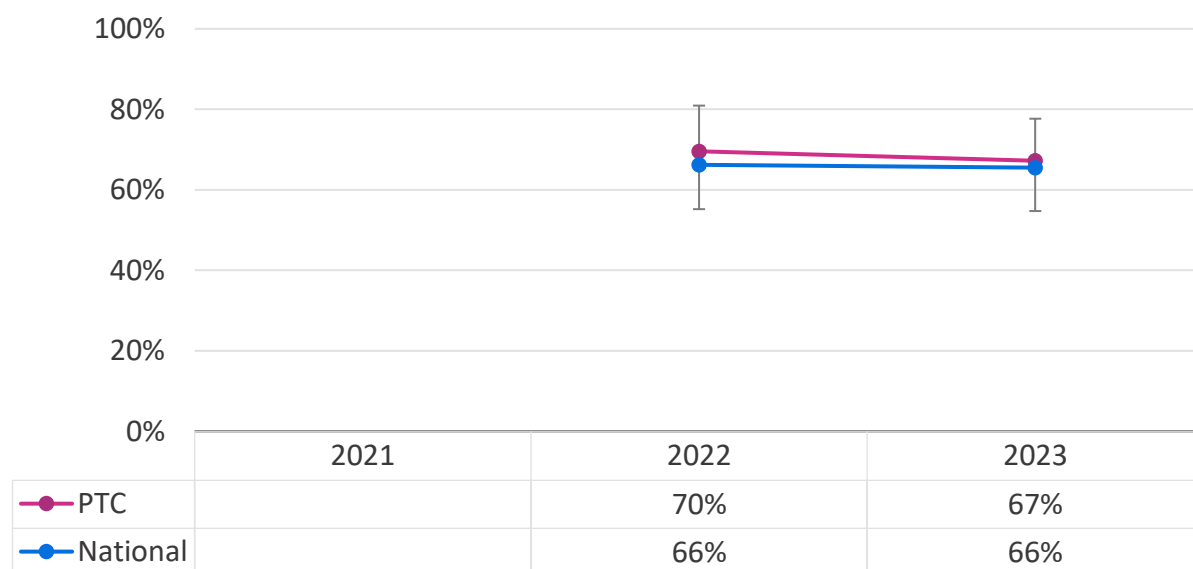
Question X58: Asked to parents or carers of all age groups. Total PTC responses for 2022 = 46, for 2023 = 61.

Figure 89: Parents or carers rated the overall experience of their child's care as 8 or more out of 10

	2021	2022	2023
PTC	82%	86%	80%
National	89%	89%	88%
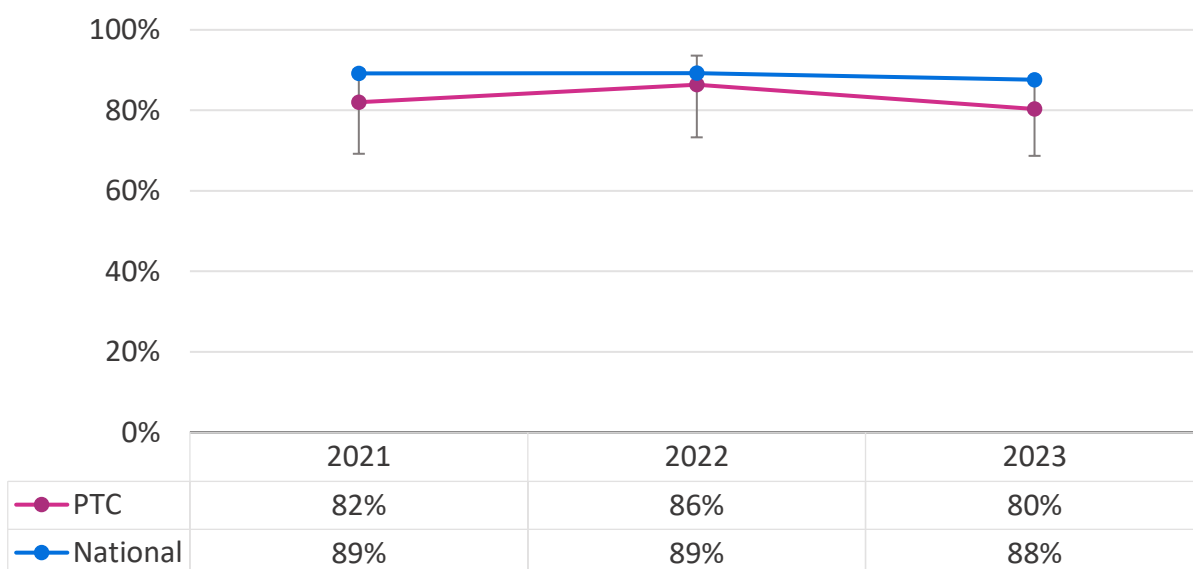
Question X59: Asked to parents or carers of all age groups. Total PTC responses for 2021 = 50, for 2022 = 44, for 2023 = 61.

Overall care

Figure 90: Children reported that they were very well looked after by staff for their cancer or tumour

	2021	2022	2023
PTC	86%	68%	77%
National	77%	75%	82%
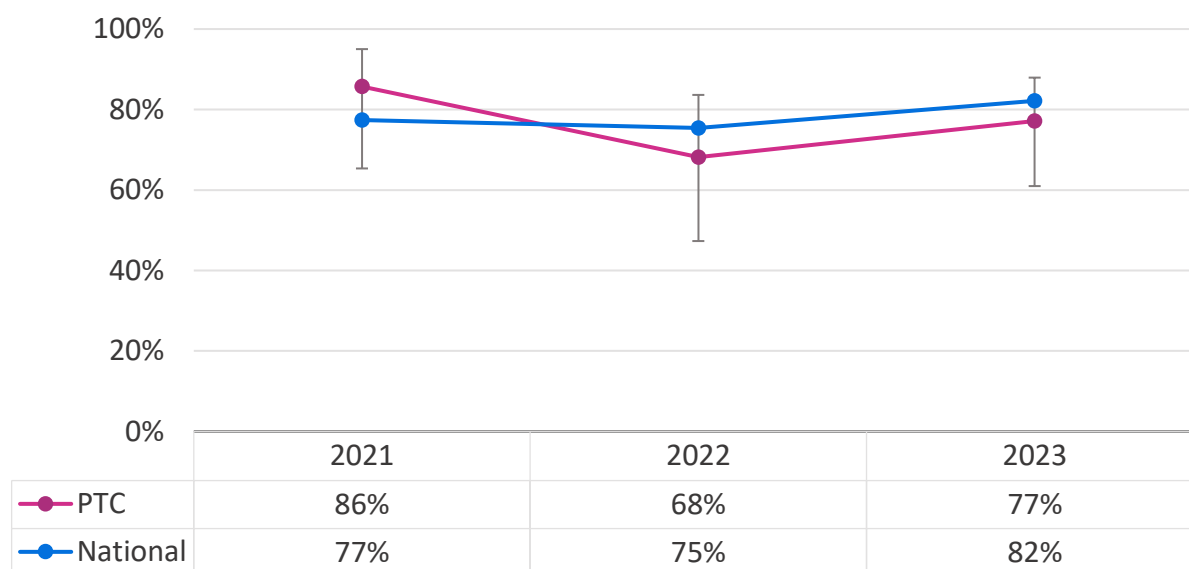
Question X60: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22, for 2023 = 35.

Further information

For more information on the Under 16 Cancer Patient Experience Survey visit the survey website.

If you have any questions about the survey, please do not hesitate to get in touch via email.

For full data tables showing results to all survey questions, please see the survey website.

Report To:	Meeting of the Trust Board in Public
Date of Meeting:	Tuesday 11th March 2025
Report Title:	2024 National Urgent and Emergency Care Survey
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 an analysis of the 2024 National Urgent and Emergency Care Survey Results for BRI ED and WGH ED and provide assurance to Board on improvement activity planned and underway.		

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

UHBW received a positive set of results for the 2024 National Urgent and Emergency Care Survey (UEC). UHBW ranks 13th out of 120 Trusts nationally (Top 10%) for overall experience. At site level, BRI ED ranks 10th place out of 175 ED sites nationally (top 10%) and WGH ED ranks 35th place (top 20%).

UHBW performs above the national average in all sections (groups of related questions) of the UEC survey. The highest performing sections include 'Respect and dignity', 'Tests', 'Support and care after leaving A&E' and 'Overall experience'. The lowest performing sections were 'Waiting' and 'Information to support recovery' (these were also the lowest scoring sections at a national level).

This is the first time that WGH ED was included in the sample for the survey following an agreement reached with CQC that WGH ED met the eligibility criteria for inclusion. It is therefore not possible to compare the results for UHBW with previous years.

The full CQC Benchmark Report is attached as Appendix A.

Actions taken and planned:
1. The results were shared with BRI and WGH ED Leadership teams at point of publication;
2. BRI ED and WGH ED Leadership teams reviewed the results and have produced patient experience action plans for their respective departments which are live documents that will be reviewed regularly. The action plans are included with the analysis report.
3. Friends and Family Test (FFT) data provides timely patient feedback for both BRI ED and WGH ED. The data is imported into the Patient Feedback Hub on a weekly basis, with ED management teams routinely logging in to review FFT scores and comments.

Strategic and Group Model Alignment

This work aligns to the Trust's Patient First strategic priority for improving experience of care.

Risks and Opportunities

Improvement opportunities as outlined in action plan.

Recommendation

This report is for **Information.**

The Board is asked to note the findings of the survey and associated action plans, the monitoring of which takes place via Division of Medicine and Weston Management Team.	
History of the paper (details of where paper has <u>previously</u> been received)	
Experience of Care Group	16th January 2025
Clinical Quality Group	5th February 2025
Appendices:	Appendix A - National UEC24 CQC Benchmark Report

Briefing report for the 2024 National Urgent and Emergency Care (UEC) Patient Survey Results for UHBW

1. National Survey methodology and national context

The National Urgent and Emergency Care (UEC) Survey takes place every two years and is part of the Care Quality Commission's (CQC) national survey programme. In total, 120 NHS trusts participated in the 2024 survey. Patients were eligible to receive a questionnaire if they were aged 16 years or older and had attended a Type 1 or Type 3 Emergency Department[1] during February 2024. The data is for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). The full set of results is available from the NHS Surveys website here

The 2024 survey has moved from a solely paper-based method to a mixed-mode approach, providing participants with the opportunity to complete an online or a paper questionnaire. A questionnaire was sent to 1250 patients that had attended the Bristol Royal Infirmary ED (BRI ED) and Weston General Hospital ED (WGH ED), with 277 responses received; a 23% response rate compared to 29% nationally[2]. This is the first time that WGH ED was included in the sample for the survey following an agreement reached with CQC that WGH ED met the eligibility criteria for inclusion. It is not possible to compare the results for UHBW with previous years given that WGH ED patients are now included.

At national level, findings showed that A&E and urgent treatment centre patients are experiencing long waits for initial assessment. Nearly half of A&E patients and over half of urgent treatment centre patients were not able to get help with their condition or symptoms while they waited. Nearly two-thirds of A&E patients are waiting over 4 hours to be admitted, transferred or discharged. During their visit, around a quarter of A&E and urgent treatment centre patients reported not being helped to control their pain. Some A&E and urgent treatment centre patients who needed further health and social care said this was not discussed before leaving. Of those that did, over 1 in 5 said the services were not available when needed.

2. Headline results

UHBW ranks 13th out of 120 Trusts nationally (Top 10%) for overall experience in the UEC24 survey and ranks 3rd highest in the Southwest region and 4th highest of large city-centre acute Trusts with a score of 8 out of 10. This excludes any specialist UEC providers.

At an Emergency Department (ED) level, BRI ED ranks 10th place out of 175 type 1 ED sites nationally (top 10%) and WGH ED ranks 35th place (top 20%).

The 2024 results for UHBW show:

- UHBW scores **better** than the national average for **6 questions**:
  - While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
  - Did you have enough time to discuss your condition and treatment with the doctor or nurse?

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[1] Type 1 Departments are defined as "consultant led 24 hour service with full resuscitation facilities and designated accommodation for patients".

[2] The response rate calculation excludes questionnaires that could not be delivered.

- If you needed help to take medication for any pre-existing medical conditions, did staff help you?
- Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?
- While you were in A&E, were you able to get food or drinks?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?

- Results were **about the same** as other Trusts for the **remaining 23 questions**
- There were **no questions where the Trust scores worse than the national average**

At a site level, BRI ED scored better than the national average for 18 questions and WGH scores better than the national average for two questions and the details of which can be found in the full Benchmarking report.

3. Analysis of survey results

Chart 1 shows the key touchpoints of an "average" patient journey at the BRI and WGH EDs for patients attending in February 2024 (i.e. the period covered by the national survey). These touchpoints are calculated in sections based on the average of a cohort of related question scores in the survey.

At Trust level, UHBW scored above the national average in all sections of the patient journey and in most cases the scores follow a similar trend to that of the national results. Data is not displayed if fewer than 30 responses were received.

BRI ED scored above the national average in all sections where there were comparable numbers of responses (i.e. 30 or more). WGH ED scored above the national average for the section scores of, 'Communication with doctors and nurses', 'Tests' and 'Overall experience', and scored higher than BRI ED and national average for 'Environment and facilities'. This is in part due to the geographical locations of the departments.

Chart 1: Key touchpoints in the patient journey in the UHBW Emergency Departments
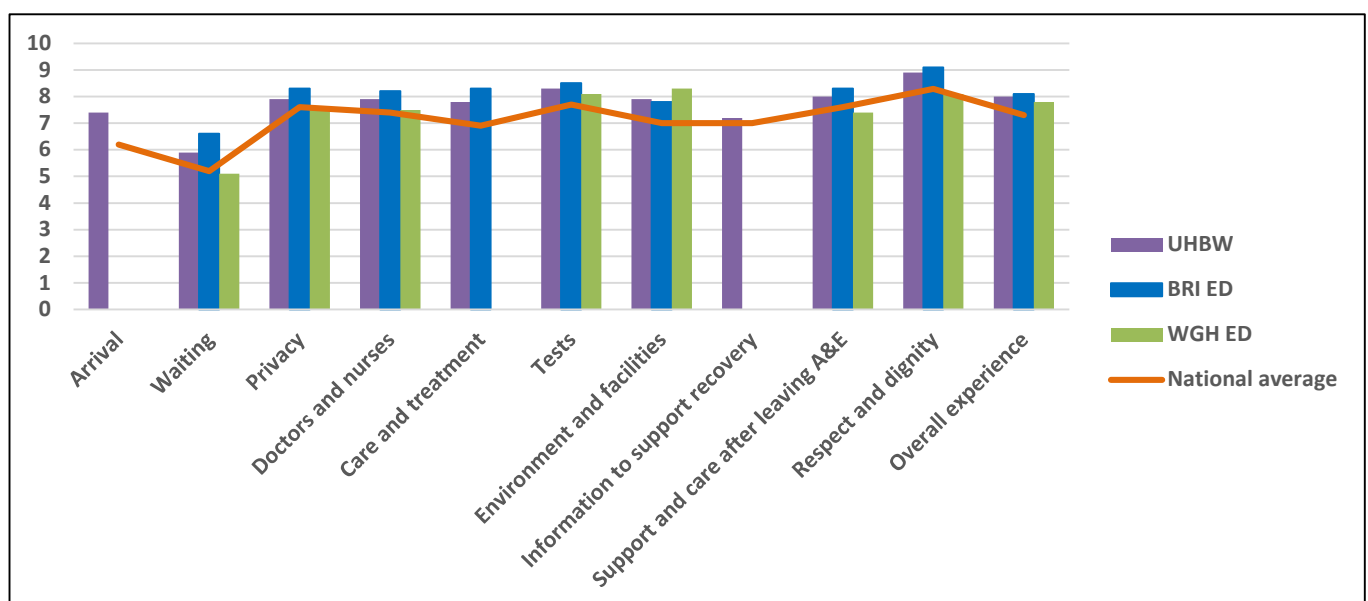
4. Benchmarking

The following section compares UHBW's performance in the 2024 National UEC survey to other Trusts nationally and regionally using the overall experience of care question. In the 2024 National UEC survey, UHBW patients gave the Trust an overall experience rating of 8 out of 10. This compares to a national average on this survey question of 7.3 and puts UHBW in the top 10% of trusts nationally. This places UHBW 13th out of 120 Trusts.

Chart 2: Overall experience rating question score – UHBW vs national profile

Each vertical line represents an individual NHS trust
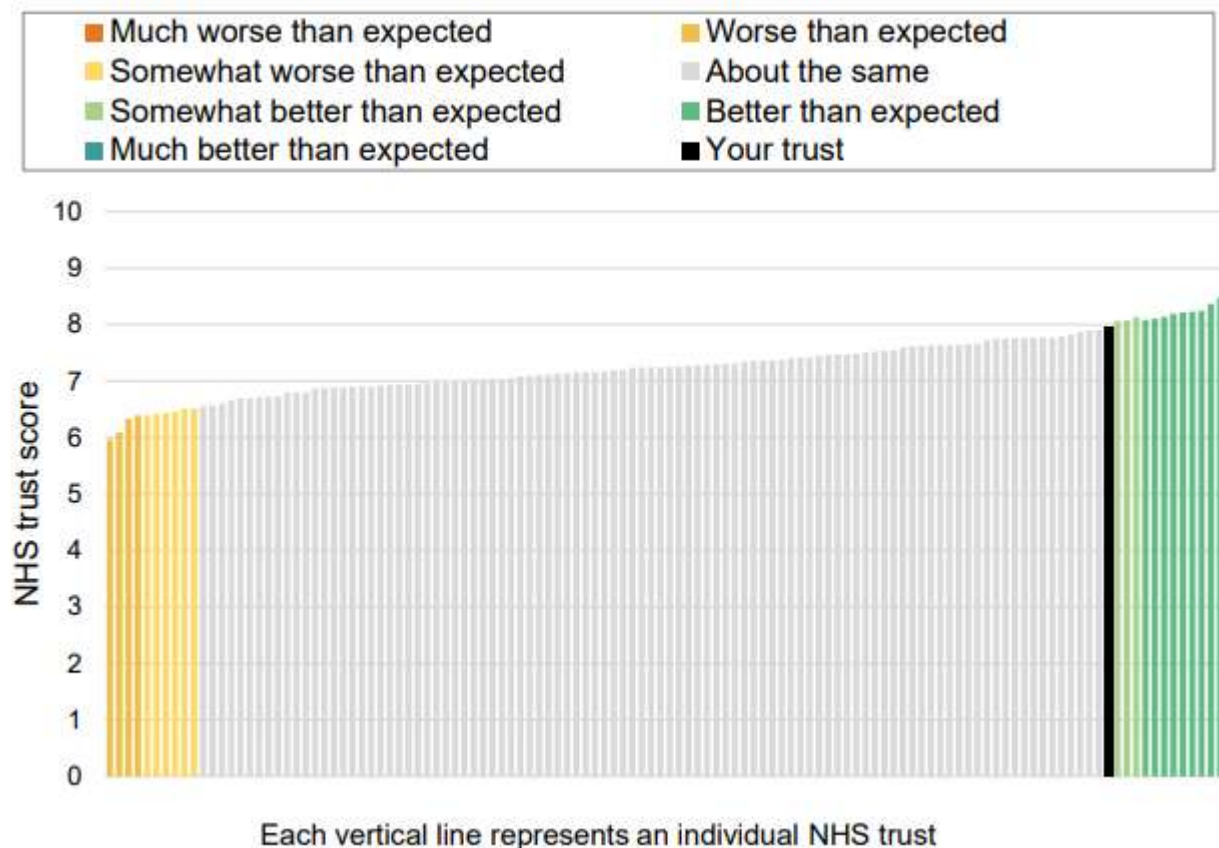
Chart 3 (below) shows that the overall experience score for UHBW was third highest in the Southwest region.

Chart 3: Comparison of overall patient experience rating question score for geographically neighbouring trusts

	Royal Devon University Healthcare NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	University Hospitals Bristol and Weston NHS Foundation Trust	Royal United Hospitals Bath NHS Foundation Trust	North Bristol NHS Trust	Salisbury NHS Foundation Trust	University Hospitals Doreset NHS Foundation Trust	Torbay and south Devon Healthcare NHS Foundation Trust	Somerset NHS Foundation Trust	Royal Cornwall Hospitals NHS Trust	Great Western Hospitals NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Overall score	8.2	8.1	8.0	7.9	7.9	7.8	7.8	7.6	7.6	7.5	7.3	7.2	7.1

Chart 4 (below) shows that the overall experience score for UHBW was the fourth highest for large acute city-centre trusts.

Chart 4: Comparison of overall patient experience rating score (out of 10) for large acute city-centre trusts
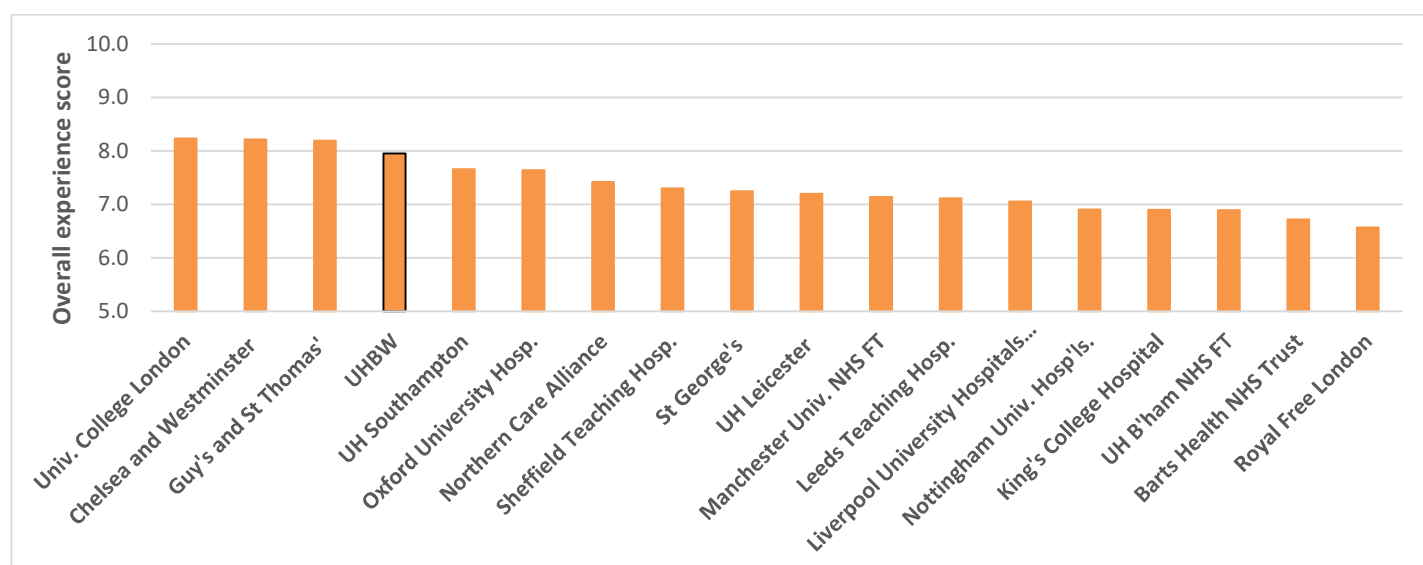
4.1 Best and worst performing questions for UHBW compared to the national average

Where patient experience is best

- ✓ **Care and treatment:** Staff helping patients take medication for pre-existing medical conditions.
- ✓ **Hospital environment:** Patients able to get food or drinks whilst in A&E.
- ✓ **Arrival:** Patients told why they had to wait with the ambulance crew.
- ✓ **Waiting:** Staff providing help with patients' conditions or symptoms while waiting.
- ✓ **Waiting:** Keeping patients updated on wait times for being examined or treated.

Where patient experience could improve

- ○ **Information:** Patients given information about new medications to be taken at home.
- ○ **Communication and compassion:** Family, friends, or carers having enough opportunity to talk to doctors or nurses.
- ○ **Information:** From information provided by staff, patients feeling able to care for condition at home.
- ○ **Care after leaving A&E:** Staff discussing further health or social services patient may need after leaving A&E.
- ○ **Privacy:** Patients being given enough privacy when being examined or treated.

5. Hospital site-level analysis (BRI ED and WGH ED)

This section compares results between the BRI ED and WGH ED.

WGH ED scored greater than or equal to 0.5 points higher than BRI ED in the following two questions:

- While you were in A&E, did you feel safe around other patients or visitors?
- While you were in A&E, were you able to get food or drinks?

In the following questions, patients scored BRI ED greater than or equal to 0.5 points higher than WGH ED:

- After your first assessment, did the nurse or doctor tell you what would happen next?
- Were you informed how long you would have to wait to be examined or treated?
- Were you kept updated on how long your wait would be?
- While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
- Were you given enough privacy when discussing your condition with the receptionist?
- Did you have enough time to discuss your condition and treatment with the doctor or nurse?
- If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
- Did you have confidence and trust in the doctors and nurses examining and treating you?
- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Do you think the hospital staff helped you to control your pain?
- To what extent did you understand the information you were given on how to care for your condition at home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?
- Overall, did you feel you were treated with respect and dignity while you were in A&E?

6. Sentiment analysis for patient comments for BRI ED and WGH ED

An analysis of each free-text comment received as part of the 2024 UEC Survey has been undertaken for the UHBW EDs. The full free-text analysis is available from the Experience of Care & Inclusion team via experience@uhbw.nhs.uk . There were 215 comments in total:

- 76 comments were about pathways of care (of which 47% were positive, 53% were negative);
- 58 comments were about care and treatment (of which 67% were positive, 33% were negative);
- 69 comments were about people (of which 71% were positive, 29% were negative);
- 12 comments were about place (environment) (of which 8% was positive, 92% were negative);
- No comments were categorised as 'other'.

Chart 5: Total comments by sentiment

TOTAL COMMENTS

Negative, 90, 42%
Positive, 125, 58%
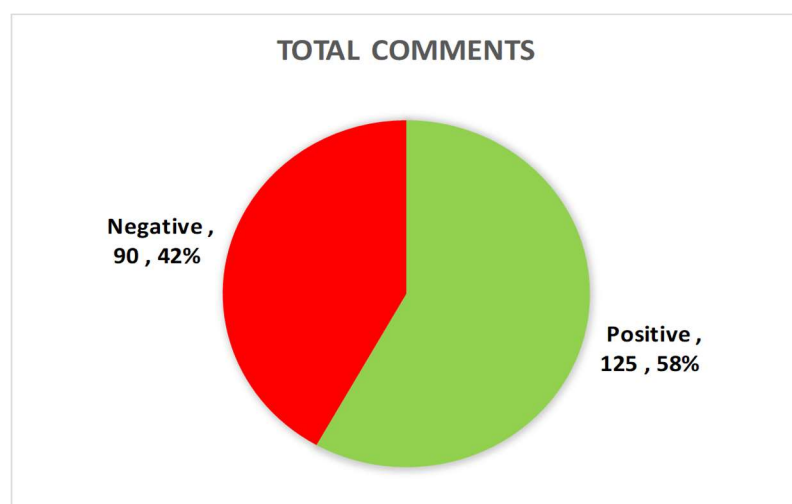
Chart 6: Sentiment analysis of comment categories

TOTALS BY CATEGORY

Category	Positive	Negative
Pathway of Care	36	40
Care and Treatment	39	19
People	49	20
Place	1	11
Other		

Areas for attention: Pathway of care, Place
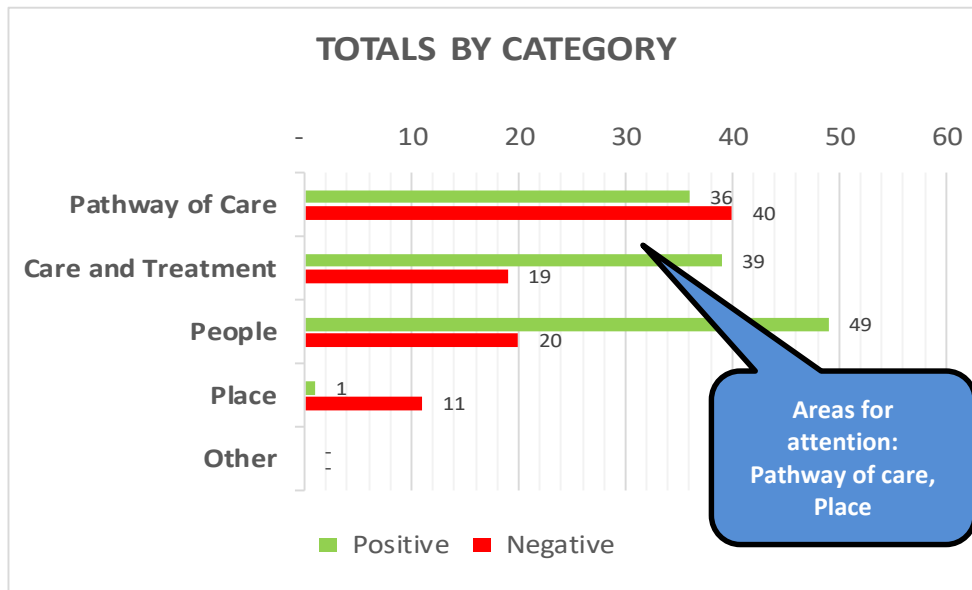
Chart 7: Pathway of care sentiment analysis

Pathway

	Positive	Negative
Access	1	2
Arrival and reception	1	2
Waiting	7	21
Being kept informed about waiting times	2	1
Transfer/discharge process	1	6
Follow up	-	2
Overall experience	24	6

Areas for attention: Waiting, Transfer / discharge process
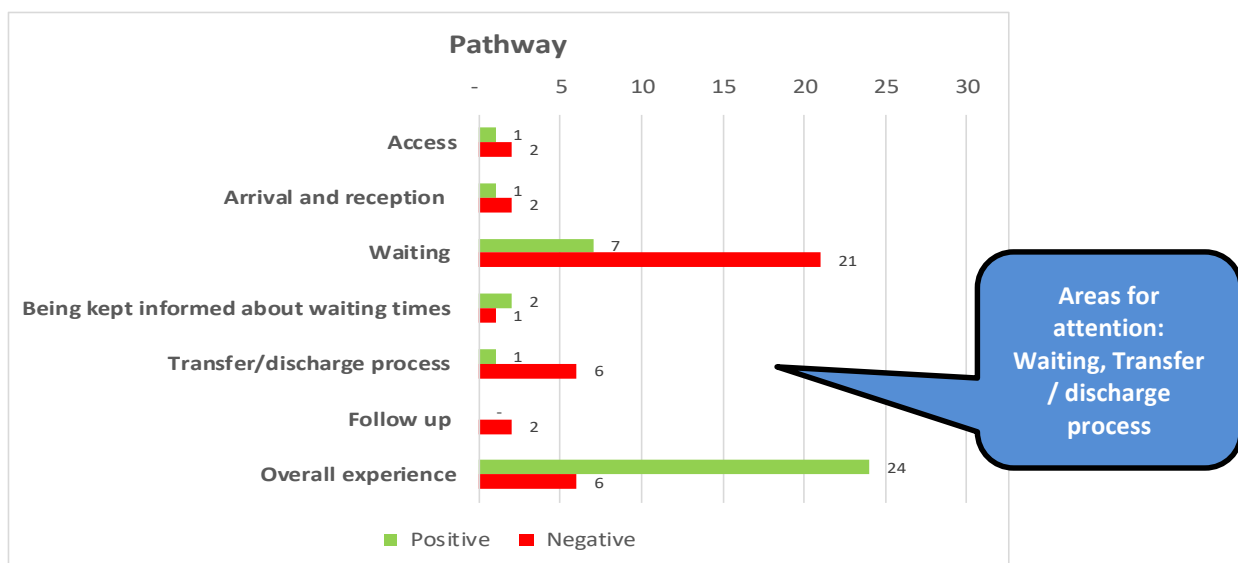
"The treatment I received was excellent but the pharmacy was shocking it is so long winded …I spent nearly as long waiting for meds as I did in A&E. It would be much easier to give a prescription I could collect from my local pharmacy."

"The staff were wonderful, everything explained very well. I was seen and answered very quickly and tests taken. Then there was a very long wait to see a doctor and be discharged (6 hours+). That was hard."

"I was treated with dignity, care and respect which I greatly appreciated. My diagnosis and treatment thereof, was second to none."

Chart 8: Care and treatment sentiment analysis

Care

	Positive	Negative
Care and treatment (general)	32	4
Taking patient's concerns/prior history seriously	-	5
Privacy and dignity / safety	1	7
Communication/information/explanations	6	3

Areas for attention: Privacy and dignity / safety

■ Positive ■ Negative
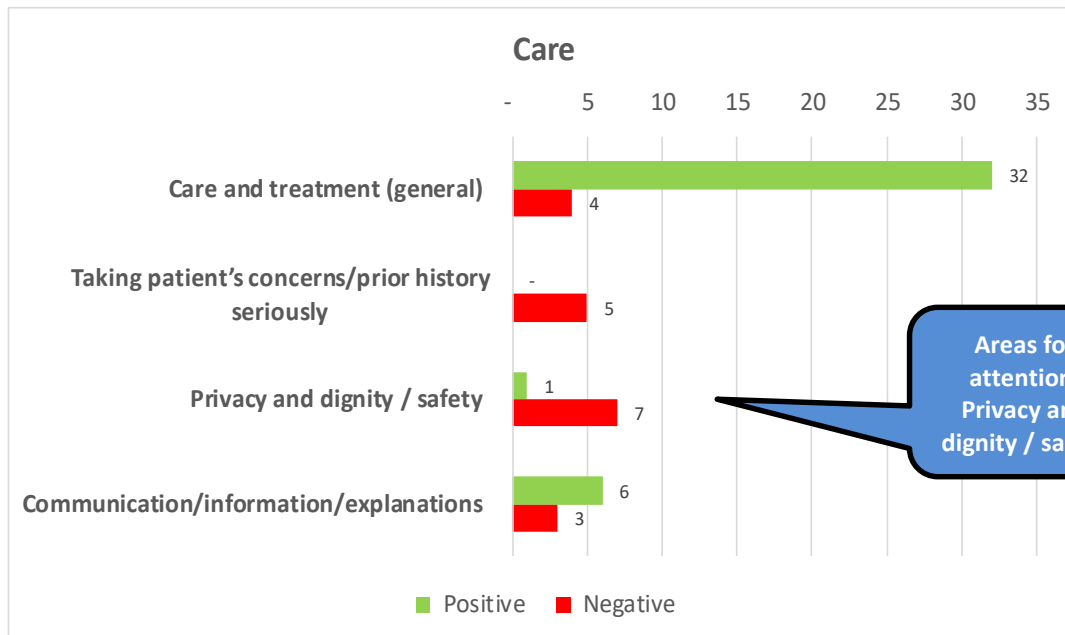
"Treatment and communication all thorough, prompt and any actions described, clearly explained.. All services very good and urgent transfer to another hospital for urgent treatment extremely good."

"My obs were not taken until 7 hours into being admitted to a&e. My husband had to ask them to do the routine sepsis checks. The staff were not helpful or interested."

Chart 9: People (staff) sentiment analysis

People

	Positive	Negative
Staff general	26	4
Reception staff	-	3
Nurses	11	3
Doctors/consultants	8	4
Other staff groups	4	1
Staffing levels/availability	-	5

Areas for attention: Staffing levels

■ Positive ■ Negative

"My experience in A&E was very good, the nurse and the doctor were very attentive, very polite and did their best to sort my problem. If I had to give marks, it'd be a 10/10."

"From front of house in A&E to the cleaners could not have been looked after better."

"I found the staff. treated me professionally and with care and respect."

Chart 10: Place (environment) sentiment analysis

"My wife and I were also provided with food and drinks while I was being treated."

"Very good treatment shame A and E closes at 10 o'clock Weston has got much bigger so the Hospital is very vital for the population of Weston."

"Parking arrangements are particularly difficult at the BRI."

7. Improvement activity

The BRI ED Leadership Team has produced a Patient Experience action plan for the BRI ED (page 11 and page 12 of this report). The action plan reflects learning from the 2024 National UEC survey results as well as incorporating themes from the Trust's ongoing patient experience programme, primarily gathered via the Friends and Family Test (FFT).

Improvement work relating to experience of care in the BRI ED that has taken place in the last 12 months includes:
- Creation of a dedicated Adolescent Cubicle in AMU and Majors;
- Development of resources for patients with Dementia and a dedicated cubicle in Majors;
- Ceiling tiles with information in resuscitation areas;
- Next steps include a bid for environmental improvements for a bereavement room and new artwork and sensory lighting for cubicle 10 fast flow.

The WGH ED Leadership Team has produced a Patient Experience action plan for the Weston ED (page 13 of this report). The action plan reflects learning from the 2024 National UEC survey results as well as incorporating themes from the Trust's ongoing patient experience programme, primarily gathered via the Friends and Family Test (FFT).

Improvement work relating to experience of care in WGH ED that has taken place in the last 12 months includes:
- Improving pathway of care via tap to transfer initiative to identify beds electronically;
- Health Care Support Workers supporting in waiting areas when there is overcrowding;
- Information posters and feedback posters displayed;
- Monthly matron update adapted to include patient feedback and complaint themes;
- Improvements to the environment including privacy screens;
- Next steps include improvement objectives relating to patient information while waiting, pain relief while waiting, ED governance pathway for feedback and improvements to washing facilities.

8. Summary and next steps

UHBW received a positive set of results for the 2024 National Urgent and Emergency Care Survey. UHBW ranks 13th out of 120 Trusts nationally (Top 10%) for overall experience in the UEC24 survey. At site level, BRI ED ranks 10th place out of 175 type 1 ED sites nationally (top 10%) and WGH ED ranks 35th place (top 20%).
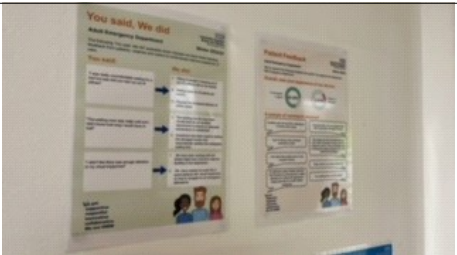
UHBW performs above the national average in all the 'sections' of the UEC24 survey. The lowest performing sections include 'Waiting' and 'Information to support recovery' and this is also reflected in scores nationally.
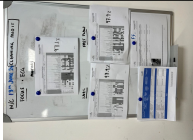
Next steps
- The National UEC Survey results have been shared with BRI and WGH ED leadership teams;
- The BRI ED leadership team and WGH ED leadership team have produced Patient Experience action plans for their respective departments which are live documents that will be reviewed regularly;
- Friends and Family Test (FFT) data for both BRI ED and WGH ED will continue to be imported into the Patient Feedback Hub on a weekly basis and leadership teams are encouraged to log in regularly to view FFT scores and comments received.

Report author: Samantha Moxey, Feedback and Engagement Coordinator

Report date: 09th January 2025

BRI ED Patient Experience Action plan- 2024/2025

No.	AREA FOR IMPROVEMENT	ACTIONS	WHEN	BY WHO	PROGRESS	STATUS	Completion Date
1	Improves required to improve accessibility to the Emergency service for patients that require assistance	Lack of facilities for those with mobility issues – requiring toilet raisers in waiting room toilet facilities	23/01/2023	Tina Johnson/Kelly Membery	Working in conjunction with OT and Frailty Team, comms to staff re equipment and High Raiser toileting equipment available in disabled SDEC toilet	Completed	01/01/2023
2	Patient complaints and IQVIA feedback re lack of facility for healthy choices in vending machines.	Meet with Rachel Liston (Specialist Dietician for Food policy)	22/11/2023	Tina Johnson/Kelly Membery	Email to Operations Manager and Director of Facilities regarding opportunity to work together on aim for food provision for patients, staff and visitors.	Completed	11/11/2022
3	Waiting room environment feels unsafe "Terrifying" at night	Discussion with Head of security	23/11/2023	Tina Johnson/Kelly Membery	17/03/23 Email from head of arts Programme. "We have a new Arts Programme Manager joining the team next month. Once they're with us I'm keen to look into best practice of ED waiting areas (and other similar environments) in creating calming and uplifting environments. We would then look to find an artist to develop some ideas and work with you and the ED team to put a bid into the Charity to get some bespoke artwork created and installed for ED Regular security patrols and monitoring of CCTV in security hub Sept 2024 Bid for charity funding for new chairs (previously damaged but fixed chairs removed by estates.	In progress	
4	Poor patient experience for those presenting with visual impairment.	Discussion with patient experience team Sammy Moxey		Tina Johnson/Kelly Membery	Initial meeting with Bristol Sight Loss Council 09/01/23	Completed	
		"Secret shopper" pt experience visitation from Bristol sight loss council.	23/11/2023	Tina Johnson/Kelly Membery	Series of meetings arranged for Feb/March for visitation and video interview for PEF dissemination. First draft of audio trail completed - once recording completed will be uploaded to the UHBW website as well as the Sight Loss Council accessibility site. Braille buttons are available on the internal lift doors - but not external. Braille stickers to be accessed via the Bristol Sight loss society. Work stream re communication in reception for those that attend with Visual impairment (VI) and how to assist appropriately as well as highlight to team. Door frames in the waiting room all one colour - red tape applied to the door frames - head height 3 inches thickness for easier access for VI. Communication to Team re info on connect for translation of discharge summaries into large print (size 16 or above in Arial font) and accessing braille summaries.	In progress	
5	Inadequate facilities for LD in waiting room (Sept 22)	Development of sensory cubicle (Cubicle 10 Fast Flow) with dimmable lighting, trolley of sensory equipment - fiddle toys, ear defenders, communication aids. (posters displayed in majors and fast flow depicting available items stored in reception to avoid theft)		Tina Johnson/Kelly Membery/ Fiona Spence/BASS	Supplies purchased for Sensory trolley Communication booklets printed Posters displayed BASS (Bristol Autism Society) visit Jan 23 for advice Arts and Culture department contacted re artwork for walls https://uhbristol.sharepoint.com/:w:/r/sites/EDPatientExperience/Shared%20Documents/General/SBAR%20Adolescent%20patients%20at%20the%20Front%20door%201.docx?d=w9c2a698719ec4b83b216f49bd46da571&csf=1&web=1&e=U4Hqzl	Completed	
6	Relatives room in poor repair	Relatives room to be refurbished		Tina Johnson/Kelly Membery	Painting of walls, purchase of comfortable seating, hot drink facilities and china cups. Charity bid requested December 24 Inappropriate use by MH team requiring Digi lock code to ensure availability for Resus relatives and the bereaved.		
7	Inadequate facilities for patients attending whose first language is not English		23/12/2023	Tina Johnson/Kelly Membery	Patient EDI Manager arranging visits to Somali Autism services for engagement in reach. Update from Patient EDI Manager - contact made with Somali autism services to arrange a visit to the department (to establish links for transition from Paeds to adult services). Arts dept arranging welcome signage in several languages - Completed	Complete	
8	Poor signage for Front Door services	Review signage across Level 3 footprint - ED Fast Flow, ED Majors, Medical SDEC, X-RAY, Exit routes	Ongoing Trust initiative	Lorna Gregory/ Rebecca Rowntree	ED Specialty Manager and Assistant General Manager have a small work group looking at signage	In progress	
9	Patients complaining of lack of entertainment during long waits	Facilitating ED Volunteer service - first volunteer in post 01/01/23	23/08/2023	Tina Johnson/Kelly Membery	"Boredom breakers" Sudoku and colouring etc. in Relatives and waiting room. Enquiries into hospital radio in waiting room. Increased supply of 'twiddlemuffs' for dementia patient	Completed	03/09/2023
10	Security hub in A300 ED Majors entrance - not a welcoming entrance for patients, relatives and other UHBW staff.	ITA relocation project incorporates the swap between the Security hub and the PFC desk for the provision of improved welcome.	31/08/2023	Tina Johnson/Lorna Gregory/ Jennifer Jones/ED Lead B7 team	Phase 4 of reconfiguration ED - move Frailty team into HIUT office, security into Frailty office, Reception/Welcome desk to take over Security Hub. Security to relocate by the 04/08/23	Completed	23/09/2023
11	Improve signage in A300 Majors - majority of patients attend by ambulance to this area but relatives and visitors have minimal direction	Review of signage under way by working party between ED and SDEC.	31/09/23	Tina Johnson/Lorna Gregory/ Jennifer Jones/ED Lead B7 team	Review of signage under way by working party between ED and SDEC. 14/03/23 Meeting with lead for Equality, Diversity and Inclusion re signage in top 4 languages spoken in Bristol: English, Polish, Urdu and Somali. 10/03/23 Visit from A.D. from Sight loss society for application of Braille to lift buttons. 20/03/23 Red tape on waiting room doors for visually impaired service users to aid door frame identification.	In progress	
12	Information required re identification of the staff team, uniforms for patients and relatives	New staff board required for A300 Majors & Fast Flow to show ED team on shift	31/09/23	ED lead B7 team	02/08/23 - Recent change of uniform for PFC team, ED Admin team to create posters including this uniform and display in dept.	Completed	23/07/2023
13	Implementation of a "you said, we did" information board (Majors and Fast flow waiting room)	Introduce a new board to ED Majors to detail this information for patients, relatives and staff	31/09/23	Sarah Waite	Work with UHBW Communications Team for a new board. New board has arrived - need to finalise layout. Template available W/C 1st November 2023	Completed	
14	Temperature in waiting room was very cold for patients waiting to be seen	Review heating in areas to ensure suitable level for patients	31/08/2023	Tina Johnson/Kelly Membery	Heating has been fixed (flagged on IQVIA data) The continues opening of door as patients enter, unfortunately unavoidable due to flow through the dept. Temperature to be monitored. Two air condition controls exposed in the waiting room - covers ordered so lock the units so they can not be tampered with.	Completed	

No.	AREA FOR IMPROVEMENT	ACTIONS	WHEN	BY WHO	PROGRESS	STATUS	Completion Date
15	High Impact Users Team (HIUT)suspect poor patient experience within the ED for their client group	Focus group in January 23 - regular users of the service were invited to share feedback in a face to face (or telephone forum) to gain valuable insight into improvements that could be made within the department.	01/01/2023	Sarah Burn and HIUT	Consultation taking place with HIU team and managers regarding the team name which we are hoping to change. Current name can be seen as negative to users. Review of personal support plans to better reflect clients as an individual, including how they are formulated. A wider Trust message to help highlight compassion and accepting people as individuals. Continue collaboration work with clients to enable a positive relationship with the team and to help improve their hospital experience.	Completed	
16	Lack of pillows available in the department	Monthly order complete department to receive 25 pillows each month	01.09.2022	Tina Johnson	Pillows on rolling order	Completed	30/11/2023
17	No waiting time update available in the waiting rooms	BI team to create a more accurate report to show the average waiting times in the department to be seen. This will be displayed in the waiting room. More screens required to display report to ensure patients and visitors are aware of potential delays on arrival and whilst they wait.	01.08.2022	Owen Lloyd-Jones	One screen in waiting room has been damaged and removed. waiting for new order of screens. BI have provided a report which is in test mode to confirm data accurate before being rolled out in the waiting room area.	Comlpeted	Screen in situ July 2024
18	Improvements for the care of Adolescent patients in ED			Tina Johnson/Carolyn Manuel	Dedicated cubicle space Continuity of décor between Apollo/Cubicle 9 majors and spaces on AMU cubicle 4 and 22 Activity trolley	Complete	
	Issues with dirty equipment in ED		01/09/2024	Tina Johnson/LB7	Cleaning audit - with process to observe cleanliness of mobile equipment	Complete	
	Increase in lost property - particularly jewellery that is removed for Xray		03/11/2024	Tina Johnson /LB7	Process that jewellery items are placed in zip lock bag with pt ID label applied when going to radiology	Complete	
	Improving the care of patients with Dementia in the ED		11/11/2024	Tina Johnson/Carolyn Manuel	Dedicated cubicle space in higher visibility area Vinyl window stickers "What Matters to me" whiteboards Forget me not stickers for wrist bands Day and night clocks Bluetooth speakers TV and DVD player with selection of films Memory wall walk Activity trolley	Complete	

Weston ED Patient Experience Action plan- 2024/2025

No	CATEGORY AND FEEDBACK	ACTIONS	BY WHO	PROGRESS	STATUS	Completed Date
1	**THE PATHWAY OF CARE** **- Delays with ambulance offload** **- Long waits in department - were you kept updated (3.5)** **- Were you informed how long you would have to wait to be examined or treated? (2.4)** **- Were you told why you had to wait with the Ambulance Crew (7.4)**	Informing patients of why they are waiting with ambulance crews - Add to safety brief - Plan to make information leaflet for ambulance crews to take back to patients in ambulances informing them of wait and plans to RATT patients	Jo Watts	**RATT nurse shift currently agreed for bank.** **(Rapid Assessment and Treatment Nurse)** A RATT nurse is on duty to assist in communicating patient journey details, wait durations, and expectations. In order to resolve any issues regarding a negative patient experience, Band 7 is accessible to communicate with patients in real time. An A5 information leaflet will be reviewed in departmental governance to ensure precise wording. Once it has been circulated and approved, it will be forwarded for publication through the Print Room.	**In progress**	**Mar-25**
5		Ambulance handover target less than 15 mins Currently on average only 25% achieving target	Amie Stanbury	Amie to audit SWAST handover times NIC aware to ensure ambulance crews are handing over on xcad as soon as patients are placed in a space within ED. Ambulance Handover Review Group launched in ED with senior staff members. Monthly UHBW and SWAST as well as WGH ED and SWAST meetings set up to discuss ongoing issues.	**In Progress**	**Mar-25**
		Waiting times for triage and to be seen by a clinician to made clear and accessible to patients during their patient journey.	Jo Watts	The consultant in charge and the senior nurse in charge will use a script to make waiting room announcements and notify patients of the current wait times if they surpass a specific amount of time. In order to show the ED wait times for triage and the time to see a clinician, new electronic screens with a live BI report were put in the ED waiting room. Patients are informed by the ED receptionist about wait times both at the time of booking and throughout the patient journey.	**In Progress**	**Mar-25**
	CARE AND TREATMENT **- Lack of privacy at reception (6.6)** **- Unable to obtain help whilst waiting (5.5)** **- Delays in pain relief post triage**	Ongoing issues with privacy at reception currently 6.6, this to be further investigated	Jo Watts	**Any privacy screens that could be purchased to add soundproofing?** - Remails outstanding. The chair arrangement in the ED waiting room has been reassessed in order to decrease the number of chairs available across from the ED reception. Barriers and a designated waiting area sign have been put in place to lessen the possibility of overhearing window conversations.	**In progress**	**Mar-25**
10		Education team to add importance of accurate assessment and management of pain to the topic of the month. Audit of cas cards to ensure pain relief discussed/ reviewed and offered (if appropriate) at triage.	Cheryl Smith/ Caroline Bool	**Action sent to ED Practice Educator and ED lead band 7.** Added to the departmental triage training is the significance of precise pain evaluation and management.	**Training and audit completed, however training continuous**	**Jul-25**
11	**PEOPLE** **- Unable to get the attention of a staff member when required** **- Doctor or nurse did not discuss anxieties or concerns with patients** **- Patients did not always feel they treated with respect and dignity** **- Staff not always identifiable** **- Staff did not always listen to what patients had to say**	Urgent Care Patient Experience Group to be launched	Emma Louise Woods	**To improve visibility of friends and family feedback. Improve communication of information for expected patients.** In December 2024, the patient experience group was disbanded. The ED Governance pathway is now used to feed information, which is then shared with the ED Department for feedback and suggestions for improvement.	**In progress**	**Mar-25**
16	**PLACE** **- No wash facilities** **- Uncomfortable wait in ambulance** **- Delay to move to ward, spent long time in a chair whilst waiting** **- Transport arrangements not always discussed** **- Lack of privacy during examination/treatment** **- Drop in cleanliness of department**	Plan to install a shower and additional toilet in the ED to ensure patients spending extended periods of time in the department are able to wash.	Charlotte King	**Estates have reviewed department and identified most appropriate place to install shower and toilet in ED.** Currently under discussion as part of the ED reconfiguration project.	**In Progress**	**Dec-25**

Urgent and Emergency Care Survey Benchmark Report for A&E Departments (Type 1 services) 2024

University Hospitals Bristol And Weston NHS Foundation Trust

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- Using the survey results

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- Section 8. Information to support recovery at home
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5. Comparison to other trusts

- Comparison to other trusts

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 2024 Urgent and Emergency Care 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 Urgent & Emergency Care (UEC) Survey first iteration was in 2003, and since 2012 it has been a biannual survey. 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.

2024 Urgent and Emergency Care Survey

The survey was administered by the Survey Coordination Centre (SCC) at Picker.

The 2024 survey of people who used UEC services involved 120 NHS trusts with A&E departments (Type 1 service). 70 of these trusts had direct responsibility for running an Urgent Treatment Centre, Urgent Care Centre or Minor Injuries Unit (Type 3 service) and will therefore also receive benchmarked results for their Type 3 services. Two separate questionnaires were used, one for Type 1 services and one for Type 3 services. To access the questionnaires please see the 'Further Information about the survey' section below.

A total of 172,025 urgent and emergency care patients were invited to participate in the survey across 120 NHS trusts.

Completed responses were received from 35,670 patients who attended a Type 1 department, an adjusted response rate of 28.8%.

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during February 2024. Full sampling criteria can be found in the sampling instructions.

Trusts responsible for only Type 1 departments created a random sample of 1,250 patients. Trusts that also directly run Type 3 departments sampled 950 patients from Type 1 departments and 580 patients from Type 3 departments totalling 1,530 patients.

Questionnaires and reminders were sent to patients between late April 2024 and late July 2024. Fieldwork ended on the 26th of July 2024.

Trend data

The 2024 survey has moved from a solely paper-based method to a mixed-mode approach, providing participants with the opportunity to complete an online or a paper questionnaire. The change in methodology provided the opportunity to revise and thoroughly redesign the questionnaire, following current policy and practice. As a result, trend data are not available for the 2024 survey.

Further information about the survey

- For published results and for more information on the Urgent & Emergency Care Survey please visit the UEC page on the NHS Surveys website.
- 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 the 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. More information can be found in the Comparison to other trusts section.

Standardisation

Demographic characteristics, such as age and sex, can influence patients' experience of care and the way they report it. For example, research shows that older people report more positive experiences of care 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 and sex of respondents to reflect the 'national' age-sex type distribution (based on all respondents to the survey).This helps ensure that no trust will appear better or worse than another because of its 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.

Scoring

For selected questions in the survey, the individual (standardised) responses are converted into scores on a scale of 0, 5 or 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 Q31). These questions are not scored. Please refer to the scored questionnaire for further details. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied. More information can be found in the 'An example of scoring' slide.

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 which is on the 'Analysis and Reporting' section of the 2024 UEC Survey webpage on the NHS surveys website.

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Using the survey results

Navigating this report

This report is split into five 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.

- **Trust and site level 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.

- **Comparison to other trusts** – includes additional data for your trust; further information on the survey methodology; and 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 Comparison to other trusts.

Other data sources

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

- Full national results; technical document: https://www.cqc.org.uk/uecsurvey

- National and trust-level data for all trusts who took part in the 2024 Urgent and Emergency Care Survey https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/. 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: https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services

Headline results

This section includes:

- information about your trust population

- an overview of benchmarking for your trust

- the best and worst 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

277 completed

23% response rate
29% average response rate for all trusts

AGE

16% 16-35
16% 36-50
23% 51-65
45% 66+

ETHNICITY

White	86%
Multiple ethnic groups	1%
Asian / Asian British	3%
Black / Black British	5%
Arab / Other ethnic group	1%
Not known	4%
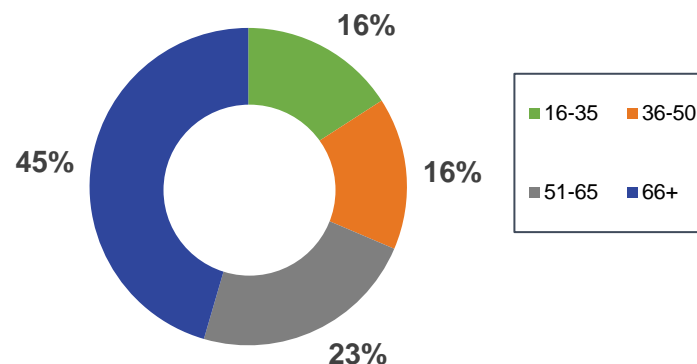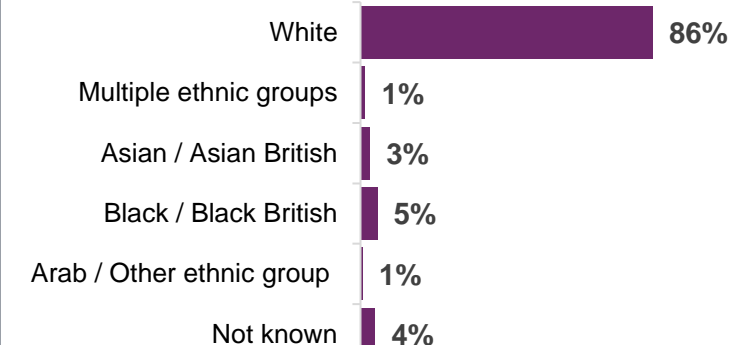
LONG-TERM CONDITIONS
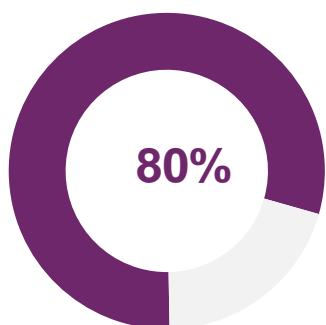
80% of patients have a **physical or mental health condition or illness** that has lasted or is expected to last for 12 months or more.

SEX

At birth were you registered as…

Male	42%
Female	58%
Intersex	0%
Prefer not to say	1%
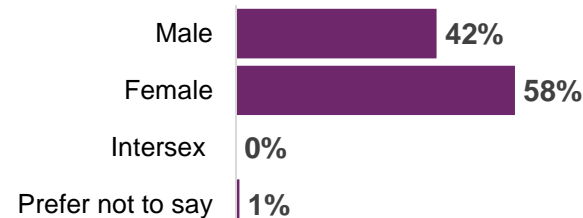
0% of patients said their **gender is different from the sex they were registered with at birth**.

RELIGION

No religion	31%
Buddhist	0%
Christian	57%
Hindu	1%
Jewish	1%
Muslim	1%
Sikh	0%
Other	4%
I would prefer not to say	5%

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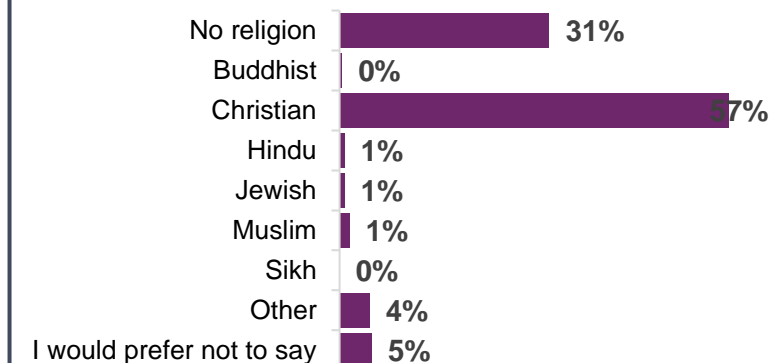
Summary of findings for your trust

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.

Much better than expected	1
Better than expected	3
Somewhat better than expected	2
About the same	23
Somewhat worse than expected	
Worse than expected	
Much worse than expected	

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 "your trust has performed much worse" , "your trust has performed worse" , "your trust has performed somewhat worse", "your trust has performed somewhat better", "your trust has performed better", "your trust has performed much better" .

Best and worst performance relative to the national average

These five questions are calculated by comparing your trust's results to the national average.

- **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)

Your trust score   National average

Section 5 Your care and treatment
Q26. If you needed help to take medication for any pre-existing medical conditions, did staff help you?
8.7

Section 7 Hospital environment and facilities
Q32. While you were in A&E, were you able to get food or drinks?
7.5

Section 1 Arrival
Q7. Were you told why you had to wait with the ambulance crew?
7.4

Section 2 Waiting
Q15. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
6.8

Section 2 Waiting
Q14. Were you kept updated on how long your wait would be?
4.3

Bottom five scores (compared with national average)

Your trust score   National average

Section 8 Information to support recovery at home
Q35. Thinking about any new medication you were to take at home, were you given any of the following?
4.2

Section 4 Interactions with doctors and nurses
Q22. If a family member, friend or carer wanted to talk to a doctor or nurse, did they have enough opportunity to do so?
6.8

Section 8 Information to support recovery at home
Q38. From the information you were given by hospital staff, did you feel able to care for your condition at home?
8.5

Section 9 Support and care after leaving A&E
Q40. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?
7.4

Section 3 Privacy
Q25. Were you given enough privacy when being examined or treated?
8.8

2024 Urgent and Emergency Care Survey

A&E Departments (Type 1 services) results for University Hospitals Bristol And Weston NHS Foundation Trust

Where patient experience is best

- ✓ **Care and treatment:** Staff helping patients take medication for pre-existing medical conditions.

- ✓ **Hospital environment:** Patients able to get food or drinks whilst in A&E.

- ✓ **Arrival:** Patients told why they had to wait with the ambulance crew.

- ✓ **Waiting:** Staff providing help with patients' conditions or symptoms while waiting.

- ✓ **Waiting:** Keeping patients updated on wait times for being examined or treated.

Where patient experience could improve

- o **Information:** Patients given information about new medications to be taken at home.

- o **Communication and compassion:** Family, friends, or carers having enough opportunity to talk to doctors or nurses.

- o **Information:** From information provided by staff, patients feeling able to care for condition at home.

- o **Care after leaving A&E:** Staff discussing further health or social services patient may need after leaving A&E.

- o **Privacy:** Patients being given enough privacy when being examined or treated.

These questions are calculated by comparing your trust's results to the national average. "Where patient experience is best": These are the five results for your trust that are highest compared with the national average. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the national average.

This survey looked at the experiences of people who were receiving care or treatment in a Type 1 accident and emergency (A&E) department and had been treated by the trust between 1st and 29th February 2024. Between April 2024 and July 2024, a questionnaire was sent to 1250 recent patients. Responses were received from 277 patients at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].
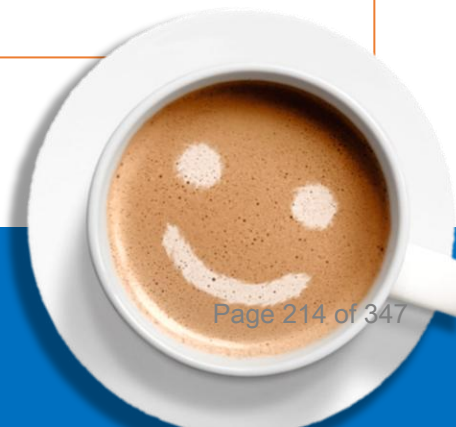
Benchmarking

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.

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

NHS

Care Quality Commission

Survey Coordination Centre

How to interpret benchmarking in this report

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** 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.

Your trust section score = 3.4   About the same

Much worse than expected	Worse than expected
Somewhat worse than expected	About the same
Somewhat better than expected	Better than expected
Much better than expected	Your trust

NHS trust score

Each vertical line represents an individual NHS trust

Question scores

Much worse than expected	Worse than expected	Somewhat worse than expected
About the same	Somewhat better than expected	Better than expected
Much better than expected	◆ Your trust	National average

Q10. Were you given enough privacy when discussing your condition with the receptionist? — Much better than expected

Q25. Were you given enough privacy when being examined or treated? — Better than expected

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 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.

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 10 "Were you given enough privacy when discussing your condition with the receptionist?":

• The answer code "Yes, definitely" would be given a score of 10, as this refers to the most positive patient experience possible.

• The answer code "Yes, to some extent" would be given a score of 5, as it is placed at an equal interval along the scale.

• The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.

• The answer code "I did not discuss my condition with a receptionist" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

• The answer codes "Don't know / can't remember and "Not applicable" 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.

Section 1. Arrival

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.

Your trust section score = 7.4   About the same
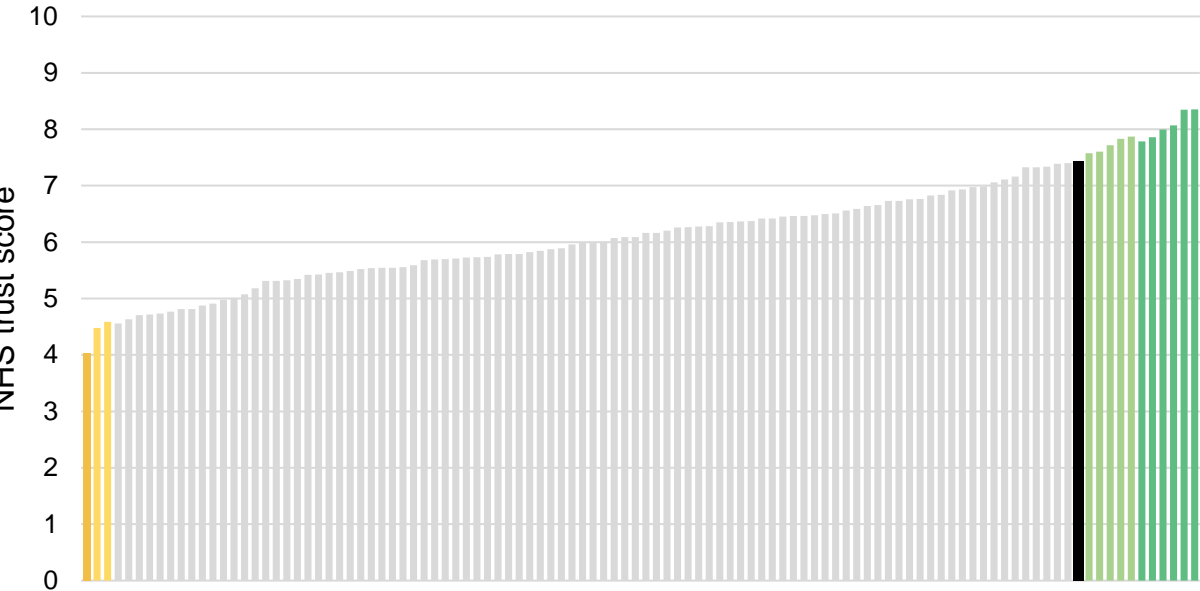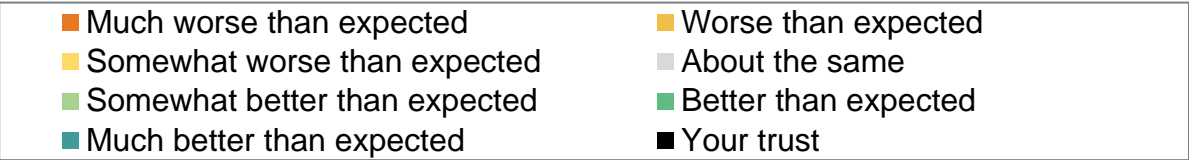
Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- Your trust

NHS trust score (y-axis 0 to 10)

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Great Western Hospitals NHS Foundation Trust	8.3
Royal United Hospitals Bath NHS Foundation Trust	8.1
Torbay And South Devon NHS Foundation Trust	7.9
University Hospitals Bristol And Weston NHS Foundation Trust	7.4
Gloucestershire Hospitals NHS Foundation Trust	7.4

Trusts with the lowest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	5.8
Salisbury NHS Foundation Trust	6.1
Dorset County Hospital NHS Foundation Trust	6.5
Somerset NHS Foundation Trust	6.5
North Bristol NHS Trust	6.7

Section 1. Arrival (continued)

Question scores

- 🟧 Much worse than expected
- 🟨 Worse than expected
- 🟨 Somewhat worse than expected
- ⬜ About the same
- 🟩 Somewhat better than expected
- 🟩 Better than expected
- 🟩 Much better than expected
- ◆ **Your trust**
- ▌National average

All trusts in England

	Number of respondents	Your trust	National average	Lowest score	Highest score
Q7. Were you told why you had to wait with the ambulance crew?	32	7.4	6.2	4.0	8.4

About the same

Section 2. Waiting

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.

Your trust section score = 5.9   Somewhat better than expected
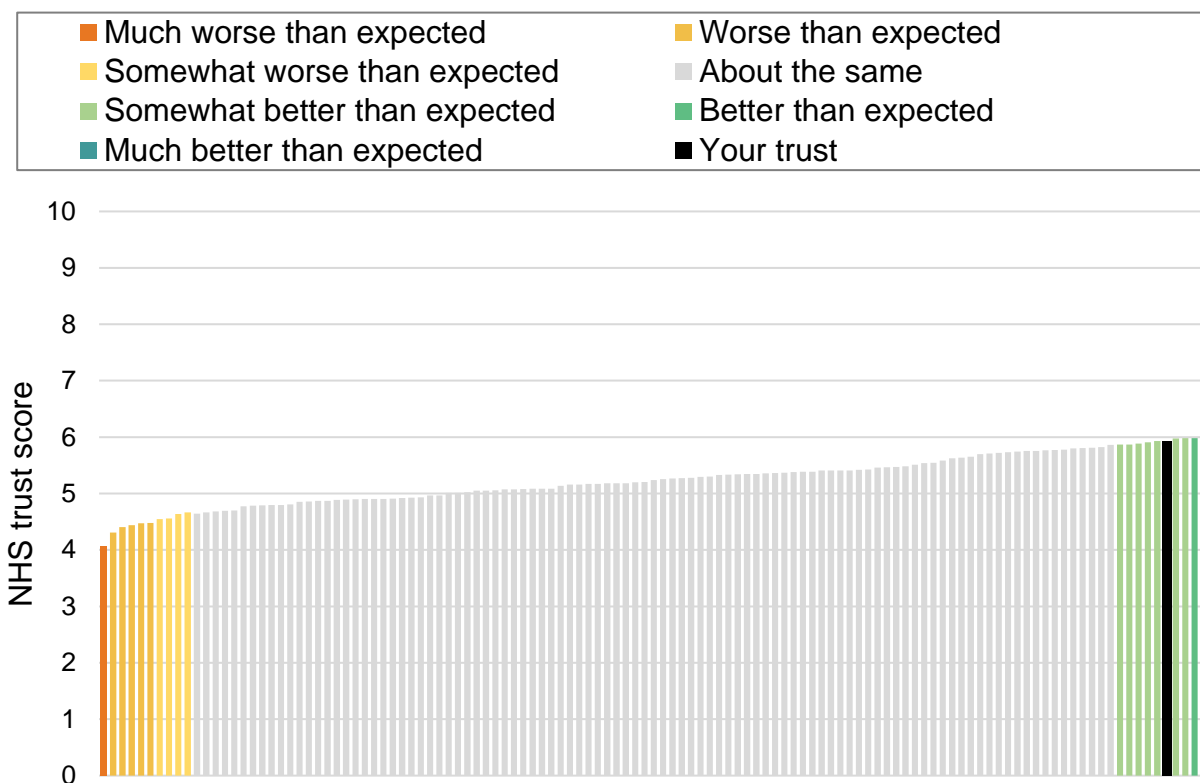
Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	6.0
University Hospitals Bristol And Weston NHS Foundation Trust	5.9
Salisbury NHS Foundation Trust	5.8
University Hospitals Plymouth NHS Trust	5.8
Royal United Hospitals Bath NHS Foundation Trust	5.8

Trusts with the lowest scores

Trust	Score
Gloucestershire Hospitals NHS Foundation Trust	4.9
Torbay And South Devon NHS Foundation Trust	5.2
Royal Cornwall Hospitals NHS Trust	5.3
Somerset NHS Foundation Trust	5.3
University Hospitals Dorset NHS Foundation Trust	5.5

Section 2. Waiting (continued)

Question scores

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▮ National average

		Number of respondents	Your trust	All trusts in England		
				National average	Lowest score	Highest score
Q12. After your first assessment, did the nurse or doctor tell you what would happen next?	About the same	246	9.6	9.3	8.5	9.8
Q13. Were you informed how long you would have to wait to be examined or treated?	About the same	193	3.1	2.6	1.2	4.3
Q14. Were you kept updated on how long your wait would be?	About the same	213	4.3	3.4	1.6	5.6
Q15. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	Better than expected	178	6.8	5.6	3.7	7.0

Section 3. Privacy

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.

Your trust section score = 7.9   About the same

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- Your trust

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	8.4
Royal United Hospitals Bath NHS Foundation Trust	8.4
Dorset County Hospital NHS Foundation Trust	8.2
University Hospitals Bristol And Weston NHS Foundation Trust	7.9
Salisbury NHS Foundation Trust	7.9

Trusts with the lowest scores

Trust	Score
Torbay And South Devon NHS Foundation Trust	7.1
Great Western Hospitals NHS Foundation Trust	7.4
Gloucestershire Hospitals NHS Foundation Trust	7.4
Royal Cornwall Hospitals NHS Trust	7.5
University Hospitals Plymouth NHS Trust	7.6

Section 3. Privacy (continued)

Question scores

		Much worse than expected		Worse than expected		Somewhat worse than expected
		About the same		Somewhat better than expected		Better than expected
		Much better than expected	◆	Your trust	▌	National average

			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q10. Were you given enough privacy when discussing your condition with the receptionist? — About the same	217	7.0	6.7	5.8	8.3
Q25. Were you given enough privacy when being examined or treated? — About the same	273	8.8	8.6	7.5	9.4

Section 4. Interactions with doctors and nurses

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.

Your trust section score = 7.9   About the same

Legend:
- ■ Much worse than expected
- ■ Somewhat worse than expected
- ■ Somewhat better than expected
- ■ Much better than expected
- ■ Worse than expected
- ■ About the same
- ■ Better than expected
- ■ Your trust

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	8.1
Royal United Hospitals Bath NHS Foundation Trust	7.9
Salisbury NHS Foundation Trust	7.9
University Hospitals Bristol And Weston NHS Foundation Trust	7.9
University Hospitals Dorset NHS Foundation Trust	7.8

Trusts with the lowest scores

Trust	Score
Gloucestershire Hospitals NHS Foundation Trust	7.3
Great Western Hospitals NHS Foundation Trust	7.4
University Hospitals Plymouth NHS Trust	7.5
Royal Cornwall Hospitals NHS Trust	7.5
Somerset NHS Foundation Trust	7.6

Section 4. Interactions with doctors and nurses (continued)

Question scores

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- National average

Question		Number of respondents	Your trust	National average	Lowest score	Highest score
Q17. Did you have enough time to discuss your condition and treatment with the doctor or nurse?	Somewhat better than expected	276	8.3	7.7	6.4	8.8
Q18. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	About the same	263	8.1	7.6	6.2	8.8
Q19. Did the doctors and nurses listen to what you had to say?	About the same	275	8.5	8.3	7.0	9.1
Q20. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	About the same	197	6.8	6.1	4.6	7.9

All trusts in England (columns: National average, Lowest score, Highest score)

Section 4. Interactions with doctors and nurses (continued)

Question scores

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- National average

			All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score	
274	8.6	8.1	6.8	9.2	

Q21. Did you have confidence and trust in the doctors and nurses examining and treating you? — About the same

			All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score	
163	6.8	6.9	5.4	8.0	

Q22. If a family member, friend or carer wanted to talk to a doctor or nurse, did they have enough opportunity to do so? — About the same

Section 5. Your care and treatment

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.

Your trust section score = 7.8   Better than expected
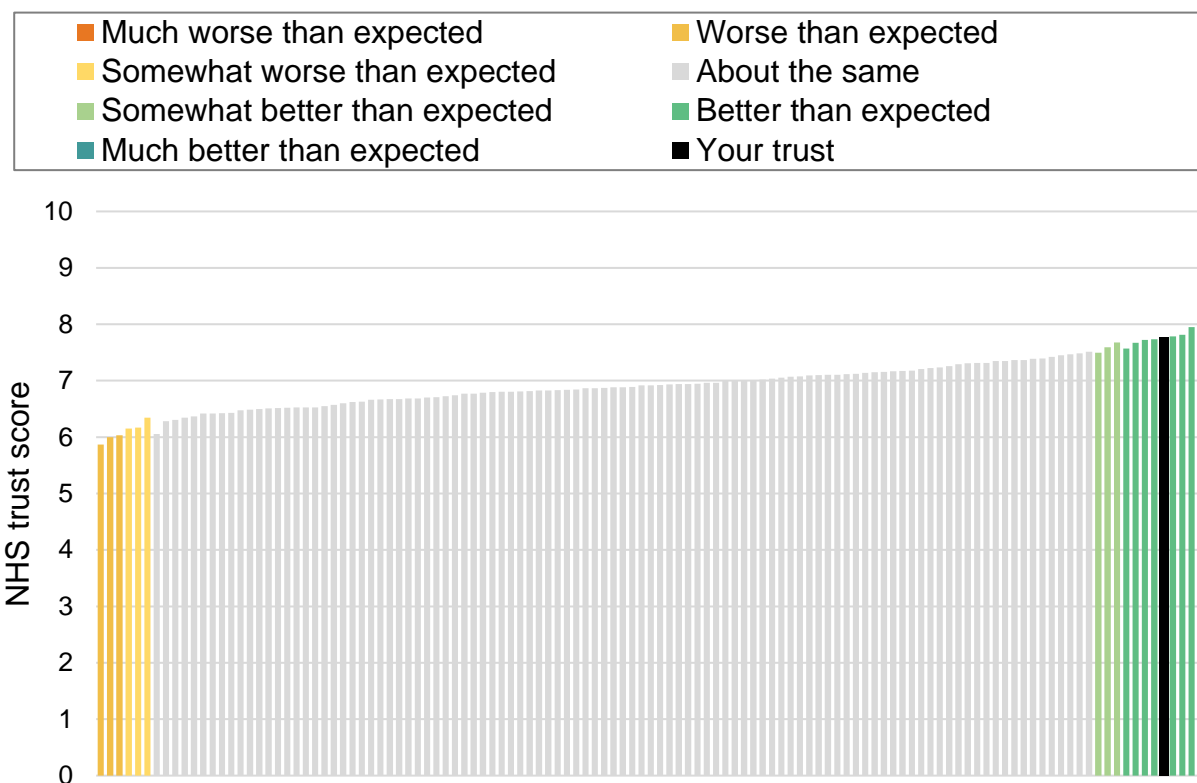
Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

NHS trust score

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	7.8
University Hospitals Bristol And Weston NHS Foundation Trust	7.8
University Hospitals Dorset NHS Foundation Trust	7.5
Royal United Hospitals Bath NHS Foundation Trust	7.5
Salisbury NHS Foundation Trust	7.4

Trusts with the lowest scores

Trust	Score
Great Western Hospitals NHS Foundation Trust	6.9
Gloucestershire Hospitals NHS Foundation Trust	7.0
University Hospitals Plymouth NHS Trust	7.1
Royal Cornwall Hospitals NHS Trust	7.1
Somerset NHS Foundation Trust	7.2

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Section 5. Your care and treatment (continued)

Question scores

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- National average

			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q26. If you needed help to take medication for any pre-existing medical conditions, did staff help you? — Much better than expected	63	8.7	7.3	5.9	8.7
Q27. Were you involved as much as you wanted to be in decisions about your care and treatment? — About the same	258	7.9	7.4	6.1	8.5
Q30. Do you think the hospital staff helped you to control your pain? — About the same	190	6.7	6.1	4.8	7.4

Section 6. Communication about tests

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.

Your trust section score = 8.3   Somewhat better than expected

Legend:
- ■ Much worse than expected
- ■ Somewhat worse than expected
- ■ Somewhat better than expected
- ■ Much better than expected
- ■ Worse than expected
- ■ About the same
- ■ Better than expected
- ■ Your trust

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Salisbury NHS Foundation Trust	8.3
University Hospitals Bristol And Weston NHS Foundation Trust	8.3
University Hospitals Dorset NHS Foundation Trust	8.3
Royal United Hospitals Bath NHS Foundation Trust	8.3
Royal Devon University Healthcare NHS Foundation Trust	8.2

Trusts with the lowest scores

Trust	Score
Great Western Hospitals NHS Foundation Trust	7.5
Gloucestershire Hospitals NHS Foundation Trust	7.5
Dorset County Hospital NHS Foundation Trust	7.7
Royal Cornwall Hospitals NHS Trust	7.8
University Hospitals Plymouth NHS Trust	7.8

Section 6. Communication about tests (continued)

Question scores

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- National average

		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Q28. If you had any tests, did a member of staff explain why you needed them in a way you could understand? — About the same	234	8.4	7.9	6.8	8.8
Q29. Before you left A&E, did a member of staff explain the results of the tests in a way you could understand? — Better than expected	196	8.2	7.5	6.5	8.6

Section 7. Hospital environment and facilities

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.

Your trust section score = 7.9   Better than expected
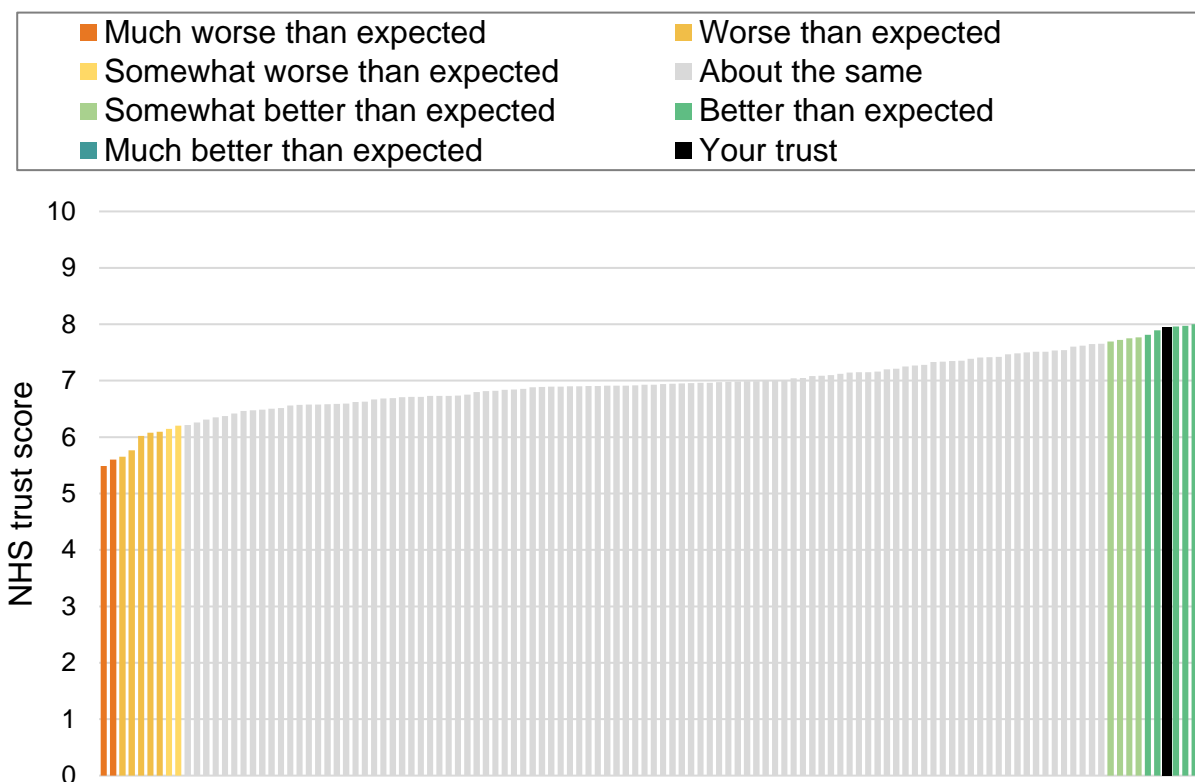
Legend:
- 🟧 Much worse than expected
- 🟨 Worse than expected
- 🟨 Somewhat worse than expected
- ⬜ About the same
- 🟩 Somewhat better than expected
- 🟩 Better than expected
- 🟦 Much better than expected
- ⬛ Your trust

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	8.0
North Bristol NHS Trust	8.0
University Hospitals Bristol And Weston NHS Foundation Trust	7.9
Salisbury NHS Foundation Trust	7.8
Royal United Hospitals Bath NHS Foundation Trust	7.7

Trusts with the lowest scores

Trust	Score
Gloucestershire Hospitals NHS Foundation Trust	6.6
Somerset NHS Foundation Trust	6.8
University Hospitals Dorset NHS Foundation Trust	6.9
Torbay And South Devon NHS Foundation Trust	7.0
Dorset County Hospital NHS Foundation Trust	7.3

Section 7. Hospital environment and facilities (continued)

Question scores

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▮ National average

		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score

Q31. While you were in A&E, did you feel safe around other patients or visitors? — About the same

| 263 | 8.4 | 7.8 | 6.0 | 9.2 |

Q32. While you were in A&E, were you able to get food or drinks? — Better than expected

| 170 | 7.5 | 6.2 | 4.2 | 7.6 |

Section 8. Information to support recovery at home

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.

Your trust section score = 7.2   About the same
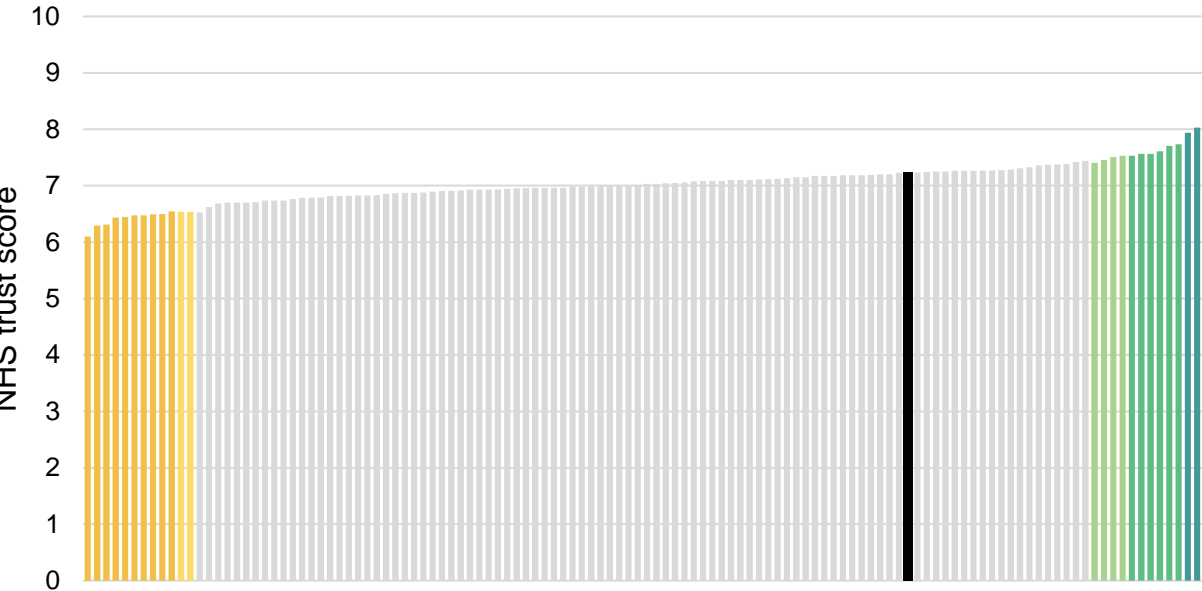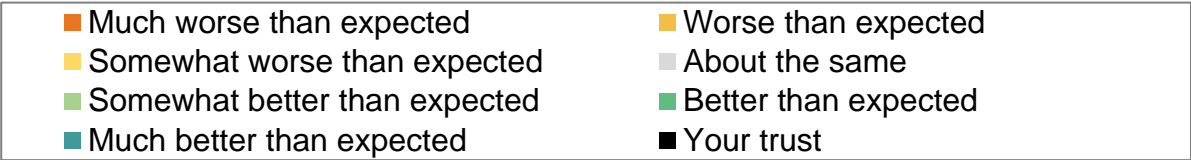
Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- Your trust

NHS trust score

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Salisbury NHS Foundation Trust	7.5
Royal Devon University Healthcare NHS Foundation Trust	7.4
Royal United Hospitals Bath NHS Foundation Trust	7.4
University Hospitals Dorset NHS Foundation Trust	7.3
Royal Cornwall Hospitals NHS Trust	7.3

Trusts with the lowest scores

Trust	Score
University Hospitals Plymouth NHS Trust	6.8
Gloucestershire Hospitals NHS Foundation Trust	7.0
Torbay And South Devon NHS Foundation Trust	7.1
Somerset NHS Foundation Trust	7.1
North Bristol NHS Trust	7.1

Section 8. Information to support recovery at home (continued)

Question scores

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- National average

				All trusts in England		
		Number of respondents	Your trust	National average	Lowest score	Highest score
Q35. Thinking about any new medication you were to take at home, were you given any of the following?	About the same	51	4.2	4.4	3.1	5.8
Q36. Before you left A&E, did hospital staff give you information on how to care for your condition at home?	About the same	173	7.3	6.8	5.0	8.6
Q37. To what extent did you understand the information you were given on how to care for your condition at home?	About the same	125	8.9	8.6	7.8	9.2
Q38. From the information you were given by hospital staff, did you feel able to care for your condition at home?	About the same	128	8.5	8.4	7.5	9.3

Section 9. Support and care after leaving A&E

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.

Your trust section score = 8.0   About the same

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- Your trust

NHS trust score (y-axis 0 to 10)

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Dorset County Hospital NHS Foundation Trust	8.3
Royal Devon University Healthcare NHS Foundation Trust	8.2
Royal Cornwall Hospitals NHS Trust	8.1
University Hospitals Dorset NHS Foundation Trust	8.1
Salisbury NHS Foundation Trust	8.0

Trusts with the lowest scores

Trust	Score
University Hospitals Plymouth NHS Trust	7.5
Gloucestershire Hospitals NHS Foundation Trust	7.6
North Bristol NHS Trust	7.7
Torbay And South Devon NHS Foundation Trust	7.7
Somerset NHS Foundation Trust	7.9

Section 9. Support and care after leaving A&E (continued)

Question scores

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- ▮ National average

		Number of respondents	Your trust	National average	Lowest score	Highest score
				All trusts in England		
Q39. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	Somewhat better than expected	179	8.5	8.0	6.1	9.1
Q40. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?	About the same	90	7.4	7.2	4.8	8.6

Section 10. Respect and dignity

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.

Your trust section score = 8.9   About the same
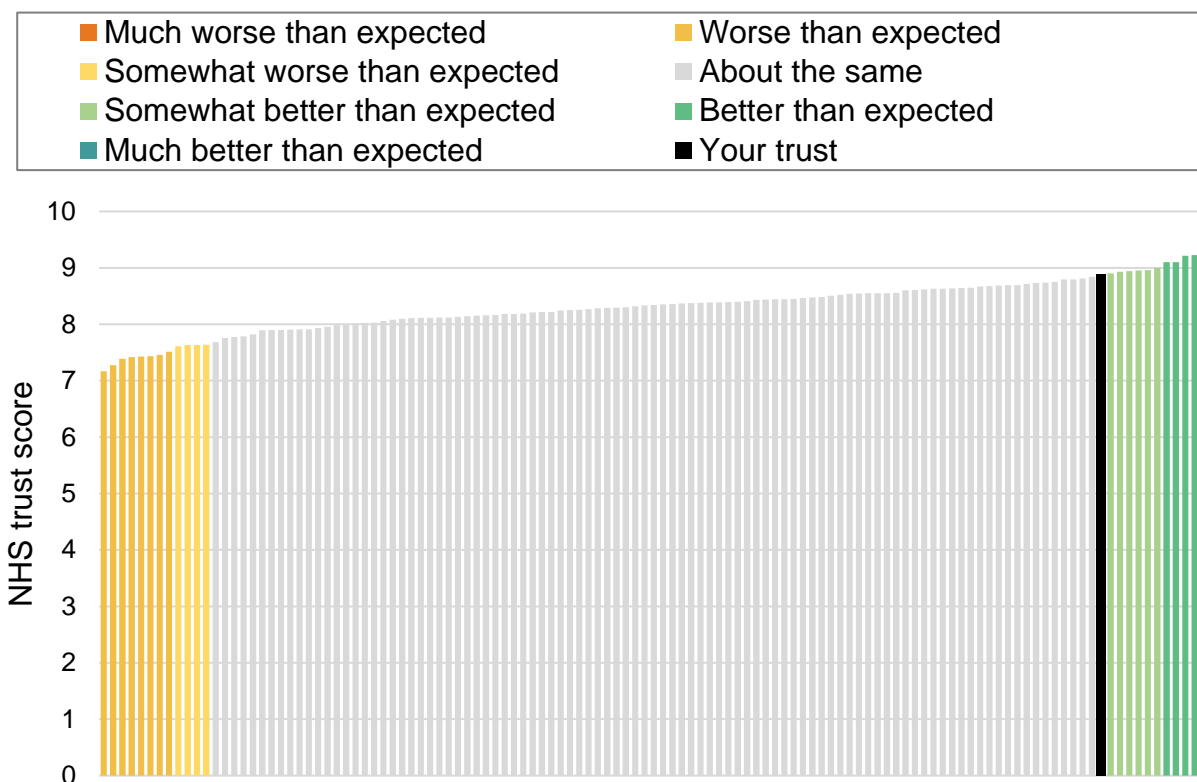
Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- Your trust

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	9.0
Dorset County Hospital NHS Foundation Trust	9.0
Royal United Hospitals Bath NHS Foundation Trust	8.9
University Hospitals Bristol And Weston NHS Foundation Trust	8.9
North Bristol NHS Trust	8.7

Trusts with the lowest scores

Trust	Score
Gloucestershire Hospitals NHS Foundation Trust	8.3
Great Western Hospitals NHS Foundation Trust	8.3
Royal Cornwall Hospitals NHS Trust	8.5
Torbay And South Devon NHS Foundation Trust	8.6
University Hospitals Plymouth NHS Trust	8.6

Section 10. Respect and dignity (continued)

Question scores

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ **Your trust**
- | National average

	Number of respondents	Your trust	National average	Lowest score	Highest score
Q42. Overall, did you feel you were treated with respect and dignity while you were in A&E?	272	8.9	8.3	7.2	9.4

All trusts in England

Section 11. Overall experience

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.

Your trust section score = 8.0   About the same

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

NHS trust score

Each vertical line represents an individual NHS trust

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Royal Devon University Healthcare NHS Foundation Trust	8.2
Dorset County Hospital NHS Foundation Trust	8.1
University Hospitals Bristol And Weston NHS Foundation Trust	8.0
Royal United Hospitals Bath NHS Foundation Trust	7.9
North Bristol NHS Trust	7.9

Trusts with the lowest scores

Trust	Score
University Hospitals Plymouth NHS Trust	7.1
Gloucestershire Hospitals NHS Foundation Trust	7.2
Great Western Hospitals NHS Foundation Trust	7.3
Royal Cornwall Hospitals NHS Trust	7.5
Somerset NHS Foundation Trust	7.6

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Section 11. Overall experience (continued)

Question scores

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ **Your trust**
- | National average

Q43. Overall, how was your experience while you were in A&E? — About the same

	Number of respondents	Your trust	National average	Lowest score	Highest score
	274	8.0	7.3	6.0	8.5

All trusts in England

Questions not included in a section

Question scores

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▎ National average

| | | All trusts in England | | |
Number of respondents	Your trust	National average	Lowest score	Highest score
-	-	5.9	4.0	7.4
77	5.9	5.9	4.6	7.1

Q24. While you were in A&E, did staff help you with your communication needs? — -

Q41. If you contacted any health or social care services after leaving A&E, was the care and support available when you needed it? — About the same

Question 24 is excluded from the section scores due to an insufficient number of responses across many trusts.

Question 41 is excluded from section scores as it relates to patient experience after leaving A&E, which is outside the direct responsibility of the A&E department. Therefore, it is not included in any section scores.

Trust and site-level 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. Arrival

Q7. Were you told why you had to wait with the ambulance crew?

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.

Your trust (32) **7.4**

Bristol Royal Infirmary (-)

Weston General Hospital (-)

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
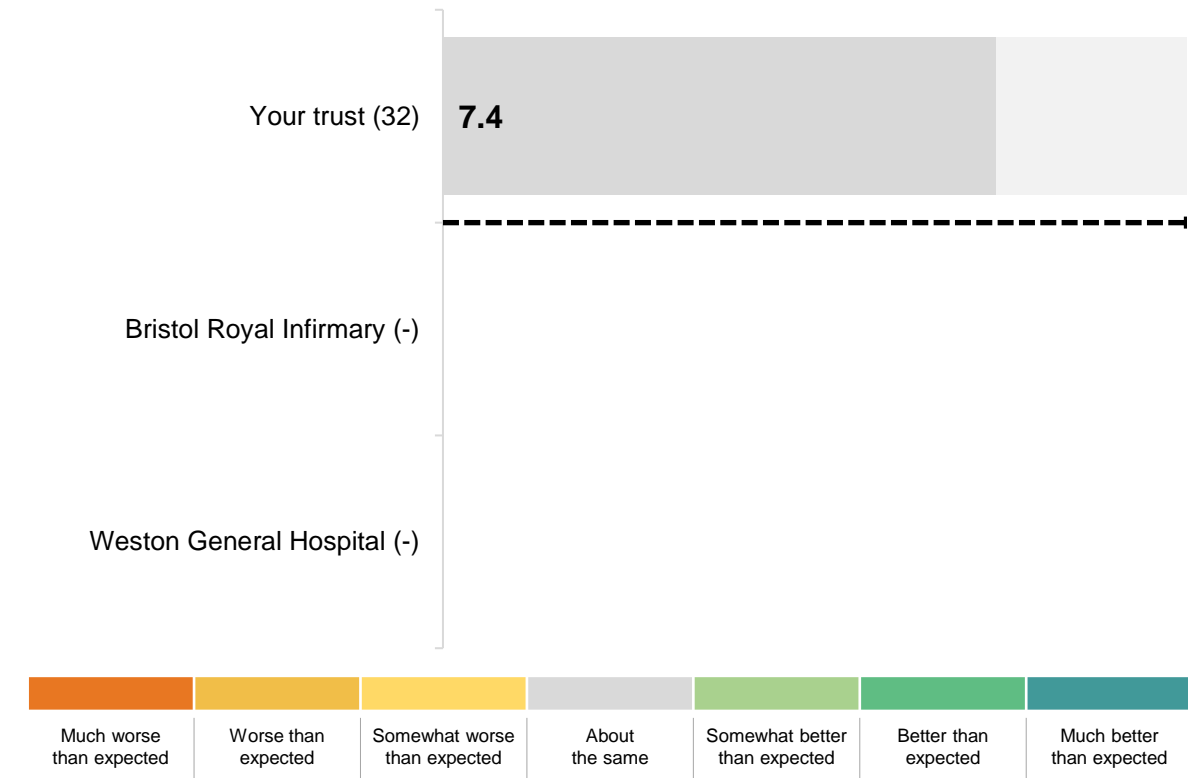
Please note: the number of respondents is shown in brackets next to the site name

Section 2. Waiting

Q12. After your first assessment, did the nurse or doctor tell you what would happen next?

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.

Your trust (246) **9.6**

Bristol Royal Infirmary (133) **9.8**

Weston General Hospital (112) **9.2**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

41 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust

Section 2. Waiting

Q13. Were you informed how long you would have to wait to be 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.

Your trust (193) **3.1**

Bristol Royal Infirmary (107) **3.8**

Weston General Hospital (85) **2.4**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

42 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust
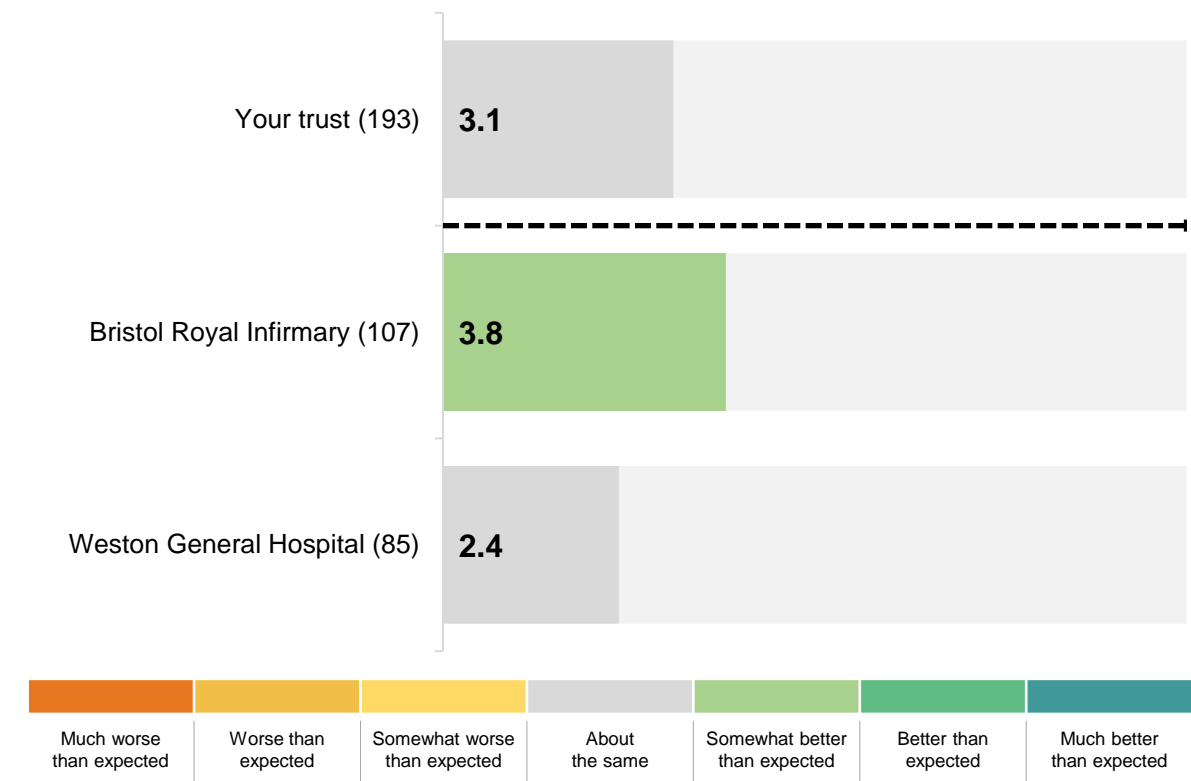
Section 2. Waiting

Q14. Were you kept updated on how long your wait would be?

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.

Your trust (213) **4.3**

Bristol Royal Infirmary (117) **5.0**

Weston General Hospital (95) **3.5**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
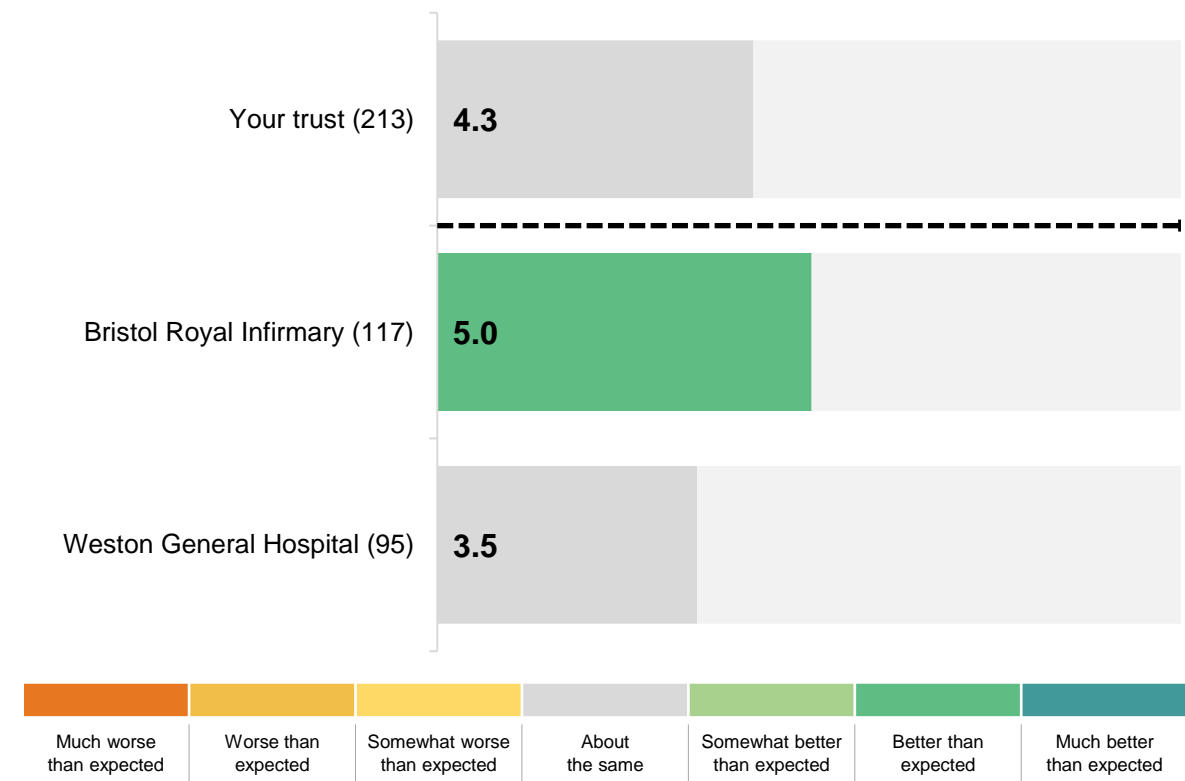
Please note: the number of respondents is shown in brackets next to the site name

Section 2. Waiting

Q15. While you were waiting, were you able to get help with your condition or symptoms from a 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.

Your trust (178) **6.8**

Bristol Royal Infirmary (102) **8.0**

Weston General Hospital (75) **5.5**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

43 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust

Section 3. Privacy

Q10. Were you given enough privacy when discussing your condition with the receptionist?

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.

Your trust (217) **7.0**

Bristol Royal Infirmary (111) **7.7**

Weston General Hospital (105) **6.6**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
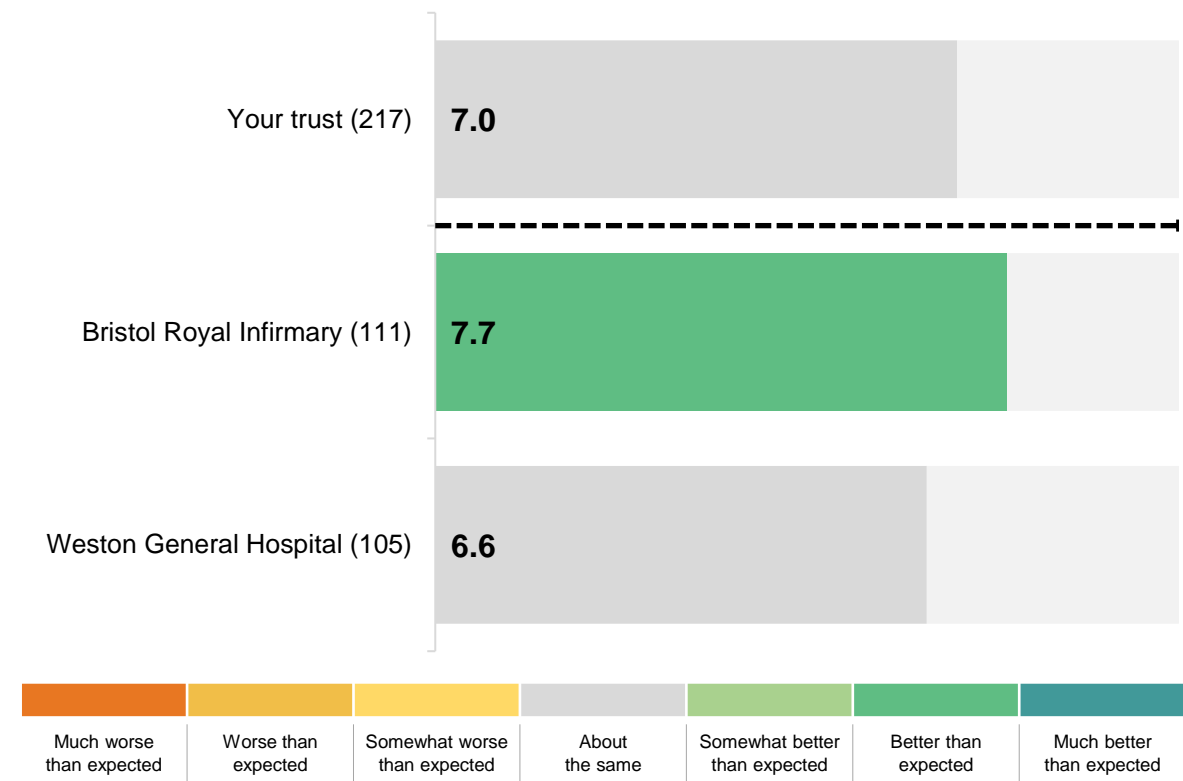
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Privacy

Q25. 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.

Your trust (273) **8.8**

Bristol Royal Infirmary (153) **9.0**

Weston General Hospital (119) **8.6**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
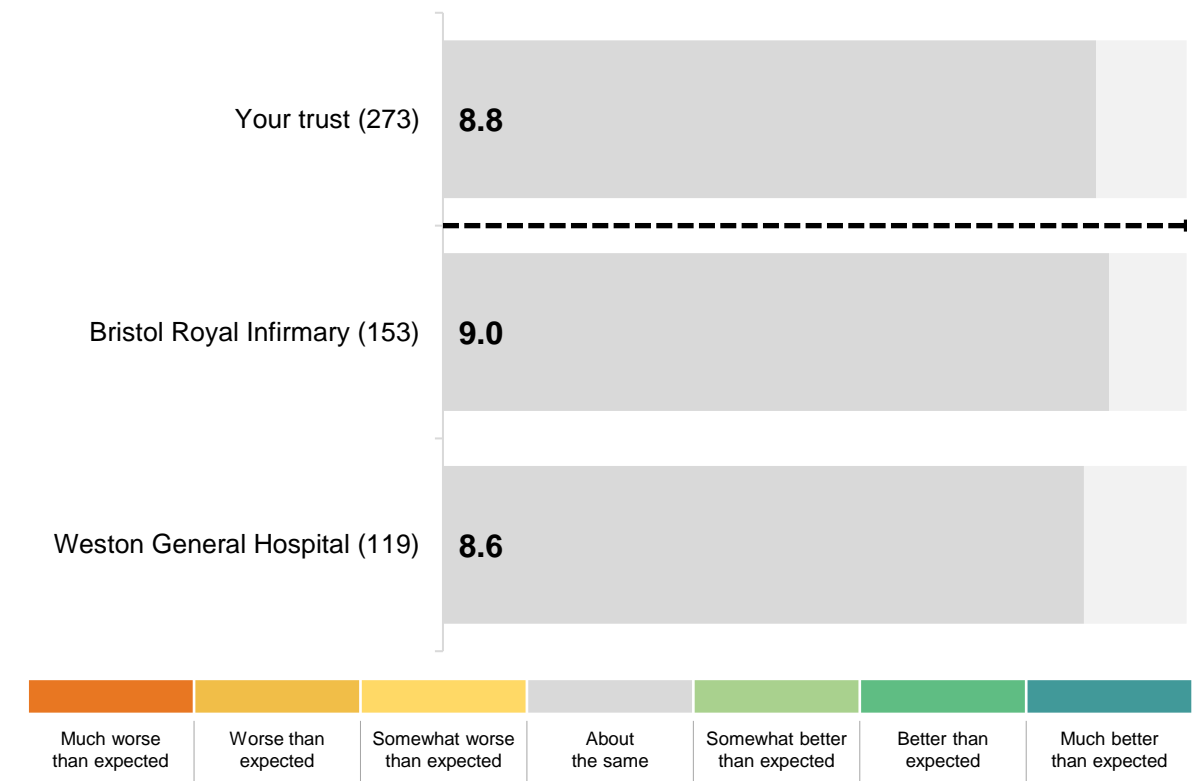
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Interactions with doctors and nurses

Q17. Did you have enough time to discuss your condition and treatment with the doctor or nurse?

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.

Your trust (276) **8.3**

Bristol Royal Infirmary (154) **8.6**

Weston General Hospital (121) **8.0**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

44   Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust
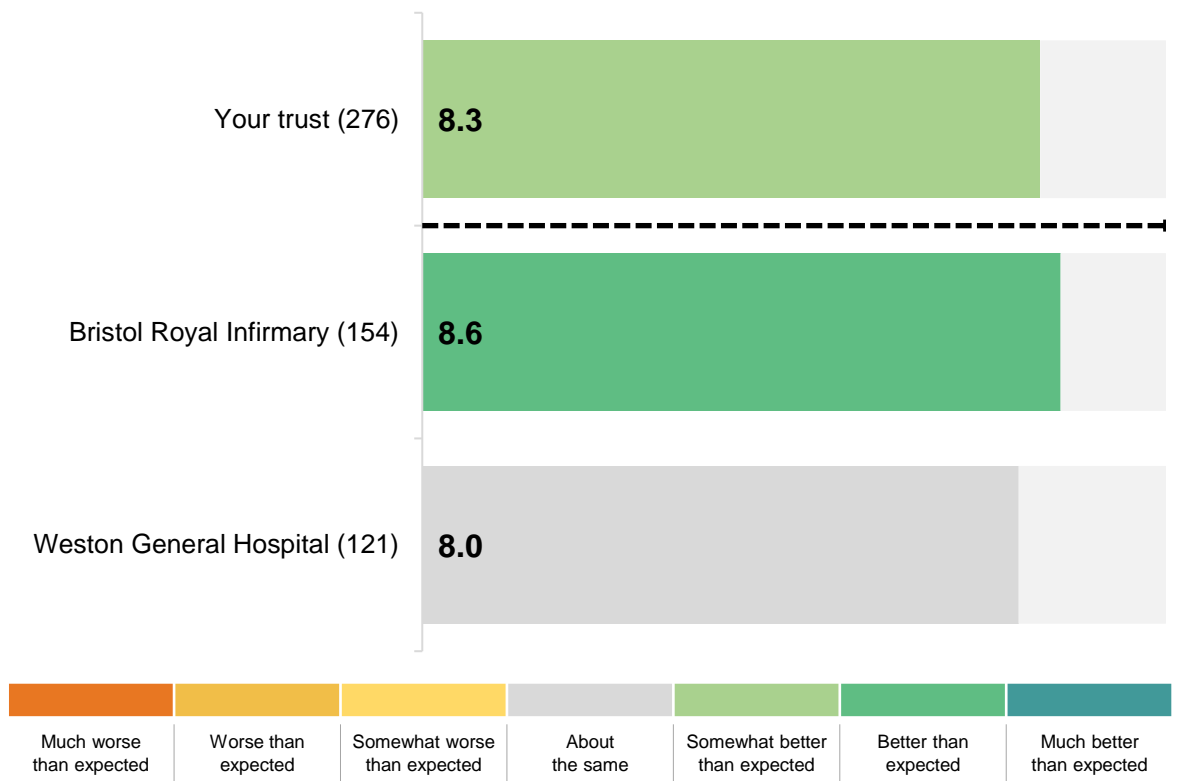
Section 4. Interactions with doctors and nurses

Q18. While you were in A&E, did a doctor or nurse explain your condition and treatment 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.

Your trust (263) **8.1**

Bristol Royal Infirmary (148) **8.1**

Weston General Hospital (115) **8.0**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
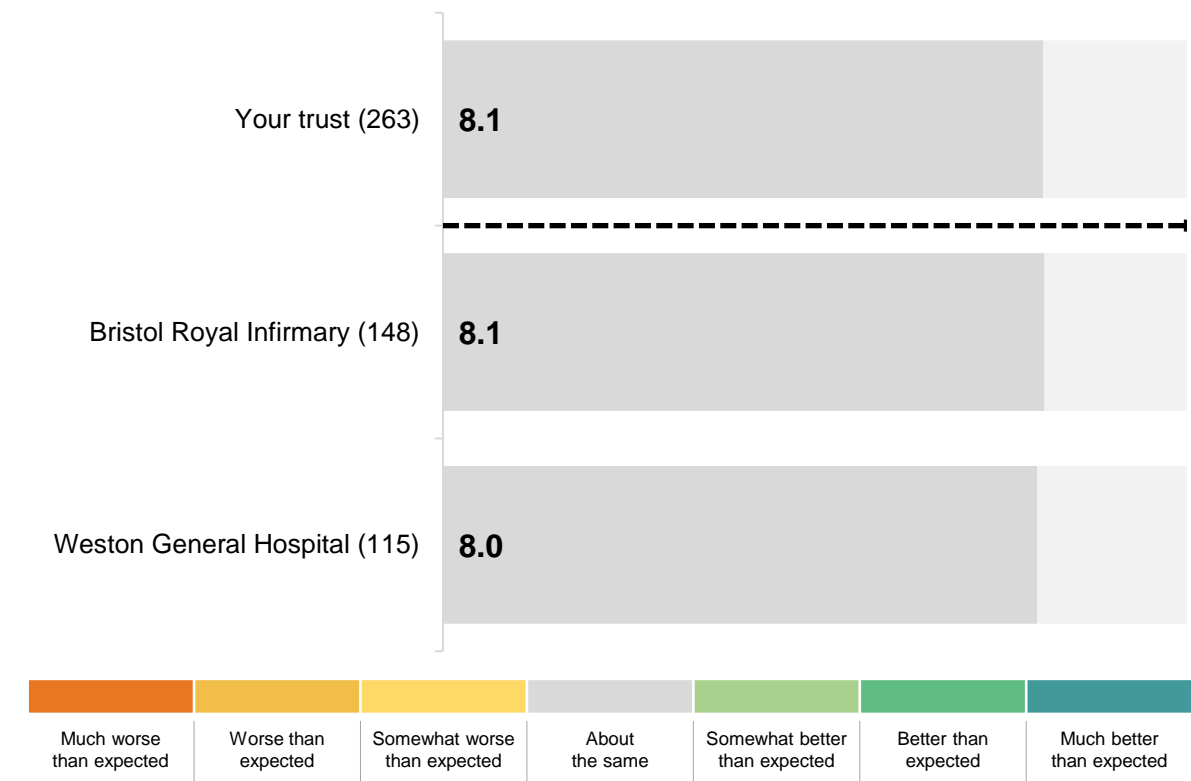
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Interactions with doctors and nurses

Q19. Did the doctors and nurses listen to what you had to say?

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.

Your trust (275) **8.5**

Bristol Royal Infirmary (154) **8.8**

Weston General Hospital (120) **8.3**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
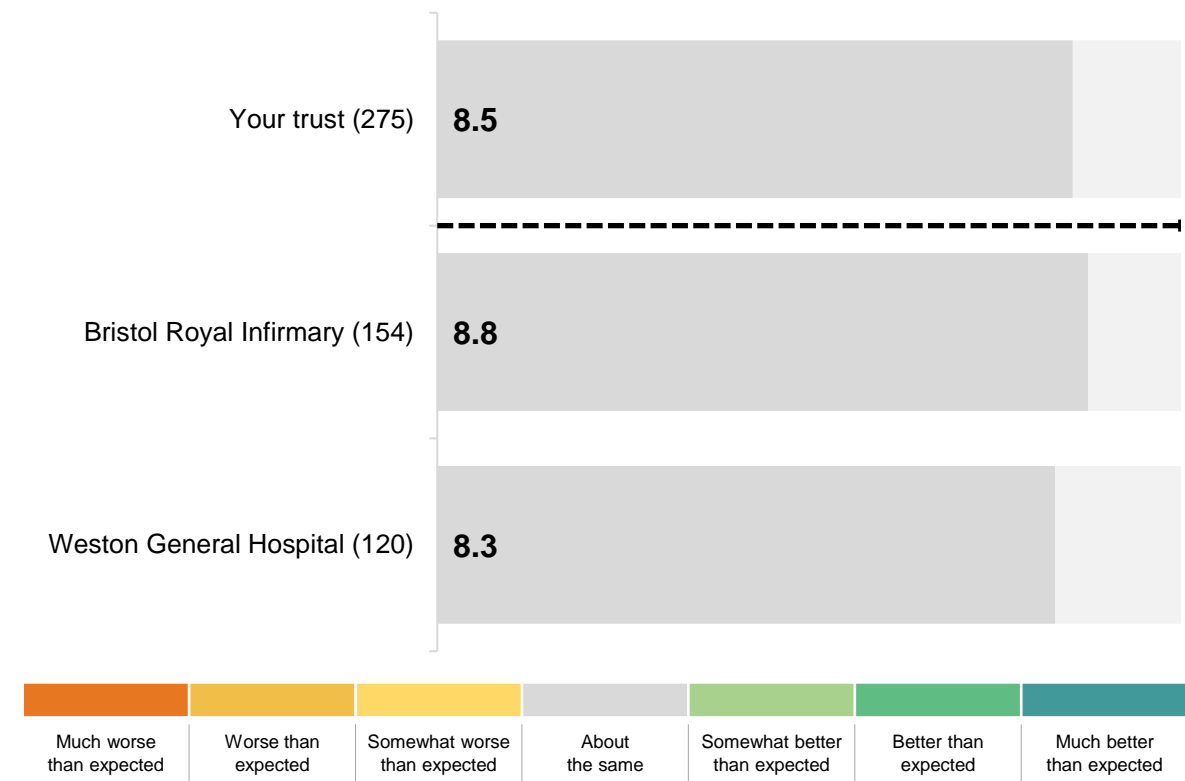
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Interactions with doctors and nurses

Q20. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with 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.

Your trust (197) **6.8**

Bristol Royal Infirmary (113) **7.4**

Weston General Hospital (83) **6.2**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

46 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust
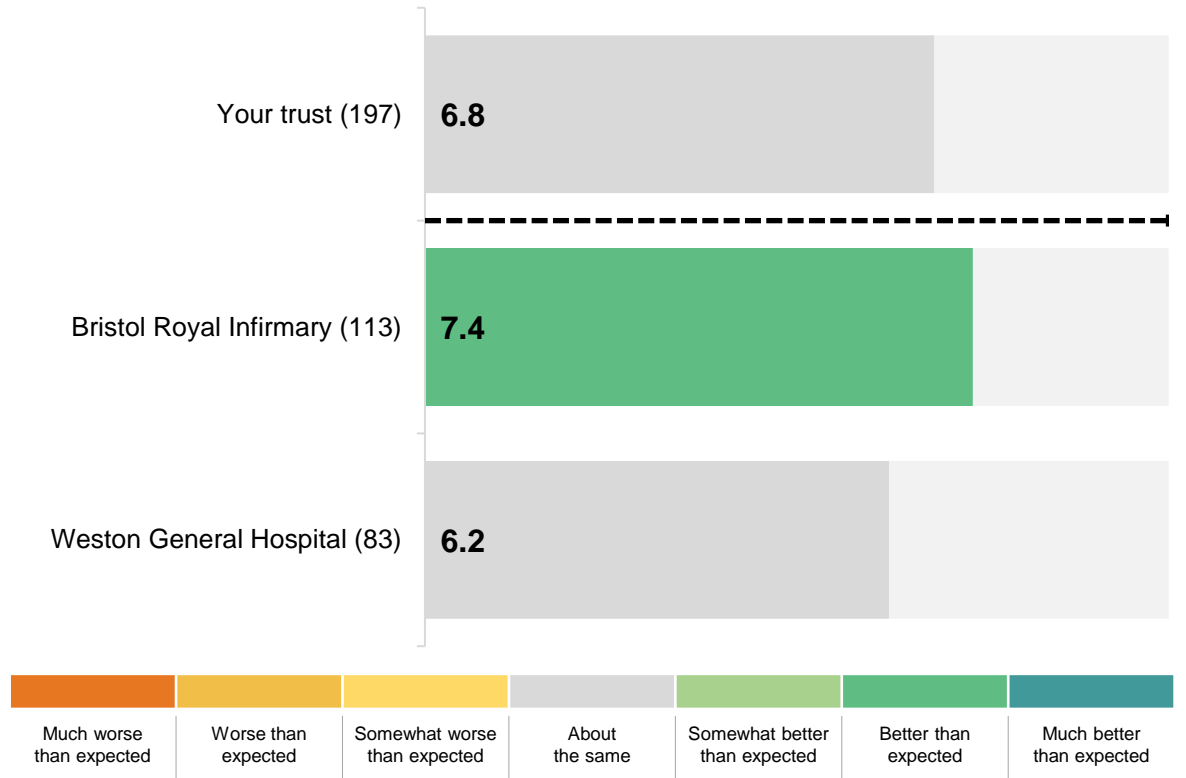
Section 4. Interactions with doctors and nurses

Q21. Did you have confidence and trust in the doctors and nurses examining and 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.

Your trust (274) **8.6**

Bristol Royal Infirmary (154) **9.0**

Weston General Hospital (119) **8.2**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
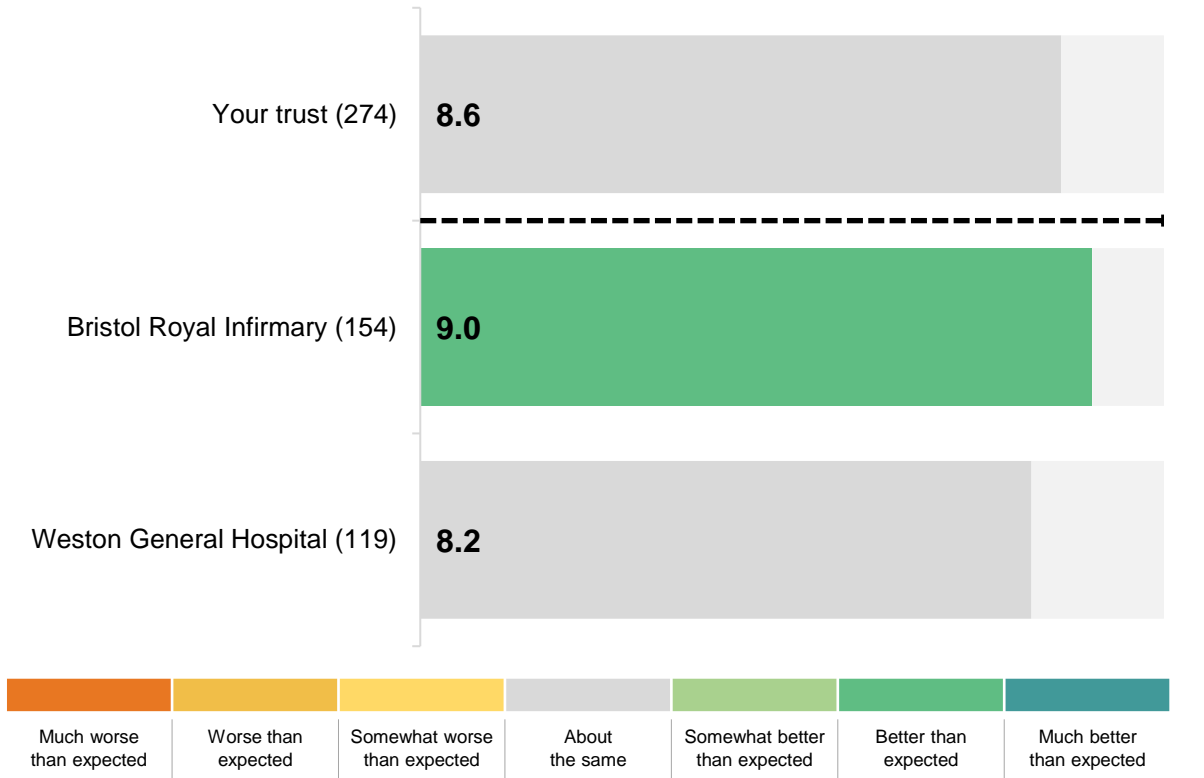
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Interactions with doctors and nurses

Q22. If a family member, friend or carer wanted to talk to a doctor or nurse, did they have enough opportunity to do so?

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.

Your trust (163) — **6.8**

Bristol Royal Infirmary (87) — **7.4**

Weston General Hospital (75) — **6.4**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

47 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust
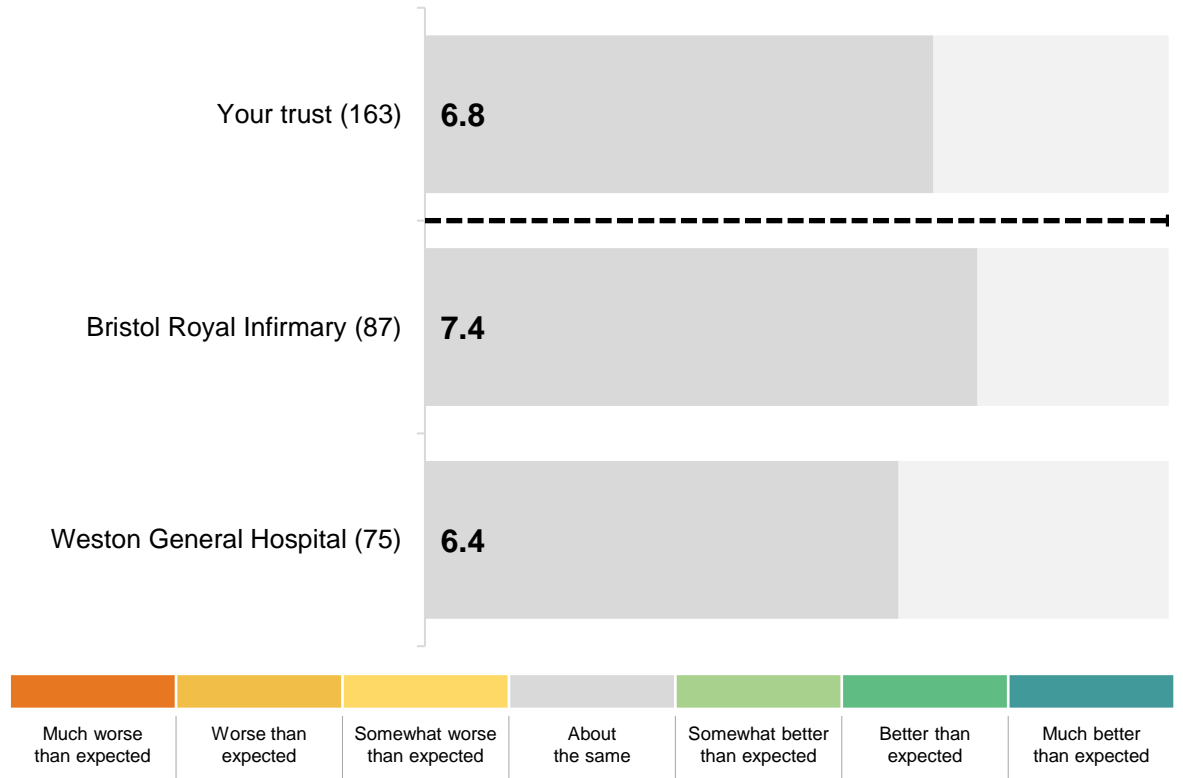
Section 5. Your care and treatment

Q26. If you needed help to take medication for any pre-existing medical conditions, did staff help 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.

Your trust (63) — **8.7**

Bristol Royal Infirmary (38) — **9.4**

Weston General Hospital (-)

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
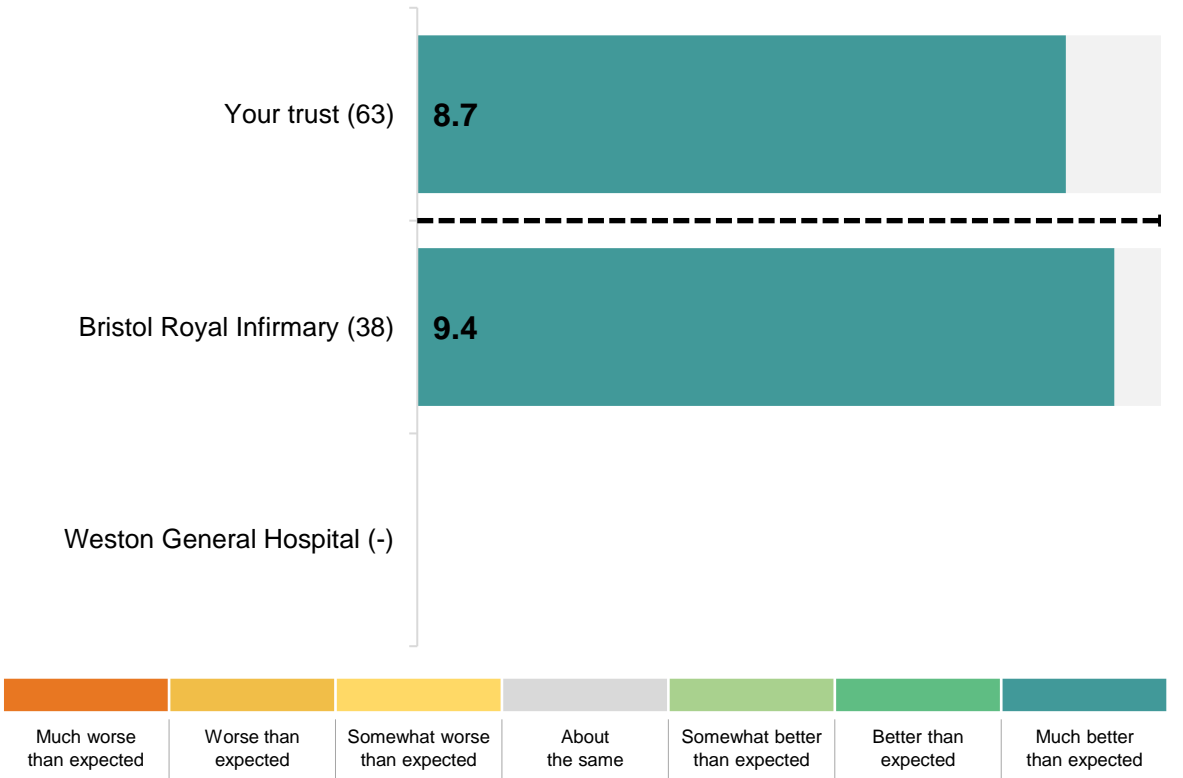
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q27. Were you involved as much as you wanted to be 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.

Your trust (258)   **7.9**

Bristol Royal Infirmary (140)   **8.2**

Weston General Hospital (117)   **7.5**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
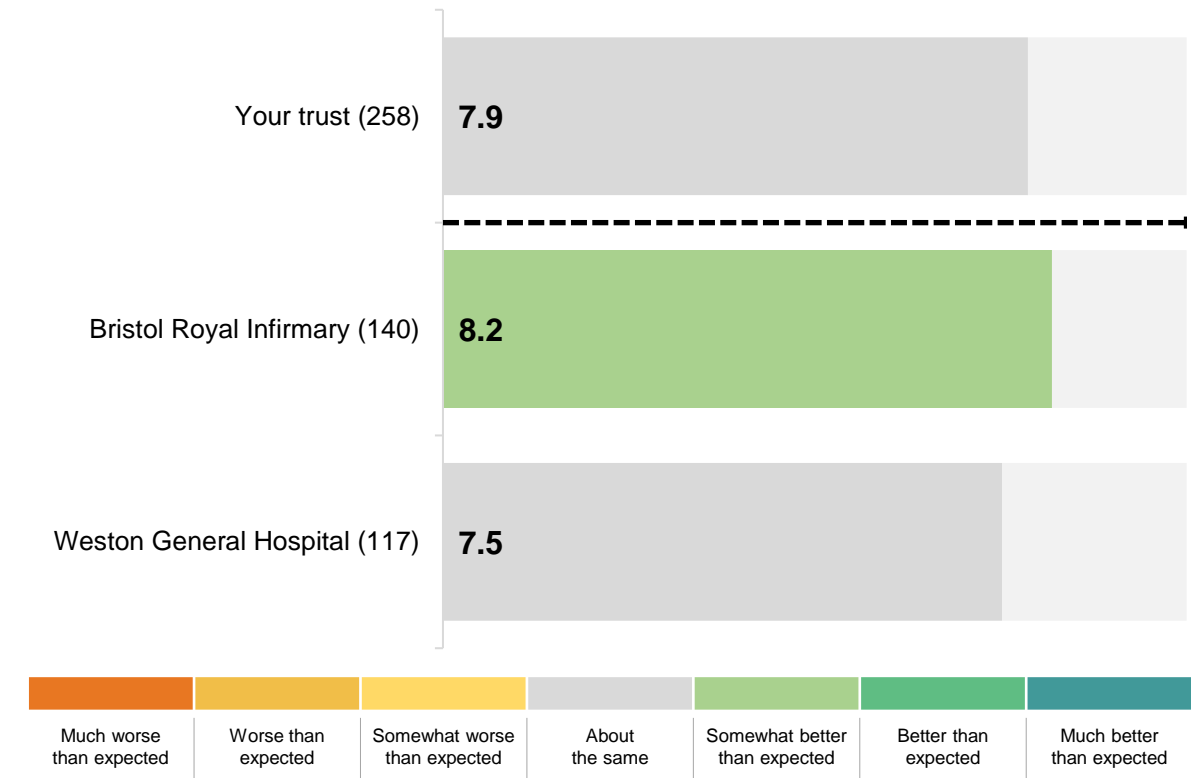
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Your care and treatment

Q30. Do you think the hospital staff helped you to 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.

Your trust (190)   **6.7**

Bristol Royal Infirmary (104)   **7.3**

Weston General Hospital (85)   **6.1**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
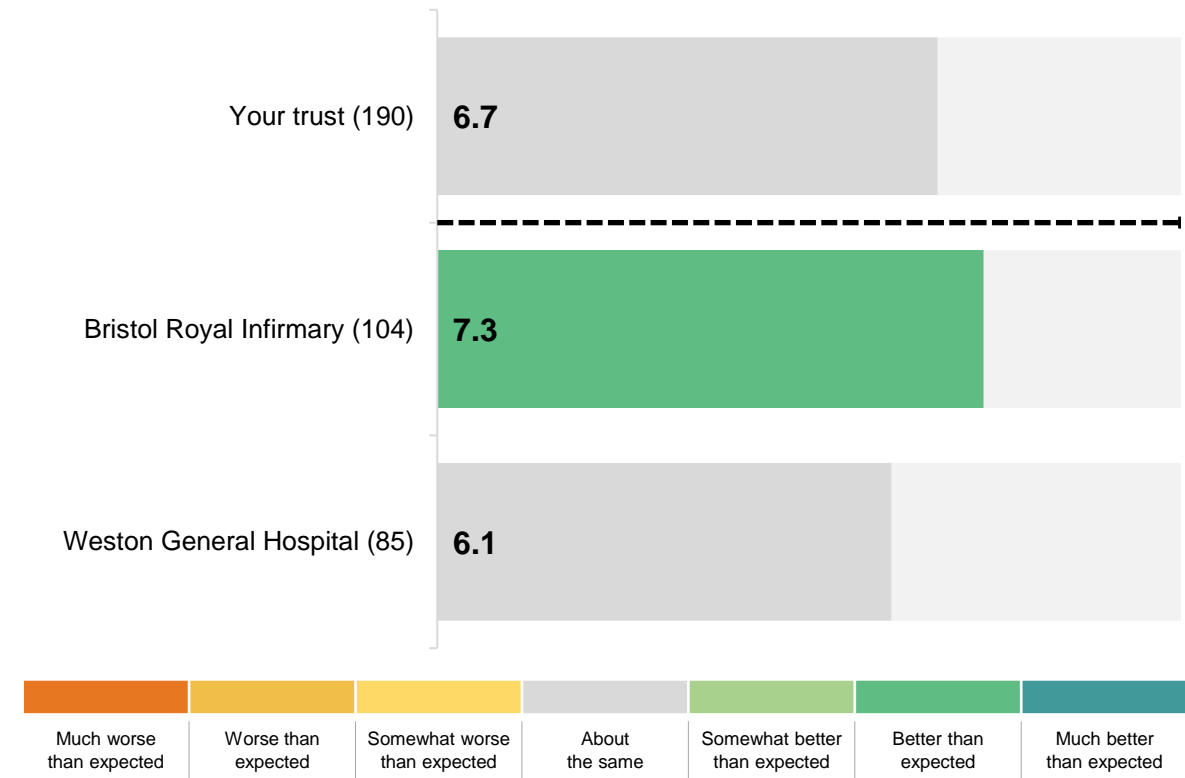
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Communication about tests

Q28. If you had any tests, did a member of staff explain why you needed them 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.

Your trust (234): **8.4**

Bristol Royal Infirmary (131): **8.6**

Weston General Hospital (102): **8.1**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

49 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust

Section 6. Communication about tests

Q29. Before you left A&E, did a member of staff explain the results of the tests 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.

Your trust (196): **8.2**

Bristol Royal Infirmary (103): **8.3**

Weston General Hospital (92): **8.1**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
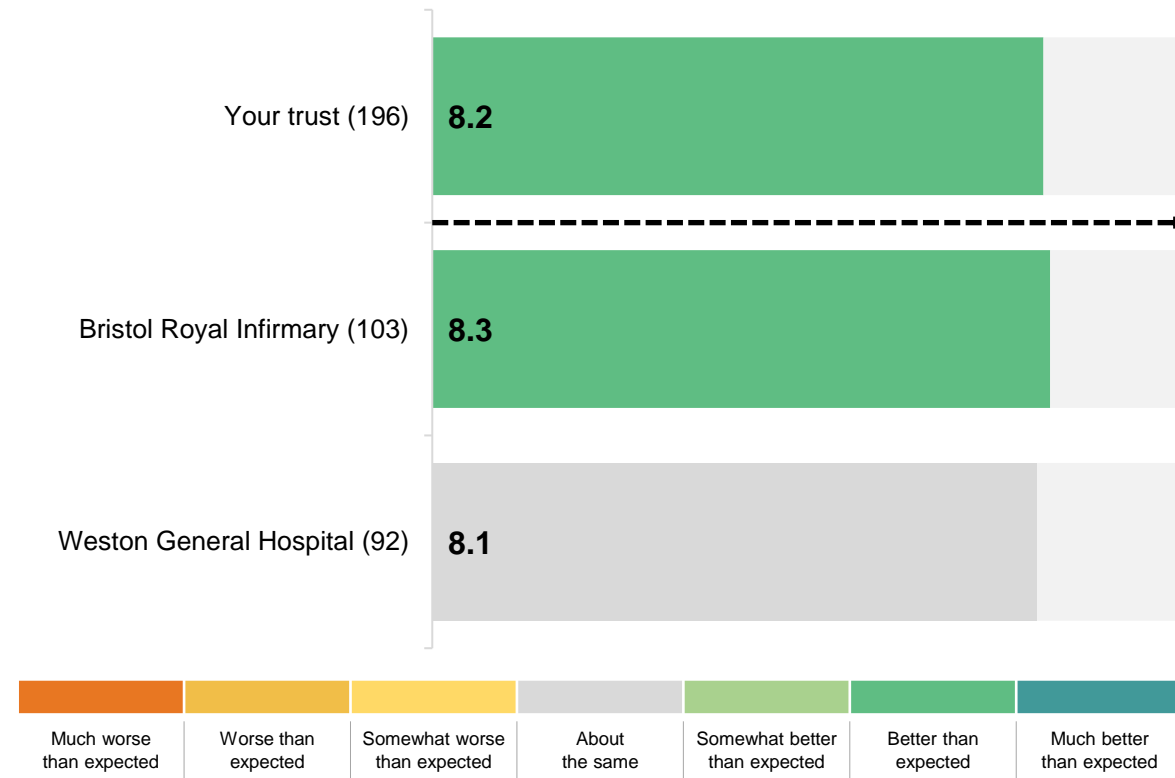
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Hospital environment and facilities

Q31. While you were in A&E, did you feel safe around other patients or visitors?

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.

Your trust (263) **8.4**

Bristol Royal Infirmary (146) **8.2**

Weston General Hospital (116) **8.8**

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected

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

50 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust

Section 7. Hospital environment and facilities

Q32. While you were in A&E, were you able to get food or drinks?

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.

Your trust (170) **7.5**

Bristol Royal Infirmary (88) **7.5**

Weston General Hospital (81) **7.7**

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected
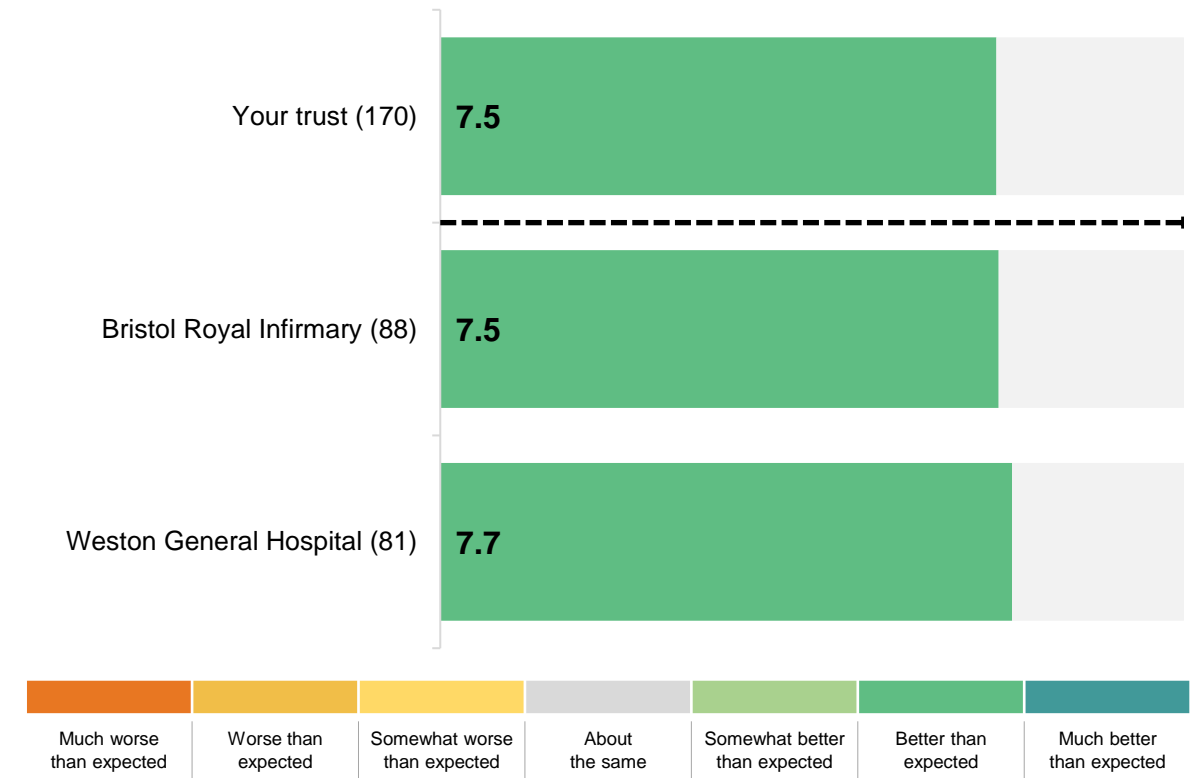
Please note: the number of respondents is shown in brackets next to the site name

Section 8. Information to support recovery at home

Q35. Thinking about any new medication 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.

Your trust (51) — **4.2**

Bristol Royal Infirmary (-)

Weston General Hospital (-)

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

51 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust
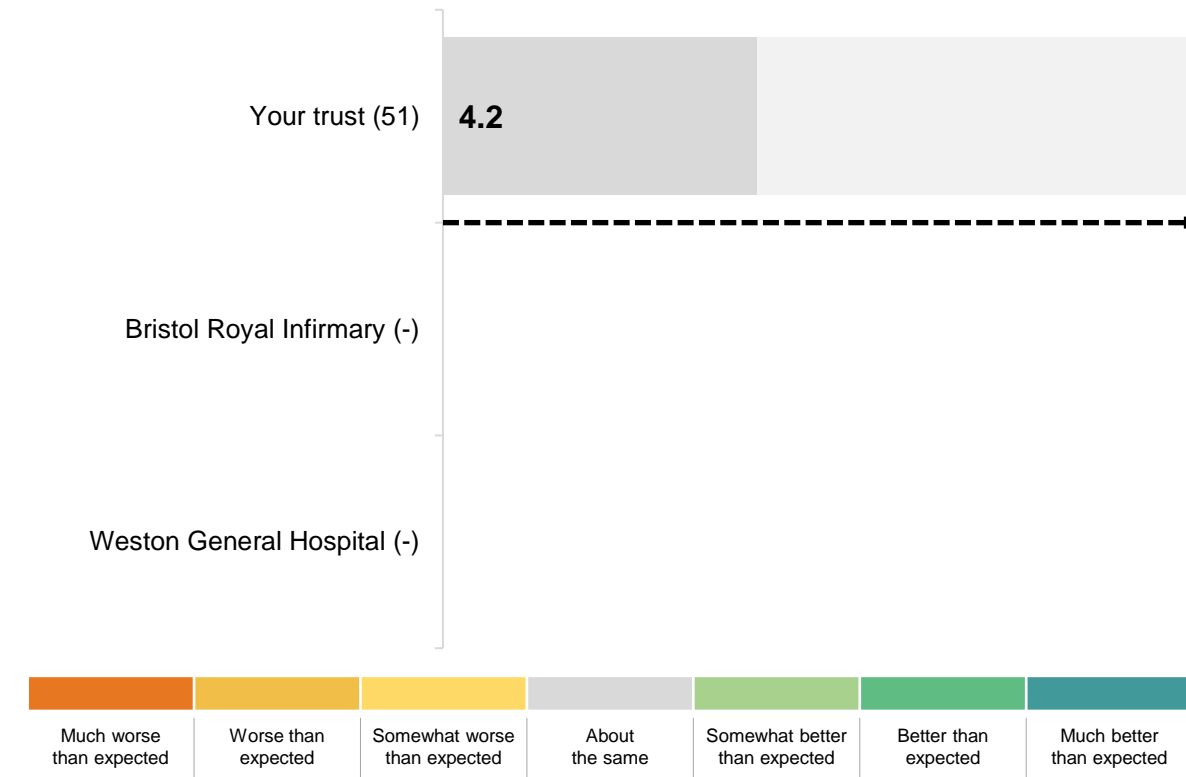
Section 8. Information to support recovery at home

Q36. Before you left A&E, did hospital staff give you information on how to care for your condition at home?

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.

Your trust (173) — **7.3**

Bristol Royal Infirmary (88) — **7.5**

Weston General Hospital (84) — **7.2**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
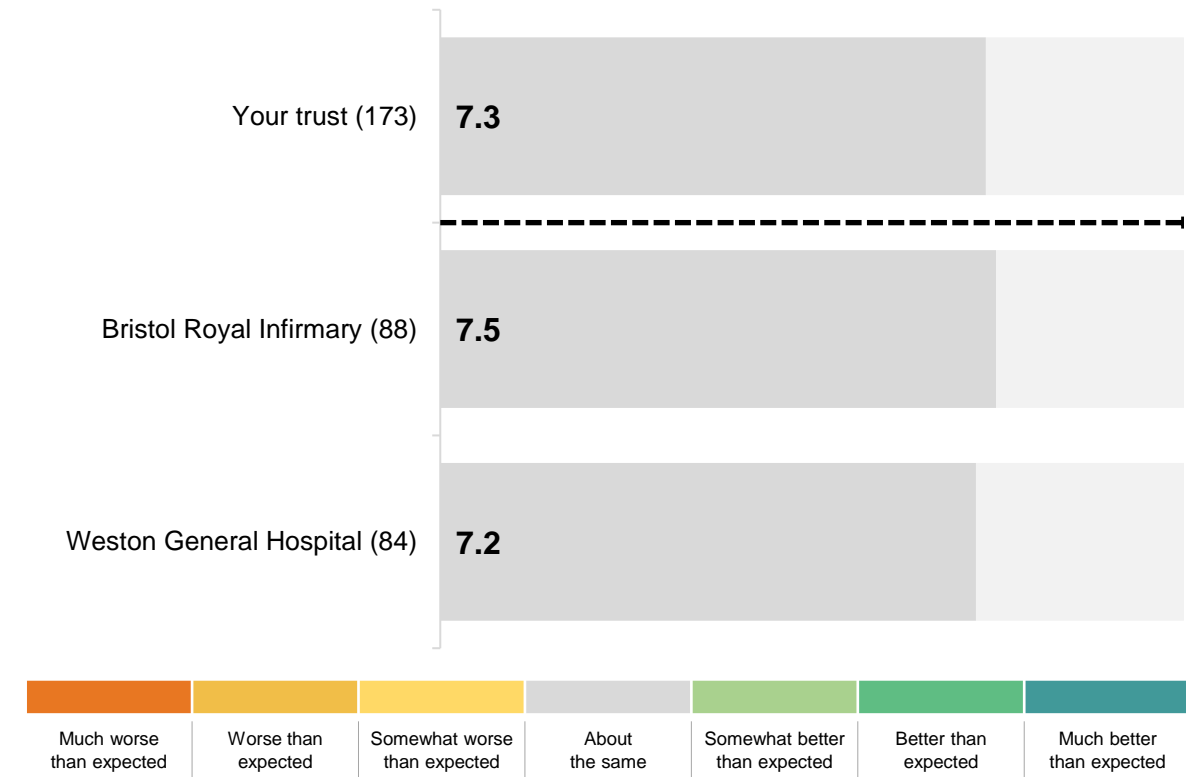
Please note: the number of respondents is shown in brackets next to the site name

Section 8. Information to support recovery at home

Q37. To what extent did you understand the information you were given on how to care for your condition at home?

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.

Your trust (125) **8.9**

Bristol Royal Infirmary (65) **9.0**

Weston General Hospital (60) **8.8**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

Section 8. Information to support recovery at home

Q38. From the information you were given by hospital staff, did you feel able to care for your condition at home?

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.

Your trust (128) **8.5**

Bristol Royal Infirmary (66) **8.6**

Weston General Hospital (62) **8.5**

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

Section 9. Support and care after leaving A&E

Q39. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?

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.

Your trust (179) — **8.5**

Bristol Royal Infirmary (94) — **8.7**

Weston General Hospital (84) — **8.2**

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected

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

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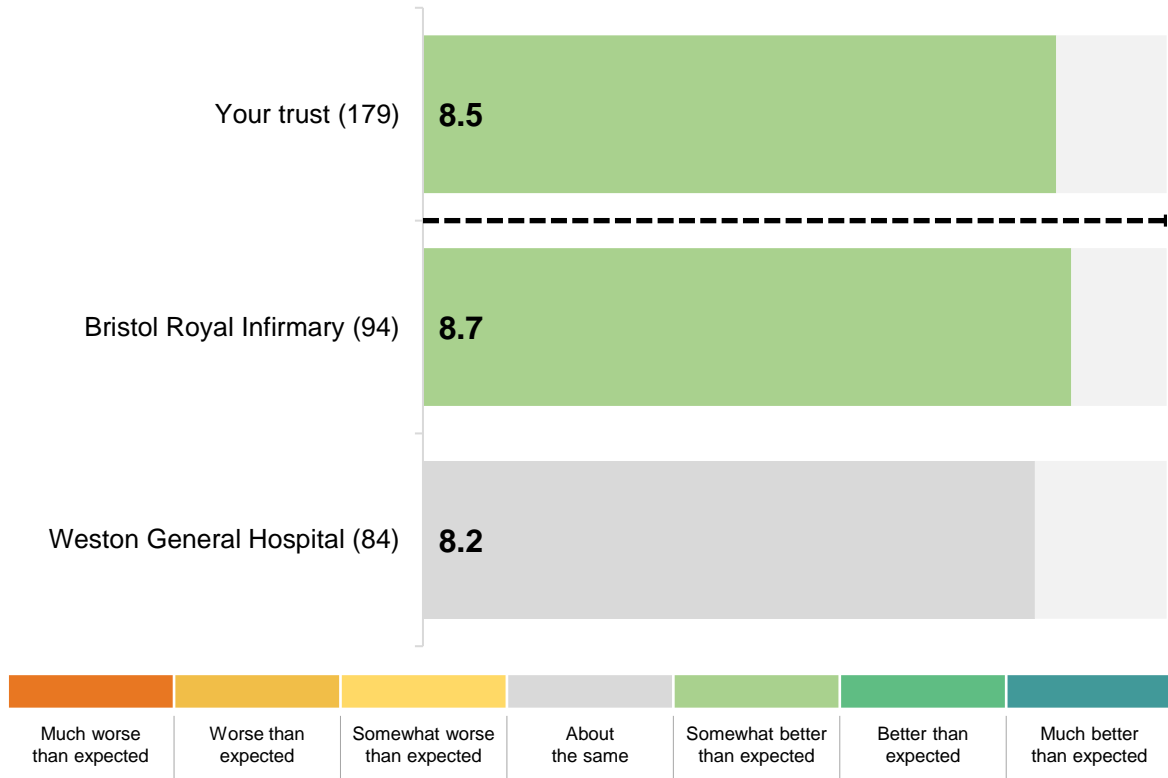
Section 9. Support and care after leaving A&E

Q40. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?

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.

Your trust (90) — **7.4**

Bristol Royal Infirmary (49) — **7.9**

Weston General Hospital (41) — **6.6**

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected
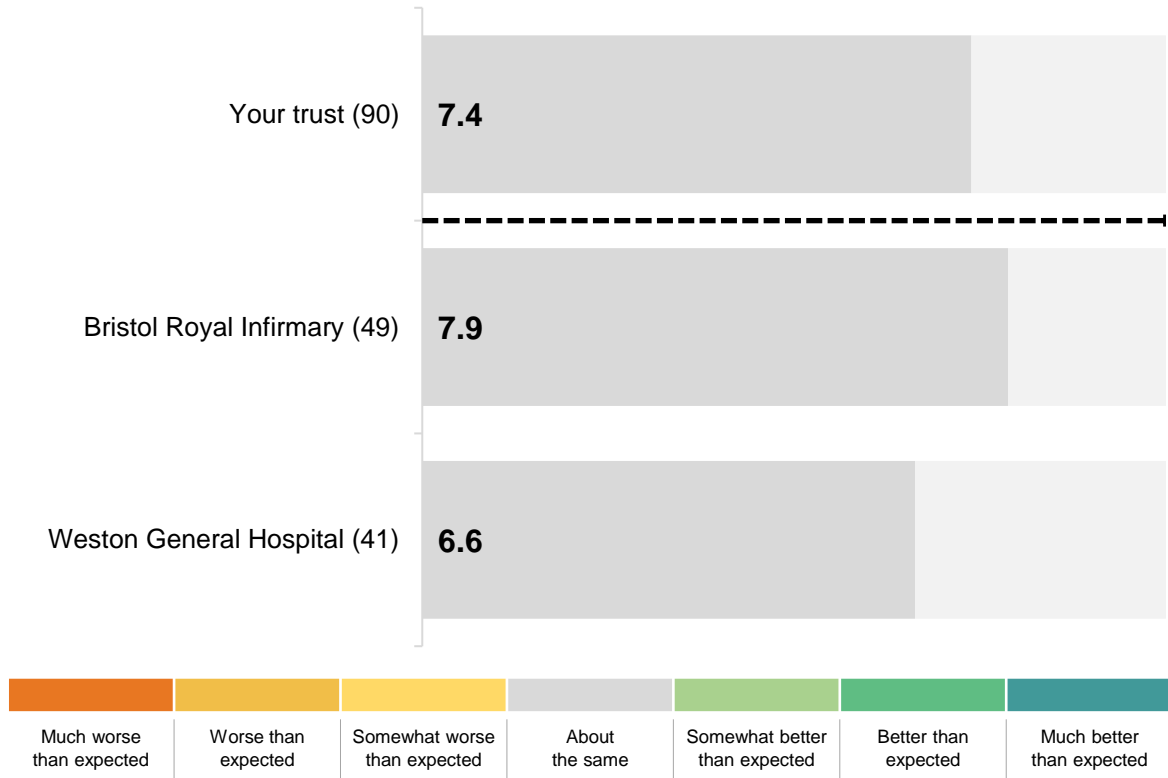
Please note: the number of respondents is shown in brackets next to the site name

Section 10. Respect and dignity

Q42. Overall, did you feel you were treated with respect and dignity while you were in A&E?

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.

Your trust (272)   **8.9**

Bristol Royal Infirmary (153)   **9.1**

Weston General Hospital (118)   **8.8**

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected
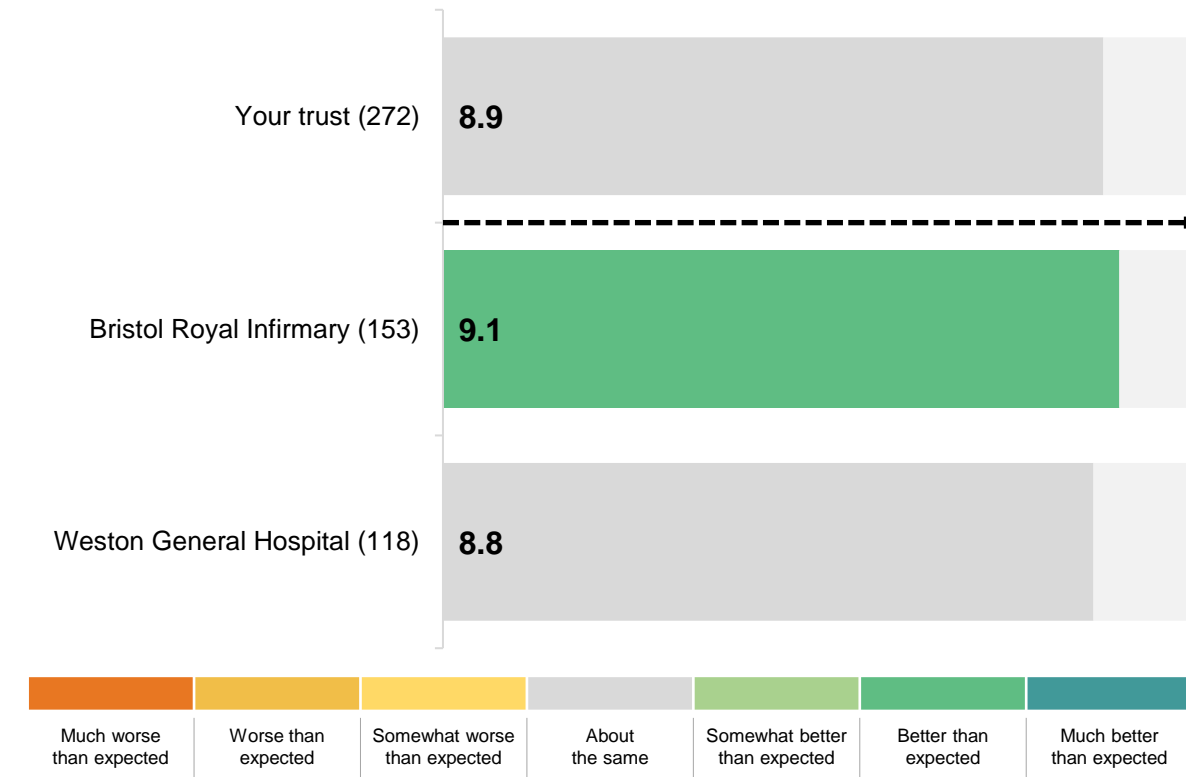
Please note: the number of respondents is shown in brackets next to the site name

Section 11. Overall experience

Q43. Overall, how was your experience while you were in A&E?

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.

Your trust (274)   **8.0**

Bristol Royal Infirmary (154)   **8.1**

Weston General Hospital (119)   **7.8**

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected
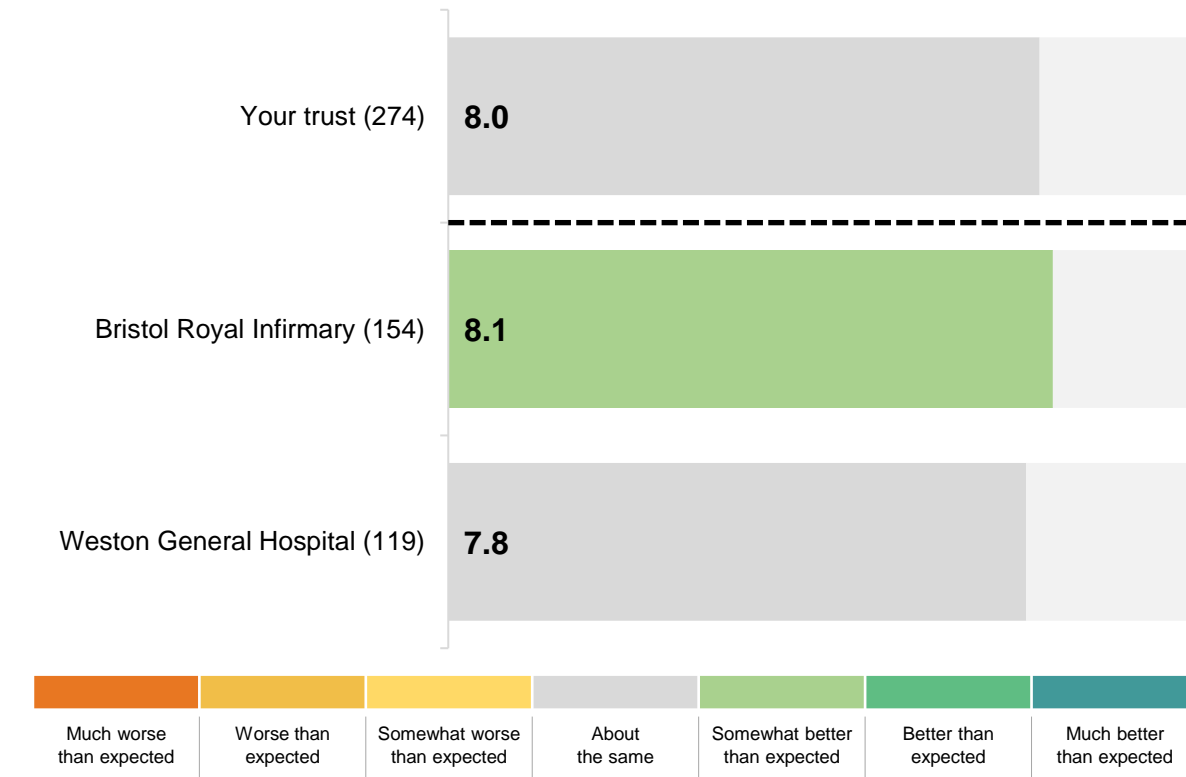
Please note: the number of respondents is shown in brackets next to the site name

Not included in a section

Q24. While you were in A&E, did staff help you with your communication 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.

Your trust (-)

Bristol Royal Infirmary (-)

Weston General Hospital (-)

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

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

55 Urgent and Emergency Care Survey | 2024 | RA7 | University Hospitals Bristol And Weston NHS Foundation Trust

Not included in a section

Q41. If you contacted any health or social care services after leaving A&E, was the care and support available when you needed it?

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.
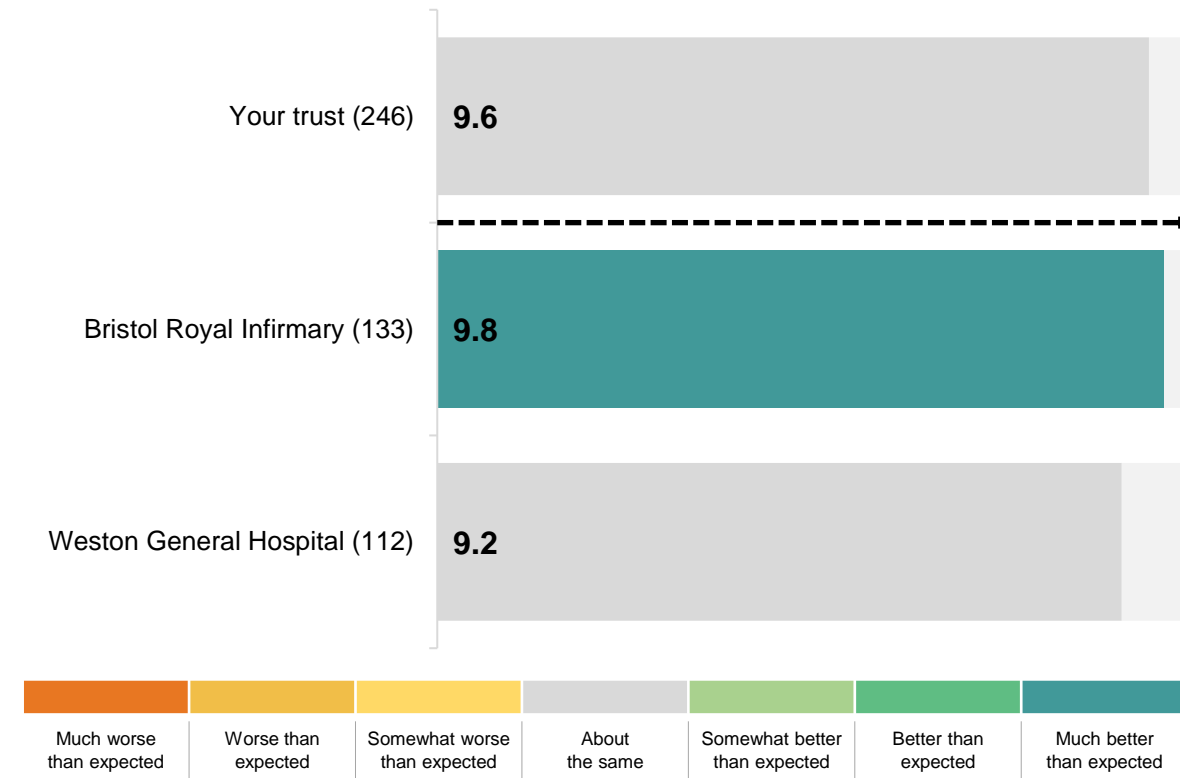
Your trust (77) **5.9**

Bristol Royal Infirmary (49) **6.5**

Weston General Hospital (-)

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
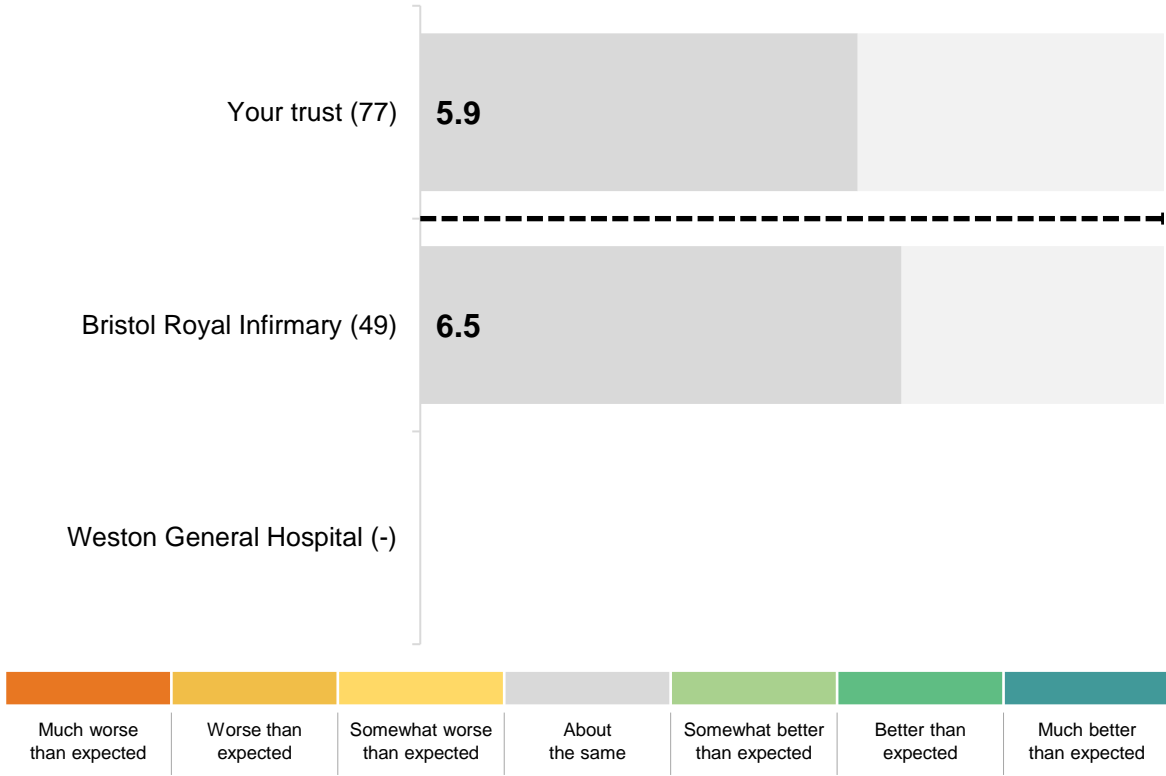
Please note: the number of respondents is shown in brackets next to the site name

Comparison to other trusts

NHS | Care Quality Commission | Survey Coordination Centre

Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better when 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

- Q26. If you needed help to take medication for any pre-existing medical conditions, did staff help you?

Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better than 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. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
- Q29. Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?
- Q32. While you were in A&E, were you able to get food or drinks?

Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better when 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

- Q17. Did you have enough time to discuss your condition and treatment with the doctor or nurse?
- Q39. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?

Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse when 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: where your trust has performed worse

The questions at which your trust has performed worse 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

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse when 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.

Thank you.

For further information, please contact
the Survey Coordination Centre:

emergency@surveycoordination.com

NHS

CareQuality Commission

Survey Coordination Centre

Meeting of the Trust Board in Public – 11 March 2025

Reporting Committee	Finance, Digital and Estates Committee – January 2025 meeting.
Chaired By	Martin Sykes, Non-executive Director
Executive Leads	Neil Kemsley, Chief Financial Officer / Neil Darvill, Joint Chief Digital Information Officer

For Information

Finance

The committee reviewed the detailed month 9 (to December 2024) finance report noting a small improvement to £6.2m deficit year-to-date. The Trust savings programme had over delivered in month although recurrent savings remained behind plan. The forecast remained as breakeven across the system as a whole – albeit with remaining challenges.

As part of national planning for next year Trusts had been issued with 'productivity packs' with the aim of helping to target efficiency savings. There was an initial requirement to review the data - which was not entirely consistent between organisations – the committee agreed to review the next iteration of the packs once the corrections had been incorporated.

The committee reviewed capital expenditure to date and received assurance that the remaining budget would be spent appropriately and to schedule.

The committee noted that worked whole time equivalents had risen significantly in excess of budgeted WTE and asked for more detail to separate where these were driven by escalation capacity versus general areas perhaps not managing to budget.

The committee reviewed a business case relating to a system-wide contract for agency staff procurement. This had the potential to reduce agency staff costs on an individual basis, but the committee noted the risk of double counting CIPS where an overall 'agency reduction' target had already been set. The committee approved the award of the contract.

Digital

The committee received a report on the Trust medical records transformation project – the Trust still had seven physical records libraries including two external sites. The health records team were actively managing over two million active case notes. The transformation project aimed to reduce the overall footprint, to vacate the offsite premises and to significantly reduce the on-site medical record libraries. The committee noted the challenged associated with moving to 'paperless care' ongoingly and of digitally archiving the historic record. The committee supported the project and undertook to receive periodic updates.

The committee received an update on current programmes noting that maternity centralised CTG monitoring had successfully gone live; CMM was still working to the go-live date of May 2025; Eye Hospital EPR had been put back by two months following issues identified in testing.

Estates

The committee received an update on the Trust fire safety plan noting that the items identified in the recent external audit had been prioritised and included in the plan. The committee noted the report wherein the capital expenditure for 2025/26 had been increased from £2.5m this to £5.5m next year.

The periodic strategic estates report was received for information. The committee noted key upcoming improvement works including heygroves theatres plant; NICU fire safety improvements; and roofing works in the eye hospital. The latter would require a significant number of decant moves also involving the dental hospital.

Board Assurance Framework (BAF)

The committee reviewed key risks allocated for its oversight. The majority were discussed during each section of the meeting above. The committee discussed and noted the mitigations and actions.

Date of next meeting:	25th February 2025

Meeting of the Trust Board in Public – 11 March 2025

Reporting Committee	Finance, Digital and Estates Committee – February 2025 meeting.
Chaired By	Martin Sykes, Non-executive Director
Executive Lead	Neil Kemsley, Chief Financial Officer / Neil Darvill, Joint Chief Digital Information Officer

For Information

Finance

The committee reviewed the first-cut of the Trust finance and operations plan for 2025/26. A number of elective activity models had been constructed to establish how best to achieve national waiting list targets and provide sustainable reduction in the Trust waiting list. For both elective and emergency plans to succeed it was clear that a reduction in beds occupied by 'no criteria to reside' patient would be required.

The first cut of the Trust financial plan showed a deficit but with many 'draft' figures – for example, the income allocation from specialised commissioners being awaited. The plan was likely to require up to a 5% cost improvement programme (between £40m and £50m) – an increase on the current year and what had previously been planned in the trust medium term financial plan.

Nationally produced 'productivity packs' were presented to the committee – these showing an apparent potential for £46.8m of 'productivity opportunity' of which £23.4m was anticipated by NHSE as cash releasing, and a further £24.8m non-activity related savings opportunity (temporary staffing and corporate services in the main). These figures are potentially helpful in targeting CIPs.

A number of operational risks and issues were discussed – including for example the increased demand for oncology services that had not yet been recognised by specialist commissioners.

The committee reviewed the month 10 (January) finance report noting a £1.8m in-month improvement to a £4.4m year-to-date deficit.

Digital

The committee received a report on the Trust digital progress – noting in particular an improving position on Security and Vulnerability Management.

An update upon the Trust negotiations with its Electronic Patient Records (EPR) provider (system C) was discussed for information.

The Trust electronic prescribing (CMM) project remained on track.

Estates

The committee received an update from the Trust sustainability function and in particular how the function was proposing to come together across UHBW and NBT as a single managed service. This would provide greater resilience and build compliance with NHSE latest guidance on the green plan.

Date of next meeting:	25th March 2025

Report To:	Meeting of the Board of Directors in Public
Date of Meeting:	11 March 2025
Report Title:	Month 10 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 Board of the Trust's financial performance from 1st April 2024 to 31st January 2025 (month 10).		

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

The Trust's net income and expenditure position at the end of January is a deficit of £4.4m against a break-even plan. The net deficit is 0.4% of total operating income. The adverse position against plan of £4.4m is primarily due to the shortfall on the delivery of savings and elective inpatient activity not achieving planned levels, offset by corporate mitigations.

Year to date, the Trust delivered savings of £25.0m, £9.1m behind plan. The year-end forecast for savings delivery is £30.9m, against a target of £41.2m.

The value of elective activity for outpatient, day case and inpatient delivery points improved by £0.2m to £3.2m behind plan year to date.

The Trust delivered capital investment of £23.7m year to date against a plan of £31.6m. The forecast outturn of £43.8m requires all capital program leads to deliver their agreed February and March expenditure forecasts to ensure the Trust meets its CDEL.

The Trust's cash position was £70.2m as at the 31st January 2025, £5.8m below plan.

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 (20, very high).

5375 – Risk that the Trust does not deliver the in-year financial plan (12, high).

New – Risk that the Trust's capital expenditure is lower than its CDEL (12, high).

Recommendation

This report is for **Information**.

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

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

Finance, Digital & Estates Committee	25th February 2025
Appendices:	N/A

Trust Finance Performance Report

Reporting Month: January 2025

Executive Summary

Reporting Month: January 2025

2024/25 YTD Income & Expenditure Position	• Net I&E deficit of £4,409k against a breakeven plan, an improvement of £1,759k from last month. • Total operating income is £31,463k ahead of plan due to higher than planned income from activities (£25,391k) and other operating income (£6,072k). The higher than planned position is primarily due to additional income received from ICB Commissioners and NHS England South-West Specialised Commissioning. • Total operating expenditure is £38,865k adverse to plan due to higher than planned non-pay costs of £19,268k and higher than planned pay expenditure of £19,592k. Higher than planned operating expenditure is due to higher than planned staff in post, the impact of non-pay inflation, higher than planned pass-through costs and the YTD shortfall in savings delivery.
Key Financial Issues	• *Recurrent savings delivery below plan* – YTD CIP delivery is £25,049k, behind plan by £9,134k or 27%. Recurrent savings YTD are £15,497k, an improvement of £1,937k in the month. • *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £3,113k behind plan, an improvement of £288k in January. • *Failure to deliver the financial plan* – failure to deliver the planned savings and failure to earn the planned level of ERF would constitute a breach of the statutory duty to break-even and will result in regulatory intervention. A forecast outturn assessment has been completed and as a system, and with further mitigations, the break-even plan remains 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

Reporting Month: January 2025

Successes

- The Trust's I&E performance was ahead of plan with a £1,759k surplus in January.
- In aggregate, the clinical divisions' financial performance is on track to delivery the agreed year end Control Totals.
- The total value of savings delivery in January was £3.3m, the second highest month for savings delivery of the year to date. Of the £3.3m, recurrent savings delivery improved by £1.9m in January to £15.5m.
- Further improvement in ERF delivery against plan of £288k in January on the back of a £957k improvement in December.
- Capital expenditure of £4,77k in the month was the highest month so far in the year. Capital investment is expected to increase significantly in February and March.

Priorities

- Divisions continuing to deliver and, where agreed, exceed their Control Totals.
- Divisions and Corporate Services to deliver increased recurrent CIP ahead of 1st April 2025.
- 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.
- Re-assessment of the Trust's and Systems route to break-even for 2024/25.
- Delivery of the agreed capital expenditure forecasts for February and March by capital program leads to ensure the Trust's CDEL is fully utilised.
- Construct of the Trust's 2025/26 draft Financial Plan ahead of submission to NHSE on 27th February 2025.
- Divisions and corporate services producing a second cut of 2025/26 CIP plans in by 14th February.

Opportunities

- 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.
- Capital expenditure forecast outturn assessment in 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. A further £2.6m was greed by the Capital Program Steering Group in February.
- Responding to the published NHSE productivity opportunities for corporate and clinical services in the construct of the 2025/26 financial plan.

Risks & Threats

- Growing emergency activity (c12% year on year) and a static "No Criteria To Reside" position that reduces 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.
- A deteriorating 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 deliver break-even potentially resulting in NHSE imposed escalation measures including the appointment of external consultants to improve financial performance.
- Delivery of capital investment in line with the forecast outturn and CDEL of £44m is at risk despite CPSG's agreement to accelerate investment by £5.2m.

Income & Expenditure Summary

Trust Year to Date Financial Position

	Month 10			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	94,529	99,481	4,952	934,200	959,591	25,391
Other Operating Income	10,137	10,893	756	101,371	107,443	6,072
Total Operating Income	**104,666**	**110,374**	**5,708**	**1,035,571**	**1,067,034**	**31,463**
Employee Expenses	(62,113)	(66,005)	(3,892)	(624,046)	(643,638)	(19,592)
Other Operating Expenses	(37,748)	(38,569)	(821)	(364,330)	(383,598)	(19,268)
Depreciation (owned & leased)	(3,716)	(3,632)	84	(36,276)	(36,281)	(5)
Total Operating Expenditure	**(103,577)**	**(108,206)**	**(4,629)**	**(1,024,652)**	**(1,063,517)**	**(38,865)**
PDC	(1,210)	(1,186)	24	(12,100)	(11,311)	789
Interest Payable	(247)	(213)	34	(2,470)	(2,236)	234
Interest Receivable	292	412	120	2,920	4,717	1,797
Net Surplus/(Deficit) inc technicals	**(76)**	**1,181**	**1,257**	**(731)**	**(5,313)**	**(4,582)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	76	578	502	731	904	173
Net Surplus/(Deficit) exc technicals	**0**	**1,759**	**1,759**	**0**	**(4,409)**	**(4,409)**

Key Facts:

- In January, the Trust delivered a £1,759k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £4,409k (£6,168k net deficit last month) against a breakeven plan. The Trust is therefore £4,409k adverse to plan. The cumulative YTD net deficit is 0.4% of total operating income.

- Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

- YTD pay expenditure is c3% higher than plan. Medical staffing in the Women's & Children's Division and nursing costs continue to cause overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

- Agency and bank expenditure increased in January. Agency expenditure in month is £897k, compared with £754k in December. Bank expenditure in month is £5,158k, compared with £4,069k in December.

- Total operating income is higher than plan by £31,463k. The shortfall in ERF of £3,143k is offset by higher than planned pass-through payments, additional commissioner funding and additional other operating income.

Savings – Cost Improvement Programme

January 2025

Jan Divisional Finance Report – 2024/25 Savings Programme Summary including 2023/24 recurring shortfall carry forward

Division	2024/25 Programme			Progress to Date 2024/25 Programme					Forecast Outturn 2024/25 Programme Current Year					Full Year Forecast Outurn	Full Year Forecast Outurn Variance
	2023/24 Recurrent shortfall*	2024/25 Target (2%)	2024/25 Total Target	Current Plan	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	1,900	867	675	1,541	(358)	2,284	1,131	796	1,927	(357)	1,543	(741)
Medicine	416	2,180	2,596	3,220	2,923	389	3,312	92	4,008	3,561	655	4,216	207	3,956	(52)
Specialised Services	(377)	2,095	1,718	1,420	943	446	1,389	(31)	1,718	1,179	569	1,749	30	1,549	(170)
Surgery	1,285	3,411	4,696	3,886	2,166	623	2,789	(1,097)	4,696	2,774	798	3,572	(1,124)	3,592	(1,104)
Weston	(156)	1,045	889	757	637	125	762	5	889	741	190	931	42	778	(111)
Women's & Children's	397	3,316	3,713	3,545	3,538	10	3,548	3	4,260	4,256	15	4,271	11	5,467	1,207
Estates & Facilities	194	1,097	1,292	1,061	346	719	1,065	4	1,292	499	865	1,364	72	951	(340)
Finance	(0)	226	225	316	288	72	360	45	379	366	87	452	74	391	12
HR	(0)	274	273	228	237	32	269	41	273	295	50	345	72	299	25
Digital Services	566	428	994	846	25	436	461	(384)	994	48	471	519	(475)	136	(858)
Trust HQ	417	517	935	779	193	192	385	(393)	935	218	354	572	(363)	218	(717)
Corporate	–	10,385	10,385	9,560	–	5,833	5,833	(3,726)	11,472	–	7,000	7,000	(4,472)	–	(11,472)
Divisional Sub Totals	**3,286**	**26,714**	**30,000**	**27,517**	**12,163**	**9,552**	**21,716**	**(5,801)**	**33,200**	**15,067**	**11,851**	**26,918**	**(6,282)**	**18,880**	**(14,320)**
Urgent & Emergency Care	–	9,400	9,400	3,333	3,333	–	3,333	–	4,000	4,000	–	4,000	–	4,000	–
Elective Recovery	–	–	–	3,333	–	–	–	(3,333)	4,000	–	–	–	(4,000)	–	(4,000)
Grand Totals	**3,286**	**36,114**	**39,400**	**34,183**	**15,497**	**9,552**	**25,049**	**(9,134)**	**41,200**	**19,067**	**11,851**	**30,918**	**(10,282)**	**22,880**	**(18,320)**

Key Points:

- The Trust's 2024/25 savings plan is £41,200k.
- The Divisional plans represent 50% of the Trust's plans. Corporate workstreams are driving the remaining proportion of the planned savings.
- As at 31st January 2025, the Trust is reporting total savings delivery of £25,049k against a plan of £34,183k, resulting in an increased YTD delivery shortfall of £9,134k compared with the £8,895k YTD shortfall last month. The Trust is forecasting savings of £30,918k for the year against the annual savings plans of £41,200k, a forecast savings delivery shortfall of £10,282k. The forecast level of savings is an improvement of £489k compared with last month.
- The full year effect forecast outturn at month 10 is £22,880k, a forecast shortfall of £18,320k. The forecast shortfall has reduced by £517k in month.
- Progress in Digital Services has stalled for four months with identified recurrent savings against their target remaining unchanged at only 11% to 14%.

Meeting of the Trust Board in Public – 11 March 2025

Reporting Committee	People Committee – January 2025 meeting
Chaired By	Linda Kennedy, Non-Executive Director
Executive Lead	Emma Wood, 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 **Growing for the Future and Looking After Our People:**

Growing for the Future

Members received two reports under this theme: the Medical Workforce Programme, and a General Recruitment Update (Group Resourcing Programme).

The key points of note were:

- The Head of Medical Workforce Strategy and Head of Strategic Workforce Planning and Intelligence described an ambitious set of activity across three areas of work which formed the Medical Workforce Programme:
  1. Optimising the Medical Workforce - including a comprehensive review of the Resident Doctor rotas, the roll out of e-job planning and e-rostering solutions to the medical workforce, and a review of policies, terms and conditions, and HR processes such as job planning and absence management – both within UHBW and across the group with NBT in support of Single Managed Services.
  2. Improving Doctors Working Lives – including optimising our rota management and deployment, working to ensure they feel more valued with a sense of belonging, and improving HR processes and reducing errors or delays in payments.
  3. Long Term Medical Workforce Plan – working to develop a funded strategic medical workforce plan which supports the delivery of safe patient care and provides a safe, positive working environment, supporting the Joint Clinical Strategy across all specialties

     The presentation provided an insight into this work and its context, progress, plans, risks and opportunities. The Committee welcomed the update and thanked the team for the detailed and comprehensive update.

- The Joint Resourcing Programme is the first corporate function to engage in service collaboration as part of the University Hospitals Bristol and Weston (UHBW) and North Bristol NHS (NBT) Group work. The programme was borne out of the case for change submitted and signed off by UHBW & NBT executive teams and the APC Board in Jan 2023, and is designed to meet the aim of driving greater financial and qualitative efficiencies. Its Year 2 ambition for 25/26 is to digitise recruitment processes and extend the service to include talent acquisition and pipeline.

Looking After Our People

Members received three reports under this theme: Guardians for Safe Working Hours Q2 Report, the Violence and Aggression Update, and Staff Survey Data report.

The key points of note were:

- The Guardian of Safe Working reports highlighted an increase in establishment and proportional fall in locum hours. Exception reporting remains at a high level consistent with the same quarter last year. Data continues to improve in detail. The ongoing rota review was referenced and progress in rota design and management noted, whilst recognising that there is much work yet to be done. The Committee sought assurance that the work being done and planned in the Medical Workforce Programme is addressing or will address the specific issues raised by the Guardians of Safe Working.

- The Violence and Aggression update referenced the national violence prevention and reduction standard, which provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence. UHBW has self-assessed against this framework and has a plan in place to target the hotspots. The UHBW position against the national standard shows 26 of 27 standards as met. The key areas of focus for the next 6 months are:
  - **Trust wide V&A policy- Evolving and embedding:** Due to the number of 'patient on staff' incidents, further work will now be undertaken to strengthen the governance/processes associated with the 'withdrawal of care' for inpatients in the next 6 months.
  - **Communication- Embedding our 'Pro-Equity' campaign:** In support of our 'Pro-Equity' campaign the communication team have been focusing on aligning our 'It stops with me' messaging with the broader cultural transformation across the organisation.
  - **Quarterly Scorecard:** We have been monitoring data under four criteria with a quarterly update presenting the following headlines: Datix, Freedom to Speak Up, Employee Relations cases, Conflict resolution training
  - **Security and Violence Reduction Team** – A new Security Assurance Group is monitoring compliance the new security standards, feeding into the Managing Violence and Aggression Committee (MVAC).

- Finally, the Committee heard the preliminary 2024 Staff Survey results, including the following highlights:
  - The organisational response rate was 54.4% which has increased by 1.9% since last year, with 678 more responses, and was also 6.3% above the Picker acute average.
  - The Trust's engagement score remained in a stable position at 7.1 and scored 0.3 above the Picker acute average.
  - Greatest improvement since 2023: `Last experience of physical violence reported`+ 6.9%.
  - Top Scoring: 'If friend/relative needed treatment would be happy with standard of care provided by organisation' +12.4 % compared to the Picker acute average.

- Largest Decline since 2023: Receive the respect I deserve from my colleagues at work reported' saw the largest decline of -2.6%.
- Bottom Scoring: 'Received appraisal in the past 12 months' was the bottom scoring question compared to the Picker acute average by - 4.1%.
- In response to Staff Survey 2023 feedback, appraisals, Division of Surgery, and Medical and Dental staff group were identified as priorities.
  i. Appraisal: Significant improvements have made in all appraisal questions, with all questions at their highest performance since their inclusion in the Staff Survey.
  ii. The Division of Surgery increased their staff engagement score by 0.1, resulting in the third highest divisional engagement score of 7.1.
  iii. The Medical and Dental staff group had the largest increase in engagement of 0.2, resulting in the third highest staff group engagement score with 7.0.

For Board Awareness, Action or Response

Board is asked to be aware that concerns were raised in the Committee over the organisational capacity to deliver the transformational work, required by the recently received NHS National Planning Guidance, whilst also continuing with "Business As Usual" activity and Group work.

Key Decisions and Actions

People Committee requested a summary be provided at the next meeting highlighting the actions taken from recent Guardian for Safe Working reports.

ICB Committee or Relevant System Updates

At the ICB People Committee meeting held on 28 January 2025, the ICB added a risk to their register around the Group model work which suggested a close monitoring of the development of this would take place, particularly in relation to the impact on stakeholders including staff.

Commentary

Our next committee will focus on updates relating to the future Group Education strategy, Strategic Workforce Planning and Key Performance Indicator proposals, and People Systems updates.

Date of next meeting: **27 March 2025**

Report To:	Meeting of the Board of Directors in Public
Date of Meeting:	11 March 2025
Report Title:	Annual report on safe working hours: Resident doctors and dentists University Hospitals Bristol and Weston Foundation Trust, Bristol.
Report Author:	Dr James McDonald
Report Sponsor:	Dr Rebecca Maxwell

Purpose of the report:	Approval	Discussion	Information
			x

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

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

- As Guardian of Safe Working Hours (GOSWH), for the Bristol sites of UHBW, I can give assurance that the required systems to ensure compliance with safe working practices, were operational for the year August 2023 to end July 2024. These include:
  Software analysis, by HR, of all rotas to ensure compliance with the rota rules in place at that time.
  A functional and accessible exception reporting platform which resident doctors and dentists are actively encouraged to use by both GOSWH and the Trust.
  Direct access to email communication with GOSWH. Regular submission of reports (quarterly) to both Medical and Dental Workforce Advisory Group (MWAG) and People Committee.
  Regular Junior Doctor Forum meetings.
- Staffing data continues to be refined but suggests that the Bristol sites of UHBW are over established against funded (planned) recruitment.
- Exception reporting is stable compared to the previous year but overwhelmingly cites issues around meeting workload within rostered time and staffing levels perceived as lower than required to meet demand.
- The specialities flagging concerns due to high levels of exception reporting and / or locum hours are consistent throughout all quarterly reports.
- Locum hours equate to 39.5 whole time equivalent junior doctors.
- The above potentially suggests a deficit between planned workforce and demand. This is likely to include contributing factors due to environmental factors, rota design, sickness, stress, burnout and the increasing complexity and expectations of our patients.
- The distribution of monthly exception report summaries, to departmental and Divisional leads, has been universally welcomed. High levels of engagement can be reported with many issues now being addressed contemporaneously.
- The ongoing Trust wide rota review project is resulting in positive changes.
- Consultant grade rota leadership is not job planned.
- Removal of all study budget, for locally employed residents, is a source of dissatisfaction and raises concerns for future recruitment.

Not all locally employed residents have an allocated clinical / educational supervisor.

Strategic and Group Model Alignment
Supporting and respecting our staff

Risks and Opportunities
Exception reporting, and resident concerns, almost universally cite a perceived lack of capacity to meet demand. As discussed, exception reporting is felt to represent the true situation 'on the ground' after all confounding factors have been accounted for, despite apparently adequate workforce planning. Capacity is multi-factorial and whilst staffing levels are almost certainly a key element, simply increasing the resident workforce may not be the only option available to support our residents. It is also important to acknowledge the financial constraints which the Trust currently faces. Other possibilities include interrogating and redesigning rotas to better deploy the existing workforce (as done effectively over this period in haematology), investing in improved IT facilities and protected workspaces for residents, implementing an improved and automatic escalation process for locum rates especially out of hours, providing job planned time for consultant rota leadership, development of a consultant acting down SOP in the event of an inability to find locum cover and the expansion of other groups of substantive clinicians to enhance the resident rotas (for example Advanced Clinical Practitioners – ACPs). To this end detailed, targeted, capacity vs demand exercises are recommended starting with specialities identified as raising the highest levels of concern amongst residents.

It may be beneficial to review the decision to remove all study budget, for locally employed residents. This is a growing cause of concern raised at interview.

All locally employed residents would benefit from having a clinical supervisor, with job planned time, having responsibility for mentoring and escalation of concerns raised through the exception reporting system.

All rotas would benefit from being under the responsibility of a named consultant, with job planned time to fully engage with rota design and implementation. |

Recommendation
This report is for **Information.**

History of the paper (details of where paper has <u>previously</u> been received)
Quarterly reports, on which this annual summary is based, have been presented and discussed at MWAG meetings and at the Board's People Committee.

Appendices:	N/A

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

01st August 2023 to 31st July 2024

Introduction

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

Quarterly reports have been submitted to the Medical and Dental Workforce Advisory Group (MWAG) throughout the year and are available at: www.uhbw.nhs.uk/p/about-us/reports-and-publications

This paper provides an overview of the summarised data, with analysis where appropriate, and is scheduled to be presented at the Public Board meeting on 11th March 2025 and will be published on the Trusts external website. It may also form part of future CQC inspections.

Background

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

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

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

Funded whole time equivalent posts: **678**

Total number of junior doctors / dentists in post: **743** (headcount)

Doctors and Dentists in training: **605**

Whole time equivalent (WTE) in post: **698**

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

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

Rotas

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

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

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

Since the 2022/23 Guardian annual report was submitted a Trust wide rota review has been initiated. This is a large and complex exercise which is highlighting many opportunities for improvement. Positive outcomes are already being seen with mechanisms now in place, in specialities which have been reviewed, to offset the problems outlined above. This rota review exercise may also provide opportunity to explore capacity and demand issues as discussed later. It is hoped that funding will remain in place for this task to reach completion.

Staffing

A detailed breakdown of staffing, based on the data provided to GOSWH, is given in **appendix 1.** Staffing levels change on an almost weekly basis and the figures are those provided to me for June

2024. This data set was chosen as breakdown, and reliability was at its highest level in this period. It was not possible to combine quarterly data sets in to a single, annual, average due to changing reporting parameters every quarter. Data should be taken to represent the best estimate of the picture over the reporting period but should not be seen as definitive.

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

Also of note is the difference between headcount and WTE. This reflects the increasing popularity and availability of less than full time working (LTFTW). Whilst this undoubtedly leads to improved work life balance it inevitably creates challenges with achieving full recruitment and rota design.

Apparent over establishment, against planned workforce (WTE funding), is reported across all divisions except for Surgery. This seems at odds with the overall reported locum requirement of 39.5 WTE (see later) and potentially reveals a Trust wide WTE planned workforce deficit between capacity and demand.

Establishment by division 2023 / 24 vs locum WTE is shown in the following table: (previous year)

	Establishment WTE	Locum WTE
Medicine	+5.49 (+15.00)	13.5 (14.6)
Surgery	-5.84 (-0.66)	12.5 (9.3)
Specialised Services	+0.09 (-3.10)	5.3 (3.3)
Women and Children's	+19.27 (+20.44)	7.5 (8.2)
D&T	+0.33 (+2.53)	0.7 (0.1)
Trust	+0.75 (+0.75)	
TOTAL	**+20.09 (+34.96)**	**39.5 (35.5)**

Exception reports

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

Previously implemented changes to the Allocate platform, mandating alignment of reports against individual specialties and activity, result in a high level of confidence that the available data is now reliable on a departmental basis. Some error inevitably exists due to reporters selecting an incorrect speciality. This is thought to happen infrequently. Comparison with reporting frequency for 2022/23 is summarised below:

Exception reporting frequency, by speciality, comparison 2022/23 vs 2023/24

Speciality	22/23 (ISC)	23/24 (ISC)	Variance
Acute Medicine	27(1)	51(1)	**+24 (0)**
Care of the Elderly	26	96(1)	**+70 (1)**
Diabetes and Endocrine		4	**+4**
Dermatology	1	56	**+55**
Gastroenterology	39	3	**-36**
Hepatology		3	**+3**
Respiratory Medicine	8	59	**+51**
GIM (A528)		4	**+4**
Medicine OOH and Take	133(3)	4(1)	**-129(-2)**
Anaesthetics		3	**+3**
Colorectal surgery	2	44(2)	**+42(2)**
HPB surgery	3	42	**+39**
Upper GI surgery		1	**+1**
Thoracic surgery		11	**+11**
ENT	12	27	**+15**
Ophthalmology	10	13	**+3**
T&O	35(5)	8	**-27**
General surgery OOH / take	56(3)	18(3)	**-38(0)**
Cardiology	63(2)	96(1)	**+33(-1)**
Haematology	108	45	**-63**
Oncology	1	4	**+3**
Palliative care		1	**+1**
General Paediatrics	22	16(1)	**-6(+1)**
Paediatric respiratory	1		**-1**
Paediatric OOH and Take		5	**+5**
Paediatric A&E		5	**+5**
Paediatric neurology		12	**+12**
NICU	31	5	**-26**
Paediatric endocrinology		1	**+1**
Paediatric Haem / Onc	6	6	**0**
O&G	52	27	**-25**
Paediatric anaesthetics	1		**-1**
Paediatric cardiology	1		**-1**
PICU	15	6	**-9**
Paediatric neurosurgery	1		**-1**
Paediatric T&O	5		**-5**
TOTALS	**659(14)**	**676(10)**	**17(-4)**

ISC – Immediate Safety Concern

As shown, overall exception reporting, across the Bristol sites of UHBWFT, is stable compared to the previous year. Significant variance within specialities is highlighted. Of further note is the reduction in reports flagged as ISCs.

The overwhelming majority of exception reports, and ISCs, refer to additional hours worked to meet workload or perceived inadequate staffing to achieve safe working. Taken with the apparent over establishment against WTE, and high locum hours, this again suggests a potential issue between capacity and demand in some specialities. The reasons behind this will be multi factorial but likely include environmental factors (eg the spread of a single spaciality across multiple geographically remote wards), rota design (peaks in numbers rostered during normal working hours and troughs at weekends and out of hours), increasing levels of burnout, stress, and sickness along with ever increasing demand due to the progressively higher complexity and expectations of our patients. I consider exception reporting to be the most valuable source of information available to me. It effectively reflects the situation 'on the ground' after all confounding factors, relating to workforce planning, have been accounted for. As such, high levels of exception reporting frequency are felt to be a reliable indicator of the need for detailed review. As more detailed, and accurate, data has become available across staffing, exception reporting, and locum hours I have attempted to triangulate this data to identify specific specialties where further 'drilling down' is recommended. This is detailed later, in this report, and offers an opportunity for capacity vs demand work to be targeted to where the data suggests it is most needed. This data is highlighted in quarterly reports and presented at MWAG for escalation.

Flagged as Immediate Safety Concern

I review all exception reports flagged as raising an Immediate Safety Concern individually and escalates them promptly to the relevant supervisor for discussion. All ISCs cited insufficient staffing to meet workload. This often resulted from an inability to find short notice locum cover for sickness but also a perceived deficit in planned workforce particularly for weekend and out of hours cover. A common concern, amongst residents, is a feeling that they are left to cope with inadequate staffing levels with a perception that more effort could have been made to find locum cover. This includes reports that escalation of locum rates is not implemented in a timely fashion and that consultant 'acting down' very rarely happens.

Monthly exception report summaries

The data required to write quarterly GOSWH reports does not become available until approximately a month after the end of the period. Allowing for compilation, analysis and writing time this means that quarterly reports are not presented at MWAG until early in the third month after the end of the relevant quarter. This compromises the ability for action to be taken contemporaneously where issues are flagged relating to exception reports received.
Since the 2022/23 report I have implemented a process of compiling and distributing monthly exception report summaries, listed by speciality, and including the narrative comments for each report, to Divisional and Departmental leads. This has proved to be universally well received with excellent engagement when issues have been made apparent.

Work Schedule Reviews

Multiple requests for work schedule reviews were received, over this year, always relating to variations in weekend and night shift frequency between individuals on the same rota. The HR officer undertaking the rota review exercise was able to analyse and resolve these and also incorporate outcomes into recommendations for improvement.

5

Fines

Guardian fines were levied against Haematology (£2068.86), Ophthalmology (£138.37) and Cardiology (£248.32). All fines were due to breaches of the 48-hour maximum average working week rule. This is usually due to rota design being at the maximum 48-hour average thus providing no contingency for additional hours worked.
Funding, from the Guardian fines account, was provided for breakfast clubs in Oncology and Trauma and Orthopaedics plus pizza for Foundation trainee induction.

Resident Doctor Forum

Meetings were held, as required, throughout the year with variable attendance. In an attempt to boost engagement a catered relaunch event was scheduled for September 2024.

Locum bookings

Data for locum hours, by speciality and grade, is provided in **appendix 3**. The emergence of Locum's Nest, as the dominant booking platform, has resulted in pooled data for 'Medicine' and 'Surgery' as opposed to individual specialities. This reduces the value of the available data. Figures are, however, reliable on a Divisional basis. A project is in progress to improve the detail in which Nest data is reported to me.

Locum hours by division and year 2022/3 vs 2023/24 (August to July)

WTE = Whole time equivalent

Division	Total locum hours 22/23	WTE 22/23	Total locum hours 23/24	WTE 23/24
Medicine	30270	**14.6**	28085	**13.5**
Surgery	19391	**9.3**	25951	**12.5**
Specialised	6890	**3.3**	11019	**5.3**
W&C	17137	**8.2**	15497	**7.5**
D&T	254	**0.1**	1456	**0.7**
Trust services			145	
TOTAL	**73942**	**35.5**	**82153**	**39.5**

As previously highlighted the 39.5 WTE locum hour requirement, along with an apparent over establishment of 20.1 WTE (59.6 WTE) suggests a potential workforce (capacity) deficit of approximately 9% against planned establishment. This remains stable compared to the previous year.

Study Budget

All study budget was removed for locally employed residents during this period. This makes UHBW an outlier in the region and has the potential to adversely affect resident satisfaction and recruitment.

Triangulated data for staffing, exception reporting and locum

Triangulated data: Staffing, exception reporting and locum August 2023 – July 2024

Blank cells indicate a value of zero or no data available.

Patterns showing concerning frequency of exception reporting, or locum hours, are highlighted as indicative of compromised capacity vs demand.

Division of Medicine

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
A&E Bristol	-2.32		1.73	
Acute Medicine		51(1)	2.28	Yes
Care of the Elderly	-1.49	96(1)	0.02	Yes
Dermatology	-0.40	56	0.05	Yes
Diabetes/Endocrine	0	4	0.01	
Gastroenterology	0	3	0	
Hepatology	-0.16	3	0.11	
Liaison Psychiatry	0	0	0	
Respiratory	+2.36	59	0.02	Yes (? Footprint)
GIM (A518)		4		
Rheumatology	+2.85			
SARC			0.02	
Unity sexual health	+1.80			
Sleep / NIV	+1.80			
Medicine (unspecified)	-1.32		9.19	?
Medicine OOH / take		4	0.01	

Division of Surgery

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Anaesthetics	+11.59	3	1.10	? staffing data
Cardiac anaesthetics	+1.25			
Colorectal surgery		44(2)		Yes
Endoscopy	0		0.03	
ENT	-2.18	27	0.95	Yes
HPB surgery		42	0.04	Yes
Intensive care	-1.23		2.80	High locum hours
Upper GI surgery		1		
Ophthalmology	-1.16	13	1.22	
OMFS	-0.20		0.61	
Thoracics	-1.00	11	1.76	
'Surgery' (unspecified)	-3.00		2.74	?
Surgery OOH / take		18(3)		Yes. ISCs
Dental	-9.90		0.42	? staffing data

Division of Specialised Services

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Cardiac surgery	-1.00		0.09	
Cardiac MRI	-1.50			
Cardiology	+1.32	96(1)	2.66	Yes
Clinical Genetics	-0.30			
Haematology	-0.53	45	0.80	Yes, but resolved
Oncology	+1.12	4	1.66	
Palliative care	-0.98	1	0.08	
St Peter's				

Division of Women and Children's

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Community paeds	+0.44			
General paediatrics		16(1)	2.16	High locum hours
Paediatric OOH/take		5		
SoNAR (NEST)				
NICU	+4.85	5	0.45	
O&G	+4.40	27	1.79	Yes.
Paediatric A&E	+1.70	5	1.13	
Paeds anaesthetics	+0.63			
Paed cardiac surgery			0.24	
Paediatric cardiology	+1.23		0.02	
Paeds gen. surgery	-0.48		0.18	
PICU	+6.56	6	1.15	? staffing data
Paeds neurosurgery	-1.00		0.15	
Paeds haem/onc	+0.90	6	0.15	
Plastics / burns	0			
Paediatric T&O	+2.04			
Paediatric neurology		12		
Paeds respiratory				
Peads endocrinology		1		

Division of Diagnostics and Therapies

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Radiology	+0.03		0.7	
Microbiology / path				
Laboratory medicine	0			

Division of Trust / Other

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Clinical teaching fellow	-1.00		0.07	
Occupational Health	-0.50			
Other				

Whilst it is acknowledged that staffing data is sub-optimal, exception reporting and locum hours are felt to be reliable data streams. The specialities which raise concerns around capacity to meet demand, as highlighted, are consistent across quarters and offer the opportunity for targeted detailed workforce review.

Summary

- As Guardian of Safe Working Hours, for the Bristol sites of UHBW, I can give assurance that the required systems to ensure compliance with safe working practices, were operational for the year August 2023 to end July 2024. These include:

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

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

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

  Regular Junior Doctor Forum meetings.

- Staffing data continues to be refined but suggests that the Bristol sites of UHBW are over established against funded (planned) recruitment.
- Exception reporting is stable compared to the previous year but overwhelmingly cites issues around meeting workload within rostered time and staffing levels perceived as lower than required to meet demand.
- The specialities flagging concerns due to high levels of exception reporting and / or locum hours are consistent throughout all quarterly reports.
- Locum hours equate to 39.5 whole time equivalent junior doctors.
- The above potentially suggests a deficit between planned workforce and demand. This is likely to include contributing factors due to environmental factors, rota design, sickness, stress, burnout and the increasing complexity and expectations of our patients.
- The distribution of monthly exception report summaries, to departmental and Divisional leads, has been universally welcomed. High levels of engagement can be reported with many issues now being addressed contemporaneously.
- The ongoing Trust wide rota review project is resulting in positive changes.
- Consultant grade rota leadership is not job planned.

Focused Recommendation

Exception reporting, and resident concerns, almost universally cite a perceived lack of capacity to meet demand. As discussed, exception reporting is felt to represent the true situation 'on the ground' after all confounding factors have been accounted for, despite apparently adequate workforce planning. Capacity is multi-factorial and whilst staffing levels are almost certainly a key element, simply increasing the resident workforce may not be the only option available to support our residents. It is also important to acknowledge the financial constraints which the Trust currently faces. Other possibilities include interrogating and redesigning rotas to better deploy the existing workforce (as done effectively over this period in haematology), investing in improved IT facilities and protected workspaces for residents, implementing an improved and automatic escalation process for locum rates especially out of hours, providing job planned time for consultant rota leadership, development of a consultant acting down SOP in the event of an inability to find locum cover and the expansion of other groups of substantive clinicians to enhance the resident rotas (for example Advanced Clinical Practitioners – ACPs). To this end detailed, targeted, capacity vs demand exercises are recommended starting with specialities identified as raising the highest levels of concern amongst residents.

It may be beneficial to review the decision to remove all study budget, for locally employed residents. This is a growing cause of concern raised at interview.

All locally employed residents should be allocated a clinical supervisor with responsibility for mentoring and escalation of concerns raised through the exception reporting system.

All rotas would benefit from being under the responsibility of a named consultant, with job planned time to fully engage with rota design and implementation.

James McDonald. Guardian of Safe Working Hours (Bristol). 28th February 2025.

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

UHBW Resident Staffing Report as at: June 2024.

Division of Medicine

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
A&E Bristol	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	31.00	29.24	(1.76)	30
	ST3+	18.22	17.66	(0.56)	21
Acute Medicine	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Care of the Elderly and Stroke	FY1	7.00	7.00	-	7
	FY2	5.00	5.00	-	5
	ST1-2	10.00	9.49	(0.51)	10
	ST3+	8.30	7.32	(0.98)	8
Dermatology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3.00	1.00	(2.00)	1
	ST3+	2.00	3.60	1.60	4
Diabetes and Endocrinology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3.00	3.00	-	3
Gastroenterology	FY1	2.00	2.00	-	2
	FY2	-	-	-	-
	ST1-2	2.00	2.00	-	2
	ST3+	3.00	5.37	2.37	6
Hepatology	FY1	2.00	2.00	-	2
	FY2	-	-	-	-
	ST1-2	3.00	2.84	(0.16)	3
	ST3+	2.00	2.00	-	2
Liaison Psychiatry	FY1	3.00	3.00	-	3
	FY2	3.00	3.00	-	3
	ST1-2	-	-	-	-
	ST3+	-	-	-	-

Division of Medicine continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Respiratory Medicine	FY1	4.00	6.00	2.00	6
	FY2	-	-	-	-
	ST1-2	7.00	8.74	1.74	9
	ST3+	7.00	5.62	(1.38)	6
Rheumatology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	2.00	1.00	(1.00)	1
	ST3+	2.80	6.65	3.85	7
SARC (Sexual assault referral centre)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Unity Sexual Health	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	4.80	3.80	5
	ST3+	5.00	3.00	(2.00)	4
Sleep / NIV	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	4.80	3.80	4
	ST3+	5.00	3.00	(2.00)	4
General Medicine (needs splitting)	FY1	5.00	5.00	-	5
	FY2	8.00	7.00	(1.00)	7
	ST1-2	10.00	10.61	0.61	11
	ST3+	2.00	1.07	(0.93)	2
TOTAL		167.32	172.81	5.49	183

UHBW Resident Staffing Report as at: June 2024

Division of Surgery

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3.00	12.85	9.85	13
	ST3+	24.00	25.74	1.74	29
Cardiac Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	9.00	10.25	1.25	11
Colorectal Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Endoscopy	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	1.00	1.00	-	1
ENT	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	10.00	9.00	(1.00)	6
	ST3+	8.00	6.82	(1.18)	7
Hepatobiliary Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Intensive Care	FY1	1.00	2.00	1.00	2
	FY2	7.00	5.00	(2.00)	5
	ST1-2	8.50	8.27	(0.23)	9
	ST3+	-	-	-	-
Oesophago-Gastric Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-

Division of Surgery continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Ophthalmology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	2.00	1.00	(1.00)	1
	ST3+	24.00	23.84	(0.16)	25
Oral Maxillofacial Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	7.00	6.80	(0.20)	7
Thoracic Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	2.00	1.00	(1.00)	1
Trauma and Orthopaedics	FY1	3.00	3.00	-	3
	FY2	3.00	3.00	-	3
	ST1-2	9.00	9.00	-	9
	ST3+	10.00	9.98	(0.02)	10
General Surgery	FY1	11.00	11.00	-	11
	FY2	3.00	2.90	(0.10)	3
	ST1-2	5.00	6.00	1.00	6
	ST3+	14.00	10.11	(3.89)	11
Dental	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	18.10	17.00	(1.10)	17
	ST3+	18.60	9.80	(8.80)	10
TOTAL		201.20	195.36	(5.84)	200

UHBW Resident Staffing Report as at: June 2024.

Division of Specialised Services

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Cardiac Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	-	(1.00)	-
	ST3+	14.00	14.00	-	14
Cardiac MRI	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3.50	2.00	(1.50)	2
Cardiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	11.00	14.00	3.00	14
	ST3+	18.40	16.72	(1.68)	19
Clinical Genetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	2.00	1.70	(0.30)	2
Haematology	FY1	1.00	1.00	-	1
	FY2	1.00	1.00	-	1
	ST1-2	4.00	4.00	-	4
	ST3+	14.90	14.37	(0.53)	15
Oncology	FY1	1.00	1.00	-	1
	FY2	2.00	1.00	(1.00)	1
	ST1-2	9.00	9.94	0.94	10
	ST3+	17.00	18.18	1.18	20
Palliative Care	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	0.50	0.50	1
	ST3+	2.00	2.48	0.48	3
TOTAL		101.8	101.89	0.09	108

UHBW Resident Staffing Report as at: June 2024.

Division of Women and Children's

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Community Paediatrics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	4.00	3.00	(1.00)	3
	ST3+	4.00	5.44	1.44	7
General Paediatrics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
NEST (Transport)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Neonatal Intensive Care (NICU)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	10.00	8.07	(1.93)	9
	ST3+	15.60	22.38	6.78	26
O&G	FY1	2.00	1.00	(1.00)	1
	FY2	3.00	4.00	1.00	4
	ST1-2	8.00	10.60	2.60	11
	ST3+	19.48	20.28	0.80	23
Paediatric A&E	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	9.00	8.93	(0.07)	10
	ST3+	15.00	16.77	1.77	20
Paediatric Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	-	(1.00)	-
	ST3+	10.00	11.63	1.63	12
Paediatric Cardiac Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3.00	2.00	(1.00)	2

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Paediatric Cardiology	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	1.00	1.00	–	1
	ST3+	8.00	9.23	1.23	10
Paediatric General Surgery	FY1	–	–	–	–
	FY2	1.00	1.00	–	1
	ST1-2	6.00	4.00	(2.00)	4
	ST3+	9.00	10.52	1.52	11
Paediatric Intensive Care (PICU)	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	3.00	3.00	–	3
	ST3+	16.23	22.79	6.56	25
Paediatric Neurology	FY1 / 2	–	–	–	–
	ST1-2	–	–	–	–
	ST3+	–	–	–	–
Paediatric Neurosurgery	FY1/2	–	–	–	–
	ST1-2	–	–	–	–
	ST3+	6.00	5.00	(1.00)	5
Paediatric Oncology and Haematology	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	1.00	1.60	0.60	2
	ST3+	8.00	8.30	0.30	10
Paediatric Plastic Surgery / Burns	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	–	–	–	–
	ST3+	5.00	5.00	–	5
Paediatric Trauma and Orthopaedic Surgery	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	3.00	4.04	1.04	5
	ST3+	6.00	7.00	1.00	7
Paediatric Endocrinology	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	–	–	–	–
	ST3+	–	–	–	–
Paediatric Respiratory	FY1	–	–	–	–
	FY2	–	–	–	–
	ST1-2	–	–	–	–
TOTAL		177.31	196.58	19.27	217

UHBW Resident Staffing Report as at: June, 2024.

Division of Diagnostics and Therapies

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Radiology	FY1	1.00	-	(1.00)	-
	FY2	-	-	-	-
	ST1-2	9.00	7.60	(1.40)	8
	ST3+	7.20	9.63	2.43	10
Microbiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Laboratory Medicine	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	0.30	0.30	1
	ST3+	-	-	-	-
TOTAL		17.20	17.53	0.33	19

Trust (Best estimate based on 2022/23

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

Appendix 2.

**Annual summary of exception reports by specialty, grade, and reason
1st August 2023 to 31st July 2024**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Acute Medicine	FY1	20				2		**22**
	FY2	1						**1**
	ST1-2	21	2		1	2	1	**26(1)**
	ST3+	2						**2**
		44	**2**		**1**	**4**	**1**	**51(1)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Care of the Elderly	FY1	56		1		1	1	58(1)
	FY2	8				2		10
	ST1-2	18	2			1		21
	ST3+	7						**7**
		89	**2**	**1**		**4**	**1**	**96(1)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Diabetes and endocrine	FY1							
	FY2							
	ST1-2	3						**3**
	ST3+	1						**1**
		4						**4**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Dermatology	FY1							
	FY2							
	ST1-2	11						**11**
	ST3+	45						**45**
		56						**56**

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Respiratory Medicine	FY1	39		1	1			**41**
	FY2	1						**1**
	ST1-2	14						**14**
	ST3+	2			1			**3**
		56		**1**	**2**			**59**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
General Internal Medicine (A528)	FY1							
	FY2	1						**1**
	ST1-2	3						**3**
	ST3+							
		4						**4**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Medicine OOH and take	FY1	2	1				1	**3(1)**
	FY2							
	ST1-2	1						**1**
	ST3+							
		3	**1**				**1**	**4(1)**

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Colorectal Surgery	FY1	33	2			5	1	**40(1)**
	FY2	3	1				1	**4(1)**
	ST1-2							
	ST3+							
		36	**3**			**5**		**44(2)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
HPB Surgery	FY1	40						**40**
	FY2	2						**2**
	ST1-2							
	ST3+							
		42						**42**

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Ophthalmology	FY1							
	FY2							
	ST1-2							
	ST3+	12			1			**13**
		12			**1**			**13**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Thoracic surgery	FY1	10						**10**
	FY2							
	ST1-2							
	ST3+	1						**1**
		11						**11**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
T&O	FY1	5						**5**
	FY2	3						**3**
	ST1-2							
	ST3+							
		8						**8**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
ENT	FY1							
	FY2							
	ST1-2	20		7				**27**
	ST3+							
		20		**7**				**27**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Surgery and OOH Take	FY1	9	5	1		1	3	16(3)
	FY2	2						2
	ST1-2							
	ST3+							
		11	**5**	**1**		**1**	**3**	**18(3)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Cardiology	FY1	58		1		5		**64**
	FY2							
	ST1-2	28	1	1		1	1	**31(1)**
	ST3+	1						**1**
		87	**1**	**2**		**6**	**1**	**96(1)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Haematology	FY1	4		1				**5**
	FY2							
	ST1-2	1						**1**
	ST3+	39						**39**
		44		**1**				**45**

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
General Paediatrics	FY1							
	FY2	5				2		**7**
	ST1-2	7						**7**
	ST3+	2					1	**2(1)**
		14				**2**	**1**	**16(1)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatrics OOH and take	FY1							
	FY2	1						**1**
	ST1-2	3						**3**
	ST3+	1						**1**
		5						**5**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatric A&E	FY1							
	FY2	1						**1**
	ST1-2	3						**3**
	ST3+	1						**1**
		5						**5**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatric neurology	FY1							
	FY2							
	ST1-2	2						**2**
	ST3+	6	3			1		**10**
		8	**3**			**1**		**12**

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
NICU	FY1							
	FY2							
	ST1-2	3				1		**4**
	ST3+	1						**1**
		4				**1**		**5**

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
O&G	FY1	12						**12**
	FY2	9			2			**11**
	ST1-2	4						**4**
	ST3+							
		25			**2**			**27**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
PICU	FY1							
	FY2							
	ST1-2							
	ST3+	3			3			**6**
		3			**3**			**6**

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

Annual UHBW Resident Locum summary for year: August 2023 to end July 2024

Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2				
	ST1-2			2241	**2241**
	ST3+	175		872	**1047**
	Unknown			303	**303**
Acute Medicine (AMU / MAU)	FY1				
	FY2	32			**32**
	ST1-2	4717			**4717**
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2				
	ST3+	35			**35**
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+	101			**101**
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+	11			**11**
	Unknown			2	**2**
Gastroenterology	FY1				
	FY2				
	ST1-2				
	ST3+				
Hepatology	FY1				
	FY2				
	ST1-2				
	ST3+	226			**226**
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+			3	**3**

Medicine locum hours continued

Speciality	Grade	Bank	Agency	Nest	Total
Respiratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+	45			**45**
Rheumatology	FY1				
	FY2				
	ST1-2				
	ST3+				
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2				
	ST3+	51			**51**
Unity Sexual Health	FY1				
	FY2				
	ST1-2				
	ST3+				
Sleep / NIV	FY1				
	FY2				
	ST1-2				
	ST3+				
'Medicine' (Unspecified)	FY1			134	**134**
	FY2				
	ST1-2			5923	**5923**
	ST3+			1571	**1571**
	Unknown			11621	**11621**
Out of Hours and take	FY1				
	FY2	13			**13**
	ST1-2				
	ST3+	9			**9**

Total for Division of Medicine: 28085 locum hours 13.5 (WTE)

Division of Surgery. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+	680		1385	**2065**
	Unknown			213	**213**
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Colorectal Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			10	**10**
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+	68			**68**
ENT	FY1				
	FY2	75			**75**
	ST1-2	458	47	1070	**1575**
	ST3+	178		144	**322**
Hepatobiliary Surgery	FY1				
	FY2			2	**2**
	ST1-2				
	ST3+	81		10	**91**
Intensive Care	FY1				
	FY2	85			**85**
	ST1-2	224		832	**1056**
	ST3+	1552		3038	**4590**
	Unknown			117	**117**
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	5			**5**

Division of Surgery continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2	114			**114**
	ST3+	2424			**2424**
	Unknown			3	**3**
Oral Maxillofacial Surgery	FY1	26			**26**
	FY2				
	ST1-2	50		444	**494**
	ST3+	279		472	**751**
Thoracic Surgery Cardiothoracics	FY1				
	FY2			6	**6**
	ST1-2	47		366	**413**
	ST3+	606		2630	**3236**
Trauma and Orthopaedics	FY1	19			**19**
	FY2	54			**54**
	ST1-2	880		51	**931**
	ST3+	253		176	**429**
	Unknown			195	**195**
'General surgery' (unspecified)	FY1			941	**941**
	FY2			71	**71**
	ST1-2			1309	**1309**
	ST3+	10		2980	**2990**
	Unknown			396	**396**
Dental	FY1				
	FY2				
	ST1-2	650			**650**
	ST3+	225			**225**

Total for Division of Surgery: 25951 Locum hours 12.5 (WTE)

Division of Specialised Services. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Cardiac Surgery	**FY1**				
	FY2				
	ST1-2				
	ST3+	131			**131**
	Unknown			66	**66**
Cardiac MRI	**FY1**				
	FY2				
	ST1-2				
	ST3+				
Cardiology	**FY1**			33	**33**
	FY2			155	**155**
	ST1-2			1253	**1253**
	ST3+	244		275	**519**
	Uknown			3576	**3576**
Clinical Genetics	**FY1**				
	FY2				
	ST1-2				
	ST3+				
Haematology	**FY1**				
	FY2	49			**49**
	ST1-2	182			**182**
	ST3+	544	4	89	**637**
	Unknown			789	**789**
Oncology	**FY1**			3	**3**
	FY2				
	ST1-2		228	1796	**2024**
	ST3+	214		770	**984**
	Unknown			450	**450**
Palliative Care	**FY1**				
	FY2				
	ST1-2				
	ST3+				
	Unknown			168	**168**

Total for Specialised services: 11019 Locum hours 5.3 (WTE)

Division of Women and Children's. Hours

Speciality	Grade	Bank	Agency	Nest	Total
Community Paediatrics	FY1				
	FY2				
	ST1-2				
	ST3+				
General Paediatrics	FY1	42			**42**
	FY2	101			**101**
	ST1-2	605		60	**665**
	ST3+	2384		231	**2615**
	Unknown			1068	**1068**
NEST (Transport)	FY1				
	FY2				
	ST1-2				
	ST3+				
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2	28			**28**
	ST3+	269			**269**
	Unknown			648	**648**
O&G	FY1	5			**5**
	FY2	38	217	30	**285**
	ST1-2	23	560	513	**1096**
	ST3+	154	219	1967	**2340**
Paediatric A&E	FY1	60			**60**
	FY2	232			**232**
	ST1-2	362			**362**
	ST3+	1704			**1704**
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+	25			**25**
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	86			**86**
	Unknown			416	**416**

Division of Women and Children's cont.

Speciality	Grade	Bank	Agency	Nest	Total
Paediatric Cardiology	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			38	**38**
Paediatric General Surgery	FY1	13			**13**
	FY2				
	ST1-2	163			**163**
	ST3+	143			**143**
	Unknown			63	**63**
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2	108			**108**
	ST3+	2291			**2291**
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+	147		170	**317**
Paediatric Neurology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Oncology and Haematology	FY1				
	FY2				
	ST1-2	28			**28**
	ST3+	286			**286**
Paediatric Plastic Surgery / Burns	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Trauma and Orthopaedic Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Women and Children's: 15497 Locum hours 7.5 (WTE)

Division of Diagnostics and Therapies. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	**FY1**				
	FY2				
	ST1-2				
	ST3+	82		87	**169**
	Unknown			1287	**1287**
Microbiology	**FY1**				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	**FY1**				
	FY2				
	ST1-2				
	ST3+				

Total for D&T: 1456 Locum hours 0.7 WTE

Division of Trust / Other. Hours

Speciality	Grade	Bank	Agency	Nest	Total
Clinical Teaching Fellow	**FY1**				
	FY2				
	ST1-2	145			**145**
	ST3+				
Occupational Health	**FY1**				
	FY2				
	ST1-2				
	ST3+				
Other	**FY1**				
	FY2				
	ST1-2				
	ST3+				

Total for Trust: 145 Locum hours

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	11 March 2025		
Report Title:	Annual report on safe working hours: Resident doctors and dentists University Hospitals Bristol and Weston Foundation Trust – Weston site.		
Report Author:	Dr William Hicks		
Report Sponsor:	Dr Rebecca Maxwell		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			x
	This paper summarises the mechanisms in place to ensure that safe working practices, for all junior medical and dental staff, are being adhered to at the Weston site of the Trust. Further information is provided on staffing, exception reporting activity and locum requirement.		

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

The Weston General Hospital (WGH) site of UHBW is compliant with NHS employer's contract rules.

Electronic reporting system for exceptions is in place and functioning.

Junior Doctors Forum meetings are being held as required.

The gap between required vs recruited to resident doctors continues to dominate the medical staffing environment at Weston, which continues to rely/ depend on locum staff to cover staff shortages.

Strategic and Group Model Alignment

Supporting and respecting our staff.

Risks and Opportunities

The data provided to the Guardian of Safe working hours for this period suggests that a minimum of 35 full time doctor posts would be required to close the gap between the required full time resident doctors and the number currently in post.

Recommendation

This report is for **Information.**

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

Quarterly reports, on which this annual summary is based, have been presented and discussed at MWAG meetings and at the Board's People Committee.

Appendices:	WGH Annual Report.

Annual Guardian of Safe Working Report

August 2023 to July 2024

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

1- Introduction

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

Quarterly reports have been submitted to the Medical and Dental Workforce Advisory Group (MWAG) throughout the year and are available at:
www.uhbw.nhs.uk/p/about-us/reports-and-publications

This paper provides an overview of the summarised data, with analysis where appropriate, and is scheduled to be presented at the Public Board meeting on 11th March 2025 and will be published on the Trusts external website. It may also form part of future CQC inspections.

2 - Background

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

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

3 - High level data for Weston site of UHBW –

Total number of junior doctors / dentists: 129 (44 HEE training posts)

Administration support provided to Guardian: Zero

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

Amount of job-planned time for educational supervisors: 0.125 PAs per trainee

4 - Exception reporting

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

1   Differences in the total hours of work (including opportunities for rest breaks).
2   Differences in the pattern of hours worked.
3   Differences in the educational opportunities and support available to the doctor.
4   Differences in the service support available to the doctor during service commitments.

Exception reports by Division and Specialty

Division	Speciality	FY1	FY2/ST1-2	ST3+	Total
Medicine	Acute Medicine	28	9		37
	Gastroenterology	13	6		19
	Care of the Elderly	13	6	5	24
	Diabetes and Endocrinology	21			21
	On Call Medicine	2	5		7
	ED		1		1
	Total	77	27	5	109

	General Surgery	5	2		7
Surgery	T&O	14			14
	Total	19	2		21

Exception report Comment

Exception reporting is at a level that does not raise any concerns there was a reduction in exception reporting over the 12 month period, 51 in the first quarter and 16 in the final quarter.

The vast majority of the exception reports raised were one off differences in the total number of hours worked.

All the resident doctors had instruction on the importance of exception repeerting and instruction at Trust induction, on how and when to exception report. This was reinforced at every Doctors Forum meeting by myself and information was avaialable on the Notice board in the Doctors Mess on how and when to exception report or how to contact the guardian to discuss any issues pertient to safe working hours.

5 - Staffing

The trust created and appointed to new posts over the year and the site finished with 12 additional posts compared to the start of the period.

In August 2023 6 additional posts were created , significantly 8 additional F1 HEE posts, 2 F2 HEE posts and I GPVTS HEE post in Medicine (11 additional HEE posts) compared with the period May to July 2023. So in July 2024 compared with July 2023 there were 18 more posts at ythe Weston site.

Medicine		August 2023	Change over the 12 months to July 2024
HEE Post/ Rotation		10 x F1 4 x F2 1 ST3+ 2 x GPVTS	+3 ST3
Locally Employed Doctor Contracts	Clinical Fellow	ST1 /SHO 18	-2
	IMT IMT 3	6 1	0
		ST3+ 14	-1

Bank Doctor		ST1 /SHO 2	-2
		ST3+ 0	0
Locum Agency Doctor		ST1 /SHO 1	-1
		ST3 3	+1
Vacancy			
		Total posts 61	-2

Surgery Ortho + Gen Surg			Change over the 12 months
HEE post / Rotation		8 x F1 7 x F2 2 x ST3+	+1 F2
Locally employed Doctor Contracts		ST1/ SHO 10	0
		ST3 5	+4
		Specialty Dr 0	+5
Bank Doctor		SHO	0
		Registrar	0
Locum Agency Doctor		SHO 0	0
		Registrar 1	0
		Total posts 33	+10

Emergency Dept

HEE Post/Rotation		5 x F2	0
		GPVTS x 3	-1
	Clinical Fellow	SHO/ST1 x 4	-1
		ST3+ x 8	Spec Dr +3 ST3 +3
	Locum Agency	ST3/Specialty Dr x 2	2
		Total Posts 22	+4

Postive proigress has been made in the Surgical teams and in the Emergency department staffing models with 10 and 4 additional posts respectively at the end of the year. Department of Medicine staffing did not enjoy the same postive trajectory with 2 fewer postions at the end of the year compared with the start.

Agency and Bank Locum usage

Agency Locum

Department	Grade	Hours (Q1 + Q2 + Q3 + Q4)
Medicine	ST1-2	138.1 (128.6 + 9.5 + 0 + 0)
	ST3-8	1770.8 (562.3 + 116.2 + 581.3 +511)
SDEC	ST3-8	1486.1 (0 + 0 + 1061.6 + 424.5)
Surgery	ST1-2	101.7 (0 + 101.7 + 0 +0)
	ST3-8	3942 (846 + 1230.7 + 1195.8 + 669.5)
ED	ST1-2	285.8(247.8 + 20 + 18 + 0)
	ST3-8	3174.4 (1500 + 915.4+ 335.5 + 423.5)
Total		12066.6 (3452.4 + 3393.5 + 3192.2 + 2028.5)

Bank Locum

Department		Hours (Q1 + Q2 + Q3 + Q4)
Medicine	FY1-2	818 (810.5+ 7.5 + 0 + 0)
	ST1-2	5186.3 (5080.8 + 105.5 + 0 + 0)
	ST3-8	61.5 (7 + 54.5 +0 + 0 +0)
Surgery/Ortho	ST3-8	299.5 (185 + 65 + 19.5 + 30)
	ST1-2	209.5 (181.5 + 0 + 0 + 28)
ED	ST1-2	46.5 (0 + 46.5 + 0 + 0)
	ST3-8	55.7 (0 + 47.5 + 0 + 8.2)

Total		7815.7 (7403.5+ 326.5 + 19.5 + 66.2)

Locum's Nest was introduced in September 2023 to support Bank locum usage and this did have a few teething issues for my access to and use of the data. The Guardian for Safe working hours at Bristol sites and Weston have worked together and with medical HR and the Locum's Nest app providers to develop the information provided, this process is ongoing.

Data for this period is presented below

Locum's Nest Data for September 2023

Department

Department Title	Available Positions	Positions Filled	Hours Posted	Hours Filled
Grand Total	19.0	7.0	232.8	62.3
Medicine	11.0	0.0	137.5	
Intensive Therapy Unit	7.0	6.0	85.0	52.0
General Surgery	1.0	1.0	10.3	10.3

Locum's Nest data for October 2023

Department - Grade

Department Title	Listing Max Grade	Positions Posted	Positions Filled	Hours Posted	Hours filled
Grand Total		576	532	4,806	4,464
Emergency Medicine	Senior House Officer/Sp1-2/Core Trainee	52	47	463	425
	Specialty Registrar (SP3+)	20	14	179	128
	Specialty Doctor	4	4	6	6
	Foundation Year 2	4	4	6	6
General Surgery	Specialty Registrar (SP3+)	10	7	94	68
	Senior House Officer/Sp1-2/Core Trainee	7	7	41	41
	Foundation Year 2	1	1	9	9
	Foundation Year 1	1	1	9	9
Intensive Therapy Unit	Specialty Registrar (SP3+)	9	9	117	116
Medicine	Senior House Officer/Sp1-2/Core Trainee	368	356	3,000	2,928
	Specialty Registrar (SP3+)	91	73	811	655
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	8	8	67	68
	Foundation Year 1	1	1	5	5

November 2023

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		590	558	4,914	4,659
Emergency Medicine	Foundation Year 2	6	6	7	7
	Senior House Officer/Sp1-2/Core Trainee	73	64	623	551
	Specialty Doctor	2	2	1	1
	Specialty Registrar (SP3+)	18	17	175	160
General Surgery	Foundation Year 1	1	1	4	4
	Senior House Officer/Sp1-2/Core Trainee	10	8	65	52
	Specialty Registrar (SP3+)	6	3	56	28
Intensive Therapy Unit	Specialty Registrar (SP3+)	32	26	416	337
Medicine	Senior House Officer/Sp1-2/Core Trainee	368	360	2,940	2,913
	Specialty Registrar (SP3+)	65	65	559	562
Orthopedic Surgery	Foundation Year 2	1	1	4	4
	Senior House Officer/Sp1-2/Core Trainee	8	5	66	41

December 2023

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		585	527	5,050	4,569
Emergency Medicine	Foundation Year 2	3	3	5	5
	Senior House Officer/Sp1-2/Core Trainee	86	74	783	685
	Specialty Doctor	5	5	23	23
	Specialty Registrar (SP3+)	40	35	347	298
General Surgery	Foundation Year 1	4	2	40	22
	Foundation Year 2	1	1	9	9
	Senior House Officer/Sp1-2/Core Trainee	13	11	105	88
	Specialty Registrar (SP3+)	1	1	9	9
Intensive Therapy Unit	Specialty Registrar (SP3+)	10	10	130	127
Medicine	Foundation Year 1	1	1	8	9
	Foundation Year 2	2	2	20	20
	Senior House Officer/Sp1-2/Core Trainee	312	281	2,574	2,322
	Specialty Registrar (SP3+)	91	87	830	805
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	16	14	169	148

January 2024

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		730	627	6,473	5,558
Emergency Medicine	Foundation Year 2	2	2	7	7
	Senior House Officer/Sp1-2/Core Trainee	87	67	793	609
	Specialty Doctor	2	2	6	6
	Specialty Registrar (SP3+)	35	31	302	259
General Surgery	Foundation Year 1	2	1	22	13
	Senior House Officer/Sp1-2/Core Trainee	10	10	90	92
	Specialty Registrar (SP3+)	3	3	21	21
Intensive Therapy Unit	Specialty Registrar (SP3+)	36	33	468	429
Medicine	Foundation Year 1	6	4	59	44
	Foundation Year 2	4	4	16	16
	Senior House Officer/Sp1-2/Core Trainee	430	367	3,628	3,081
	Specialty Registrar (SP3+)	93	83	839	758
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	20	20	224	225

February 2024

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		588	504	5,212	4,465
Emergency Medicine	Senior House Officer/Sp1-2/Core Trainee	73	59	668	523
	Specialty Doctor	16	15	130	120
	Specialty Registrar (SP3+)	26	22	247	212
General Surgery	Foundation Year 1	2	0	18	0
	Senior House Officer/Sp1-2/Core Trainee	16	15	106	95
	Specialty Registrar (SP3+)	7	7	58	55
Intensive Therapy Unit	Specialty Registrar (SP3+)	24	19	312	247
Medicine	Foundation Year 1	3	3	30	30
	Senior House Officer/Sp1-2/Core Trainee	325	277	2,750	2,371
	Specialty Registrar (SP3+)	74	68	663	611
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	22	19	233	202

March 2024

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		566	491	4,933	4,337
Emergency Medicine	Foundation Year 2	2	2	12	12
	Senior House Officer/Sp1-2/Core Trainee	90	82	836	780
	Specialty Doctor	4	4	3	3
	Specialty Registrar (SP3+)	46	27	420	255
General Surgery	Associate Specialist	1	1	10	10
	Foundation Year 1	3	2	26	18
	Senior House Officer/Sp1-2/Core Trainee	9	6	55	36
	Specialty Registrar (SP3+)	4	4	25	26
Intensive Therapy Unit	Specialty Registrar (SP3+)	6	6	78	78
Medicine	Foundation Year 1	4	4	43	43
	Senior House Officer/Sp1-2/Core Trainee	307	281	2,571	2,394
	Specialty Registrar (SP3+)	69	54	632	495
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	21	18	224	188

April 2024

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		594	543	5,157	4,778
Emergency Medicine	Senior House Officer/Sp1-2/Core Trainee	89	77	818	733
	Specialty Doctor	10	10	29	29
	Specialty Registrar (SP3+)	30	22	289	216
General Surgery	Foundation Year 1	1	1	9	9
	Senior House Officer/Sp1-2/Core Trainee	7	6	57	48
	Specialty Registrar (SP3+)	3	3	20	21
Intensive Therapy Unit	Specialty Registrar (SP3+)	30	30	390	390
Medicine	Foundation Year 1	4	4	20	20
	Senior House Officer/Sp1-2/Core Trainee	273	256	2,296	2,182
	Specialty Registrar (SP3+)	76	66	652	573
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	50	47	515	494
	Specialty Doctor	1	1	4	4

Correction the total hours for April 2024 WGH should be 4719 (59 consultant (Radiologist) hours are incorrectly included in the total shown; but I am unable to edit this table)

May Locum's Nest

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		665	603	5,850	5,329
Emergency Medicine	Foundation Year 2	1	1	5	5
	Senior House Officer/Sp1-2/Core Trainee	80	71	737	660
	Specialty Doctor	1	1	5	5
	Specialty Registrar (SP3+)	47	34	449	338
General Surgery	Associate Specialist	2	2	17	13
	Foundation Year 1	1	0	9	0
	Senior House Officer/Sp1-2/Core Trainee	21	19	214	196
	Specialty Registrar (SP3+)	10	6	87	51
Intensive Therapy Unit	Specialty Registrar (SP3+)	17	17	221	221
Medicine	Foundation Year 1	5	3	58	33
	Senior House Officer/Sp1-2/Core Trainee	296	276	2,468	2,310
	Specialty Registrar (SP3+)	133	124	1,134	1,064
Orthopedic Surgery	Foundation Year 2	1	1	2	2
	Senior House Officer/Sp1-2/Core Trainee	38	36	407	394
Radiology	Consultant	12	12	39	39

Radiology Locum's nest data is for consultants not resident doctors and as such has been removed from the figures in the discussion.

June Locum's Nest

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours	Hours filled
Grand Total		673	584	6,003	5,268
Emergency Medicine	Senior House Officer/Sp1-2/Core Trainee	74	68	696	650
	Specialty Registrar (SP3+)	54	50	523	488
General Surgery	Associate Specialist	1	0	10	0
	Foundation Year 1	2	1	18	9
	Senior House Officer/Sp1-2/Core Trainee	34	29	345	300
	Specialty Registrar (SP3+)	7	6	67	63
Intensive Therapy Unit	Specialty Registrar (SP3+)	13	13	169	169
Medicine	Foundation Year 1	5	5	52	52
	Senior House Officer/Sp1-2/Core Trainee	327	278	2,743	2,369
	Specialty Registrar (SP3+)	103	91	925	817
Orthopedic Surgery	Senior House Officer/Sp1-2/Core Trainee	39	29	396	292
	Specialty Doctor	2	2	25	25
Radiology	Consultant	12	12	35	35

Radiology Locum's nest data is for consultants not resident doctors and as such has been removed from the figures in the discussion.

July Locum's Nest

Department - Grade

Listing specialty	Listing max grade	Positions Posted	Positions Filled	Listing hours
Grand Total		656	603	5,707
Emergency Medicine	Senior House Officer/Sp1-2/Core Trainee	68	61	637
	Specialty Doctor	3	3	9
	Specialty Registrar (SP3+)	32	29	290
General Surgery	Associate Specialist	1	1	12
	Foundation Year 1	2	1	26
	Senior House Officer/Sp1-2/Core Trainee	35	34	364
	Specialty Registrar (SP3+)	3	2	32
Intensive Therapy Unit	Specialty Registrar (SP3+)	35	35	455
Medicine	Foundation Year 1	3	3	19
	Senior House Officer/Sp1-2/Core Trainee	287	261	2,321
	Specialty Registrar (SP3+)	132	123	1,111
Orthopedic Surgery	Foundation Year 1	1	1	8
	Senior House Officer/Sp1-2/Core Trainee	40	35	383
	Specialty Registrar (SP3+)	1	1	13
Radiology	Consultant	13	13	29

Radiology Locum's nest data is for consultants not resident doctors and as such has been removed from the figures in the discussion.

Staffing Comment

Over the 12 month period 65,124.9 hours of Bank and agency locum doctor employment was used at WGH. Based on a typical resident doctor with less than 5 years NHS completed NHS service working full time 40 hours a week (8 hours a day) with 27 days annual leave, the Bank and agency hours used are equivalent to

at least 35 additional full time posts (65124.9/1842). The figure represents both an opportunity to reduce bank and locum usage and the extra associated costs as well as a challenge to plan how an additional 35 posts can be supported and resourced.

6 - Resident Doctor's Forum – renamed from Junior Doctors Forum in Q4 to reflect changes in advice from the BMA.

There were multiple strikes held by resident doctors during this period. Some strike days coincided with Forum meetings and the meetings were either cancelled or postponed.

The Forum was helpful supporting the residents –

to understand how, when and why to exception report

to agree refurbishments to the Doctor's Mess

to discuss the industrial action

to raise issues to be highlighted to the medical leadership team which in this period included discharges, prescribing, weekend handovers for F1's, F1 clerking reviews, use of Careflow and non payment of rest breaks during Bank shifts.

7 - Summary

WGH site of UHBWFT is compliant with NHS employer's contract rules.

Electronic reporting system for exceptions is in place and functioning.

Junior Doctors Forum meetings are being held as required

The gap between required vs recruited to resident doctors continues to dominate the medical staffing environment at Weston, which continues to rely/ depend on locum staff to cover staff shortages. The data provided to the Guardian of Safe working hours for this period suggests that a minimum of 35 full time doctor posts would be required to close the gap between the required full time resident doctors and the number currently in post. UHBW is conducting a trust wide rota review project which the guardian hopes will support changes to the resident doctor workforce at Weston.

Dr William Hicks Guardian for Safe Working Hours Weston site, UHBWFT.

Meeting of the Board held in Public on 11 March 2025

Reporting Committee	Audit Committee – January 2025 meeting
Chaired By	Anne Tutt, Non-Executive Director
Executive Lead	Neil Kemsley, Chief Financial Officer

For Information

1. The committee reviewed the Board Assurance Framework (BAF) for quarter three, which contained the Trust's principal risks.

2. The committee reviewed the counter fraud progress reports for the Trust, and the introduction of the new counter fraud e-learning training module was welcomed. Members of the committee were encouraged to undertake this training module. The annual counter fraud plan was also reviewed, with a focus on digital fraud and associated risks. It was reported that digital risk would be included in the internal audit plan for 20225/26.

3. committee considered the following internal audit review reports:

   - Use of e-Rostering – Limited assurance
   - Business Cases – Limited Assurance
   - Patients with Learning Disabilities/Autism - Limited assurance (Child) / Satisfactory assurance (Adults)
   - Fit and Proper Person – Satisfactory assurance
   - Financial Systems (Debtors and Creditors) - Satisfactory assurance
   - Environmental Sustainability - Satisfactory assurance
   - CQC Actions - Satisfactory assurance

5. The committee discussed in detail the internal audit reports with limited assurance and members of the executive team attended to discuss the issues raised and advised on the actions being taken to address these.

6. the Draft Strategic Audit and Assurance Plan (2025/2026-2027/2028) was considered by the committee, and members discussed key issues and risks such as patient flow, No Criteria To Reside and fire safety, and also how the committee could satisfy itself that there was appropriate Board-level oversight of each of the audit areas. Further work would be undertaken to consider how this could be best achieved given the resources available.

7. The Committee received and reviewed the following reports:
   - Review of Losses and Special Payments
   - Review of Single Tender Actions
   - Audit Committee business cycle

For Board Awareness, Action or Response

N/A	
Key Decisions and Actions	
8. The Committee approved the external audit plan and fees for the 2024/25 financial year.	
Additional Chair Comments	
9. I am pleased to report that the number of outstanding audit recommendations that are overdue has been significantly reduced, with only six being reported as being overdue. I would like to thank Executive colleagues for their efforts in reducing this number.	
Update from ICB Committee	
N/A	
Date of next meeting:	**24 April 2025**

Report To:	Board of Directors in Public
Date of Meeting:	11 March 2025
Report Title:	Well-Led Review Action Plan Update
Report Author:	Eric Sanders, Director of Corporate Governance
Report Sponsor:	Eric Sanders, Director of Corporate Governance

Purpose of the report:	**Approval**	**Discussion**	**Information**
	X	**X**	
	To present an update on the Well Led Review action plan for the Board's consideration and agreement to close the action plan.		

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

The Board received the Well-led Review report to its meeting in March 2024, alongside an action plan to address the recommendations made by DCO Partners. The Board accepted the action plan and requested quarterly updates on progress. The last update was provided to the Board in November 2024.

All actions have now either been completed, have moved into business-as-usual processes or are incorporated into the Group development work. It is therefore proposed that the action plan is closed. The business-as-usual actions will either be reported to Board or via a Committee for ongoing awareness.

For Board awareness, the four actions that remained outstanding as at November 2024 were as follows, and a brief update has been included below, with more detail in the main report.

- Recommendation C – Development of the Trust Strategy and communication – The finalised Trust strategy continues to be rolled out with clear visuals in line with the Trust's branding, and internal communications provide clarity on how projects or initiatives contribute to the strategic priorities. Embeddedness and understanding by all staff will be monitored via the staff survey.

- Recommendation H – Complaints handling and reporting – the processes have been reviewed and there is a regular report into the Quality and Outcomes Committee. Further work relating to continuing to improve performance is planned, and this will be reported through QOC.

- Recommendation L – Review of risk appetite – this work had been progressed with the Board task and finish group but has now been superseded by work to consider risk appetite at the Group level. A further session is planned with the Board in May 2025, in conjunction with the NBT Board.

- Recommendation R – Communicating investment in facilities and equipment – Significant work has been undertaken to review and improve the governance and management of business cases and capital projects, and to ensure awareness of project charters in divisions. The next stage is to broaden communications to all staff via a quarterly update, starting in April 2025. This will continue to be reported through the Finance, Digital and Estates Committee.

Strategic and Group Model Alignment

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

The review recognised that the Trusts were in discussions about forming a Group, and several of the recommendations flagged areas to be considered as part of that programme of work.
Risks and Opportunities
There is a risk that the Trust has "blind spots" and therefore does not identify and recognise merging risks or issues which could impact on the delivery of its objectives. This review will help assess how self-aware the Board and organisation is. The review also presents an opportunity to identify any areas for improvement or development which will support the journey of continuous improvement by the Trust.
Recommendation
This report is for **Approval** The Board is asked to consider and note the progress against actions and approve the closure of the action plan.
History of the paper (details of where paper has <u>previously</u> been received)

Board of Directors	12 November 2024
Board of Directors	9 July 2024
Board of Directors	12 March 2024

Appendices:	N/A

Well-led Review – Action Plan – Update as at February 2025

Please note: Priority areas as agreed by the Board are highlighted in Bold. Red text indicates changes from the previous report to the Board and areas of focus for the Board's attention.

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
KLOE 1					
A. The Board should reflect on the nature of when and where it deliberates on its future – a regulatory inspection will insist on full access and the Board needs to become comfortable with debating issues in front of others.	Yes (Already in place)	The Chair will continue to consider the appropriateness of observers depending upon the agenda and the business the Board needs to undertake.	N/A	Chair	N/A
B. The impact of the uncertainty over strategy is having an impact on the "day job". The Board must ensure that sufficient leadership resources are maintained to run day to day activity, ensuring that not everyone focuses on the future. See also Recommendations 1-9 in Appendix A	Yes	This forms part of our planning for the resourcing of the development of the group model plus in setting our leadership team's annual objectives and priorities	This is now included in the operating model for the Group development work.	Hospital Managing Director	N/A

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
KLOE 2					
C. The Board needs to redouble its efforts on strategy and tie together all the various strands to form a coherent picture. This picture then needs to be communicated to staff at all levels – cultural improvements will be hampered without this leadership.	Yes	Strategic narrative to be developed and shared with the Board. Revised strategic narrative to be communicated to staff	Our strategic narrative has been developed and shared with the Board. A difference that matters – encompassing our new vision, mission and purpose has been agreed and continues to be rolled out aligned to full-hearted care. A clear visual strategy on a page has been developed and a visual alignment of this and our strategic priorities/divisional priorities has been finalised and rolled out. Ensuring internal communications highlight where a project or initiative contributes to delivery of our strategic priorities continues to be strengthened. The UHBW Clinical Strategy has been published and communicated. Understanding of the strategies will be monitored via the staff	Director of Business Development and Improvement and Director of Communications	Completed

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
			survey and CQC well-led domains.		
D. The Board needs to decide its approach to public consultation over strategy, developing themes now and not waiting for challenges to arise. This will require investment in time and resources and is extremely complex.	**Yes**	**Reminder of the legal requirement for public consultation to be shared with the Board.**	N/A	**Director of Corporate Governance**	**Completed**
E. The Trust should reassess its stakeholder maps as a matter of urgency and seek appropriate legal advice early.	Yes (Already in place)	Stakeholder management included in our Communications Strategy and due for renewed focus in 2025. Currently managed on a programme-by-programme basis.	N/A	Director of Communications	N/A
KLOE 3					
F. The Board needs to develop a parallel focus on developing those areas of clinical activity which impact on population health, namely primary care and mental health. The reasons why these areas lag behind have been well explained but their importance is in danger of being underestimated by the	Yes (Already in place)	This is in place as follows and no further action planned: • Active roles in the health and care improvement groups for mental health and improving the lives of people in our communities. • Participation and board membership in locality partnerships across Bristol,	N/A	Director of Business Development and Improvement	N/A

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
Trust, and collaborative work needs to commence soon.		South Gloucester and North Somerset • Health and Wellbeing Board members in North Somerset and Bristol (North Bristol Trust is member in S Glos) • Workstreams actively developing improvements in mental health provision/liaison across the acute sector • Development work underway with primary care • Health inequality leadership through CNO and well established health equity and inclusion group • Development work underway with Sirona Care and Health (local provider of community services) and Social Services – relationship building within senior leadership teams (exec to exec and with divisional leadership teams) plus operational delivery work through transfer of care hubs, Healthy Weston and			

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
		urgent and emergency care schemes (e.g. NHS@Home)			
G. Learning from Serious Incidents needs to be more specific. Divisional leadership needs to provide assurance that it has a grip on this important area and use IQPR data to develop conclusions that can be shared more widely across the Trust. The Quality Committee should then use these conclusions to inform its own deep dives.	Yes (Already in place)	The sharing of learning between divisions and corporate teams occurs at Clinical Quality Group which was not observed by DCO. Deep Dives at QOC are risk based not speciality based and are now aligned with the new PSIRF framework.	N/A	Chief Nurse and Midwife	N/A
H. The Complaints process will need an overhaul soon, with emphasis on speed and quality of response, and the backlog should be reported regularly to the Board. See also Recommendation 10 in Appendix A	Yes	Complaint process currently being reviewed with material changes to process and personnel underway. Initial efficiencies made to complaints process have been further supplemented with process mapping support from the Continuous Improvement Team which will be concluded in March. New format for response letters and investigation reports will be implemented for 1st April. Web portal will replace external email address to focus information	Staff who were appointed to the corporate PALS & Complaints team during the autumn of 2024 have completed their in-role training. A cultural review of the PALS & Complaints team has been completed – next steps will be to share and act upon findings (which currently remain confidential). Comparative exercise completed between UHBW and NBT to identify opportunities	Chief Nurse and Midwife	Completed

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
		received in enquiries – implementation also to be completed by 1st April. Administration backlog has been removed. Caseworker backlog currently holding steady at around 310 cases whilst process improvements are implemented.	for closer alignment. Next step is to produce a plan for short and medium team action (plan to be drafted by early March). As of 21/2/25 the caseworker backlog stands at 127 and the administrative backlog at 301.		
KLOE 4					
I. Once the Weston integration is considered complete, the issue of the site Managing Director role will need to be debated and place in the context of either further site Managing Director appointments across the rest of the Trust or a reversion to the full COO role fully covering all sites. See also Recommendations 11-13 in Appendix A	Yes	To be considered as part of the developing Group model which will need to consider site leadership.	This is part of the development of the Group operating model.	Hospital Managing Director	N/A
KLOE 5					
J. There are some significant risks facing the Trust which the Board urgently needs to identify and then classify. We	**Yes**	**Risk management refresh to be undertaken which will consider the process of identification, evaluation, escalation, and de-**	**N/A**	**Director of Corporate Governance**	**Completed**

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
felt that these included Estate Condition (particularly Fire Safety and IT development). This in turn should generate an investment programme to mitigate risks effectively. The risk profile should be prioritised on the basis of patient and staff safety and not Trust reputation or threat of legal challenge.		escalation of risk. A revised set of principal risks has been developed following a Board workshop held on 31 January 2024 and subsequently refined through a Board level Task & Finish Group. This revised picture of risk to then inform business planning and investment for 2024/25.		Director of Business Development and Improvement	Completed
K. The Board should review both its BAF and Corporate risk register to ensure greater coherence	Yes		As above for recommendation J		
L. The Board should conduct another Risk Appetite exercise and ensure that this matches its revised risk picture See also Recommendations 14-16 in Appendix A	Yes	The Board will consider if its Risk appetite statements need to be refreshed and will consider how to use the statements more effectively to drive action decision making. This is being led by a Board level Task & Finish Group.	**Work on reviewing the Trust's risk appetite statements had been progressing, however, this has now been superseded by the ongoing development of the hospital group and as a result, a broader group-level risk appetite statement is now required to ensure alignment across the group's governance and strategic decision-making framework.**	Director of Corporate Governance	**Completed**

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
			The rationale for this shift is that, as the group structure evolves, risk appetite must be considered at a hospital group level to reflect collective priorities and shared strategic objectives. The intention is to hold a discussion with the Group Board in June 2025.		
KLOE 6					
M. The performance picture given to the Board is overly complex and needs simplification in terms of volume of data and relevance.	**Yes**	**Review of performance reporting alongside Patient First reporting to be presented to the Board for consideration.**	**N/A**	**Chief Operating Officer**	**Completed**
N. The Board should ask for urgent progression of the complaints backlog.	Yes		See response to Recommendation H		
O. The risks inherent with the Trust's own IT/Digital capability, and its ability to integrate services with other providers need further attention from the Board. See also Recommendation 17 in Appendix A	Yes	To be included in the Digital Strategy.	N/A	Joint Chief Digital Information Officer	Completed

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
KLOE 7					
P. The Board needs to develop a communications strategy to engage all stakeholders effectively and early on the significant changes that are proposed for the future.	Yes (Already in place)	Communications Strategy in place alongside a communications plan for APC work. The plans will evolve as the programme evolves.	N/A	Director of Communications	N/A
Q. The Board needs to consider the wider clinical partnerships in Primary and Mental Health and Community services as part of its current strategic planning (see also KLOE 3 above).	Yes		See response to Recommendation F		
R. The Trust needs to redouble its efforts in communicating progress, or lack of it, to staff in terms of investment in facilities and equipment. See also Recommendations 18-19 in Appendix A	Yes	Communications need to distinguish between action to address issues with existing estate versus developments of a more strategic nature. Also requires building awareness of changes in regime that require ICB level decisions around allocations and priorities. Communications, through appropriate channels, to be issued by March 2024 with quarterly updates for existing estate and bi-annual for strategic thereafter.	The position is that having done a lot of work in 2024 on improving the way we are governing and managing business cases and capital projects. We have now developed project charters for the major capital projects and the proposed strategic estate strategy using the Patient First process. These Project Charters pass through the SLT/SDR process to ensure there is wide engagement with the divisions	Chief Financial Officer	Completed

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
			and will then be cascaded through the divisions as per Patient First. Quarterly updates are expected to ensure progress is clearly articulated to the wider staff audience via divisions. We have also set up a series of service theme workshops with reps from all divisions and relevant corporate teams to bring the skills and experience from across our divisions in to identify and solve specific service challenges requiring a capital solution. We have held 2 to date and a further 4 are planned from March. In addition to the Patient First cascade system through divisions, we want to embark on a co-design programme with our staff and patients to ensure they are involved in major projects that have an impact on the staff and patient experience as well as the strategic estate programme and plan to launch this approach during spring of		

Recommendation	Accept?	Response	February 2025 Update	Lead	Due Date
			this year. By then we will also have a clearer view on the available capital funding envelope.		
KLOE 8					
S. Innovation is happening in some notable pockets but its profile across the Trust is far too low. The Board needs to be an active sponsor of innovation, understanding the Trust's position and promoting learning across the Trust, and most importantly, it needs a narrative.	Yes	This is in place as follows and no further action planned. Clinical Lead for Continuous Improvement is beginning to scope out an innovation strategy framework engaging with NBT and wider system partners and stakeholders eg Health Innovation WoE	N/A	Chief Medical Officer	N/A

Report To:	Board of Directors in PUBLIC
Date of Meeting:	Tuesday 11 March 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 January 2025**.**		

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 has been one sealing 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

Register of Seals

January 2025 to March 2025

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
916	Construction delivery agreement between UHBW and Harris Bros. and Collard Ltd to fit out and provide same day emergency care facilities at Weston General Hospital.	14/01/25	Stuart Walker	Neil Kemsley	Mark Pender

Register of Seals

Report To:	Board of Directors in **Public**		
Date of Meeting:	Tuesday 11th March 2025		
Report Title:	Governors' Log of Communications		
Report Author:	Emily Judd, Corporate Governance Manager		
Report Sponsor:	Eric Sanders, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			x
	To provide information about recent governor activity raised through the Corporate Governance Team.		

Key Points to Note *(Including any previous decisions taken)*
Since the last meeting of the Board of Directors in Public in January 2025, one question has been added to the log. One question has been responded to and closed, with three questions outstanding (two are awaiting review by the Communications team, and one is a previous question re-opened and asked a follow up). All questions asked and answered since the last meeting (including the one question re-opened) can be seen on item 22 01.

Strategic and Group Model Alignment
Not applicable

Risks and Opportunities
None

Recommendation
This report is for **Information**

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

Appendices:	22 01 Formal Governors Log Feb 25

Governors questions reference number	Coverage start date	Governor Name	Governor Constituency	Description	Executive Lead	Coverage end date	Response	Status	Secretariat Notes
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	31/12/24 - Chased John Sibley to confirm closure of the question. 03/01/25 - John asked follow up question, sent to Emilie Perry.

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		Awaiting Comms sign off	02/01/25 - Chased Neil Darvill
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		Awaiting Comms sign off	02/01/25 - the Governor tour showed the space for the Radiopharmacy team as a portacabin behind the Estates building, with a concealed entrance. The space inside the building was very small and housed a large number of people within the small space and this greatly concerned the Governors due to the work that was required to be completed by the team and the expansion that was expected. This question has been raised by one Governor, but is a group decision to raise.
278	16/01/2025	Ben Argo		Could you please provide the completion rates for the Oliver McGowan training at University Hospitals Bristol and Weston (UHBW), specifically for Level 1 and Level 2 training programs?	Chief People Officer	13/02/2025		Awaiting Comms sign off	12/02/25 - chased Comms for review of response.