NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday, 12 November 2024 from 13:15 to 16:45 in the level 2 meeting room, St James Court, Cannon Street, Bristol, BS1 3LH

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
Preliminary Business				
1.	Apologies for Absence	Information	Vice-Chair	13.15 25 mins
2.	Declarations of Interest	Information	Vice-Chair	
3.	Patient Story	Information	Patient and Public Involvement Lead	
4.	Minutes of the Last Meeting- **Tuesday 10 September 2024**	Approval	Vice-Chair	
5.	Matters Arising and Action Log	Approval	Vice-Chair	
6.	Questions from the Public	Information	Vice-Chair	
Strategic				
7.	Chief Executive's Report	Information	Joint Chief Executive	13.40 (10 mins)
8.	Chair's Report	Information	Vice-Chair	13.50 (5 mins)
9.	UHBW Clinical Strategy	Approval	Interim Chief Medical Officer	13.55 (15 mins)
Quality and Performance				
10.	Quality and Outcomes Committee – Chair's Report	Information	Chair of the Quality and Outcomes Committee	14.10 (10 mins)
11.	Winter Plan	Information	Chief Operating Officer	14.20 (10 mins)
12.	Integrated Quality and Performance Report	Information	Interim Chief Medical Officer; Chief Operating Officer; Chief Nurse and Midwife	14.30 (10 mins)

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
13.	Maternity Assurance Report	Information	Chief Nurse and Midwife	14.40 (10 mins)
14.	Annual Cancer Patient Experience Survey	Information	Chief Nurse and Midwife	14.50 (10 mins)
15.	Learning from Deaths Quarter 2 Report	Information	Interim Chief Medical Officer	15.00 (10 mins)
BREAK 15.10 – 15.20				
Research and Innovation				
16.	Research and Innovation Report – 6 monthly	Information	Interim Chief Medical Officer	15.20 (10 mins)
Financial Performance				
17.	Finance, Digital & Estates Committee Chair's Report	Information	Chair of the Finance, Digital & Estates Committee	15.30 (10 mins)
18.	Monthly Finance Report	Information	Chief Financial Officer	15.40 (10 mins)
People Management				
19.	People Committee Chair's Report	Information	Chair of the People Committee	15.50 (10 mins)
Governance				
20.	Trust Constitution	Approval	Director of Corporate Governance	16.00 (5 mins)
21.	Audit Committee Chair's Report	Information	Chair of the Audit Committee	16.05 (10 mins)
22.	Well-Led Action Plan Update	Information	Director of Corporate Governance	16.15 (10 mins)

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
23.	Governors' Log of Communications	Information	Director of Corporate Governance	16.25 (5 minute)
Concluding Business				
24.	Any Other Urgent Business – *Verbal Update*	Information	Vice-Chair	16.30
25.	Date and time of next meeting • **Tuesday, 14 January 2025**	Information	Vice-Chair	

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Board of Directors in Public		
Date of Meeting:	Tuesday 12 November 2024		
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**
			X
	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)*

This patient story is about the importance of accessible communication and the vital role translating and interpreting has in providing a service for patients, carers and clinicians to help them understand each other when they do not speak the same language.

The story will be told by Huda Hajinur, Director of Caafi Health (pronounced Aafi), a community interest company that helps communities to obtain access to the health and care services they need. Huda will draw on her personal experience of being a user of translating and interpreting services, and that of the communities and individuals Caafi Heath support, to explore why such services are so important to the health and well-being of people and how they contribute to addressing health inequality.

The story is set in the context of the launch, in November, of a new provider (https://www.word360.co.uk/) for language translation and interpreting services across UHBW, NBT and Sirona.

By way of additional context, the Board approved the Trust's Experience of Care Strategy 2024-2029 "My Hospitals Know and Understand Me" in May 2024. The strategy Delivery Plan includes milestones across three years to improve our translating and interpreting services so that all patients receive accessible communication that supports their care, treatment and choices. Click here to view the strategy document.

Huda is one of five community partners who work with the UHBW Health Equity Delivery Group (HEDG) to advance health equity for our people and communities.

Strategic Alignment	
This work aligns to the True North Experience of Care strategic priority.	
Risks and Opportunities	
5507 - Translated information for patients 1702 - AIS 1178 - Recording of interpreting need The launch of Word360 creates the opportunity to improve provision of interpreting services and raise the profile of accessible information needs. During 2023/24 there were 20,000 spoken language interpreting requests.	
Recommendation	
This report is for **INFORMATION.** The Board is asked to **NOTE** the report **.**	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	
Appendices:	None.

University Hospitals Bristol and Weston NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday 10th September 2024 at 13.15 – 16.30 in the Bordeaux Room, City Hall, College Green, Bristol

Present

Board Members

Name	Job Title/Position
Ingrid Barker	Joint Trust Chair
Martin Sykes	Non-Executive Director
Sue Balcombe	Non-Executive Director
Marc Griffiths	Non-Executive Director
Linda Kennedy	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Arabel Bailey	Non-Executive Director
Anne Tutt	Non-Executive Director
Stuart Walker	Hospital Managing Director, UHBW
Emma Wood	Chief People Officer & Deputy Chief Executive
Deirdre Fowler	Chief Nurse and Midwife
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Chief Digital Information Officer
Neil Kemsley	Chief Financial Officer
Rebecca Maxwell	Interim Chief Medical Officer

In Attendance

Eric Sanders	Director of Corporate Governance
Mark Pender	Head of Corporate Governance
Philp Kiely	Deputy Chief Operating Officer (deputising for Jane Farrell)
Melanie Jeffries	Continuous Improvement Programme Manager (for item 9: Patient First Strategic Priority Update Report)
Sarah Windfeld	Divisional Director of Nursing (for item 12: Maternity Assurance Report)
Matthew Areskog	Head of Experience of Care and Inclusion (for Item 3: Patient Story)
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Rob Morgan	Chaplaincy Team Leader (for Item 3: Patient Story)
Ned Maynard	Head of Sustainability (for item 17: Green Plan)
Samuel Willetts	Head of Sustainability, BNSSG ICS (for item 17: Green Plan)
Karin Bradley	Consultant Endocrinology and Diabetes (for item 13: Learning from Deaths reports)

The Chair opened the Meeting at 13.15am

Minute Ref.	*Item*	*Actions*
01/09/24	**Welcome and Apologies for Absence**	
	Ingrid Barker, Joint Chair, welcomed members of the Board and all those in attendance to the meeting. Apologies of absence had been received from: • Maria Kane, Joint Chief Executive • Jane Farrell, Chief Operating Officer	

Minute Ref.	Item	Actions
	• Rosie Benneyworth, Non-Executive Director • Susan Hamilton, Non-Executive Director	
02/09/24	**Declarations of Interest**	
	There were no new declarations made.	
03/09/24	**Patient Story**	
	Tony Watkin, Patient and Public Involvement Lead introduced Rob Morgan, Chaplaincy Team Leader, who attended the meeting to share his thought on the role the Spiritual and Pastoral Care team had in supporting patients at the end of their lives. It was reported that the team aimed to provide an inclusive service to all patients, including spiritual, religious and pastoral care. Rob shared the story of Mrs T, a patient who had been given 2 weeks to live who the palliative care team had contacted the Chaplaincy about as she had a spiritual issue she wanted to resolve before her death. She had fallen out with her vicar some years ago and left the church, leaving her with feelings of abandonment and a loss of community and trust. As a result of this she was in a place of pain and hurt. Rob explained how he had worked with Mrs T to get her to a place of forgiveness and that he had apologised on behalf of the church for the pain caused to her. This allowed Mrs T to move forward, and she took communion for the first time in almost 30 years the following day. She passed away a few days later, but Rob was sure she had found a place of release in her final days. During the ensuing discussion Rob confirmed that the Spiritual and Pastoral Care team worked closely with clinical teams, and nursing staff would often carry on the conversations started by his team with patients on the ward. Deirdre Fowler, Chief Nurse and Midwife, commended Rob and the work he and his team did, stating that it was not always easy to talk about spirituality in a hospital setting. Stuart Walker, Hospital Managing Director, welcomed the work of the Chaplaincy and asked if there was anything the Board could do to help in his work. Rob replied that the work of the Chaplaincy was for everyone, and a lack of awareness amongst staff and patients of the support the Chaplaincy could provide was a barrier to getting the most out of the service. Therefore, any help in raising awareness of the service would be welcomed. At the conclusion of the discussion the Chair thanked Rob for attending the meeting and sharing the story of Mrs T and the work of the Chaplaincy. Rob then left the meeting. **RESOLVED that the Patient Story be received and noted for information.**	
04/09/24	**Minutes of the Last Meeting – 9 July 2024**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 9 July 2024. Arabel Bailey, Non-Executive Director, highlighted that her name had been spelt incorrectly on page 5 of the minutes and asked for this to be corrected. Arabel also questioned whether there had been action on virtual consultations	

Minute Ref.	Item	Actions
	as part of the discussion on Finance, Digital & Estates Committee Chair's report. It was agreed that this would be checked. *Note: Subsequent to the above, the recording of the previous meeting had been checked and there had been no action arising from this. However, an update had been provided to Arabel Bailey in respect of this issue.* It was also requested that Eric Sanders, Director of Corporate Services, be attended to the list of those in attendance at this meeting. **RESOLVED that subject to the above, the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 9 July 2024 be approved as a true and accurate record.**	
05/09/24	**Matters Arising and Action Log**	
	08/07/24 - Patient First *Chief Financial Officer to bring a progress report on the Patient First breakthrough objective relating to Fire Evacuation to the Finance, Digital and Estates Committee.* It was reported that this item had been added to the agenda for September's meeting of the Finance, Digital and Estates Committee. **Action closed.** 09/07/24 - Annual Sustainability Report *Chief Financial Officer to provide the previous sustainability report to Linda Kennedy and update the next report to provide a table of objectives and progress made.* It was reported that the report has been sent to Linda Kennedy and September's report had been updated to provide a table of objectives and progress made. **Action closed.** 18/07/24 – Freedom to Speak Up *Director of Corporate Governance to add a discussion on Freedom to Speak Up on the next agenda for the Board Development Day in September.* This item had been discussed at the September Board Development Day. **Action closed.** 21/07/24 - Well-Led Review *Director of Corporate Governance to consider the response to KLOE 3 to include engagement and oversight at a Board level on clinical activity at a system level in primary and mental health care.* It was reported that the action plan has been amended following feedback from the Board. The plan now included ensuring updates from ICB and system meetings is included in reports to the Board, primarily the Chair and CEO reports, and updates from Committee Chairs who also attend ICB committees. Relevant information will also be provided by Executive Directors in their updates via the Integrated Quality and Performance Report or standalone reports to the Board. **Action closed.** 08/05/24 - Annual Sustainability report *Neil Kemsley, Chief Financial Officer, to progress the next Annual Sustainability report to include data around measuring the Trust's carbon*	

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	footprint targets, widely advertising the "Greener Together" Programme to UHBW staff via Comms and exploring the potential for a new training module for staff in this area. This item was on the agenda later in this meeting. **Action closed.** **RESOLVED that the updates to the action log be approved.**	
06/09/24	**Questions from the Public**	
	No questions had been received from members of the public.	
07/09/24	**Chief Executive's Report**	
	Stuart Walker, Hospital Managing Director, introduced the Chief Executive's report on behalf of Maria Kane, who was unable to attend the meeting. Stuart highlighted the following points: <u>NHS Leadership Event 3 September 2024</u> Maria Kane had attended an NHS Leadership event on Tuesday 3 September in London, which included discussions about current high-level priorities for 2024/25 such as winter planning, continued elective recovery and delivery of financial plans. <u>Pay Award</u> Stuart Walker welcomed the agreement of the pay award for 2024/25, and it was noted that the result of the BMA ballot of its members was due shortly. Sue Balcombe asked whether the pay award would be fully funded, and Neil Kemsley confirmed that this was the case. <u>Engagement & Service Visits</u> The engagement and service visits undertaken by Maria were noted by the Board, and it was acknowledged that she had been incredibly busy and was getting to know how UHBW worked. On behalf of Maria, Stuart Walker thanked everyone for making her feel so welcome. <u>Group Model</u> Stuart reported that Teneo had been appointed by UHBW and NBT to act as their strategic partner in developing the group model, and several events with them had already taken place, including joint Executive and Board to Board meetings. Positive progress had been made in mapping out the next stages of the developing the group, and it had been a pleasure to work more closely with colleagues at NBT. **RESOLVED that the Joint Chief Executive's report be received and noted for information**.	
08/09/24	**Joint Chair's Report**	
	Ingrid Barker presented her the Chair's report to the Board and commented that this was her 101st day in post as Joint Chair. After her induction period she was now beginning to look outwards and meet external partners, and she was in the process of building bridges in this respect. **RESOLVED that the Joint Chair's report be received and noted for information**.	

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09/09/24	**Patient First Strategic Priority Update Report**	
	Paula Clarke, Executive Managing Director for Weston General Hospital, introduced the Patient First strategic priority update report. Melanie Jeffries, Continuous Improvement Programme Manager also attended the meeting for this item, and Paula thanked Melanie for her work in respect of this report. Paula reported that this was the last time the Board would receive a report in this format as progress on Patient First strategic priorities would henceforth be included in the Integrated Quality & Performance report. Paula highlighted that in August 2024: • 7 of the 21 True North vision metrics were red. • 3 of the 39 strategic priority project delivery timelines were red. • 3 of the 39 strategic priority projects deliverables had red target metrics, and 11 metrics were in development or being revised. During the ensuing discussion the following points were made: • Martin Sykes, Non-Executive Director, noted the update provided in the report on the development of a new website for the Trust, and commented that this seemed to be taking a long time and was a priority given the current website was very out of date. Paula responded that the Trust was fully committed to this piece of work, and there had been procurement issues which had delayed progress. With the appointment of a website supplier no further delays were anticipated, and the time spent to date had been put to good use in laying the groundwork. • Arabel Bailey, Non-Executive Director, noted that there was no mention of the Green Plan in the report and asked how greater emphasis could be placed on this via Patient First. Paula responded that the Patient First process was a dynamic one and sustainability had been discussed previously as part of this. A review was undertaken every year, and this area would be looked at again at that point. • Roy Shubhabrata, Non-Executive Director, noted the work on patient safety and the Joint Clinical Strategy, and asked how key enablers for the delivery of single managed services (such as Digital) were being tracked. Paula replied that corporate enablers were a key part of the strategy and there was a separate workstream as part of the Joint Clinical Strategy on these. Neil Darvill, Joint Chief Digital Information Officer, added that the Digital Strategy was already in place and the challenges were clearly set out within this, and digital convergence was key to delivering single managed services. • Marc Griffiths, Non-Executive Director, welcomed the approach outlined in the 'innovate and improve' section of the report, and the increase in projects was good news. He asked how the momentum could be maintained in respect of these, and Paula responded that the continuous improvement team was there to support these projects, but its resources were limited, and so training was in place to help cascade their expertise through the organisation. • Ingrid Barker, Joint Chair, concluded the discussion by referencing the green rating for the fire safety programme and noting that weekly evacuation checks were not taking place as they should. Neil Kemsley reported that a report on this issue would be presented to the Finance,	

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	Digital & Estates Committee in two weeks, following which an update would be provided to the Board. **RESOLVED that Patient First Strategic Priority Update Report be received and noted for information.**	
10/09/24	**Board Assurance Framework Q1 2024/25**	
	Eric Sanders, Director of Corporate Governance, present the Trust's Board Assurance Framework (BAF) Risk Report for Q1 2024/25, which was a pivotal document in guiding governance and oversight around the Trust's principal risks. This BAF had been to the relevant Board Committees and positive feedback had been received on the revised format. It was noted that this would be reported to the Board on a six-monthly basis. **RESOLVED that the quarter one position in respect of the BAF be noted.**	
11/09/24	**Quality and Outcomes Committee – Chair's Report**	
	Sue Balcombe, Chair of the Quality and Outcomes Committee, presented her Chair's report from the July meeting of the committee and highlighted the following: • The improvement in respect of the Cleft Service Review was welcomed by the committee, with it being noted that there had been no further breaches since June 2023 and a significant reduction in the waiting list. • The committee received the first quarterly Patient First Report for Timely Care and its four underpinning projects. It was noted that under 'Proactive Hospital' the Trust had achieved a 10% improvement in ambulance handovers with SDEC's making a positive impact. There was also some improvement in the internal processes for No Criteria to Reside, although this remained an area of concern. **RESOLVED that the Quality and Outcomes Committee Chair's Report be received and noted for information.**	
12/09/24	**Maternity Assurance Report**	
	Deirdre Fowler, Chief Nurse and Midwife, and Sarah Windfeld, Director of Midwifery and Nursing, introduced the new style quarterly maternity and neonatal safety report for Quarter 1 of 2024/25. The following points were highlighted to the Board: • There had been 17 maternity incidents during the reporting period. • Rosie Benneyworth, the Non-Executive Maternity Champion, had spent two days with the maternity team recently. • All roles had now been appointed for the Maternity and Neonatal Partnership. During the ensuing discussion Emma Wood asked whether the maternity incidents that remained opened had been looked at, and it was confirmed that this was the case. Martin Sykes asked for an update on the centralised CTG, and Sarah Windfeld reported that this had been put on hold whilst the electronic	

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	prescribing project was progressed, but that the necessary work was taking place in the background. Ingrid Barker, Joint Chair, closed the discussion by welcoming the positive picture presented in the report and thanked the maternity team on behalf of the women they cared for. **RESOLVED that the Maternity Assurance Report be received and noted for information.**	
13/09/24	**Learning from Deaths - Quarter 1 Report and 2023/2024 Annual Report**	
	Karin Bradley, Consultant Endocrinology and Diabetes introduced the Learning from Deaths Quarter 1 Report and 2023/2024 Annual Report. In respect of the 2023/24 annual report, it was reported that the Summary Hospital-Level Mortality Indicator (SHMI) for UHBW for the period was 91.6, within the NHS Digital 'as expected' category. Nationally (and at UHBW) total deaths were lower in 23-24 than in 22-23. Medical Examiner referrals into UHBW also fell from 19% of all deaths to 13%. However, the proportion of these referrals triggering a structured judgement review (SJR) rose from 17% in 22/23 to 34% in 23/24. Likely this related mostly to a UHBW (and national) rise in deaths in patients with mandatory SJR requirements, plus an organisational change in April 2023 to include HMC (His Majesties Coroner) and patient safety cases within the SJR portfolio following the introduction of the Patient safety incident response framework (PSIRF). During the ensuing discussion Stuart Walker, Hospital Managing Director, thanked Karin for her work on this and emphasised the importance of the mortality statistics presented in the report. He confirmed that all deaths were now being investigated by the Medical Examiner, including those of children. Arabel Bailey, Non-Executive Director, noted the failure to recruit to the mortality lead post in the Division of Medicine as reported in the Q1 report, and asked if there was anything that could be done to fill this post. Rebecca Maxell, Interim Chief Medical Officer, reported that there was a debate ongoing on how much time to allocate to this role and it was hoped this would be resolved shortly. Sue Balcombe, Non-Executive Director, noted that SJRs were being completed for cases referred to the coroner but that this was not the case at NBT. Karin responded that historically SJRs had not been completed for coroner cases, but following the introduction of PSIRF there was concern that coroners would not see the detail previously contained in root cause analysis reports and so this was introduced. There was now however some concern that SJC s were not appropriate for this use, and Stuart Walker suggested that a really robust coroner statement was the correct way to address this, and clinicians should be encouraged to fully engage with these to ensure they covered the relevant issues. After further discussion **it was RESOLVED that the Learning from Deaths Quarter 1 Report and 2023/2024 Annual Report be received and noted for information.**	

Minute Ref.	*Item*	*Actions*
14/09/24	**Integrated Quality and Performance Report**	
	The Board received the Performance Report of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. It was noted that the full Integrated Quality and Performance Report (IQPR) had been included within the Document Library for Board members' reference. The following points were highlighted: • Rebecca Maxwell reported that the Trust was still below the level of compliance in respect of Venous thromboembolism (VTE), but significant improvements had been seen, particularly at Weston. The new sepsis guidelines for 2024 had also been introduced in September. • Emma Wood reported that the stability index (i.e. the number of staff who leave the Trust in the first year) was now green at 85%. Leadership training compliance was also up to 71%, and agency spend was down to 0.8%. • Philip Kiely, Deputy Chief Operating Officer, reported that the final patient on the 78 week wait list had been treated the previous day and so 78-week waits had been eliminated. 65-week waits were on track to be eliminated by the end of September, with one deviation in orthodontics, where there were 58 patients waiting. The Trust had continued to deliver against all the cancer standards and there had been incremental improvement in urgent and emergency care. During the ensuing discussion Arabel Bailey queries why there had been no improvement in the No Criteria to Reside (NCTR) figures, and Philip replied that the numbers were proving to be stubborn despite significant efforts to bring them down. Efforts were being redoubled to try and improve the picture in this area. Stuart Walker added that the length of stay of these patients was decreasing and so there was a volume component to this. **RESOLVED that the Integrated Quality and Performance Report be received and noted for information**.	
15/09/24	**Finance, Digital & Estates Committee Chair's Report**	
	Martin Sykes, Non-Executive Director and Chair of the Finance, Digital & Estates Committee presented his report from the last meeting of the committee held in July 2024 and highlighted the following: • The committee received the Trust Financial Performance report for Month 3 (June 2024), and it was reported that there was a net deficit of £8.4 million in the Trust's actual net income and expenditure against a break-even plan. • it was reported that the CareFlow Medicines Management (CMM) project, which was due to go live in July, would have to be delayed. Quality assurance processes were being carried out, with the Divisions assisting with software testing and process mapping. • The new format of the Board Assurance Framework has been received and the greater clarity was welcomed.	

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	• The committee considered the first draft of the Digital Enterprise Network Replacement Programme and had provided feedback on its contents. In answer to a question from Linda Kennedy, Martin confirmed that this work was on track, but the risk was around securing the necessary funding to deliver it. **RESOLVED that the Finance, Digital and Estates Committee Chair's Report be received and noted for information**.	
16/09/24	**Monthly Finance Report**	
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance from 1st April 2024 to 31st July 2024 (month 4). Key points included: • The Trust's net income and expenditure position at the end of July was a deficit of £7.7m against a break-even plan, which was similar to the position seen the previous month. This position included unfunded costs of £1.1m in relation to industrial action. The adverse position against plan of £7.7m was primarily due to the shortfall on the delivery of savings and elective inpatient activity not achieving planned levels. • There had been overspends in the pay budget and additional workforce controls were being considered. • The Trust's cash position was £95m which was still ahead of plan. During the ensuing discussion Anne Tutt, Non-Executive Director, welcomed the stabilised position and asked if this a one off or an underlying improvement. Neil Kemsley responded that there were positive signs across the organisation and five of the seven divisions had reported positive positions, so this was not a one-off adjustment. Neil added that for the next report the focus would shift to providing a forecast outturn position, and Stuart Walker welcomed the greater level of grip and control demonstrated of the financial position. **RESOLVED that the Monthly Finance Report be received and noted for information**.	
17/09/24	**Green Plan Annual Report 2023-24**	
	Ned Maynard, Head of Sustainability (UHBW) and Samuel Willetts, Head of Sustainability (BNSSG ICS) attended the meeting to present the Green Plan Annual Report 2023-24. It was reported that this set out the future planning and deliverables across the system and gave for the first time a collective and cohesive approach to the pledge of achieving net zero by 2030. The requirement was for each NHS system produce a Green Plan and this report provided details of the specific areas UHBW needed to address in the coming years. The plan had already been approved by the BNSSG Integrated Care Board. The challenges around de-carbonisation were clear and would require third party funding to achieve, and local MPs were being lobbied on this point. Neil Kemsley, Chief Financial Officer, added that the scale of investment to achieve the 2030 net zero commitment was clear, and the partners within the system needed to work together to achieve this.	

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	During the ensuing debate Non-Executive Directors noted the challenges around funding to achieve the 2030 net zero commitment and asked how likely it was that this would be secured. It was reported that system procurement would be key, and that keeping the local population healthy and out of hospital would be the biggest thing that could be done to meet the target. There were opportunities to link with regional partners as part of the One City process, and the City Council could be helpful in unlocking some of the necessary funding. The fact that the Bristol Central constituency was represented by Carla Denyer MP (from the Green Party) and Bristol East's Kerry McCarthy MP was Parliamentary Under-Secretary of State for Climate also meant that Bristol was at the forefront of climate issues. The use of resources from across the system in respect of waste and energy management was emphasised as being key, and the challenges around capacity was recognised. The 2025 zero landfill target was referenced, and it was reported that whilst incineration was one answer, the impact and cost of this should be avoided if possible, and the procurement processes were being looked at to try to stop the generation of waste in the fist place. At the conclusion of the discussion the Chair highlighted the real interest and commitment to the 2030 net zero commitment and that having a system level overview of this was helpful. The Trust wanted to be a good corporate citizen and the health benefits of delivering net zero were clear, and this needed to be pursued with system partners. **RESOLVED that the Green Plan Annual Report 2023-24 be received and noted for information.**	
18/09/24	**People Committee Chair's Report**	
	Linda Kennedy, Chair of the People Committee, introduced her report from the meeting of the People Committee held during July 2024 and highlighted the following: • The four key pillars of the People Strategy were used to inform the work of the People Committee, these being: Growing for the Future; New Ways of Working; Inclusion and Belonging; and Looking After Our People. The focus for this meeting was on Inclusion and Belonging. • The committee had received the equalities report and undertaken a deep dive into the Trust's performance against the NHS Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES). • The annual health and safety report was received by the committee and the reduction in manual handling incidents had been welcomed. There was however some concern regarding the capacity of the health and safety team. • The committee also received a report on the Trust's compliance against the national violence and aggression standard and the current programmes of work to reduce violent and aggressive behaviour within the Trust and mitigate the risk relating to such behaviour towards staff and patients.	

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	It was noted that the next meeting of the People Committee would focus on New Ways of Working and Education. **RESOLVED that the People Committee Chair's Report be received and noted for information.**	
19/09/24	**Acute Provider Collaborative Board Closure**	
	Eric Sanders, Director of Corporate Governance, introduced a report which proposed that the Acute Provider Collaborative Board (APCB), a joint committee between NBT and UHBW, be stood down with effect from September 2024. This was due to the ongoing development of a Hospital Group operating model between the two Trusts and the associated governance arrangements that had been put in place to facilitate this. It was reported that following the creation of the Joint Clinical Strategy, the appointment of a Joint Chair and Joint Chief Executive, regularly meetings of the Joint Executive Group, and the appointment of a strategic partner to support the Hospital Group development, the role of the APCB in setting and overseeing shared strategic direction was no longer relevant. The ongoing work associated with developing the Hospital Group, including the ongoing delivery of the Joint Clinical Strategy, would take place via the Joint Executive Group, reporting into both organisations' Boards via the Joint Chief Executive (Accountable Officer). Board members had no comments on this report. **RESOLVED that:** • **The joint Acute Provider Collaborative Board with NBT be stood down with effect from September 2024, and** • **The ongoing work associated with developing the Hospital Group, including the ongoing delivery of the Joint Clinical Strategy, would take place via the Joint Executive Group, reporting into both organisations' Boards via the Joint Chief Executive (Accountable Officer).**	
20/09/24	**Audit Committee Chair's Report**	
	Anne Tutt, Chair of the Audit Committee, presented her report from the meeting of the Audit Committee held in July 2024 and highlighted the following: • The committee had received the revised format of the Board Assurance Framework and had been very impressed with the quality of the report. • The committee received an update on the Trust's information governance arrangements and an update on progress against the Data Security and Protection Toolkit. It was reported that the Trust's recently published Data Protection and Security Toolkit (DSPT) had identified gaps in evidence, and this was being looked at by the Information Governance team. The committee also discussed the 53% compliance rate for subject access requests, and it was noted that the process was being reviewed.	

Minute Ref.	*Item*	*Actions*
	• The committee considered several internal audit reviews, of which a limited assurance opinion had been given for fire evacuation arrangements and cyber security. • The committee had been informed that NHS England (NHSE) had mandated an audit of workforce controls to be completed by 30 September 2024, which would require the Trust to review its internal audit days in order to accommodate this. • The Audit Committee had raised concern regarding the number of overdue recommendations still outstanding from previous internal audit reviews, and this would be a focus for future meetings. **RESOLVED that the Audit Committee Chair's Report be received and noted for information.**	
21/09/24	**Register of Seals**	
	Eric Sanders, Director of Corporate Governance, presented the Register of Seals for the information of the Board and highlighted that two sealings had taken place since the last report. **RESOLVED that the Register of Seals be received and noted for information.**	
22/09/24	**Governors' Log of Communications**	
	Eric Sanders, Director of Corporate Governance, presented the Governors' Log of Communications for the information of the Board and highlighted that there were no outstanding questions on the log. **RESOLVED that the Governor's Log of Communications be received and noted for information**.	
23/09/24	**Any Other Urgent Business**	
	Stuart Walker, Hospital Managing Director, reported that the coming week was set to be a busy one, with the opening of the Thirlwall Inquiry following the trial and convictions of the former neonatal nurse Lucy Letby. Lord Darzi's report on the state of the National Health Service in England was also due to be published, which was expected to be hard hitting and flag the under management of the NHS and the consequences on productivity and performance. In addition, Module 3 of the Covid-19 Inquiry was also due to start, as was the Lampard Inquiry into mental health deaths in Essex.	
24/09/24	**Date of Next Meeting:** Tuesday, 12 November 2024.	

University Hospitals Bristol and Weston NHS Foundation Trust

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

Outstanding actions from the meeting held in September 2024					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
There were no actions recorded at the Public Board meeting in September 2024.					
Closed actions from the meeting held in September 2024					
1.	**08/07/24**	Patient First: Chief Financial Officer to bring a progress report on the Patient First breakthrough objective relating to Fire Evacuation to the Finance, Digital and Estates Committee.	Chief Financial Officer	September 2024	**Action Closed.** This item has been added to the agenda for September's meeting of the Finance, Digital and Estates Committee.
2.	**09/07/24**	Annual Sustainability Report: Chief Financial Officer to provide the previous sustainability report to Linda Kennedy and update the next report to provide a table of objectives and progress made.	Chief Financial Officer	September 2024	**Action Closed.** The report has been sent to Linda Kennedy and September's report updated to provide a table of objectives and progress made.
3.	**18/07/24**	Director of Corporate Governance to add a discussion on Freedom to Speak Up on the next agenda for the Board Development Day in September.	Director of Corporate Governance	September 2024	**Action Closed.** This item was on the agenda for September's Board Development Day.
4.	**21/07/24**	Well-Led Review: Director of Corporate Governance to consider the response to KLOE 3 to include engagement and oversight at a Board level on clinical activity at a system level in primary and mental health care.	Director of Corporate Governance	September 2024	**Action Closed.** The action plan has been amended following feedback from the Board. The plan now includes ensuring updates from ICB and system meetings is included in reports to the Board, primarily the Chair and CEO reports, and updates from Committee Chairs who also attend ICB committees. Relevant information will also

					be provided by Executive Directors in their updates via the Integrated Quality and Performance Report or standalone reports to the Board.
5.	**08/05/24**	Neil Kemsley, Chief Financial Officer, to progress the next Annual Sustainability report to include data around measuring the Trust's carbon footprint targets, widely advertising the "Greener Together" Programme to UHBW staff via Comms and exploring the potential for a new training module for staff in this area.	Chief Financial Officer	July 2024	**Action Closed.** This item was on the agenda for September's meeting of the Board.

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Board of Directors in Public		
Date of Meeting:	12 November 2024		
Report Title:	Chief Executive Report		
Report Author:	Executive Directors		
Report Sponsor:	Maria Kane, Joint Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments.		

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

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

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

Strategic Alignment

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

Risks and Opportunities

The risks associated with this report include:

- The potential impact of strikes on the availability of services and quality of care delivery.

Recommendation

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

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

N/A	
Appendices:	N/A

Chief Executive's Report

Background

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

1. National Topics of Interest

1.1. Independent Investigation of the National Health Service in England (The Darzi Review)

This review of the NHS by Professor Lord Darzi was commissioned by the new government in July and the report has now been published. Lord Darzi was asked to:

- provide an independent and expert understanding of the current performance of the NHS and the challenges facing the healthcare system,
- stimulate and support an honest conversation with the public and staff about the level of improvement that is required, what is realistic and by when,
- shine a light on health inequalities and unwarranted variation in terms of demand for, access to, quality of and outcomes from NHS services across England.

Terms of reference for the review are available here.

The report has found that the NHS is in "critical condition":

- Waiting lists for elective care have increased, with more than 1 million referrals for community services and a further 1 million referrals for mental health support,
- Waiting times have increased, with Accident and Emergency waits more than doubling since 2009,
- Although GPs are seeing more patients than ever, patient satisfaction is at its lowest ever levels,
- The UK has significantly higher cancer mortality rates than other countries,
- Cardio-Vascular Disease age-adjusted mortality rates for those under 75 have increased,
- The picture on quality care is mixed. People for the most part receive high quality care once in the system, but some areas of concern remain,
- The greater share of spending is within hospitals, with too little being spend in the community. Productivity has not increased at the same pace as investment.

The output of this review will form the foundation for a 10-year plan which we expect to be released in the Spring next year following a period of extensive engagement. This is likely to describe how the NHS can:

- Re-engage staff and re-empower patients,
- Shift care closer to home by ensuring the finance flows to the right place (more investment in community and mental health),
- Simplify and innovate care delivery for a 'neighbourhood' NHS – embracing multidisciplinary models of care in primary, community, and mental health care,
- Drive productivity in hospitals by fixing flow through better operational management, capital investment into buildings and equipment and re-engaging staff,
- Focus on technology to help unlock productivity,

- Contribute to the nation's prosperity by getting people off waiting lists and back into work,
- Reform to make the structure deliver – not a top-down reorganisation but work to clarify roles and accountabilities and ensure the right balance of management resources exist in the right place in the NHS structure.

1.2 Government's Autumn Budget

Chancellor Rachel Reeves delivered the new Government's first budget to Parliament on 30 October. The first phase of the budget will complete the Spending Review for 2025, which resets departmental budgets for 2024-25 and sets budgets for 2025-26.

The government is prioritising the NHS in Phase 1 of the Spending Review through extra investment and plans for reform to help put it on a sustainable footing and ensure it is fit for the future. This includes an additional £1.8 billion to support elective activity since July. The settlement will also support reform to patient care pathways to deliver better patient experience for lower cost, enhancing patient choice and embedding best practice right across the country.

The Department of Health and Social Care (DHSC) settlement provides total DEL funding of £214.1 billion in 2025-26. This is equivalent to an annual average real-terms growth rate of 3.8% from 2023-24 to 2025-26. Resource spending is set to increase by £22.6 billion in 2025-26 compared to 2023-24 outturn. This provides a two-year average real-terms growth rate for NHS England of 4.0%.

A summary of key headlines for health is below:

- An additional £22.6 billion of resource spending for Health in 2025-26, compared to 2023-24 outturn, for DHSC. This will support the NHS in England to deliver an additional 40,000 elective appointments a week and make progress towards the commitment that patients should expect to wait no longer than 18 weeks from referral to consultant-led treatment.
- Increased capital investment in public services in 2025-26 including £1.5 billion to deliver capacity for more than 30,000 NHS procedures, over 1.25 million more diagnostic tests and new beds across the NHS estate, and £1 billion to reduce the backlog of critical NHS maintenance, repairs and upgrades (including RAAC).
- Will invest more than £2 billion in NHS technology and digital to run essential services and drive NHS productivity improvements.
- Continue delivery of the New Hospital Programme on a more sustainable and deliverable footing. Remaining schemes will be delivered through a rolling programme of major investment.
- Strengthen the UK's pandemic preparedness and health protection with £460 million of investment to address the risk posed by future health emergencies and implement the lessons learnt from the pandemic.
- Provide £26 million to open new mental health crisis centres, reducing pressure on A&E services.
- Protect core R&D budgets with a real terms increase in funding for the NIHR.
- Support local authority services through a real terms increase in core local government spending power of around 3.2%, including at least £600 million of new grant funding to support social care.

- The Budget includes £11.8 billion of funding committed to the end of the parliament to make compensation payments to those affected by the infected blood scandal.
- Appoint a Covid Corruption Commissioner, who will lead work to recover public funds from companies that took unfair advantage of the COVID-19 pandemic.
- A renewed focus on public sector productivity in Phase 1 of the Spending Review. The government has set departments a 2% productivity, efficiency and savings target for next year.
- Phase 2 of Spending Review will focus on reforming the public sector. On health, the 10-year plan, to be published in Spring 2025, will set out reforms transform the NHS from analogue to digital, move from models of sickness to prevention, and shift care from hospital to community.
- The government remains committed to delivering fair and timely pay awards for public sector workforces in 2025-26. Over the medium-term, above inflation pay awards are only affordable if they can be funded from improved productivity.

2. Integrated Care System Update

2.1 System Planning

The BNSSG System launched the planning round for 2025-26 through a highly engaging and interactive workshop with System leaders from all sectors. Focus was given to the principles through which all partners will commit to planning together on behalf of our population and group work enabled leaders to think about how partnership working and transparency is promoted across our system decision making processes, how we effectively and efficiently promote the progress of priority pathways within our resource limitations and how we actively shift from reactive to more preventative services. The next step will be partners coming together at Planning Day 1 on 26 November.

UHBW and NBT colleagues have had strong and proactive engagement in the review of the Locality Partnerships over the past few weeks. This work will inform the Integrated Care Partnership about how we move forward and build on the strong platform that our locality arrangements and their leadership, within our distinct communities in BNSSG, provide.

2.2 Global Partnerships Workshop

UHBW and NBT have been offered a one-off workshop opportunity by **Healthcare UK,** a joint initiative of the Department of Health and Social Care, NHS England and the Department for Business and Trade, who champion the UK healthcare sector to foster opportunities and bolster international business growth. The workshop will be held jointly with NBT and will give us the opportunity to consider our strengths as two organisations. It will help us think about the international work that we are already doing and how we could coordinate and grow this, with the aim of seeing financial and reputational benefits (amongst other things).

3. Strategy and Culture

3.1 Pro-Equity

We are committed to creating a pro-equity culture at UHBW, where inclusion in everything we do, even when people aren't looking. It is embracing full hearted care by making UHBW a better place to work, building a place where everyone feels truly safe to

be themselves. Where our differences are our strengths, and everyone feels like they belong here, because they do.

To be Pro-Equity:

- We must be against that which prevents it. We will be anti-racist, anti-ableist, anti-sexist, anti-homophobic ... we will be actively against all forms of discrimination.
- We will address our practices and culture in a compassionate way.
- We will have difficult and uncomfortable conversations so that we can listen to learn, grow, and change to make things fair, because right now, they are not.

How we are doing this:
We know we have not always got it right for minoritised colleagues and we are committed to doing and being better.

We have undertaken 14 listening events where 114 colleagues have shared what anti-racism means to them, what messages are important and what intent they want to see when it comes to tackling racism at UHBW. This includes colleagues with lived experience of racism with more than 36.0% of workshop attendees with lived experience attending the events. Based on experiences, ideas and feedback from colleagues across our organisation, we have co-created a commitment to anti-racism that we have shared internally for reflection and feedback. From this, we are developing an action plan that will set out the steps we will take to become an anti-racist organisation, not just in words but in action.

We are using a trauma informed approach for this work to support a measured design to our action plan and to continue to truly co-create the solutions together for the benefit of our colleagues and communities. We know other forms of discrimination also happen at UHBW and that's unacceptable. In the coming weeks and months, we'll listen to learn more about colleague experiences of ableism, sexual harassment, homophobia and more. Work is already underway to develop our commitment to anti-ableism with workshops concluding end of November. We'll work together to change and grow so that everyone feels safe to be their whole self at work and valued and celebrated for it.

3.2 Board Development Day Outputs – Speaking Up

Following receipt of the Freedom to Speak Up Annual Report, the Board agreed that it required a wider view on speaking up, including additional data and information, to better understand the culture in the Trust. The Board received a series of presentations to its Board Development Day in September where it considered the origin of speaking up and why it remains important to the organisation, data and information relating to the quality of services, information about our people and Freedom to Speak Up. The Board welcomed the triangulated view of the information and requested that further work was undertaken to ensure a more regular view of this information was considered and presented to the Board.

Following the Board discussion, the Executives considered a proposal to strengthen and align the current data triangulation working group with the same model in operation at North Bristol NHS Trust, ensuring that the group included a clinical voice. This group would then meet periodically to bring together the data sources to identify if there were "hot spot" areas i.e. those which might require additional support, and areas of high performance, whose approach could be shared with

others. The revised terms of reference for the group are being drafted and will be approved by the Executive Committee in November.

3.3 Appointment of a Joint Green Champion for UHBW and NBT

Dr Sanjoy Shah has just been appointed as the very first Joint Green Champion. Sanjoy will support both Trusts to drive forward our respective Green Plan actions, particularly helping us to reach clinicians and create a stronger sustainable movement within the clinical workstreams.

4. Operational Delivery

4.1 NHSE Winter & H2 Priorities

On 16 September NHSE published the 2024-25 Winter & H2 priorities, confirming the operating assumptions for the remainder of the financial year. The letter outlines the steps that ICBs and providers should take to support delivery of safe, dignified and high-quality care throughout the winter months. These include, delivery of the Year 2 UEC recovery plan, with a focus on the move of activity away from acute providers to out of hospital settings through pro-active admission avoidance and discharge pathways; ensuring safe delivery of care across the 7-day week, both in and out of hours; and safe use of escalation capacity. A UHBW Winter Preparedness group maintains oversight of this work through to completion.

4.2 GP Collective Action

Following the non-statutory ballot held in July 2024, the BNSSG Local Medical Council met with General Practice contractors on the 10 September to agree which of the British Medical Association recommended actions would be implemented across the system. The output of this discussion has now been received, identifying seven actions that will be taken incrementally from October 2024, through to January 2025. The seven actions have potential to impact across both UEC and elective pathways, with the key impacts being seen from the action to reduce primary care appointments to 25 per day, and changes to referral practice. System partners continue to work together to maintain oversight of any changes to activity seen across all UEC points of access and providers, and ensure mitigations are in place.

4.3 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:

- The Community Diagnositc Centre Weston
- Bristol Heart Institute
- ICU and Theatres
- Bristol Haematology and Oncology Centre
- Estates and Facilities

Recommendation

The Board is asked to note the report.

Maria Kane
Joint Chief Executive

Report To:	Board of Directors in PUBLIC		
Date of Meeting:	Tuesday 12th November 2024		
Report Title:	Joint Chair Activity Report		
Report Author:	Ingrid Barker, Joint Chair		
Report Sponsor:	Ingrid Barker, Joint Chair		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	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.		
Key Points to Note *(Including any previous decisions taken)*			
The Trust Board receives a report from the Joint Chair to each meeting of the Board, detailing relevant engagements undertaken and important changes or issues affecting University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT) and the external environment.			
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 Board is requested 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		

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 NBT (and UHBW) and the external environment during the previous month.

3. Appointment of Vice-Chairs

Martin Sykes, Non-Executive Director, has been appointed to the position at UHBW and Sarah Purdy, Non-Executive Director, has been appointed to the position at NBT. This is a further step forward and both Vice-Chairs will support me in the move to form a Hospital Group between the two organisations.

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

I undertook a variety of visits during September and October, in continuation of a planned induction programme, including:

- Rev Rob Morgan, Chaplaincy and Bereavement Office
- Jon Standing, Director of Pharmacy
- Recruitment, Talent and Temporary Staffing teams, supported by Peter Russell, Head of Resourcing
- Celebrating Improvement Event and Prize Giving
- Finance Teams supported by Neil Kemsley, Chief Financial Officer.
- Met with Freedom to Speak Up Champions from UHBW and NBT
- Meeting with Lead Governor, Mo Phillips
- Governor/Non-Executive Director Engagement Session and Governor Development Seminar
- Monthly meeting with Non-Executive Directors
- Monthly meeting with Vice-Chair

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

I undertook a variety of visits during September and October 2024, in continuation of this planned induction programme, including:

- Chief Medical Officers Senior Team, whilst hosting Hazel Busby-Earle, CMO at Leicester
- Cardiology with Ella Chaudhuri and Jarrod Richards, Clinical Directors and supporting Medicine Division colleagues.
- Pharmacy visit with Matt Kaye, Director of Pharmacy.
- Annual Staff Awards celebration.
- NBT Health Fair and AGM in September.
- AHP Day, Shadowing nurse in Rheumatology.
- Met with Freedom to Speak Up Champions from NBT/UHBW.
- Breast Care Centre visit supported by Jessica Smith, Admin lead, Michelle Mullan, Consultant and Siny Thankachan, Staff Nurse.
- Visit to Radiology Lab 3 to view new equipment purchased supported by Rebecca Warren.
- Closed Black History Month event.
- Monthly meeting with Non-Executive Directors.
- Monthly meeting with Vice-Chair.

6. Communications

The communications teams from both Trusts have been very helpful in making the above visits visible to our colleagues and to governors. For NBT this has been through a weekly 'round up' as part of 'Maria's Midweek Message' and for UHBW this has been through its platform Viva Connect and a newsletter to Governors. I would like to thank both teams for their support in this.

7. Connecting with our Partners

The Joint Chair undertook further introduction meetings with partners during September and October as follows:

- Jo Walker, Chief Executive, Mike Bell, Councillor, North Somerset Council.
- BNSSG Integrated Care Board Annual General Meeting
- Topping Out Ceremony for the main academic building of the new Temple Quarter Enterprise Campus (University of Bristol)
- Barbara Brown, Chair, Sirona
- Visit to South-West Ambulance Trust Bristol Operations Centre
- Sarah Weld, Director of Public Health for South Gloucestershire
- Visit from Peaches Golding, Lord Lieutenant
- David Smallacombe, Chief Executive, and Alethea Mizen, Deputy Chief Executive for Care and Support West
- Dave Perry, Chief Executive Office, South Gloucestershire Council
- Monthly meeting with Chair BNSSG ICB, Jeff Farrar
- Interview Panel for Non-Executive Director recruitment for Sirona Care Health
- Claire Hazelgrove, MP for Filton and Bradley Stoke
- Visit by Karin Smyth, MP for Bristol South and Minister of State
- Visit to Second Step
- 4-way meeting with Chairs and Chief Executives – One Care and UHBW/NBT
- Attendance at the fortnightly City Partners Conference Call

8. National and Regional Engagement

- Regular one to one 'touch points' with Elizabeth O'Mahony, NHS England Regional Director
- Attendance at NHS Providers' Chair and Chief Executive Network meeting
- NHS Confederation Chairs Group

9. Summary and Recommendations

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

Report To:	Public Trust Board		
Date of Meeting:	Tuesday 12 November 2024		
Report Title:	University Hospitals Bristol and Weston NHS Foundation Trust Clinical Strategy		
Report Author:	Sarah Nadin – Deputy Director of Strategy and Business Planning Rebecca Dunn – Director of Business Development and Improvement Seema Srivastava – Deputy Chief Medical Officer Mark Goninon – Deputy Chief Nurse		
Report Sponsor:	Rebecca Maxwell – Interim Chief Medical Officer Deirdra Fowler – Chief Nurse and Midwife Rebecca Dunn – Director of Business Development and Improvement		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	The purpose of the report is seek formal approval for the new University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Clinical Strategy ahead of publication		

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

1. The draft strategy has been developed over the last year, with significant engagement with teams, including a survey and multiple face to face session. The first draft was also tested in full with a wide range of internal and external stakeholder, including governors, Members and community and patient groups.

2. The strategy frames our intended approach over the next five years through **four key goals**, these are;
   - Work in partnership to strengthen our clinical services, to deliver high quality care to all now and into the future.
   - Design our future clinical services with our communities, increasing equity and improving the health of our local and regional population.
   - Drive innovation and be bold about our ambition to pioneer new standards.
   - Deliver the benefits of the Healthy Weston vision to be a strong and dynamic hospital, at the heart of the community

3. The document has been developed using the same style and formatting as the Experience of Care Strategy, adopting the tone and content of the new 'Full Hearted Care' branding approach and clearly tethering the Clinical Strategy to our new Trust Strategy, 'A difference that matters'.

4. Our UHBW clinical strategy represents a point in time in our journey towards a group model with North Bristol Trust (NBT) and strongly signals our intent to drive the Joint Clinical Strategy (JCS).

5. The purpose of developing this strategy now is to set a clear vision to support clinical teams in navigating this journey, whilst address the sustainability challenges we face for

our services and patients today. It signals the opportunities for clinical staff to engage in shaping our future with our partners.

6. A detailed delivery plan is currently being develop with Divisional teams. This will out the key actions the strategy will drive, to deliver the stated goals. This will be delivered through our Patient First operating framework and will be the mechanism through which oversight and monitoring of the successful delivery of the strategy will be achieved.

7. An 'easy read' version of the document is currently in development, aligning to the approach used by the Experience of Care Strategy. This will be made fully available to support the full accessibility of the document.

8. Following approval the new strategy will be launched with the support of a full communications plan to ensure all stakeholders are reached.

Strategic Alignment

The development of the UHBW Clinical Strategy is an identified project under the Patient Safety Strategic Priority.

It also aligns to the BNSSG ICS Strategy and our Joint Clinical Strategy with North Bristol Trust.

Risks and Opportunities

The opportunities associated with paper are setting a clear direction for our clinical services, navigating through our current ambiguity, towards our Group Hospital Model with NBT and addressing the basics around sustainability of our services in the more immediate future.

It also states our ambitions to operate differently, particularly in regards to innovation, our connection to our communities and in addressing health inequalities for our population. There is also a clear opportunity to engage and motivate our clinical staff in providing a clear vision for the future for our clinical services, bringing to life our new Trust Strategy.

The main risk to our strategy is the financially constrained environment we are operating in and the scale of change required, particularly in relation to our infrastructure.

Recommendation

Trust Board is asked to approve the new University Hospitals Bristol and Weston NHS Foundation Trust Clinical Strategy for publication.

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

Executive Committee	23rd October 2024
Executive Committee	25th September 2024
Executive Committee	8th July 2024
Planning and Delivery Group	9th October 2024
Clinical Strategy and Partnership Group	7th October 2024
Clinical Strategy and Partnership Group	15th July 2024
Governors Strategy Group	5th September 2024
BNSSG Strategy Network	10th September 2024

Private Trust Board Private Trust Board	8th October 2024 31st January 2024
Appendices:	Appendix 1 – Final Draft UHBW Clinical Strategy

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

UHBW Clinical Strategy 2025-2030

Foreword from Stuart Walker, Rebecca Maxwell and Deirdre Fowler



At UHBW, we exist for one thing: to make a difference that matters to the lives we touch. Over 15,000 colleagues, across 10 different sites, serving more than 500,000 people. United by a single purpose. Helping to make our communities a healthier happier place.

Our new clinical strategy sets out our vision for our clinical services over the next 5 years. We've got ambitious plans to build and grow services and pathways that work for our patients, partners and our people.

Clinical colleagues across the organisation have told us what matters to them, and this strategy will meet those needs by getting the basics right, supporting our amazing workforce and having the physical and digital infrastructure in place to deliver high quality, integrated care.

We are on a journey towards a forming hospital group with North Bristol Trust with a shared vision in our Joint Clinical Strategy to provide 'seamless, high quality, equitable and sustainable care' across all of our services. Our UHBW Clinical Strategy supports and shares this vision and will support our clinical teams to shape and influence changes to their services.

To become the Trust that pioneers new standards for patients, staff and communities, we will find ways to support innovation and excellence at every opportunity. Building on our strengths in cancer care, cardiac services and in the care of children, along with excellence in the wide range of core services we provide for our local population, we are committed to developing both our specialist and general services.

Our mission to advance the health and wellbeing of our communities means dedicating ourselves to improving access and outcomes, and tackling health inequalities. We can't do this on our own. We will work closely with our communities and partners to develop services that meet their needs.

None of this will be possible without our incredible workforce, and we are committed to matching our progressive culture of care for our patients, families and carers with a progressive culture of care for our colleagues and communities too.

Together, we will make a difference that matters.

Professor Stuart Walker, Hospital Managing Director
Doctor Rebecca Maxwell, Chief Medical Officer
Professor Deirdre Fowler, Chief Nurse and Midwife

Our Trust strategy
A difference that matters

University Hospitals Bristol and Weston NHS Foundation Trust

Our vision. Our true north.

To become the Trust that pioneers new standards for patients, staff and communities.

Our mission

To advance the health and wellbeing of our communities.

Our purpose

We exist to make a difference that matters to the lives we touch.

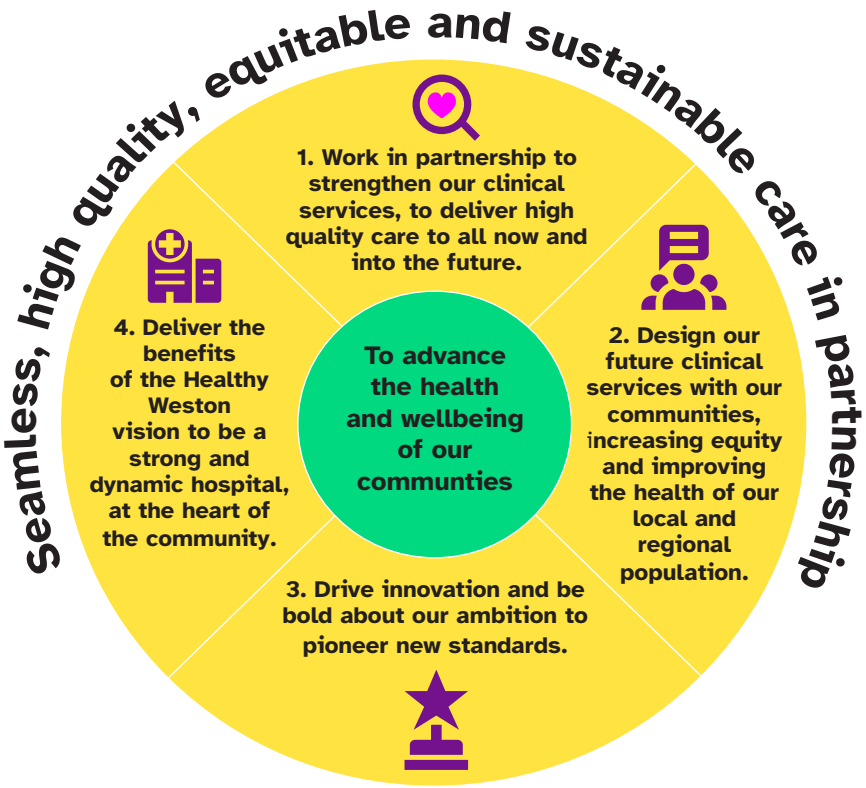
Our strategic priorities

- **Experience of Care**
- **Timely Care**
- **Patient Safety**
- **Innovate and Improve**
- **Our People**
- **Our Resources**

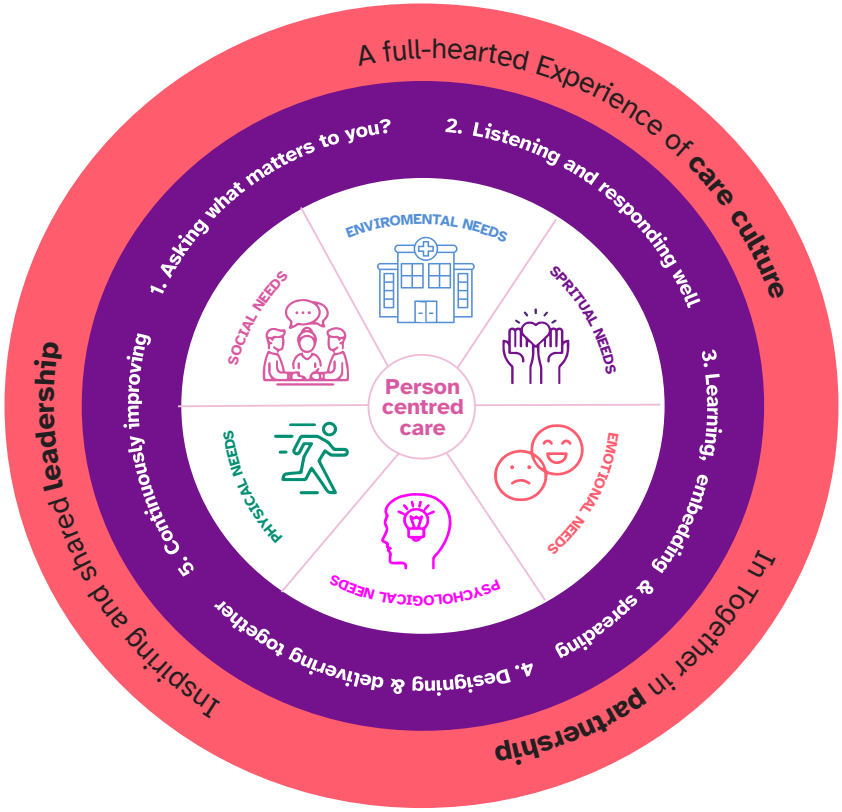
Our values

- **Supportive** – Be there
- **Innovative** – It can be done
- **Respectful** – Listen to learn
- **Collaborative** – Better together

Our clinical strategy



Our clinical strategy describes our ambitions for how our clinical services will deliver care

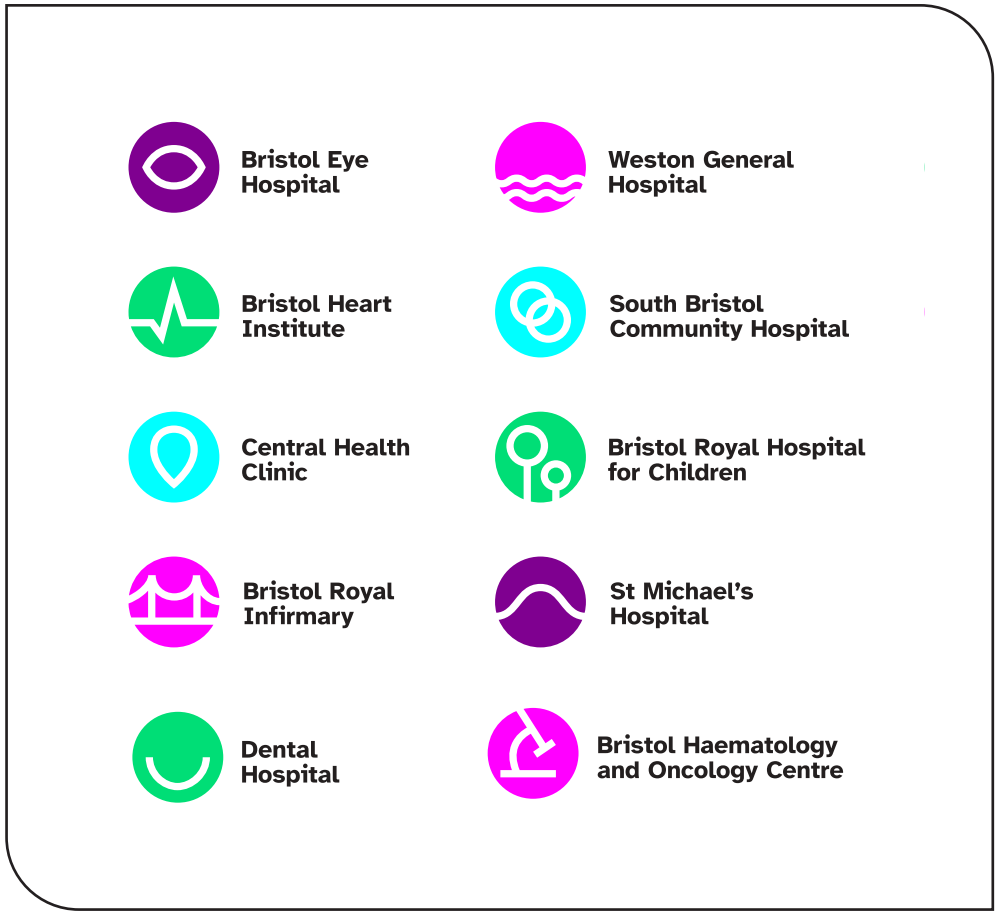


Our experience of care strategy describes how patients will receive and experience this care

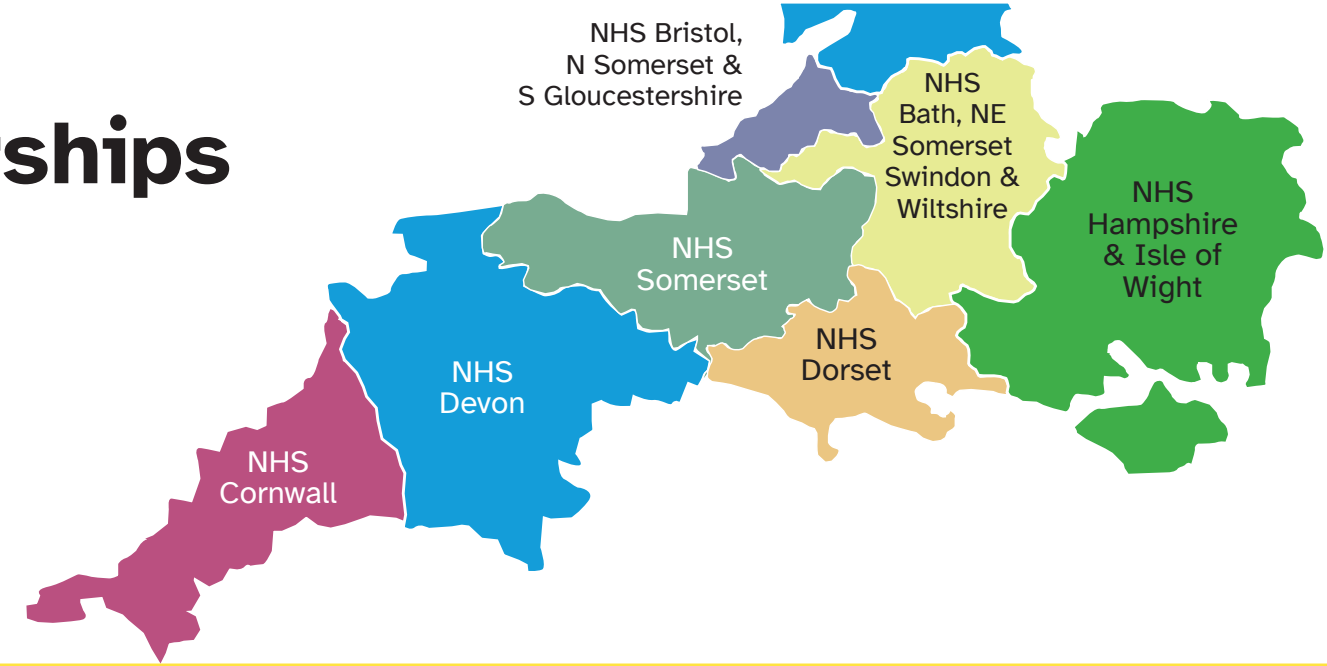
Our Digital Strategy	Our People Strategy	Our Estates Strategy
• A resilient and reliable foundation • Accessible clinical information • A Digital First approach • One digital identity	• Growing for the future • New ways of working • Looking after our people • Inclusion and belonging	• UHBW 5 year capital programme • Delivery of Net Zero • Joint UHBW and NBT strategic estates plan • Bristol, North Somerset and South Gloucestershire ICS infrastructure strategy (BNSSG)

Who we are and the services we provide

- **UHBW is one of the country's largest Trusts** with a budget of over £1,100m and more than 15,000 staff who deliver over 100 different clinical services across ten different sites.
- **Our general services** are provided to the population of central and south Bristol and North Somerset and include diagnostic, medical and surgical specialties, delivered through outpatient, same day and inpatient models.
- **Our specialist services** are delivered to a wider regional population throughout the South West and beyond, including children's, cardiac cancer services, eye, dental and head and neck services as well as a number of other smaller, highly specialised services.
- **Research and development, teaching and learning and innovation** are core to what we do. We are a university teaching trust and a full member of Bristol Health Partners and Health Innovation West of England. We also host four large National Institute for Health and Care Research infrastructures delivering world class research.



Our partnerships



As part of the BNSSG Integrated Care System, we will work with our partners to sustainably address the challenges our clinical services face today, as well as contributing to a future that will need to look quite different.

As well as aligning with our Joint Clinical Strategy with NBT, our clinical strategy works alongside other partner strategies and we are proud to play our part in the development and delivery of the Healthier Together 2040 approach.

Working with partners including our primary, community and social care providers, our local universities, charitable partnerships and voluntary community and social enterprises, we can develop strong and stable clinical services.

As an anchor organisation, we exist to serve the people, places and communities of Bristol and North Somerset. We'll use our physical assets (buildings etc), spending power and position as a local employer, sustainably and as a force for good, to improve the health of our population.

As the provider of specialist tertiary services, our regional partnerships are also essential. We will work with NHS England, the Cancer Alliance, Operational Delivery Networks, South West Clinical Networks and others to develop our future specialist services.

We are incredibly grateful for our charitable partnerships, most notably Bristol and Weston Hospitals Charity, The Grand Appeal, and the "Friends of" our various hospitals. These partnerships, and those with national charities, are supporting new developments across our clinical services and will enhance our ability to deliver our strategy.

Our population

Our population is changing: aging; and living with an increasing number of co-morbidities. Our clinical services will need to adapt and redesign to meet the increasing and different needs of our population into the future.

There are also significant healthcare inequalities across our population which we must tackle. We have a clear responsibility to improve health equity, directly influencing where we can and developing services with our partners to drive out known variation in access to care and the outcomes people experience.

Black, Asian, Multiple Heritage, and other ethnically minoritised, global majority

Bristol

JSNA 2024.25 - Population (bristol.gov.uk).

South Gloucestershire

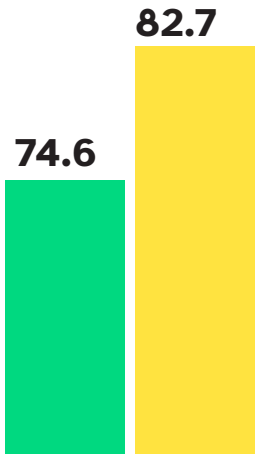
Our population | BETA - South Gloucestershire Council (southglos.gov.uk).

North Somerset

Spotlight report: North Somerset population (n-somerset.gov.uk)

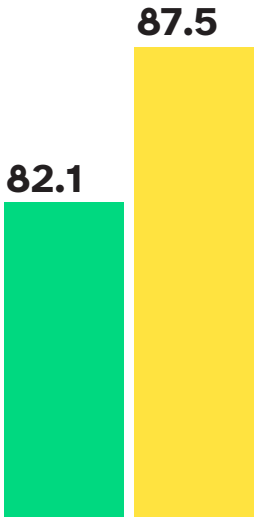
There are large differences in life expectancy between more deprived and less deprived areas

A man living in the most deprived area of Bristol.



Lives 9.9 years less than a man living in the least deprived area.

A woman living in the most deprived area of North Somerset.



Lives 7.9 years less than a woman living in the least deprived area.

JSNA 2024/25 - Life Expectancy (bristol.gov.uk)

Where we are now

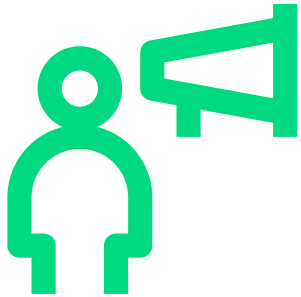
The national context

Lord Darzi's Independent Investigation of the National Health Service in England (September 2024) identified 5 factors driving the current position of the NHS.

1. Austerity and lack of capital funding: funding in the 2010s was 'virtually flatlining' in real terms once adjusted for age and population structure.

2. The Health and Social Care Act of 2012: did lasting damage to the management capacity and capability of the NHS.

3. The pandemic and recovery: the decade of austerity preceding Covid-19, along with the prolonged capital drought, saw the NHS enter the pandemic with higher bed occupancy rates and fewer doctors, nurses, beds and capital assets than most other high-income health systems.



4. Patient voice and staff engagement: falling productivity impacts staff's enjoyment of work with clinicians' efforts wasted on solving process problems. In decision-making and systems, the patient voice is simply not loud enough.

5. Deterioration in the health of the nation: challenges across the NHS have coincided with a deterioration in the health of the nation over the past 15 years, with a substantial increase in the number of people living with multiple long-term conditions.

The voices of today

"We need to get the basics right, but also ensure we don't neglect our specialist services and areas we could innovate and lead."
Our staff

"We could do more to ensure the patient voice is heard from our communities."
Our patients and communities

"Need to respond to the increasing demand for care and meet the needs of our changing population, understanding there is very little money."
Our staff

"Staff care deeply and work as hard as possible."
Our patients and communities

"As a Teaching Hospital its clinicians are generally au fait with modern developments."
Our patients and communities

"We deliver care to our patients with pride."
Our staff

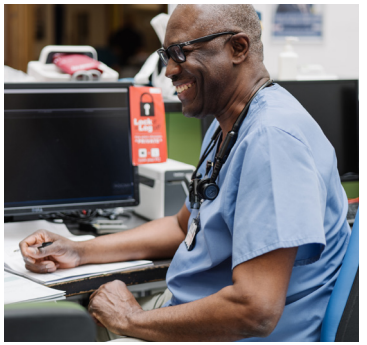
"Our Estate and digital capability needs to improve so our clinical services can shine."
Our staff

"There is so much more opportunity to drive our use of technology, we need to be ambitious and take opportunities and not be behind the curve."
Our staff

"Our people are fantastic and we deliver amazing care to our patients."
Our staff

"It would be useful to involve patients routinely in quality improvement and service improvement/new pathways for care development."
Our patients and communities

"We need to be clear about our future as an organisation."
Our staff



Designing our future

Four goals of our UHBW Clinical Strategy

1. Work in partnership to strengthen our clinical services, to deliver high quality care to all now and into the future.

2. Design our future clinical services with our communities, increasing equity and improving the health of our local and regional population.

3. Drive innovation and be bold about our ambition to pioneer new standards.

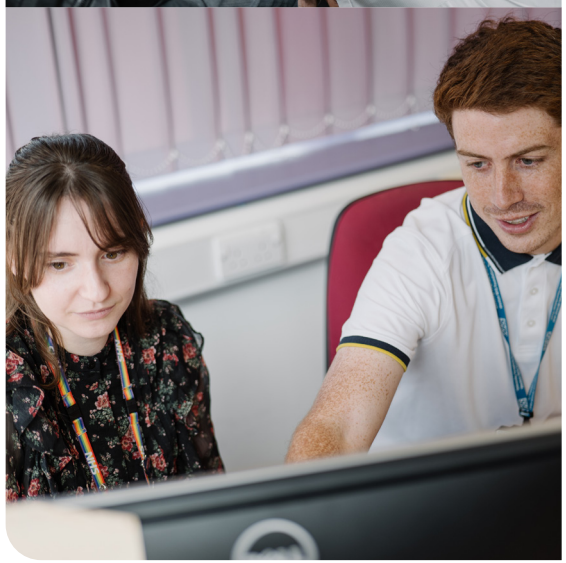
4. Deliver the benefits of the Healthy Weston vision to be a strong and dynamic hospital, at the heart of the community

These goals will shape how we play our role locally in driving the three national shifts, from;

Hospital to community

Analogue to digital

Sickness to prevention



Our principles

The principles of our UHBW Clinical Strategy support those of our Joint Clinical Strategy with NBT. To deliver our clinical strategy we will:

- **Be ambitious** – our amazing teams can achieve anything they put their minds to, and will be empowered to do just that.
- **Work well with others** – by being the best partner we can be, putting patients, population and services first and finding new, innovative ways to deliver high quality and financially sustainable care together.
- **Do fewer things better** - focussing our skills and effort where we can add greatest value.
- **Get the basics right** - supporting our amazing workforce by having the physical and digital infrastructure in place to deliver high quality, integrated care.
- **Be a great place to work** – so that we keep attracting and retaining talented and committed people.
- **Create a place where people can learn and grow together** – through excellence in education and research for the benefit of our staff and patients.
- **Be brave** – think differently about how our clinical services operate across Bristol and Weston through our Joint Clinical Strategy and Hospital Group development.
- **Focus on equitable care** – by removing inequalities in access to care and improving outcomes for those facing multiple disadvantage populations, always.
- **Innovate** - say yes to opportunities for the benefit of our patients.
- **Design our services together** - with our patients and community partners recognising the care we provide must adapt to meet the varying needs of the communities we serve.
- **Be OK with ambiguity** - seeing uncertainty as an opportunity to engage and shape our future.

Our commitment to quality

The quality of the care our patients receive is ultimately the measure of the success of our clinical strategy.

We want our patients, families and carers to be confident that UHBW is safe, effective, caring, well led, and responsive to their needs; we want people working for and with us to know that they are providing the best service they can, and that what they do is vital and valued.

For us, high quality care means that patients are at the heart of everything we do.

We will

- Promote clinical excellence to achieve the best possible clinical outcomes.
- Keep people safe by reducing preventable harm; this includes a robust focus on implementation of the NHS Patient Safety Strategy.
- Implement strong and effective quality governance, ensuring national standards are met for all our services.
- Strive to understand and reduce unwarranted variation and timeliness of access to our services and delivering more equitable experiences and outcomes of care.
- Use best practice, research and evidence to shape our services.
- Play a greater role in tackling inequality, using the national Core20PLUS5 frameworks.
- Make reasonable adjustments, to ensure patients with specific needs such as disabilities receive the care they need.
- Focus on timely, appropriate and compassionate communication to ensure the best possible experience of care for patients and their loved ones.
- Make sure our patients know their care from start to finish considers their whole self, their personal needs and preferences, so that we provide the appropriate individualised care and treatment.
- Work in partnership with patients, so they can shape their own care with a strong focus on shared decision-making.
- Use quality and equality impact assessments so we fully understand risks and benefits before we make important decisions about services.

Our four goals

1. Work in partnership to strengthen our clinical services, to deliver high quality care to all now and into the future.

Where we want to be

- One set of policies, procedures, and a single governance structure for all our clinical services across UHBW and NBT.
- Fully sustainable and rightsized adult and paediatric general and specialist services.
- Modernised estate enabling effective patient flow for planned and unplanned care.
- Colleagues feeling secure about the future of their services within the BNSSG system and our future Hospital Group with NBT.
- Achieving quality standards for all our patients.
- Mental Health services in place for our patients, adopting a Trauma Informed Care approach, which meets the current levels of growth and future projections for our population.
- BNSSG system level financial sustainability, alongside operational sustainability.
- Realising benefits of our newly expanded adult Intensive Care Unit and a clear plan in place for a Paediatric Intensive Care Unit.
- A clear System plan to address capacity and refurbishment needs in the Bristol Haematology and Oncology centre, Children's and St Michael's hospital.
- Excellent digital capability, enabling integration across clinical services, sites and providers.
- Developing our portfolio in our known and new areas of specialist expertise on behalf of the population of the South West.
- Primary and community working in partnership with providers improving flow and moving care outside of the hospital setting whenever possible.
- Children feeling well supported in their transition into adult services.

We will deliver this by

- Delivering the benefits of the Joint Clinical Strategy with NBT.
- Delivering our 5-year major capital programme.
- Delivering the objectives in our digital and people strategies.
- Benchmarking to drive the productivity of our clinical services.
- Strengthening partnerships to pro-actively design pathways outside of hospital.
- Establishing a 'Specialist Service Provider Network' to address the sustainability of a small number of core specialist services.
- Improving pathways and outcomes for people with mental and physical health needs.
- Using the Healthier Together 2040 approach to develop care pathways which take a more holistic approach to meet the needs of an aging and moribund population over the longer term.
- Focusing on young people and codesigning services that help individuals move seamlessly from children's to adult care.

2. Design our future clinical services with our communities, increasing equity and improving the health of our local and regional population.

Where we want to be

- Providing inclusive care without barriers across all of our clinical services.
- Consistently designing and delivering services with our communities, Voluntary, Charity and Social Enterprise organisations and other community partners.
- Putting health equity central to our strategic, clinical and operational decision making.
- A culture which promotes and gives the time to meaningful design so we can make changes together.
- Strong regional networks ensuring equal access to specialist care and supporting local hospitals to provide care closer to home for patients where appropriate.
- Patients and carers voices at the centre of what we do, with care tailored to their needs.
- Delivering the vision of our ICS strategy together with our Locality and Primary Care partners, redesigning pathways with our communities to meet the needs of our current and future population.
- Maximising the positive impact we have as an anchor organisation for our communities.
- Supporting and advocating for a Just Transition to carbon net zero in our local area.
- Using our role as a large employer and a provider of health services to support primary and secondary prevention of ill health.

We will deliver this by

- Using our Patient First approach to deliver our Health Equity Plan.
- Strengthening our locality partnerships and connection to place. Identifying joint projects with primary care, community and acute care, informed by community needs assessments.
- Embedding the design of our services, with a strong patient, family and carer voice into our planning and decision making processes.
- Using our Patient First approach to deliver our Experience of Care Strategy.
- Strong commitment to our Voluntary, Charity and Social Enterprise partnerships and our Volunteering strategy and consistently using the new Bristol, North Somerset and South Gloucestershire VCSE framework.
- Supporting and becoming more proactive in the prevention of ill health, across services and with other providers.
- Fulfilling our role as an ‘Anchor Organisation’.
- Establishing community diagnostic centres (CDC) that enable communities to have vital diagnostics, closer to where they live.

3. Drive innovation and be bold about our ambition to pioneer new standards.

Where we want to be

- Innovation recognised as ‘what we do’, and work alongside research and continuous improvement.
- Celebrating and promoting ideas and innovations regardless of size, learning from the things that didn’t work.
- Looking outward more, to health partners and other business sectors for inspiration and collaboration.
- Balancing strong governance with agile implementation, creating a culture of entrepreneurship.
- Building our commercial research pipeline to bring novel therapy options to our patients earlier, reducing therapy costs and attracting additional income.
- Attracting and retaining staff through our strong reputation for excellence, working in partnership with NBT to embed our status as a world class provider of specialised services for the South West population.
- Using new technologies and innovation in clinical care (including genomic,
robotics, Artificial Intelligence, new drugs, medical devices and therapies).
- Responding positively to national funding opportunities and tenders, where they fit with our strategy.
- Having a culture that says ‘yes’ to innovation whenever possible.
- Always supporting innovations that align to our strategic aims and respond to tangible, clinical need.

We will deliver this by

- Using the benefits of becoming a Hospital Group to develop and expand our established specialist services portfolio for the South West, together with NBT.
- Creating innovation capacity and coordinating our approach to embracing new technologies across UHBW, by making innovative practice accessible to all staff groups.
- Telling the stories and successes of our innovation to promote more people to innovate too.
- Using the ‘collaborative innovation’ approach with NBT, our University partners, Bristol Health Partners and the West of England Health Innovation Network, where teams can meet in an ‘innovation space’ to clearly identify and articulate clinical needs and explore solutions.
- Creating innovation communities of practice to share ideas.
- Supporting the uptake and spread of proven innovation with a clear approach to how this is agreed and impact measured.
- Working with our diverse communities to make research more inclusive and representative of our population.
- Building our commercial and academic research capacity to offer new therapies to patients.
- Building our reputation nationally and internationally as the place to come for innovation in healthcare.

4. Deliver the benefits of the Healthy Weston vision to be a strong and dynamic hospital, at the heart of the community.

Where we want to be

- Delivering a range of services providing the very best care, experience, safety, and outcomes for local people in Weston.
- Providing sustainable and equitable hospital care that meets national standards.
- Weston General Hospital recognised as an exemplar for acute models of care in coastal communities which attracts and retains a talented, local workforce.
- Supporting people of all ages living in Weston and surrounding areas, to get back home faster after an unplanned presentation to hospital, with continued development of Same Day Emergency Care pathways.
- Delivering high quality short stay acute care for both non-frail and frail adults, specialist inpatient care for frail older people and equity of access to the very best specialist care in a neighbouring hospital for non-frail patients who need it.
- Weston General Hospital as a Surgical Hub providing more planned operations, for people of all ages, closer to home.
- Continuing the progress made with the delivery of integrated and community-based care including a focus on services that support joined-up ways of working between community and primary care partners.
- Fully integrated with specialist services in Bristol.

We will deliver this by

- Creating a specialist centre for the care of frail older people that takes a person-centred, holistic and multi-disciplinary approach, delivering better outcomes.
- Creating a surgical hub in Weston, in partnership as part of the broader Surgical Strategy for the Trust and in partnership with NBT.
- Building on the progress made, to further join-up our services with our community and primary care partners, through a ‘HomeFirst’ and hospital without walls approach.
- Continuing to develop robust and sustainable workforce models which support well-being, attract new applicants and offer exciting and relevant education and training opportunities.
- Continue to grow our Children Seashore Centre, providing paediatric expertise to the Emergency Department, urgent treatment and local access to specialist clinics.
- Supporting our new Transfer of Care Hub integrated team, linking services across Weston to speed up discharge and make sure people get the support they need when they leave hospital.
- Improving how we maximise use of our existing theatres to deliver more surgical procedures that are most relevant for our population needs.
- Using our joint clinical strategy with NBT to ensure all our services are integrated across Bristol and Weston.

Our strategic journey

Delivery of our clinical strategy

We'll use our Patient First approach to continuous improvement to deliver our clinical strategy.

The clinical strategy will contribute to our Patient Safety strategic objective 'Excellent care, every time' which will help us achieve our UHBW 'true north' to make a difference that matters to the lives we touch.

A detailed delivery plan will outline the actions we will take over the next five years to drive and deliver our four key goals.

What we will deliver

- Use our partnerships to strengthen our clinical services, delivering high quality care to all of our patients now and into the future.
- Design our future clinical services together with our communities in a rich and meaningful way, increasing equity and improving the health of our local and regional population.
- Drive innovation and be bold about our ambition to pioneer new standards.
- Deliver the benefits of the Healthy Weston vision to be a strong and dynamic hospital, at the heart of the community.

How we will deliver

The objectives in our delivery plan will be prioritised annually and delivered through:

- Mission critical corporate improvement projects.
- Breakthrough objectives.
- Important corporate projects.
- Divisional projects agreed through the 'catchball' process.

How we'll hold ourselves accountable

Divisional and Senior Leadership Strategic Deployment Reviews (SDRs) will have oversight of the delivery of the projects, progress against agreed milestones and agreed measures of success.

Voices of the future

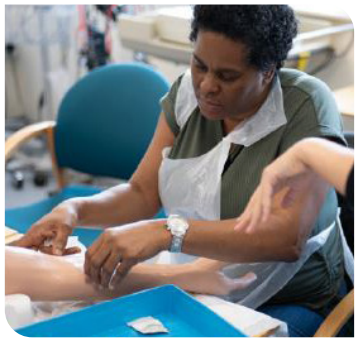
How our clinical services will look and feel in five years

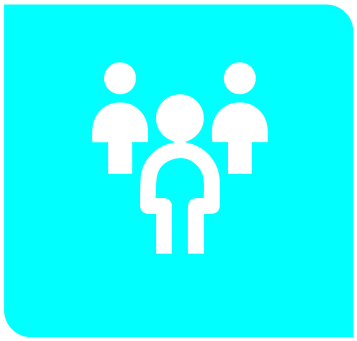
"My concerns about the future of the service I work in have been allayed and I feel secure about the future."

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

"I feel like I am making a difference in addressing the barriers that some parts of our population are experiencing in accessing care and achieving good outcomes."

"Services feel more stable and I am not worried about staffing levels or capacity to see patients."





"Our digital capability means that using our systems facilitates, rather than inhibits the care I deliver, including across sites and organisations."

"How our Bristol and Weston based clinical services will be configured in the future alongside NBT is now clear and I can make my own choices about my future career."

"The environment I work in feels modern and supports me in delivering the best care I can for patients."

"It feels natural to be working with our community and primary care partners and I feel like our objectives are aligned with our clinical services and our patients.'

"My idea to innovate is supported and I feel excited and motivated about coming to work to make it happen."

University Hospitals Bristol and Weston NHS Foundation Trust

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

Reporting Committee	**Quality and Outcomes Committee on Tuesday 22nd October 2024**
Chaired By	**Sue Balcombe – Non-Executive Director**
Executive Lead	**Deirdre Fowler – Chief Nurse and Midwife**

For Information

The focus of this month's meeting was a deep dive into the system level engagement and performance regarding **No Criteria to Reside**. The committee heard that the implementation of the Transfer of Care Hubs in 2023 (with multidisciplinary and multi-organisational membership) had led to a welcome focus on pathway management and an initial reduction in NCTR figures from 200 to 160. This was supported by system level schemes including virtual wards and admission avoidance pathways. Internal actions within UHBW led to an initial reduction of length of stay in all pathways but, in pathway 2 and 3 this has not been sustained with the NCTR figures back up to 190. Maintaining a real focus on patient flow and timely discharge has helped UHBW to mitigate the impact, however the sustained increase in non - elective admissions has continued to put pressure on BRI and Weston hospitals. Externally key challenges remain with a lack of available out of hospital bedded capacity for pathway 2 and 3 patients needing ongoing care, plus a delay in getting Care Act Assessments signed off by social care in a timely manner. It was universally agreed that due to the adverse impact this was having on the Trusts ability to maintain and improve its performance - NCTR should be escalated to the Trust board for an agreement on how this should be addressed moving forwards.

The committee welcomed the latest results of the National In-Patient Survey results and in particular the significant improvements for Weston Hospital which is now ranked in the top 30% of all hospitals and the highest scoring hospital within BNSSG. The committee sent its congratulations to the staff of Weston hospital and encouraged the Trust to ensure that this was appropriately celebrated within the hospital and the Weston community.

The Safer Staffing report demonstrated a fill rate in excess of 100% with turnover further reduced to 10.1% and a subsequent reduction in bank and agency shifts. This has had a positive impact on the Trusts ability to staff escalation beds. Theatre staff recruitment remains an issue.

The committee received the quarterly Patient First Report for Patient Safety and noted progress with the 8 projects contained within it. The committee heard that a clinical lead for the implementation of Marthas rule has now been appointed. Work to improve the links between the Trusts digital developments and the subsequent impact on patient safety and clinical care (risk and benefits) is now underway.

This month's Maternity report advised that acuity of patients remains high with a priority being to further embed the acuity tool. Staffing levels have improved.
The committee received the latest report for neonatal and perinatal care including mortality (2022). A presentation by consultants in both neonatal and perinatal care assured the group that following every death a detailed multidisciplinary review was undertaken including family members involvement to ensure their questions are answered. Due to specialist nature of the units in UHBW which take patients from across the region, the case mix of patients included a high level of complex and high-risk cases. Within the 7 specialist units across the UK the outcome for UHBW patients is comparable. Work continues to improve care and with a particular focus on improved communication.

The Quarter Two Legal Report was received, and the large number of inquests was noted including the first related to COVID.

In terms of performance, it was noted that bed occupancy remains high with the number of patients identified as meeting No Criteria to Reside increasing further. Good progress was particularly noted in the 104, 78 ,65 week, diagnostics and cancer pathways. Urgent care continues to be under sustained pressure due to non-elective admissions and high levels of bed occupancy. Pressures on theatre capacity continue to affect the Trust ability to meet the best practice tariff for fracture neck of femur.

For Board Awareness, Action or Response
No Criteria to Reside (see above) National In-Patients Survey results for Weston Hospital
Key Decisions and Actions
The committee received the Annual Reports for Pharmacy and Clinical Audit.
Additional Chair Comments
None.

Date of next meeting:	**Tuesday 26 November 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	12 November 2024		
Report Title:	Winter Planning and Preparedness		
Report Author:	Emilie Perry, Deputy Chief Operating Officer		
Report Sponsor:	Jane Farrell, Chief Operating Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	This report is to provide Trust Board with an update on UHBWs Winter Preparedness for adult services. To note, that winter planning for children services is subject to a separate process.		

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

Winter preparedness plans within BNSSG has been developed collaboratively across all system partners, using a data driven approach to identify key areas for focussed improvement work ahead of and through winter, whilst developing additional schemes to mitigate key areas of risk and capacity shortfalls. Plans focus on ensuring patients receive their care in the right place, at the right time, thereby avoiding unnecessary hospital admissions and ensuring a 'Home First' approach to facilitate timely discharge, reducing length of stay.

The University Hospitals Bristol and Weston Foundation NHS Trust (UHBW) Winter Operational Plan has been developed alongside, ensuring alignment with the NHSE Winter and H2 Priorities letter published in September 2024. The aim of the Winter Operational Plan is to describe the operating model that will enable UHBW to effectively manage non-elective demand and elective activity throughout winter, whilst continuing to deliver outstanding patient care.

The objectives of the UHBW Winter Operational Plan are:

1. To deliver safe, high quality patient care, including the effective management of infection, ensuring we maintain timely access to care for our local population and beyond.
2. Achieve the NHSE Winter & H2 required actions, alongside other winter published guidance.
3. Develop a winter operating model that is agile, with the ability to escalate and de-escalate in a responsive and effective way, balancing the risk and enabling delivery of non-elective and elective activity plans.
4. Embed learning from prior winter periods.

As part of our winter planning, we have identified risks at local as well as national level. Each winter NHS services experience sustained demand due to prolonged cold weather and potential for heavy snow, resulting in a rise in patients presenting with respiratory illness, such as Covid or Flu, as well as deterioration of existing health conditions such as risk of heart attacks and strokes. Some groups such as young children and older people are particularly vulnerable to the effects of cold weather.

This winter there is addition of greater risk from patients presenting with High Consequence Infectious Disease (HCID), such as Measles and Monkey Pox.

A refresh of the 2024/25 bed modelling was undertaken in September 2025. This incorporated the increase in non-elective admission activity, alongside the revised elective activity plan for H2. With the winter escalation capacity plan overlayed, there remains a bed deficit through winter with a peak of 40 beds at Bristol Royal Infirmary, and 20 beds at Weston General Hospital in March 2024.

Improvement work continues at Trust and System level to mitigate, with a system level ambition to reduce bed occupancy to 92% through a reduction in patients with No Criteria to Reside, alongside a system level rapid improvement sprint.

Key learning from winter 2023/24 has been incorporated into the development of plans, which includes:

- Agility in the use of escalation capacity, to ensure that steps are taken pro-actively to mitigate building operational pressures, and de-escalated at the earliest opportunity, to enable to best use of acute bedded capacity and minimise risk across our front door services alongside protecting elective activity plans.
- Daily risk-based approach to inform and monitor daily rhythm and plans.
- System level oversight of risk and effective early intervention to mitigate and de-escalate emerging operational pressures and risks.

Strategic and Group Model Alignment

True North Strategic Priority – Timely Care
True North Strategic Priority – Experience of Care

Risks and Opportunities

The following key risks have been identified for winter 2024/25:

- High numbers of patients presenting with infectious disease, requiring isolation (Covid, Flu, RSV infections, HCID), impacting on timely flow and restricting capacity due to side room availability.
- Potential for extreme weather resulting in increased patient demand and transport disruption affecting staff ability to travel to work.
- UEC demand outstripping capacity and potential impact to delivery of our elective activity plan.
- System level ability to deliver the winter plan and associated reduction in patients with no criteria to residue (NCTR), both within Acute Trusts, and community bedded capacity.
- Potential for staff burnout, alongside seasonal absences due to sickness.

Recommendation

This report is for **Information.**

The Board is asked to note the update on UHBWs Winter Preparedness for adult services.

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

N/A	N/A

Appendices:	Not applicable

UHBW Winter Operational Plan 2024/25

Table of Contents

1. Introduction and Strategic Context

1.1 Purpose

The Trust is preparing for another challenging winter, where we are likely to experience a combination of increased respiratory illness, from both Covid and Flu, alongside the usual increase in demand to our Urgent and Emergency Care (UEC) Pathways and services, with potential for further impact of High Consequence Infectious Diseases, such as Measles or Monkey Pox. Throughout 2024/25 UEC services have seen increased demand, with attendances to our Emergency Departments have increased 5% year on year, and non-elective admissions being 8% year on year @ M7.

Elective recovery plans this year have delivered significant improvements to the time taken to access planned care, however with the anticipated winter demands it is critical that we align our UEC and elective plans to ensure we can continue to provide timely care to the populations of Bristol, North Somerset, South Gloucestershire and beyond.

This plan has been informed by NHSE's UEC Recovery Year 2 Plan and Winter core objectives, alongside the 2024/25 Operating Plan.

1.2 Aim

The aim of the UHBW Adult Winter Operational Plan is to describe the operating model that will enable University Hospitals Bristol and Weston Foundation NHS Trust to effectively manage non-elective demand and elective activity throughout winter, whilst continuing to deliver outstanding patient care.

1.3 Objectives

The objectives of the UHBW Winter Operational Plan are:

1. To deliver safe, high quality patient care, including the effective management of infection, ensuring we maintain timely access to care for our local population and beyond.
2. Achieve the NHSE Winter & H2 required actions, alongside other winter published guidance.
3. Develop a winter operating model that is agile, with the ability to escalate and de-escalate in a responsive and effective way, balancing the risk and enabling delivery of non-elective and elective activity plans.
4. Embed learning from prior winter periods.

1.4 Scope

The Winter Operational Plan will be utilised alongside existing policies and hospital protocols for managing daily capacity and flow such as the Patient Flow and Escalation Policy, Full Capacity Protocol and the Trusts Emergency Preparedness, Resilience and Response (EPRR) arrangements, where required.

1.5 Strategic Context

NHSE published their Winter and H2 Priorities in September 2024. This letter set out the expectations that NHSE, Integrated Care Boards and NHS providers are required to take to support the delivery of safe, dignified and high-quality care for patients this winter.

The key deliverables are:

- Delivery of the UEC Recovery Plan Year 2
  - Priority 1: Maintaining and increasing capacity expansion through 24/25

    - Priority 2: Increase productivity of acute and non-acute services across bedded and non-bedded capacity
    - Priority 3: Continuing to develop services that shift activity from acute hospitals to settings outside the hospital, pro-active admission avoidance and discharge pathways
- System services are supporting flow away from and out of the hospital, with full use of the Better Care Funds to support discharge.
- Ensure plans are in place to maximise patient flow throughout the hospitals 7-days per week.
- Appropriate escalation protocols in place 7-days per week at Trust and System level.
- Supporting people to stay well: to maximise the winter vaccination campaign for eligible population groups and to maximise uptake in patient-facing staff.
- Review and test of Full Capacity Protocol and temporary escalation areas.
- Achievement of 78% for the national four-hour standard of care.

In addition, NHSE published guidance Same Day Emergency Care, Virtual Wards and Single Point of Access in support of winter system resilience, which have also been considered in the development of this plan.

1.6 Risk, Modelling, Lessons Learned

1.6.1 Emerging Risks this Winter

As part of our winter planning, we have identified risks at local as well as national level. Each winter NHS services experience sustained demand due to prolonged cold weather and potential for heavy snow, resulting in a rise in patients presenting with respiratory illness, such as Covid or Flu, as well as deterioration of existing health conditions such as risk of heart attacks and strokes. Some groups such as young children and older people are particularly vulnerable to the effects of cold weather.

This winter there is addition of greater risk from patients presenting with High Consequence Infectious Disease (HCID), such as Measles and Monkey Pox.

The following key risks have been identified for winter 2024/25:

- High numbers of patients presenting with infectious disease, requiring isolation (Covid, Flu, RSV infections, HCID), impacting on timely flow and restricting capacity due to side room availability.
- Potential for extreme weather resulting in increased patient demand and transport disruption affecting staff ability to travel to work.
- UEC demand outstripping capacity and potential impact to delivery of our elective activity plan.
- System level ability to deliver the winter plan and associated reduction in patients with no criteria to residue (NCTR), both within Acute Trusts, and community bedded capacity.
- Potential for staff burnout, alongside seasonal absences due to sickness.

1.6.2 Bed Modelling

A refresh of the 2024/25 bed modelling was undertaken in September 2024. This incorporated the increase in non-elective admission activity, alongside the revised elective activity plan for H2. With the winter escalation capacity plan overlayed, there remains a bed deficit through winter with a peak of 40 beds at Bristol Royal Infirmary, and 20 beds at Weston General Hospital in March 2024.

Improvement work continues at Trust and System level to mitigate, with a system level ambition to reduce bed occupancy to 92% through a reduction in patients with No Criteria to Reside, alongside a system level rapid improvement sprint.

1.6.3 Lessons Learnt from prior winters

Key learning from winter 2023/24 has been incorporated into the development of plans, which includes:

- Agility in the use of escalation capacity, to ensure that steps are taken pro-actively to mitigate building operational pressures, and de-escalated at the earliest opportunity, to enable to best use of acute bedded capacity and minimise risk across our front door services alongside protecting elective activity plans.
- Daily risk-based approach to inform and monitor daily rhythm and plans.
- System level oversight of risk and effective early intervention to mitigate and de-escalate emerging operational pressures and risks.

1.6.4 UHBW Overarching approach to Managing Winter 2024/25

Winter Planning commenced in September 2024, with five task & finish groups progressing key areas of work, overseen through a weekly Winter Planning meeting chaired by the Deputy Chief Operating Officer (Urgent Care, Flow & Discharge), Deputy Chief Nurse and Deputy Medical Director, reporting to Operational Delivery Group.

The five task & finish groups and Leads, were:

- Infection, Prevention & Control – Deputy Director of Infection Prevention and Control
- Discharge Planning – Associate Director of Operations, Home First Team
- Patient Flow and Full Capacity Protocols – Associate Director of Operations, Site Operations / EPRR Manager
- Escalation Standard Operating Procedures – Deputy Chief Nurse
- Winter Schemes – Deputy Chief Operating Officer, UEC, Flow and Discharge

With communications, as a cross-cutting theme.

2. Winter Preparedness – System Level

2.1 Winter Planning in BNSSG

System level meetings have been held throughout the year to develop comprehensive plans to treat and manage patients through out of hospital services, and to support admission avoidance. Service developments that will impact this winter are:

- NCTR ambition:
  - System ambition to achieve 15% NCTR. A requirement for an additional 11 P3 and 8 P2 beds, pending ICB funding.
  - Reverse engineered target for UHBW of 105 NCTR, with the aim of achieving 92% bed occupancy.
- Move from 'describe' to 'prescribe' for patients on Pathway 1, with the aim of patients being discharged within 24 hours of becoming NCTR.
- NHS@Home increase to virtual ward capacity, alignment with Home First Team to support discharge of patients who still have some acute care needs, alongside mobilisation of remote monitoring technology to increase the scope of patients within the service. Integration with Urgent Community Response Teams to deliver a step-up offer to support care continuing to be delivered at home.
- Acute Respiratory hubs mobilised from October 24 – 18,000 more primary care appointments between November 2024 and February 2025.
- Frailty-ACE – Clinician accessible remote multi-disciplinary review for assessment and coordination of frail individuals, to avoid ambulance conveyance or admission. Further work to embed a paramedic within the team to enable pro-active redirection from SWAST and linking to NHS@Home with a 'step up' pathway. The addition of a Paediatric-ACE service.
- Enhanced mental health support through 111 UCR services.
- Continued collaboration and improvement focus with system partners through the Transfer of Care Hubs.

2.2 Winter Improvement Sprints

Recognising the increased demand on UEC services a short-term system level 'Improvement Sprint' has been mobilised to develop and oversee three focussed improvement schemes through November. The group has representation from senior system partners, chaired by the ICB. The three emerging areas of opportunity are:

- Acute support to pathway 2 bedded capacity review of daily ward process and discharge, to support improved flow.
- P0+ - reduction in use of pathway 1 capacity through increased use of voluntary sector support, community nursing, planned therapy.
- Review of social work productivity, including skill mix, to expedite the time taken for a Needs Assessment undertaken the Care Act.3 Winter preparedness – UHBW

3. Winter Planning – Trust Level

3.1 Maintaining Patient Flow

3.1.2 Same Day Emergency Care Opportunities

In September 2024, NHSE published guidance on the delivery of SDEC services, which incorporated a self-assessment template to support identification of further opportunities to avoid acute hospital admission.

The self-assessment has been undertaken across all SDEC services; Medical, Surgical, Oncology, Cardiology SDECs on the BRI site and combined medical, surgical SDEC and GEMs service on the WGH site. The outputs will be used to augment existing services and ensure the opportunity to see and treat patients on the same day, avoiding unnecessary hospital admissions.

3.1.3 Every Minute Matters

Improvement work continues through the 'Every Minute Matters' programme to support timely care. A review of schemes with the aim of refocussing resource through winter has been undertaken, with following being identified as priority schemes:

- Speciality Referral, to align to the GIRFT Principles for Acute Care, published in July 2024.
- Pathway from the Emergency Department to CT
- Pathway from the Emergency Department to Pathology

The Pro-Active Hospital programme continues to focus on the standardisation and effectiveness of board rounds, and the 'Golden Patient' principle, ensuring a focus on pre midday discharge from all ward areas.

3.2 Daily Patient Flow and Escalation

Clinical Site Management Teams operate 24/7 to provide clinical site management support and co-ordinate and facilitate patient flow across all sites. The team operate as the first point of escalation in the event of an incident or emergency. The Clinical Site Management Team work from their respective Operations Centre and lead the cross-site Flow Meetings.

During Winter the Clinical Site Management Teams will operate as normal and lead the Site's Operational Management of Winter unless the Opel status becomes escalated to Level 4, when Incident Management will be enacted. A 'command and control light' approach will be used in Opel 3 to pre-emptively take actions to de-escalate overseen by the Deputy Chief Operating Officer, Urgent Care, Flow & Discharge, with pro-active escalation to executive level to maintain oversight of risk management.

3.3 Full Capacity Protocol

The Patient Flow and Escalation Policy and Full Capacity Protocol, outline how the Trust manages and maintains oversight of our flow, discharge and escalation processes. Using an agile approach to risk management and pro-active approach to building operational pressures to ensure rapid management and de-escalation.

As part of our winter planning process, both policies have been reviewed and updated to ensure they accurately reflect our daily practice and align with the local and system level Operational Pressures Escalation Levels (OPEL) actions. The Opel framework is a national standardised approach to escalation planning that has been developed to manage operational pressures. The National OPEL standards have been refreshed ahead of winter and incorporated into our internal and system level plans.

Guidance on the use of temporary escalation areas was published as part of the UEC Winter and H2 Priorities letter in September 2024, a group led by the Deputy Chief Nurse reviewed all escalation standard operating procedures against the guidance and undertake a risk assessment of use. Procedures have been updated accordingly.

3.4 Keeping Staff Well

The staff Covid and Influenza vaccination programme commenced on the 3rd October 2024, being available to all staff, and encouraging a co-administration of vaccines. It is intended that 90% of the programme will have been delivered by mid-December. Staff uptake for each vaccination is anticipated to be between 7,500 to

12,000. The programme will be delivered through clinic capacity, including hubs, pop ups and satellite clinics, and available on weekdays as well as some weekend dates.

Alongside our annual winter vaccination programme, our workplace wellbeing platform provides access to personalised wellbeing resources and tools that are free, confidential and open to **all** colleagues at UHBW from 24/7 professional counselling, to team-based workshops, self-care guides, onsite yoga, a range of health checks, physical activities and offers.

3.5 Winter Schemes

As part of the Winter Planning process and structure, Divisions have reviewed existing pathways and processes to identify areas where additional revenue or capital resource would augment current service provisions and / or support delivery of safe, high quality patient care.

A pipeline of schemes has been developed across Divisions, drawing on the learning from March 2023 plans that supported delivery of the National four-hour standard ask of delivery of 76%. with schemes prioritised by impact and deliverability, enabling us to be ready to mobilise should additional winter funding become available.

4. Conclusion and Next Steps

Winter preparedness plans within BNSSG has been developed collaboratively across all system partners, using a data driven approach to identify key areas for focussed improvement work ahead of and through winter, whilst developing additional schemes to mitigate key areas of risk and capacity shortfalls. Plans focus on ensuring patients receive their care in the right place, at the right time, thereby avoiding unnecessary hospital admissions and ensuring a 'Home First' approach to facilitate timely discharge, reducing length of stay.

At System level, the Improvement Sprint team meet weekly to progress the identified rapid improvement schemes. The three schemes focus on unlocking delays within community bedded capacity, through increased daily oversight and management of delays and a skill mix review of social work activities to mitigate workforce gaps.

The UHBW Winter Planning meeting will continue weekly as we finalise our priority winter schemes across Divisions, with oversight on delivery and impact being monitored at Operational Delivery Group, through the use of a qualitative dashboard. The Winter Operational Plan will be refreshed as schemes are finalised.

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Public Board		
Date of Meeting:	Tuesday 12 November 2024		
Report Title:	Integrated Quality and Performance Report		
Report Author:	David Markwick, Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head Quality (Patient Safety) Alex Nestor, Deputy Director of Workforce Development Laura Brown, Head of HR Information Services (HRIS) Kate Herrick, Head of Finance		
Report Sponsor:	Overview and Access – Jane Farrell, Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse and Midwife / Becky Maxwell, Interim Chief Medical Officer Workforce – Emma Wood, Chief People Officer Finance – Neil Kemsley, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To provide an overview of the Trust's performance on quality, access and workforce standards.		
Key Points to Note *(Including any previous decisions taken)*			
Please refer to THE Executive Summary.			
Strategic Alignment			
This report aligns to the objectives in the domains of "Quality and Safety", "Our People", "Timely Care" and "Financial Performance".			
Risks and Opportunities			
Risks are listed in the report against each performance area and in a summary.			
Recommendation			
This report is for **Information.**			
History of the paper (details of where paper has <u>previously</u> been received)			
N/A			
Appendices:	N/A		

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication: October 2024

Data up to: September 2024

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

INTRODUCTION

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

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months June 2023 to May 2024 was 93.4 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.

HSMR within CHKS for UHBW solely for the month of June 2024 was 96.1, meaning there were four fewer observed deaths (102) than the statistically calculated expected number of deaths (106). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The HSMR for the 12 months to June 2024 for UHBW was 88.1, below the National Peer figure of 90.4.

Clostridium Difficile cases for the month of September are 13. This is broken down into eight HOHA and five COHA this gives us a year-to-date total currently at 83 (53 HOHA and 30 COHA). The trust limit for 2024/25 is set to 109 cases by NHS England, giving UHBW a trajectory of 9.08 cases per month.

There have been three Methicillin Resistant Staph Aureus bacteraemias for the month of September. This now brings the Trust year to date total to five cases. The limit set by NHS England is zero.

Performance for recorded VTE risk assessments on CareFlow remains static at 76%, however manual spot check audits demonstrate slightly better performance than indicated by official figures. The manual audit also demonstrated that prescribing was accurate where a risk assessment was performed and also that 84% of patients audited where a risk assessment could not be found, did in fact have VTE prophylaxis prescribed suggesting that performance in terms of prescribing is better than official figures would show. There were only five hospital associated thrombosis events in September (fewer than usual) and no contributing factors were identified.

Fractured Neck of Femur
Bristol: Number of patients with hip fracture qualifying for best practice tariff (BPT) = 15
Patients who received surgery within 36 hours of admission= 3/15 (20%)
Patients who received an Ortho-Geriatric Review within 72 hours of admission= 15/15 (100%)
Predicted BPT for September 2024= 3/15 (20%)

Weston: Data is currently unavailable.

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

EXECUTIVE SUMMARY

Our People

Overall vacancies reduced to 3.2% (396.5 FTE)) compared to 3.4% (425.3 FTE) in the previous month.

Turnover reduced to 11.4% compared with 11.5% the previous month.

Sickness absence increased to 4.2% compared with 4.1% the previous month.

Agency usage remains at 0.6% (76.9 FTE) against a target of 1% maximum. It remains a priority focus area as reflected in the Patient First Corporate Projects, with increased focus on reducing medical usage.

Bank usage reduced to 5.8% (by 84.2FTE) and is below the minimum target. For context the bank target has been set at a minimum level for the last 2 years because bank usage has been identified as a key enabler to the delivery of agency reductions. As agency reductions are achieved, a sustained reduction in bank usage is desirable. The bank and agency metrics must be considered together.

EXECUTIVE SUMMARY – TIMELY CARE

Timely Care

Bed occupancy remains high in September (BRI: 103.8% and Weston 98.0%) which, when coupled with high non-elective demand, continues to impact non-elective services, although good progress has been noted against a number of performance measures.

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

Significant progress has also been made in reducing the number of patients waiting over 78 weeks, with no patients waiting 78 weeks at the end of September 2024; a position that is expected to be sustained in future months.

The Trust have forecast that there will be no patients waiting longer than 65 weeks for treatment by the end of November 2024. In agreement with NHSE this target excludes patients waiting for cornea graft surgery who are delayed due to national issues with the supply of sufficient graft material. From a challenged position last year, significant progress has been made against this standard and, whilst the number of patients waiting at the end of September 2024 is greater than had been forecast, the Trust remain confident that 65-week waits will be eliminated by the end of October, with the exception of the previously reported marginal drift in Dental.

As part of the 24/25 Operational Planning round NHSE requested the trust exclude Cornea Graft from planning assumptions given Cornea Graft nationally was compromised due to 'national supply issues' out-with the trusts control. Formal written confirmation was received. 22 Cornea Graft 65 week wait breaches are currently forecast for October. There is capacity to treat but access to graft material is still pending.

Cancer - The Trust continues to comply with the Faster Diagnosis Standard and is consistently performing above the NHSE target of 77%, set as part of the Operational Planning Guidance for 2024/25, reporting 77.6% for August 2024, the seventh consecutive month that performance has exceeded 77%. The 62-day referral to treatment standard performed above NHSE's 70% target for a ninth consecutive month in August (75.8%), and performance against the 31-day decision to treat to treatment standard surpassed the national target of 96%, reporting 98.1 % for August which was the highest performance in the South-West region. The Trust expects to sustain compliance against each of the three cancer standards during 2024/25 and improve further on the 62-day performance

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EXECUTIVE SUMMARY – TIMELY CARE

Timely Care (continued)

Diagnostics - Improvements were made throughout 2023/24 and, at the end of March 2024, 81.9% of patients were waiting six weeks or less for a diagnostic test, against a trajectory of 83.3%. During the first three months of 2024/25, performance had dropped but has started to improve in July (81.1%), now reporting a slight improvement to 83.3% at the end of September.

Urgent Emergency Care

Emergency Department (ED) - During September, 68.7% of attendances spent less than 4 hours in an ED, from arrival to discharge or admission, which is below the operational planning trajectory of 71.8% following a strong performance in August (73.5%) which was the highest performing month since July 2023 . A continued focus on ED 4-hour performance has continued from March into Q1 and, when combined with the performance uplift of 6.6% (the proportionate allocation from system type 3 performance in September), the Trust achieved 75.3%.

The number of patients spending 12 hours or more in ED during September was reported as 3.4% (1.5% in August, 2.4% in July, 3.4% in June) against the national target of <2%. The Trust continues to progress actions to deliver and sustain the NHSE target (2%).

High bed occupancy levels >100% continue to impact timely flow across all sites, driven by ED attendances 4% above activity plan, and NEL admissions 5% above plan. During September, there were system level operational challenges, with the system declaring Opel 4 status for 7 days, due to all providers experiencing high activity levels.

Ambulance Handovers - The proportion of ambulance handovers within 15 minutes has dropped in September (33.4%) compared to August (41.7%) and July (36.9%) which follows a period of sustained improvement since December which had followed a predictable deterioration between July and October (20.6%) due to the impacts of the constrained flow. Similarly, performance for ambulance handovers within 30 minutes has dropped to 68.6% in September compared with August (79.4%) and July (74.8%).

No Criteria to Reside - During September, the average daily number of patients in hospital with no criteria to reside (NCtR) was 171, a slight increase from previous months (August 170; July 168; June 155; May 156), although the associated bed days are lower representing increased throughput. Work is underway to review the focus of the Discharge to Assess Transformation Programme to identify key schemes for 2024/25 - the system NCTR ambition of 15%, alongside a bed occupancy of 92% has been agreed, with individual acute site targets set of 11% BRI and 19% WGH. The increased NEL admission demand has impacted across all discharge pathways; P1 to 3 supported discharges, alongside P0.

EXECUTIVE SUMMARY (continued)

Financial Position

In September, the Trust delivered a £1,107k surplus against a plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,603k (£7,710k at M5) against a breakeven plan. The Trust is therefore £6,603k adverse to plan. The cumulative YTD net deficit is 1.1% of total operating income.

Significant variances in the year-to-date position include: the value of elective income behind plan by £4,036k, a shortfall on savings delivery of £6,778k and £3,745k of pay pressures relating mainly to nursing and medical staff.

YTD pay expenditure at the end of September is £7,673k higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.

Agency expenditure in month is £886k, compared with £1,242k in August. Bank expenditure reduced in month to £4,308k, from £4,772k in August. Total operating income is higher than plan by £9,128k. The shortfall in ERF is offset by higher than planned pass-through payments and additional other operating income.

The financial position of the clinical divisions, excluding industrial action funding allocated in September, is a deterioration of £1,229k in September, to a YTD overspend against budget of £13,749k or 2.8%.

Integrated Quality and Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

SUMMARY SCORECARD – FINANCIAL YEAR 2024/25

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

			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	14	10	14	13	19	13	-	-	-	-	-	-
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	0	0	1	0	1	3	-	-	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	63.4%	61.1%	45.3%	59.3%	65.9%	20.0%	-	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	85.4%	94.4%	100.0%	86.4%	79.5%	100.0%	-	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	77.1%	75.3%	75.3%	76.7%	76.0%	76.1%	-	-	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.0%	0.9%	0.8%	0.7%	0.6%	0.6%	-	-	-	-	-	-
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	11.5%	11.7%	11.8%	11.6%	11.5%	11.4%	-	-	-	-	-	-
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.3%	4.0%	4.1%	4.4%	4.0%	4.2%	-	-	-	-	-	-
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	0.5%	2.4%	3.3%	4.1%	3.4%	3.2%	-	-	-	-	-	-
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

			Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Summary Hospital Level Mortality Indicator (SHMI)		Actual	92.1	92.9	91.4	91.6	93.1	93.5						
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Integrated Quality and Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

SUMMARY SCORECARD – FINANCIAL YEAR 2024/25

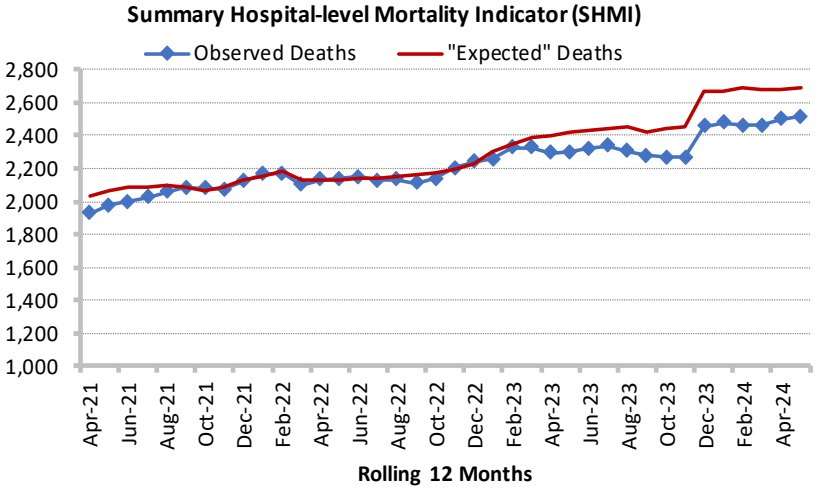
DOMAIN: "Timely Care"

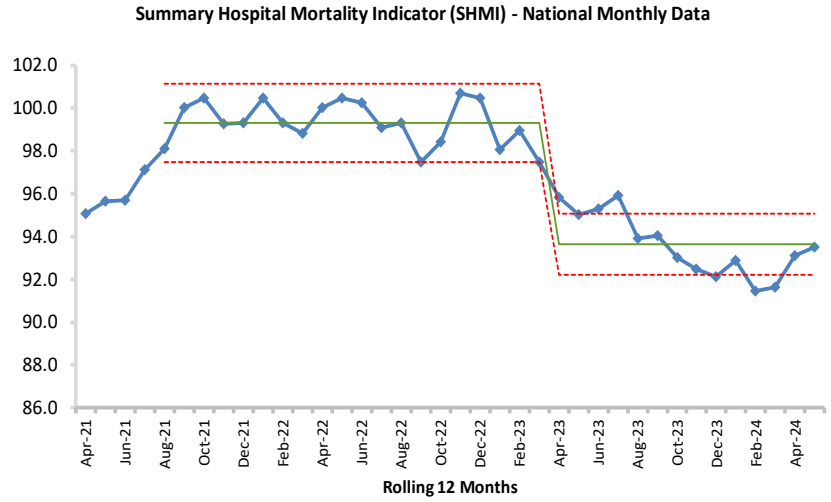
			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Referral To Treatment 65+ Weeks	Risk: 801	Actual	246	232	237	184	155	72	-	-	-	-	-	-
		Trajectory	236	220	148	79	16	0	0	0	0	0	0	0
Referral To Treatment 52+ Weeks	Risk: 801	Actual	2,344	2,347	2,365	2,051	1,809	1,425	-	-	-	-	-	-
		Trajectory	2,179	2,114	2,049	1,917	1,785	1,653	1,521	1,389	1,257	1,125	993	862
Cancer 28 Day Faster Diagnosis Standard	Risk: 801	Actual	77.0%	80.1%	78.6%	77.1%	77.6%							
		Trajectory	75%	75%	75%	77%	77%	77%	77%	77%	77%	77%	77%	77%
Cancer Treated Within 62 Days	Risk: 801	Actual	73.2%	74.5%	79.5%	80.6%	75.8%							
		Trajectory	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	78.9%	78.2%	78.4%	81.1%	80.8%	83.3%	-	-	-	-	-	-
		Trajectory	85.8%	87.3%	88.1%	89.3%	89.4%	90.4%	91.1%	92.2%	92.8%	93.7%	94.6%	95.2%
Emergency Department: Percentage Spending Under 4 Hours in ED	Risks: 910 and 4700	Actual	68.5%	68.0%	69.3%	69.5%	73.5%	68.7%	-	-	-	-	-	-
		Trajectory	68.5%	69.0%	69.8%	70.5%	71.5%	71.8%	71.8%	71.8%	71.8%	71.8%	71.8%	71.8%
Emergency Department: Percentage Spending Over 12 Hours in ED	Risks: 910 and 4700	Actual	4.1%	3.9%	3.4%	2.4%	1.5%	3.4%	-	-	-	-	-	-
		Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	32.7%	30.8%	35.0%	36.9%	41.7%	33.4%	-	-	-	-	-	-
		Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	68.1%	67.0%	71.7%	74.8%	79.4%	68.6%	-	-	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	15.8%	15.8%	16.3%	17.2%	16.5%	16.9%	-	-	-	-	-	-
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	27.4%	27.0%	25.3%	28.3%	25.0%	28.6%	-	-	-	-	-	-
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	158	156	155	168	170	171	-	-	-	-	-	-
		Trajectory												

STANDARD	QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months June 2023 to May 2024 was 93.5 and in NHS Digital's "as expected" category.
National Data:	UHBW's total is below the overall national peer group of English NHS trusts of 100.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Risks:	No risk in current Board Assurance Framework.

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jun-23	2,320	2,435	95.3
Jul-23	2,340	2,440	95.9
Aug-23	2,305	2,455	93.9
Sep-23	2,280	2,425	94.0
Oct-23	2,270	2,440	93.0
Nov-23	2,270	2,455	92.5
Dec-23	2,455	2,665	92.1
Jan-24	2,480	2,670	92.9
Feb-24	2,460	2,690	91.4
Mar-24	2,460	2,685	91.6
Apr-24	2,500	2,685	93.1
May-24	2,515	2,690	93.5

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

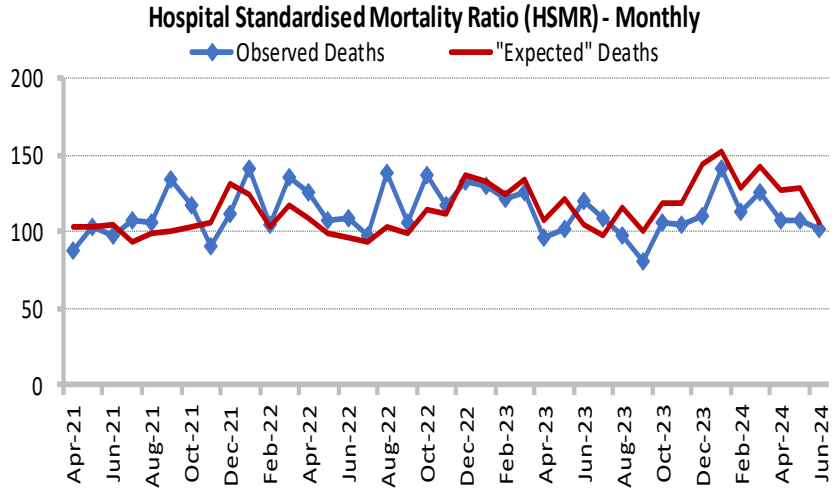


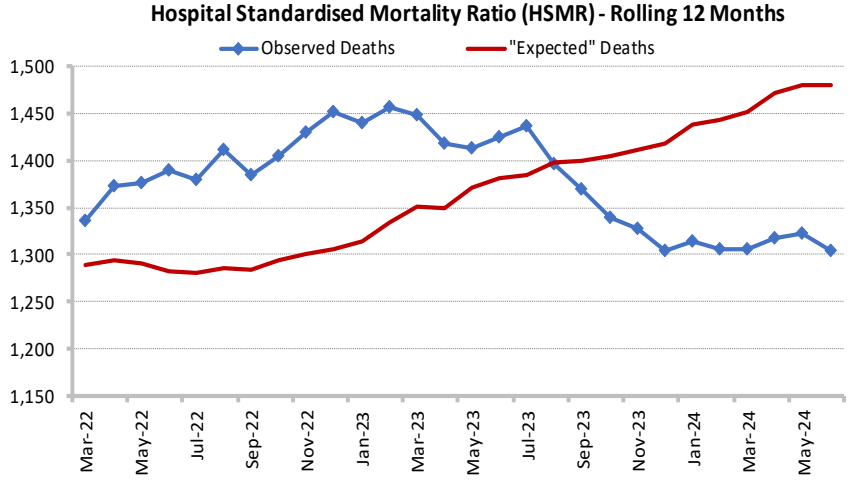


STANDARD	QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)
Background:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.
Performance:	HSMR within CHKS for UHBW solely for the month of June 2024 was 96.2, meaning there were four fewer observed deaths (102) than the statistically calculated expected number of deaths (106). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.
National Data:	The HSMR for the 12 months to June 2024 for UHBW was 88.1, below the National Peer figure of 90.4.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Risks:	No risk in current Board Assurance Framework.

Month	Observed Deaths	"Expected" Deaths	HSMR
Jul-23	109	97.0	112.4
Aug-23	98	116.0	84.5
Sep-23	80	101.0	79.2
Oct-23	106	119.0	89.1
Nov-23	105	119.0	88.2
Dec-23	110	144.0	76.4
Jan-24	141	152.0	92.8
Feb-24	113	128.0	88.3
Mar-24	126	143.0	88.1
Apr-24	107	127.0	84.3
May-24	108	129.0	83.7
Jun-24	102	106.0	96.2

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





STANDARD	QUALITY AND SAFETY: INFECTION CONTROL – C.DIFFICILE AND MRSA
Background:	For this section there are two infections reported: C.difficile and methicillin-resistant staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care: 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The trust C.Diff limit for 2024/25 is set to 109 cases by NHS England, giving UHBW a trajectory of 9.08 cases per month. For MRSA, the expectation is to have zero cases.
Performance:	**C.Difficile:** Clostridium Difficile cases for the month of September are 13. This is broken down into eight HOHA and five COHA this gives us a year-to-date total currently at 83 (53 HOHA and 30 COHA). **MRSA:** There have been three Methicillin Resistant Staph Aureus bacteraemias for the month of September. This now brings the Trust year to date total to five cases. The limit set by NHS England is zero.
National Data:	See next page.
Actions:	**C.Difficile** The C.Diff quality improvement group chaired by the Director of Nursing for Weston General Hospital, with the support of the Continuous Improvement Team and Infection Prevention & Control are collaborating on the cross Divisional working group for C Diff. The diagnostic phase is coming to a close. There are some areas for improvement in terms of actions for clinical care delivery but also in relation to the estate. **MRSA** The MRSA Quality Improvement Group is chaired by the Director of Nursing for Surgery, with the support of the Continuous Improvement Team and Infection Prevention & Control is a collaborative cross-divisional working group for MRSA Quality Improvement (QI). The diagnostic phase is coming to a close, some "Just Do It" and "quick wins" have been identified. The short term actions are: • Delivery of a simplified and updated MRSA management pathway document with ward based updates. • Updated simplified prompt guide for the 'right MRSA patient to screen' supported by ward based training updates. • Updated and simplified 'How to decolonise' an MRSA colonised patient effectively. • Updated Wardview Board (from 21.10.24) with infection prevention and control columns added to flag significance of infections such as MRSA.
Risks:	Corporate Risk 6013 - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's (12)

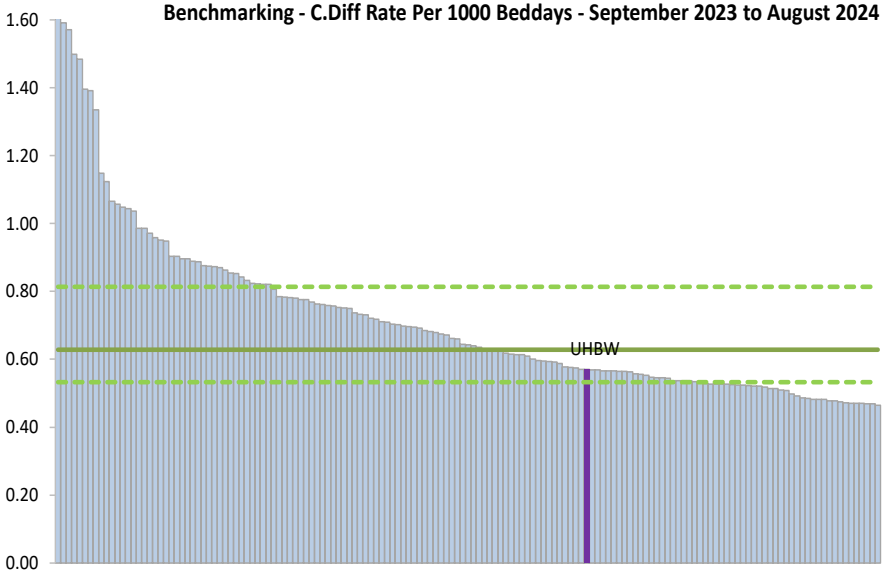
STANDARD QUALITY AND SAFETY: INFECTION CONTROL – C.DIFFICILE AND MRSA

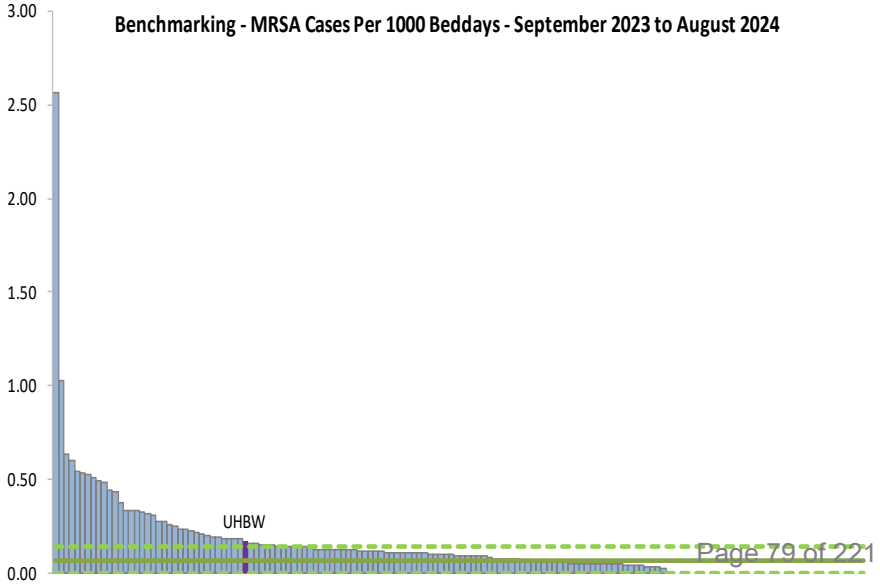
C.Difficile

	Sep-24		2024/2025		2023/2024	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	3	2	17	4	25	7
Specialised Services	0	0	9	8	12	8
Surgery	2	0	6	2	4	1
Weston	3	2	13	9	27	9
Women's and Children's	0	1	8	3	12	2
Other	0	0	0	1	0	3
UHBW TOTAL	**8**	**5**	**53**	**30**	**80**	**31**

MRSA

	Sep-24	2024/2025	2023/2024
Medicine	0	2	2
Specialised Services	0	0	0
Surgery	1	1	3
Weston	1	1	3
Women's and Children's	1	1	1
Other	0	0	0
UHBW TOTAL	**3**	**5**	**9**



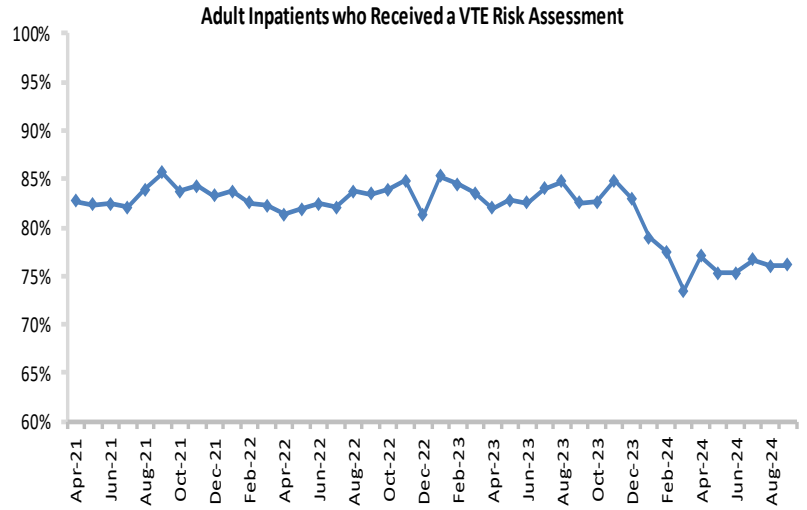


Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	Performance for recorded VTE risk assessments on CareFlow remains static at 76%, however manual spot check audits demonstrate slightly better performance than indicated by official figures. The manual audit also demonstrated that prescribing was accurate where a risk assessment was performed and also that 84% of patients audited where a risk assessment could not be found, did in fact have VTE prophylaxis prescribed suggesting that performance in terms of prescribing is better than official figures would show. There were only five hospital associated thrombosis events in September (fewer than usual) and no contributing factors were identified.
Actions:	• Continue with manual audits. • Flyer to all staff reminding of key messages and national thrombosis day on October 13th. • We await the implementation of CMM to support better completion of the VTE risk assessments in an auditable fashion.
Risks:	Corporate Risk 4711 - Patients suffer harm or injury from preventable arterial thrombus (12) VTE (8)



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	25	25	100.0%
Diagnostics and Therapies Total		**25**	**25**	**100.0%**
Medicine	Medicine	3,464	4,795	72.2%
Medicine Total		**3,464**	**4,795**	**72.2%**
Specialised Services	BHOC	2,639	2,768	95.3%
	Cardiac	302	537	56.2%
Specialised Services Total		**2,941**	**3,305**	**89.0%**
Surgery	Anaesthetics	23	24	95.8%
	Dental Services	108	198	54.5%
	ENT & Thoracics	177	409	43.3%
	GI Surgery	1,182	1,801	65.6%
	Ophthalmology	429	447	96.0%
	Trauma & Orthopaedics	130	380	34.2%
Surgery Total		**2,049**	**3,259**	**62.9%**
Women's and Children's	Children's Services	1	1	100.0%
	Women's Services	1,511	1,746	86.5%
Women's and Children's Total		**1,512**	**1,747**	**86.5%**
Grand Total		**9,991**	**13,131**	**76.1%**

STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
Background:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In September, 15 patients were eligible for the Best Practice tariff (BPT) at the Bristol Royal Infirmary sites. • Patients who received surgery within 36 hours of admission = 3/15 (20%) • Patients who received an Ortho-Geriatric Review within 72 hours of admission = 15/15 (100%) • Predicted BPT for September 2024 = 3/15 (20%) Data for Weston General Hospital is currently unavailable.
Actions:	Bristol: • Theatre capacity is being actively monitored and prioritised on a weekly basis across all specialties. • Poor results discussed in T&O Governance and Silver Trauma Steering Group meeting so ideas for improvement could be discussed. • Actively re-patriating patients to WGH to avoid breaches. • Trauma SOP signed off to allow the allocation of a "Golden Patient", enabling a prompt start. • Restart of automatic send. • Theatre Utilisation continues to be monitored each month.
Risks:	No risk in current Board Assurance Framework.

Integrated Quality and Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

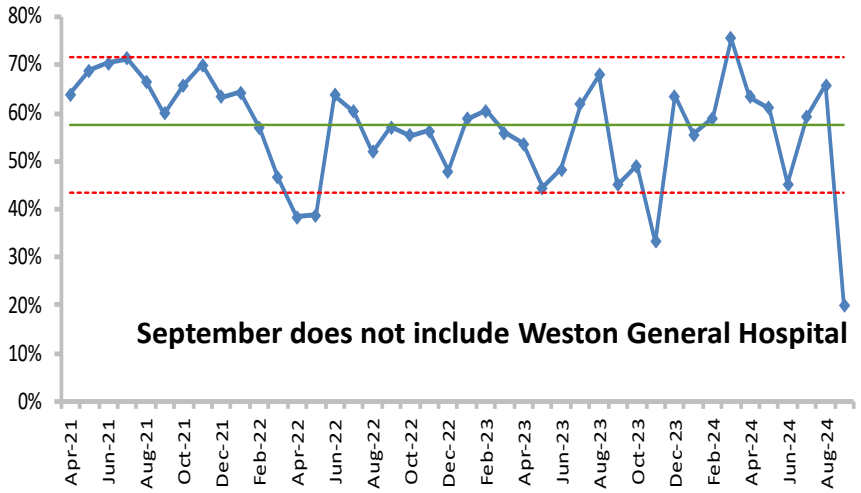
Reporting Month: September 2024

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

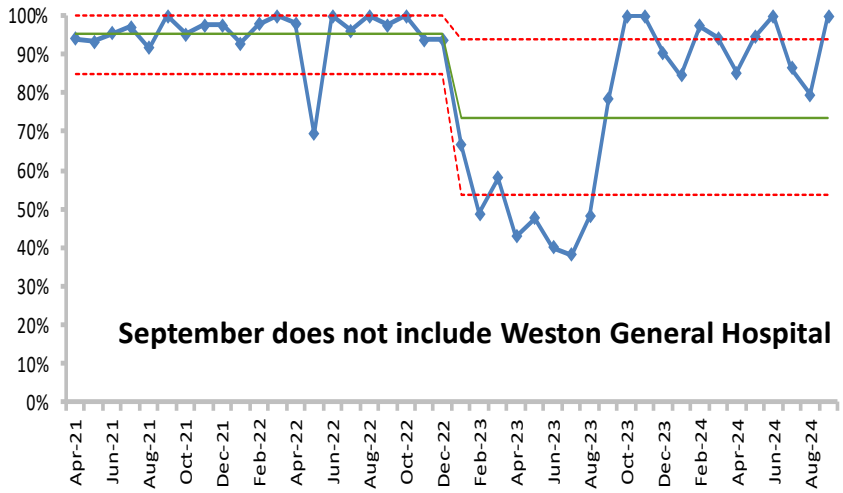
Sep-24

		36 Hours		72 Hours		Best Practive Tariff	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage	Achieved All Elements	Percentage
Bristol Weston	15	3	20.0%	15	100.0%	3	20.0%
TOTAL	**15**	**3**	**20.0%**	**15**	**100.0%**	**3**	**20.0%**

Fracture Neck of Femur Patients Treated Within 36 Hours



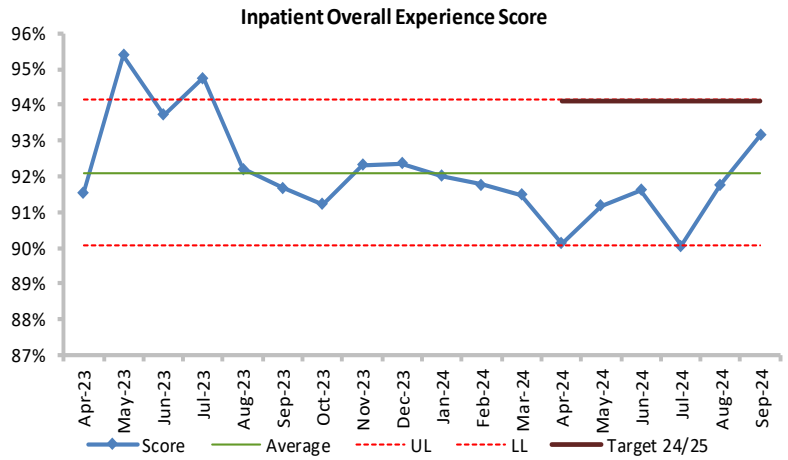
Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours

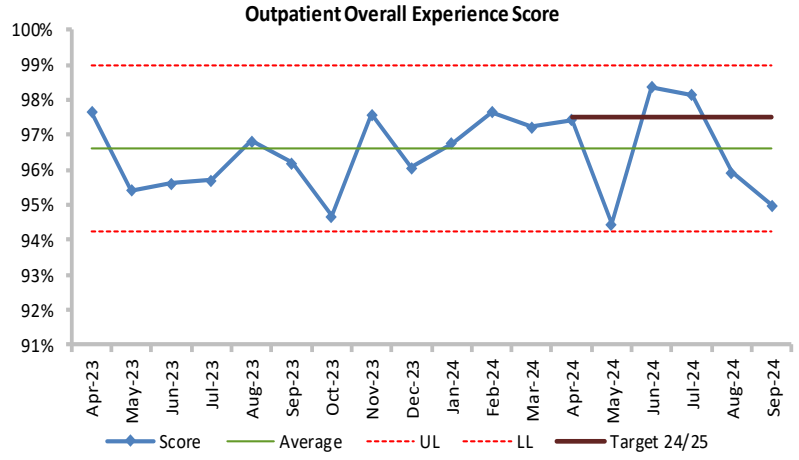


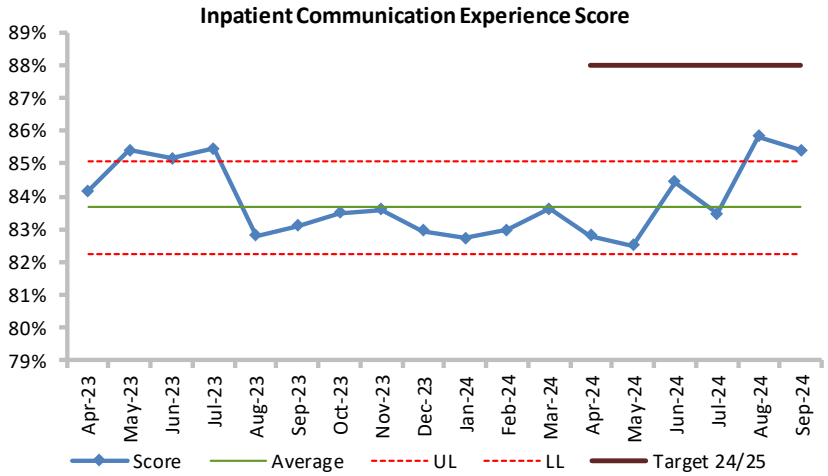
STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT
Background:	Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project. The goal of the project is to increase effective and timely recognition, escalation, and response of potentially deteriorating patients, including the recognition of sepsis by March 2025. The formal implementation of the 2024 NICE Sepsis (adult) Guidance occurred end of July 2024, with the introduction of the new Sepsis Screening Tool and Pathway. As a result, the revised metrics are as follows: • % Patients screened appropriately using the paper sepsis pathway • % Patients treated appropriately for sepsis
Performance:	Developing countermeasure summary for Patient First, where data for the two metrics will be reported.
National Data:	N/A
Actions:	• Following the formal dissemination of the new Sepsis Screening Tool and Pathway for adults based on 2024 NICE guidance, the Patient Safety Improvement Team have been providing ongoing floor walking support in August and September to engage with clinical staff to further embed the new pathway in clinical practice. • August sepsis data collection onwards will based on new triggers for sepsis screening in the 2024 guidance. Sepsis data is now visible to the Divisions to see baselines and impacts of planned improvement work. • The Patient Safety Improvement Team are working with BRI and Weston Emergency Departments to support sepsis data collection and test change ideas to improve timeliness of screening and treatment for patients at high risk of sepsis. • The updated "Recognition, Treatment, and Management of Sepsis" standard operating procedure based on the 2024 guidance has been approved. • The sepsis data is being used to support the wider Escalation and Response A3 thinking project. • We are seeking to have early conversations with colleagues in NBT and clinical engineering about whether a recent medical device innovation that is commercially under development has the potential to reduce inequalities that exist in oxygen saturation monitoring for patients who have darker skin.
Risks:	Corporate Risk 589 - Patient deterioration is not recognised and responded to (15)

STANDARD	QUALITY AND SAFETY: PATIENT EXPERIENCE
Background:	The Inpatient and Outpatient Experience Score metric is based on the survey question 'Overall, how was your experience of our service?'. The score is based on the percentage of patients who responded to the monthly survey who rated their care as good or very good in the overall experience question. The target for this metric is for 98% of patients to rate their care as a good or above (via the monthly surveys) by the end of 2027/28 financial year against the baseline position for 2022/23. A five year trajectory has been agreed to reach the target. The current year target (2024/25) for inpatients and maternity services to achieve a score of 94.1% or higher, for outpatients the target is 97.5%. The communication experience metric is a composite indicator of 16 questions in the monthly inpatient survey that focuses on communication-related aspects of care. The target is a score of 88%. This metric has been developed to monitor the Patient First Experience of Care breakthrough objective. The metric includes questions on how well we involve patients in decisions about their care, how clearly we communicate with patients and keep them informed on what will happen next in their care, whether we treat patients with kindness and understanding and respect and dignity. These metrics are the Patient First True North metrics for the Experience of Care priority. Divisional level metrics are reported quarterly through the Experience of Care Group (EoCG) and Quality and Outcomes Committee (QOC). Patient First methodology will drive the programme of work required to turn the dial to reach the target for inpatients and maternity and therefore at this relatively early stage in the roll-out, we may expect to see initial under-performance.
Performance:	The rolling 3-month average inpatient experience to September 2024 was 92.2% (August score was 91.7%). Metric is below target for 2024/2025. The rolling 3-month average for outpatient experience to September 2024 was 96.5% (August score was 97.6%). Metric is below target for 2024/2025. The rolling 3-month average for the inpatient communication metric experience to September 2024 was 84.9% (August score was 84.5%). Metric is below target for 2024/2025.
Actions:	• Improving inpatient experience is a Patient First priority. The breakthrough objective focuses on improving communication between patients and staff because we know this is the biggest driver of overall experience. • The communication experience metric has been developed to support conversations on where to focus improvement efforts. Medicine and Specialised Services (who selected this as a priority area via Catch-ball) are developing counter measures that will drive improvement in participating wards as well as identifying quick win opportunities to improve experience of care. • There is also a focus on improving communication experience at Weston General Hospital who have led the What Matters To You conversation tool roll-out.
Risks:	No risk in current Board Assurance Framework.

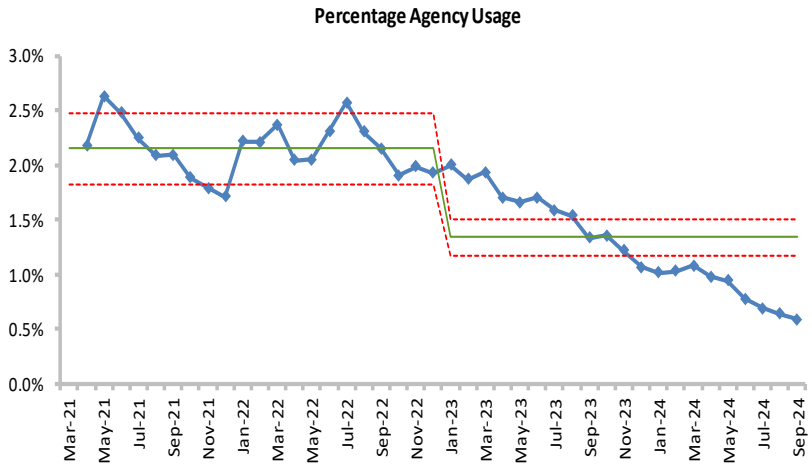
STANDARD QUALITY AND SAFETY: PATIENT EXPERIENCE (continued)





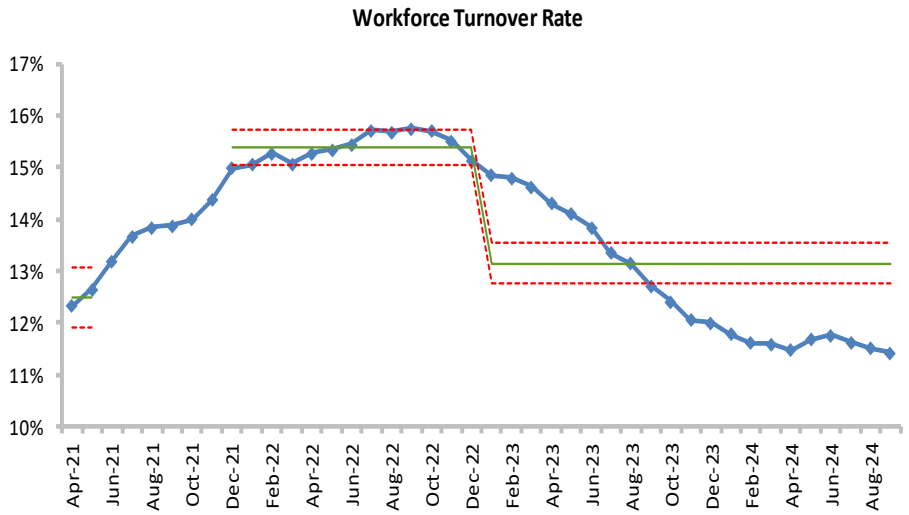


STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
Performance:	Agency usage reduced by 6.4 FTE. There were increases within three divisions, the largest was within Women's and Children's, where usage increased to 41.3 FTE from 34.8 FTE in the previous month. There were reductions within three divisions. The largest divisional reduction was seen within Medicine, where usage reduced to 11.4 FTE from 23.3FTE in the previous month.
Actions:	• A total of 50 new starters joined the bank in September for all staff groups which includes reappointments. • The UHBW Bank team continues to work closely with the Acute Provider Collaborative, since August there have been 18 bank workers from NBT work a CloudStaff shift at UHBW. • The team are continuing vision workshops weekly and are just signing off phase 1, which includes aligning processes of complaints and Short Notice Cancellations/Did Not Arrive placements. • The team have been working with system partners to consider procurement of a new agency tender for April 2025. • Active recruitment continues to Bank and substantive medical and nursing roles in the Weston Division to drive down the demand for high-cost agency usage. This is in addition to a focused piece of work to stop non-framework agency usage for medics across the Trust. • The Trust has reviewed sending shifts to agency and reducing timeframes to be able to do so. Approvals are in place to send bank shifts to agency.
Risks:	No risk in current Board Assurance Framework.



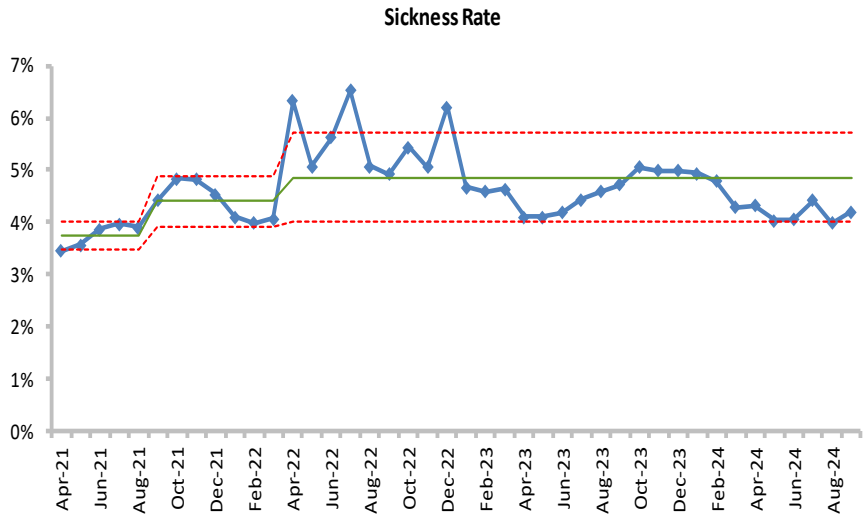
STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	Turnover for the 12-month period reduced to 11.4% compared with 11.5% the previous month (updated figures). Four divisions saw reductions whilst the other four divisions saw increases in comparison to the previous month. The largest divisional reduction was seen within Trust Services, where turnover reduced by 0.5 percentage points to 10.0% compared with 10.5% the previous month. The largest divisional increase was seen within Weston General Hospital, where turnover increased by 0.5 percentage points to 13.8% compared with 13.3% the previous month. Six staff groups saw a reduction, and two staff groups saw an increase, in comparison to the previous month. Administrative and Clerical remained static. The largest staff group reduction was seen within Add Prof Scientific and Technic, where turnover reduced by 1.37 percentage points to 11.66% compared with 13.03% the previous month. The largest staff group increase was seen within Estates and Facilities, where turnover increased by 0.86 percentage points to 16.93% compared with 16.06% the previous month. Turnover rate for Band 5 nurses in September is 10.1% (compared with 10.8% for August).
Actions:	NHS Staff Survey 2024: • Staff Survey 2024 launched 30 September and will be live until 29 November. • Comprehensive communications plan is underway with pre-launch and launch communications live via UHBW media platforms, as well as promotional resources displayed across the Trust, and divisional promotional packs. • Divisional Culture and People Plan check-in meetings scheduled to be undertaken during October and November with HRBP teams as part of the agreed engagement governance. Recognition: • Monitoring and Evaluation Form for the 2024 Recognising Success Awards has been completed, with the funding application for the 2025 Recognising Success Awards underway to submit to Bristol and Weston Hospitals Charity. Admin and Clerical Workstream: • A&C Focus Groups to take place in October to further understand colleagues lived experiences, expanding on the feedback gathered from the A&C survey. *…continued over page*

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Actions (continued):	People Strategy milestones: • There are robust plans in place to improve retention within the EDI and Wellbeing Strategic Frameworks, as well as the Engagement Strategic Action Plan, based on Staff Survey priorities. Activity against these plans is monitored in People Committee. • Respecting Everyone work continues with a particular focus on enabling social justice through mediation. The cohort of mediators are working closely with HR Services to develop a new approach to round table conversations which will support the resolution of cases relating to protected characteristics. This will support the delivery of the Pro-Equity Patient First program and improve colleague experience alongside reducing costs relating to conflict.
Risks:	No risk in current Board Assurance Framework.



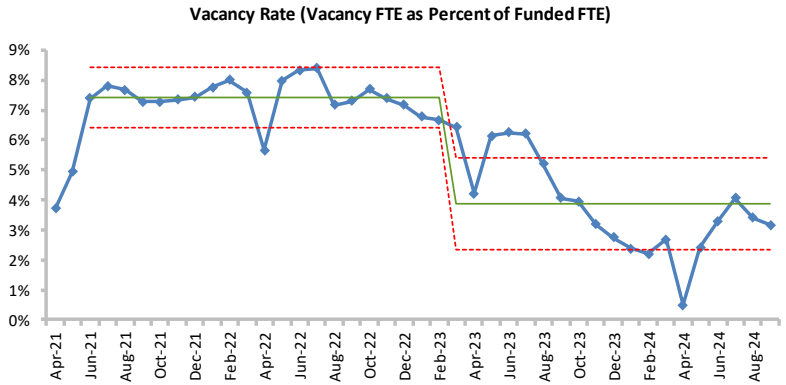
STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	Sickness absence increased to 4.2% compared with 4.0% the previous month, based on updated figures for both months. This figure is combined with Covid Related absence. There were reductions within two divisions and increases in the other six divisions, compared with the previous month. The largest divisional reduction was seen in Weston General Hospital, where sickness reduced by 0.7 percentage points to 3.9%, compared to 4.6% in the previous month. The largest divisional increase was seen in Diagnostics and Therapies, where sickness increased by 0.8 percentage points to 3.7%, compared to 2.9% in the previous month. There were reductions within two staff groups, increases in five, and one remained static compared to the previous month. The largest staff group reduction was seen within Estates and Ancillary, reducing by 0.6 percentage points to 5.8% from 6.4% in the previous month. The largest staff group increase was seen within Additional Professional Scientific and Technical, increasing by 0.65 percentage points to 4.74% from 4.08% in the previous month.
Actions:	• 12 colleagues received 1:1 wellbeing information and guidance as part of a surgical ward round held on A413. • 32 Workplace Wellbeing Advocates attended a quarterly network meeting to receive an overview of the in-house psychological health offer and new pro-equity approach. • The Ambulatory team covering Meadow, Puzzle Wood, Carousel and Rainforest and Seashore wards received an overview of the wellbeing offer at an Away Day. • The Psychological Health Service facilitated a 'Sexual Safety' workshop in Weston to provide a confidential space for colleagues to explore feelings and experiences around sexual safety at work to drive improvements in how this is managed and supported. • The Trust launched a workplace cardiovascular health check pilot funded by the Department of Health and Social Care receiving over 170 colleague bookings as at the end of September. • 32 Workplace Wellbeing Advocates attended online menopause champion training delivered by the NHS England Menopause Lead. • The Psychological Health Service facilitated a session entitled, 'Preparing yourself to have good conversations" which was open to all colleagues who undertake a peer-support role e.g. wellbeing advocates. • 113 Workplace Wellbeing Advocates attended a live, online induction session by end of September to learn strategies to best perform the role and provide targeted support at team level. *...continued over page*

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Actions (continued):	• The Health and Wellness Policy continues to be embedded across UHBW, further guidance relating to disability leave has been produced to aid management decision making and increase the number of disabled colleagues who can access reasonable adjustments such as disability leave to attend appointments. HR Services have been developing videos to aid colleagues when discussing their workplace adjustments with managers and continuing to provide drop-in sessions for managers to support the management of sickness absence. Additionally, the program relating to Respecting Everyone continues with further developments with regards to sexual safety and the mediation provision across UHBW.
Risks:	No risk in current Board Assurance Framework.



STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Performance:	Overall vacancies reduced to 3.2% (396.5 FTE) compared to 3.4% (425.3 FTE) in the previous month. The largest divisional change was seen in Medicine where the division's vacancy changed to 2.8 FTE, compared with an over establishment of -15.8 FTE the previous month. The largest divisional reduction was seen in Diagnostics and Therapies where the division reduced to 64.4 FTE, compared with having a vacancy of 89.1 FTE the previous month. The largest staff group reduction was seen in Nursing staff, where the staff group reduced to 73.7 FTE compared with having a vacancy of 115.2 FTE the previous month. The largest staff group change was seen in Medical staff, where the staff group vacancy changed to 4.5 FTE from an over establishment of -19.1 FTE the previous month. Consultant vacancy has increased to 43.0 FTE (5.3%) from 37.7 FTE (4.6%) in the previous month. Unregistered nursing vacancies can be broken down as follows: Band / Vacancy AfC Band 2 / 30.0 FTE AfC Band 3 / 60.1 FTE AfC Band 4 / -42.8 FTE The band 4 over establishment is due to the large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position.
Actions:	• Nursing Career pathway work continues with the voiceover completed on the 26th of September and awaiting the first storyboard draft from Medical Illustrations that is due to be reviewed week commencing 7th October. The project is due to launch and be completed by Mid-November. • Planning continues for the next Newly Qualified Paediatric Nurse recruitment event will take place on the 12th of October. So far, we have 2 candidates confirmed attendance. • Radio infomercials have been created to help with retention of our staff by promoting Career Clinics and going live on Bristol and Weston Hospital radio. Airing of the infomercial started in Bristol week commencing the 30th of September, Weston's airing schedule is to be confirmed. • A Newly Qualified Midwifery Recruitment event took place with 15 in attendance. Interviews commenced 24th of September with 21 candidates being interviewed. Outcome of interviews expected mid-October. • Bank Healthcare Support Workers (HCSWs) were invited to apply for substantive posts and following an interview process, 16 successful bank HCSWs were made substantive offers. • 28 candidates were appointable to the role of a Healthcare Support Worker (HCSW). 30 HCSWs have completed recruitment checks and have start dates booked. *…continued over page*

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Actions (continued):	• 37 substantive Allied Health Professionals (AHPs) and 20 substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of September. • 15 newly qualified AHP's joined the Trust in September, with six more to join across Q3.15 newly qualified Pharmacists have been appointed through Q1-Q2, with 10 starting in the month of September. Further start dates have been booked through Q3. • The Trust began work on a talent attraction project for Pharmacy to help recruit to hard to fill roles. The project has four key streams: inclusive pharmacy recruitment video, pharmacy career pathways, social media campaign and a new pharmacy careers website. The project planning initiated in September with plans of completion by Q4. • The attraction and retention project within Radiology has continued. A website has been created for the career showcase campaign where stories of colleagues across Radiology will be shared. • In September, two consultants started in Emergency Medicine on the Weston site. One locum consultant grade doctor has been cleared to start in Weston Emergency Medicine in October. • Substantive Emergency Medicine consultant interviews are planned for the 8th of October. • In addition, one locum consultant grade doctor in Emergency Medicine was offered position in Weston. • The "Dial a job" campaign targeting consultants is currently live on the BMJ site and targeted emails have been sent to 3000 consultants registered on BMJ. • Substantive interviews for an Emergency Medicine and Care of the Elderly Consultant in Weston are scheduled to go ahead in November.
Risks:	No risk in current Board Assurance Framework.



STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of September: • 1,425 patients were waiting 52+ weeks against the 2024/25 Operating Plan trajectory of 1,653. • 72 patients were waiting 65+ weeks against the 2024/25 Operating Plan trajectory of 0. • 0 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks. For 2024/25 the Operating Plan shows elimination of 65+ week waits by September and a reduction of 52+ week waits to 862 by end of March 2025.
National Data:	For August 2024, across all of England, 3.8% of the waiting list was waiting over 52 weeks. UHBW's performance was 3.1% (1,809 patients) which places UHBW as the 76th highest Trust out of 156 Trusts that reported RTT wait times.
Actions:	• At the end of September 2024, there were no patients waiting over 104+ weeks. This is a sustained position, with February 2023 being the last time a patient was reported waiting 104 weeks or longer. • The Trust continued to work towards the elimination of any patient waiting longer than 78 weeks and at the end of September 2024 there were no patients waiting 78 weeks. A position that is expected to be maintained in future months. • From the end of August 2024, the Trust had forecast that there would be no patients waiting longer than 78 weeks, with the potential exception of patients awaiting cornea graft material. Due to a previously reported national shortage of cornea graft material, the Trust are only able to date these patients once supply is allocated. At the end of September, sufficient material had been received to date all the Cornea graft patients in the month of September who would have breached at the end of the month. Until this national issue has resolved, the Trust will continue to follow the process to request material from the ocular tissue team. • On 22nd August, the Trust declared to NHS England that the planning assumptions for the elimination of 65-week breaches by end of September had been compromised by an unplanned drift in Oral Surgery & complex Orthodontic services due to increases in demand combined with unplanned workforce losses. At the end of September there were 72 patients waiting 65 weeks or longer, with 26 Cornea Graft patients, 43 in Dental and 3 Paediatric ENT (2 of which were a result of a Paediatric trauma transfer from RUH which displaced two routine cases over two days) which is an improvement on the end of August position when 155 breaches were reported. • The Trust has established insourcing arrangements for outpatient services in Paediatric Dentistry, Paediatric Oral surgery, Oral Medicine, Orthodontics and Maxillofacial. The dental service have also recruited an additional Orthodontics consultant and a Paediatric Cleft locum to increase the capacity within these services. Within dental services there continues to be a gap in the number of Paediatric Dentistry consultants, equating to 1.4 WTE. Additional paediatric sessions have been provided to mitigate the activity gap, and the service is seeking to advertise for a fourth time in the autumn to coincide with the completion of the current specialist registrar training round. Dental have recruited an additional Oral Surgery consultant who joins the organization on 8th November to provide additional capacity. Page 93 of 221 *...continued over page*

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Actions (continued):	• Dental services also have additional Independent Sector capacity under contractual agreements with Spire to support their recovery in Cleft services and the service are using KPI Health as an insourcing provider for Paediatric Dental clinics and extractions which commenced January 2023, with schedules being provided each month. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are under review via a theatre improvement programme to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volume of cancer cases, inpatient capacity, critical care capacity and staff shortages. A meeting is scheduled for 11th October to look at the capacity available to achieve the national ambition of eliminating waits of 52 weeks by end of March 2025. • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives.
Risk:	Corporate Risk 7182 - Non-compliance with routine elective treatment within 65 weeks (12)

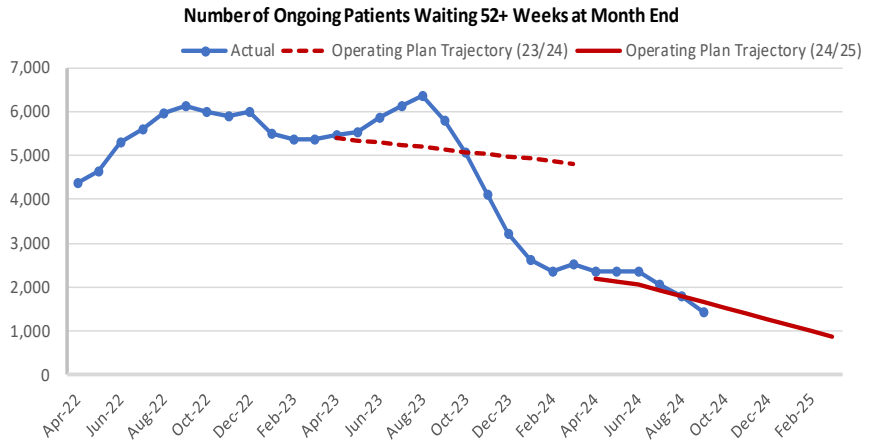
Integrated Quality and Performance Report

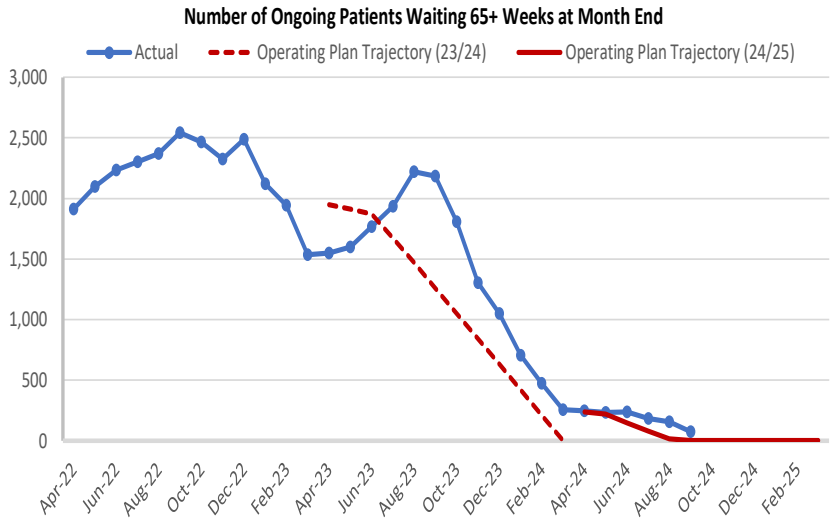
University Hospitals Bristol and Weston NHS Foundation Trust

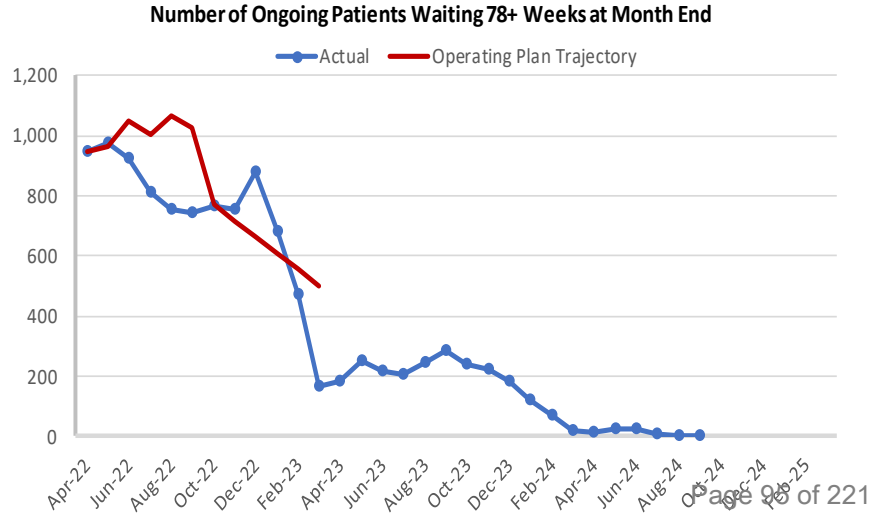
Reporting Month: September 2024

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

	Sep-24		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	16	0	0
Medicine	143	0	0
Specialised Services	142	0	0
Surgery	874	69	0
Women's and Children's	250	3	0
Other	0	0	0
UHBW TOTAL	**1,425**	**72**	**0**







Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

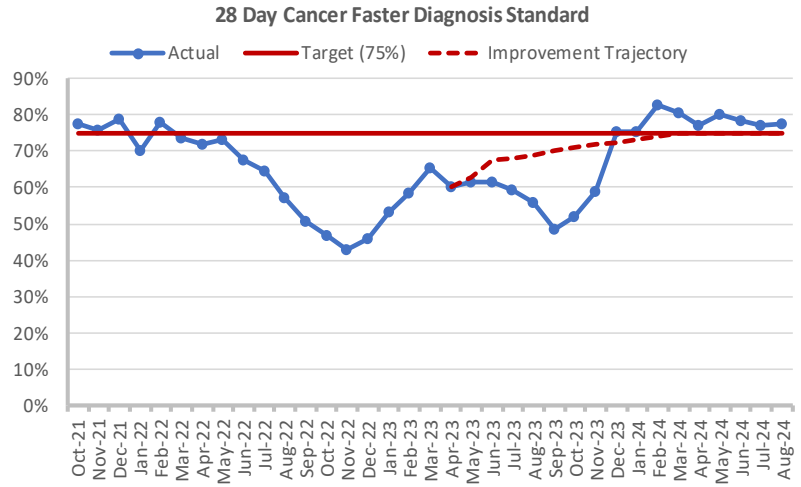
Reporting Month: August 2024

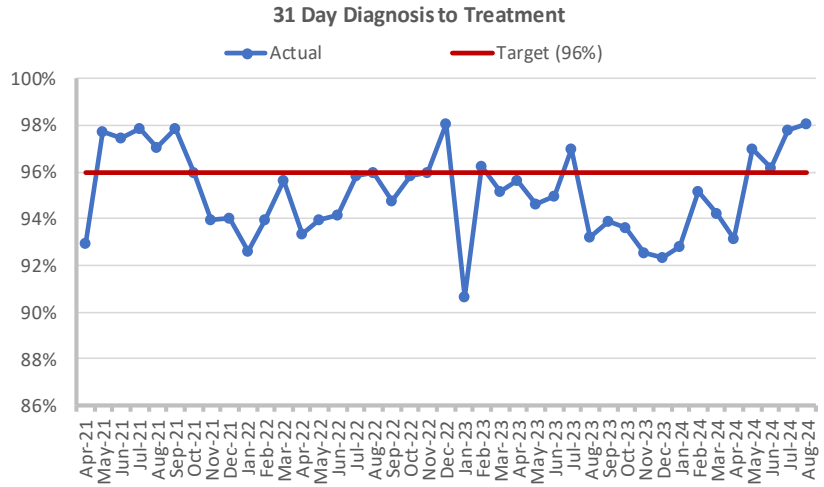
STANDARD	CANCER WAITING TIMES
Performance:	All three cancer standards are reported a month in arrears. The "Faster Diagnosis Standard" (FDS) measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. In 2023/24, this time should not have exceeded 28 days for a minimum of 75% of patients. The NHS ambition is to deliver this for a minimum of 77% of patients by March 2025 and then 80% by March 2026. UHBW's operating plan trajectory for 2024/25 was set at 75% in Quarter 1 and 77% in Quarters 2, 3 and 4. Performance in August was compliant at 77.6% The 62 Day Standard reports number of patients treated within 62 days of starting a suspected cancer pathway. The national constitutional standard is 85% and UHBW's operating plan trajectory for 2024/25 was set at 70% each month. For August, 75.8% of patients were treated within 62 days. The 31 Day Standard reports number of patients treated within 31 days of the decision to treat. For August, 98.1% of patients were treated within 31 days, which is the highest performance in the South-West region. The national constitutional standard is 96%.
National Data:	National data for patients treated within 62 days of starting a suspected cancer pathway is shown on the next page.
Actions:	The Trust continues to comply with the Faster Diagnosis Standard, including with the 77% increased target for 24/25 financial year. The 62-day referral to treatment standard performed above NHSE's interim target for a ninth consecutive month with an ongoing improvement trend, and performance against the 31-day decision to treat to treatment standard sustains compliance. The actions to sustain and further improve this performance include; increasing operating theatre capacity through the new elective centre (from April 2025), expansion of the gynaecological cancer one-stop assessment clinics and continued rigorous waiting list management.
Risk	Corporate Risk 6782 - Non-compliance with the 28 day Faster Diagnosis cancer standard (16) Corporate Risk 5532 - Non-compliance with the 31 day cancer standard (12)

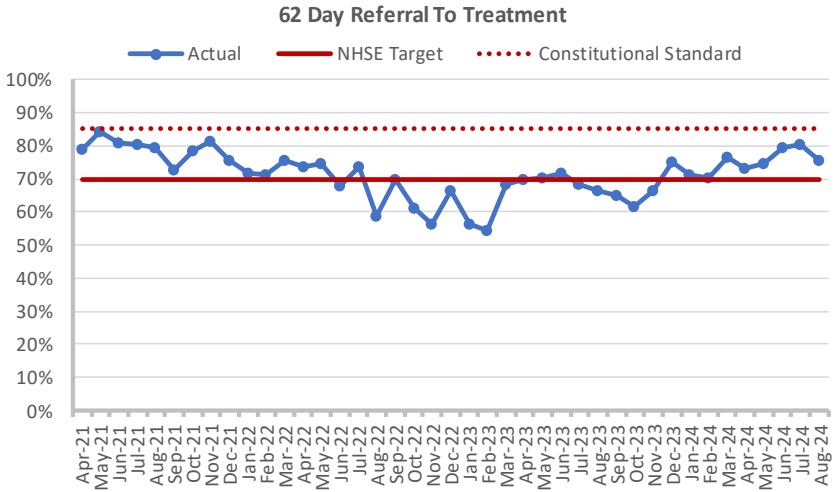
	Aug-24		
	Within Target	**Total Patients**	**% Achievement**
28 Day Faster Diagnosis	1,507	1,941	77.6%
31 Day Standard	717	731	98.1%
62 Day Standard	177	233	75.8%

Reporting Month: August 2024

STANDARD	CANCER WAITING TIMES







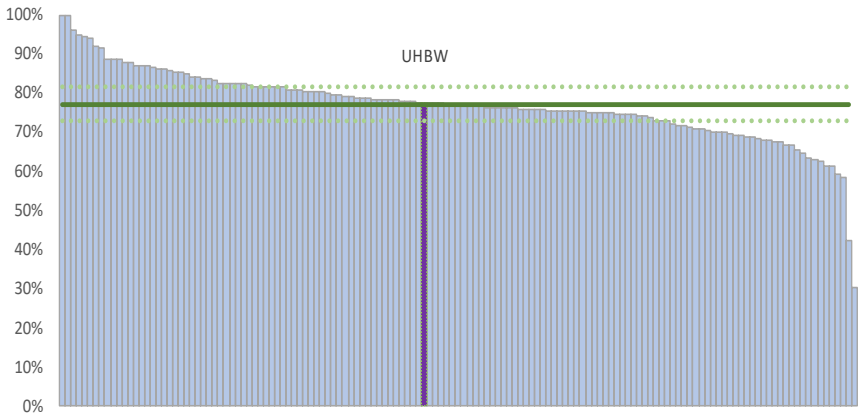
Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

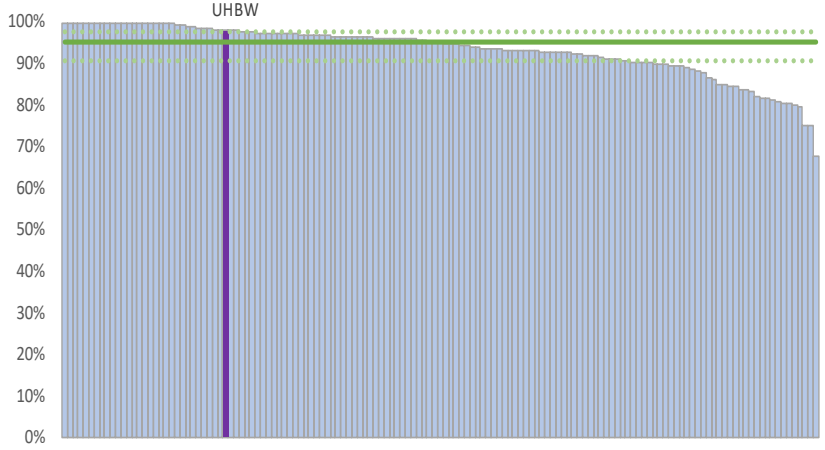
Reporting Month: August 2024

STANDARD **CANCER WAITING TIMES**

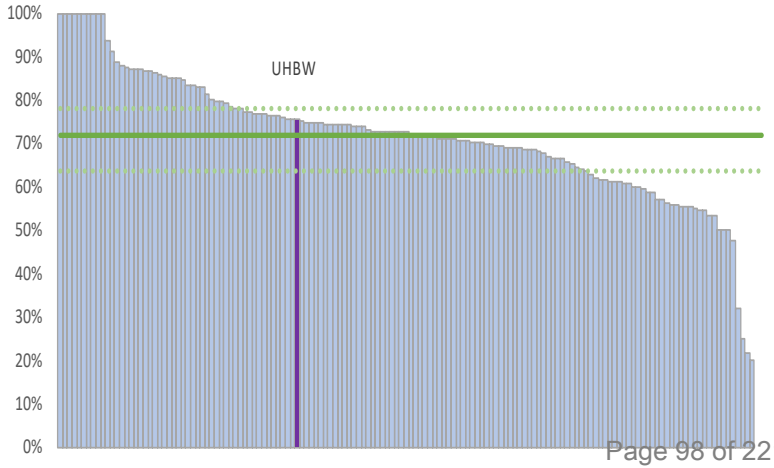
Benchmarking - 28 Day Faster Diagnosis Standard



Benchmarking - 31 Day Performance Distribution



Benchmarking - 62 Day Performance Distribution



STANDARD	DIAGNOSTIC WAITING TIMES
Performance:	The ambition set as part of the Trust's operational planning submission for 2024/25 is that 90.4% of patients will be waiting under six weeks by end of September 2024. The Trust achieved 83.3% for September 2024. The constitutional standard is to achieve 95% and the 2024/25 operating plan submission shows recovery to 95% by March 2025. Trusts are also focussing on reducing long wait volumes, for patients waiting 13+ and 26+ weeks. As at the end of September: • 432 patients were waiting 13+ weeks. This is 2.9% of the total waiting list. • 7 patients were waiting 26+ weeks. This is 0.05% of the total waiting list. Note there were no required national trajectories for these long wait measures in 2024/25.
National Data:	For August 2024, the England total was 75.1% of the waiting list under six weeks. UHBW's performance was 80.8% which places UHBW 80th of 158 Trusts that reported diagnostic wait times.
Action/Plan:	• At the end of September, performance against the six week wait standard was reported as 83.3% against the operational planning trajectory of 90.4%. • Considerable efforts have been made to improve performance for long wait patients and the number waiting over 13 weeks have improved from 694 at end of Mar-24 to 432 at end of September. The number of patients waiting 26+ weeks have reduced from 206 to 7 over the same time period. • Improvements in performance for September are noted across all modalities, with the exception of MRI and Neurophysiology. Challenges remain in Audiology, MRI and CT and actions are in place to recover which are yielding some positive results with further recover in these services expected through the remaining months of 2024/25. • Whilst improvement is noted in September, Audiology (adults) performance remains challenged. Recovery plans are in place and improvement to the national target is expected by Q3 24/25 with the use of different types of additional capacity to supplement the core capacity which has been maintained. • The deterioration in MRI performance is attributed to the adults Cardiac MRI service and General MRI, where there is an increasing level of demand and reduced uptake in undertaking additional lists over the summer period. The service is reviewing all possible actions to support recovery, however additional capacity needed for recovery of Cardiac MRI is very specialised adding an additional layer of complexity to the recovery plans. • CT performance is still challenged due to staff turnover. Recruitment has taken place with new starters due to join in the next month, and additional short-term actions are underway, including plans to outsource some CT cardiac to the independent sector. • Echocardiography performance continues to improve and is now ahead of trajectory, despite the service experiencing a sustained increase in urgent and inpatient demand which affects elective capacity and recovery. The service is utilising core capacity across all sites to reduce waits and it should be noted that expected additional Community Diagnostic Centre (CDC) capacity was delayed, impacting the recovery plans. • Performance and long waiters in Sleep Studies is improving well, and further improvements are expected in this modality. The service continues to use significant additional capacity to improve waiting times for patients and extensive actions continue to be undertaken to improve this service. The position is expected to recover during Q3 2024/25 and is being monitored closely, which includes an expected increase in referrals from Royal United Hospitals Bath over the next month. *...continued over page*

STANDARD	DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	• Improvements have also been noted in DEXA (100% in September) over the last 12 months because of an improved staffing position and commencement of the service at the CDC in April • Endoscopy (adults) performance against the six-week standard has improved in September from August along with a reduction in patients waiting over 13 weeks. Actions are in place and further improvement is expected over the next few months and the service are anticipating the clearance of long waiters over 13 weeks by Q3 24/25. The risks associated with performance remain but are being mitigated as far as possible. Risks include ongoing complex patient queries, challenges in certain staffing groups, and complex patients requiring capacity which is limited and prioritised for the most clinically urgent patients. • Diagnostic capacity year to date has been challenged by sickness and other workforce challenges and the prioritisation of more clinically urgent patients. Previous industrial action has significantly impacted diagnostic performance as the unrealised capacity generally cannot be recouped, pushing out recovery timelines. Capacity constraints in highly specialist sub-modalities, particularly for patients requiring their procedures under general anaesthetic, also significantly impacts diagnostic performance improvement. • Modality-level diagnostic trajectories and plans for 24/25 are agreed across the organisation and the Trust continues to utilise insourcing and transferred capacity and outsourcing to the independent sector which are all integral to the 24/25 diagnostic recovery plans.
Risk:	n/a

End of September 2024

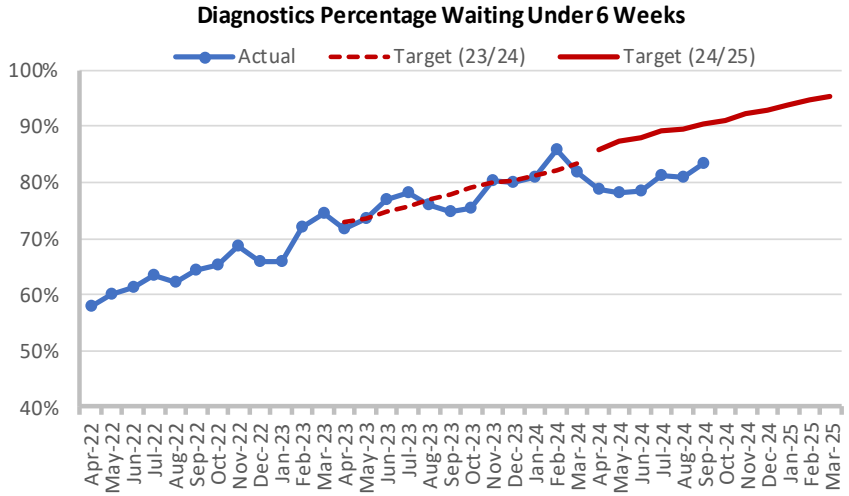
Modality	Total On List	Under 6 Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	1,052	204	81%	55	5%	0	0%
Colonoscopy	371	81	78%	18	5%	3	1%
Computed Tomography (CT)	2,997	534	82%	108	4%	0	0%
DEXA Scan	368	0	100%	0	0%	0	0%
Echocardiography	1,264	127	90%	1	0%	0	0%
Flexi Sigmoidoscopy	119	27	77%	3	3%	0	0%
Gastroscopy	327	74	77%	14	4%	2	1%
Magnetic Resonance Imaging (MRI)	3,658	825	77%	229	6%	1	0%
Neurophysiology	199	29	85%	2	1%	0	0%
Non-obstetric Ultrasound	4,473	568	87%	1	0%	0	0%
Sleep Studies	230	45	80%	1	0%	1	0%
Other	0	0		0		0	
UHBW TOTAL	**15,058**	**2,514**	**83.3%**	**432**	**2.9%**	**7**	**0.05%**

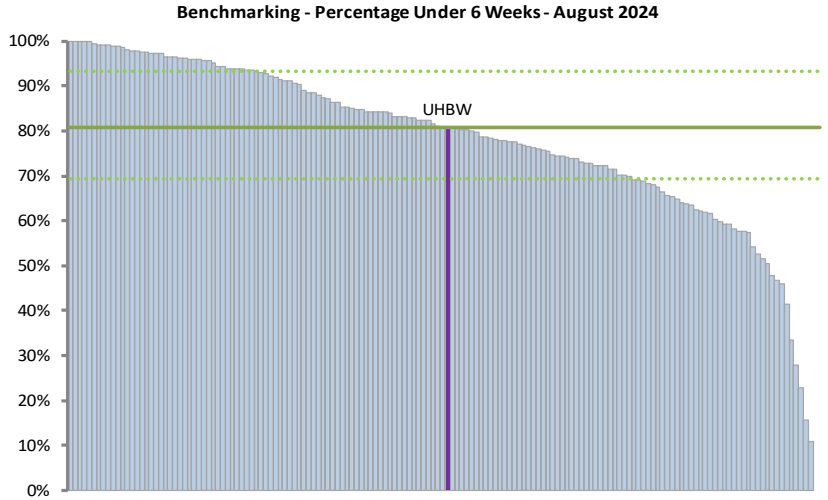
Integrated Quality and Performance Report

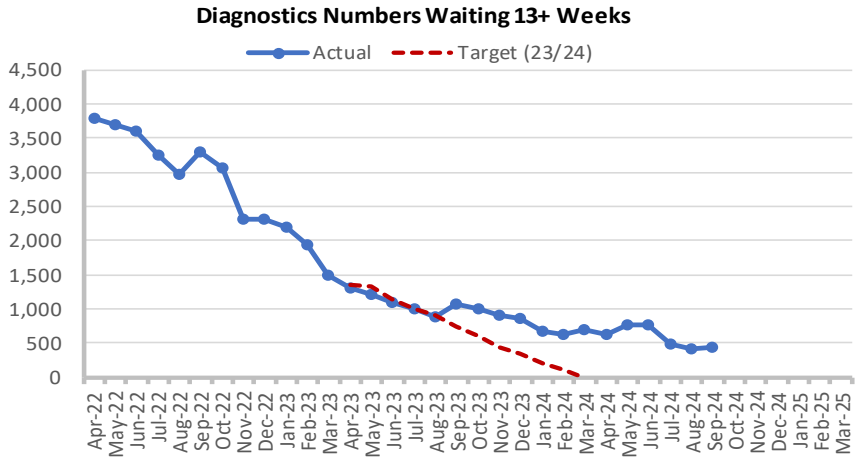
University Hospitals Bristol and Weston NHS Foundation Trust

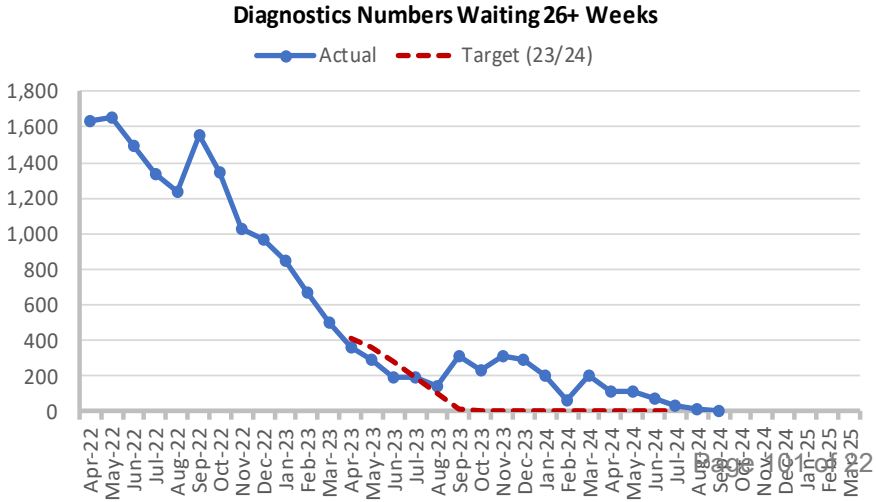
Reporting Month: September 2024

STANDARD **DIAGNOSTIC WAITING TIMES**









STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS & WAITS IN A&E FROM ARRIVAL TO DISCHARGE, ADMISSION OR TRANSFER
Performance	**Waits in ED from arrival to discharge, admission or transfer** The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported: • The "4 Hour Standard". This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2024/25, systems are required to return performance to 78% by March 2025, i.e. 78% of ED attendances should spend less than 4 hours in ED. UHBW is required to deliver 71.8% by March 2025 to contribute to the 78% system target. • The "12 Hour Standard". This standard was introduced in 2023/24 and reports the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer. This has an operational standard of no more than 2%. Note: both standards apply to all four emergency departments in the Trust. During September, 68.7% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission; this is below the operating trajectory of 71.8%. The September performance for the "12 Hour Standard" was 3.4% which does not meet the national target of not exceeding 2%. **Attendances** • BRI attendances were 6,663 in September (average 222 per day), which is more than the daily attendance figure of 209 seen in August and a 1.9% increase from September 2023 which averaged 218 attendances a day. • Children's Hospital attendances were 3,721 in September (average 124 per day). This is an increase from the 95 attendances per day in August and a 0.9% reduction from September 2023 which averaged 125 attendances a day. • Weston Hospital attendances were 4,392 in September (average 146 per day). This is a decrease from the 152 attendances per day in August and a 1.2% increase from September 2023 which averaged 145 attendances per day. • Eye Hospital attendances were 2,238 in September (75 per day), which is unchanged from August and a 2.9% increase from September 2023 which averaged 73 attendances per day. **12 Hour Trolley Waits** This metric relates to patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. During September, there were 261 12 Hour Trolley Waits, compared to 82 in August. **Ambulance Handovers** Following handover between ambulance and ED the ambulance crew should be ready to accept new calls within 15 minutes. The two metrics reported are the number and percentage of handovers that are completed within 15 or 30 minutes. The current improvement targets are that 65% of handovers should be completed within 15 minutes and 95% within 30 minutes. Of the 3,845 ambulance handovers in September: • 1,286 ambulance handovers were within 15 minutes which was 33.4% of all handovers. • 2,639 ambulance handovers were within 30 minutes which was 68.6% of all handovers.

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
National Data:	Ambulance Handovers: There are 19 hospitals in the South-West that the Ambulance Service reported data for September 2024, overall percentage of handovers under 15 minutes was 24.5% across these hospitals. The Children's Hospital ranked first (best performing) with 71.2% of handovers under 15 minutes, BRI was 5th highest at 35.6% and Weston was 8th highest at 28.2%. ED 4 Hours: For Quarter 2 across all Type 1 Emergency Departments in England, 61.2% of patients were seen within 4 hours. UHBW was at 66.7%. The upper quartile was 67.6% (i.e. 25% of Emergency Departments achieved 67.6% or above in Quarter 2).
Actions:	**Bristol Royal Infirmary (BRI)** • Daily ED attendances to BRI Emergency Department in September increased to 228 compared to 208 in August. Increase is primarily due to an increase in Fast Flow attendances in month. • Overall, 4-hour performance at the BRI site was 49.5% in September and ED non admitted performance was 60.8% in September (down from 68.7% in August) • 5.2% of patients waited over 12 hours in the department in September, an increase from 1.6% in August, a correlation with a deterioration in admitted performance. • 952 hours were lost to ambulance handover delays in September which equates to an average of 31.7 hours per day; compared to August when 472 hours were lost (an average of 15.2 hours per day) and ambulance arrivals remained the same in September when comparing to August. • ED is due to launch a perfect week with SWAST and senior ED nurse team to focus on handovers and XCAD sign off. • There will be a continued reduction in ED SDEC provision due to ED consultant capacity. • The Proactive Hospital Team, ED, Radiology and Portering Leads have completed a process map of current ED to CT pathway. The next step is to gather data and to observe the actual process on the shopfloor (GEMBA). GEMBA dates to be arranged for November 24 as the project group are still sourcing all appropriate data. Focus to improve CT diagnostic turnaround times and eliminate duplication • The Proactive Hospital Team, ED, Radiology and Pathology have recently formed a project team to focus on pathology processes and turnaround times. Process Mapping event is planned for 24 October to outline current pathway and highlight any delays. • The key aim is to review training required for the Patient Flow Coordinator role to embed processes and expectations of the 'Flow Out' Patient Flow Coordinator (PFC). ED leadership team is reflecting on visits to Weston ED and St Mary's to relaunch BRI PFC role. Developing ideas on an Admin & Clerical 4hr flow co-ordinator pilot to manage patient wait times in the department to reduce length of stay in ED and avoid 4-hour and 12-hour breaches. **Weston General Hospital (WGH)** • Attendances at Weston General Hospital ED decreased in September to an average of 147 per day (2024/25 av. 152) with a total of 4,401 attendances • Performance against the 4-hour standard improved to 73%, compared to 71% in August and 70% in July. Page 103 of 221 *...continued over page*

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	**Weston General Hospital (WGH) (continued)** • In contrast 12-hour performance deteriorated to 5% compared with 2% in August with increased numbers of patients waiting in ED overnight for beds. • Ambulance handovers deteriorated to 26% in under 15 minutes with a total of 238 hours of lost ambulance time accumulated at the Weston site in September. Review of rapid assessment and treatment process underway to improve this. • A total of 11% of ED attendances were seen in either Emergency Department Observation Unit or Clinical Decision Unit. • Work to upskill ED consultants in frailty is starting in October to improve emergency care for frail patients. To support this work on collecting the Clinical Frailty Score (CFS) in ED is underway; 28% of patients over 75 had a CFS recorded. **Bristol Royal Hospital for Children (BRHC):** • September 2024 saw a total of 3,721 attendances to the Children's Emergency Department (CED), with an average of 124 attendances per day. This daily figure is up significantly from August 2024 when the average daily attendance was 95 (2,958 overall). • Figures from September 2023 show that there were 3,754 (125 average per day) attendances in the previous year, this is an attendance decrease of 0.89% which is significantly below the level of attendance that the department would expect to see, year on year. (Usually around 4% increase on previous year). • CED 4-Hour performance in September 2024 was 83.2%, which is down from August 2024 performance of 92.4%. • There were 10 x 12-Hour breaches in September 2024, this is up from the 2 x 12-Hour breaches in August 2024. Key aims for the coming month are to review 12-hour breaches during a newly introduced weekly meeting. **Same Day Emergency Care (SDEC):** The development of the SDEC offer across the Trust aims to redirect clinically appropriate patients away from Emergency Departments to support patient flow, reduce waiting times and minimise unnecessary admissions. **Surgical SDEC – BRI:** September reflects a mixed picture for the service, admissions sat at 400, a slight drop from August (429) but an increase when compared to July (354). The number of patients discharged home improved at 80.75%, an increase from August(77.86%), although Surgical SDEC has been challenged with 7-day reattends into the service reflecting a significant increase and reaching 40 in September (35 in August and 16 in July). Additionally, the average wait in ED tipped slightly over the 4-hour target sitting at 4.13 hours however it is noted that the average wait across Q2 reflected an average of 3.41 hours. Work is underway in recognition of the challenges the service is facing with focus being given to management of the number of 'bring back' patients and improvement of flow. It should also be noted that challenges arising from the limited footprint and access to senior decision makers has a limiting impact on improvement. *...continued over page*

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	**Weston SDEC**: • In September SDEC activity increased to 764, an average of 25 per day, equating to 17% of ED attendances in total. • 487 patients were referred to SDEC from ED (11% of attendances). • 196 patients were seen in Surgical SDEC which was a slight deterioration from 224 Surgical attendances in August. • The admission rate for SDEC remains low at 7%. Missed SDEC opportunity review underway to identify any additional pathways that could be managed via SDEC. • Work on establishing a frailty SDEC is ongoing with and expected start date of December 2024. **Medical SDEC - BRI:** • Medical SDEC continues to deliver a 70-hour weekday and 24-hour weekend service, compliant with standard. • There has been a significant increase in activity seen in SDEC over the last two years. On average, SDEC saw 739 patients each month in 2023/24, an increase of 38% from an average of 535 patients each month in 2022/23. During 2024/45 SDEC has seen 717 patients (on average) each month. • SDEC saw 626 patients in September, which is a 3% increase from August (609). • The service saw 8% of front door attendances and 25% of patients on the medical take; the admission rate reduced to 21% from 26% in August, and the average length of stay in SDEC decreased to 4 hours 30 minutes in September. • The service continues to work on increasing the number of direct referrals from community and ambulance referrals into SDEC. September saw 43 ambulance referrals, an increase from August where we saw 36. Key aims: • Complete NHS England Self-assessment Tool for SDEC to identify opportunities for improvement. • Increase data accessibility on the SDEC dashboard . • Continued review of inappropriate activity within SDEC with movement of 2nd infusions to the weekend, to release clinic capacity in the week. • Increase direct referrals from the community – consider local implementation of Consultant Connect telemedicine system to better facilitate referral pathways. • Continue to monitor incomplete discharge summaries on the unit as we have seen an increase with the new rotation of doctors. • Review of SDEC SOP to set out expectations of time before a patient needs to be reviewed by a specialty if brought back to the unit by that specialty.
Risks:	Corporate Risk 910 - That patients in BRI ED do not receive timely and effective care (20)

Integrated Quality and Performance Report

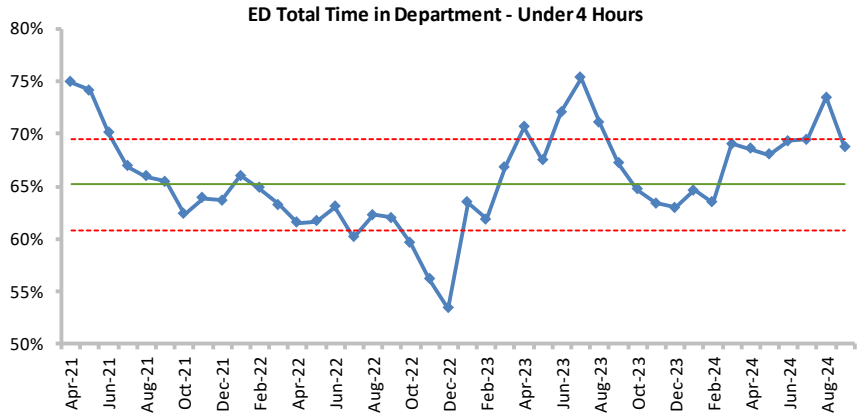
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

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

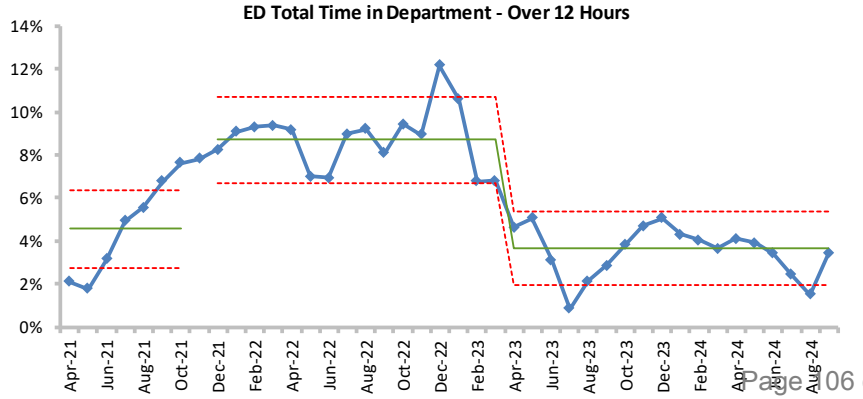
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Sep-24	2024/25	2023/24
Bristol Royal Infirmary	49.5%	52.9%	54.2%
Bristol Children's Hospital	83.2%	83.8%	75.6%
Bristol Eye Hospital	93.9%	94.7%	95.7%
Weston General Hospital	72.7%	69.9%	65.9%
UHBW TOTAL	**68.7%**	**69.5%**	**67.6%**

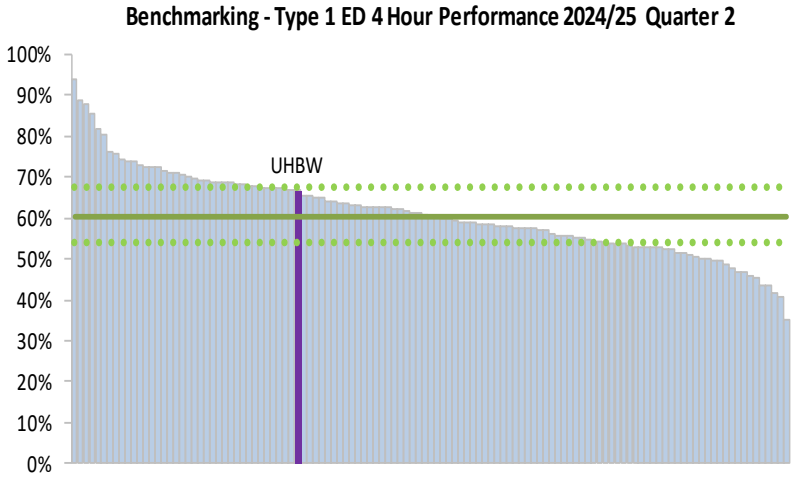


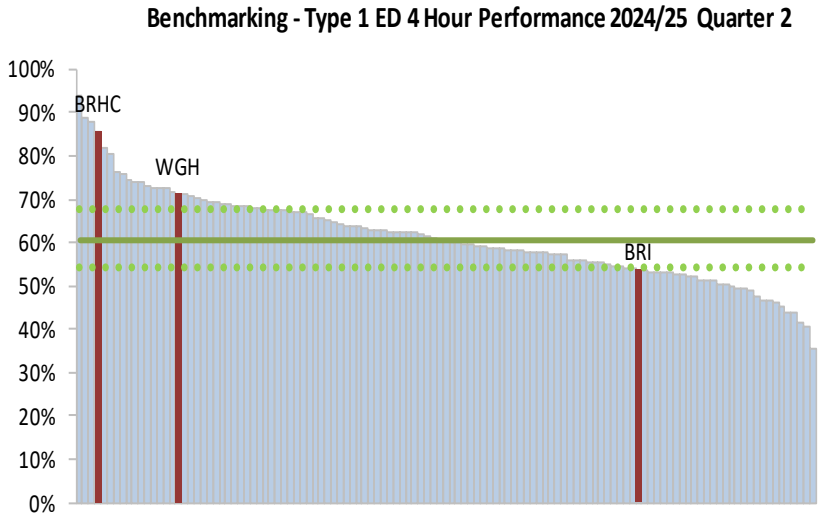
Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

12 Hour Performance	Sep-24	2024/25	2023/24
Bristol Royal Infirmary	5.2%	4.2%	5.0%
Bristol Children's Hospital	0.3%	0.3%	1.5%
Bristol Eye Hospital	0.0%	0.0%	0.0%
Weston General Hospital	5.1%	5.5%	5.7%
UHBW TOTAL	**3.4%**	**3.1%**	**3.7%**



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

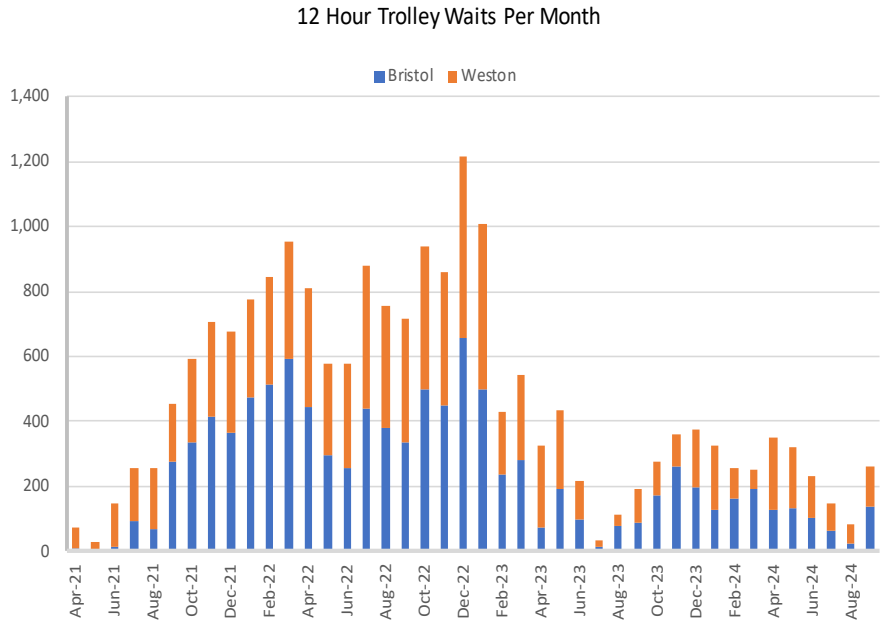


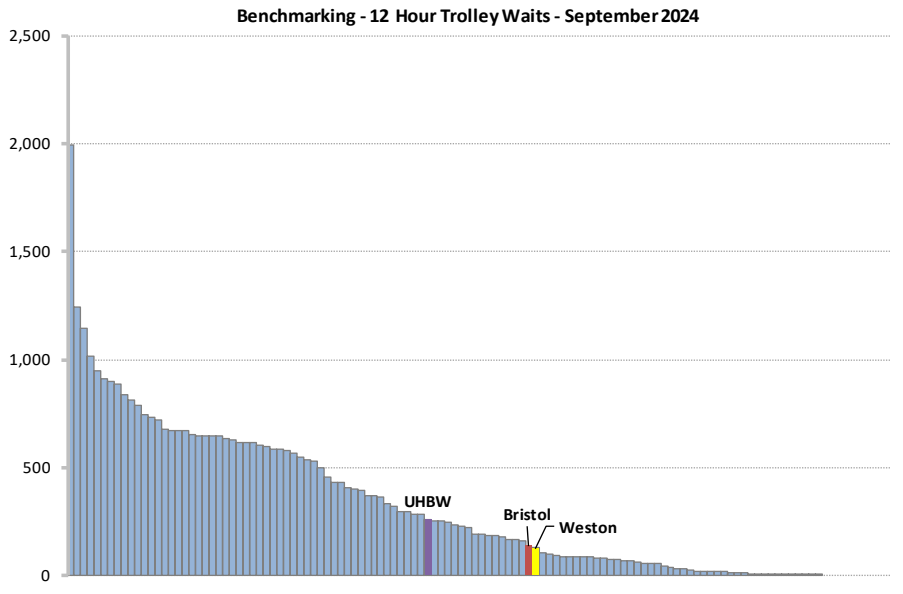


STANDARD **EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E**

12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024												2024/2025					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Bristol	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79	89	172	259	195	125	164	189	129	131	104	61	23	137
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104	102	181	202	91	60	221	190	126	85	59	124
UHBW	**809**	**579**	**576**	**878**	**758**	**717**	**941**	**862**	**1217**	**1006**	**427**	**545**	**324**	**435**	**214**	**34**	**112**	**193**	**276**	**361**	**376**	**327**	**255**	**249**	350	321	230	146	82	261





Integrated Quality and Performance Report

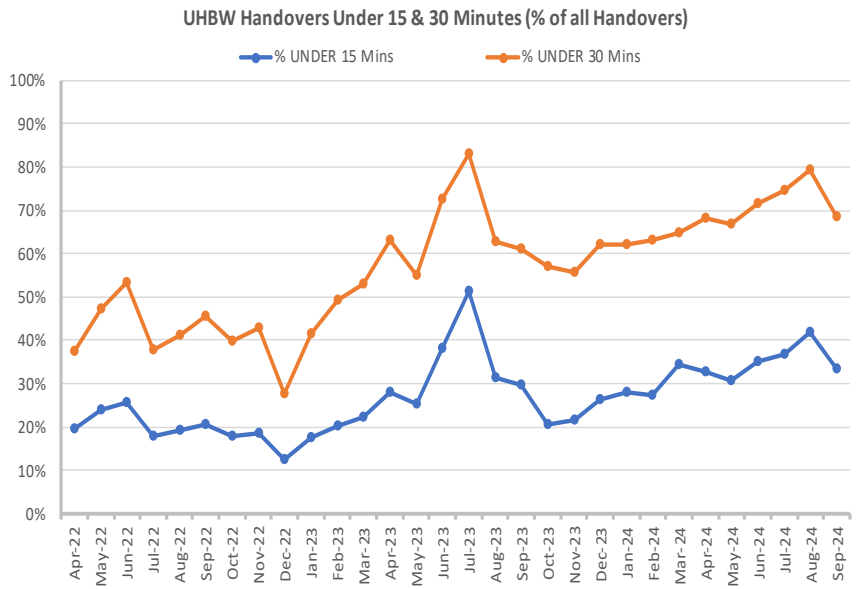
University Hospitals Bristol and Weston NHS Foundation Trust

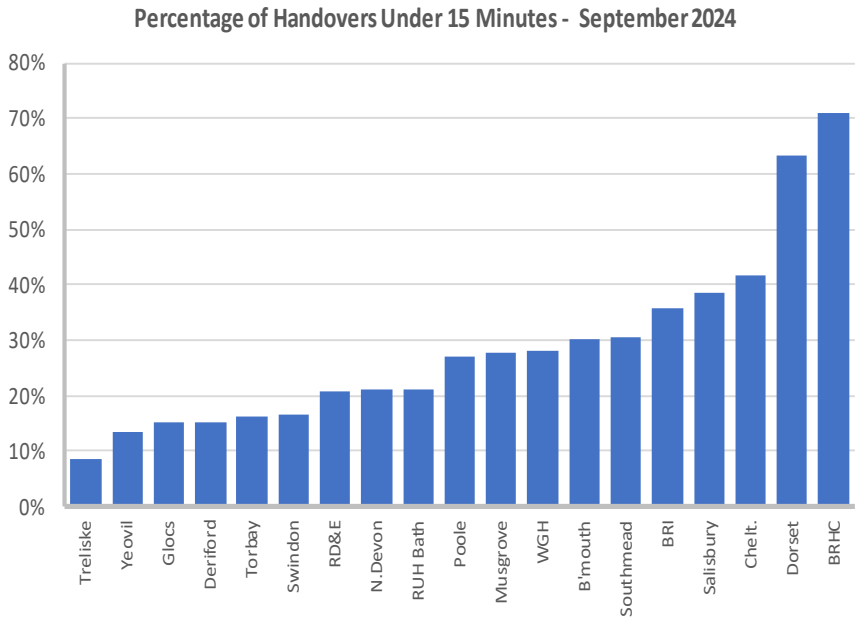
Reporting Month: September 2024

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

Ambulance Handovers

	Sep-24						
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins	Average Handover Time (Minutes)	Total Hours Above 15 Mins
Bristol Royal Infirmary	2,453	720	29.4%	1,496	61.0%	37.7	974
Bristol Children's Hospital	464	322	69.4%	429	92.5%	15.2	24
Weston General Hospital	928	244	26.3%	714	76.9%	29.6	238
UHBW Total	**3,845**	**1,286**	**33.4%**	**2,639**	**68.6%**	**33.1**	**1,236**

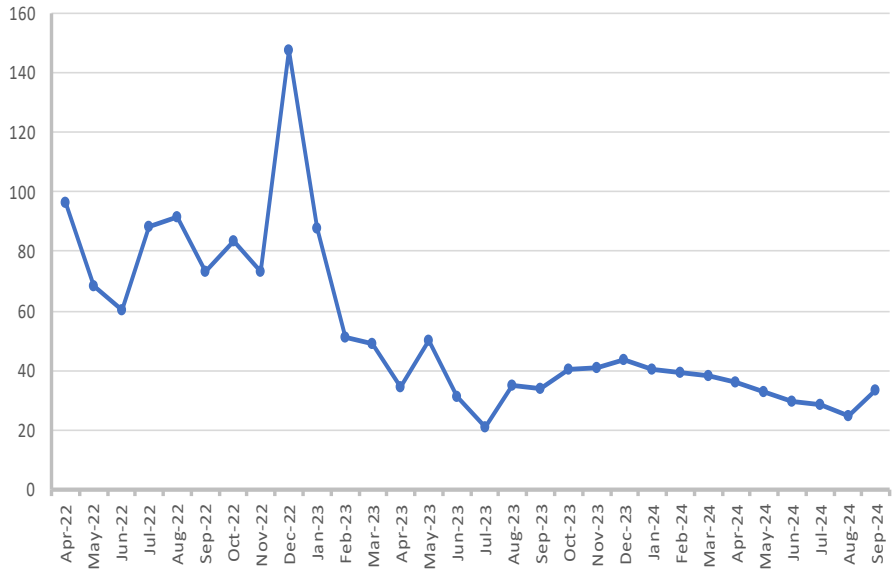




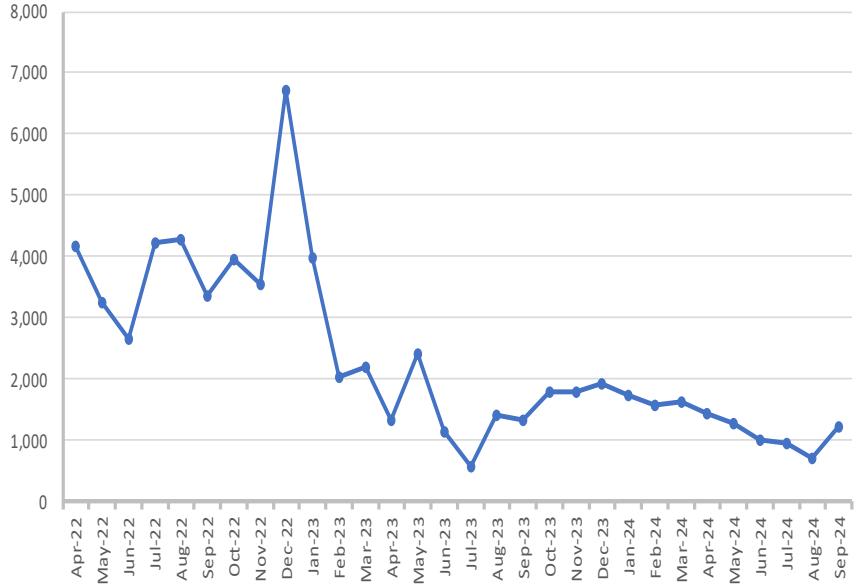
STANDARD **EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E**

Ambulance Handovers (continued)

Average Handover Time (Minutes)



Hours Lost: Handovers over 15 Minutes



STANDARD	EVERY MINUTE MATTERS
Background:	The Every Minute Matters (EMM) programme has four work streams. **1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD:** A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. **2. Proactive Board Rounds:** Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. **3. Criteria to Reside:** Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. **4. Optimising use of the Discharge / Transition Lounge:** Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
Performance:	1. Percentage of patients with a “timely discharge” (before 12 noon). September had 16.9% of patients discharged before 12 noon (-0.3% when compared to August). The SAFER bundle standard is to achieve 33%, though the Trust are reviewing this as there is no longer evidence that this produces a "best in class" outcome. Using the Patient First methodology, the focus is on timely discharge to identify actions which will bring the discharge curve forwards. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In September 28.6% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 25.0% in August. This was 811 patients, averaging 38.6 patients per working day (excluding bank holidays). a. BRI achieved 28.9%, with 592 patients. This averages to 28.2 patients per working day (excluding bank holidays). b. Weston achieved 27.9% with 219 patients. This averages to 10.4 patients per working day (excluding bank holidays). 3. At the end of September there were 186 No Criteria To Reside (NCTR) patients in hospital: 114 in Bristol and 72 in Weston. 4. During September, 5,125 bed days were consumed by NCTR patients (1 bed day = 1 patient in bed at 12midnight). This gives a daily average number of patients with no criteria reside of 171 (71 at Weston and 100 at Bristol). This is equivalent to saying 171 beds, on average, were occupied each day by NCTR patients. For September, the NCTR bed days occupied 19.4% of the total occupied bed days.

STANDARD	EVERY MINUTE MATTERS
Actions:	**Timely Discharge** **Key priorities for Every Minute Matters (EMM) programme include:** • **Proactive Board Rounds (PBR):** business as usual for PBR includes observational reviews of board rounds by the EMM team, with feedback and coaching provided to support improvement. PBR are also observed as part of the Clinical Accreditation Programme with feedback and improvement plans integrated into this process. • **Pathway 0 delays**: current work on No Criteria to Reside reporting will continue and will support additional focus on delays in discharging patients via pathway 0 (routine discharges to patient's usual place of residence) • **Wardview rationalisation and governance:** Rollout of Wardview whiteboards at Weston is scheduled for 4th November. • **Criteria Led Discharge (CLD):** CLD resources and guidance are being updated and should be available by the end of October to support wider implementation ahead of Winter pressures. • **Discharge Lounge:** cross-site discharge lounge working group continue to explore improvement ideas to support Winter pressures. Review underway of capacity potential for Bristol Royal Hospital for Children's discharge waiting area. • **Every Minute Matters strategy review:** with the new Clinical Lead now in post, we have reviewed our portfolio of work to agree timings to move some workstreams to business as usual or completion. Scoping for work over the next three months to review opportunities for improvements in out of hours and weekend discharge planning. **Proactive Hospital Improvement Coach supported work:** • **Interprofessional standards:** Interprofessional standards work has been reframed to a 3-phase approach. Phase 1 focussed on enabling projects (ED to CT pathway review, Specialty referrals). • **Specialty pathways review:** incorporated as part of phase 1 of the IPS work. TORs drafted; ED specialty CAS card audit data collected. • **ED/Radiology pathways:** data collection now completed, and value stream mapping work is underway.

STANDARD	EVERY MINUTE MATTERS
Actions (continued):	**No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)** A significant focus for the Transfer of Care Hubs is transformation and improvement, with the following initiatives underway: • The number of bed days associated with the ten longest waiting patients remaining in hospital who no longer require acute care has decreased from 1,063 in January to 617 in September. Efforts are ongoing to sustain and further reduce NCTR bed days. • Discharge To Assess (D2A) are working with external consultancy Whole Systems Partnerships (WSP) to develop a demand and capacity modelling tool. The Trust achieved a 25% reduction in Length of Stay (LoS) against Local Government Association baseline, saving 128 beds across the BNSSG acute bed base and we continue to work together with our partners to deliver the 25% length of stay stretch target across all pathways. • LoS across all pathways continues to improve with the exception of a slight dip in P2 performance. • As part of the Discharge and Flow recovery plan, The Integrated Care System (ICS) has procured additional capacity for care at home (P1), care in short term rehab units (P2) and care home capacity (P3) in a bid to support flow from hospital to the community and enable acute capacity for acute care. At present, ten P3 beds have been sourced by Bristol City Council, four South Gloucestershire beds and four North Somerset beds. P1 and P2 additional capacity remains the plan but not currently available. • The Home First Team has prioritised supporting the Trust to deliver improvements in timely discharge through the Golden Patient initiative ultimately supporting length of stay reduction and achievement of the ED 4-hour target. Timely discharges per month across all pathways have fluctuated within a range of 17% to 21% since April 23, Holding above 18% since May 24. • Golden Patient rollout has extended to seven wards (BRI) with significant clinical engagement which has resulted in two wards remaining above the 33% target since 5th August 2024 to date. Another ward had a baseline position of 13% and within two weeks of focussed work was subsequently achieving 67%. Weston has implemented Golden Patient across all wards. • The team have implemented a more detailed coding structure for all NCTR patients to provide more granularity which will provide us with better visibility of delays either internal or external. • The team will be developing operational processes to manage this new data to reduce delays with a refreshed escalation plan to minimise non-value adding days in patients' pathways.
Risks:	n/a

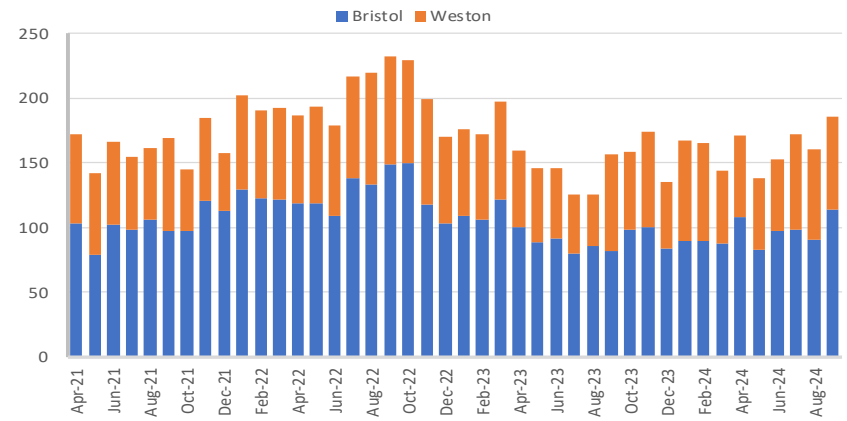
Integrated Quality and Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

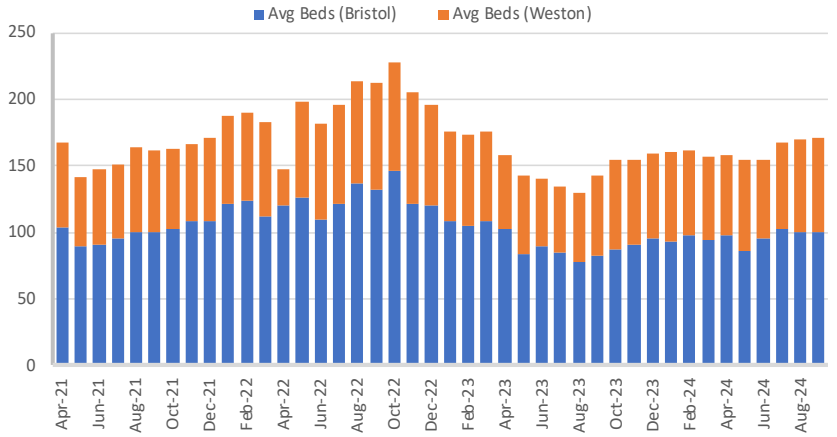
Reporting Month: September 2024

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

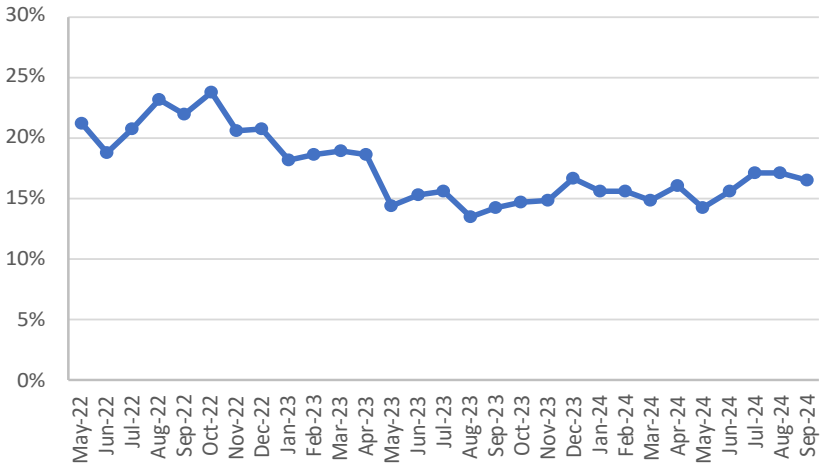
Number of Patients - Last Thursday in the Month



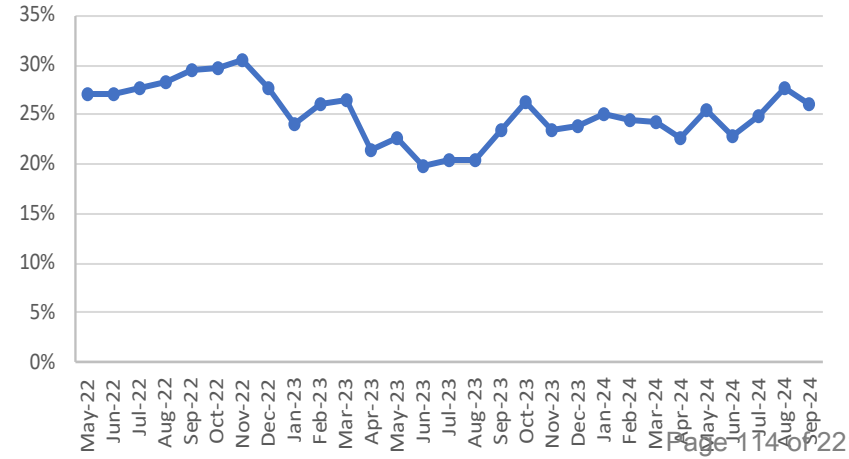
Average Number of Beds Occupied by NCTR Patients



NCTR Beddays as Percentage of All Beddays - Bristol

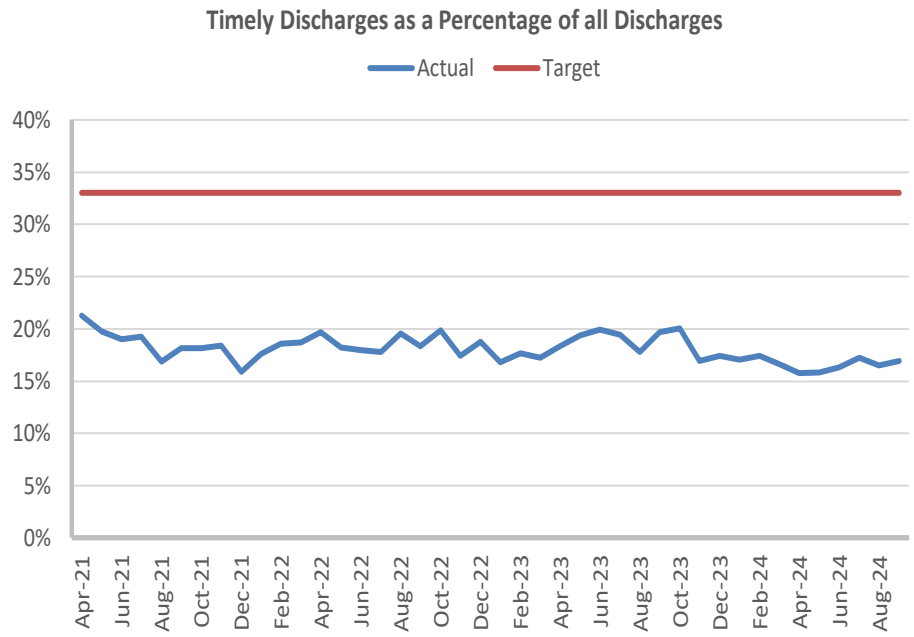


NCTR Beddays as Percentage of All Beddays - Weston



STANDARD **EVERY MINUTE MATTERS - TIMELY DISCHARGE**

Timely Discharge (Before 12 Noon)

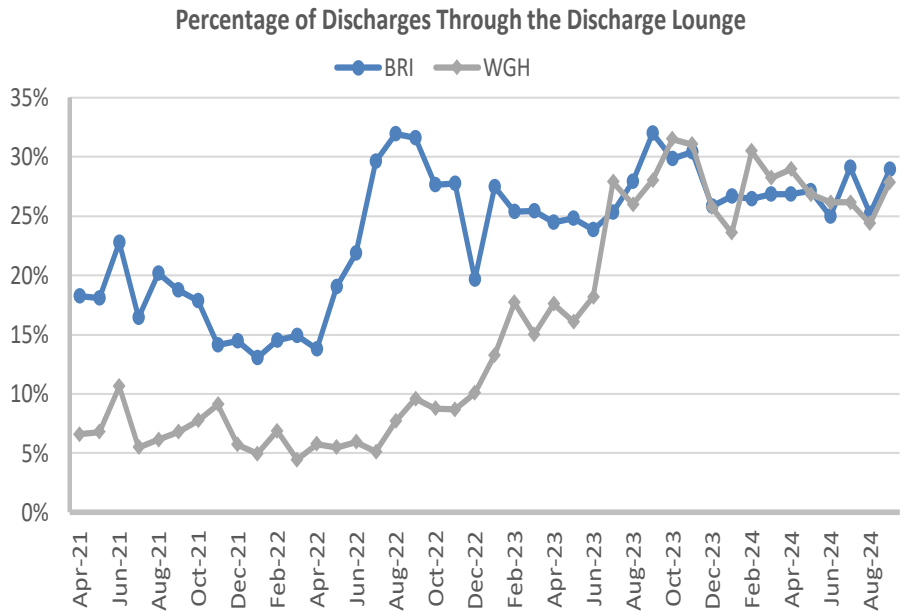


Summary of High Volume Specialties - September 2024

	Total Discharges	% Before Noon
Cardiac Surgery	109	2.8%
Cardiology	298	14.1%
Clinical Oncology	76	10.5%
Colorectal Surgery	78	12.8%
ENT	90	15.6%
Gastroenterology	100	17.0%
General Medicine	579	25.0%
General Surgery	281	8.2%
Geriatric Medicine	219	27.9%
Gynaecology	153	15.7%
Ophthalmology	72	30.6%
Paediatric Surgery	76	22.4%
Paediatrics	191	17.3%
Thoracic Medicine	149	12.8%
Trauma & Orthopaedics	192	18.8%
Upper GI Surgery	38	28.9%
UHBW TOTAL	**3,776**	**16.9%**

STANDARD **EVERY MINUTE MATTERS - TIMELY DISCHARGE**

Discharge Lounge Use Summary



Summary of High Volume Specialties - September 2024

	BRI	WGH	TOTAL
Accident & Emergency	9.1%	3.8%	7.0%
Cardiac Surgery	82.3%	-	82.3%
Cardiology	52.7%	25.0%	51.2%
Colorectal Surgery	30.8%	14.3%	29.2%
ENT	9.3%	-	9.3%
Gastroenterology	19.4%	24.6%	22.6%
General Medicine	27.2%	33.2%	29.8%
General Surgery	9.5%	20.3%	11.9%
Geriatric Medicine	46.2%	30.6%	42.7%
Hepatobiliary and Pancreatic Surgery	35.7%	-	35.7%
Maxillo Facial Surgery	4.0%	-	4.0%
Thoracic Medicine	23.1%	26.8%	24.5%
Thoracic Surgery	18.7%	-	18.7%
Trauma & Orthopaedics	18.2%	41.6%	27.3%
Upper GI Surgery	20.7%	50.0%	24.2%
UHBW TOTAL	**28.9%**	**27.9%**	**28.6%**

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

2024/25 YTD Income & Expenditure Position	• Net I&E deficit of £6,603k against a breakeven plan. The reduced deficit from £7,710k last month is because funding for industrial action costs of £1,072k has now been received. • Total operating income is £9,128k ahead of plan due to higher than planned income from activities (£7,784k) and other operating income (£1,344k). • Total operating expenditure is £17,505k adverse to plan due to higher than planned non-pay costs at £9,676k and higher than planned pay expenditure at £7,673k. Financing costs combined are £1,251k favourable to plan.
Key Financial Issues	• *Recurrent savings delivery below plan* – YTD CIP delivery is £13,326k, behind plan by £6,778k or 34%. Recurrent savings are £8,474k, 42% of plan. • *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £4.0m behind plan, a deterioration of £0.7m in September. A continuation of the YTD performance could result in a total loss of income of up to c£9.0m and would result in the Trust failing to meet the financial plan. • *Failure to deliver the financial plan* – failure to deliver the savings and ERF requirement and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention. A forecast outturn assessment and System Peer Review has taken place during September per the BNSSG System Financial Forecast Outturn Change Protocol. The System has agreed that the break-even plan remains deliverable.
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.

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

Trust Year to Date Financial Position

	Month 6			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	90,234	95,515	5,281	543,296	551,080	7,784
Other Operating Income	9,886	9,422	(464)	59,316	60,660	1,344
Total Operating Income	**100,120**	**104,938**	**4,818**	**602,612**	**611,740**	**9,128**
Employee Expenses	(59,618)	(61,537)	(1,919)	(357,708)	(365,381)	(7,673)
Other Operating Expenses	(36,015)	(38,096)	(2,081)	(218,043)	(227,719)	(9,676)
Depreciation (owned & leased)	(3,395)	(3,395)		(20,304)	(20,460)	(156)
Total Operating Expenditure	**(99,028)**	**(103,028)**	**(4,000)**	**(596,055)**	**(613,560)**	**(17,505)**
PDC	(1,210)	(1,215)	(5)	(7,260)	(7,257)	3
Interest Payable	(247)	(220)	27	(1,482)	(1,362)	120
Interest Receivable	292	498	206	1,752	2,880	1,128
Net Surplus/(Deficit) inc technicals	**(73)**	**972**	**1,045**	**(433)**	**(7,559)**	**(7,126)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	73	135	62	433	956	523
Net Surplus/(Deficit) exc technicals	**0**	**1,107**	**1,107**	**0**	**(6,603)**	**(6,603)**

Key Facts:

- In September, the Trust delivered a £1,107k surplus against a plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,603k (£7,710k at M5) against a breakeven plan. The Trust is therefore £6,603k adverse to plan. The cumulative YTD net deficit is 1.1% of total operating income.
- Significant variances in the year-to-date position include: the value of elective income behind plan by £4,036k, a shortfall on savings delivery of £6,778k and £3,745k of pay pressures relating mainly to nursing and medical staff.
- YTD pay expenditure at the end of September is £7,673k higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.
- Agency expenditure in month is £886k, compared with £1,242k in August. Bank expenditure reduced in month to £4,308k, from £4,772k in August.
- Total operating income is higher than plan by £9,128k. The shortfall in ERF is offset by higher than planned pass-through payments and additional other operating income.
- The financial position of the clinical divisions, excluding industrial action funding allocated in September, is a deterioration of £1,229k in September, to a YTD overspend against budget of £13,749k or 2.8%.
- The most significant variances to budget in percentage and absolute terms are in the two Divisions in financial escalation: Surgery (£4,295k or 4.3%); and Women's & Children's (£6,826k or 6.2%).

Report To:	Meeting of the Board of Directors in PUBLIC		
Date of Meeting:	Tuesday 12 November 2024		
Report Title:	Maternity and Neonatal Safety Report Quarter 2 2024/24		
Report Author:	Sarah Windfeld, Director of Midwifery and Nursing Jo Mockler, Quality and Patient Safety Manager		
Report Sponsor:	Deirdre Fowler, Chief Nurse and Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		✓	✓
	This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document 'Implementing a revised perinatal quality surveillance model' (December 2020). The purpose of the report is to inform the Board of Directors of present or emerging safety concerns. The information within the report reflects actions and progress in line with Ockenden and the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS).		

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

This is the quarterly maternity and neonatal safety report for Quarter 2 2024/25

Strategic Alignment

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

Risks and Opportunities

Risks associated with CNST:
7493 - Risk that the trust will not achieve CNST MIS Year 6 safety standards (9)

Safety action 1:
7322 - Risk that the trust perinatal pathology service will be significantly disrupted due to the current staffing model (20)
7157 - Risk that there is a delay in families receiving the Perinatal Mortality Review Report following the review of their care (4)

Safety action 4:
7247 - Risk that BAPM standards will not be met if there are not enough Qualified in Speciality (QIS) nurses (20)

Safety action 5:
5716 - Risk that maternity services will be unable to provide continuity of carer pathway due to insufficient midwives (12)

Safety Action 8: 1048 - Risk that level 3 safeguarding training targets are not met (12) 6923 - Risk that patient safety will be compromised if mandatory essential training is no compliant (9) 7562 - Risk that NICU will not have enough up to date nurses trained in neonatal resuscitation (8)	
Recommendation	
This report is for **Information.** This report has been produced to inform/update the Board and to allow discussion where required.	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	
Appendices:	*Appendix 1: Perinatal Quality Surveillance Matrix - September 2024* *Appendix 2: Triangulation Report Q2*

1. Purpose

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document 'Implementing a revised perinatal quality surveillance model' (December 2020). The purpose of the report is to inform the Board of Directors of present or emerging safety concerns. The information within the report reflects actions and progress in line with Ockenden and the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS).

2. Perinatal Mortality

2.1. Perinatal Mortality Rate

The following graphs demonstrate how University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) are performing against the national ambition.

There were 5 stillbirths in Q2, see table 1 for additional details.

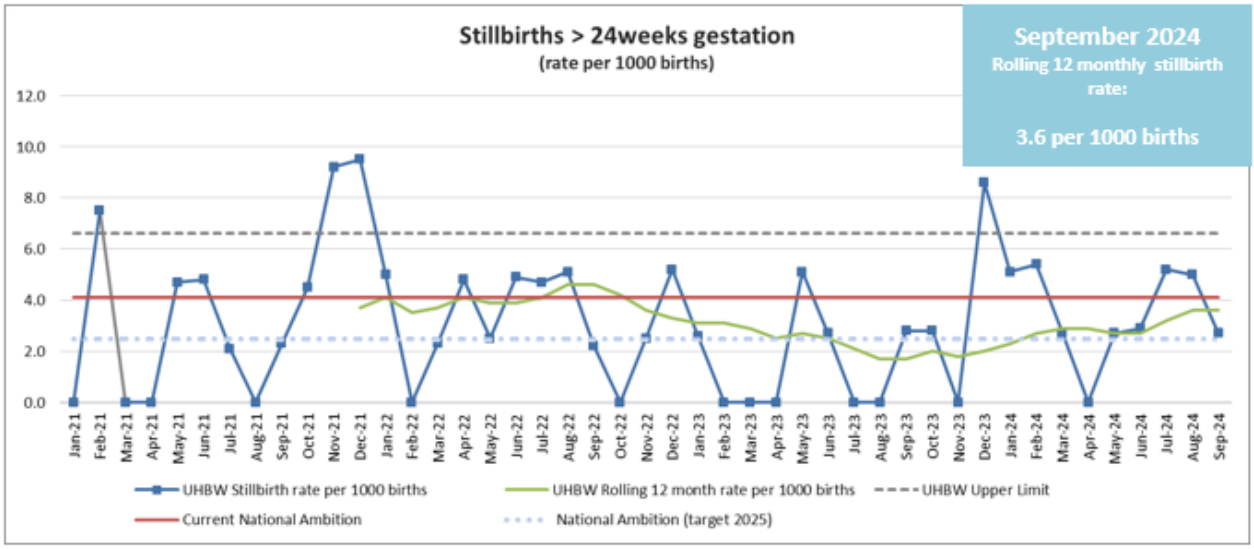


Figure 1. UHBW Trust Stillbirth rate per 1000 births

There were 8 neonatal deaths reported in Q2, see table 1 for additional details.

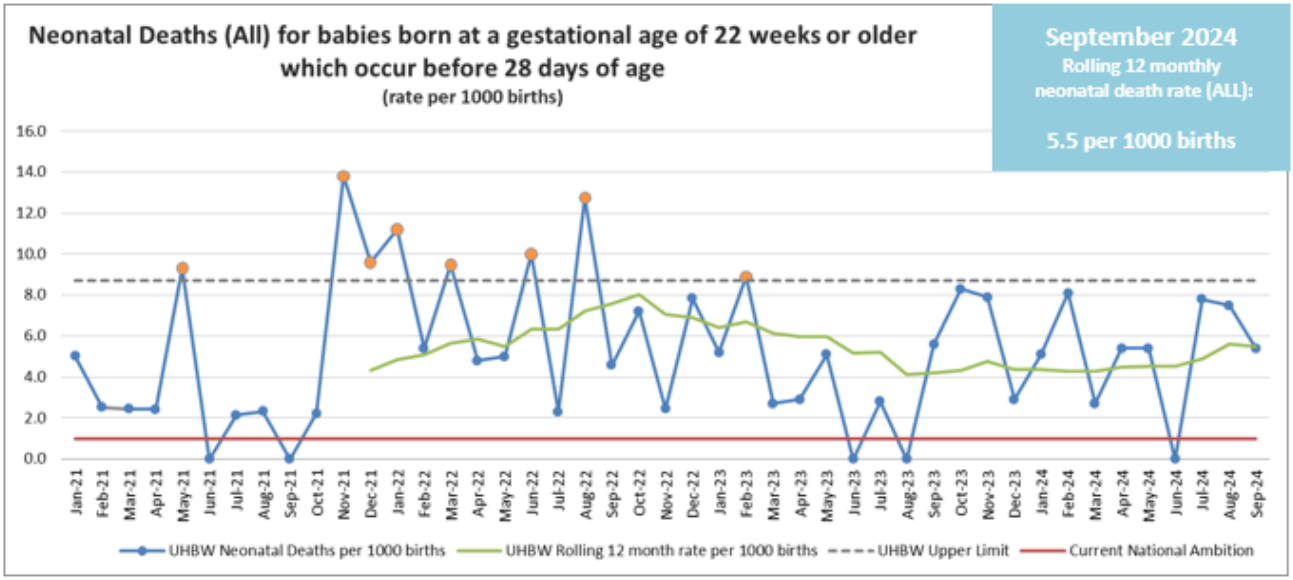


Figure 2. UHBW Trust Neonatal Deaths rate per 1000 births

2.2. Perinatal Mortality Summary for Quarter 2 2024/25

			July 2024	August 2024	September 2024	Total Q2 2024/25
Late fetal losses	22 weeks to 23+6 weeks		0	0	0	0
Stillbirths	24 weeks to 36+6 weeks		2	0	1	3
	>37 weeks		0	2	0	2
Neonatal Deaths	**Early**	**Inborn** (babies born at UHBW)	1	0	1	2
		Outborn (babies transferred to UHBW following birth for neonatal care)	0	0	0	0
	Late	**Inborn** (babies born at UHBW)	2	2	0	4
		Outborn (babies transferred to UHBW following birth for neonatal care)	0	1	1	2

Table 1. Perinatal Mortality Summary Quarter 2 2024/25

2.3. Perinatal Mortality Review Tool (PMRT) real time data monitoring tool

All perinatal deaths within the Trust have been reported using the PMRT tool since its launch in 2017. PMRT reporting is a requirement of Safety Standard 1 of the NHSR Maternity Incentive Scheme Year 6.

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires-UK (MBRRACE-UK) collects data on perinatal deaths which fall into one of the following criteria:

- **Late fetal losses** – the baby is delivered between 22 weeks+0 days and 23 weeks+6 days of gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Stillbirths** – the baby is delivered from 24 weeks+0 days gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Early neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth
- **Late neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth
- **Terminations of pregnancy** – Any late fetal loss, stillbirth or neonatal death resulting from a termination of pregnancy should be notified.

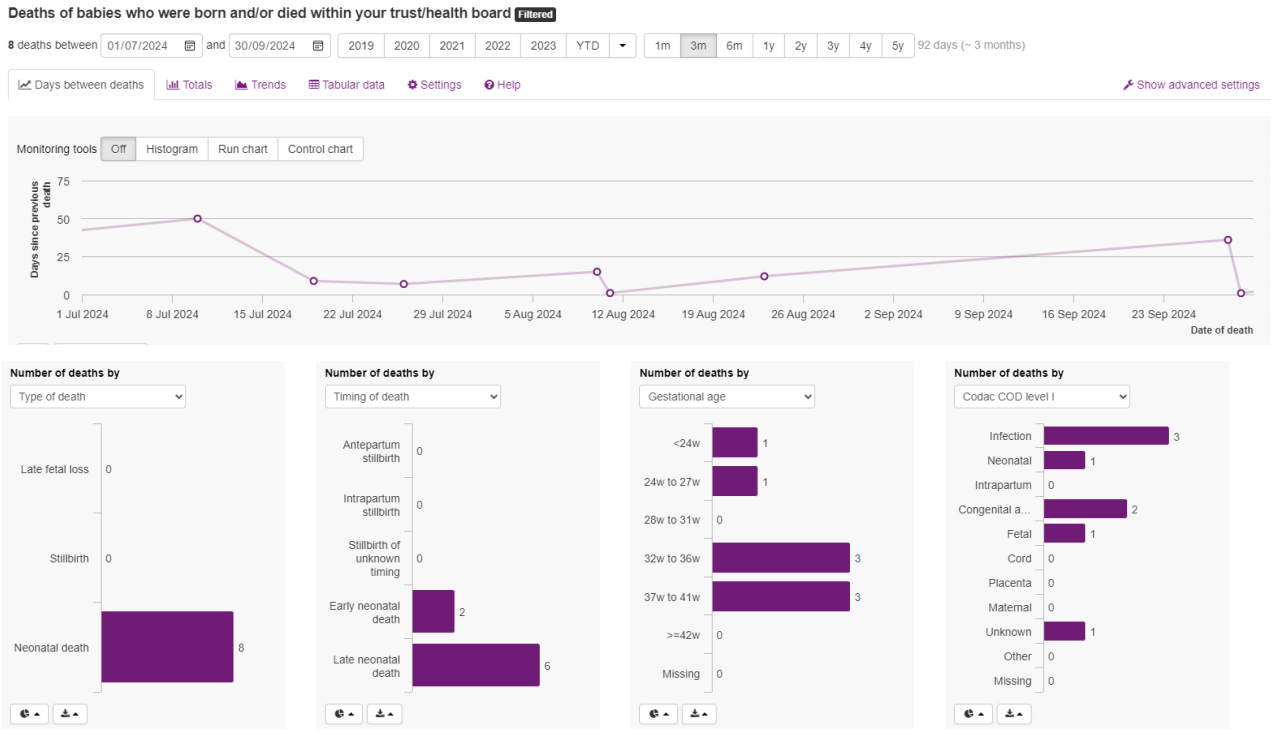


Figure 3. PMRT 'Deaths within your Organisation' Report (01/07/2024 to 30/09/2024)

2.4. Learning from PMRT Reviews

An update on the actions identified via the multidisciplinary PMRT review panel for cases reviewed during Q2 (2024/25) is available in the meetings reading room.

2.5. PMRT Key Performance Indicators (MIS Year 6)

MIS Safety Action 1*: Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?*

	Requirement	Compliance Status
1.1	Have all eligible perinatal deaths from 8 December 2023 onward been notified to MBRRACE-UK within seven working days?	Fully Compliant
1.2	For at least 95% of all deaths of babies who died in your Trust (UHBW) from 8 December 2023, were parents' perspectives of care sought and were they given the opportunity to raise questions?	Fully Compliant
1.3	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 8 December 2023 been started within two months of each death? This includes deaths after homebirths where care was provided by your Trust	Fully Compliant
1.4	Were 60% of the reports published within 6 months of death?	Fully Compliant
1.5	Have you submitted quarterly reports to the Trust Executive Board on an ongoing basis? These must include details of all deaths from 8 December 2023 including reviews and consequent action plans.	Fully Compliant
1.6	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Fully Compliant

Table 2. PMRT Key Performance Indicators Quarter 2 2024/25

3. Maternity and Newborn Safety Investigation (MNSI) Programme and Maternity Serious Incidents

3.1. Background

The Maternity and Newborn Safety Investigation (MNSI) Programme (previously known as the Healthcare Safety Investigation Branch (HSIB)) undertake maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions, 2018) taken from Each Baby Counts and MBRRACE-UK.

MNSI provide independent investigations which meet one of the following defined criteria:

- All term babies (at least 37 completed weeks of gestation) born following labour who have one of the following outcomes:
  - Intrapartum stillbirth
  - Early neonatal death
  - Baby born with a potential severe brain injury diagnosed in the first seven days of life
- Maternal Death: when a mother dies whilst pregnant or within 42 days of the end of their pregnancy

3.2. MNSI Referrals and Investigation Progress Update

3.2.1 New MNSI Referrals and Investigations

There was 1 case which met the initial criteria for referral to MNSI during Q2.

August 2024:

- 1 x Intrapartum Stillbirth – slower than expected progress in labour, maternal wellbeing during labour and fetal wellbeing concerns. Category 1 CS – baby born without signs of life.

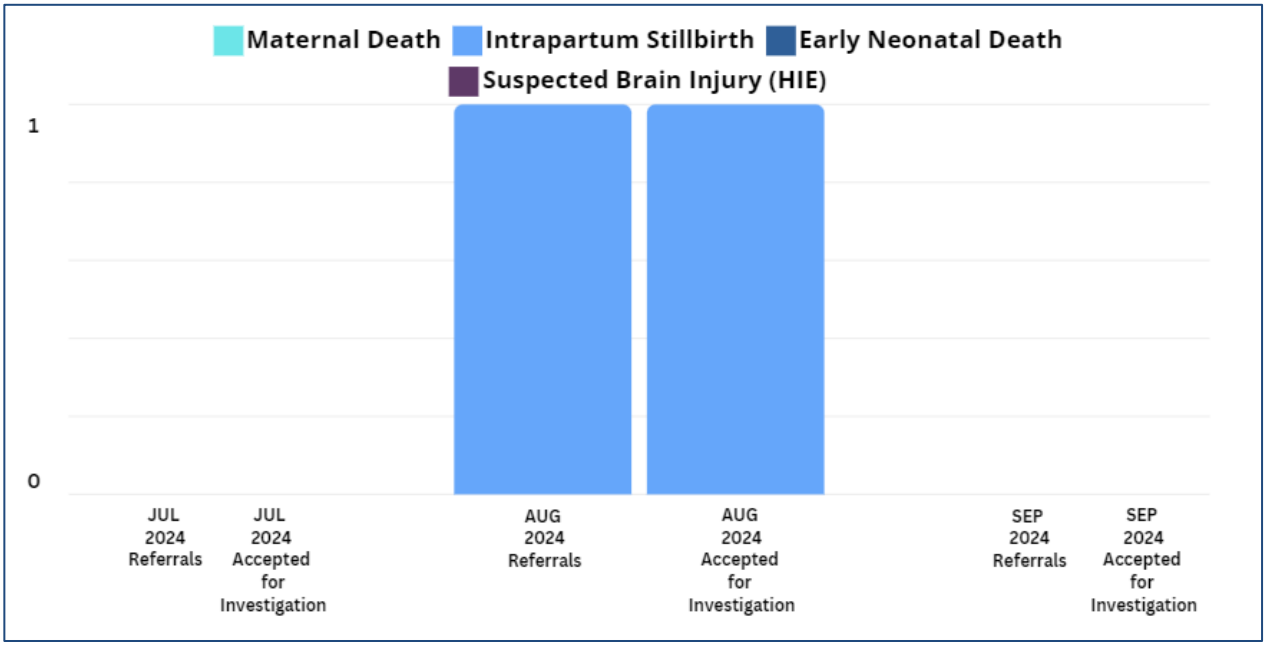


Figure 4. MNSI Referrals and Cases accepted for Investigation (01/07/2024 to 30/09/2024)

3.2.2 Completed MNSI Reports (including those received in draft)

1 x Draft MNSI report returned in Q2:

- **MI-037344 (April 2024 referral) HIE** – MRI Normal, Draft report received 19/09/2024 – Trust factual accuracy response due 03/10/2024.

  This report includes 1 x recommendation:

It is recommended that the Trust review the process of CTG categorisation in order to support staff to recognise a pathological CTG. This would support clinicians to assess and respond to fetal wellbeing concerns.

3.2.3 Ongoing MNSI Investigations

April 2024:

- 1 x Early Neonatal Death - Baby transferred to NICU following delivery from NBT, MNSI have now reallocated this case to NBT, although staff from UHBW will be asked to contribute to the investigation

May 2024:

- 1 x HIE Referral - Baby admitted to Bristol Children's Hospital by air ambulance following neonatal collapse at home. MNSI have now reallocated this case to GLOU, although staff from PICU will be asked to contribute to the investigation

3.3 Maternity and Newborn Safety Investigations (MNSI) and NHS Resolution's Early Notification (EN) Scheme Key Performance Indicators (MIS Year 6)

MIS Safety Action 10*: Have you reported 100% of qualifying cases to MNSI and to NHS Resolution's Early Notification (EN) Scheme?*

	Requirement	Compliance Status
10.1	Have your reported 100% of all qualifying cases to MNSI from 8 December 2023 to 30 November 2024?	Fully Compliant
10.2	Have you reported 100% of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 until 30 November 2024?	Fully Compliant
10.3	Have all eligible families received information on the role of MNSI and NHS Resolution's EN scheme?	Fully Compliant
10.4	Has there been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in respect of the duty of candour?	Fully Compliant
10.5	Has Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying MNSI / EN incidents and numbers reported to MNSI and NHS Resolution?	Fully Compliant
10.6	Has Trust Board had sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme?	Fully Compliant

10.7	Has Trust Board had sight of evidence of compliance with the statutory duty of candour?	Fully Compliant
10.8	Have you completed the field on the Claims reporting wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Fully Compliant

Table 3. MNSI / ENS Key Performance Indicators Quarter 2 2024/25

4. Avoidable Term Admissions to NICU (ATAIN)

The ATAIN framework was launched by NHS Improvement in 2018, with aims to reduce term admissions into Neonatal units to below 5% of births per month (for babies born at 37 weeks or above) in order to avoid unnecessary separation of the mother and baby.

Each case of an unanticipated admission to NICU at term is reviewed by a multidisciplinary team with learning disseminated to the wider team with actions to improve care allocated and monitored via the appropriate governance pathways.

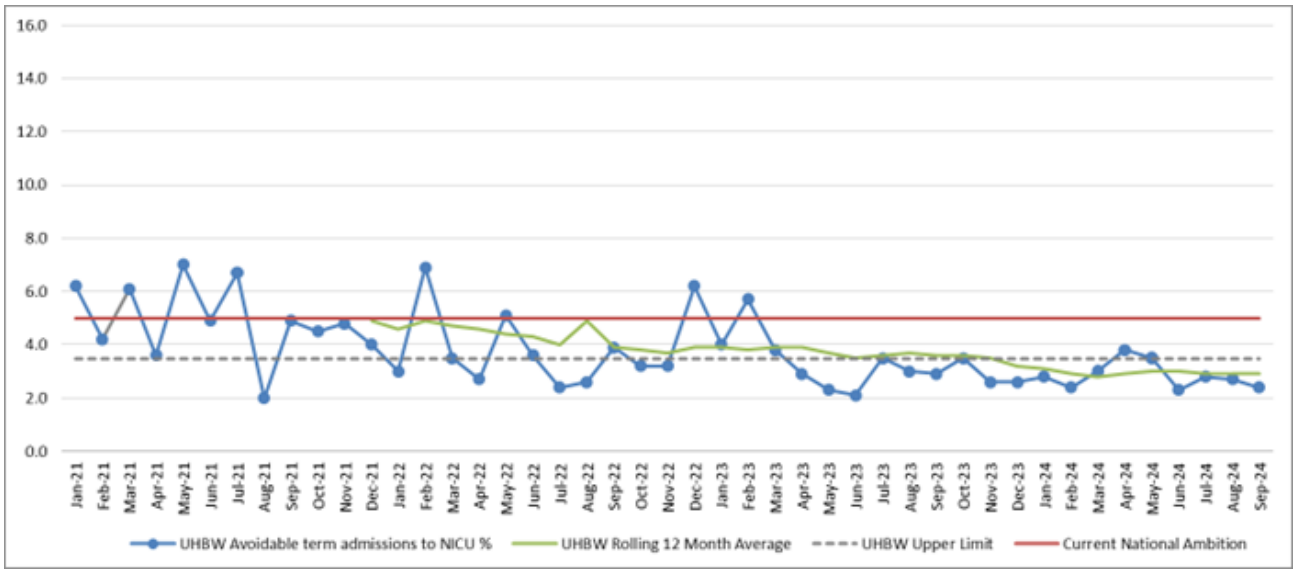


Figure 5. Avoidable Term Admission Rate to NICU (%)

5. Coroner Regulation 28 Made Directly to Trust

Not applicable.

6. Maternity Serious Incidents

There were 20 moderate (or greater) harm events reported during Q2

No PSII investigations commissioned during Q2.

Datix	Date of Incident	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
263448	10/07/2024 Reported 02/08/2024	Medication Omission	Incident links to Datix 263005/263003 **Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the PMRT process **After Action Review (completed 28/08)**	N/A
261297	10/07/2024	Neonatal Death Re-orientation of care	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
261581	13/07/2024	Neonatal Death Re-orientation of care	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
261737	15/07/2024	Antenatal Stillbirth at 32+6	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
263003	26/07/2024	Neonatal Death Planned palliative care pathway	Incident links to Datix 263448 / 263005 **Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
263005	27/07/2024	Maternal admission to ICU (Sepsis)	Incident links to Datix 263448 / 263003 **Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the QPS review process **After Action Review (completed 28/08)**	N/A

263133	30/07/2024	Tissue viability - Suspected deep tissue injury (pre-term infant in NICU)	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the QPS review process **For consultant review**	N/A
263794	03/08/2024	Antenatal Stillbirth	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
264284	10/08/2024	Neonatal Death withdrawal of care	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
264329	11/08/2024	Postpartum Haemorrhage (10litres) Cardiac Arrest ICU Admission	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the QPS review process **After Action Review** (completed), **Rapid Incident Review Meeting** (completed) Learning from AAR shared with QOC	N/A
266425	19/08/2024	Ureteric injury Return to theatre	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the QPS review process **For MDT Review**	N/A
265425	21/08/2024	Neonatal Death withdrawal of care	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
265400	22/08/2024	Term Intrapartum Stillbirth	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed **MNSI Investigation - Accepted**	MI-038042

265617	23/08/2024	Neonatal Death	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
265660	24/08/2024	Postnatal Readmission Missed Anticoagulant Prescription Dural Venous Thrombosis	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the QPS review process **For MDT Review**	N/A
266624	26/08/2024 Reported 04/09/2024	Parenteral nutrition	**Initial QPS review underway to verify reported level of harm**	N/A
267068	08/09/2024	Neonatal Death (Extreme pre-term 19+6 weeks)	**Does <u>not</u> meet criteria for PSIRF Learning Response:** Review to be completed as part of local PMRT process (does not meet official criteria for reporting) Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
267813	16/09/2024	Antepartum Stillbirth (36+1 weeks)	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
268542	22/09/2024	Unsafe / Insensitive management of patients pre-existing medical condition	**Initial QPS review underway to verify reported level of harm**	N/A
268483	23/09/2024	Incorrect frequency of prescribed medication administration	**Initial QPS review underway to verify reported level of harm**	N/A

268927	27/09/2024	Delay/Failure in Safeguarding (DV) process	**Meets criteria for PSIRF Learning Response:** Verbal DOC to be completed, written DOC to be completed as part of the PMRT process Referral for psychological services to be completed	N/A
268999	28/09/2024	Neonatal Death Planned reorientation of care	**Meets criteria for PSIRF Learning Response:** Verbal DOC to be completed, written DOC to be completed as part of the PMRT process Referral for psychological services to be completed	N/A

7. Continuity of Care

7.1. Background

Maternity transformation sets out to support the implementation of The National Maternity Review (Better Births (2016), the NHS Long-Term Plan (2019) and the national Maternity Transformation Plan.

7.2. Progress to Date

UHBW currently has 4 dedicated continuity of carer teams; these are strategically located to target vulnerable/at risk groups and those from Ethnic minority groups.

Approximately a third of all women accessing maternity care at UHBW will be cared for by a continuity of care team.

	JUL 24	AUG 24	SEP 24
Continuity of Carer (Percentage of Women booked for maternity care within a continuity team)	32.3%	31.1%	34.8%

Table 4. Continuity of Carer Key Performance Indicators Quarter 2 2024/25

8. Ockenden Update

The Trust is not required to submit evidence of compliance, although this is monitored at speciality level and is included in the monthly Perinatal Quality Surveillance Matrix.

See Appendix 1 for September 2024 PQSM Report.

9. Training Compliance

Sharing of local maternal and neonatal outcomes from serious incidents, near misses and never events are incorporated into training, and disseminated to staff in a variety of formats

including staff safety briefings, the patient safety 'Close Encounter' newsletter, the patient safety SharePoint page, case review posters and quality and safety whiteboards displayed in clinical areas.

Training compliance monitored at speciality level and is reported monthly within the Perinatal Quality Surveillance Matrix.

It is evident from the August rotation for obstetric and anaesthetic staff has impacted on compliance data – all training dates for new starters have been allocated and it is anticipated that the required compliance standards will be achieved by the end of December 2024

See table 5 for additional details.

Training	Target	Local Threshold			Jul-24	Aug-24	Sep-24	Year to date average	Trend	SPC	
		G	A	R						Variation	Assurance
Training compliance fetal wellbeing day - Obstetric doctors (ALL)	MIS Y6 90%	≥90%		≤80%	83%	62%	68%	72%			
Training compliance fetal wellbeing day - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	90%	90%	94%	89%			
Training compliance in maternity emergencies and multi-professional training - Obstetric doctors (ALL)	MIS Y6 90%	≥90%		≤80%	91%	69%	72%	81%			
Training compliance in maternity emergencies and multi-professional training (includes NBLS) - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	89%	92%	93%	90%			
Training compliance in maternity emergencies and multi-professional training - Anaesthetists (ALL)	MIS Y6 70%	≥70%		≤60%	72%	53%	49%	75%			
Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL	MIS Y6 90%	≥90%		≤80%	86%	86%	84%	87%			
Training compliance annual local NBLS - NICU Doctors (ALL)	MIS Y6 90%	≥90%		≤80%	91%	91%	Data Pending				
Training compliance annual local NBLS NICU ANNPs (ALL)	MIS Y6 90%	≥90%		≤80%	95%	95%	Data Pending				
Training compliance annual local NBLS NICU Nurses (Band 5 and above)	MIS Y6 90%	≥90%		≤80%	70%	74%	88%				

Table 5. CNST Training Compliance Key Performance Indicators Quarter 2 2024/25

10. Board Level Safety Champion Walk Arounds

The Board Safety Champions undertook walk arounds across Maternity Services: 22nd July 2024, 28th August 2024 and 27th September 2024.

Actions from these walk arounds are monitored via local governance groups with oversight via the Maternity and Neonatal Safety Champions meeting.

11. NHS Resolution Maternity Incentive Scheme

The Maternity Incentive Scheme (MIS) was developed in 2017. The scheme is designed to support safer maternity and perinatal care by driving compliance with ten 'safety actions'. The safety actions are updated annually by a collaborative advisory group, consisting of representatives from NHS Resolution, NHS England, The Royal College of Obstetricians and Gynaecologists (RCOG, the Royal College of Midwives (RCM), Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK), the Royal

College of Anaesthetists (RCoA), the Neonatal Clinical Reference Group (CRG), the Care Quality Commission (CQC) and the Maternity Newborn Safety Investigation Programme (MNSI).

The Clinical Negligence Scheme for Trusts released their Ten Safety Standards for Year 6 on the 2nd of April 2024. A GAP analysis of Year 6's standards has been undertaken and work is now underway to ensure full compliance is met. Progress with these standards is monitored through regular reviews with the LMNS, and progress is reported on in the monthly Perinatal Quality Surveillance Matrix.

12. Safe Maternity Staffing

From May 2024 maternity staffing metrics have been included within the Perinatal Quality Surveillance Matrix.

Within neonatal services achieving the required establishment of 70% Neonatal Qualified in Speciality (QIS) trained nurses remains challenging. An A3 project to address this is being undertaken by the NICU Matron and Deputy Director of Midwifery. During Quarter 2 the percentage of QIS trained nurses has increased from 51.5% to 63%.

13. Complaints / Compliments / Patient Advice and Liaison Service (PALS)

Oversight of complaints, compliments and PALS interactions is held by the Women's Patient Experience Group. Bi-monthly meetings are also held between the quality and patient safety team and the legal team.

Reviews of individual complaints are managed locally, and learning disseminated when required via staff safety briefings, the patient safety 'Close Encounter' newsletter or the patient safety SharePoint page.

A monthly overview of complaints/compliments received is captured within the monthly Perinatal Quality Surveillance Matrix.

14. Triangulation Report

NHS Resolution (NHSR) have advised that the revised Obstetric Scorecard has been delayed, it is anticipated that this will now be released during September.

The Q2 Triangulation report has therefore been compiled using the current version of this.

See Appendix 2 for Q2's triangulation report.

15. Risk Register

There are currently 22 open risks (score 12 or >) within Maternity and Neonates. Two new risks (7726 and 7727) have been added to the risk registered during Q2.

All 22 open risks (score 12 or > are listed below:

ID	Domain	Monitoring Group	Title	Rating (current)
7247	Workforce	NICU Governance Committee	Risk that BAPM standards will not be met if there are not enough Qualified in Speciality (QIS) nurses	20
7322	Quality	Divisional Governance Group Womens	Risk that the trust perinatal pathology service will be significantly disrupted due to the current staffing model	20
7726	Patient Safety	Post Natal Working Party	Risk that patient harm may occur due to discharge reports not been sent from BadgerNet Maternity to relevant professionals	20
2264	Patient Safety	Divisional Governance Group Womens	Risk that delays in commencing induction of labour increases perinatal morbidity and mortality	16
7727	Patient Safety	Post Natal Working Party	Risk that clinical care may be compromised by a lack of contemporaneous record keeping	16
33	Patient Safety	Divisional Governance Group Womens	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes	15
6830	Patient Safety	CDS Governance	Risk that the lack of pulse oximetry on CTG Machines makes it difficult to monitor maternal pulse against fetal pulse	15
6906	Patient Safety	CDS Governance	Risk that fetal heart monitoring may be delayed due to equipment unavailability as the CTG fleet exceed recommended lifespan	15
7283	Quality	Divisional Governance Group Womens	Risk that patient safety investigations may be hindered by the quality of data and documentation recorded within BadgerNet	15
7540	Patient Safety	CDS Governance	Risk that women and/or babies may suffer harm because the parents decline to engage in maternity care when in labour at home	15
757	Workforce	Divisional Governance Group Womens	Risk that the level of midwifery vacancies may impact on the quality and safety of the service	12

1048	Quality	Divisional Governance Group Womens	Risk that level 3 safeguarding training targets are not met	12
1162	Patient Safety	Divisional Governance Group Womens	Risk that a poor outcome for mother and/or baby due to staffing levels if opening a 2nd emergency obstetric theatre out of hours	12
3643	Quality	Antenatal Working Party	Risk that patient care will be compromised if remote IT access is not improved to provide a reliable accessible secure system	12
4471	Workforce	NICU Governance Committee	Risk that a shortfall in AHP provision on NICU leads to reduced early intervention, poor long term prognosis & patient experience	12
4825	Patient Safety	Antenatal Working Party	Risk that pregnant women are not seen during their pregnancy by the correct or any consultant	12
4846 /4628	Patient Safety / Quality	Antenatal Working Party / Divisional Risk Management Group (D&T)	Risk that babies will come to harm if we are unable to fully implement the USS requirements for SBLV3	12
5288	Patient Safety	Divisional Governance Group Womens	Risk that not having an allocated triage area and system may result in a delay treating patients	12
5716	Workforce	Divisional Governance Group Womens	Risk that maternity services will be unable to provide continuity of carer pathway due to insufficient midwives	12
6277	Workforce	Pharmacy Managers Group	Risk that patients may be harmed as a result of medication errors due to the workload of the NICU pharmacist	12
6466	Patient Safety	CDS Governance	Risk that inability to provide theatre staff for a 2nd emergency list at STMH between 5.30-9pm may result in harm to a patient	12
7222	Patient Safety	NICU Governance Committee	Risk that babies will come to harm due to lack of available nCPAP machines in NICU	12

16. Recommendation

This report has been produced to inform/update the Board and to allow discussion where required.

University Hospitals Bristol and Weston
NHS Foundation Trust

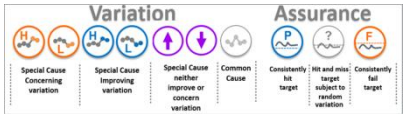
Perinatal Quality Surveillance (PQSM)

September 2024

UHBW Maternity

Inspected and rated Good
Care Quality Commission

Maternity Workforce & Acuity



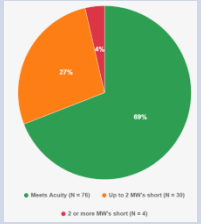
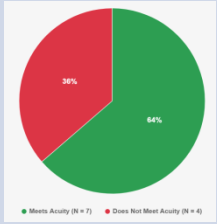
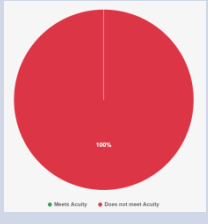
Safe - Maternity Workforce	Target	Local Threshold G	A	R	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
One to one care in labour (as a percentage)* excludes BBAs	SBLV3 100%	100%		≤99%	100%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%				May 24 1 x precipitous labour - delivered on ward 73	
Compliance with supernumerary status for labour ward coordinator	SBLV3 100%	100%		≤99%	100%	100%	100%	100%	100%	100%	100.0%					
Number of times maternity unit attempted to divert or on divert	Local	0		≥2	0	0	0	0	1	3	0.6					
Number of obstetric consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	0	0	0.0					
Consultant Led MDT ward rounds on CDS day	SBLV3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	100.0%					
Consultant Led MDT ward rounds on CDS evening/night	SBLV3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	92.9%					
Percentage of 'staff meets acutity' - CDS	Birthrate + 100%	≥90%		≤70%	81%	90%	87%	70%	77%	69%	76.4%					
Confidence factor in Birthrate+ (data recording on CDS)	Birthrate + 60%	≥55%		≤45%	57.1%	57.1%	56.0%	56.0%	55.4%	61.1%	55.7%				On going challenges with recording data within allocated time window when acuity in the unit is high	
Percentage of 'staff meets acutity' - Ward 73	Birthrate + 100%	≥90%		≤70%			83%	38%	23%	64%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	
Confidence factor in Birthrate+ (data recording on Ward 73)	Birthrate + 60%	≥55%		≤45%			15%	10%	10%	9.2%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	Action required to improve compliance with completing Birthrate + data submission
Percentage of 'staff meets acutity' - Ward 76	Birthrate + 100%	≥90%		≤70%			22%	0%	0%	0%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	
Confidence factor in Birthrate+ (data recording on Ward 76)	Birthrate + 60%	≥55%		≤45%			7.5%	4.8%	6.5%	4.2%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	Action required to improve compliance with completing Birthrate + data submission

Birthrate Plus®

Capture of intrapartum (CDS) data is required 6 times during a 24 hour period (00:30, 04:00, 08:00, 12:00, 16:00 & 20:00), there is an hour's window for entering data: 30 mins before and 30 mins after the scheduled time.

Capture of ward data is required 4 times during a 24 hour period (02:00, 08:00, 14:00 and 20:00) ,there is a window for data entry 30 minutes before the scheduled entry time and 60 minutes afterwards.

Data entered outside of the time window may still be recorded by will not contribute to the overall compliance calculation.

Central Delivery Suite (CDS)	Antenatal & Postnatal Inpatients (Ward 73)	Transitional Care (Ward 76)
		

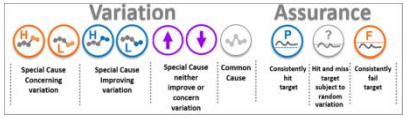
Is the standard of care being delivered?

- **No episodes where the supernumerary status of the CDS coordinator was not maintained**

What are the top contributing factors to over/under achievement?

- **Increased complexity of individual cases continues to impact of 'staffing meet acuity' data for CDS, Ward 76 and Ward 73**

Maternity Workforce & Acuity

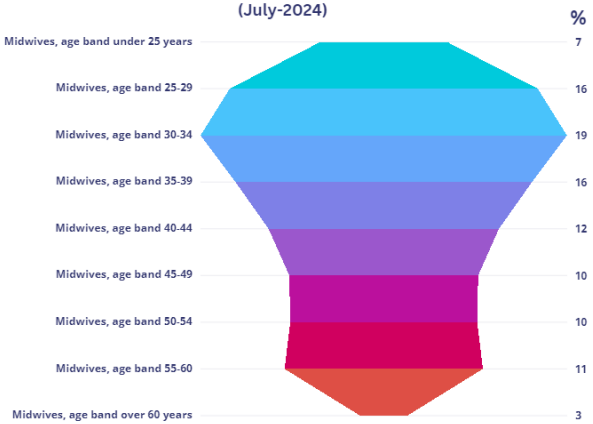


Safe - Maternity Workforce	Target	Local Threshold G	Local Threshold A	Local Threshold R	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	197.78 WTE 100%	≤5		≥10	6.30	7.30	8.57	10.39	7.79	6.48	11.02				Current vacancy rate of 7.79 wte, with 16.54 wte in onboarding process
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3		0	0	0	0.9	0.9					New data set insuffient historic data to calculate SPC
Obstetric Registrar Vacancy Rate (inclusive of maternity leave)WTEs		≤1		≥3		0.9	0.9	0.9	2.4	2.4					New data set insuffient historic data to calculate SPC
Obstetric SHO Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3		-1.2	-1.2	-1.2	-1.0	-1.0					New data set insuffient historic data to calculate SPC
Midwifery Shift Fill Rate (%) - acute services* day		≥97.5%		≤95%		96.5%	90.6%	89.3%	95.3%	95.1%					New data set insuffient historic data to calculate SPC
Midwifery Shift Fill Rate (%) - acute services* night		≥97.5%		≤95%		89.6%	88.8%	85.1%	88.0%	87.4%					New data set insuffient historic data to calculate SPC
Obstetric Shift Fill Rate - acute services* day		≥97.5%		≤95%		100%	100%	99.1%	100%	98.2%					New data set insuffient historic data to calculate SPC
Obstetric Shift Fill Rate - acute services* night		≥97.5%		≤95%		100%	99%	98.9%	100%	98.9%					New data set insuffient historic data to calculate SPC
Anaesthetic (Obstetric) Shift Fill Rate (%) - acute services* day		≥97.5%		≤95%		98.7%	100%	100%	100%	100%					New data set insuffient historic data to calculate SPC
Anaesthetic (Obstetric) Shift Fill Rate (%) - acute services* night		≥97.5%		≤95%		100%	100%	100%	100%	100%					New data set insuffient historic data to calculate SPC

Countermeasure / Action
Action not currently required

UHBW Midwives in post: demographics

Data Source: NHS Model Health System
(July-2024)



Midwifery Staff currently in the on-boarding process:

Band 6 – 1.78 wte **Band 5 – 8.96 wte**

UHBW Midwives in post: Ethnicity

Data Source: NHS Model Health System
(July -2024)

	Provider value	Peer average	National value	National value method	Chart
Midwives: Asian/Asian British	1.6%	1.6%	2.8%	Provider median	
Midwives, Black/African/Caribbean/Black British	5.1%	3.1%	5.3%	Provider median	
Midwives: Mixed/Multiple ethnic groups	2.8%	1.5%	1.9%	Provider median	
Midwives: Not stated	1.8%	2.0%	1.8%	Provider median	
Midwives: Other	0.6%	0.7%	0.8%	Provider median	
Midwives: White	88.7%	92.8%	88.9%	Provider median	

September 24

Midwifery Maternity Rate:

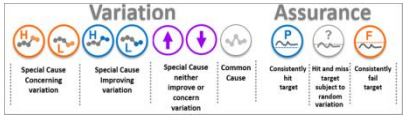
6.48 wte

NICE Midwifery Red Flags

NICE Red Flags, as identified within: Safe midwifery staffing for maternity settings, NG14 published 27/02/2015

	Data Source	Reliability of Data	Rationalle for current reliability assessment	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Delayed or cancelled time-critical activity	Datix/ BadgerNet/ Birthrate +	Variable	Cat 1 and Cat 2 CS delays captured in BadgerNet. All other delayed or cancelled time-critical activities rely of Datix submission by clinical staff	19	22	19	21	21	17
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	0	0	0	0	2	0
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	12	5	3	5	1	7
Delay of more than 30 minutes in providing pain relief	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	0	0	2	0	1	0
Delay of 30 minutes or more between presentation and triage	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	10.5% (51 attendances)	10.8% (50 attendances)	10.4% (47 attendances)	16.9% (89 attendances)	21.3% (105 attendances)	19.47% (111 attendances)
Full clinical examination not carried out when presenting in labour	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	36.7% (133 assessments not completed/partially completed)	27.8% (101 assessments not completed/partially completed)	28.8% 97 assessments not completed/partially completed	27.7% 107 assessments not completed / partially completed	25% 99 assessments not completed / partially completed	27.7% 103 assessments not completed / partially completed
Delay of 2 hours or more between admission for induction and beginning of process	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	79.5% (101 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle) 60.6% of IOLs were commenced within official IOL window	80.3% (98 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle) 82.8% of IOLs were commenced within official IOL window	Data Pending	Data Pending	Data Pending	Data Pending
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	Datix/ BadgerNet/ Birthrate +	Variable	SEPIS trigger data extracted directly from BadgerNet. Recognition of abnormal urine output relies of Datix submission by clinical staff	12	6	7	9	13	6
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	Datix/ BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	0	1	0	0	0	0

Neonatal Workforce & Acuity



Safe - Neonatal Workforce	Target	Local Threshold G	A	R	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Number of NICU consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	1	0	0	0	0	0	0.08				APR 24 1 x late attendance - bleep failure	
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs		≤5		≥10		11.22	12.74	4.9	4.5	-7.75					New data set insuffient historic data to calculate SPC	
Neonatal Nurse Qualified in Speciality establishment rate	BAPM 70%	≥70%		≤60%	52%	49%	49%	51.5%	53.0%	63.0%						A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3		0	0	0	0	0					New data set insuffient historic data to calculate SPC	
Neonatal Registrar Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3		0.1	0.1	0.1	-0.7	-0.7					New data set insuffient historic data to calculate SPC	
Neonatal SHO Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3		0.9	0.9	0.9	0.9	0.9					New data set insuffient historic data to calculate SPC	
Neonatal Nursing Fill Rate (%) - acute services* day using BAPM acuity tool		≥97.5%		≤95%		102.7%	92.9%	104.1%	99.7%	Data Pending					New data set insuffient historic data to calculate SPC	
Neonatal Nursing Fill Rate (%) - acute services* night using BAPM acuity tool		≥97.5%		≤95%		104.2%	101.5%	103.0%	107.1%	Data Pending					New data set insuffient historic data to calculate SPC	
Neonatal Nursing QIS Fill Rate (%) - acute services* day using BAPM acuity tool		≥70%		≤60%		61.9%	53.0%	57.8%	57.8%	Data Pending					New data set insuffient historic data to calculate SPC	A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal Nursing QIS Fill Rate (%) - acute services* night using BAPM acuity tool		≥70%		≤60%		62.5%	54.6%	58.3%	61.8%	Data Pending					New data set insuffient historic data to calculate SPC	A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal (Medical) Shift Fill Rate (%) - acute services* day		≥97.5%		≤95%			87.8%	91.4%	97.4%	Data Pending					New data set insuffient historic data to calculate SPC	
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night		≥97.5%		≤95%			97%	90.3%	96.2%	Data Pending					New data set insuffient historic data to calculate SPC	

SONAR Workforce

	Staffing (Funded)	Vacancy Rate	September Uncovered Shifts
Nursing Tier	12.0	0.4 WTE	3
Middle Tier	12.0	0.1 WTE	1
Consultant	24 hr cover		0

September 2024

Neonatal Nursing Maternity Rate:

5.11 wte

Neonatal Nursing Staff currently in the on-boarding process:

Band 5 - 5.0 wte

Vacancies currently open for applications:

Closing date 09/10/2024:

NICU - Qualified in Specialty (QIS) Registered Nurses Band 5

University Hospitals Bristol and Weston NHS Foundation Trust, Bristol

Speciality: Neonatal Care

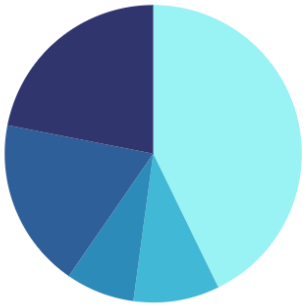
Salary: £29,970 - £36,483 pa pro rata

Maternity Metrics: September

Percentage of Women booked with a Continuity Team (%)

Mode of Birth

374 Registerable Babies born during September 2024



Vaginal Birth (unassisted)	160
Forceps	35
Ventouse	28
Elective Caesarean	69
Emergency Caesarean	82

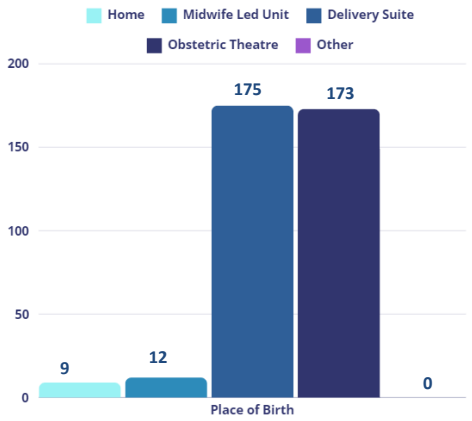
Induction of Labour Rate

35.6%

VBAC

7.2%

Location of Birth



Shoulder Dystocia's (% of vaginal births)

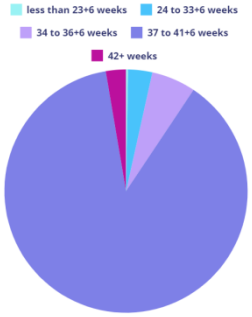
1.8%

% of women commencing vaginal birth sustaining a 3rd/4th degree tear

1.8%

Gestation at Delivery

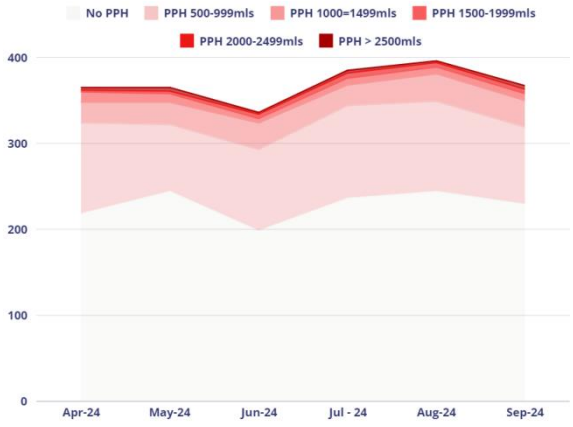
374 Registerable Babies born during September 2024



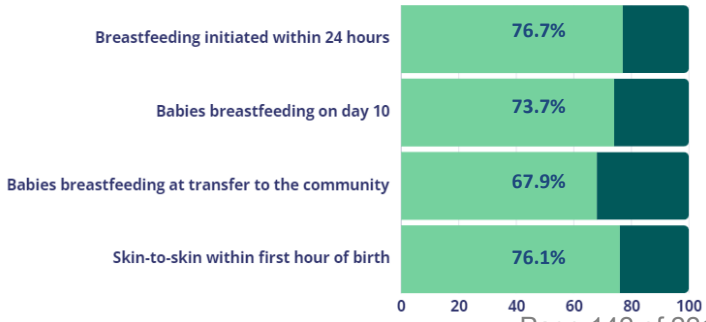
less than 23+6 week	1
24 to 33+6 weeks	12
34 to 36+6 weeks	22
37 to 41+6 weeks	329
42+ weeks	10

Postpartum Haemorrhage (PPH)

(Count of women)



Infant Feeding & skin to skin (%)

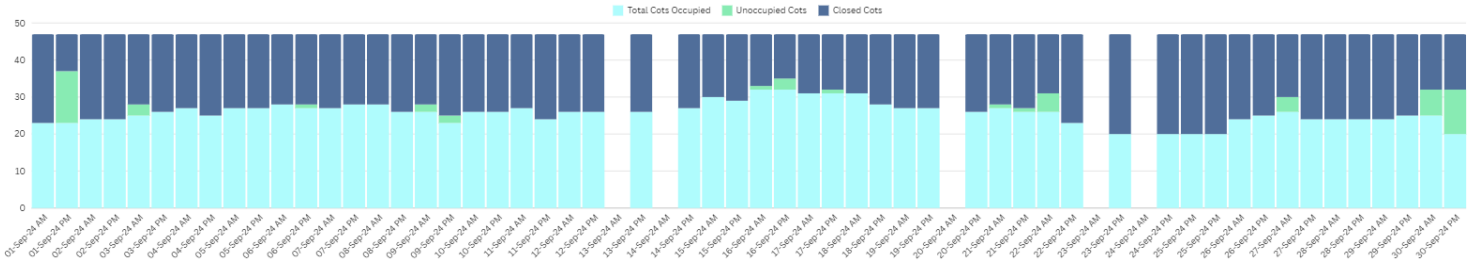


Neonatal Metrics: September

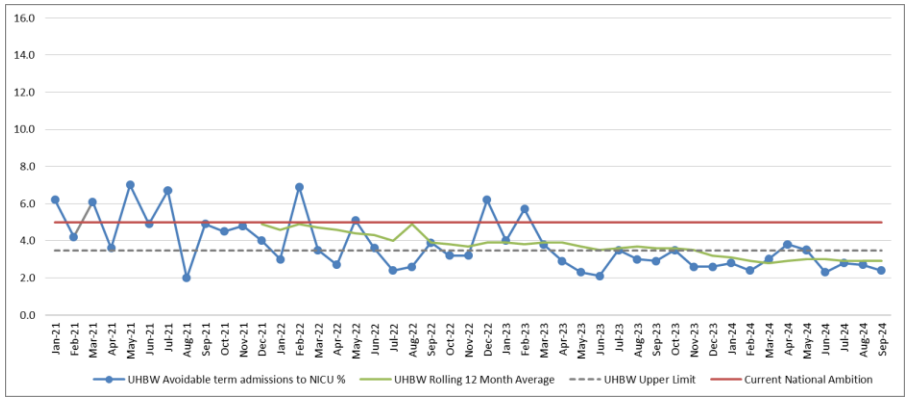
Neonatal Commissioned Cot Summary

Intensive Care (IC) Cots	= 15
High Dependency (HD) Cots	= 8
Special Care (SC) Cots	= 8
Transitional Care (TC) Cots	= 16

Neonatal Commissioned Cot Summary – September 2024

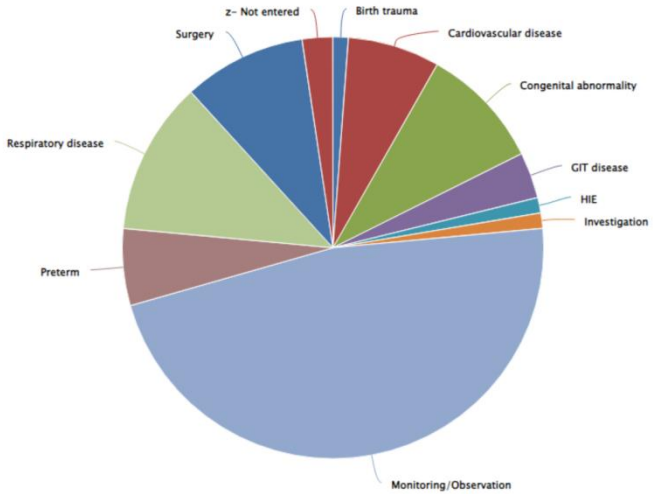


Avoidable Term Admission Rate in NICU (ATAIN)



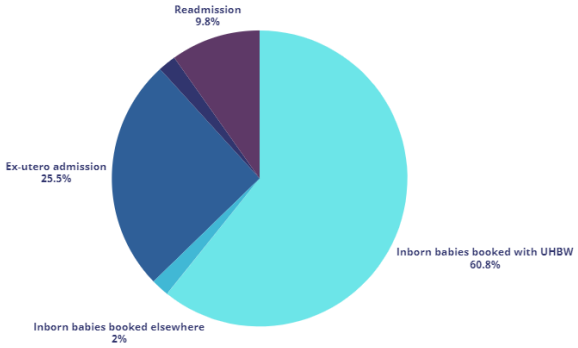
NNU* Principle reason for first admission

*NNU includes babies requiring neonatal care admitted to either NICU, Transitional Care or the Postnatal Ward

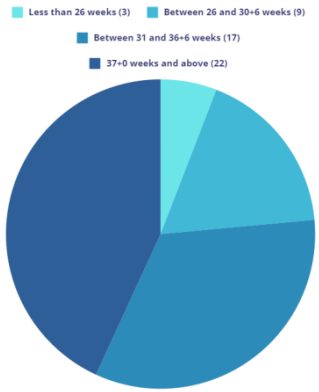


NICU Admission by Source

51 Babies Admitted to NICU in September



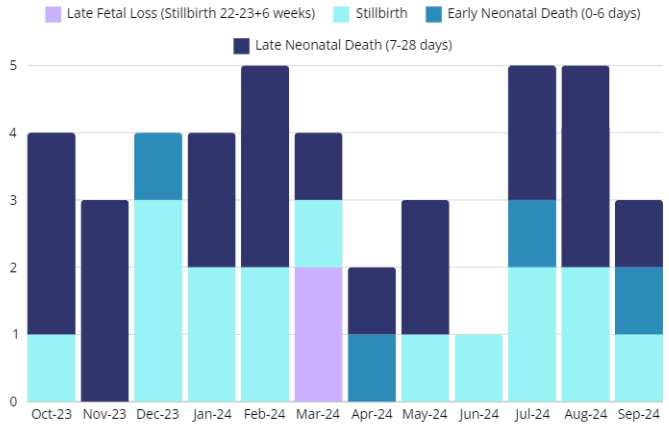
NICU Admission by Gestation



Perinatal Mortality & Morbidity

UHBH Perinatal Mortality

Stillbirths and Neonatal Deaths

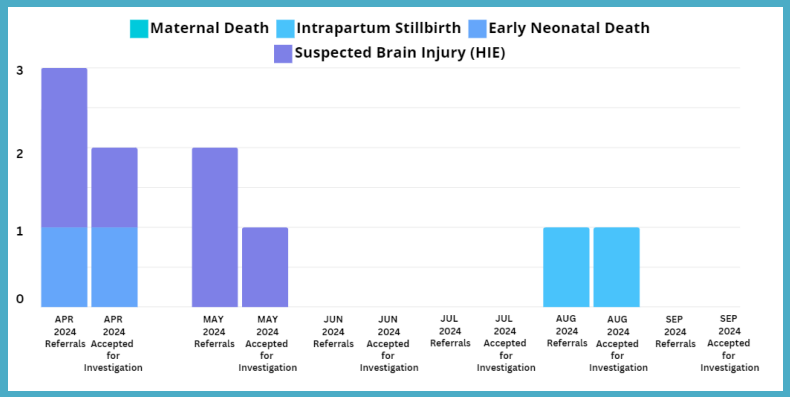


Maternity and Newborn Safety Investigations (MNSI)

The Maternity and Newborn Safety Investigations (MNSI) programme investigates certain cases of:

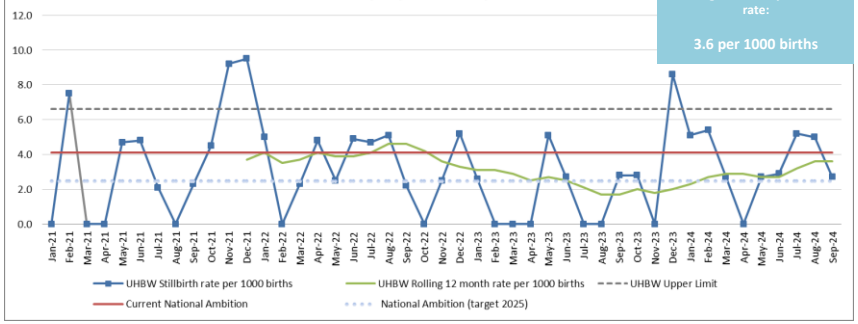
- Early neonatal deaths, intrapartum stillbirths and severe brain injury in babies born at term following labour in England
- maternal deaths in England

MNSI Referrals & Investigations by Criteria



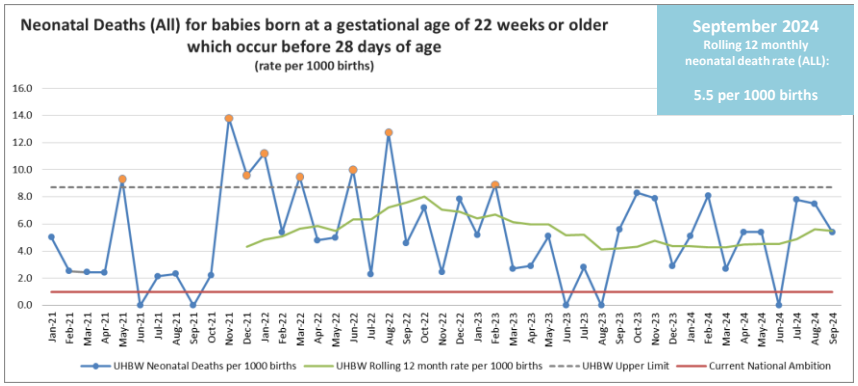
Stillbirths > 24weeks gestation
(rate per 1000 births)

September 2024
Rolling 12 monthly stillbirth rate:
3.6 per 1000 births



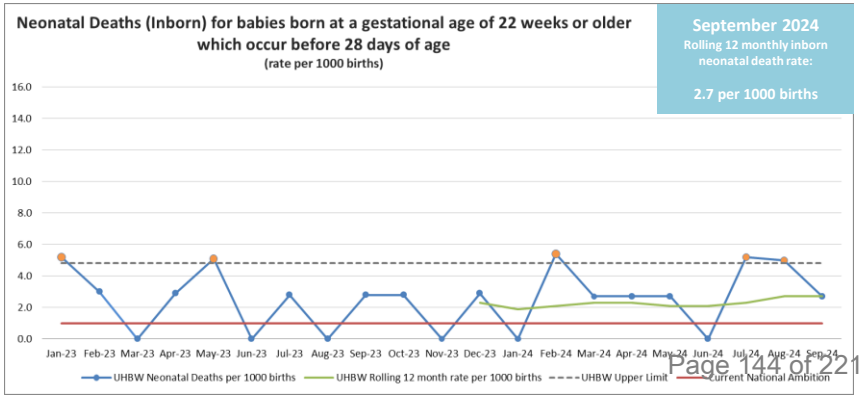
Neonatal Deaths (All) for babies born at a gestational age of 22 weeks or older which occur before 28 days of age
(rate per 1000 births)

September 2024
Rolling 12 monthly neonatal death rate (ALL):
5.5 per 1000 births

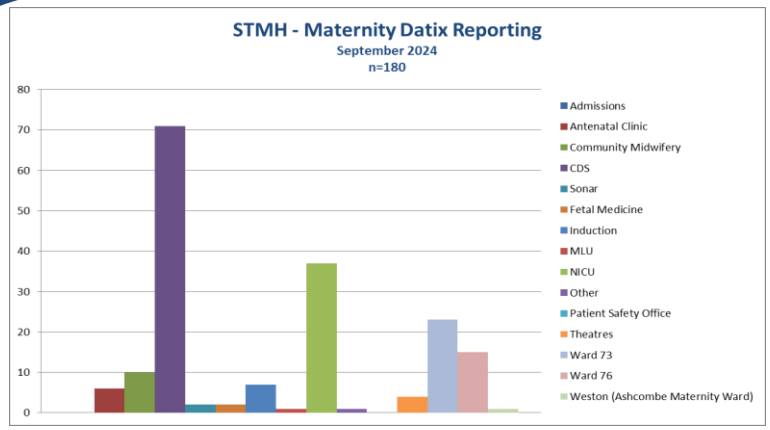


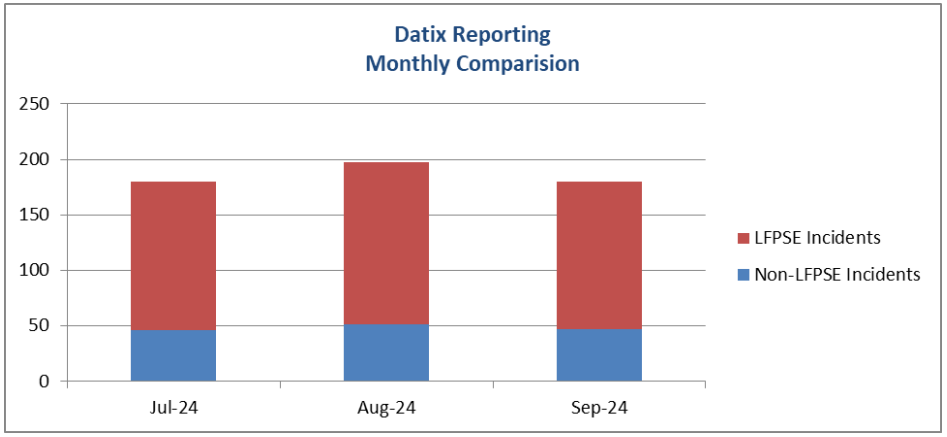
Neonatal Deaths (Inborn) for babies born at a gestational age of 22 weeks or older which occur before 28 days of age
(rate per 1000 births)

September 2024
Rolling 12 monthly inborn neonatal death rate:
2.7 per 1000 births



Incident Reporting & Reviews





CQC Action Required:
The service must ensure incidents are reviewed in a timely manner.
Regulation 17 (2) (b)

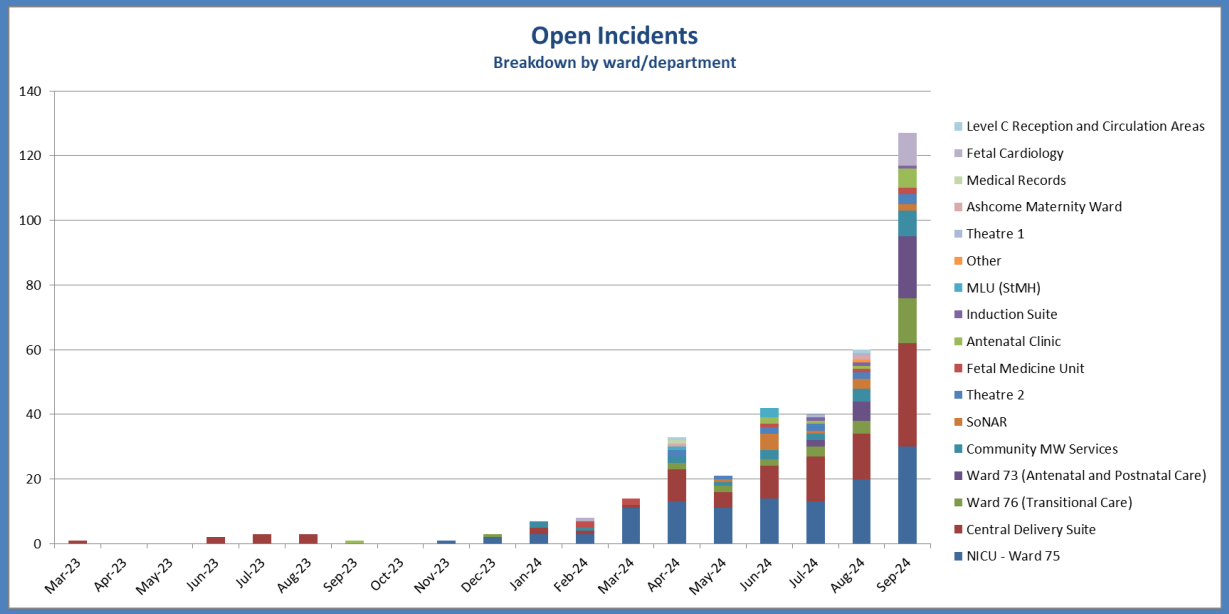
Steady progress, although slower than desirable being made.

The QPS team continues to offer support to Datix / Incident handlers to ensure timely review and closing of incidents.

Current Hotspots:

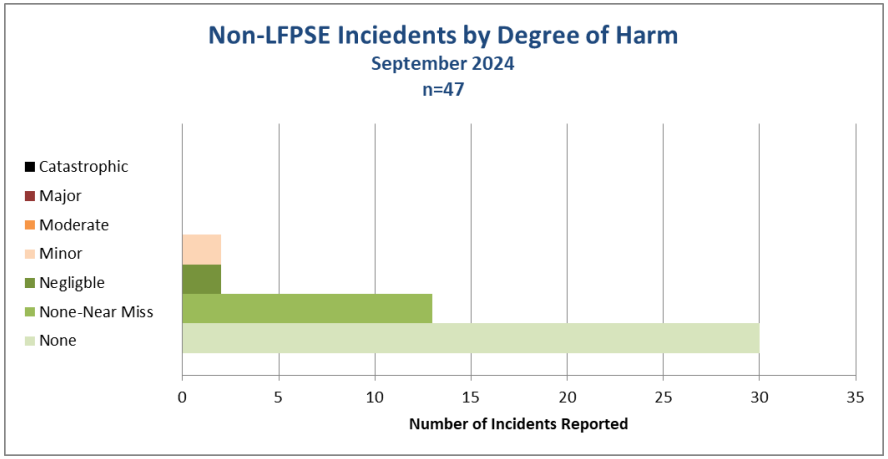
- NICU
- Central Delivery Suite

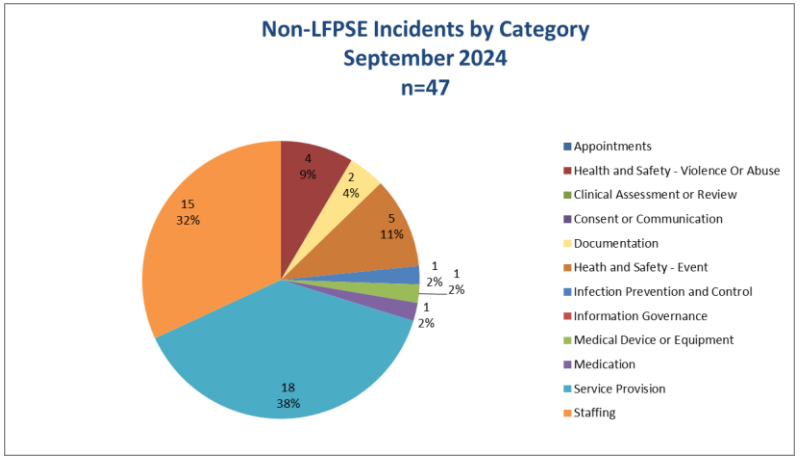
Acuity within these area's continues to impact timely review and closure of Datix / incidents.



Incident Reporting & Reviews

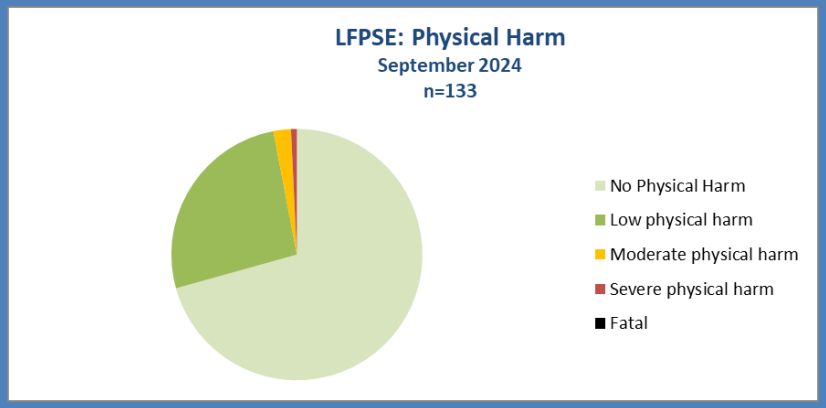
A total of 180 Datix were reported in September 2024, these consisted of 47 non-LFPSE incidents and 133 LFPSE incidents

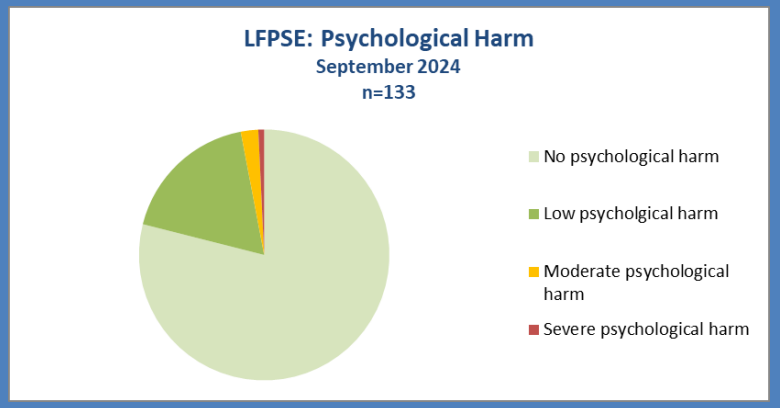




Learning from Patient Safety Events (LFPSE)

133 incidents met the LFPSE criteria in September.
Each incident is categorised by Physical and Psychological harm. The breakdown of these is as follows:





- No physical harm (n=94)
- Low physical harm (n=35)
- Moderate physical harm (n=3)
- Severe physical harm (n=1)
- Fatal (n=0)

- No psychological harm (n= 105)
- Low psychological harm (n=24)
- Moderate psychological harm (n=3)
- Severe psychological harm (n=1)

New Cases Reported in September 2024

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (if applicable)
266624	26/08/2024 Reported 04/09/2024	Severe physical harm No psychological harm	Parenteral nutrition	**Initial QPS review underway to verify reported level of harm**	N/A
267068	08/09/2024	FATAL	Neonatal Death (Extreme pre-term 19+6 weeks)	**Does not meet the criteria for PSIRF Learning Response:** Review to be completed as part of local PMRT process (does not meet official criteria for reporting Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
267813	16/09/2024	No physical harm Moderate psychological harm	Antepartum Stillbirth (36+1 weeks)	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A
268542	22/09/2024	Low physical harm Moderate psychological harm	Unsafe / insensitive management of patients pre-existing medical condition. Patient reported feeling 'racially discriminated against' and being treated differently because of this.	**Initial QPS review underway to verify reported level of harm**	N/A
268483	23/09/2024	Moderate physical harm No psychological harm	Incorrect frequency of prescribed medication administration	**Initial QPS review underway to verify reported level of harm**	N/A
268927	27/09/2024	Moderate physical harm Severe psychological harm	Delay/Failure in Safeguarding (DV) process	**Initial QPS review underway to verify reported level of harm**	N/A
268999	28/09/2024	FATAL	Neonatal Death Planned reorientation of care	**Meets criteria for PSIRF Learning Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A

Incident Reporting & Reviews

Ongoing MNSI Investigations / PSIIs

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
253795	24/04/2024	Low physical harm No psychological harm	Unexpected NICU admission for therapeutic cooling MRI Normal	MNSI Investigation at family's request Draft MNSI report received - factual accuracy process underway	MI-037344
253805	25/04/2024	Outcome - Death	Early Neonatal Death Baby born in Southmead, transferred for specialised neonatal care	Ongoing MNSI Investigation (NBT Referral)	MI-037345
254196	25/04/2024	Severe physical harm Moderate psychological harm	Emergency Caesarean for fetal wellbeing Post-operative Illius with conservative manangement Subseqent bowel perforation / ICU admission	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC completed in conjuction with Surgical Services Joint RIR Meeting held with Surgical Services Accepted for **Trust PSII** (investigation due to commence July 2024) Referral for psychological services completed Initial patient debrief meeting held 15/07/2024	N/A
No Datix Submitted	26/05/2024		(HEMS) admission to PICU (BCH) following postnatal collapse at home of a baby born at Gloucester MRI - Evidence of Hypoxic Ischaemic Enchelopathy (HIE)	Ongoing MNSI Investigation (Gloucester Referral)	MI-037464

Maternity Safety Support Programme:

N/A

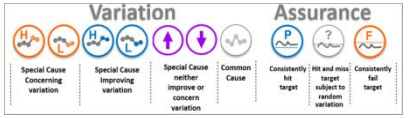
Closed Cases September 2024

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
256432	21/05/2024	**Grading of Care:** Care up until birth = Southmead Care after birth = B Care after neonatal death = Southmead	Neonatal Death (outborn)	**PMRT Multidisciplinary review held 18/9/2024** No Actions for UHBW	N/A
256115	19/05/2024	**Grading of Care:** Care up until birth = Southmead Care after birth = A Care after neonatal death = Southmead	Neonatal Death (outborn)	**PMRT Multidisciplinary review held 18/9/2024** No Actions for UHBW	N/A

Coroner's regulation 28:

N/A

Training



Training	Target	Local Threshold			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R									Variation	Assurance		
Training compliance fetal wellbeing day - Obstetric doctors (ALL)	MIS Y6 90%	≥90%		≤80%	68%	81%	87%	83%	62%	68%	72%				Drop in compliance due to new influx of junior doctors in August	
Training compliance fetal wellbeing day - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	94%	92%	91%	90%	90%	94%	89%					
Training compliance in maternity emergencies and multi-professional training - Obstetric doctors (ALL)	MIS Y6 90%	≥90%		≤80%	77%	85%	90%	91%	69%	72%	81%				Drop in compliance due to new influx of junior doctors in August	
Training compliance in maternity emergencies and multi-professional training (includes NBLS) - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	90%	87%	90%	89%	92%	93%	90%					
Training compliance in maternity emergencies and multi-professional training - Anaesthetists (ALL)	MIS Y6 70%	≥70%		≤60%	77%	77%	74%	72%	53%	49%	75%				Drop in compliance due to new influx of junior doctors in August	
Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL	MIS Y6 90%	≥90%		≤80%	89%	84%	86%	86%	86%	84%	87%				``	
Training compliance annual local NBLS - NICU Doctors (ALL)	MIS Y6 90%	≥90%		≤80%	97%	97%	91%	91%	91%	Data Pending						
Training compliance annual local NBLS NICU ANNPs (ALL)	MIS Y6 90%	≥90%		≤80%		95%	95%	95%	95%	Data Pending					More consistent reporting required in order to calculate SPC - bi-monthly reporting moving forward	
Training compliance annual local NBLS NICU Nurses (Band 5 and above)	MIS Y6 90%	≥90%		≤80%		67%	67%	70%	74%	88%					More consistent reporting required in order to calculate SPC - bi-monthly reporting moving forward	Discussed at NICU Governance June 2024 - RISK added to Risk register - Recovery action plan in place - anticipated required level of compliance by January

Awaiting Safeguarding Training Data

Service Insights: Patient & Staff Engagement

Friends and Family Test

August 2024 (awaiting September data)

FFT score												
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Antenatal community	100%	100%	100%	100%	100%	97%	100%	98%	100%	100%	90%	100%
Birth	96%	100%	98%	100%	100%	94%	97%	97%	95%	100%	100%	98%
Postnatal ward	98%	96%	99%	100%	100%	99%	100%	92%	95%	91%	98%	93%
Postnatal community	100%	100%	100%	100%	100%	100%	100%	98%	100%	97%	100%	100%
Total	**98%**	**99%**	**99%**	**100%**	**100%**	**97%**	**99%**	**97%**	**97%**	**97%**	**99%**	**97%**

FFT response rate												
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Antenatal community	9%	10%	5%	10%	13%	23%	11%	36%	4%	8%	5%	2%
Birth	15%	15%	27%	8%	6%	24%	8%	10%	6%	5%	18%	13%
Postnatal ward	16%	14%	25%	7%	6%	22%	8%	7%	5%	3%	16%	10%
Postnatal community	12%	8%	10%	8%	9%	11%	6%	17%	6%	12%	4%	10%
Total	**13%**	**12%**	**18%**	**8%**	**8%**	**20%**	**8%**	**14%**	**6%**	**7%**	**12%**	**9%**

Safety Champions

September 2024 walk around – CDS

Key Points Raised (staff):

- Staffing challenges
- Triage – capacity, work flow and challenges when DAU closes
- Tailgating, and staff letting patients in without them checking in with receptionists

Maternity and Neonatal Voices Partnership (MNVP)

Neonatal MNVP recruited (shared role with Taunton) – now in post
Appointed two MNVPs for UHBW – now in post
MNVP Programme Lead recruited – start date to be

Compliments & Complaints

Formal Complaints	**5**	**Compliments Received**	**5**
Informal Complaints	**8**	**PALS enquires**	**3**

Divisional Complaint themes:

- Staff attitude
- Poor communication re care plan
- Cancelled/delayed appointments or admissions
- Request for second opinion (STMH)
- Delays in treatment/results
- Clinical incident feedback
- Conflicting care information
- Concerns regarding nurse/midwife training
- Poor administration
- Lack of support/engagement for fathers/partners (STMH)
- Unacceptable ward environment (STMH)

Compliance with National Directives: Maternity (and Perinatal) Incentive Scheme – Year 6

MIS Safety Actions	Compliance with MIS Actions Year 5	Progress with MIS Actions Year 6
Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?		
Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		
Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?		
Can you demonstrate an effective system of clinical workforce planning to the required standard?		
Can you demonstrate an effective system of midwifery workforce planning to the required standard?		
Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version 3?		
Listen to women, parents and families using maternity and neonatal services and coproduce services with users.		
Can you evidence the required elements of local training plans and 'in-house', one day multi professional training?		
Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?		
Have you reported 100% of qualifying cases to MNSI and to NHS Resolutions Early Notification (EN) Scheme?		

The Maternity Incentive Scheme (MIS) was developed in 2017. The scheme is designed to support safer maternity and perinatal care by driving compliance with ten 'safety actions'. The safety actions are updated annually by a collaborative advisory group, consisting of representatives from NHS Resolution, NHS England, The Royal College of Obstetricians and Gynaecologists (RCOG, the Royal College of Midwives (RCM), Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK), the Royal College of Anaesthetists (RCoA), the Neonatal Clinical Reference Group (CRG), the Care Quality Commission (CQC) and the Maternity Newborn Safety Investigation Programme (MNSI).

MIS Year 6 Progress Update:

- Revised safety actions released 2nd April 2924
- GAP analysis now completed
- Transitional Care QI Project identified - project TOR to be agreed

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

Compliance with National Directives: Three Year Delivery Plan

Three Year Delivery Plan - Theme Summary			Workstream tracker				
Last updated: 20/03/2024	Total no. of Trust Responsibilities	Total no. of workstreams	Not started (late)	Planned	In progress (on schedule	In progress (off schedule)	Complete
Theme 1, objective 1	4	9	0	5	2	0	1
Theme 1, objective 2	9	12	0	2	4	0	6
Theme 1, objective 3	2	3	0	2	1	0	0
Theme 1 TOTAL	**15**	**24**	**0**	**9**	**7**	**0**	**7**
Theme 2, objective 4	7	8	0	2	2	0	4
Theme 2, objective 5	17	19	1	3	8	1	5
Theme 2, objective 6	4	4	0	0	3	0	1
Theme 2 TOTAL	**28**	**31**	**1**	**5**	**13**	**1**	**10**
Theme 3, objective 7	6	7	0	2	2	0	3
Theme 3, objective 8	12	17	1	4	4	0	7
Theme 3, objective 9	7	7	0	2	3	0	2
Theme 3 TOTAL	**25**	**31**	**1**	**8**	**9**	**0**	**12**
Theme 4, objective 10	7	9	0	4	4	0	1
Theme 4, objective 11	5	6	0	1	1	0	4
Theme 4, objective 12	2	3	0	1	1	0	1
Theme 4, TOTAL	**14**	**18**	**0**	**6**	**6**	**0**	**6**
TOTAL	**82**	**104**	**2**	**28**	**35**	**1**	**35**

Key	
Grey	Already BAU/Being met through existing workstream/complete
Green	In progress (on schedule)
Amber	In progress (off schedule)
Red	Not being met or in any existing plans/ not started
Yellow	Planned

Compliance with National Directives: Three Year Delivery Plan

By exception:

Theme	Deliverable	Comments
2.5.1	To work with Educational Institutions to deliver QIS training in region	New national QIS standards to be released in October 2024 which may require a complete overhaul of the UWE course. We are unable to commit to the high level of support required for the UWE course from January as we have no education lead for NICU (post vacant). For 2024 we have been placing our RNs on the Birmingham course. A regional /ODN solution would be helpful as is a challenge beyond out service.
2.5.6	Develop future leaders via succession planning, ensuring this pipeline reflects the ethnic background of the wider workforce. Continuation from Ockenden action, Work to increase strong pool of system wide candidates	Bridges programme on offer by Trust (6 x managers supporting Bridges coaching (Cohort 4). To promote cohort 5 - numbers need improvement), but continue scoping to see what else can be done to strengthen this – requires a system response?
3.8.4	How do we **act** alongside maternity and neonatal leaders on outcomes data, staff and MNVP feedback, audits, incident investigations and complaints as well as learning from where things have gone well.	We have strong evidence for the governance etc around how this information is managed and reviewed but less robust evidence for how we **act** on this. It is occurring but we haven't gathered the robust evidence yet.

Compliance with National Directives: Ockenden

The Maternity Incentive Scheme (MIS) was developed in 2017. The scheme is designed to support safer maternity and perinatal care by driving compliance with ten 'safety actions'. The safety actions are updated annually by a collaborative advisory group, consisting of representatives from NHS Resolution, NHS England, e (MNSI).

IEA	Number of Assurance Questions	N/A for UHBW or National Actions	Red	Amber	Green	Blue	Completed and evidenced	% of Compliance
1. Workforce Planning and Sustainability	11	1	0	0	0	0	10	100
2. Safe Staffing	10	2	0	0	0	1	7	88
3. Escalation and Accountability	5	0	0	0	0	0	5	100
4. Clinical Governance and Leadership	7	1	0	0	0	0	6	100
5. Incident Investigations and Complaints	7	0	0	0	0	2	5	71
6. Learning from Maternal Deaths	3	2	0	0	0	0	1	100
7. Multidisciplinary Training	9	0	0	0	0	0	9	100
8. Complex Antenatal Care	5	0	0	0	1	0	4	80
9. Pre-term Birth	4	1	0	0	0	0	3	100
10. Labour and Birth	6	0	0	1	0	0	5	83
11. Obstetric Anaesthesia	5	2	0	0	0	0	3	100
12. Postnatal Care	4	0	0	0	0	0	4	100
13. Bereavement Care	4	0	0	1	0	0	3	75
14. Neonatal Care	8	3	0	1	0	0	4	80
15. Supporting Families	3	0	0	1	0	0	2	67
TOTAL	91	12	0	4	1	3	71	90

	N/A for UHBW or National Action
	Immediate remedial action required to progress
	Action required for successful delivery of this activity
	Activity on target
	Completed activity (evidence sign off required)
	Completed activity (evidence signed off)

Next Steps for Progression:

- IEA10 – Installation of centralised CTG monitoring
- IEA13 – Creation of new ' Bereavement Champion' role to support 7 day bereavement support
- IEA14 – Neonatal Staffing action plan review scheduled
- IEA15 – Improving accessibility to psychological services to ensure equitability for all patients/families

NHSR Scorecard (Obstetrics)

CNST claims received with an incident date between 01/04/2013 and 31/03/2023 (correct at: 30/06/2023)
The trust has received a total of 58 Obstetric claims. These account for 12% of all CNST claims received and equates to 51% of the total value of all CNST claims received

Patient Safety Triangulation 2024-25, Q2 Legal, Complaints & Incidents

University Hospitals Bristol and Weston NHS Foundation Trust

Top 5 injuries by volume:	Top 5 injuries by value:
Psychiatric/psychological damage (9)	Hypoxia (5)
Unnecessary pain (6)	Brain damage (4)
Fatality (5)	Psychiatric/psychological damage (9)
Hypoxia (5)	Fracture (1)
Incontinence (4)	Incontinence (4)
Top 5 causes by volume:	**Top 5 causes by value:**
Fail / delay treatment (16)	Fail / delay treatment (16)
Fail to monitor 2nd stage of labour (6)	Fail to monitor 2nd stage of labour (6)
Fail antenatal screening (5)	Birth defects (1)
Inadequate care (3)	Fail to respond to abnormal FHR (3)
Fail to respond to abnormal FHR (3)	Not specified (1)

Formal Complaints Themes Q2 24-25 (received: 15)

- Poor communication re care plan (2)
- Lack of care received (3)
- Concern over care received (5)
- Induction of labour and birth experience (2)
- Independent review of clinical management requested (1)
- Concern over management of neonatal pain management (1)

Incidents Q2 24-25

- Moderate Harm (or above) Datix (22)
- MNSI Accepted Referrals (1)
- ICU Admissions (2)
- Category 1 CS (57)
- Post partum hysterectomy (2)
- Shoulder dystocia (18)
- PPH greater than 2.5 litres (9)
- 3rd / 4th degree tears (29)
- Babies born <34 weeks (34)
- Apgar <7 at 5 minutes (24)

Themes Q2 24-25

- Delay in recognition of deteriorating fetal wellbeing and escalation in the 2nd stage of labour (links with previous claims and incidents)
- Medication omission during inpatient stay (links with previous claims and incidents)
- Bowel obstruction following caesarean section (links with previous claims and incidents)
- Delay in transfer to ICU (links with previous claim and incidents)

Learning Q2 24-25

- Resuscitation for Twins in theatre – gas bottle ran out during resuscitation of twin 2 – identified additional port to enable use of wall gases for the second resuscitaire – 'Splitter' now sourced
- Major obstetric haemorrhage / cardiac arrest incident – staffing for 2nd theatre – not all staff (dependent on role) receive the same training relating to the operation of certain pieces of equipment in theatre – additional training to be arranged

Action Plans Q2 24-25

Not started	In progress	Completed

Update guideline on management of nausea and vomiting in pregnancy to include onset of nausea and vomiting in the second/third trimester	Due to be presented Nov 24
Include recognition and management of Acute Fatty Liver of pregnancy into the maternity emergency training day	Pre-course mandatory e-learning package created

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	12th November 2024		
Report Title:	National Cancer Patient Experience Survey Results 2023		
Report Authors:	Ruth Hendy, Lead Cancer Nurse Samantha Moxey, Feedback and Engagement Coordinator		
Report Sponsor:	Professor Deirdre Fowler, Chief Nurse and Midwife		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	To provide summary feedback from the recently published 2023 National Cancer Patient Experience Survey results for UHBW		

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

UHBW has received a report with the results from the 2023 National Cancer Patient Experience Survey for Bristol and Weston hospital sites. Patients scored the Trust 9 out of 10 for the 'overall experience of care' question, a slight improvement on the result of 8.9 in the 2022 results. This result places UHBW 46th out of 132 Trusts (where 1st is the best performing Trust) and slightly above the national average of 8.9.

UHBW scores were slightly better than most Trusts for three questions, worse than most Trusts for two questions and all remaining questions were about the same as other Trusts. This is the second year where trend data is available for year on year comparisons. UHBW showed a significant increase in scores from 2022 to 2023 results in four questions and significantly lower score for one question. The detail for these questions can be found in the report.

There are consistent themes of good practice across UHBW including attributes of 'staff', 'treatment' and 'care quality'. The themes with lower scores related to facilities, waiting times and delays, and appointments.

The report also provides some limited detail on results presented by different demographic groups including age, gender, ethnicity, Indices of Multiple Deprivation (IMD) and respondents with additional 'long term conditions'. This analysis enables us to gain further insight into the potential correlation between different patient demographics and the impact on their experience.

Improvement priorities:

• The refurbishment and expansion of facilities at Bristol Haematology and Oncology Centre (BHOC) remain a priority. A number of improvements are taking place in the interim from October - December 2024 across both the BHOC inpatient wards.

• UHBW is committed to having a cancer support 'Maggie's Centre' built on-site in Bristol with planning submission expected later in 2024.

• The improvement plan following publication of these results is being developed with input from clinical teams across the Divisions. The clinical teams (as individual tumour sites, e.g. breast, colorectal, lung, gynae etc.) have reviewed their site-specific NCPES results, working collaboratively across Bristol and Weston sites, and have identified priority areas for

improvement and planned actions accordingly. • Collaborative work is taking place with colleagues at North Bristol NHS Trust and across Somerset Wiltshire Avon and Gloucestershire Cancer Alliance (SWAG) to review and progress improvements to shared pathways. • Improving the experience of our Cancer services is also a key part of the recently published UHBW Experience of Care Strategy 2024 – 2029, "My Hospitals Know and Understand Me" and progress will be measured as part of the delivery of this strategy.
Strategic and Group Model Alignment
This work aligns with the True North Experience of Care strategic priority.
Risks and Opportunities
None.
Recommendation
This report is for Assurance.

History of the paper (details of where paper has previously been received)	
Experience of Care Group	19th September 2024
Clinical Quality Group	2nd October 2024
Cancer Steering Group	24th October 2024
Appendices:	2023 Annual Cancer Patient Experience Survey Report

Report title: 2023 National Cancer Patient Experience Survey Results

Report date: 11th September 2024

Authors: Ruth Hendy, Lead Cancer Nurse.
Samantha Moxey, Feedback and Engagement Coordinator.

1. Survey background

The survey was undertaken by Picker on behalf of NHS England and it was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Picker, is responsible for designing, running and analysing the survey. The 2023 survey involved 132 NHS Trusts. Out of 121,121 people, 63,428 people responded to the survey, yielding a response rate of 52%.

The sample for the survey included all adult NHS patients (aged 16 and over), with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2023. The fieldwork for the survey was undertaken between November 2023 and February 2024.

The questionnaire was redeveloped for the 2021 National Cancer Patient Experience Survey. Year on year comparisons between 2021, 2022 and 2023 are included in this report for most questions.

2. Results summary

The 2023 results show:

UHBW scored 9.0 out of 10 for the 'overall experience of care' question, compared to a score of 8.9 in the 2022 results. This means UHBW ranks as the 46th out of 132 Trusts (where 1st is the top rating). Patients gave an average rating for overall experience of care of 9.0 which places UHBW slightly above the national average. 583 patients responded to the survey which gives a response rate of 50% which is similar to the national average of 52%.

UHBW scored better than most Trusts for three questions:

- Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital (77%);
- Q42. Patient completely had enough understandable information about their response to radiotherapy (87%);
- Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right (88%).

UHBW scored worse than most Trusts for two questions, compared to one question in the 2022 results:

- Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis (76%);
- Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services (45%).

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

3. Trust comparison and results over time

This is the second year where trend data is available for year on year comparisons. Chart 1 shows UHBW overall cancer care rating scored above the national average with a score of 9 which is an increase from 2022 where UHBW scored 8.9.

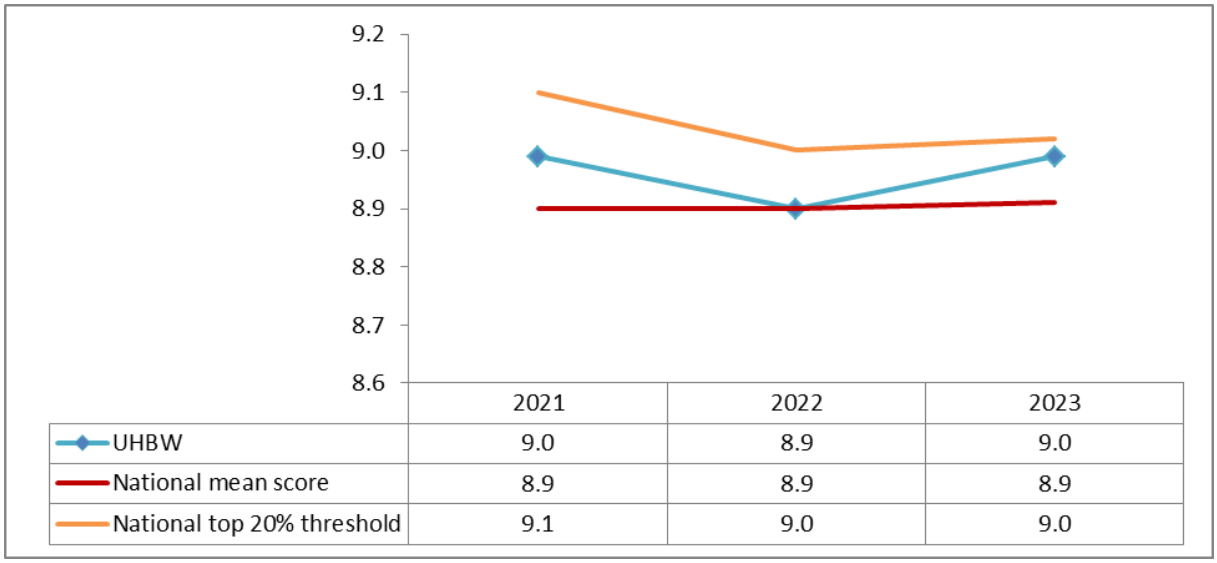
UHBW showed a significant increase in scores from 2022 to 2023 results in four questions:

- Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis. UHBW scored 74% in 2023 compared to 71% in 2022;
- Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options. UHBW scored 87% in 2023 compared to 77% in 2022;
- Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital. UHBW scored 77% in 2023 compared to 68% in 2022;
- Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home. UHBW scored 64% in 2023 compared to 62% in 2022.

UHBW scored significantly lower in the 2023 results compared to the 2022 results for one question:

- Q18. Patient found it very or quite easy to contact their main contact person. UHBW scored 81% in 2023 compared to 85% in 2022.

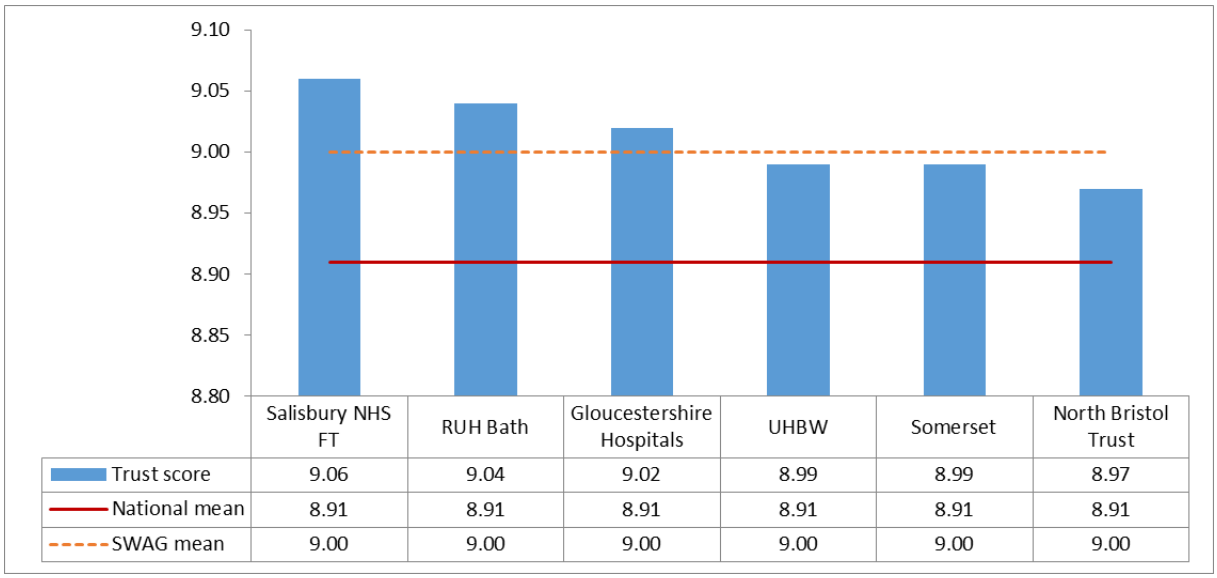
Chart 1: Overall experience rating for cancer care



	2021	2022	2023
UHBW	9.0	8.9	9.0
National mean score	8.9	8.9	8.9
National top 20% threshold	9.1	9.0	9.0

Chart 2 compares the overall care rating score between organisations in the Somerset Wiltshire Avon and Gloucestershire Cancer Alliance group (SWAG). This shows that in 2023, patients in the South West tend to rate their care slightly above the national average with an average score of 9.1 compared to the national average score of 8.9. This is an improvement compared to 2022 where organisations within SWAG were in line with the national average with a score of 9. In 2023 UHBW performed around the middle of this cohort, with Salisbury NHS Foundation Trust performing best but there is very little variation between the SWAG provider scores with a range of < 0.1 points.

Chart 2: Overall Patient Care Ratings for the SWAG Cancer Alliance



	Salisbury NHS FT	RUH Bath	Gloucestershire Hospitals	UHBW	Somerset	North Bristol Trust
Trust score	9.06	9.04	9.02	8.99	8.99	8.97
National mean	8.91	8.91	8.91	8.91	8.91	8.91
SWAG mean	9.00	9.00	9.00	9.00	9.00	9.00

Chart 3 compares the latest results between the NCPE survey and other national patient surveys. This shows UHBW is above the national average and below the top decile for the NCPE survey and this is the lowest scoring compared to the other national surveys.

Chart 3: Cancer (NCPES) results compared with other national patient survey results

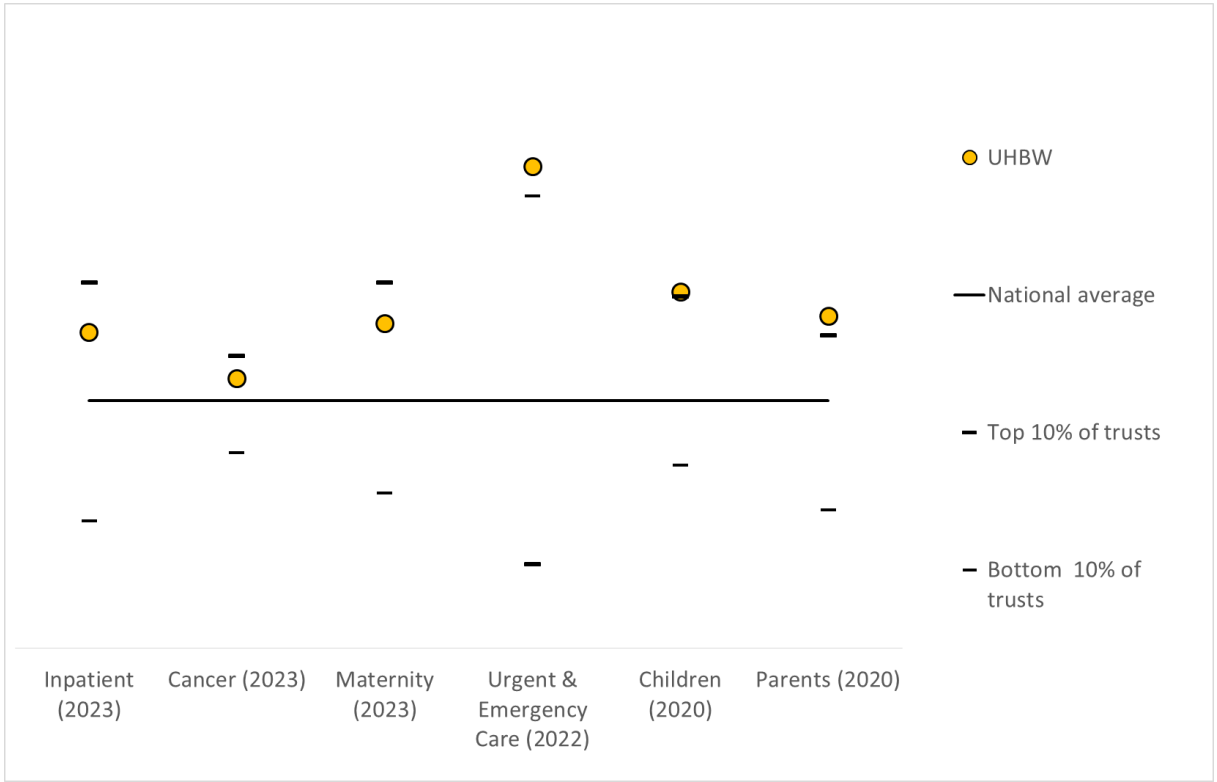
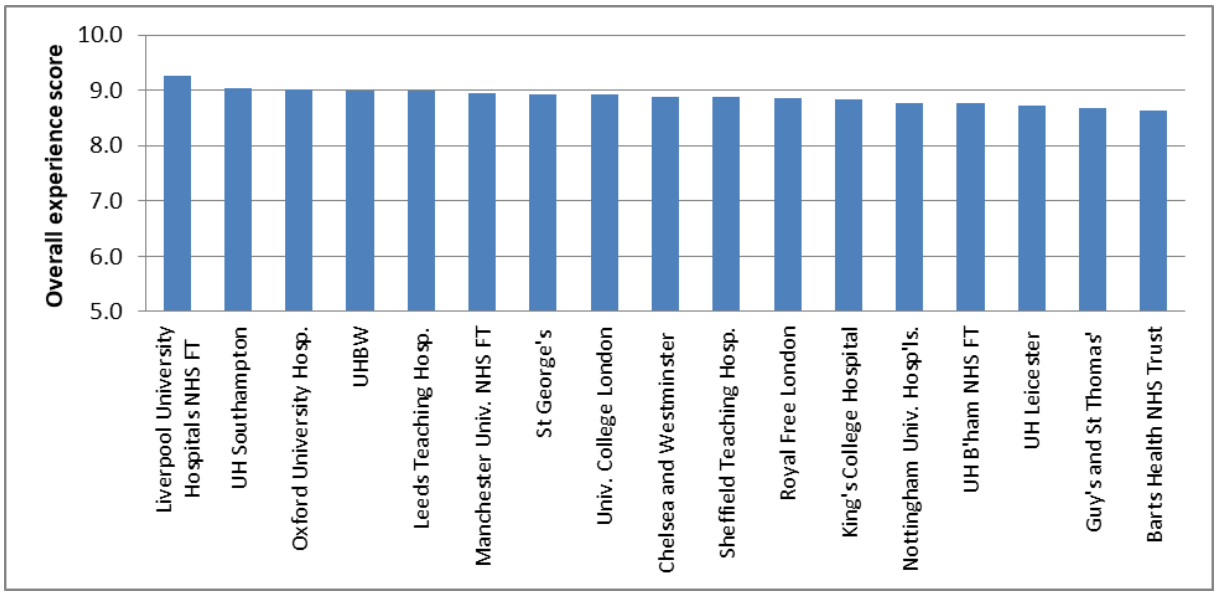


Chart 4 (below) shows that the overall experience score for UHBW was in line with other large acute city-centre trusts. UHBW scored 4th out of 17 large acute city-centre trusts in 2023 compared to 7th in 2022.

Chart 4: Comparison of overall patient experience rating score (out of 10) for large acute city-centre trusts



Analysis by question

UHBW's best and worst comparator scores (i.e. those with greatest % variance when compared with the national average), are displayed in Table 1 and Table 2 below. These comparisons can help provide some useful context and help differentiate between areas of national or local good practice or concerns.

Table 1: UHBW top performing questions (compared to the national average).

Ques No	Question Text	UHBW Score (Case mix adjusted)	National Score	Variance
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	88.1%	78.5%	9.6%
Q32	Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	77%	70%	6.8%
Q42_3	Patient completely had enough understandable information about their response to radiotherapy	90.8%	85.0%	5.8%
Q35	Patient was always able to discuss worries and fears with hospital staff	70.5%	64.8%	5.6%
Q36	Hospital staff always did everything they could to help the patient control pain	88.2%	84.1%	4.1%
Q58	Cancer research opportunities were discussed with patient	48.3%	44.7%	3.5%
Q22	Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	86.7%	83.5%	3.2%
Q29	Patient was offered information about how to get financial help or benefits	73.2%	70.1%	3.1%
Q39	Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	82.2%	79.2%	3.1%
Q46	Patient was given information that they could access about support in dealing with immediate side effects from treatment	90.1%	87.0%	3.1%

Table 2: UHBW lowest performing questions (compared to the national average).

Ques No	Question Text	UHBW Score (Case mix adjusted)	National Score	Variance
Q13	Patient was definitely told sensitively that they had cancer	71.8%	74.4%	-2.6%
Q18	Patient found it very or quite easy to contact their main contact person	81.2%	84.4%	-3.1%
Q52	After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	27.9%	32.3%	-4.4%
Q41_5	Beforehand patient completely had enough understandable information about immunotherapy	79.3%	83.8%	-4.4%
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	75.9%	80.9%	-5.0%
Q50	During treatment, the patient definitely got enough care and support at home from community or voluntary services	44.5%	52.2%	-7.7%

Many of the best scores for UHBW relative to national scores are related to themes around information-giving and advice. This includes information about accessing support for side-effects, cancer research opportunities and being offered information about getting financial help or benefits.

Patients also scored UHBW highly compared to the national average in questions around involvement in care. This includes help with pain control, understandable information about their response to radiotherapy, family involved in decision making, and family or someone close being able to talk to a member of the team.

The length of wait at the clinic / day unit for treatment also remained higher than the national average which is consistent with the 2022 results.

Looking at our absolute scores, not comparisons, will often give the clearest indication of what is working well at UHBW and where we should be focused on service improvements. Table 3 and Table 4 show the actual highest and lowest UHBW % scores. Table 4 also identifies some themes amongst the lowest absolute scores.

Table 3: The absolute **highest** UHBW scores: 9 scores ≥ 90%

Q. no.	UHBW %	National average % range	Question
26	98	97-100	Care team reviewed the patient's care plan with them to ensure it was up to date
25	96	91-96	A member of their care team helped the patient create a care plan to address any needs or concerns
5	95	90-95	Patient received all the information needed about the diagnostic test in advance
19	95	94-97	Patient found advice from main contact person was very or quite helpful
9	94	93-97	Enough privacy was always given to the patient when receiving diagnostic test results
27	93	88-94	Staff provided the patient with relevant information on available support
17	92	88-94	Patient had a main point of contact within the care team
42-3	91	80-90	Patient completely had enough understandable information about their response to radiotherapy
46	90	83-91	Patient was given information that they could access about support in dealing with immediate side effects from treatment

Table 4: The **lowest** UHBW scores: 8 scores < 60%

Q. no.	UHBW %	National average % range	Question	
52	23	19-26	Patient has had a review of cancer care by GP practice	Support at home - from primary care / community services
51	48	41-52	Patient definitely received the right amount of support from their GP practice during treatment	
53	28	24-40	After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	
50	45	45-59	During treatment, the patient definitely got enough care and support at home from community or voluntary services	
Q. no.	**UHBW %**	**National average % range**	**Question**	
58	48	34-55	Cancer research opportunities were discussed with patient	Treatment related information provision
23	55	51-63	Patient could get further advice from a different healthcare professional before making decisions about their treatment options	
48	56	49-60	Patient was definitely able to discuss options for managing the impact of any long-term side effects	
47	58	55-65	Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	

4. Free-text-comments

NCPES 2023 provided the opportunity for patients to share views on their experience of care via free-text questions which asked what they found to be positive about their cancer care and what could have been better. Patient feedback included:

What could have been better:
"Administration and bureaucracy! Sometimes I miss appointments as I've not been informed. Different (all NHS!) hospitals don't 'talk' to each other so updating data etc can be exhausting as I'm under a few specialists for treatment-induced side effects."

"Some of my appointment letters arrived after the date they were set. Using email or text would have been better."

"Better support and access to GP would help on an ongoing basis."

"The time taken between having a scan to getting the results are far too long and distressing."

"Frustrating the amount of time spent waiting around."

"There was nothing they could have done better. The care was second to none. the worse aspect of having to go to BHOC was the parking, this was very poor and due to this, I was often feeling really stressed trying to find a space even before having my treatment."

What was positive:
"I have felt safe and secure while cared for by oncology. All the department staff have been very kind…… I am receiving excellent care from an amazing team."

"From being first diagnosed to the present day my care has been fantastic. All consultants specialist nurses, admin staff and everyone else involved in my care has been second to none. I always feel they look after my health in a very positive and constructive way. I can thank everyone enough."

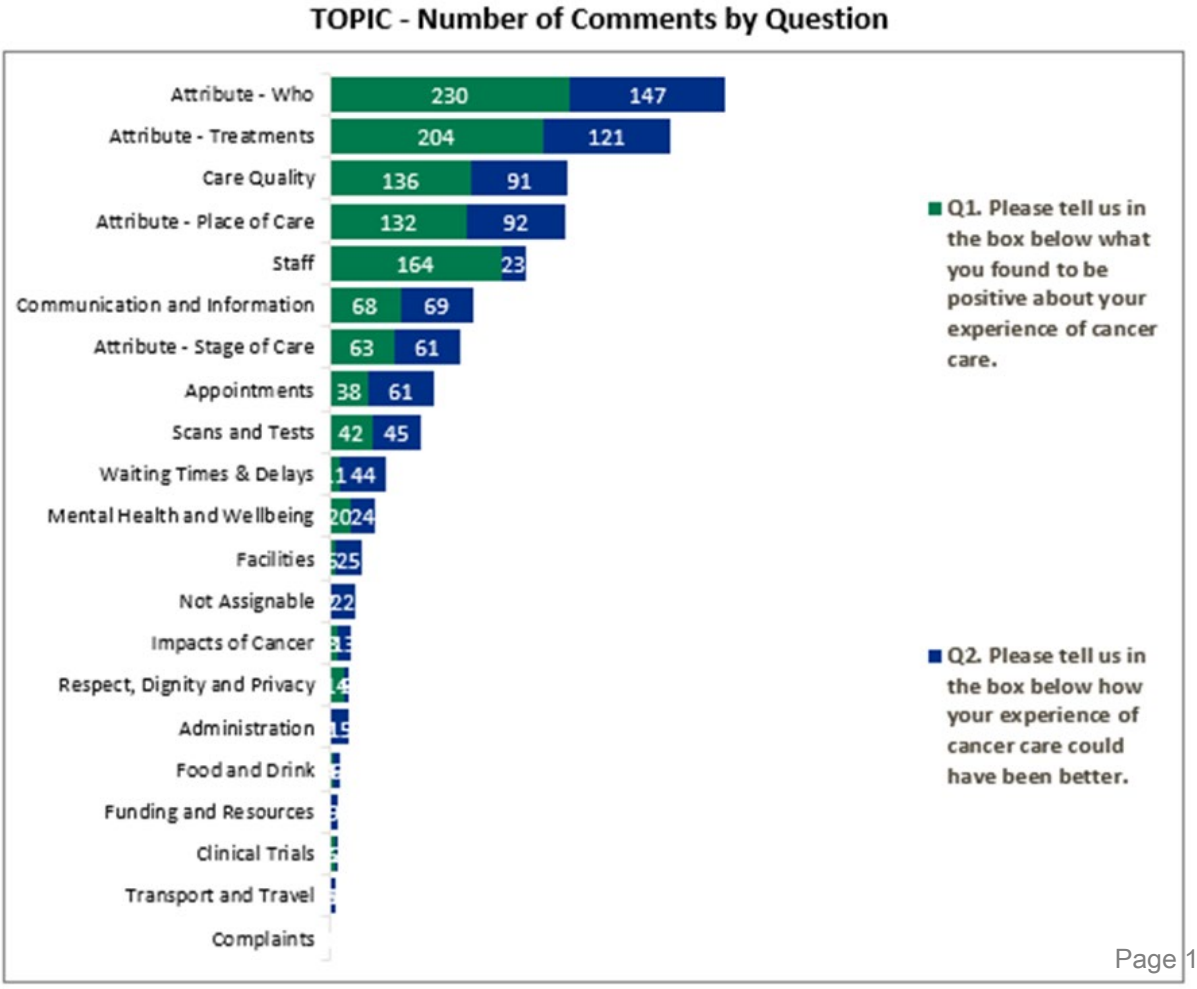
"From day one I was treated with care, respect & kindness. My experience with the NHS has been in this unfortunate case very good. I was lucky and am grateful to all members of the team from admin staff to consultants. Thank you."

"The hospital Support and treatment was (or is) excellent. Plenty of contact and information. Very caring team in both Weston and BRI oncology. Very grateful with collaboration of both hospitals e.g. having PICC line care and scans at Weston then oncology in Bristol for PAC appointments and availability of support staff and emergency follow-up. All staff respecting decisions made by me. Support by community hospice nurse much appreciated."

"Throughout my diagnosis, tests, surgery and hospital care all the staff and teams were brilliant. Well done everybody. Well done the NHS. Thank you very much. (even the hospital food was good)."

Chart 5 shows the number of comments, broken down by topic / theme area and have been grouped by positive comments (green) and feedback on what could have been better (blue).

Chart 5: Numbers of Free-text comments by topic and sentiment



Analysis reveals:

The top positive themes of comments (by proportion of the overall number of comments) relate to staff and the attributes of staff, treatment and care quality.

- 88% of comments (164/187) relating to **staff** were positive
- 63% of comments (204/325) relating to **treatment** were positive
- 61% of comments (230/377) relating to **attributes of staff** were positive
- 60% of comments (136/227) relating to **care quality** were positive

The themes with the lowest number of positive comments (as a proportion of the overall number of comments) relate to facilities, waiting times / delays and appointments.

- 19% of comments (6/31) relating to **facilities** were positive (e.g. car parking, waiting areas)
- 20% of comments (11/55) relating to **waiting times / delays** were positive
- 38% of comments (38/99) relating to **appointments** were positive
- 48% of comments (42/87) relating to **scans and tests** were positive (e.g. waiting for scans or results)

5. Demographic observations

The report this year also provides some limited detail on results presented by different demographic groups including age, gender, ethnicity, Indices of Multiple Deprivation (IMD) and respondents with additional 'long term conditions'. This enables us to gain further insight into the potential correlation between different patient demographics and the impact on their reported cancer patient experience.

However, due to a delay in the publication of the online interactive 2023 NCPES results, the depth of this demographic analysis has been restricted and it is not possible to quantify the numbers of respondents in every group or category and therefore limited comparisons can be drawn.

Ethnicity:

85% of UHBW NCPES respondents identified as 'White British'. The original UHBW NCPES 2023 survey sample was examined to determine the ethnicity profile and explore any correlation between the ethnicity profile of the sample and the ethnicity profile of the respondents.

Table 5: 2023 NCPES sample and corresponding response rates:

Ethnicity category		**2023 sample**		**2023 responses**	**Overall % of all survey respondents**
		Number	**% of sample**		
A	White British	953	90%	498	85%
B	White Irish	11		*	*
C	White other	40	4%	22	4%
D	Mixed white and black Caribbean	6		*	*
E	Mixed white and black African	-		*	*
F	Mixed White and Asian	3		*	*
G	Mixed other	3		*	*
H	Asian Indian	4		*	*
J	Asian Pakistani	5		*	*
K	Asian Bangladeshi	1		*	*

L	Asian other	2	*	*
M	Black Caribbean	11 1%	6	1%
N	Black African	7	*	*
P	Black other	2	*	*
R	Chinese	4	*	*
S	Any other ethnic group	6	*	*
Z	Not given	(145)	36	6%
(blank)		(124)	*	*
* Small number / supressed results, from all these groups to prevent patient identification.			17	
Total:		(1327) 1058	**583**	

Table 5 shows us that:

- 90% (953) of the original 2023 sample (of those whose ethnicity was known) identified as White British. This corresponds to 85% (498) White British respondents to the survey;
- 4% (40) of the original sample 2023 sample (of those whose ethnicity was known) identified as White Other. Which corresponds to 4% (22) White Other respondents to the survey;
- 1% (11) of the original 2023 sample (of those whose ethnicity was known) identified as Caribbean. This corresponds to 1% (6) Caribbean respondents to the survey.

This would appear to demonstrate that there is some consistency, with overall survey response rates appearing to be proportional to the size of the known ethnicity profiles within the original sample.

There needs to be caution in drawing any detailed conclusions from this as the specific numbers within other individual ethnicity profiles are so small, respondent details are therefore suppressed to protect anonymity. There was also a large cohort of patients in the original sample, whose ethnicity profile was either not given (145) or left blank (124).

If UHBW NCPES response rates are proportional to the ethnicity profile of the original sample, the questions remain:

- Why is the 'sample' not more representative of our diverse Bristol and Weston population?
- Is the 'sample' representative of the people accessing cancer care at UHBW?
- Are diverse communities accessing primary care, cancer screening and cancer services at UHBW?
- How can the recording of ethnicity data be improved at UHBW?

<u>Long term conditions:</u>

In NCPES 2023, respondents were asked if they also had a 'long term condition' (LTC), in addition to their cancer diagnosis. These LTC's, included breathing problems, such as asthma; blindness or partial sight; dementia or Alzheimer's disease; deafness or hearing loss; diabetes; heart problem, such as angina; joint problem, such as arthritis; learning disability; autism or autism spectrum condition; mental health condition; neurological condition, such as epilepsy; other long term condition.

The feedback from people with other LTCs, and cancer, is challenging to read. It gives the impression (see Table 6), when compared to the wider cancer population who said they didn't have additional LTCs, that this cohort were less well informed and felt less supported, and therefore had a poorer overall cancer patient experience.

Table 6: Cancer patient experience – impacted by 'Long Term Condition' co-morbidities

Overall people living with other long-term conditions scored their cancer experiences lower, than those with no other long term conditions.

Question	LTC	No LTC	variation
3. Referral for diagnosis was explained in a way the patient could completely understand	59%	76%	-17
14. Cancer diagnosis explained in a way the patient could completely understand	72%	82%	-10
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	79%	92%	-13
41_3. Beforehand patient completely had enough understandable information about radiotherapy	84%	98%	-14
41_4. Beforehand patient completely had enough understandable information about hormone therapy	70%	80%	-10
41_5. Beforehand patient completely had enough understandable information about immunotherapy	71%	93%	-22
42_3. Patient completely had enough understandable information about their response to radiotherapy	85%	98%	-13
42_4. Patient completely had enough understandable information about their response to hormone therapy	70%	80%	-10
42_5. Patient completely had enough understandable information about their response to immunotherapy	76%	87%	-11
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	39%	58%	-19
Q51. Patient definitely received the right amount of support from their GP practice during treatment	43%	56%	-13
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	24%	39%	-15

This disparity specifically seems to relate to the explanation of referral and diagnosis and the provision of information, before and after treatment.

Male and Female:

Overall, there was a fairly consistent level of scoring of cancer experience between people who identified as male and those who identified as female. But there were some notable exceptions: see Table 7.

Table 7: Cancer patient experience – variations between Male and Female experiences

Overall, Men rated their experience more highly than Females.

Question	Females	Men	variation
24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	65%	76%	+11
Q35. Patient was always able to discuss worries and fears with hospital staff	66%	76%	+10
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	78%	88%	+10
41_4. Beforehand patient completely had enough understandable information about hormone therapy	70%	82%	+12
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	75%	88%	+13
47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	52%	64%	+12
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	46%	65%	+19
49. Care team gave family, or someone close, all the information needed to help care for the patient at home	58%	71%	+23
51. Patient definitely received the right amount of support from their GP practice during treatment	42%	54%	+12

The disparity seems to relate to availability of support to discuss worries and fears, needs or concerns and the provision of information.

It is important that we try to understand what is driving this disparity between the experiences of patients from different demographic groups, in order that we develop processes and services that can be responsive, accessible and inclusive to meet these different needs.

6. Improving cancer services at UHBW

We must consider these results in the context that this feedback was collected in 2023 from patients who were experiencing their cancer diagnosis and care during ongoing service 'recovery', following the COVID pandemic and while the NHS and cancer services were being repeatedly disrupted by waves of wide-spread industrial action. There are a lot of positive reflections and evidence that many services have been sustained despite these challenges. That should be acknowledged.

As noted in previous years, there are still areas of concern, and it is evident that communication between departments and between hospitals can still be improved. This will certainly be a continued focus for future work.

UHBW has maintained and consolidated the gradual improvements of recent years, but we remain expectant of further future improvement.

At the centre of this ambition is the Trust's NCPES improvement plan, which has driven the positive and sustained trend in our survey results since 2015. The Trust's NCPES rolling improvement plan has been updated initially by the Lead Cancer Nurse following publication of the 2023 results and will be further developed following more detailed service-level analysis and discussion in Bristol and Weston with the clinical teams across UHBW, to incorporate specific actions relating to shared learning opportunities across UHBW (see Appendix A)[1].

Unfortunately there has been continued delay in making tangible progress towards the two main items in the continuing improvement plan. It is still recognised that both of these aspects are required to bring the anticipated real 'step-change' improvement.

- The refurbishment and expansion of facilities at Bristol Haematology and Oncology Centre remain a priority. A strategic outline case (costing £400M) has been developed throughout 2023 and 2024 and is now completed and being considered by the Trust. This would require national money. In the interim a number of improvements are taking place in October - December 2024 across both the BHOC inpatient wards. These improvements include installing blinds, furniture and wall art, as well as decorating and upgrading fixtures in several rooms, including family rooms, staff rooms, kitchen and ward rooms.
- UHBW is still committed to having a cancer support 'Maggie's Centre' built on-site in Bristol. The establishment of 'Maggie's Bristol' is progressing. Complex design and pre-planning discussions are continuing and recent local resident consultations meetings have been held, ahead of anticipated planning submission later in 2024.

A summary of the NCPES results is being presented to the UHBW Cancer CNS / AHP Group 10/9/24; BNSSG Cancer Working Group 8/8/24; UHBW Cancer Steering Group 24/10/24 and the Trust Experience of Care Group 21/9/23. The Improvement plan is being developed with input from clinical teams across the Divisions. The clinical teams (as individual tumour sites, e.g. breast, colorectal, lung, gynae etc) are currently reviewing their site-specific NCPES results and working collaboratively across Bristol and Weston sites, identifying priority areas for improvement and planning actions accordingly. Completion of actions and progress will be monitored through this governance route. There is also collaboration with colleagues at North Bristol NHS Trust and across Somerset Wiltshire Avon and Gloucestershire Cancer Alliance (SWAG) to review and progress improvements to shared pathways.
Improving the experience of our cancer services is also a key part of the newly developed UHBW Experience of Care Strategy 2024 – 2029, “My hospitals know and understand me”.

****Score suppression** – where there are fewer than 10 responses for a particular question, that score is suppressed, to prevent potential patient identification.

Appendix A – National Cancer Patient Experience Survey – UHBW Improvement plan

	Work-stream / actions	Progress	Responsible leads	Timescale
1	<u>New cancer support centre</u> The Trust is working with external partner 'Maggie's' cancer charity. Maggie's will design, fundraise and build the Maggie's Bristol cancer 'wellbeing centre' on-site at UHBW in Bristol. The charity Penny Brohn UK has agreed to work in partnership with 'Maggie's' to deliver some holistic services on site.	Strategic Outline Case for 'Maggie's Centre' at UHBW – approved and supported at Capital Programme Board / SLT / Trust Board April 2019. 'Maggie's Bristol' approved by Maggie's Board of Directors May 2019. PROCESS PAUSED/ DELAYED DUE TO PANDEMIC. RESUMMED, 2022 2022 - Architect and landscape-designer appointed for 'Maggie's Bristol' build. Heads of Term's approved. Project Board established. Initial land searches completed. 2024 – community engagement with local residents	Paula Clarke, Director of Strategy and Transformation Jane Farrell, Chief Operating Officer Ruth Hendy, Lead Cancer Nurse	2024 / 25 – Design, pre-planning, launch fundraising, planning permissions, enabling 2026/27 – construction, completion, fit-out and move in
2	*<u>Refurbishment of ward D603</u>* *Ward D603 in the Bristol Haematology and Oncology Centre is in need of refurbishment. The refurbishment will significantly improve patient and staff experience on the ward.*	*Full refurbishment of the ward is not being progressed as it is now part of the BHOC Development SOC.* *In the interim a number of improvements are taking place in October - December 2024 across both the BHOC inpatient wards. These improvements include installing blinds, furniture and wall art, as well as decorating and upgrading fixtures in several rooms, including family rooms, staff rooms, kitchen and ward rooms.*	*Owen Ainsley, Divisional Director* *Sophie Baugh, Deputy Divisional Director*	*Oct. – Dec. '24*
3	*<u>Additional BHOC capacity proposal</u>* *Recognising the need for a more comprehensive and longer-term Trust plan for the delivery of cancer services, a comprehensive BHOC Development Strategic Outline Care has been developed.*	*A new BHOC Development Strategic outline case (SOC) for the expansion of BHOC services has been developed and completed in 2024. This outlines the preferred option of a new build to provide an integrated centre that meets both current and future demand over the next 15 years. This is now being considered by the Trust.*	*Sophie Baugh, Deputy Divisional Director*	*TBC*

Appendix A – National Cancer Patient Experience Survey – UHBW Improvement plan

	Work-stream / actions	Progress	Responsible leads	Timescale
4	Shared learning & review of results across UHBW, with associated actions to increased consistent cancer patient experience across Bristol and Weston. Including focus on • Treatment related information • Awareness of, provision and access to support when at home	Reports with clinical teams across UHBW for further review. Collaborative 'MS Teams' calls in the dairy with all teams, to discuss priorities and planned actions Follow up calls, to provide assurance of progress.	Amanda Bessant Deputy Lead Cancer Nurse / Cancer Matron Weston	Completed July / Aug.'24 Sept / Oct. '24 Jan'25
5	Progress NHS E Cancer Improvement Collaborative (CIC) project to 'improve the experience of cancer care for those with pre-existing conditions' (learning disability, autism, mental health, dementia, sensory impairment) - Link to the NCPES feedback of poorer experience for people with pre-existing long-term conditions.	Complete patient and community engagement activity Development of cancer services 'reasonable adjustments' (RA) toolkit, to support equitable access Develop / produce suite of Videos to demonstrate RA toolkit and use as a cancer workforce training tool	Ruth Hendy Lead Cancer Nurse Ruth Hendy and Fiona Spence UHBW Patient EDI Manager Shamim Kholwadia CIC Project Manager	July / Aug. '24 Sept. – Dec. '24 April '25
6	(When the interactive results are published in Jan '25) - Further unpick the ethnicity profile of the NCPES sample and corresponding response rate, to develop a strategy to improve future feedback from more diverse groups	Feed back to the national NCPES team, about ethnicity data, survey access and understanding of the value of NCPES Further discussion with cancer services and BI colleagues to develop a local strategy to use this data to impact referral / access to UHBW cancer services Link in with BNSSG ICS / public health colleagues, to feed NCPES data into strategies to increase diverse access to cancer services	Ruth Hendy	Nov '24 Dec'24 Jan'25

Appendix A – National Cancer Patient Experience Survey – UHBW Improvement plan

	Work-stream / actions	Progress	Responsible leads	Timescale
7	Improve awareness of and access to support available to people at home; from primary, community and voluntary services.	NCPES feedback to BNSSG ICS Cancer Programme Board – agree plan to address Engage with Caafi Health, Healthwatch and other community partners to develop strategy	Ruth Hendy Glenda Beard GP and BNSSG ICS Cancer Lead	Nov. '24 Oct.'24 – March'25
8	Link NCPES feedback about Admin / appointment challenges, into wider UHBW admin review / digital processes	Identify key links and how to feed into existing work streams	Ruth Hendy	October '24

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 12 November 2024		
Report Title:	Quarter 2 Learning from Deaths Report 2024-25		
Report Author:	Karin Bradley – Associate Medical Director		
Report Sponsor:	Rebecca Maxwell – Interim Chief Medical Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To update Board on UHBW Learning from Deaths process Q2 24-25		

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

8% decrease in deaths at UHBW in Q2 24/25 as compared to Q2 23/24 (national picture in England shows 1.6% increase).

Medical examiner (ME) referrals into UHBW rose to 22% of all deaths (highest rate since service introduced). Proportion of ME referrals then triggering an SJR has fallen from 44% in Q1 to 35% of ME referrals (7.6% of total UHBW deaths). Cumulative average for 24/25 still running high as comparable annual figure for 23/24 is 34%. Organisational change in mid 2023 (to include HMC and patient safety cases within SJR portfolio following PSIRF introduction) plus expansion and widening scope of the ME service into the community at least partly explains any increase in SJR numbers for care concerns. Numbers of SJRs for mandatory categories (LD&A and severe mental health) stable between current Q2 and Q2 23/24.

Annual LfD 23/24 report highlighted that number of SJRs triggered for potential care concerns higher in Weston in-patients (3.2% of total deaths) as compared to BRI in-patients (1.3% of total deaths). In Q2 the figures have risen to 5.9% of total deaths in Weston and 2.3% of total deaths in the BRI. In Q1 the figures were 5% for Weston and 2.6% for BRI. The actual number of deaths per quarter is few as compared to the annual cumulative data and should be interpreted with caution but does suggest, to date, in 24/25 that there is a rise in SJRs triggered for care concerns on both sites (partly explained by the organisational change around SJRs as explained above) and that the discrepancy between sites is persisting. Caveats to interpreting this geographical data are fully described in 23/24 annual report. Also, 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. For assurance, SJRs completed so far in 24/25 cycle show predominantly good scores.

Successful recruitment to Division of Medicine mortality lead post (likely start date prior to New Year and mitigations in place in interim).

ME service became statutory on 9 September 2024. Appropriate communications circulated to alert UHBW staff prior to process changes. Early feedback from bereavement team suggests that, since the changes, resident doctors are less timely in responding to requests to attend to complete death certificate and consultants difficult to contact for support. One factor that may be

relevant is the removal of the cremation fee that doctors previously received. Clinical Chairs have reminded all doctors to promptly support the bereaved.

Strategic and Group Model Alignment

Strategic: Patient Safety

Group Model: Formal ME agreement between UHBW and NBT that remained unsigned in 2020 due to Covid pandemic, reworked and agreed (50:50 funding). Joint approach (joint roles) to optimising mortality processes and learning.

Risks and Opportunities

Ongoing monitoring of trends in ME referral rates into UHBW and of SJRs triggered for care concerns required, including tracking of the latter by Division/ geographical site.

Ongoing work required 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.

Opportunity to collaboratively optimise LfD across UHBW and NBT following ME funding agreement.

Recommendation

This report is for **Information**

History of the paper (details of where paper has <u>previously</u> been received)	
Clinical Quality Group	In future (December 2024)
Appendices:	Report attached separately

LEARNING FROM DEATHS REPORT Q2 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 Q2 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

Communications were issued across UHBW around the Medical Examiner (ME) service statutory 'go-live' date of 9th September 2024 to alert staff to the associated process changes. For UHBW this represented minor changes only: new format death certificate (MCCD) paperwork, removal of cremation forms, doctor completing MCCD only has to have met deceased in their lifetime rather than in preceding 28 days and final alignment of ME scrutiny with child death processes. From 9th September, it is no longer possible to register a death (in any hospital or community setting) without ME review.

Bereavement Teams have reported that, since the changes, resident doctors are less timely in responding to requests to attend the Bristol site office for MCCD completion and that consultants are difficult to contact for support. This may, in part, relate to the national changes removing cremation forms along with the associated fee that doctors have been used to receiving. Clinical Chairs have cascaded communications to ensure that doctors of all grades are aware of the stress being caused to grieving families awaiting documentation to be completed, and to attend as soon as possible.

A formal ME agreement was first created between NBT and UHBW in early 2020, but it remained unsigned due to the Covid pandemic. It has been reworked in 2024 to ensure that it remains fit for purpose and flexible to organisational differences. Funding has been agreed on a 50:50 basis and clinical advisor and project lead roles are actively being recruited to and will be appointed across both organisations. The focus is to deliver on the mandatory national LfD requirements and moreover to optimise learning and maximise quality improvement from the ME insights.

Work is ongoing with IT support to amend the SJR templates to meet current requirements and eventually align with the new SJR+ template which will align processes across the two sites and meet

the enhanced standard which Trusts across the country are working to meet. Work with IT is on hold until the agreed template with NBT is approved.

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 central 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 other tertiary centres do routinely complete SJRs in this context and

UHBW MORTALITY FIGURES, ME REFERRALS AND SJRs

Death rates for England Q2 23/24 and Q2 24/25 (Office for National Statistics)

	Q1 (23/24)	Q1 (24/25)
July	38,274	44,102
Aug	41,579	39,213
Sept	40,290	38,794
Total	**120,143**	**122,109**

The national data shows a stable/marginal increase in the death rate in England between Q2 23/24 and Q2 24/25.

UHBW in-patient deaths Q2 23/24 vs Q2 24/25

		2024/2025	
Discharge Site	**Discharge Division**	Q2 23/24	Q2 24/25
Bristol Haematology and Oncology Centre	Specialised Services	19	27
	Medicine	1	0
	Women's & Children's	0	1
	Total	20	28
Bristol Royal Children's Hospital	Died in ED	0	1
	Women's & Children's	12	12
	Total	12	13
Bristol Royal Infirmary	Died in ED	10	9
	Medicine	150	138
	Specialised Services	44	30
	Surgery	32	35
	Total	236	212
St Michaels Hospital	Women's & Children's	4	10
	Total	4	10
Weston General Hospital	Died in ED	4	1
	Medicine	107	83
	Specialised Services	0	1
	Surgery	14	17
	Total	125	102
Total		**397**	**365**

N.B. Adult in-patient deaths in Women's are typically treated under gynae-oncology and hence are often captured in Specialised Services data.

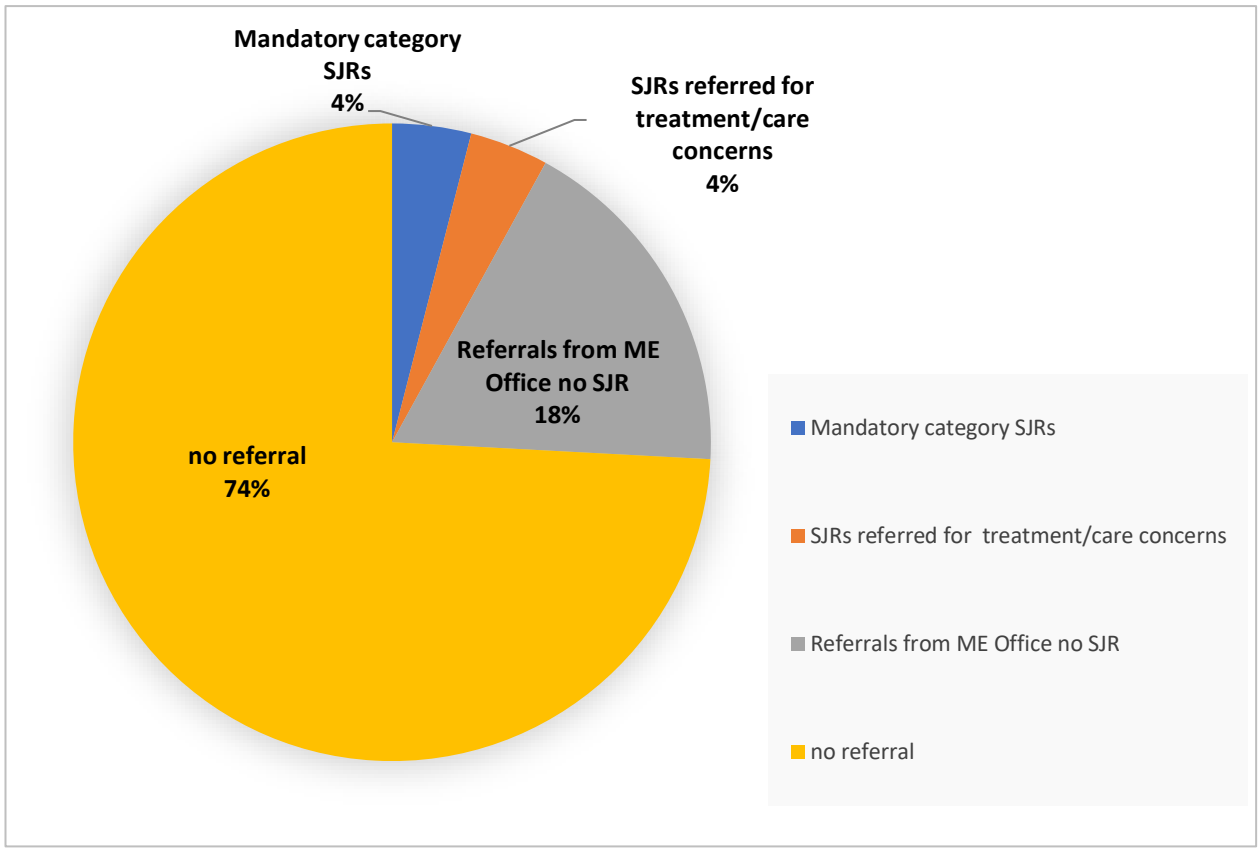
The table above includes child death figures, but the remainder of the report excludes these and deals with data for adult deaths only.

Slightly against the national trend, deaths at UHBW have shown an (8%) decrease from Q2 24/25 as compared to Q2 23/24.

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

	Q2 23/24	Q2 24/25
Total deaths	**380**	**341**
Referrals from ME Office	**49**	**74**
Referrals meeting SJR criteria	**28**	**26**
Referred for a Learning Disability and Autism SJR	5	10
Referred for a Mental Health SJR	8	3
Referred for both a Mental Health and LD&A SJR	0	0
Total mandatory category reviews	**13**	**13**
SJRs referred for only treatment/care concerns	**15**	**13**

Chart below shows ME referrals as % of all adult in-patient deaths



Of the 341 adult deaths at UHBW in Q2, 74 (22%) were referred by the ME Service. The ME referral rate into UHBW was 19% on average in 22/23 and 13% on average in 23/24. The current data, therefore, represents the highest recorded referral rate since the service was introduced and is in keeping with the trend noted in the 23/24 annual report. However, for this quarter this can, in part, be attributed to the expansion and widening scope of the ME service, with queries being raised by families around previous UHBW admissions for patients who have subsequently died in the community.

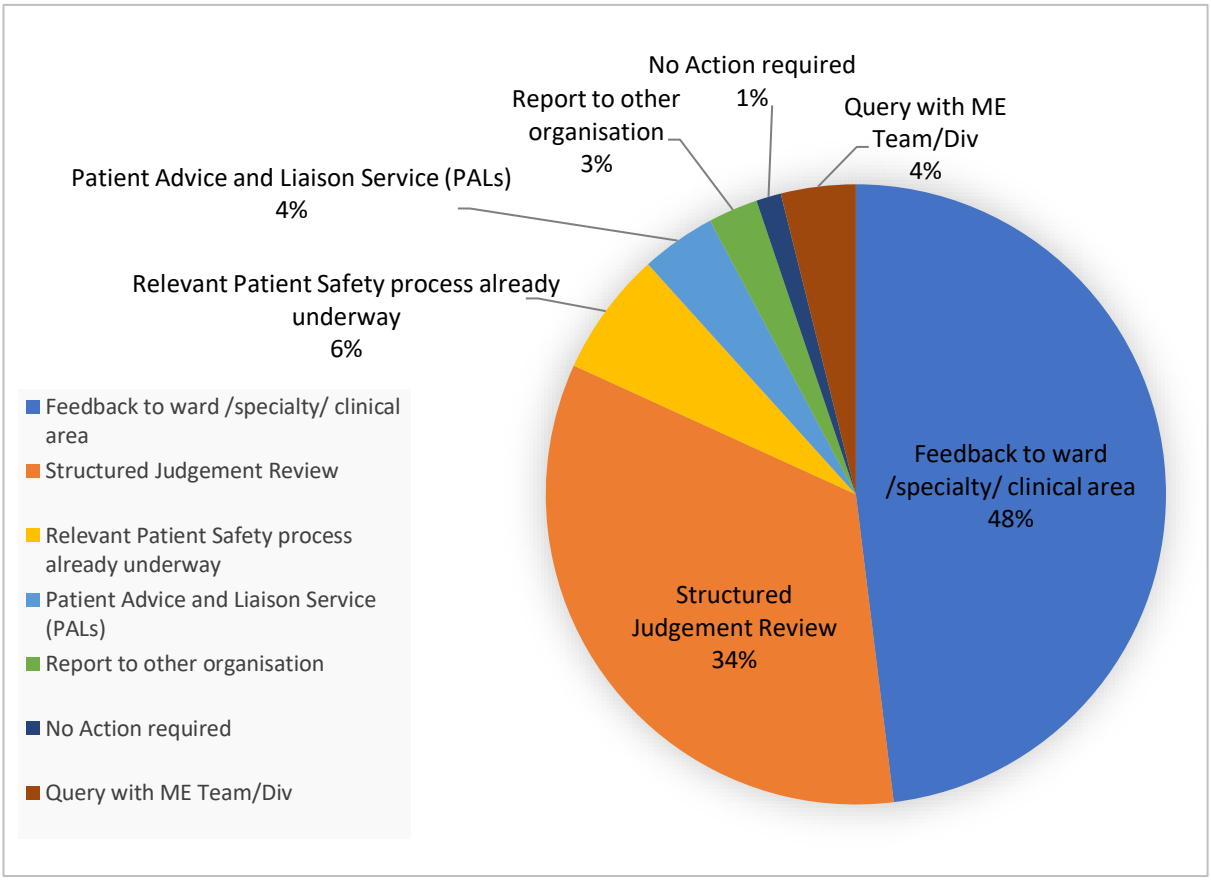
Of the 74 referrals passed to the Medical Director Team, 26 (35% of ME referrals or 7.6% of deaths overall) met the criteria for an SJR. The same data for the year 23/24 was 34% of referrals or 4.5% of deaths and for Q1 24/25 was 44% of referrals or 6.8% of deaths overall. So SJR numbers as a proportion of referrals is reasonably stable. Of the 26 SJRs in Q2, 13 (50%) fell under mandatory reporting categories; learning disability & autism (10, 38% of SJRs or 13.5% of all referrals), mental health (3, 11.5% of SJRs or 4% of all referrals). The remaining 13 (50% of all 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.

Of the 74 Medical Examiner referrals, 37 were assessed as requiring clinical team or area feedback. These were highlighted to appropriate senior staff with a request for sharing the learning as appropriate. Of these 37 triaged for clinical feedback, 5 were complimentary of the care given. In this situation, thanks and commendations were sent to the individuals or teams from senior staff.

Process	**#**
Feedback to ward /specialty/ clinical area	**37**
Structured Judgement Review	**26**
Thematic review	**0**
Relevant Patient Safety process already underway	**5**
Patient Advice and Liaison Service (PALs)	**3**
Report to other organisation	**2**
No Action required	**1**
Query with ME Team/Div	**3**
Total: Note: referrals may be subject to more than one process	**77**

Chart shows % of ME referrals assigned to each process

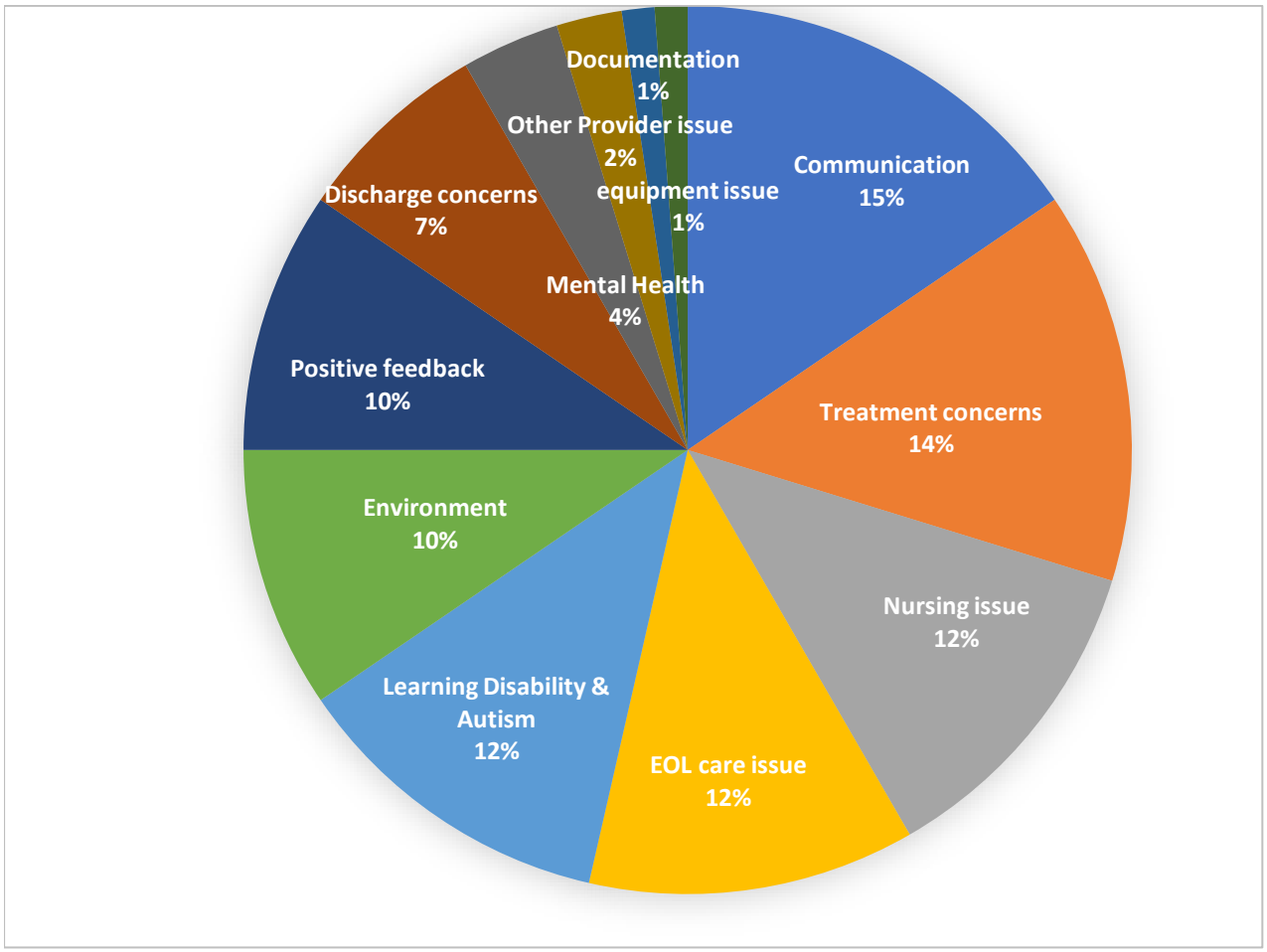


Any comments shared within the organization are progressed within those areas by senior staff, and confirmation and assurance regarding follow-up actions and shared learning is sought by the Medical Director's office.

ME referrals – themes

	#
Communication	**13**
Treatment concerns	**12**
Nursing issue	**10**
EOL care issue	**10**
Learning Disability & Autism	**10**
Environment	**8**
Positive feedback	**8**
Discharge concerns	**6**
Mental Health	**3**
Other Provider issue	**2**
Documentation	**1**
equipment issue	**1**

Note: more than one theme can be indicated in referrals



Upon review of the detail of the feedback, the commonest themes continue to be communication and treatment concerns. Environment concerns, mainly around suitable ward space for the dying patient, and discharge issues have also featured, with families reporting rushed communications and lack of adequate preparation, as well as patients not being assisted with taking medication or eating.

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

Admitted to Weston, then discharge to a rehab unit but a few days later was admitted to NBT. The son explained to me that the communication wasn't as clear at Weston as it was at NBT in comparison. The family said they felt the situation was not fully explained to them in regards to how serious it was or what the possible implications were. They do however appreciate that it was all quite sudden so it might have been that they couldn't take everything in.

They could not fault the care and said it was amazing but just that the communication could be improved.

NOK raised concerns and requested they be fed back to the trust. During the last admission the patient was unable to feed herself, her food was being left on her table and the patient did not receive any assistance to eat it, this happened multiple times.

During MEO nok phone call, patients wife advised of a concern. Wife reports when patient was discharged recently from WGH at 09.00 without any formal prior arrangement with his wife or care needs taken into

account, which she found stressful and concerning. His wife has her own health issues and was not in a position to care for him. It was only a couple of days later that she received a phone call from Sirona to arrange to come and review the patient situation and needs.

X was absolutely fantastic in dealing with Mums cancer treatment. On this admission the nurses on each ward mum attended sandford, harptree and waterside - the care was all second to none. They did a marvellous job in looking after her.

Couldn't fault the care – X's consultant has been brilliant, and the final ward he was on was excellent. But, xxxx's sisters have concerns about his discharge from Oncology on the Friday. They acknowledge that his deterioration was more rapid than the doctors expected (short days not weeks). But they were not provided with a contingency plan in case he deteriorated at home: no JIC meds; no instructions for how much oramorph they could give him for his pain; no contact telephone numbers to call for advice; just told the DNs would be in on Monday and the community Palliative Care team would be in touch. Jason went home for EOL and was in excruciating pain in his head, with sisters witnessing him banging his head in pain; nothing his sisters could do and didn't know who to call. Called the paramedics twice on the Saturday and it was them who advised about how much oramorph they could give. He was re-admitted Saturday with uncontrolled symptoms. Sisters were grateful that he was at least made comfortable at the end, but it was very distressing to see him in so much pain.

The family felt that discharge planning from BRI was appalling – there was no analgesia in place and it was disorganised and rushed

SJRs for care concerns by Division/geographical site

Site	Division	Deaths Q2 (24/25)	SJRs for care concerns only
BHOC	W&C	0	0
	Sp Sv	27	2
BRI	Died in ED	9	0
	Medicine	138	4
	Sp Sv	30	1
	Surgery	35	0
	W&C	1	0
Weston	Died in ED	1	0
	Medicine	83	4
	Sp Sv	1	0
	Surgery	17	2
Total		**341**	**13**

Q2 24/25

	Weston	BRI
SJRs triggered for care concerns	6	5
Total deaths	102	213
SJRs triggered for care concerns as a % of total deaths	5.9%	2.3%
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. The Q1 24/25 data had a figure of 5% for Weston and 2.6% for the BRI respectively. In Q2 24/25, SJRs triggered for care concerns as a % of total deaths have remained higher than 23/24 baseline on both sites (in part explained by organisational move to PSIRF in mid 2023 resulting in expanded SJR portfolio) and the discrepancy between sites has persisted (5.9% Weston, 2.3% BRI).

ME referral numbers and the volume of SJRs requested for care concerns warrant ongoing monitoring. **Importantly though, 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

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

Of the SJRs in Q2, where scoring is complete, all reviews assessed overall care as **good** (**4 and above**). One SJR received a score of **3** for a phase of care due to possible delayed recognition of end of life.

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

All SJRs for Q2, where scoring has been completed, had an **avoidability rating** of 5 or above.

THEMATIC REVIEWS

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

RISKS

The Divisional mortality lead post in Medicine has been vacant since April 2024, resulting in delays in completing SJRs and in delivering learning back into the Division. It is the Division with the greatest number of deaths (as predicted from case-mix and bed-base) in the organisation. The post was difficult to recruit to and informal feedback suggested that the workload was too great for the time assigned. Following expansion of the number of PAs assigned to this role, recruitment was successful, and the expectation is a start date prior to the New Year. Medicine case reviews are currently being completed by Clinical Fellows in ED who are building their management portfolio, and this has addressed the backlog. This group have been remarkably engaged and efficient in completing the reviews within 3 weeks of assigning them.

ME referral numbers and the volume of SJRs requested for care concerns across UHBW warrants ongoing monitoring.

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.

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. Dialogue continues on the duplication/overlap of LfD and PSIRF, a situation that is reflected nationally.

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	12 November 2024		
Report Title:	Research & Development Update		
Report Author:	Fergus Caskey, Director of Research UHBW and NBT		
Report Sponsor:	Rebecca Maxwell, Interim Chief Medical Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The purpose of this report is to provide an update on strategy, performance and governance for the Board.		
Key Points to Note *(Including any previous decisions taken)*			
See executive summary in written report.			
Strategic and Group Model Alignment			
Aligns with strategic priority “Innovate and Improve together”. Combined with Innovation and Improvement, R&D is one of the five key areas of work in progressing towards the Hospital Group (RI&I).			
Risks and Opportunities			
Linked risks 2741, 4809 and 7585 (section 2.5)			
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		

1. Purpose

The purpose of this report is to provide an overview of research performance including challenges, successes and opportunities across UHBW during the six month since last reporting (May to October 2024).

2. Background

2.1 Research is an essential part of the care we can offer our patients, allowing us to develop treatments and improve outcomes locally and nationally. We provide opportunities for patients to participate in research across multiple clinical specialities. Our key performance indicators centre around income which supports the research infrastructure, and set up and delivery of high quality research that ensures patient safety and data integrity

2.2 **Executive summary**

A key focus for the senior R&D team over the past six months has been to plan and initiate work with North Bristol NHS Trust to develop a Joint Research Strategy. This, along with preparation and submission of data to Teneo for work for the Hospital Group benefits work, has led to better understanding of the strengths in each other's services, and opportunities for improvements.

There are challenges around capacity to support governance and quality so there is increased pressure on staff which is manageable in the short term.

We are prioritising grant and commercial income generation by focusing existing resources in those areas where possible.

2.3 **Performance**

We are currently meeting target for commercial income generation this financial year, with an overall target of £4m, having achieved £3.7m last financial year. Our response rate for the percentage of research participants responding to the NIHR Participant in Research Experience Survey (PRES) is well above target, showing good engagement between our research teams and our patients who take part in research.

As we emerge from the COVID-19 pandemic there is renewed national focus on opening studies quickly, with a study-wide target of 60 days from 'Health Research Authority approval letter' to 'open to recruitment', which is currently red-RAG rated nationally. Locally we have introduced our own internal key performance indicators to monitor performance; these contribute to, but are only part of, the 60-day target. We have chosen this more nuanced internal measure as we feel it reflects the individual needs of studies and sponsors – the 60-day size does not fit all – and the ultimate test of our performance is whether Sponsors feel they get a high quality, timely, service from UHBW and come back to with future research opportunities. Our performance on this internal metric is below the level we wish to be at, both for meeting 'studies opening no later than 2 weeks after the planned date agreed with sponsor' and for 'commercial recruitment to time and target'. A review of factors impacting performance is under way by the R&D team. Early data show that the worst performing studies in recruiting to time and target are those with very low targets. Our underachievement of opening commercial trials within two weeks of planned date seems to be due to a range of external (sponsor) as well as internal (UHBW) delays, compounded by significant burden of training required by sponsors.

2.4 **Infrastructure and hosting**

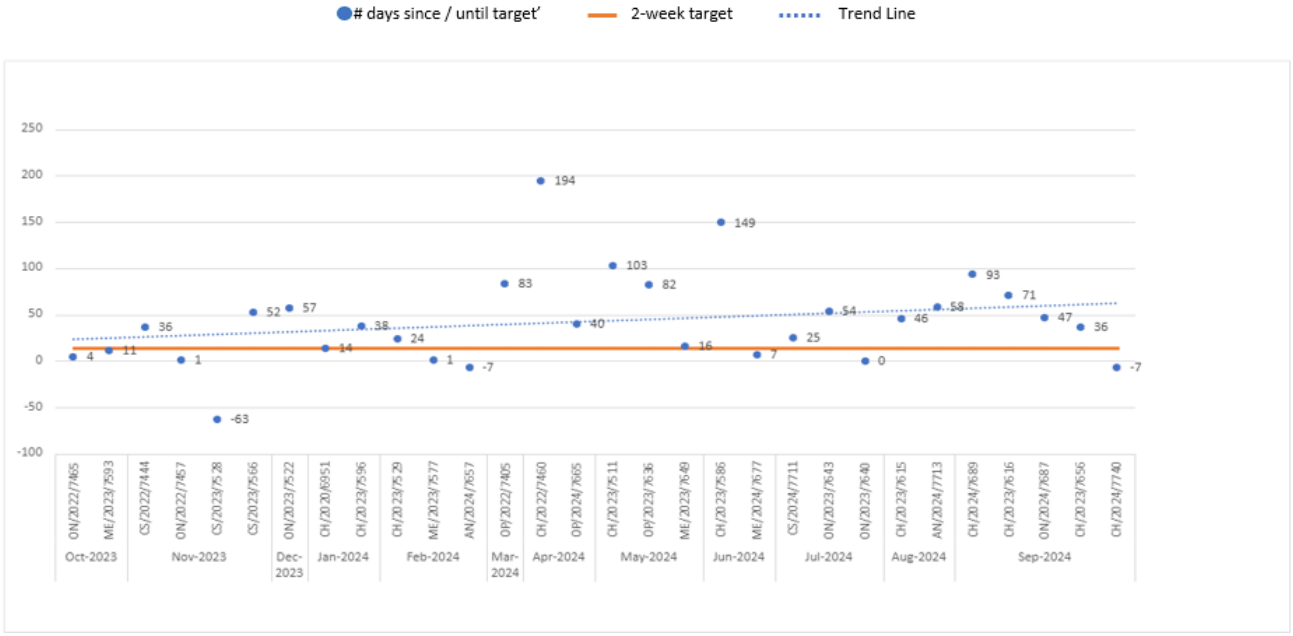
The UHBW-hosted NIHR Research Delivery Network (RDN), which replaced the Clinical Research Network (CRN) from 1st October 2024, is progressing in appointing to the full team structure. The RDN has a larger footprint than the CRN, now incorporating three additional delivery organisations in Dorset, and a further one in Salisbury. While the RRDN West of England now reports directly to the CMO team, decisions made by the national RDN Board (and implemented through the RRDN West of England) have the potential to significantly impact R&D funding, so continued close three-way collaboration will be important.

2.5 **Successes, Priorities, Opportunities, Risks and Threats**

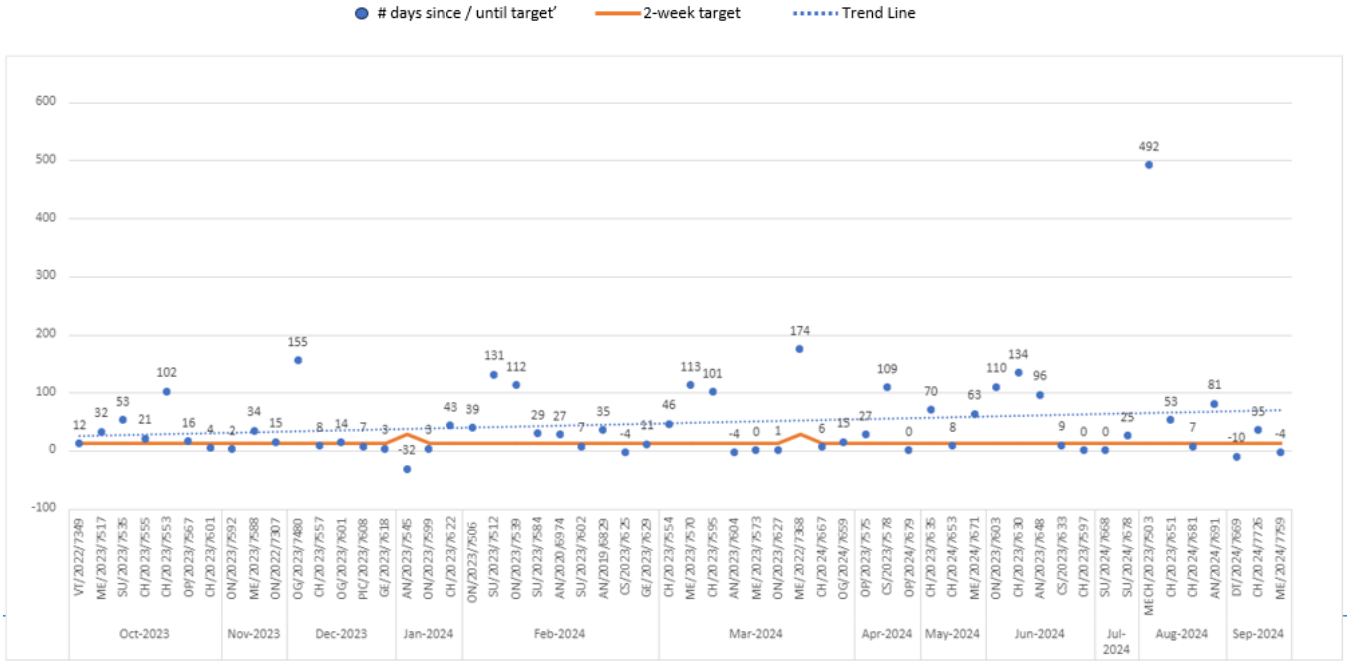
Successes	**Priorities**
• Fergus Caskey, Director of Research for UHBW and NBT has been in post for eight months and developed good working relationships with the UHBW team • There is good uptake for new our research e-learning which is available for those with experience or just finding out about research. • The R&D sponsorship and governance function has supported the University of Bristol in its MHRA inspection under the SLA we hold. • The R&D team has vacated its offices in the Education and Research Centre, temporarily moving to Chapter House to make space for the Paediatric Outpatients' project. • The UHBW senior R&D team is developing increasingly close working relationships and levels of trust with the NBT senior R&D team whilst developing the Joint Research Strategy.	• To work with NBT to develop a Joint Research Strategy and delivery plans which acknowledge the unique strengths of each trust, encourages learning from best practice and supports R&D growth across both organisations. • To continuously improve and strengthen governance systems and processes around clinical trials of investigational medicinal products (CTIMPs) prior to the expected inspection by the Medicines and Healthcare products Regulatory Agency (MHRA). • To invest research income in areas which have potential to generate further income, such as developing grants funded by National Institute for Health and Care Research (NIHR) and investing in research teams delivering commercially sponsored research. • Continue to work with the NIHR and commercial sponsors to expedite set up of commercial contract research and provide an excellent service, working jointly with NBT to optimise our commercial portfolio.
Opportunities	**Risks and Threats**
• To bring more research activity into the Trust, making novel treatments available to patients sooner, driving improvements in quality of care, increasing income, and reducing costs. • To identify areas of R&D support, management and oversight where we can improve ways of working, taking the best from both trusts, and standardising where appropriate. • To identify opportunities for working with other corporate and divisional services to introduce R&D-driven solutions to challenging issues and as we work towards a Hospital Group. • To offer a more joined-up research opportunities and experiences for patients receiving treatment at UHBW or NBT.	• That sponsors may place research in other centres due to slow set up times in some areas, alongside potential loss of reputation and income. • That governance systems and processes around clinical trials of investigational medicinal products (CTIMPs) are not found adequate when the MHRA inspection takes place (date yet to be advised) may have a reputational impact. • That the current understaffing of the sponsorship and governance function impacts on the quality of our service. This is due to long term sickness and vacancies, and puts significant pressure on a small number of individuals in a very specialised area so impossible to backfill short term - the service is fragile. • That the suspension of UKAS accreditation of the biochemistry and now haematology labs affect sponsor decisions about opening new trials at UHBW, though to date this has not happened. • That the new NIHR Research Delivery Network will implement changes to the way performance is measured and income is distributed, reducing research delivery money at tertiary centres doing lower volume, early phase, complex research, like UHBW.

2.6 **Performance overview – charts and graphs**

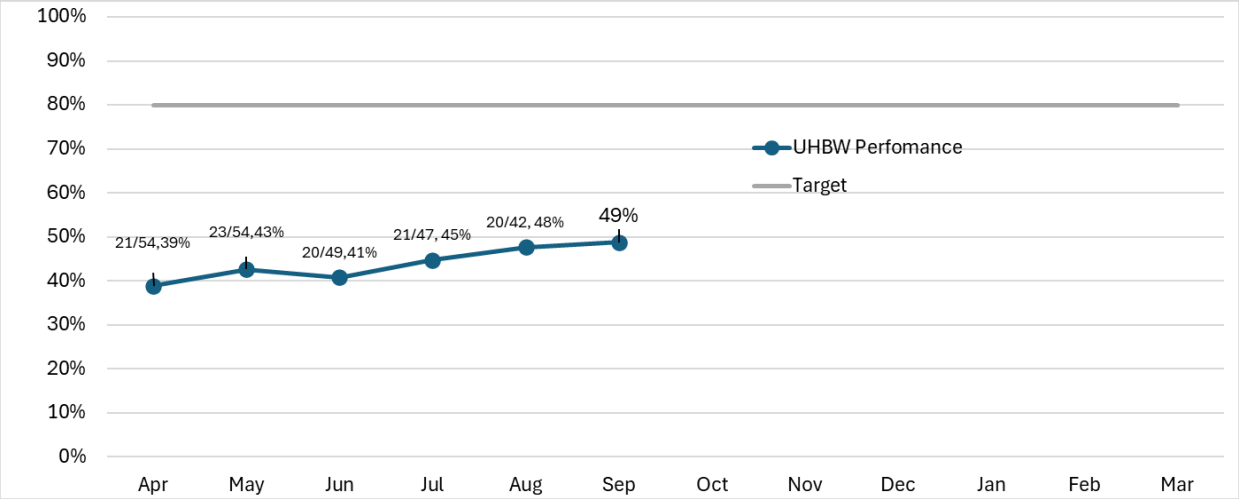
Commercial studies: Number of days' variation from agreed target opening date



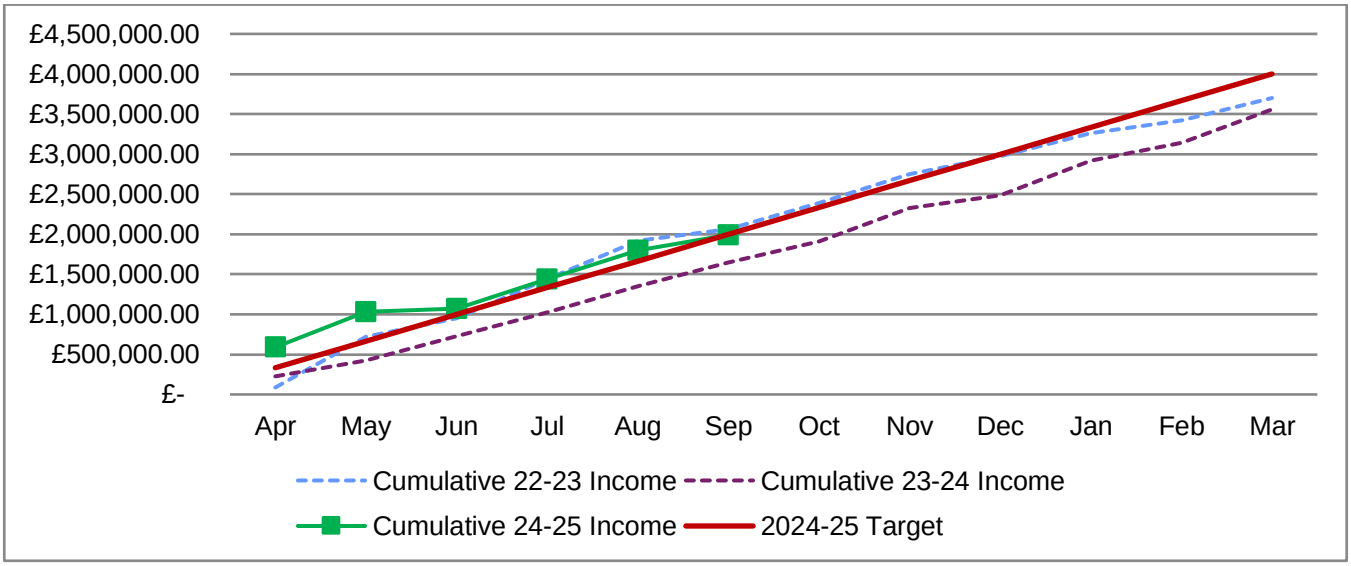
Non-commercial studies: Number of days' variation from agreed target date



Proportion of open commercial contract studies recruiting to time and target



Total Contract Commercial Income



3. Summary and Recommendations

3.1 We are experiencing additional regulatory pressures as we support the University of Bristol with its MHRA inspection and prepare for our own. This has been compounded by a reduction in headcount due to sickness and vacancies within research teams and the core team. Across the trust, clinical pressures continue to have an effect on capacity to set up research quickly. We welcome the recognition that R&D plays a key part in the development of the Hospital Group.

3.2 This paper is for **Information**.

University Hospitals Bristol and Weston NHS Foundation Trust

Meetings of the Trust Board of Directors in Public on Tuesday 12 November 2024

Reporting Committee	**Finance Digital and Estates Committee Tuesday 24th September 2024**
Chaired By	**Martin Sykes, Committee Chair**
Executive Lead	**Neil Kemsley, Chief Financial Officer** **Neil Darvill, Joint Chief Digital Officer**

For Information

Finance

The Month 5 finance report was reviewed by the committee. August had been on plan, with the Trust reporting a small surplus for the month.

The year-to-date deficit however remained at £7.7m (1.5% of turnover) driven by CIP under delivery (£5.6m shortfall) and activity under delivery (£3.4m shortfall). A number of recovery actions had been put into place:

- An internal audit of workforce controls (national requirement)
- Implementation of additional workforce controls
- Production of a recovery plan and independent external scrutiny
- Agreement of divisional control totals
- Agreement to reduce over establishes WTE to established levels
- Acceleration of delivery of planned activity
- Productivity and Financial Improvement group meeting with key leaders
- Strengthened CIP reporting and monitoring processes implemented.

The committee reviewed the proposed actions and were content with the level of vigour being applied. That said, there remained a risk that breakeven would not be achieved by the year-end and the local protocol for changing the forecast outcome was being implemented.

The committee reviewed and supported the ICS Infrastructure Strategy together with the top ten system priorities for future investment. This was to be approved by the ICB in October 2024. UHBW schemes within the top ten priorities (draft) included:

- Essential equipment replacement
- Fire safety
- Elderly care wards (healthy Weston 2)
- Children's hospital capacity
- Haematology and oncology centre

Digital

An update on the digital prescribing project was provided – good clinical engagement was reported, with go live now anticipated as during 2025.

The production of an outline business case for the network replacement programme was now underway.

The business case for the replacement ophthalmology EPR had been approved and project initiation would now commence.

The committee were briefed on the update to Microsoft user licences and agreed supported the view that a rapid programme of update would be preferable.

Estates

The committee received a detailed update on Estates compliance issues and reporting. A head of estates compliance improvement had been employed on a twelve-month fixed term contract to improve routine reporting and the assessment of planned maintenance requirements.

Whlilst no new estates compliance risks had been identified, the committee noted the extent of the improvement actions noted and supported the programme to continue to progress these.

The committee received an update on fire safety compliance. Significant work on building risk assessments and fire strategies was now substantially complete and the focus was moving top non-physical aspects, including evacuation and simulation.

The patient first methodology was being trialled as a way of driving change and reporting performance in the delivery of divisional plans for evacuation and annual simulation.

Following an earlier request, the committee received an update from the procurement department regarding carbon reduction in supplies and goods procured by the Trust. Some satisfactory progress was noted including:

- stratifying key suppliers into those that have a net zero commitment
- highlighting 'local' suppliers (<50 miles)
- training procurement staff in sustainable procurement
- embedding social value into procurement decisions (10% weighting)
- reducing single use plastics

The committee noted the progress and were assured that the procurement aspect of our reduced carbon commitment was gaining some traction. However, the impact on the Trust 2030 net zero commitment was felt not to be significant enough to give optimism to the delivery of that target.

Date of next meeting:	Tuesday 26th November 2024

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 12 November 2024		
Report Title:	Month 6 Trust Finance Performance Report		
Report Author:	Jeremy Spearing, Director of Operational Finance		
Report Sponsor:	Neil Kemsley, Chief Financial Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To inform the Trust Board of the Trust's overall financial performance from 1st April 2024 to 30th September 2024 (month 6).		

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

The Trust's net income and expenditure position at the end of September is a deficit of £6.6m against a break-even plan. This position now includes funded costs of £1.1m in relation to industrial action. The adverse position against plan of £6.6m is primarily due to the shortfall on the delivery of savings and elective inpatient activity not achieving planned levels.

The Trust delivered savings of £13.3m, £6.8m behind plan. The forecast for recurrent savings delivery is £26.6m against a plan of £41.2m.

The value of elective activity for outpatient, day case and inpatient delivery points fell further behind plan in September, deteriorating by £0.7m to £4.0m behind plan year to date.

The Trust delivered capital investment of £10.7m year to date.

The Trust's cash position was £76.0m as at the 30th September 2024.

In response to the Trust's year to date deficit, Divisions and corporate services have agreed control totals in place to support the recovery of the year-to-date deficit by the 31st March 2025.

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. Unchanged risk score of 20 (very high).

5375 – Risk that the Trust does not deliver the in-year financial plan. Unchanged risk score of 12 (high) pending Division's October financial performance against agreed control total trajectories.

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)	
N/A	N/A
Appendices:	N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: September 2024

Executive Summary

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2024

2024/25 YTD Income & Expenditure Position	• Net I&E deficit of £6,603k against a breakeven plan. The reduced deficit from £7,710k last month is because funding for industrial action costs of £1,072k has now been received. • Total operating income is £9,128k ahead of plan due to higher than planned income from activities (£7,784k) and other operating income (£1,344k). • Total operating expenditure is £17,505k adverse to plan due to higher than planned non-pay costs at £9,676k and higher than planned pay expenditure at £7,673k. Financing costs combined are £1,251k favourable to plan.
Key Financial Issues	• *Recurrent savings delivery below plan* – YTD CIP delivery is £13,326k, behind plan by £6,778k or 34%. Recurrent savings are £8,474k, 42% of plan. • *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £4.0m behind plan, a deterioration of £0.7m in September. A continuation of the YTD performance could result in a total loss of income of up to c£9.0m and would result in the Trust failing to meet the financial plan. • *Failure to deliver the financial plan* – failure to deliver the savings and ERF requirement and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention. A forecast outturn assessment and System Peer Review has taken place during September per the BNSSG System Financial Forecast Outturn Change Protocol. The System has agreed that the break-even plan remains deliverable.
Strategic Risks	• The scale of the Trust's recurrent deficit and CDEL constraint presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: September 2024

Successes

- The Trust's I&E performance was ahead of plan with a £1,107k surplus in September.
- Clinical divisions holding expenditure levels steady in September compared with August with a reduction in the expenditure run rate of £0.75m in September compared with the average for April to August.
- Delivery of capital investment of £1.7m in September, £10.7m YTD.
- The Trust's YTD cash position is £76.0m, £5.0m behind plan. Cash is expected to return to positive territory against plan in October.
- BPPC performance remains good at 91% for invoices paid within 30 days by value and 89% for invoices paid by volume (c12,000 invoices in September).
- Full identification of the Trust's planned non-recurrent corporate mitigations of £15m.
- Agreement of expenditure and variance Control Totals with Clinical Divisions and corporate services to mitigate previously forecast, additional operating expenditure of c£13m in the second half of the financial year.
- Receipt of a positive System Acute Finance Peer Review for UHBW.

Priorities

- Implementation of additional workforce cost controls, including a Trust wide pause in recruitment to reduce the Trust's rate of pay expenditure.
- Implementing the recommendations from the System Acute Finance Peer Review.
- Delivery of the draft Financial Recovery Plan (FRP) actions.
- Divisions delivering their Control Totals against agreed trajectories including recovery actions agreed and implemented in any areas where substantive workforce costs exceed funded levels, excluding areas of accepted over-establishment, such as escalation capacity.
- 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.
- Further capital forecast outturn reviews and agreement of options to pull forward investment plans from 2025/26 to ensure delivery of capital investment in line with the Trust's 2024/25 CDEL.

Opportunities

- Securing the financial and non-financial benefits of fully established nursing and midwifery ward areas through further reductions in temporary bank and agency expenditure.
- Executive agreement to additional Divisional support as requested by Divisions necessary to secure improvement in CIP delivery.
- Workforce Controls Audit by Internal Audit.

Risks & Threats

- Insufficient reduction in "No Criteria To Reside" patients therefore, displacing the Trust's ability to deliver the elective activity plan and/or remove 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 deficit and failure of the approved break-even plan.
- Under-delivery against the Trust's elective inpatient activity plan could result in a significant deterioration in the Trust's deficit.
- Loss of Trust autonomy should the Trust fail to recover ERF and savings delivery potentially resulting in NHSE imposed escalation measures including the appointment of external consultants to improve financial performance.
- The significantly reduced CDEL for 2024/25 is likely to constrain the Trust's strategic capital plans over the next three to five financial years.

Income & Expenditure Summary

September 2024

Trust Year to Date Financial Position

	Month 6			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	90,234	95,515	5,281	543,296	551,080	7,784
Other Operating Income	9,886	9,422	(464)	59,316	60,660	1,344
Total Operating Income	**100,120**	**104,938**	**4,818**	**602,612**	**611,740**	**9,128**
Employee Expenses	(59,618)	(61,537)	(1,919)	(357,708)	(365,381)	(7,673)
Other Operating Expenses	(36,015)	(38,096)	(2,081)	(218,043)	(227,719)	(9,676)
Depreciation (owned & leased)	(3,395)	(3,395)		(20,304)	(20,460)	(156)
Total Operating Expenditure	**(99,028)**	**(103,028)**	**(4,000)**	**(596,055)**	**(613,560)**	**(17,505)**
PDC	(1,210)	(1,215)	(5)	(7,260)	(7,257)	3
Interest Payable	(247)	(220)	27	(1,482)	(1,362)	120
Interest Receivable	292	498	206	1,752	2,880	1,128
Net Surplus/(Deficit) inc technicals	**(73)**	**972**	**1,045**	**(433)**	**(7,559)**	**(7,126)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	73	135	62	433	956	523
Net Surplus/(Deficit) exc technicals	**0**	**1,107**	**1,107**	**0**	**(6,603)**	**(6,603)**

Clinical Divisions YTD Financial Position – Variance to Budget

Division	M6 YTD Variance Favourable / (Adverse) £000's	M5 YTD Variance Favourable / (Adverse) £000's	(Increase) / Decrease in Variance £000's	M5 YTD Variance exc. Industrial Action Favourable / (Adverse) £000's	M6 YTD Variance exc. Industrial Action as % of Budget
Diagnostics & Therapies	(971)	(1,171)	200	(1,164)	-1.9%
Medicine	(508)	(819)	311	(535)	-0.6%
Specialised Services	(721)	(800)	79	(700)	-0.8%
Surgery	(4,295)	(3,986)	(309)	(3,790)	-4.3%
Weston	(440)	(819)	379	(545)	-1.6%
Women's & Children's	(6,826)	(6,169)	(657)	(5,877)	-6.2%
Clinical Divisions Total	**(13,761)**	**(13,764)**	**3**	**(12,611)**	**-3.0%**
Estates & Facilities	12	72	(60)	91	0.0%
Total	**(13,749)**	**(13,692)**	**(57)**	**(12,520)**	**-2.8%**

Key Facts:

- In September, the Trust delivered a £1,107k surplus against a plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,603k (£7,710k at M5) against a breakeven plan. The Trust is therefore £6,603k adverse to plan. The cumulative YTD net deficit is 1.1% of total operating income.
- Significant variances in the year-to-date position include: the value of elective income behind plan by £4,036k, a shortfall on savings delivery of £6,778k and £3,745k of pay pressures relating mainly to nursing and medical staff.
- YTD pay expenditure at the end of September is £7,673k higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.
- Agency expenditure in month is £886k, compared with £1,242k in August. Bank expenditure reduced in month to £4,308k, from £4,772k in August.
- Total operating income is higher than plan by £9,128k. The shortfall in ERF is offset by higher than planned pass-through payments and additional other operating income.
- The financial position of the clinical divisions, excluding industrial action funding allocated in September, is a deterioration of £1,229k in September, to a YTD overspend against budget of £13,749k or 2.8%.
- The most significant variances to budget in percentage and absolute terms are in the two Divisions in financial escalation: Surgery (£4,295k or 4.3%); and Women's & Children's (£6,826k or 6.2%).

Savings – Cost Improvement Programme

NHS University Hospitals Bristol and Weston NHS Foundation Trust

September 2024

Division	2024/25 Programme			Progress to Date					Forecast Outturn					Full Year Forecast Outurn	Full Year Forecast Outurn Variance
				2024/25 Programme					2024/25 Programme						
									Current Year						
	2023/24 Recurrent shortfall*	2024/25 Target (2%)	2024/25 Total Target	Current Plan	<-------- Actual ---------> Recurring	Non-Recurring	Total	Variance Fav / (Adv)	Current Plan	Recurring	Non-Recurring	Total	Variance Fav / (Adv)	Total	Fav / (Adv)
Financial Performance	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Diagnostics & Therapies	543	1,741	2,284	1,131	401	257	658	(473)	2,284	1,019	443	1,463	(821)	1,338	(946)
Medicine	416	2,180	2,596	1,644	1,582	1	1,582	(62)	4,008	4,003	1	4,004	(4)	5,436	1,427
Specialised Services	(377)	2,095	1,718	825	591	212	803	(22)	1,718	1,190	596	1,785	67	1,478	(241)
Surgery	1,285	3,411	4,696	2,273	1,082	54	1,136	(1,137)	4,696	2,497	172	2,669	(2,027)	3,127	(1,569)
Weston	(156)	1,045	889	467	362	-	362	(105)	889	657	-	657	(232)	684	(206)
Women's & Children's	397	3,316	3,713	2,115	2,104	13	2,116	1	4,260	4,227	26	4,253	(8)	5,404	1,143
Estates & Facilities	194	1,097	1,292	605	47	422	469	(136)	1,292	370	745	1,116	(176)	872	(420)
Finance	(0)	226	225	189	152	43	195	6	379	329	87	415	37	354	(25)
HR	(0)	274	273	136	90	28	118	(19)	273	199	76	275	2	203	(70)
Digital Services	566	428	994	515	3	295	298	(217)	994	40	471	511	(483)	109	(885)
Trust HQ	417	517	935	467	61	28	88	(379)	935	121	55	176	(759)	121	(814)
Corporate	-	10,385	10,385	5,736	-	3,500	3,500	(2,236)	11,472	3,500	7,000	10,500	(972)	3,500	(7,972)
			-												
Divisional Sub Totals	**3,286**	**26,714**	**30,000**	**16,104**	**6,474**	**4,852**	**11,326**	**(4,778)**	**33,200**	**18,153**	**9,672**	**27,825**	**(5,375)**	**22,625**	**(10,575)**
Urgent & Emergency Care	**-**	**9,400**	**9,400**	**2,000**	**2,000**	**-**	**2,000**	**-**	**4,000**	**4,000**	**-**	**4,000**	**-**	**4,000**	-
Elective Recovery	**-**	**-**	**-**	**2,000**	**-**	**-**	**-**	**(2,000)**	**4,000**	**-**	**-**	**-**	**(4,000)**	**-**	(4,000)
Grand Totals	**3,286**	**36,114**	**39,400**	**20,104**	**8,474**	**4,852**	**13,326**	**(6,778)**	**41,200**	**22,153**	**9,672**	**31,825**	**(9,375)**	**26,625**	**(14,575)**

Key Points:

- The Trust's 2024/25 savings plan is £41,200k. This includes £8,000k attributable to Urgent & Emergency Care (UEC) investments delivering bed reductions and reduced insourcing and outsourcing costs of elective recovery.
- The Divisional plans represent 50% of the Trust's plans. Corporate workstreams are driving a significant proportion of the planned savings.
- As at month 6, the Trust is reporting total savings delivery of £13,326k against a plan of £20,104k, a shortfall in delivery of £6,778k (£5,648k shortfall last month). The Trust is forecasting savings of £31,825k against the savings plans of £41,200k, a savings delivery shortfall of £9,375k.
- The full year effect forecast outturn at month 6 is £26,625k, a shortfall of £14,575k.
- The performance of the corporate workstreams supporting the Divisional plans require an urgent step change in delivery to recover the YTD and forecast shortfall on savings delivery.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board held in Public on 12 November 2024

Reporting Committee	**People Committee – September 2024 meeting**
Chaired By	**Arabel Bailey, Non-Executive Director**
Executive Lead	**Emma Wood Deputy CEO and Chief People Officer**

For Information

The People Strategy comprises four key pillars of **Growing for the Future, New Ways of Working, Inclusion and Belonging and Looking After Our People**. Focus in this meeting was on **New ways of working:**

Strategic Update

The committee was informed that a number of changes in employment law were due to be introduced in the near future and would be reflected in national terms and conditions. These related to employees receiving predictable terms and conditions and working patterns, and for a new duty on employers to take reasonable steps to prevent sexual harassment.

Pay awards for Agenda for Change (AfC) staff, consultants, doctors in training, SAS doctors and salaried dentists had been announced in July 2024 and backdated to April 2024.

It was reported that the collaborative bank between UHBW and NBT had launched in August 2024 and was in a pilot phase for registered nurses only.

Education Update Report

Members received the Education update report with key points of note being:

- The Trust's apprenticeship and widening engagement portfolio continues to expand with the implementation of new standards for career progression, upskilling and recruitment.
- The development of new recruitment pipelines utilised to deliver the Nursing funded retention plan requires continued focus upon increasing the placement capacity within the Trust. The Long Term Workforce Plan and the introduction of the Student Learning Environment Charter continue to build demand for high quality learning and placement capacity within the Trust. However, regional delays to the In-Place portal continue to frustrate the expansion of an ICB placement capacity.
- Compliance with the Compassionate and Inclusive mandated leadership programme rose to 72% over the first-year post introduction, against a target of 75%.
- Growth has been sustained in the coaching and mentoring network and expansion of the Bridges programme continues to grow into the fifth cohort.

In addition to the report, the committee received a presentation highlighting the changes to the national context particularly the NHS long term workforce plan, the Safe Learning Environment Charter (SLEC), the Educator Workforce Strategy and the System People Academy and group work.

Of particular interest was the work the L&D team are undertaking to improve consistency with trainer quality, to give our learner a good experience. Over the next year, this will be undertaken across the ICB for all trainers across all learning pathways.

Members were assured of the collaborative working and the improvements made for our learners, along with the progress of the overall strategy, noting the links to pro-equity and the national standards.

KPI's and Performance Report

The committee did a deep dive into Trust Services, and the increase in sickness rates for stress and anxiety was noted. It was reported that a targeted approach had been taken in Digital Services and this had been positive. Wellbeing checks were well received in the dept.

Strategic Workforce Planning Update

Committee members received an update on the progress of strategic workforce planning with specific focus on the Patient First Priority Projects. Discussion focused on providing assurance for the nursing pathways and the positive work being undertaken in this space was noted.

Members also discussed the medical workforce pathways and how a strategic approach is required to build a pathway for progression for this group. This will ensure equitable access to training opportunities and strengthen our pipeline in the future. Members were assured we are engaging in this work both internally and across our agencies. The link between papers and the delivery of the People Strategy was evident throughout.

For Board Awareness, Action or Response

People Committee received and noted the strategic update from the People Team and further discussed areas associated with the pay award, given that the RCN decision did not support the nationally agreed increase of 5.5%, and the implications this may have.

Members positively received news of the UHBW 'Gold' status under the MOD employer recognition scheme and the positive impact this has on colleague experience and retention.

Key Decisions and Actions

Members suggested an Education update may be presented to Board for wider assurance as a standalone item, noting the exemplar progress made in this agenda. Trust Secretariat were requested to progress this action.

ICB Committee or Relevant System Updates

At the ICB Committee, there were updates from all and good discussion. A key point worth raising is about system level working for learners. We have a very strong Learning and Workforce Development team at UHBW, and they reflected in our meeting that there is quite a lot of siloed working across the system. There are clear advantages to being more joined up in terms of training placements across system partners. This will be discussed further at ICB.

Commentary
Our next committee will focus on updates relating to the People Strategy Pillar ‘looking after our people’ and ‘inclusion and belonging’, alongside the Bi-annual updates on wellbeing and EDI.

Date of next meeting:	**28 November 2024**

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	12 November 2024		
Report Title:	Amendments to the Trust's Constitution		
Report Author:	Mark Pender, Head of Corporate Governance		
Report Sponsor:	Eric Sanders, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	✓		
	The Board is asked to endorse the proposed amendments to the Trust's Constitution and recommend them to the Council of Governors for approval.		

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

As part of the strategic intent to form a group with NBT, there have been several developments which need to be reflected in the Trust's Constitution, namely the appointment of a Joint Chair and Joint Chief Executive, and the appointment of a UHBW Hospital Managing Director.

It is therefore proposed that the Trust's Constitution be updated as follows:

- Page 4: The definitions of Chair and Chief Executive have been updated to reflect that these are now joint roles with NBT.
- Page 17, para 1.92 (Board of Directors composition): an additional paragraph has been included to clarify the role of the UHBW Hospital Managing Director as being an Executive Director who provides day-to-day leadership and line management of the Executive Team, reporting to the Chief Executive.

In addition, it is proposed that Page 90, para 1.73.1, be amended so that 'Non-Executive Directors (Designate)' is replaced with 'Associate Non-Executive Directors' which reflects the current terminology.

A full copy of the Constitution, with the proposed amendments shown in tracked changes, can be found in the reading room and is available on the Trust website.

It is anticipated that a wider 'root and branch' review of the Constitution will take place once the group model and its governance have been agreed.

Strategic and Group Model Alignment

The proposed changes to the Constitution align with the strategic intent to form a group with NBT.

Risks and Opportunities

N/A

Recommendation

This report is for **approval.** The Board is asked to endorse the proposed amendments to the Trust's Constitution and recommend them to the Council of Governors for approval.	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	
Appendices:	Appendix 1 – Trust Constitution with proposed amendments shown in tracked changes.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board held in Public on 12 November 2024

Reporting Committee	**Audit Committee – October 2024**
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 2, which contained the Trust's principal risks. In respect of the Financial principal risk, it was noted that the review of previous investments to ensure benefits were realised' was seen as a gap in control, and it was reported that there was currently no policy setting out what criteria should be used for such reviews, and these were currently carried out on an ad hoc basis. Recent system level work on reviewing investments in areas such as urgent care pathways and the additional workforce employed since 2020 had proved to be useful and the plan was to establish a more regular methodology of review via Business Development Group, which would make regular upwards reports the Finance, Digital & Estates Committee. In respect of the People principal risk, it was noted that absenteeism was not listed as a risk, and the Chair of the People Committee agreed to pick this up with the Chief People Officer outside of the meeting, although it was noted that the Trust's absenteeism levels were good.

2. In discussing Capacity & Performance principal risk, it was noted that No Criteria to Reside was not mentioned, and it was felt that this was an omission and needed to be addressed at system level as well as by the Trust.

3. The committee received an update on the Trust's information governance arrangements and an update on progress against the Data Security and Protection Toolkit. There had been no incidents reportable to the ICO during the reporting period.

4. The committee considered the following internal audit review reports:

   - NHSE Workforce Controls (mandated by NHSE) – no assurance opinion required.
   - Duty of Candour - limited assurance opinion
   - Cyber Security – limited assurance opinion
   - Junior Doctors Work Schedules - satisfactory assurance opinion, with the exception of Rota Management and Shift Verification where there was no assurance.
   - End of Life Care (EoLC) - satisfactory assurance opinion
   - Divisional Governance – D&T Division - satisfactory assurance opinion
   - Complaints - satisfactory assurance opinion
   - Payroll – satisfactory assurance opinion

5. The committee discussed in detail the internal audit reports with limited or no 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 committee received an update on the Trust's new system for the management of declarations of interest, which had been launched in September 2024 and was now in use across the Trust. In conjunction with this launch, the Trust's Conflicts of Interest, Gifts and Hospitality Policy had been updated to reflect the use of the new system. All members of staff were able to use to the system to declare a conflict of interest or offers of gifts and hospitality, and by default, all members of staff at Band 8d and above were defined as decision makers and were required to make an annual declaration or make a nil return if they have no interests to declare.

7. An update was provided on the management of policies and procedural documents, and the number of out-of-date documents on the system was noted. It was reported that document authors would soon begin to receive automated reminders to review their documents and that this would be reported to the Clinical Quality Group on a regular basis. The committee commented that it would be useful to have a breakdown of the out-of-date procedural documents to better assess the risks involved.

8. The Committee received and reviewed the following reports:
   - Review of Losses and Special Payments
   - Review of Single Tender Actions
   - Counter Fraud

For Board Awareness, Action or Response

N/A

Key Decisions and Actions

9. The Committee discussed the number of outstanding actions from recommendations arising from internal audit reviews and asked that the Executive team redouble its efforts in reducing these to demonstrate that the appropriate action was being taken following internal audit review.

Additional Chair Comments

10. I would like to highlight the number of Audit outstanding recommendations that are overdue. This is an area of focus for the Audit Committee and it will continue to monitor the situation to ensure these recommendations are actioned and closed.

Update from ICB Committee	
N/A	
Date of next meeting:	**30 January 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors		
Date of Meeting:	12 November 2024		
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	
	To present an update on the Well Led Review action plan for the Board's consideration.		

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 July 2024.

Updates against the actions, including the priority areas relating to strategy, risk and performance reporting, are included in the report and are highlighted in red text for ease of identification.

In terms of progress, the Board, at its meeting in November, will receive the UHBW Clinical Strategy for approval and the Integrated Quality and Performance Report (IQPR) in its revised format. These two key documents directly respond to the recommendations in the report.

Work has also been progressing to consider the Trust's risk appetite. Following discussions at the Board Task and Finish Group, and the Executive Committee, further work is required to refine the revised risk appetite statement and ensure that it fits with the aspiration for decision making within the Trust. Work is also underway to align risk management practice and reporting with NBT in line with the development of the Group.

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 **Discussion**

The Board is asked to consider and note the progress against actions.

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

N/A	

Appendices:	N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Well-led Review – Action Plan – Update as at October 2024

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

Recommendation	Accept?	Response	October 2024 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	In progress	Hospital Managing Director	TBC as part of the APC work

Recommendation	Accept?	Response	October 2024 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 are being finalised for roll out in November. Ensuring internal communications highlight where a project or initiative contributes to delivery of our strategic priorities continues to be strengthened.** **The UHBW Clinical Strategy will be published in November following extensive engagement within UHBW and with external partners. The document is designed to bring**	**Director of Business Development and Improvement and Director of Communications**	~~**31 March 2024**~~ ~~**30 Sept 2024**~~ **30 November 2024**

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
			to life the new Trust Strategy and to site alongside the UHBW Experience of Care strategy. Communication of the strategy will include how it "fits" with the Joint Clinical Strategy and other adjacent strategies, such as the ICS Strategy.		
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.	Comprehensive stakeholder mapping will be one of the areas of focus as part of the Group Development work over the coming months.	Director of Communications	N/A

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
KLOE 3					
F. The Board needs to develop a parallel focus on developing those areas of clinical activity which impact on population health, namely primary care and mental health. The reasons why these areas lag behind have been well explained but their importance is in danger of being underestimated by the Trust, and collaborative work needs to commence soon.	Yes (Already in place)	This is in place as follows and no further action planned: • Active roles in the health and care improvement groups for mental health and improving the lives of people in our communities. • Participation and board membership in locality partnerships across Bristol, South Gloucester and North Somerset • Health and Wellbeing Board members in North Somerset and Bristol (North Bristol Trust is member in S Glos) • Workstreams actively developing improvements in mental health provision/liaison across the acute sector • Development work underway with primary care • Health inequality leadership through CNO and well established health equity and inclusion group	Following discussion at the Board in July 2024, updates on system engagement are now included in the Committee Upward Reports, where Committee Chairs also attend ICB Committees, and in the CEO report. The UHBW Clinical Strategy, being presented to the Board in November, also addresses the recommendations and has a strong emphasis on collaboration with primary care and understanding and taking action to address our population's health needs.	Director of Business Development and Improvement	N/A

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
		• Development work underway with Sirona Care and Health (local provider of community services) and Social Services – relationship building within senior leadership teams (exec to exec and with divisional leadership teams) plus operational delivery work through transfer of care hubs, Healthy Weston and urgent and emergency care schemes (e.g. NHS@Home)			
G. Learning from Serious Incidents needs to be more specific. Divisional leadership needs to provide assurance that it has a grip on this important area and use IQPR data to develop conclusions that can be shared more widely across the Trust. The Quality Committee should then use these conclusions to inform its own deep dives.	Yes (Already in place)	The sharing of learning between divisions and corporate teams occurs at Clinical Quality Group which was not observed by DCO. Deep Dives at QOC are risk based not speciality based and are now aligned with the new PSIRF framework.	N/A	Chief Nurse and Midwife	N/A

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
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 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.	Seven staff appointments made to the corporate PALS & Complaints team following recent departures and newly created posts; three staff have commenced in post and four more will join by mid-November. Staff training will have a time limited impact on operational capacity. Sickness absence has improved, with three officers returning from lengthy episodes of absence Caseworker backlog reduced from 227 (previous update) to 169 as at 14/10/24 = 26% improvement. Administrative backlog reduced from 126 (previous update) to 81 enquiries = 36% improvement. Pace of recovery is forecast to improve from January, with team recruited to and trained. Early conversations are taking place with NBT about closer alignment as part of corporate enablers activity to support Pathfinder SMSs. Independent	Chief Nurse and Midwife	~~April 2024~~ ~~September 2024~~ 31 March 2025

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
			cultural review also commenced.		
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.	In progress.	Hospital Managing Director	TBC as part of the APC work
KLOE 5					
J. There are some significant risks facing the Trust which the Board urgently needs to identify and then classify. We felt that these included Estate Condition (particularly Fire Safety and IT development). This in turn should generate an investment programme to mitigate risks effectively. The	**Yes**	**Risk management refresh to be undertaken which will consider the process of identification, evaluation, escalation, and de-escalation of risk. A revised set of principal risks has been developed following a Board workshop held on 31 January 2024 and subsequently refined through a Board level Task & Finish Group.**	**Revised Board Assurance Framework now implemented and reported to the Board and Committees.**	**Director of Corporate Governance**	**Completed**

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
risk profile should be prioritised on the basis of patient and staff safety and not Trust reputation or threat of legal challenge.		This revised picture of risk to then inform business planning and investment for 2024/25.	Most significant patient and staff safety risks have been addressed through revenue and capital prioritisation processes as part of the 24/25 planning round. Active risk assessment and EQIA processes will continue into 25/26 planning so as to ensure items not funded and/or newly raised issues have visibility and further opportunity to be resolved.	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.	The Trust's risk appetite statements are reviewed annually. This year, the statements have been updated and aligned with the revised principal risks and principal BAF risks. This alignment will enhance the effectiveness of our statements in supporting decision-making. This initiative	Director of Corporate Governance	~~April 2024~~ ~~September 2024~~ January 2025

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
			is being led by the Board-level Task & Finish Group. A revised set of Risk Appetite statements have been considered by the Task & Finish Group and the Executive Committee. Further work has been requested to ensure that the statement reflects the desired future risk appetite of the organisation and therefore more work is required.		
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.**	**The outcome of the review of performance reporting alongside Patient First reporting was presented to the Board for consideration and approval given to proceed. The revised integrated performance report incorporating Patient First will be presented to the Board in November**	**Chief Operating Officer**	**~~April 2024~~ Completed**
N. The Board should ask for urgent progression of the complaints backlog.	Yes		See response to Recommendation H		

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
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.	Completed. Digital Strategy approved by the Board.	Joint Chief Digital Information Officer	Completed
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	Yes	Communications need to distinguish between action to address issues with existing estate versus developments of a more strategic nature. Also requires building	Improvements have been made to capital planning processes with the creation of a shorter-term major capital programme focused on our operational	Chief Financial Officer	~~31 March 2024~~ March 2025

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
Recommendations 18-19 in Appendix A		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.	risks, whist developing a larger scale strategic capital programme focused on identifying the estate challenges and opportunities across UHBW and NBT. Primary active communication is through Exec Committee sub-groups (incl. divisional & clinical leaders). To be augmented with a standard set of engagement and communication materials drawing together the various elements of our capital programme with the publication of our UHBW clinical strategy and our Joint Clinical Strategy, along with the Hospital Group development work with NBT. There is now significantly improved engagement with system partners through the ICS Estates Steering Group and a new ICS Capital Group is being formed to drive shared decision making. This will be supplemented by messaging on UHBW capital priorities through		

Recommendation	Accept?	Response	October 2024 Update	Lead	Due Date
			the shared annual planning process managed at a System level. On critical issues, there is engagement with divisions on design work to address the current highest risk schemes: NICU fire safety and Heygroves Theatres refurbishment plus Children's ED capacity winter pressures works and the fire safety programme.		
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

University Hospitals Bristol and Weston NHS Foundation Trust

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 12 November 2024		
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 update Board on the communications with Governors since the last meeting of the Board of Directors in Public.		

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

Since the previous Board of Directors meeting held in public on 10 September 2024:

- One question has been added to the log.
- One question has been answered on the log and is awaiting the Governor response.
- No questions are outstanding on the log.

Strategic and Group Model Alignment

N/A

Risks and Opportunities

N/A

Recommendation

This report is for **Information**
The Board is asked to note the updates to the log

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

N/A

Appendices:	Report attached separately

Governors questions reference number	Coverage start date	Governor Name	Governor Constituency	Description	Executive Lead	Coverage end date	Response	Status
298	12/09/2024	John Sibley		At a recent Quality Focus Group meeting we heard there were 160 patients in hospital with no criteria to reside. I would like to have more information and data regarding the length of stay in hospital for all of these patients, broken down by ward if possible. The longer these patients stay in a hospital setting, the more quality of life they lose.	Chief Operating Officer	10/10/2024	It would not be appropriate to provide information relating to individual patients. The number of No Criteria to Reside (NCTR) patients prior to the launch of the Transfer of Care Hubs was a median of 220. The introduction of the Transfer of Care Hub, in October 2023, has seen this number decrease to 160. The Trust continues to prioritise admission avoidance and schemes to improve timely discharges, to support a further reduction in length of stay and overall NCTR. The number of patients seen and treated within Same Day Emergency Care services, to avoid admission to a hospital bed, has increased by 16% year-on-year. However, the delay in opening additional P2 and P3 capacity as part of our system plan to reduce UHBWs NCTR to 105 remains challenging.	Awaiting Governor reponse