

Public Board

Schedule	Tuesday 18 April 2023, 12:45 PM — 3:15 PM BST
Venue	Lecture Theatre 2&3, Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8HW
Notes for Participants	The full Performance report for March 2023 under item 9 has been filed in the document library for your reference.
Organiser	Daisy Westbrook

Agenda

Preliminary Business

1. Welcome and Apologies for Absence
For Information

2. Declarations of Interest
For Information

12:45 PM 3. Patient Story (20 mins)
For Information

1:05 PM 4. Minutes of the Last Meeting – Wednesday 22nd
February 2023 (5 mins)
For Approval

5. Matters Arising and Action Log
For Approval

1:10 PM 6. Chief Executive's Report (15 mins)
For Information

Strategic

1:25 PM	7. Annual Business Plan For Approval	(20 mins)
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Quality and Performance

1:45 PM	8. Quality and Outcomes Chair's Report For Assurance	(10 mins)
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1:55 PM	9. Performance Report For Assurance	(20 mins)
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2:15 PM	Break	(10 mins)
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2:25 PM	10. Cleft Review Report For Assurance	(10 mins)
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2:35 PM	11. Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report For Assurance	(10 mins)
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People Management

2:45 PM	12. People Committee Chair's Report For Assurance	(10 mins)
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Finance and Digital

2:55 PM	13. Finance & Digital Committee Chair's Report For Assurance	(10 mins)
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3:05 PM	14. Trust Finance Report For Assurance	(10 mins)
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Governance

15. **Governors' Log of Communications**
For Information
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Concluding Business

16. **Any Other Urgent Business**
For Information
-

17. **Date of Next Meeting: Thursday, 15 June 2023**
For Information
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BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Tuesday, 18 April 2023 at 12:45 – 15:15 in Lecture Theatre 2&3,
Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8HW

AGENDA

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	
2.	Declarations of Interest	Information	Chair	
3.	Patient Story	Information	Chief Nurse and Midwife	12.45
4.	Minutes of the Last Meeting – Wednesday 22 nd February 2023	Approval	Chair	13.05
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	13.10
Strategic				
7.	Annual Business Plan	Information	Chief Financial Officer and Director of Business Development	13.25
Quality and Performance				
8.	Quality and Outcomes Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	13.45
9.	Performance Report	Assurance	Interim Chief Operating Officer; Chief Nurse and Midwife; Chief People Officer; Chief Medical Officer	13.55
BREAK (14.15 – 14.25)				
10.	Cleft Review Report	Assurance	Chief Medical Officer	14.25
11.	Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report	Assurance	Chief Nurse and Midwife	14.35
People Management				
12.	People Committee Chair's Report	Assurance	Chair of the People Committee	14.45

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Finance and Digital				
13.	Finance & Digital Committee Chair's Report	Assurance	Chair of the Finance and Digital Committee	14.55
14.	Trust Finance Report	Assurance	Chief Financial Officer	15.05
Governance				
15.	Governors' Log of Communications	Information	Director of Corporate Governance	
Concluding Business				
16.	Any Other Urgent Business	Information	Chair	
17.	Date of Next Meeting: Thursday, 15 June 2023	Information	Chair	



Meeting of the Board of Directors in Public on Tuesday 18 April 2023

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

1. Report Summary

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

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

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

2. Key points to note

(Including decisions taken)

For this patient story we welcome the return of Alun Davies. Alun is a patient of the Trust and has received care across numerous services. Outside of the hospital environment Alun is an active member of the sight loss community and heads up the Bristol Sight Loss Council, a group of people that work together to improve services for people with sight loss. In addition, Alun is the chair of the Bristol Disability Equality Commission, established in 2021 in recognition of the inequalities faced by Disabled people in the city. It is one three Mayoral commissions, Commission on Race Equality and Women's Commission being the others, taking forward equality in the city.

In this story Alun will reflect on how, over the past three years as a patient and community partner, he has supported the Trust to advance health equity for patients. He will explore the importance of sharing lived experiences to improve services and the value of working consistently with community partners to do so.

Alun will explain how, by working collaboratively with the Trust, he has had an influential role in advancing our compliance with the Accessible Information Standard: a role that will continue as a member of the newly formed trust-wide AIS Delivery Group.

By way of context, the AIS Delivery Group is a sub-group of a new trust wide Health Equity Delivery Group (chaired by Seema Srivastava) a group established to co-ordinate the delivery of the Trust's Health Equity Plan (see note 4 below), a plan which renews our commitment to advancing health equity for patients and communities. The plan was a key recommendation made by the Public Health



Action Support Team (PHAST) in 2022 who undertook an independent baseline review of EDI for patients and communities (approved by Board at seminar in July 2022).

Alun is one of a growing number of community partners who bring a fresh and unique insight into what really matters to patients helping us plan and deliver services that reflect the needs of the communities we serve.

The story Alun shares, including his work with the Bristol Eye Hospital and the BRI Emergency Department, is reflected elsewhere by staff. For example: the work Laura Lewinson (a Midwife at St. Michael's Hospital) is leading to explore and improve the experiences of BME women attending maternity services.

This approach will be further strengthened during 2023/24 as we develop a community outreach programme in collaboration with partners in the Voluntary and Community sector to better understand and improve the experience of marginalised communities.

3. Risks

The risks associated with this report include:

1702 - Risk that the Trust is not compliant with the Accessible Information Standard.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- A summary of the **Health Equity Delivery Plan** approved at Quality Outcomes Committee in March 2023 is attached for **INFORMATION**
- This report is for **INFORMATION**
- The Board is asked to **NOTE** the report

5. History of the paper

Please include details of where paper has previously been received.

N/A

A renewed commitment to advancing health equity for our patients and communities



Equality objectives for 2023/2024 and 2024/2025

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National

- Elective care recovery programme
- NHSE/I Equality Objectives for 2022/23 & 2023/24
- National enquiries / reports
- NHS Long-term Plan
- NHS Operating Plan

System

- Integrated Care System
- Acute provider collaborative
- ICB Independent Equality Advisory Board
- Bristol Race and Health Equity Group

UHBW

- Our values
- Patient First
- Independent baseline review
- Quality Priority
- Community Anchor Organisation
- Contract and Quality schedule

Framework and Standards

- Core20Plus5
- Accessible Information Standard
- Equality Delivery System 2022
- Care Quality Commission Single Assessment Framework
- Equality Act 2010

- Independent EDI baseline review for patients and communities (Board approved all recommendations at seminar in July 2022)
- The experience of our patients, carers and communities
- Patient safety incident themes and trends
- Insights and concerns raised by our staff and our leaders
- Data on access to our services and outcomes of care
- Gap analysis of our processes
- Feedback from partners in the VCSE
- Quality Risks
- System (ICS) priorities
- Health Equity strategies from regional and national organisations
- A stock-take on what we can directly control (as a provider) and what we need to proactively contribute to as part of the local healthcare system



The impact of health inequalities

- Significant differences in life expectancy
- Avoidable variation in mortality
- Avoidable variation in health outcomes
- Avoidable variation in harm and safety
- Increased risk of long term health conditions
- Increased risk of mental ill health
- Poor access to and experience of health services
- Exacerbated by the Covid-19 pandemic



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“Exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes”

Note this is in line with NHSE/I Core20Plus5 framework vision

Our Equality Objectives

Public Board

(for patients and communities)



3. Patient Story

**University Hospitals
Bristol and Weston**
NHS Foundation Trust

1. Improve access to, experience of and outcomes from our services

by removing communication barriers that exist, mitigating against digital exclusion, providing information that is accessible and engaging those at the greatest risk of poorer health outcomes.

2. Collaborate with the Integrated Care Partnership to tackle health inequalities

by proactively collaborating with our ICS partners on shared health equity priorities, including the elective care recovery programme, and maximising our role as a Community Anchor to improve health outcomes.

3. Foster organisational capability, creating the foundation to drive forwards our health equity programme

by embedding a focus on health equity in our culture and structures, aligning and maximising the value our EDI resource and approaches (working towards integration), harnessing the deployment of Patient First to drive continuous improvement, and creating a governance framework that ensures visibility and action on Health Equity priorities from front-line to Board.

4. Build the confidence and skills of our people to meet the needs of our diverse patient population

by developing a dynamic learning and development programme that focuses on EDI and Health Equity and in doing so, building knowledge, awareness, skills and confidence in our workforce to meet the health needs of our diverse communities.

5. Develop patient EDI data and intelligence to inform planning and priority setting

by strengthening the processes and systems relating to the collection and use of EDI data/intelligence in order to inform and drive operational planning, service delivery and quality improvement.

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1. Improve access to, experience of and outcomes from our services for our diverse communities

- 1.1. Meet the communication needs of our patients with a disability or sensory loss by delivering the Accessible Information Standard (AIS) implementation plan.
- 1.2. Strengthen the quality of our translating and interpreting (T&I) provision through the delivery of the Translation and Interpreting services communications plan and re-procurement of our external supplier together in partnership with ICS providers.
- 1.3. Develop a community outreach programme in collaboration with partners in the Voluntary and Community sector to better understand and improve the experience of marginalised communities.
- 1.4. Ensure that patients and carers from diverse groups can share their feedback with the Trust by improving the accessibility of our complaints and routine survey processes.
- 1.5. Create the Trust's new external website with the diverse communication needs of our population in mind, providing an accessible digital platform for health advice and key information on services.



2. Collaborate with the Integrated Care Partnership to tackle health inequalities

- 2.1. Work in partnership with the system to ensure an inclusive elective care recovery programme that priorities those groups who experience the poorest health outcomes.
- 2.2. Collaborate with our ICS partners on shared health equity priorities informed by the Core20Plus5 framework.
- 2.3. Contribute to a system approach to completing the Equality Delivery System (EDS 2022) self-assessment.



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North Somerset and South Gloucestershire

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3. Foster organisational capability, creating the foundation to drive forward our health equity programme

- 3.1. Establish a new governance structure for our work on tackling health inequalities that provides reporting on both quality and performance aspects to Board via appropriate committees.
- 3.2. Harness the deployment of the Patient First approach as a crucial opportunity to integrate actions throughout the Trust that advance health equity for our patients and communities.
- 3.3. Ensure that change is recognised as an opportunity to advance equality for patients by embedding the system Equality and Health Inequalities Impact Assessment (EHIA) tool for key strategies, policies and as a fundamental part of our transformation programme.
- 3.4. Co-design an integrated patient and workforce EDI strategy 2025 – 2030 with our people, patients, carers and communities (to be approved and in place by April 2025 - see final slide).
- 3.5. Explore opportunities to align EDI resources that sit within the Experience of Care & Inclusion and Organisational Development teams to maximise expertise and add value in our approaches across patient and workforce EDI.

Public Board
4. Build the confidence and skills of our people to meet the needs of our diverse patient population

- 4.1. Develop a dynamic training programme for EDI, working collaboratively across the patient and workforce agendas, that provides a range of learning opportunities for our people to give them the confidence and skills to meet the needs of our diverse communities.
- 4.2. Encourage a focus on health equity in service delivery by continuing to grow the EDI Action Learning Set which provides a platform for staff in each Division to collaborate, be supportive and share learning with colleagues across UHBW on projects that tackle health inequalities.
- 4.3. Explore how the expertise that exists within staff networks and the EDI Advocate programme could support the delivery of our equality objectives for patients and communities.
- 4.4. Provide a range of interactive patient EDI and Health Equity resources for our workforce available via Connect.











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5. Develop patient EDI data and intelligence to inform planning and priority setting

- 5.1. Improve the completeness of ethnicity, disability status and communication needs recording on CareFlow to build an accurate profile of our patient population.
- 5.2. Continue to develop a suite of patient EDI business intelligence / dashboards that supports monitoring in priority areas (i.e. segmentation of the waiting list by Indices of Multiple Deprivation and Protected Characteristic groups).
- 5.3. Triangulate datasets on patient activity, access, experience, safety and outcomes to support priority setting and more informed decision making at Trust and Divisional level.
- 5.4. Integrate patient EDI intelligence and insight into routine quality and performance reporting for Divisions, SLT, Quality & Outcomes Committee and Board.
- 5.5. Collaborate with partners in the ICS to enable data sharing so that information can be asked once and be available at all "touchpoints" in a patient's journey.



People & Patient Integration Plan <small>Public Board</small>	2023	2024	2025	2026	
<p>Phase 1</p> <p>Develop and patient EDI governance strategies</p> <p>Collaboration as a 'hybrid' EDI governance structure, working together and aligning with existing Trust governance e.g. workforce training, amending EDI policy, and support of EDI advocates</p>	<ul style="list-style-type: none">  Feb 2023: Draft Health Equity Delivery Plan objectives were approved by CQG  27th March 23: New governance group starts for Health Equity (patients & communities)  29th March 2023: Final draft Health Equity Delivery Plan 2023 - 2025 to go to QOC  Continuation of People EDI strategic action plan monitored by EDI Steering Group 				3. Patient Story
<p>Phase 2</p> <p>Design and deliver integrated EDI governance structure</p> <p>Using a collaborative approach with colleagues, external and community partners to design a new governance structure alongside the existing Trust-wide governance</p>	<ul style="list-style-type: none">  July 2024 to December 2024: Co-design integrated EDI strategy 2025 - 2030  Jan – March 2025: Sign off integrated EDI strategy 2025 - 2030 & design single EDI governance structure  April 2025: Launch and deliver integrated EDI strategy 2025 - 2030 supported by new integrated EDI governance structure 				
<p>Phase 3</p> <p>Embedding EDI into core business for the Trust</p> <p>Identifying the need for a specific EDI governance structure (i.e. EDI is explicitly embedded into existing Trust governance) and supporting EDI people and patient teams</p>				<p>2026/27 onwards:</p> <ul style="list-style-type: none">  Mainstreaming EDI strategy into core business 	



BOARD OF DIRECTORS (IN PUBLIC)

**Minutes of the Meeting held on Wednesday 22 February 2023 at
09.45–12.45 in Future Inns Hotel, Bristol**

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Eugine Yafele	Chief Executive
Arabel Bailey	Associate Non-Executive Director
Paula Clarke	Executive Managing Director, Weston General Hospital
Jane Farrell	Interim Chief Operating Officer
Marc Griffiths	Non-Executive Director
Neil Kemsley	Chief Finance Officer
Jane Norman	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Martin Sykes	Non-Executive Director
Stuart Walker	Chief Medical Officer
Julian Dennis	Non-Executive Director
Emma Wood	Chief People Officer

In Attendance

Sarah Dodds	Deputy Chief Nurse
Emily Judd	Corporate Governance Manager (minutes)
Eric Sanders	Director of Corporate Governance
Clive	Patient Story (for Item 3: Patient Story)
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Sarah Windfeld	Divisional Director of Nursing (for Item 13: Maternity Items)

Apologies

Gill Vickers	Non-Executive Director
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director

The Chair opened the Meeting at 09.45

Minute Ref.	Item	Actions
01/02/23	Item 1 - Welcome and Apologies for Absence	
	Jayne Mee, Chair, welcomed members of the Board to the meeting. Jayne informed the Board that the meeting would be recorded and published on the Trust's YouTube account for public access following the meeting.	

Minute Ref.	Item	Actions
	Apologies of absence had been received from Gill Vickers, Non-Executive Director, Bernard Galton, Non-Executive Director, and Deirdre Fowler, Chief Nurse and Midwife.	
02/02/23	Item 2 - Declarations of Interest	
	There were no new declarations of interest relevant to the meeting to note.	
03/02/23	Item 3 - Patient Story	
	<p>Tony Watkin introduced Clive who was attending to share his experience of becoming unwell at a university campus, where after visiting the Emergency Department (ED) he was transferred to the Bristol Heart Institute (BHI) for additional specialist care with a suspected heart attack.</p> <p>Clive outlined his experience of waiting for his operation which had been delayed for several days and had included several 12-hour periods of nil to mouth, which had prompted false hope, sleep deprivation and intense hunger. Clive praised the support he had received from nurses but noted that he had perceived issues around scheduling procedures from the operating team.</p> <p>Jayne Mee, Chair, thanked Clive for sharing this experience and opened the session up for questions from Board members.</p> <p>In response to a query from Arabel Bailey, Associate Non-Executive Director, Clive said the lack of communication from the operating team during his stay had caused him to feel frustrated, but commented that the communication he received from the team of nurses that had cared for him had been valuable.</p> <p>Stuart Walker, Chief Medical Officer, apologised on behalf of the Trust for the delays that Clive had experienced. Stuart said at the time of Clive's stay in November 2022, there had been immense challenges and staff shortages within the operating team which may have impacted on the decision-making processes and delays to procedures. Clive added at this point that one nurse had their name clearly stitched on their top which had significantly helped his situation, and he suggested this was implemented within the hospitals.</p> <p>Roy Shubhabrata, Non-Executive Director, noted from the report that Clive was a patient with hearing loss and asked whether he had anything to share in relation to this. Clive noted that the clinical staff were wearing masks, which made it difficult for him to understand what was being said and created an awkward situation for him. He added that his sleep had been impacted during his stay due to frequent wakings from medical staff and from the noise experienced on the ward.</p>	

Minute Ref.	Item	Actions
	<p>Jane Norman, Non-Executive Director, asked whether anything could be done around the hunger that Clive had endured. Clive said food had arrived promptly following the 12-hour period but some nursing staff had not understood why he had been placed on a nil by mouth diet. Stuart Walker confirmed that operating on patients with a full stomach could cause medical risks and complications. Sarah Dodds, Deputy Chief Nurse, said she would take these comments back to the nursing team to see if any improvements could be made.</p> <p>In response to a query from Marc Griffiths, Non-Executive Director, Clive said that his family had not been updated on the delays to his procedure by the hospital and that he had to inform them himself.</p> <p>Jayne Mee thanked Clive for sharing his experience and said the feedback would be taken back to the relevant teams to ensure improvements were made where possible. Clive thanked the Trust Board and said he was extremely grateful to the clinical team that had supported his care.</p> <p><i>Clive and Tony left the meeting.</i></p>	
	Item 4 - Minutes of the Last Meeting – December 2022	
	<p>The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 13 December 2022.</p> <p>Martin Sykes, Non-Executive Director, asked how the volunteer team would take forward the feedback received at the last meeting and Jayne Mee, Trust Chair, confirmed that she had been speaking to the team and the updated enrolment process had progressed well.</p> <p>Members of the Board approved the above minutes as a true and accurate record.</p>	
05/02/23	Item 5 - Matters Arising and Action Log	
	<p>Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows:</p> <p>09/12/22 - Sustainability Strategy and Annual Sustainability Reporting <i>Director of Corporate Governance to organise a Board Seminar session from the sustainability team and include a NED site visit to key sustainability areas.</i> A session on sustainability had been added to the Board Seminar programme in 2023 and a NED site visit to the sustainability team was being organised for March 2023. Action closed.</p> <p>11/10/22 - Integrated Quality and Performance Report</p>	

Minute Ref.	Item	Actions
	<p><i>Outcome of deep dive into Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) rates to be reported to the Quality and Outcomes Committee.</i></p> <p>The outcome of the deep dive into Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) rates had been reported to the January meeting of the Quality and Outcomes Committee. Regular updates would be taken to this Committee as part of the quarterly Learning from Deaths Report, and a further deep dive report would be presented in April 2023. Action closed.</p> <p>13/10/22 - Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report</p> <p><i>Deputy Divisional Director for Maternity and Clinical Director for Maternity to look into community midwives being unable to use the Wi-Fi at GP surgeries and report back if unable to mitigate this.</i></p> <p>Sarah Dodds, Deputy Chief Nurse, confirmed that digital access at all community GP sites had been reviewed and the requirements discussed with the midwives working at these locations. Some sites had installed additional computers to improve access to IT equipment.</p> <p>Sue Balcombe, Non-Executive Director, shared a contradictory update from a recent Community Maternity Network Meeting where it was discussed that there was still a lack of access to Wi-Fi for community midwives. Sarah Dodds agreed to bring back a report on progress and feedback from site visits to the Quality and Outcomes Committee.</p> <p>Action: Deputy Chief Nurse to update the Quality and Outcomes Committee on the provision of Wi-Fi and digital access for community midwives.</p> <p>Members of the Board noted the updates against the action log.</p>	Deputy Chief Nurse
06/02/23	Item 6 - Chief Executive's Report	
	<p>Eugene Yafele, Chief Executive, provided a verbal update on the following key issues:</p> <ul style="list-style-type: none"> • Industrial Action: the strike days planned for early March had been cancelled, however other strikes would continue outside of the Royal College of Nursing (RCN). Colleagues would continue to plan to reduce the impact on services with an overall aim to keeping patients safe. It was noted that recovery care had been impacted due to the reduced capacity. • Integrated Care System: The plan for 2023/24 had been submitted earlier in the week. It was noted this was a challenging plan due to the required recovery of performance and it would be shared with the Trust Board. 	

Minute Ref.	Item	Actions
	<ul style="list-style-type: none"> • System performance: Winter Headlines: There had been significant winter challenges across all sectors of the system and performance standards were not being met, however improvements had been reported at the beginning of the year. It was noted that system discharge performance would remain the Trust's key priority and a system discharge event led by the National Discharge Director would assess where beds could be made available across the system. • Elective Recovery: By the end of March, the Trust hoped to eliminate patients waiting over 78+ weeks and the forecast was to have 300 patients on the list by this time. Improvements were being seen, although risks such as industrial action could impact on these efforts. • Urgent Care: The Every Minute Matters (EMM) programme was producing length of stay reductions for people going out on supported discharge pathways. Eugene Yafele thanked the teams who contributed to the improvements of patient flow across the system. <p>Jane Norman, Non-Executive Director, noted the excellent progress in the reduction of long waits and wanted to understand how this had been achieved. Jane Farrell, Interim Chief Operating Officer, responded that the approach deployed had included a mixture of creating capacity in the right places and within the most challenged areas. This process had been deployed across all areas, including cancer.</p> <p>Jayne Mee, Chair, referenced the request from NHS England (NHSE) to book operations for all patients on the 78-week waiting list and asked for assurance that this had taken place. Jane Farrell confirmed that a letter had been sent to NHSE at the end of January to confirm the Trust had achieved 96% of the mandatory target. Jane noted the significant progress made and said there were a small proportion of complex patients that would slip into April which had been recognised by NHSE.</p> <p>In response to a query from Marc Griffiths, Non-Executive Director, relating to the industrial action, Eugene said the Trust had been planning with Unions around the planned Junior Doctors strike who were members of the British Medical Association (BMA) or the Hospital Consultants Specialists Association (HCSA). Eugene noted the impact these strikes would have on the availability of services and quality of care delivery. Emma Wood, Chief People Officer, added that the Trust had already planned for a number of strike days and an effective process was in place which would help to carry out scenario planning for the Junior Doctors strikes.</p>	

Minute Ref.	Item	Actions
	<p>Martin Sykes, Non-Executive Director, noted the improvements made around urgent care and asked how sustainable this progress was. Eugene Yafele said this was the first time in a while where sustained improvements were being seen. He however emphasised the importance of this being reflected across the system to see overall sustained improvement.</p> <p>Julian Dennis, Non-Executive Director, noted the reference in the Chief Executive's report to the Eugene Street Flats refurbishments. Paula Clarke, Executive Managing Director at Weston General Hospital, explained the plan to work with Bristol City Council to support their homelessness programme would cover an interim period until the proposed redevelopment of the Marlborough Hill site commenced.</p> <p>Members of the Board received the Chief Executive's report for information.</p>	
07/02/23	Item 7 - Acute Provider Collaborative Board Chair's Report	
	<p>Jayne Mee, Co-Chair of the Acute Provider Collaborative Board, provided a verbal update on the last meeting which had been chaired by Michele Romaine, Chair of North Bristol Trust (NBT). The following updates were provided:</p> <ul style="list-style-type: none"> • The clinical workstream for a Joint Clinical Strategy between the two organisations was progressing well. The Chief Medical Officers described the intended deliverables of this strategy, and it was expected that the work would be finalised by the end of March in time for the next meeting. • Jayne Mee asked the Trust Board to agree to the Terms of Reference being amended by the two Trust's to allow for the creation of sub-groups (such as the Digital Convergence Group) which included individuals who were not current members of the Acute Provider Collaborative Board. <p>Julian Dennis, Non-Executive Director, observed that the Integrated Care Board (ICB) would be interested in the developments of the Joint Clinical Strategy. Jayne Mee confirmed that the ICB had been updated on the plans for the strategy and digital convergence between the two Trusts and Julian suggested that that the benefits were mapped out at the sub-groups.</p> <p>Arabel Bailey, Associate Non-Executive Director, was interested to see a copy of the presentation that was delivered at the last meeting on the Digital Convergence Roadmap. It was agreed that this would be shared for information at the next Finance and Digital Committee meeting.</p> <p>Action: Trust Secretariat to organise the sharing of the Digital Convergence Roadmap at the next Finance and Digital Committee.</p>	<p>Trust Secretariat</p>

Minute Ref.	Item	Actions
	<p>Members of the Board:</p> <ul style="list-style-type: none"> • received the Acute Provider Collaborative Board Chair’s Report for assurance and; • approved the proposed changes to the Acute Provider Collaborative Board terms of reference. 	
08/02/23	Item 8 - Integration Programme Final Report	
	<p>Paula Clarke, Executive Managing Director at Weston General Hospital introduced the integration programme final report.</p> <p>Paula explained that the Integration Programme Board (IPB) had made a formal recommendation to close the Integration programme and reported that the Finance and Digital Committee and the Audit Committee had noted and accepted the final post-merger assurance report at their meetings in January. It was confirmed that benefits would continue to be delivered and evidenced over the next 2-3 years and evidence of benefits secured to date was above the expected profile. Assurance was provided to the Board that processes were in place to continue to track progress within the business-as-usual risk and governance processes of the organisation.</p> <p>Paula reported that the vision of Healthy Weston aimed to secure Weston General Hospital as a thriving and sustainable hospital at the heart of the Weston community and recognised that the process of embedding the new shared values would be a long-term project over the next 5-10 years. Paula noted that the Care Quality Commission (CQC) recommendations would continue to drive forward improvements, with a large effort already being made to strengthen recruitment and retention. A key example of this was the positive impact of international nurse colleagues joining the Weston team which had contributed to a significant improvement in registered nurse vacancy rates from 26% pre-merger to approximately 2% and supported more diversity and experience in the hospital. Other improvements seen had included improved in-patient survey results with patients feeling more involved in their care and with better communications from clinical teams. Paula reported that £5m had also already been invested to improve the legacy infrastructure and estate maintenance to modernise the facilities and to provide a safer and more accessible patient-care environment.</p> <p>Jayne Mee, Chair, recognised the significant effort and support from staff and thanked the teams involved for contributing to the incredible journey so far. Jayne added that the report was a testament for what has already been achieved.</p> <p>Sue Balcombe, Non-Executive Director, noted that she, along with Sarah Dodds, Deputy Chief Nurse, were original board members at</p>	

Minute Ref.	Item	Actions
	<p>Weston Area Health Trust and noted the significant improvements that had been made, which were reflected in the overall hospital environment. Sue asked whether the financial support would continue for the Healthy Weston project and Paula confirmed that the Full Business Case for the first phase of implementing the vision was progressing through governance approvals and funding was available in the system operating plan for the next year to support its delivery, and that there was a strong case for funding beyond this. Paula added that phase 2 and 3 of the implementation plan for the Healthy Weston 2 needed significant capital funding and would require robust business cases to secure any additional support. Eugene assured the Board that there was absolute support for Healthy Weston from the wider system and it was considered a central programme of the Trust.</p> <p>Members of the Board received the Integration Programme Final Report for assurance.</p>	
09/02/23	Item 9 - Board Assurance Framework	
	<p>Eric Sanders, Director of Corporate Governance, introduced the Board Assurance Framework for Quarter 3 and noted that the reports had been through the relevant Board Committees and had been scrutinised by Board Members.</p> <p><u>Strategic Risk Register</u></p> <ul style="list-style-type: none"> • There were 13 risks on the Strategic Risk Register which included one new risk relating to the Trust aspiring to have a fully diverse workforce (risk 285). • Finance risk 416 had increased in score from 16 to 20 (risk 416 – Funding the Strategic Capital Programme). • A new risk profile table had been provided within the report to describe how risks would be split across the risk domains and by score to help the organisation understand where the majority of its key risks were impacting. • The strategic risks would be refreshed over time to fall in line with the new strategy. <p>Roy Shubhabrata, Non-Executive Director, supported the new risk profile, but queried whether targets could be realistically achieved. Eric Sanders responded that target scores had been agreed with risk owners, and the risk support team would monitor whether targets were accurate, escalating risk issues to the relevant Committee meetings.</p> <p><u>Corporate Objectives</u></p> <p>Eugene Yafele, Chief Executive, introduced the corporate objectives update which provided assurance on the progress against the Trust's Corporate Objectives for Quarter 3 of 2022/2023. It was noted that a new approach to corporate</p>	

Minute Ref.	Item	Actions
	<p>objective setting and delivery had been taken for 2022/23, which simplified the approach and focused on a smaller number of key corporate objectives linked to the organisations agreed leadership priorities for the year and Patient First.</p> <p>In response to a question from Jayne Mee, Chair, Jane Farrell, Interim Chief Operating Officer, noted the workforce challenges within the skin cancer pathways and said a business case was in development to show what an improved and sustainable workforce would look like.</p> <p>Members of the Board received the Board Assurance Framework for assurance.</p>	
10/02/23	Item 10 - Quality and Outcomes Chair's Report <i>including update from the ICB Committee</i>	
	<p>Julian Dennis, former Chair of the Quality and Outcomes Chair's Report provided the following updates from the Committee meeting held in December 2022:</p> <ul style="list-style-type: none"> • The Committee received a summary of the Venous Thromboembolism (VTE) assessments being undertaken and heard that the recording of the assessments had been problematic. The solution remained the implementation of the electronic prescribing module and it was anticipated that improvements would be seen in May. It was noted that the vacancy for a VTE Lead was out for advert again. • An item on Theatre Utilisation would return to a future meeting. <p>Sue Balcombe, the new Chair of the Quality and Outcomes Committee, provided the following updates from the Committee meeting held in January 2023:</p> <ul style="list-style-type: none"> • The Committee received the Winter Preparedness Plan for Nursing which included detailed surge plans and processes to escalate and manage any shortfalls. • The Committee would receive a further report on Hospital Standardised Mortality Ratio (HSMR) deep dive in April. • The Committee received the Draft Patient Safety Response Plan which had been developed in response to the National Patient Safety Incident Response. The final plan would return to the next meeting for approval. • The Committee had requested an update on the Genetic Service and the work underway to improve Transitional Care Services between children's and adult services. <p>Jayne Mee, Chair, thanked Julian Dennis on behalf of the Board for his expert chairing of the Committee over the years.</p> <p>Members of the Board received the Quality and Outcomes Chair's Report for assurance.</p>	

Minute Ref.	Item	Actions
11/02/23	<p data-bbox="293 275 1094 306">Item 11 - Leadership and Oversight Priorities Report</p> <p data-bbox="293 315 1254 528">Jane Farrell, Interim Chief Operating Officer, introduced the Leadership and Oversight Priorities Report to provide an update on the key performance metrics for 2023/23 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 reference. Key points were as follows:</p> <ul data-bbox="344 573 1254 1496" style="list-style-type: none"> <li data-bbox="344 573 1254 678">• There had been an improvement of around 20% in patient delays and a 48% improvement in patient flow and bed days which was also reflected across the wider system. This improvement reflected the benefits of the Every Minute Matters (EMM) programme and discussions were ongoing with system partners to share and build upon this approach to improve patient flow across the region. <li data-bbox="344 835 1254 938">• It was anticipated that waiting times for 104+ weeks would be eliminated by the end of February and that this would be sustained going forward. <li data-bbox="344 947 1254 1088">• It was projected that there would be a significant reduction to around 85 patients waiting 78+ weeks by the end of March and complex patients would be subject to treatment at the beginning of Quarter 1. <li data-bbox="344 1097 1254 1272">• There had been improvement in the number of patients waiting over 62 days on a cancer pathway and there had been a week-to-week reduction in this backlog towards the Cancer Alliance defined baseline of 180 patients by the end of March. <li data-bbox="344 1281 1254 1384">• Diagnostics remained an area of concern and a recovery plan was in development and would be shared in the coming months. <li data-bbox="344 1393 1254 1496">• Jane thanked staff for their huge efforts to improve the Trust's performance which had involved changes to culture and processes and said that it was a testament to them. <p data-bbox="293 1529 1254 1744">Roy Shubhabrata, Non-Executive Director, noted the improvements being reported on patient flow, but queried when the EMM programme would be rolled out to the Children's Emergency Department. Jane assured the Board that the EMM programme would start imminently within this department to explore sustainable solutions and models to improve the patient flow.</p> <p data-bbox="293 1789 1254 2004">In response to a query from Martin Sykes, Non-Executive Director, Stuart Walker, Chief Medical Officer, explained how teams had prioritised patients waiting over 62 days on a cancer pathway to ensure care was being provided to those that needed it. It was noted that this exercise was reviewed periodically to push forward further patients that may be on this list.</p>	

Minute Ref.	Item	Actions
	<p>Jayne Mee, Chair, echoed Jane's thanks to the staff involved in reaching this improved picture and noted the excellent leadership from Jane that had supported this achievement. The Board noted there was still much more work to do in sustaining patient flow across the system.</p> <p>Sarah Dodds, Deputy Chief Nurse, reported to the Board on the Safety domain and there had been two cases of methicillin-resistant Staphylococcus aureus (MRSA) and rapid learning was underway with observations of care ongoing.</p> <p>Emma Wood, Chief People Officer, reported the following updates to the Board on the People domain:</p> <ul style="list-style-type: none"> • Work to reduce bank and agency usage was ongoing. It was noted that high-cost agency usage was high across the system and a shared pay framework would be developed. • 21 new international nurses joined the Trust in December with 315 nurses now in place. The Trust had held international nurse recruitment events in India and the Caribbean to develop a candidate pipeline for 2023/24. • The turnover rate for the group in process of being re-banded had reduced. Turnover in general would remain a key focus with work ongoing to plan for a more sustainable workforce. • Resuscitation training compliance was an area that required improved performance. • The Bridges Talent Management Programme had been rolled out to a second cohort and positive feedback was being received. • The Staff Survey results were embargoed until March. • Intelligent automation (IA) had been used to accelerate the back end of the Trust's recruitment processes. <p>The Board discussed the Bridges Talent Management Programme which it was noted would develop staff skillsets and push staff towards promotion opportunities for those in Band 5 and below. Jayne Mee, Chair, said she hoped Board members would be mentors for this programme.</p> <p>In response to a query from Arabel Bailey, Associate Non-Executive Director, Emma Wood said the 5-year workforce plan covered many staff groups but it did not yet have funding behind it. The first year of the plan captured the new international recruits which was a large outlay, however the development process would kick-in beyond this to create a more sustainable picture. It was noted that the plan would need to be allocated from the current budget and that the pipeline would always account for international nurses.</p>	

Minute Ref.	Item	Actions
	Members of the Board received the Leadership and Oversight Priorities Report for assurance.	
12/02/23	Item 12 - Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report	
	<p>Sarah Windfeld, Divisional Director of Nursing joined the meeting to present the monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of December 2022. The following points were highlighted:</p> <ul style="list-style-type: none"> • The Trust had declared compliance with 10 safety standards for the Maternity Incentive Scheme (CNST). • An online tour of the Neonatal Intensive Care Unit (NICU) had been produced for parents to help them prepare for their stay. • NEST (neonatal transport service) had started to transfer babies who were eligible using a specially adapted sling so they could be safely transferred in kangaroo care style (cuddle). This was following funding from the neonatal network to enable two nurses to visit a centre in Sweden who were leading on this practice. The Trust was the first NEST service to provide this. • A bereavement lead, midwife and neonatal nurse had been recruited to support families that suffer a bereavement. • Ockenden compliance with the recommendations from the national report had progressed well and was monitored via the 'Perinatal Transformation Board'. There was one red flag due to a centralised cardiotocography (CTG) monitoring system not in place. It was noted this would be located within the main delivery suite so all CTGs could be reviewed at ease. <p>In response to a query from Roy Shubhabrata, Non-Executive Director, Sarah Windfeld said the highest risk was in relation to delays to induction due to capacity issues. It was noted this was a national issue due to increased demand, however the division had developed a plan to mitigate the risk which involved using a different induction method and by using a triage service to improve the flow within the central delivery suite. Sarah further noted that vacancy rates were of concern.</p> <p>Members of the Board received the Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report for assurance.</p>	
13/02/23	Item 13 - Guardian of Safe Working Hours Annual Report	
	<p>Stuart Walker, Chief Medical Officer, presented the Guardian of Safe Working Hours Annual Report and noted the difficulties that the Guardian of Safe Working Hours (GOSWH) had experienced in accessing the information held corporately since the Covid pandemic. He assured the Board that the data was there, and a</p>	

Minute Ref.	Item	Actions
	<p>working group had been set up to establish how this data could be reliably sourced and presented for future reports.</p> <p>Arabel Bailey, Associate Non-Executive Director, thanked Stuart for bringing the report to the Board in its raw form and asked whether access would be given to the right level of data. Stuart responded that the data was there and discussions were ongoing to gain access. For the longer timeline, Stuart noted that the GSWH had recommended a requirement that all departments identify recruitment and rota leads in order to normalise exception reporting across all grades and to collect increasingly detailed data on locum use and to put in place job planning. Emma Wood added that HR would link together with Junior Doctors to work together.</p> <p>Jane Farrell, Interim Chief Operating Officer, thanked Stuart for the report and queried the amount of training time that would be allocated to Junior Doctors. Stuart said the aspiration would be 2.5 hours protected time per week to support development and it was being explored how this could be achieved.</p> <p>Eugine Yafele, CEO, thanked Stuart Walker and the GSWH for the report and asked what support the Board could provide to the role. Stuart confirmed that recommendation one within the report (to identify recruitment and rota leads) would be the first priority and to utilise the extra time for Supporting Professional Activities (SPA).</p> <p>It was suggested that Arabel Bailey could attend the next Junior Doctor Forum to hear about the issues being raised.</p> <p>Stuart Walker noted that the 6-monthly GSWH report was discussed at People Committee meetings and the Annual Report was presented to the Board as a governance requirement.</p> <p>Members of the Board received the Guardian of Safe Working Hours Annual Report for assurance.</p>	
14/02/23	Item 14 - People Committee Chair's Report	
	<p>Marc Griffiths, Non-Executive Director, introduced the Chair's Report from the last meeting held in January 2023 on behalf of the Chair of the People Committee and noted the following updates:</p> <ul style="list-style-type: none"> • The meeting focussed on key areas relating to the People Strategy pillars New Ways of Working and Inclusion and Belonging, with updates on the development of a Just culture within the Trust and discussions on Bullying and Harassment. • A progress report on the Volunteer's Strategy had been received. 	

Minute Ref.	Item	Actions
	<ul style="list-style-type: none"> • The Committee would discuss the Staff Survey Results in March. • The Freedom to Speak Up (F2SU) report had highlighted key themes. • The Chief Finance Officer would bring a detailed budget proposal for leadership development to the March meeting. <p>Jayne Mee, Chair, added that Gill Vickers had become the lead for F2SU and had been out and about in the hospitals to speak to staff.</p> <p>Members of the Board received the People Committee Chair's Report for assurance.</p>	
15/02/23	Item 15 - Finance & Digital Committee Chair's Report <i>including update from the ICB Committee</i>	
	<p>Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee introduced the Chair's Report from the last meeting held in January 2023 and the following updates were provided:</p> <ul style="list-style-type: none"> • The Committee received an update on the digital programme including the initiatives that would be required to meet the NHS England mandated Minimum Digital foundation (MDF). • A draft business case to scan all remaining paper records in the level 10 BRI medical records library was discussed and supported in principle. • The Committee discussed the pace of rollout of digital noting in outpatients. • The in-year financial position had been reviewed and the Trust was on-track to achieve its planned financial outturn of break-even. • The Committee received a presentation on financial planning for 2023/24 and an overview of the draft financial plan for the local system which would be based on achievable goals for long waiting lists and reducing elective waiting times. • The latest ICB Finance Estates and Digital Committees in December had focussed on digital strategy across the system and Pharmacy Optometry and Dentistry commissioning from NHS England. <p>Roy Shubhabrata, Non-Executive Director, recognised that the scanning of paper records was a priority which had been established from a Non-Executive Director site tour, and it was noted the benefits realisation would provide further assurance to the Board. Neil Kemsley, Chief Finance Officer, reported that national funding had been allocated to cover the business case to scan all remaining paper records in the level 10 BRI medical</p>	

Minute Ref.	Item	Actions
	<p>records library and in children's and further information would be reported at the next Committee meeting. Neil added that scanning at Weston General Hospital would be covered by a separate business case.</p> <p>Members of the Board received the Finance and Digital Committee Chair's Report for assurance.</p>	
16/02/23	Item 16 - Trust Finance Report	
	<p>Neil Kemsley, Chief Finance Officer, introduced the report and informed the Board of the Trust's financial performance for the period 1st April 2022 to 31st December 2022 and noted the following updates:</p> <ul style="list-style-type: none"> • The deficit plan was ahead by £2.6m at the time of reporting. • The end of month 10 deficit was around £2.4m which was a further improvement. • Contributing factors in achieving this favourable financial position had included excellent progress from divisional recovery plans; beneficiaries on additional income flows for intensive care and escalated capacity throughout the winter period; and the combined heat and power unit which had mitigated rising energy costs. • It was noted that CIP targets would be delivered in full. • Improvements in the timeliness that suppliers were being paid had increase by 33%. • There had been a reintroduction of invariable payments. <p>Jayne Mee, Chair, noted the significant achievement from Divisional recovery plans.</p> <p>Members of the Board received the Trust Finance Report for assurance.</p>	
17/02/23	Item 17 - Audit Committee Chair's Report	
	<p>Jane Norman, Non-Executive Director and Chair of the Audit Committee introduced the Chair's Report from the last meeting held in January 2023 and noted the following updates:</p> <ul style="list-style-type: none"> • The Committee had considered the Integration Programme Final Report. • The Committee had thanked Jennifer McCall (Director of Audit & Assurance Services, ASW Assurance) at her last meeting of the Audit Committee before her retirement. <p>There were no questions from the Board.</p> <p>Members of the Board received the Audit Committee Chair's Report for assurance.</p>	

Minute Ref.	Item	Actions
18/02/23	Item 18 - Register of Seals – Q3 Update	
	Eric Sanders, Director of Corporate Governance, reported that two sealings had taken place since the last report. There were no questions from the Board. Members of the Board received the quarterly update on the Register of Seals for information.	
19/02/23	Item 19 - Governors' Log of Communications	
	Eric Sanders, Director of Corporate Governance, said there had been one new question raised relating to car parking and five questions on the log had been closed. There were no questions from the Board. Members of the Board received the Governors' Log of Communications for information.	
20/02/23	Item 20 - Any Other Urgent Business	
	There were no further items of business to discuss and the meeting closed at 12.45.	
21/02/23	Item 21 - Date of Next Meeting: Tuesday 18th April 2023	



**Public Trust Board of Directors Meeting on Tuesday, 18 April 2023
Action Log**

Outstanding actions from the meeting held in December 2022					
No.	Minute reference	Detail of action required	Executive Lead	Due Date	Action Update
1.	05/02/23	<u>Matters Arising and Action Log - Community Midwives</u> Deputy Chief Nurse to update the Quality and Outcomes Committee on the provision of Wi-Fi and digital access for community midwives.	Chief Nurse	April 2023	Suggest Action Closed A discussion was held at the Quality and Outcomes Committee in February 2023 and it was agreed for the Committee to monitor the progress.
2.	07/02/23	<u>Acute Provider Collaborative Board Chair's Report</u> Trust Secretariat to organise the sharing of the Digital Convergence Roadmap at the next Finance and Digital Committee.	Director of Corporate Governance	April 2023	Suggest Action Closed The Digital Convergence Roadmap presentation was shared with the Finance and Digital Committee meeting on 10 th March.
Closed actions from the meeting held in February 2023					
No.	Minute reference	Detail of action required	Action for	Due Date	Action Update
1.	09/12/22	<u>Sustainability Strategy and Annual Sustainability Reporting</u> Director of Corporate Governance to organise a Board Seminar session from the sustainability team and include a NED site visit to key sustainability areas.	Director of Corporate Governance	February 2023	Action Closed <u>February update:</u> A session on sustainability had been added to the Board Seminar programme in 2023 and a NED site visit is being organised for March 2023.
2.	11/10/22	<u>Integrated Quality and Performance Report</u> Outcome of deep dive into Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) rates to be reported to the Quality and Outcomes Committee.	Chief Medical Officer	February 2023	Action Closed <u>February Update:</u> Outcome of deep dive reported to the January meeting of the Quality and Outcomes Committee. Further update to be received as part of the quarterly learning from deaths report. <u>December update:</u>

Public Board					Outcome of deep dive reported to the Quality and Outcomes Committee in January 2023.
3.	13/10/22	<p><u>Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report</u></p> <p>Deputy Divisional Director for Maternity and Clinical Director for Maternity to look into community midwives being unable to use the Wi-Fi at GP surgeries and report back if unable to mitigate this.</p>	Chief Nurse & Midwife	December 2022	<p>Action Closed (New action opened)</p> <p><u>February update:</u> All GP sites have been reviewed and requirements discussed with the staff at each. Some additional wired PCs were installed to improve access to IT equipment.</p> <p><u>December update:</u> Sarah Dodds, Deputy Chief Nurse, said the IT team were trying to resolve this and would keep the board updated.</p>

Meeting of the Board of Directors in Public on Tuesday 18 April 2023

Report Title	Chief Executive Report
Report Author	Executive Directors
Executive Lead	Engie Yafele, Chief Executive

1. Report Summary	
To provide an update on key strategic and operational issues affecting the Trust, system and the wider NHS.	
2. Key points to note <i>(Including decisions taken)</i>	
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: <ul style="list-style-type: none"> • National Topics of Interest • Integrated Care System Update • Strategy • Operational Delivery 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: <ul style="list-style-type: none"> • The potential impact of strikes on the availability of services and quality of care delivery. 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Information. The Board are asked to note the report.	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	

Chief Executive's Report

Background

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

National Topics of Interest

Industrial Action

The BMA Junior Dr strike took place from Monday 16th March to Thursday 19th March. To ensure continuity of services and safe patient care some activity (elective and outpatients) was stepped down and consultants acted down to cover the rota gaps. System planning ensured that discharges and support for ED activity was in place. The next strike action organised by the BMA and Hospital Consultants and Specialists Association is scheduled for 92 hours from 11th April. Coinciding the planned action after the Easter bank holidays and in the Easter break will make planning more complex. The Trust continues to consider mitigations to minimise the impact on patients.

The BMA consultative ballot of the consultant workforce has returned an 86% return rate in favour of industrial action. We can expect a new ballot specifically asking members if they will take action in the forthcoming weeks.

A pay offer has been made to the unions who represent Agenda for Change colleagues which will be considered by members. This pauses national strikes which were planned by UNISON, UNITE, GMB, RCN and CSP. We expect an indication of whether this offer is accepted within the next few weeks.

National 3 Year Delivery Plan for Maternity and Neonatal Services

On 30th March the 3 year delivery plan for maternity and neonatal services was published and sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

NHS England has engaged a wide range of stakeholders who supported the development of this plan. This includes women and families who have used or are using maternity and neonatal services, members of the maternity and neonatal workforce, leaders and commissioners of services, NHS systems and regional teams, and representatives from Royal Colleges, charities and other organisations.

There was clear agreement on what the plan's focus should be, so for the next three years, services are asked to concentrate on four themes:

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

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

Integrated Care System Update

ICS Strategy Update

The Integrated Care Partnership strategic framework was published before Christmas and work has been underway in Q4 across all System partners to develop the more detailed content of the strategy. This has been done through a series of focussed 1:1s, broader engagement sessions and the regular Strategic Network meeting, all of which UHBW are well represented on. The focus is now on moving forward on what the System will look to achieve in the medium to longer term and how it will work to achieve it, maximising the opportunities presented by the new ICS structures and ways of operating.

The current work is focussed on framing the challenges we face and very clearly prioritising initiatives to address these challenges. This is contingent on the collective action we can take as a system to address our population needs. There will also be a focus on ensuring that the content development, decision-making and delivery of the strategy is clearly articulating alongside the other existing and emerging structures across the System. The next steps are for a draft strategy document to be shared at the start of April, inviting structured comment and the continued build of the document through a newly established Editorial Group and the Strategic Network. UHBW will be actively contributing through this period, with the aim of a final strategy document being produced at the end of June.

System Discharges

No Criteria to Reside numbers are reducing. The number of patients who longer meet the criteria to reside has continued to fall across the BNSSG acute system. The extra capacity beds across the system are now closed, with some spot purchasing continuing to support Jnr Drs Strike action and agreement at system level to prioritise North Somerset patients at Weston for patients going home requiring support. In addition, bridging support contracted via EP (Emergency Personnel) has been withdrawn which has supported greater numbers of Pathway 1 discharges. We continue to focus within the Trust on maximising community capacity by reducing cancellations, and maximising opportunities for earlier discharges for patients with family support and those who can return home to await therapy-only input from the community.

Healthy Weston 2

The Healthy Weston 2 Phase 1 Full Business Case (FBC), was agreed by the ICB Board on 6th April 23, and is the first part in the operationalisation of Healthy Weston 2, ensuring the people of Weston have access to the urgent and emergency care that meets national standards.

The approved plans focus on further enhancing, transformation and delivery of safe, high-quality and sustainable urgent care services at Weston General Hospital for people of all ages. The planned changes will mean more people are able to receive high-quality treatment and care faster, with shorter stays in hospital supported by closer working across hospital and community-based health and social care teams.

The hospital will continue to provide A&E services from 8am to 10pm.

The plans form part of the ongoing Healthy Weston programme to secure a bright future for Weston General as a thriving hospital at the heart of the community and have been developed by local clinicians and informed by engagement with more 5,000 people.

Strategy and Culture

Dental Hospital Acquisition

Following approval of the business case by Board of Directors on 14 March 2023, we have now successfully secured the strategic acquisition of the Dental Hospital Campus (Dental Hospital building, Welcome building and Dental extension) from the University of Bristol (UoB). This acquisition presents the Trust with opportunities to reconfigure our estate to maximise clinical adjacencies, develop services for the future and reconfigure and rationalise some of our accommodation.

The University will remain in occupation of its existing space until their planned move to their new Temple Quarter development in Autumn 2023, following which they will remain on site longer term in a reduced capacity, delivering a small number of administration and research functions. The combination of this acquisition and the UoB move of undergraduate training, results in a significant amount of space that will be vacated within the Trust owned Chapter House. This will, in turn, create material opportunities for other moves and ultimately the creation of additional clinical space on the BRI campus.

Our Culture

The Chief People Officer met with Eden Charles, Director of People Opportunities, on 10 March to discuss how the Trust might progress its cultural development through the lens of Equality, Diversity and Inclusion (EDI). In July the Board will continue its development with Eden and move practice from 'seeing differently' to 'acting and leading differently.' A supportive programme for SLT with the EDI lens, built upon the Patient first leadership training scheduled for June and July is being prepared, and we will explore how to engage SLT in the design and delivery of a further programme for our wider leadership teams. All programmes will complement our new Leadership, Management and Coaching offer and the focus on leading inclusive empowered cultures. The CEO and CPO are taking an active role in the new Leadership, Management and Coaching offer, opening all courses with a welcome address and an insight into the leadership challenge within the NHS. Since the programmes began in November 2022 over 500 colleagues have commenced their leadership development journey.

Workforce planning and retention

The Chief People Officer and Chief Nursing Officer have led 2 programmes of work to prepare a funded retention plan and a 5-year nurse workforce plan. Executives have agreed a funding envelope of £5 million for 2023/24 (as per the financial plan) to support retention schemes, commence new apprenticeships which would develop colleagues as Nursing Associates (NA) or Registrants (RN), and support the recruitment of Internationally Educated Nurses. This funding will support 141 colleagues to commence their development in the new financial year. The investment will enable the Trust to start offering the 4-year RN Degree Apprenticeship programme for those with T levels. This will provide colleagues development and formal training whilst working through the various unregistered nursing roles; HCSW to NA through to registration. The workforce model proposed intends to grow this offer over the 5 years, not least as it will enable the Trust to conduct its own 'milk rounds' at schools and colleges and provide an entry route into a professional role without the need to attend university. We believe this opportunity would be welcomed by our local communities and young persons. The 23/24 investment plan will see the Trust recruit around 235 Internationally Educated Nurses and the continuation of roles supporting staff who have been the victims of violence and aggression and additional Practice Educators who are so valued by wards.

Operational Delivery

Bristol Clean Air Zone (CAZ) – Temporary Exemptions Update

The temporary exemptions that were put in place for patients and some visitors to our Hospitals in Bristol end on 31 March 2023. This has meant that the CAZ pods are also being removed.

The Trust have managed to negotiate some further temporary exemptions that are available to some patients and visitors but not all.

Long term exemptions will continue for the following groups:

- Regular Outpatient attenders as defined by the NHS parking Guidance for NHS Trusts and NHS Foundation Trusts 2022.
- Up to 2 vehicles belonging to visitors of an inpatient that must be renewed every 7 days for the length of the inpatient stay.

As well as this the council have agreed for a trial period of 3 months exemptions for the following groups.

- People who are eligible for support under the NHS (National Health Service) Healthcare Travel Costs Scheme (HTCS)
- People attending the hospital to receive emergency care at either Adult or Children's Emergency department or BEH (Bristol Eye Hospital) Emergency department.
- People attending hospital to receive treatment for end-of-life care or cancer.
- Patients for whom the Clean Air Zone creates an additional barrier to attending hospital, where the Trust have identified that this creates or adds to safeguarding concerns.

Children's Hospital

Following a sustained period of pressure within the children's emergency department (CED) an improvement programme is underway to address crowding and flow within the Hospital. Key areas of note include:

- Finalisation of a new fit for purpose escalation process
- Successful pilot of the acute respiratory pathway
- Expansion into outpatients for minors pathway to relieve capacity pressures
- Longer term plans to expand ED footprint in advance of winter 23.
- Review of speciality review times and direct admission pathways

This work has been led and developed by the children's team with COO support and aims to capture and deliver short term quick wins alongside longer term productivity improvements.

Complaints

The complaints backlog position continues to improve. On average there are around 100 cases waiting for a call-back from a complaints officer to discuss the complainant's concerns and agree key questions to be investigated. Most complainants will wait for around one month for a call back. This represents a significant improvement on the

position last autumn when we had a backlog of 200 cases, with a longest wait time of two months. There continues to be Executive focus to drive further improvements.

The PSCT and Head of Complaints are receiving support from agency personnel, as well as focussed support from an independent facilitator, and HR. Improvements over the next couple of months are likely to be incremental, with more significant progress anticipated in the summer.

However, in February, 100% of complaints were acknowledged within three working days, so complainants know that their concerns have been received and are 'in the system'.

Recommendation

The Board is asked to note the report.

Eugine Yafele

Chief Executive

Meeting of the Board of Directors in Public on Tuesday 18 April 2023

Report Title	2023-24 Annual Plan Summary
Report Author	Evelyn Elliott, Head of Commissioning and Planning
Executive Lead	Neil Kemsley, Chief Financial Officer

1. Report Summary

This paper summarises the outputs of the Trust annual planning process, and provides an overview of the Trust workforce, finance, activity, and performance plans, following submission to the regulator, NHSE as part of the system submission on the 30 March 2023. The paper also outlines the key risks associated with delivery of the Trust plans.

2. Key points to note

(Including decisions taken)

In response to the requirements of NHS England, the Trust plan includes stretching financial, activity and performance targets. The key risks to the Trust's delivery of these plans include:

- Dependency on system schemes to deliver out of hospital benefits e.g., discharge to assess, virtual wards;
- Delivery of the key financial requirements including the cost savings targets (Trust and system transformation schemes).
- Significant workforce challenges, including recruitment and retention of staff.
- Capability to maintain core elective capacity, underpinned by bed capacity, and urgent care flow.

The Trust has aligned its approach to both planning and the system submission with North Bristol NHS Trust (NBT). The Trust plan also includes the assumed benefits and impacts from various system transformation schemes that have been developed over the last few years to support Home First, urgent and emergency care, and elective work. Ongoing work is being undertaken in partnership with the community part of the system, to support the understanding of the interdependencies between the various improvement programmes.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:

- Dependency on system schemes to deliver out of hospital benefits e.g., discharge to assess, virtual wards;
- Delivery of the key financial requirements including the cost savings targets (Trust and system transformation schemes).
- Significant workforce challenges, including recruitment and retention of staff.
- Capability to maintain core elective capacity, underpinned by bed capacity, and

urgent care flow.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Information. <p>The Board is asked to note:</p> <ol style="list-style-type: none"> The plan that was submitted to the regulator, NHSE as part of the system submission on the 30 March 2023 The risk associated with the delivery of the plans. 	
5. History of the paper Please include details of where paper has previously been received.	
Executive Director Meeting	22 March 2023

2023-24 Annual Plan Summary

1. Introduction

The purpose of the paper is to:

- Conclude the annual plan for 2023-24, both internally and externally as a system;
- Provide an overview of the Trust workforce, finance, activity, and performance plans that were submitted to the regulator, NHSE on 30 March 2023;
- Identify the key risks associated with delivery of the plans and ensure we have processes to monitor and mitigate;

2. Approach taken to developing the operating plan in 2023/24

2.1 Planning approach and principles

In response to the new environment the Trust is operating in, the Trust has made considerable changes to internal business planning processes. 2023/24 is a transition year both as the Trust moves towards the Patient First Operating Model, and also with the introduction of Integrated Care Boards (ICBs) as statutory bodies.

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

It was agreed that planning would be focused around three key inputs:

- Risks underpinning the plan;
- Key workforce issues;
- Resolution of current 'known issues'.

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

The scope of the plan summarised in this document is directly in response to the national planning guidance¹, that requires an integrated workforce, finance and performance plan. It also represents a summary of the provider submission to the system plan. Due to the system approach, the Trust does not have a separate detailed annual planning narrative document. The detailed quality and workforce objectives are contained within the workforce and people strategies and associated delivery plans. Integrated Board reporting across all domains will continue to be provided through the Integrated performance and quality reports (IPQR).

As referenced above this represents a transitional year in strategic and operational planning into Patient First, detailed delivery objectives at a divisional and Trust level will be developed through the first half of 2023/24 connecting directly to our strategy.

¹ <https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>

2.2 Key risks to delivery of the plan

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

- Dependency on system schemes to deliver out of hospital benefits e.g. discharge to assess, virtual wards;
- Delivery of the key financial requirements including the cost savings targets (Trust and system transformation schemes).
- Significant workforce challenges, including recruitment and retention of staff.
- Capability to maintain core elective capacity, underpinned by bed capacity, and urgent care flow.

Further details on the risks to delivery of the plans are articulated in section 8 below.

3. Financial Plan

3.1 BNSSG Integrated Care System (ICS) plan

The Trust's financial plan should be seen in the context of the financial position of the BNSSG system. The key points of the BNSSG plan are:

- A planned net income and expenditure position of break-even;
- An underlying or recurrent system deficit of £98m as at 31 March 2024 compared with £112m as at 31 March 2023;
- Inclusion of non-recurrent elective recovery funding (ERF) of £59m (£42m ICB and £17m Specialised Commissioning) which assumes delivery of 103% of 2019/20 activity levels in value terms;
- Full delivery of the 2023/24 system savings plan of £71m or c3% of which £59m sits in NHS provider organisations; and

The key financial risks at system level are:

- Full delivery of the total system savings at £71m including £14.5m of system-initiated savings.
- Retention of ERF should system elective activity recovery fail to achieve 103% of 2019/20 activity levels in value terms;
- Further cost pressures of c£21m relating to Urgent & Emergency Care (UEC) costs, local authority cross-charges and the non-delivery of identified savings.

3.2 Summary of Trust position

The Trust's 2023/24 Financial Plan is a break-even net income and expenditure position. This includes a Trust savings requirement of £27.1m including system-initiated transformation savings of £7.8m.

3.2.1 Income plan

The Trust's 2023/24 planned income is £1,112.5m. The income plan aligns with the BNSSG system funding allocation. However, the Trust's income from the NHS England Specialised Commissioner is currently c£5m higher than that recognised by Specialised Commissioners. This is mainly due to timing and not contractual or funding disagreement.

Key items to note from the income plan are:

- The application of the net inflation uplift of 1.8% (2.9% gross inflation uplift less the national core efficiency requirement of 1.1%);

- Funding for the Adult ITU Phase 2 expansion at £5.8m is excluded, as funding has not yet been agreed with commissioners.

3.2.2 Expenditure plan

The key drivers of the expenditure plan are:

- The inclusion of £18.2m investments linked to elective activity recovery i.e. virtual wards, demand and capacity schemes and accelerator schemes. Schemes relating to waiting list initiatives/insourcing or outsourcing/use of the independent sector of £8.8m are approved for quarter 1 only and subject to review;
- The continuation of the Trust's escalation capacity of c50beds into 2023/24 at a cost of c£4.0m;
- The application of the net inflation uplift of 1.8% (2.9% gross inflation uplift less the national core efficiency requirement of 1.1%) leaves unfunded inflation above the national inflation uplift of £8.2m. This is due to higher than funded energy inflation and supplier contracts which apply RPI at 14%. This has, in effect, now been funded with additional ICB non-recurrent deficit support funding;
- The recurrent impact of the Healthcare Support Worker Agenda for Change re-banding at £2.5m;
- Full delivery of the Trust's recurring savings requirement of c2% or £19.2m. This includes
 - £ 8.0m National requirement of c1.0%;
 - £ 8.1m Recovery of the 2022/23 recurrent savings delivery shortfall; and
 - £ 3.1m Merger benefits and outpatient transformation/demand management
£19.2m
- Full delivery of the system-initiated transformation schemes. The planned recurrent reduction in the Trust's operating cost base from 1st April 2023 is £7.8m or c1.0% via the following schemes:
 - £ 6.4m Discharge to Assess programme
 - £ 5.5m Frailty and Ageing Well programme
 - £ 1.4m Same Day Emergency Care (SDEC)
 - £ 0.6m Mental Health
 - £(6.1)m Re-investment in improved bed occupancy
£ 7.8m
- Covid related expenditure of £5.5m in 2023/24 match to total planned Covid funding of £5.5m;
- The full retention and utilisation of the Trust's non-recurrent ERF of £24.6m (ICB £13.4m plus Specialised Commissioners £11.2m) as follows:
 - £ 9.4m Continuation of Trust Accelerator schemes;
 - £ 7.5m Continuation of Trust Demand and Capacity schemes;
 - £ 4.2m Continuation of Trust escalation capacity; and
 - £ 3.5m Stroke stranded costs pending system review.
£24.6m
- Nil net income and expenditure impact relating to the stroke transfer to North Bristol NHS Trust in line with the system approved Decision Making Business Case (DMBC) and pending a system-wide review of workforce plans to inform operational service go-live;
- The inclusion of recurrent funding income and costs as per the Healthy Weston 2 Phase 1 Pre-Consultation Business Case (PCBC) at £1.9m;
- The part-year adverse financial impact of the University of Bristol's decision to transfer of dental undergraduate teaching from the Bristol Dental Hospital with effect from 1 September 2023 at £5.0m;
- The exclusion of the revenue expenditure consequences in relation to the Adult ITU Phase 2 expansion pending funding agreement with the Specialised Commissioners and BNSSG ICB.
- The plan does not address the increase in staffing level associated with the Safer Staffing Review with proposed mitigations being addressed through divisional discussions.

3.2.3 Next steps

The Trust's Executive Committee is working through a process for concluding the Annual Planning Process (APP) in relation to the 2023/24 cost pressures and potential investments including:

- Issues that are already factored into the financial plan including: the nursing recruitment and retention plan; the continued absence of the F1 doctors in training at Weston; and, the part-year effect of the loss of undergraduate dental teaching income;
- There are then a number of investments that are subject to external funding (and currently excluded from the Financial Plan) pending a Trust assessment of the deliverability of the workforce recruitment plans. This includes, for example, the Adult ITU expansion with a requirement for an additional 87wte in addition to existing ITU vacancies.

There are a range of issues that are either significant in terms of the risk to be managed, or strategically important to the Trust. These include (but are not limited to): implementing a new acute medical model; safe staffing issues; Patient First infrastructure and digital convergence with NBT. Further progress will be required before it will be possible to determine the scope for funding any of these issues and then, the consideration of which should and can be progressed in 2023/24.

3.3 Trust Savings Plan

The savings targets for divisions and corporate services for 2023/24 has been set based on 1.1% of 2022/23 recurrent budget (excluding pass through costs) at £8.0m and any recurrent unidentified savings carried forward from 2022/23 of £8.1m. The target for each division is summarised below. The Trust and therefore all divisions and corporate services are expected to deliver this target in year. The Trust is also expected to deliver savings of £3.1m in relation to outpatient transformation / demand management and merger benefits and the delivery of system-initiated transformation savings of £7.8m.

There is confidence that the Trust will deliver the Trust-initiated savings target of £19.2m in year, either by recurring or non-recurring means, however, there is further work to be completed to ensure that the intention of delivering the target on a recurrent basis is achieved. The intention is to identify 75% of the savings on a recurring basis by the end of quarter one and 100% on a recurring basis by end of quarter two.

Table 1: UHBW 2023/24 total saving target.

Division	2023/24
	Total £M
Diagnostics & Therapies	2.383
Medicine	2.112
Specialised Services	1.658
Surgery	2.932
Weston	0.510
Women's & Children's	3.787
Estates & Facilities	1.028
Finance	0.245
HR	0.366
Trust Headquarters	0.569
Digital Services	0.574
Corporate	(0.012)
OP Transformation & Demand Management	1.875
UHBW Merger Benefits	1.200
Sub-Total	19.228
System transformation savings requirement	
Discharge to assess (Acute)	6.425
Frailty / Ageing well including virtual wards	5.500
Same Day Emergency Care	1.350
Mental Health	0.625
Other	(0.028)
Re- Investment in Improved Occupancy	(6.050)
Sub-Total	7.822
Grand Total	27.050

3.3 System Capital programme for 2023/24

The 2023/24 BNSSG system capital CDEL (capital departmental expenditure limit) as advised by NHSE is £75.3m. Funding from the national programme sources are excluded, for example, for the Trust, £3m CDEL in relation to the NICU project.

The Trust has worked with the system to agree the split of the CDEL across the system partner organisations in establishing the capital plan. The split of the system capital envelope has been agreed based on providers receiving 80% of their depreciation for non-strategic projects and an allocation for strategic schemes following a system strategic capital prioritisation exercise.

The system 2023/24 capital plan is a consolidation of the ICS partner organisations. The capital plan is compliant with the CDEL of £75.3m as follows:

- £ 3.2m Avon & Wiltshire Mental Health Partnership NHS Trust
- £29.4m North Bristol NHS Trust
- £39.2m UHBW NHS Foundation Trust
- £ 1.5m Sirona Health & Care
- £ 2.0m ICB primary care

3.4 2023/24 Capital Plan

The Trust's CDEL for 2023/24 is £39.2m. The capital plan is compliant with the NHSE advised CDEL but excludes central NHSE program funding in relation to endoscopy, frontline digitisation and diagnostic imaging of potentially £5.4m pending confirmation from NHSE. The Trust's capital plan will be funded by the Trust's own internally generated resources (depreciation, retained cash balances net of loan principal repayments).

The Trust continues to work through the implications of maintaining capital expenditure within the CDEL in 2023/24 and 2024/25 and the potential operational risk associated with this. A broad outline from the draft capital plan is described below. The overriding principle of agreeing what can actually be delivered in 2023/24 whilst concluding the 2022/23 financial year mean these allocations are likely to change:

- £ 14.7m Strategic schemes;
- £ 8.5m Operational schemes;
- £ 3.5m Medical equipment;
- £ 6.5m Information Technology;
- £ 6.0m Estates replacement, fire improvement;
- £ 39.2m Total planned capital expenditure

Further details at scheme level will be included in the final 2023/24 Trust capital plan.

3.5 Commissioning and contracting

3.5.1 Contracting principles

A South West approach has been agreed regarding approach to contracting and approach to operating an aligned payment and incentive (API) contract. The API contract will be based on a set financial baseline based on elective activity for 2019/20 with agreed financial uplifts. Any actual activity above or below this baseline is paid on a variable basis at payment by results (PbR) 2023/24 tariffs, it is expected that this will be funded via system elective services recovery fund (ESRF) allocations.

3.5.2 Commissioning

Commissioning discussions in the current financial environment have been challenging, however the Trust has continued to develop, and commissioners have agreed to fund the following new services:

- Severe Intestinal failure – Investment to develop a South West model;
- Selective Internal Radiotherapy;
- Neonatal retrieve service (to support implementation of a single South West service).

The key outstanding issue with commissioners is the funding of the Adult ITU phase 2 expansion business case. The Trust will be writing to the Commissioners once it is satisfied the additional workforce requirement of c90wte can be delivered alongside a timeline for the phased opening of the additional 11 ITU beds.

4. Workforce plan

4.1 System approach

The BNSSG workforce planners' network has provided oversight in the construction of each organisation's workforce plan ensuring that they are developed consistently and in line with NHSE/I guidance. The Trust's plan was submitted alongside a narrative submission in advance of the final NHSE/I deadline to provide a system wide response.

4.2 Summary of Trust plan

Funded establishment (demand) is planned to increase by 1.2% (137 FTE) in 2023/24. This increase is due to approved 'accelerator programme' developments, agreed investments and cost pressures.

The planned increase in workforce numbers (supply) is 2.5% (291 FTE) by March 2024. This takes account of vacancies that might be filled, as well as temporary staffing requirements and overtime.

Table 2: UHBW 2023/24 funded establishment plan

	Funded Establishment		
	Year End (31-Mar-23)	Year End (31-Mar-24)	Change
	FTE	FTE	FTE
Total Workforce (WTE)	11,861	11,998	137

Table 3: UHBW 2023/24 staff in post plan

	Staff-in- Post		
	Year End (31-Mar-23)	Year End (31-Mar-24)	Change
	FTE	FTE	FTE
Total Workforce (WTE)	11,803	12,094	291
Total Substantive	10,871	11,162	291
Total Bank	681	699	18
Total Agency	251	233	-18

4.3 International recruitment (IR)

Our target for international recruitment for 2023/24 is c230nurses between April and November 2023. This is based on a Trust wide strategic workforce plan that identifies our long-term needs, the resource will then seek to fill the existing vacancies and the requirements arising from workforce schemes on a priority allocation basis.

The Trust has reduced cost per hire considerably by recruiting directly rather than via a third-party supplier. The supernumerary period has also been reduced to enable more rapid transition into band 5 roles. Recruitment to allied health professions (AHP) posts will also continue via IR and for specific medical posts.

Investment has been made in pastoral support roles, training and in accommodation for new IR joiners.

Next steps

- Further interrogation of workforce expansion areas undertaken to identify where posts are already filled and where resourcing activities need to be focused.
- Link in with Resourcing team to align with ongoing recruitment activities and specific campaigns.
- Monitoring of the plan to be managed via the monthly Provider Workforce Returns (PWR) returns to NHSE/I and shared with ICB.

5. Activity Plan

5.1 Summary of system and Trust approach

The Trust has worked collaboratively with system partners to agree consistent planning assumptions for the 2023/24 annual plan. This has been coordinated through the ICS System Planning Groups.

The Trust approach was initiated with a demand-based modelling exercise to inform activity requirements. This model was based on achieving the national ambition of no patients waiting more than 65 weeks by 31st March 2024. Modelling also focussed on ensuring that both cancer and diagnostic waiting times could achieve the national and local ambitions.

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

The initial set of delivery plans has been reviewed and a small number of grouped specialties are being refreshed to ensure that the proposed levels of activity are of a sufficient volume to meet the thresholds set.

The final activity plan was shared with system colleagues on 23rd March 2023 for review and onward submission to NHSE on 30th March 2023.

5.1 Independent sector utilisation

The Trust's review of current independent sector utilisation continues to contribute towards a system wide evaluation of contracted and subcontracted services.

Whilst a number of existing contracts will be extended into 2023/24, the delivery planning process is exploring opportunities to repatriate activity from the independent sector to be delivered by the Trust.

5.2 Approach to productivity

The delivery planning process encourages divisions to consider how productivity improvements could address any modelled gap between capacity and demand.

The Trust undertook demand and capacity analysis using Gooroo Planner. The future requirement to achieve a sustainable waiting list size was compared with both the current 2022/23 baseline, but also the activity delivered in the same period in 2019/20. This has enabled the corporate team to explore with divisions how productivity levels could be restored to 2019/20 levels through check and challenge sessions.

5.2.1 Theatre improvement

The Trust participated in the NHSE funded Four Eyes Insight theatre improvement programme between November 2021 to June 2022. Acknowledging some of the complexities in configuration and management of theatres at UHBW, a further extension of this programme ran between August and November 2022. The Four Eyes Insight theatre improvement programme focussed on ENT, T&O, Ophthalmology and Paediatrics.

The Trust has maintained a weekly theatre improvement delivery group focussing on the key metrics of capped utilisation, average case per list (ACPL) and late starts.

5.2.2 Outpatient programme

The Trust has a well-established outpatient redesign programme. This programme is particularly focussed on the extension of long-term follow-up patient initiated follow ups (PIFU) pathways and the roll out of DrDoctor. The former is anticipated to reduce the levels of demand for follow-up, and the latter will provide a range of benefits including a reduction in DNA rates. This programme is supported by a number of clinical leadership roles.

The scope and allocation of resources to support these areas is currently subject to review including a consideration as to how they relate to the Patient First programme.

5.3 Summary of Trust plan

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

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

Table 4: UHBW 2023/24 indicative activity plan

Point of Delivery	2019/20 Outturn	Adjusted 2019/20 Outturn	2022/23 Forecast Outturn	Elimination of 65 week waits	2023/24 Plan	2023/24 Plan - 2019/20 Adjusted Recurring	2023/24 Plan / 2019/20 Adjusted Recurring
Accident & Emergency	196,014	196,014	195,342	-	195,342	- 672	-0.3%
Bone Marrow Transplants	160	160	139	-	139	- 21	-13.3%
Critical Care Beddays	54,117	54,117	48,426	-	48,426	- 5,691	-10.5%
Day Cases	78,154	76,764	70,583	11,250	81,833	5,069	6.6%
Elective Inpatients	14,279	12,997	11,442	2,600	14,042	1,045	8.0%
Emergency Inpatients	63,231	65,257	58,367	2,338	60,705	- 4,552	-7.0%
Excess Beddays	30,100	30,084	50,925	-	50,925	20,841	69.3%
Non-Elective Inpatients	20,851	20,832	20,692	554	21,245	413	2.0%
Other	3,233,227	3,212,114	3,097,049	-	3,097,049	- 115,065	-3.6%
Outpatients	913,228	940,634	883,518	87,284	970,802	30,168	3.2%

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

6 Performance

6.1 Impact of national guidance and system approach

The Trust is still working towards delivering the NHS constitutional standards, although national guidance for 2023/24 has introduced a number of additional targets to support the pace of recovery during the year (such as eliminating patients waiting longer than 65 weeks on an incomplete referral to treatment pathway).

6.2 Summary of performance targets and objectives

The table below shows the national constitutional standards and Trust objectives for 2023/24:

Table 5: 2023/24 national constitutional standards

National standard	Target	2019/20	2020/21	2021/22	2022/23
A&E maximum wait of four hours	95%	80.4%	80.1%	66.8%	60.3%
A&E Time to initial assessment (minutes) percentage within 15 minutes	95%	97.2%	81.1%	83.5%	79.0%
A&E Time to Treatment (minutes) percentage within 60 minutes	50%	50.2%	68.0%	48.3%	44.6%
A&E Unplanned re-attendance within seven days	<5%	3.6%	4.5%	2.9%	3.1%
A&E Left without being seen	<5%	1.6%	1.0%	3.0%	3.3%
Cancer – Two-week wait (urgent GP referral)	93%	93.4%	81.9%	82.4%	50.0%
Cancer – 31-day Diagnosis To Treatment (first treatment)	96%	95.8%	95.1%	93.4%	93.1%
Cancer – 31-day Diagnosis To Treatment (subsequent surgery)	94%	92.5%	84.1%	85.1%	84.7%
Cancer – 31-day Diagnosis To Treatment (subsequent drug therapy)	98%	98.6%	99.4%	99.3%	98.9%
Cancer – 62-day Referral To Treatment (urgent GP referral)	85%	85.5%	78.7%	76.0%	59.6%
Cancer – 62-day Referral To Treatment (screenings)	90%	71.1%	57.1%	50.3%	50.7%
Cancer – 62-day Referral To Treatment (upgrades)	85%	86.6%	86.8%	85.1%	81.8%
18-week Referral to Treatment Time (RTT) incomplete pathways	92%	83.2%	61.7%	59.2%	54.3%
Six-week diagnostic wait	99%	95.2%	65.2%	61.0%	72.1%

Key priorities for the year also include:

- By March 2024, elimination of any waits greater than 65 weeks for patients on an RTT pathway;
- By March 2024, no more than 160 patients on a cancer pathway waiting longer than 62 days.
- By March 2024, no more than 15% of patients waiting longer than 6 weeks for a diagnostic test;

The Trust's plan confirms the ambition to eliminate any waits of greater than 65 weeks for patients on an RTT pathway and to reduce the number of patients on a cancer pathway longer than 62 days to no more than 160 patients by end of March 2024.

The plan does acknowledge the challenge associated with achieving the target of no more than 15% of patients waiting longer than 6 weeks for a diagnostic test (forecast position included in the plan is 17.9%

waiting 6 weeks or more). Achievement of the 15% target is largely predicated on the formal introduction of Community Diagnostic Centres, the impact of which would have a material impact on the plan and result in an updated forecast of 15%.

7 System transformation schemes

The system has focused funding on transformational schemes as an enabler to deliver the performance requirements and to meet the requirements of the NHS Long Term Plan.

One of the key challenges has been the system prioritisation of the schemes against limited financial sources, and the work to understand the expected impact/benefits, and deliverability, in addition to the interdependencies of the various schemes led by different providers and system groups.

7.1 Children's planning

The children's operational delivery group agreed clear system priorities and prioritised bids to allocate funding. The Trust has received confirmation of funding for the following schemes:

- Children's ED minors stream (Carousel);
- General paediatrics enhanced advice and guidance model to include development of paediatric locality hubs across BNSSG.

In addition, bids for national NHSE bids for children have been successful for:

- 'System clinical, management and leadership' and the NHSE children and young people programme. The key elements for the Trust are:
 - Clinical leadership improving care for children with asthma in BNSSG;
 - Leadership for transformation projects, details of how this will be spent are to be confirmed with system colleagues;
 - Continuation of children with excessive weight pilot.
- Paediatric end of life (subject to further match funding from BNSSG which has been agreed).

7.2 Adult system transformation schemes

Various system transformation schemes have been developed over the last few years to support Home First, urgent and emergency care, and elective work. These include:

- Discharge to assess
- Virtual wards
- Same day emergency care models (SDEC)
- Reconfiguration of Stroke services
- Healthy Weston
- Community diagnostic centres

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

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

We have summarised some of the key risks and challenges for the Trust in 2022/23 below:

8.1 Financial

The key financial risks for the Trust in 2023/24 are as follows:

- Risks relating to the Trust's current and future investment decisions.
Any outstanding investment decisions will need to be made in the context of the requirement to produce a three to five year long term financial plan and an associated financial recovery plan that reduces the Trust's recurrent deficit over an acceptable period of time. The likelihood of not securing further funding over and above that included in the Financial Plan can be assessed as very high.
- Risk of significant workforce gaps
This risk presents a very high risk to the Financial Plan because of the failure to retain and recruit the required workforce associated with the requirement to significantly step-up elective recovery whilst managing increasing emergency demand.
- Risk of not delivering the savings requirement on a recurrent basis
This includes the conversion of non-recurring savings to recurring schemes. Given the scale of the identified recurring savings at c31%. Therefore, this risk can be assessed as very high.
- Risk that planned activity is not delivered resulting in a failure to retain ERF
The delivery of a stepped increase in planned activity levels by c16% for day case activity and c23% for elective inpatient activity in volume terms compared with 2022/23 levels in order to achieve 103% of 2019/20 activity levels in value terms, is essential in ensuring the Trust can retain the ERF of £24.6m and fund the costs of enabling elective recovery described in section 4.2. Given the very high risk in relation to workforce and the demands of emergency activity and flow and the Trust's dependency upon system-wide initiatives, this risk is assessed as very high.
- Risk of managing inflationary cost pressures
This includes inflation and other local/national pressures and excess inflation beyond funded inflation at 2.9% is assessed at £8.2m. Whilst this excess inflation has now been covered non-recurrently via additional ICB deficit support funding, the global economic position and uncertainty surrounding the supply of workforce, clinical products and energy means that this risk of inflation exceeding this assessment is high.
- Strategic Financial Risks
The current scale of reduction in the Trust's CDEL in 2023/24 and 2024/25 of c30% and c50% respectively compared with 2022/23 plus the scale of the Trust's recurrent deficit, means that significant risks to the Trust's strategic ambitions are now present. Further work is required to develop the mitigating strategies whilst acknowledging strategic capital prioritisation should be informed the BNSSG ICS Joint Clinical Strategy which is due for publication in the Spring.

8.2 Operational

The suppressed volume of emergency inpatients remains a risk to the delivery of the operating plan and is dependent upon demand management interventions curtailing additional non elective growth that could restrict the level of planned elective activity under the recovery programme.

Divisional delivery plans will need further refinement and divisions will require ongoing support to monitor progress towards the levels of activity agreed.

Other risks include:

- Insufficient beds for elective inpatients;
- Referral / non-admitted backlogs;
- 65ww patients who are low clinical priority but high complexity;
- Delivery of system schemes relating to Home First and Urgent Elective Care;
- Future Industrial Action;
- Workforce challenges.

8.3 Workforce

The key workforce risks for the Trust in 2023/24 include:

- **Recruitment: Hard to fill gaps.** There are ongoing challenges with specific shortage roles and particular areas. These are being addressed through a combination of approaches seeking to mitigate those risk areas including:
 - International recruitment and joint system campaigns and consideration of joint-appointed roles (eg Radiographer and Sonographer roles);
 - Consideration of new and advanced roles (eg ACPs, PA's instead of middle grade Doctors in ED);
 - Regular large scale high-profile local recruitment events to fill health care support worker, and admin and clerical roles
 - Increasing 'grow our own' approach in shortage occupations (eg, TNA's and RNDA's with nursing workforce) – although this will take 2-3 years before starting to impact.
- **Recruitment: Internationally Educated Nurse (IEN) recruitment**
 - There are clearly risks around the scale of ambition in the recruitment of 230 IENs this year, both in achieving the numbers planned and in managing their onboarding to the organisation.
 - The 230 nurse recruitment this year is part of a long term 5-year plan that seeks to shift reliance over time from International recruitment to 'grown your own approach'. As such, this is the last year we expect to recruit at that level.
 - We are now directly accessing new IEN locations i.e. India and Caribbean, which provide a good level of resource; and the supporting resource and infrastructure (pastoral care, education, career development) is in place to manage this effectively.
- **Retention:**
 - As our turnover is at the lower end of the system's range and comparable to national benchmarks at around 15.0%, we have set a realistic target of 15.0% to maintain our position. We have an improving Registered and Unregistered Nursing position but very challenging situation with Admin and Clerical at around 16% and AHPs at 18.4% turnover.
 - Retention remains a risk that may threaten our overall net vacancy position despite robust recruitment plans.
 - There is a specific focus on retention at both Trust-wide and divisional level, with it being set as a corporate priority under the Patient First programme. There is a retention working group and strategy in place as part of our UHBW People Strategy.
- **Bank and Agency Usage:**
 - Agency usage has reduced significantly since a peak in July 2022 but remains a workforce risk. Our KPIs are targeting a reduction in agency use of 0.5% and increase in bank use of 0.5%.

- There are multiple actions underway through a UHBW Task and Finish group led by our Deputy Chief Nurse, on the themes of data analysis to understand hotspots, improving agency controls, and improving bank worker experience. We are also collaborating as a system to consider incentives to improve bank uptake and driving out agency usage.

9 Annual plan next steps and recommendations

The next steps for the annual planning process include:

- Continued working with system partners, to agree the impact and interdependencies of the various improvement programmes;
- Agreeing divisional delivery plans
- Conclusion the outstanding commissioning issue, Adult ITU phase 2
- Continued work to understand the strategic and operational implications of the significant CDEL reductions facing the Trust over the next two financial years.
- Identification of the Trust saving programme on a recurring basis.



Meeting of the Trust Board of Directors in public – 29 March 2023

Reporting Committee	Quality and Outcomes Committee
Chaired By	Sue Balcombe, Non-Executive Director
Executive Lead	Jane Farrell, Interim Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Chef Medical Officer

For Information

Elective Recovery - the committee noted that the Ophthalmic Diagnostics hub is now open which will positively impact on the waiting times. Good progress continues with achieving trajectories for 104 and 78 weeks with diagnostic performance also improving in February. The impact of Junior Dr industrial action on cancer waiting times was noted.

Urgent and Emergency Care – the committee noted the continued challenge with ambulance handovers although the number of 12hour trolley waits improved. Lower attendance in ED but a higher acuity of patient need was noted. Schemes such as rapid patient reviews and triage to Same Day Emergency Care units continue to have a positive effect.

Safer Staffing – the committee noted a continued improvement in Band 5 vacancy rates and turnover coupled with a noted deterioration in reported red flag incidents. The impact and response to the recent nursing industrial action was also discussed.

Complaints and Patient Experience - the committee received the quarterly complaints report and noted a significant increase in the number of complaints received. Concerns regarding cancelled and delayed appointments is particularly evident within the surgical division. The backlog remains but is improving. The Patient Experience Report highlighted the continued improvement in reported patient experience at Weston hospital. It was noted that the poor experience in terms of waiting times for Childrens ED was unsurprisingly being reflected in lower patient experience scores. The group discussed the move to text reminders and more online responses and the benefits/risks this poses. The Patient Experience Hub continues to be rolled out.

Maternity Services – the committee noted that the Trust declared compliance with CNST standards and Saving Babies Lives audits. The department is continuing to prepare for the forthcoming CQC visit by undertaking self-assessments.

Key Decisions and Actions

The committee approved **The Health Equity Delivery Plan** for 2023/24 to 24/25 noting that a new multidisciplinary Health Equity Delivery Group has been set up to oversee the delivery of the plan. Objectives include improved access and



experience by removing barriers, embedding a focus on health equity and further development of EDI data and intelligence.

The committee received the latest composite **CQC Action Plan** and supported the recommendation that 19 further actions should be considered closed leaving 8 actions outstanding. The committee noted the Internal Audit review of the Trust Action Plan relating to the residual actions and the high level of assurance provided.

Date of next meeting:	25th April 2023
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Meeting of the Board of Directors in Public on Tuesday 18 April 2023

Report Title	Performance Report
Report Author	David Markwick, Director of Performance Philip Kiely/Lucy Parsons, Deputy Chief Operating Officers James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Associate Director of Patient Safety/Deputy Head of Quality (Patient Safety) Guy Dickson, Associate Director HR Operations Jeremy Spearing, Director of Operational Finance
Executive Lead	Overview and Access – Jane Farrell, Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse and Midwife/Stuart Walker, Chief Medical Officer Workforce – Emma Wood, Chief People Officer Finance – Neil Kemsley, Chief Financial Officer

1. Report Summary
<p>To provide an overview of the Trust's performance on quality, access and workforce standards.</p> <p>Two reports have been submitted: 1) "Leadership Priorities and Oversight Framework". This report provides a monthly update of the key performance metrics for 2022/23 and the Trust Leadership priorities. 2) Integrated Quality and Performance Report (IQPR) which contains a more detailed set of metrics.</p>
2. Key points to note <i>(Including decisions taken)</i>
As per the Executive Summary.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
None
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Performance Report

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 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.

PRIORITY	CORPORATE OBJECTIVE	Page
Quality and Safety	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways	10
Our People	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.	16
Timely Care	Reduce ambulance handover delays. Eliminate the number of patients waiting over 78, 104 week waits and cancer delays. Outpatient follow-up activity levels compared with 2019/20 baseline. Increase specialist surgery activity.	22
Financial Performance	Divisional performance v budget (or agreed control total if different). Identify and implement recurring CIP delivery v 22/23 target. ESRF related activity (value) v 19/20 baseline.	36

EXECUTIVE SUMMARY

Quality and Safety

Recent Venous Thromboembolism (VTE) risk assessment compliance remains relatively static at 84.5% (excludes Weston due to data feed issues). VTE Risk Assessment compliance remains below expected levels. As part of preparation for the implementation of the Careflow Medicines Management (CMM) electronic prescribing system, options for electronic VTE risk assessment are being reviewed.

There were six hospital onset hospital acquired cases of Clostridium Difficile and two cases of community onset hospital acquired in the month of February 2023. There have been 75 Hospital onset cases and 94 healthcare associated cases year 2022/23 to date. There has been one Trust apportioned MRSA and two community onset community acquired cases in February 2023. There has been seven Trust apportioned MRSA cases bacteraemia in UBHW reported in the year-to-date 2022/2023.

The Summary Hospital Mortality Indicator for UHBW for the 12 months November 2021 to October 2022 was 98.6 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.

Our People

The Trust's vacancy position has reduced again and has met the overall target. In addition, there has been a further reduction in the Registered Nursing and Midwifery vacancy rate so that it is now close to target. This reflects the continued healthy pipeline of Internationally Educated Nurses (IENs) now joining the Trust and gradually moving into the registered workforce. Although Unregistered Nursing vacancy rate has reduced by 1.3% since January, it remains high at 18.1%. The improvement reflects both the successful Health Care Support Worker (HCSW) rebanding process and the continued high volume recruitment work, with 83 offers being made on the day at the HCSW recruitment event on 15th February 2023.

Turnover overall has again reduced and now is below target. All areas have met or are close to this year's target, with the exception of Allied Health Professionals which remains significantly above target. Whilst Registered Nursing turnover is reduced again and now close to target at 14.1%, Band 5 Nursing turnover remains a hotspot at 16.5% albeit having reduced since September 2022 when it was 18.1%. A new category is being reported from this month: Admin and Clerical. It has reduced to 15.8%, but is still above the target of 15.0%.

Sickness absence has decreased across all staff groups following the seasonal variation of the last couple of months and is now below target in all areas. Appraisal completion rates have increased to 75.7% from 72.1% and so are closing in on this year's interim target of 77%. Agency usage has reduced to 1.9%.

EXECUTIVE SUMMARY (continued)

Timely Care

At the end of February 2023, there were no patients waiting over 104+ weeks, compared to 349 at the end of April 2022. The Trust will now be able to sustain this position going forward.

At the end of February 2023, there were 471 patients over 78 weeks against a trajectory for improvement of 557. This was a reduction from the end of January 2023 where 678 patients had been waiting over 78 weeks. The Trust is currently predicting 175 patients waiting 78+ weeks at the end of March which includes 42 Cornea graft Ophthalmology patients where there is a national supply issue. Overall, there were 46 cancellations associated with strikes in March which caused a deterioration in the end of March position from what was reported last month. Plans are being developed with the Divisions to improve performance towards the ambition of eliminating 65+ week waits during the next financial year, 2023/24.

There has been improvement in the number of patients waiting over 62 days on a cancer pathway. There has been a week to week reduction in this backlog towards our Cancer Alliance defined baseline of 180 patients by the end of March 2023. At the end of February 2023, the Trust reported 255 patients over 62 days, compared to 290 at the end of January 2023. Cancer performance standards – both ongoing and statutory – are being negatively affected by backlogs in three high volume specialities; skin, gynaecology and colorectal. All three suffered very high staff absence in June and July due to Covid, coupled with increased demand. This caused backlogs which are challenging to clear in light of national staffing shortages in these areas, underlying vacancies, and in some cases ongoing demand well above expected levels.

There were 427 patients who had a Trolley wait in excess of 12 hours in February in the Emergency Department (ED) which is an improvement from the 1006 reported in January. 80% of ambulance handovers were in excess of 15 minutes, compared to 83% in January. A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including expansion of Same Day Emergency Care (SDEC) provision.

EXECUTIVE SUMMARY (continued)

Financial Performance

At the end of January there is a net I&E deficit of £494k against a planned deficit of £10,183k (excluding technical items). Total operating income is £42,997k favourable to plan due to higher than planned income from activities of £43,771k, offset by lower than planned other operating income of £774k. Operating expenses are £42,413k adverse to plan primarily due to higher pay expenditure (£29,794k adverse), offset by lower than planned depreciation expenditure of £1,953k. Other non-pay expenditure is £14,572k higher than plan.

The key issues underlying the financial position and the risk that the financial plan will not be achieved are: 1) Recurrent savings delivery below plan – Trust-led CIP delivery is £14,354k or 104% of plan. Full year forecast delivery is £15,794k or 106% of plan of which recurrent savings are £8,058k, 54% of plan. The shortfall in recurrent savings will be incorporated in the 2034/24 financial plan in addition to the 2023/24 target. 2) Pay costs higher than plan – pay expenditure must be maintained within divisional and corporate forecasts. 3) Forecast overspend against divisional budgets and achievement of divisional control totals – divisional forecasts continue to be monitored monthly and recovery plans have been implemented where overspends are not acceptable.

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

DOMAINS: “Quality and Safety” “Our People”

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	6	8	12	13	7	9	6	13	7	5	8	
	Trajectory	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	0	0	0	0	0	1	0	1	1	2	1	
	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	Risk: 720	Actual	81.3%	81.9%	82.4%	82.5%	83.7%	83.5%	84.0%	84.9%	81.3%	85.3%	84.5%	
	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	2.0%	2.1%	2.3%	2.6%	2.3%	2.2%	1.9%	2.0%	1.9%	2.0%	1.9%	
	Trajectory	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Workforce: Turnover	Risk: 2694	Actual	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	15.1%	14.8%	14.7%	
	Trajectory	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Workforce: Staff Sickness		Actual	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.5%	6.2%	4.7%	4.5%	
	Trajectory	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
Workforce: Staff Vacancy	Risk: 737	Actual	5.7%	8.0%	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%	6.8%	6.7%	
	Trajectory	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%

		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Summary Hospital Level Mortality Indicator (SHMI)	Actual	99.3	100.5	99.3	98.8	100.0	100.5	100.2	99.1	99.3	97.5	98.4	
	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

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

DOMAIN: Timely Care

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referral To Treatment 78+ Weeks	Risk: 801	Actual	944	975	926	813	756	743	763	755	877	678	471	
		Trajectory	944	961	1,050	1,002	1,066	1,025	770	717	663	610	557	497
Referral To Treatment 104+ Weeks	Risk: 801	Actual	349	293	236	131	97	58	39	33	26	8	0	
		Trajectory	336	281	197	182	167	138	109	87	72	50	33	29
Cancer 62+ Days	Risk: 801	Actual	179	232	237	261	416	399	381	337	326	290	255	
		Trajectory	180	180	180	180	180	180	450	450	400	300	250	180
Cancer Treated Within 62 Days	Risk: 801	Actual	68.1%	71.3%	61.8%	69.4%	52.2%	64.9%	48.2%	46.4%	54.0%	43.1%		
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	57.9%	60.1%	61.2%	63.5%	62.2%	64.5%	65.3%	68.5%	65.8%	65.9%	72.1%	
		Trajectory	58%	60%	62%	63%	65%	66%	68%	70%	71%	72%	73%	75%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	1,633	1,655	1,496	1,359	1,240	1,554	1,345	1,032	973	853	665	
		Trajectory	1,654	1,676	1,474	1,304	1,174	1,076	901	802	743	676	613	500
Emergency Department: 12 Hour Trolley Waits	Risks: 910 and 4700	Actual	809	579	576	878	758	717	941	862	1,217	1,006	427	
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Department: Handovers Over 15 Minutes	Risks: 910 and 4700	Actual	80.5%	76.0%	74.4%	82.3%	80.8%	79.4%	82.3%	81.6%	87.7%	82.7%	79.7%	
		Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	22.4%	20.0%	20.6%	19.7%	21.6%	20.9%	22.3%	19.6%	21.8%	19.9%	20.7%	
		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	11.2%	14.5%	16.9%	21.8%	24.7%	24.8%	21.6%	22.0%	16.6%	22.6%	22.9%	
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	147	197	182	196	214	212	228	205	196	175	174	
		Trajectory												

As at 16 Mar 2023

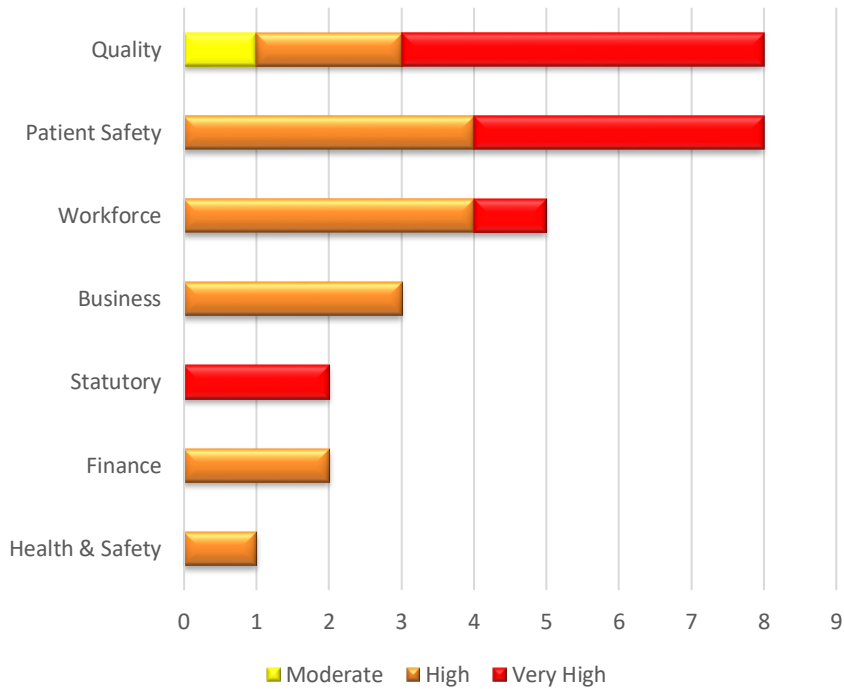
CORPORATE RISKS

ID	Corporate Risks Timeline	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Mar 2023	Move ment	Target
801	Risk that the requirements of the NHS System Oversight Framework 2021/22 are not met	20	20	20	20	20	↔	8
423	Risk that demand for inpatient admission exceeds available bed capacity	20	20	20	20	20	↔	8
2244	Risk that long waits for Outpatient follow-up appointments results in harm to patients	20	20	20	20	20	↔	4
910	Risk that patients in ED do not receive timely and effective care	20	20	20	20	16	↓	6
972	Risk that the Trust is non-compliant with Fire Safety Regulations	16	16	16	16	16	↔	4
1035	Risk that operations are cancelled and performance targets breached	16	16	16	16	16	↔	4
2264	Risk that delays in commencing induction of labour increases perinatal morbidity and mortality	16	16	16	16	16	↔	4
5477	Risk that nurse staffing levels will not be met	20	20	20	15	15	↔	6
4700	Risk that a patient may deteriorate whilst being held in the ambulance bay	15	15	15	15	15	↔	3
856	Risk that the emotional & mental health needs of children and young people are not fully met	15	15	15	15	15	↔	8
588	Risk that patient deterioration is not identified and responded to	12	12	15	15	15	↔	5
1595	Risk that patients suffering from mental health disorders are in Adult ED for prolonged periods	16	20	20	20	12	↓	8
422	Risk that patients and staff experience violent or aggressive behaviour	12	12	12	12	12	↔	6
674	Risk that use of agencies who are non-compliant with national pricing caps does not reduce	12	12	12	12	12	↔	4
793	Risk that staff experience work-related stress	12	12	12	12	12	↔	9
2639	Risk that staff are not fully compliant with their appraisal requirements	12	12	12	12	12	↔	6
1598	Risk that patients suffer harm or injury from preventable falls	12	12	12	12	12	↔	8
2614	Risk that patient care and experience is affected due to being cared for in extra capacity	10	10	12	10	10	↔	4
6502	Risk that Industrial action will impact on the ability to maintain patient safety				10	10	↔	5
800	Risk that Trust operations are negatively impacted by (COVID-19) pandemic	15	15	9	9	9	↔	9
4651	Risk that Covid -19 is transmitted between patients and staff within the Trust	20	20	12	9	9	↔	9
921	Risk that staff are not fully compliant with their Essential Training	12	12	12	9	9	↔	6
2695	Risk that the Trust fails to establish and maintain robust governance processes	6	9	9	9	9	↔	6
3369	Risk that the UoB relationship will impact the quality of the teaching environment	12	12	12	8	8	↔	4
291	Risk that critical IT equipment fails and cannot be restored	8	8	8	8	8	↔	4
720	Risk that VTE risk assessments are not completed	8	8	8	8	8	↔	4
6145	Risk that the new national guidance on HCSW duties will impact the quality of care delivered				12	6	↓	6

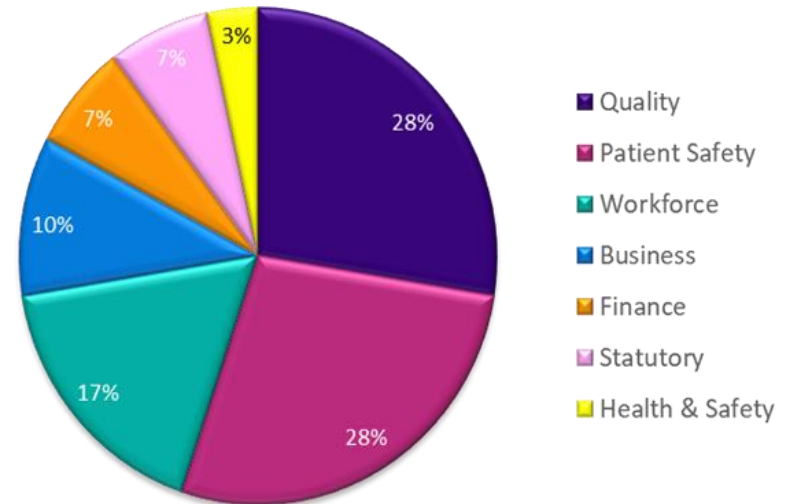
As at 16 Mar 2023

CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain

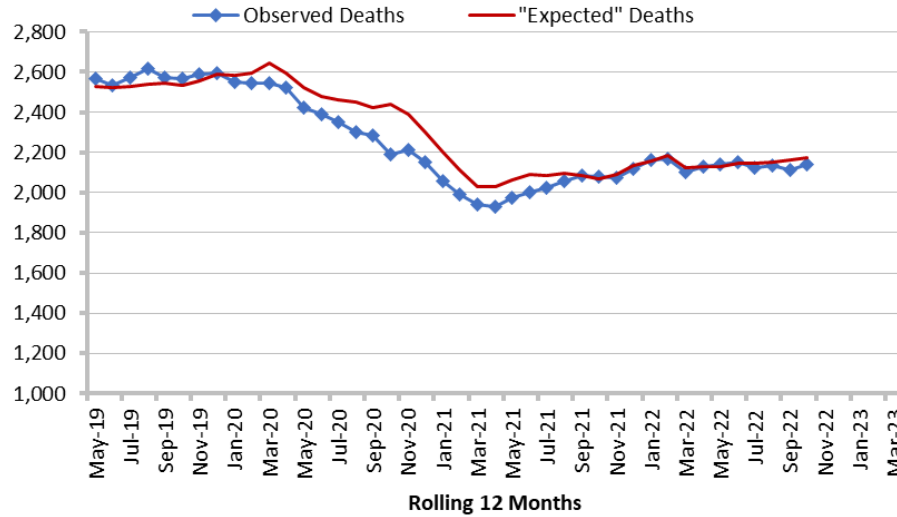


STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided 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 November 2021 to October 2022 was 98.4 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:	tbc	

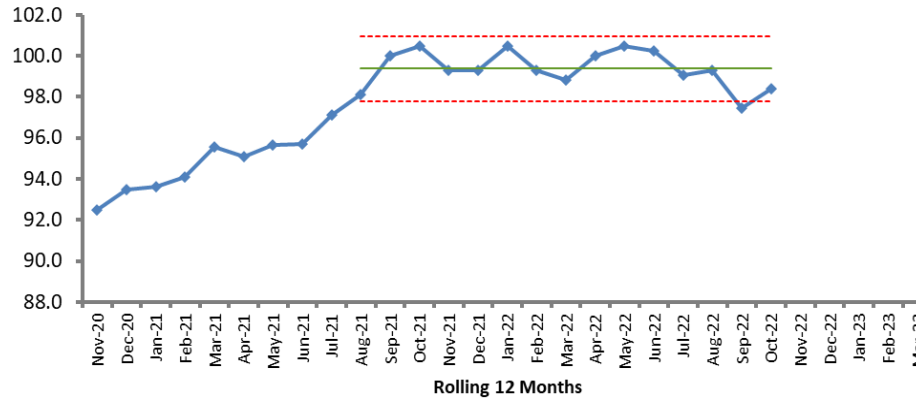
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3
Sep-22	2,110	2,165	97.5
Oct-22	2,140	2,175	98.4

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

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data

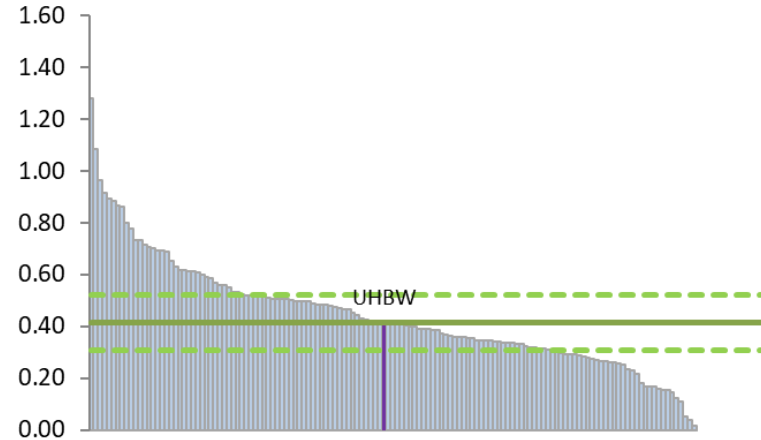


STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
<p>Background:</p>	<p>For this section there are two infections reported: C.difficile and methicillin-resistant Staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care:</p> <ol style="list-style-type: none"> 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. <p>For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The limit of Clostridium Difficile cases for 2022/2023 as set by NHS England is 89. This limit will give a trajectory of approximately 7.4 cases a month. For MRSA the expectation is to have zero cases.</p>
<p>Performance:</p>	<p>There have been six Trust HOHA and two COHA C.Difficile cases reported in February 2023. The reported Year To Date (YTD) in 2022/23 is 75 Hospital Onset cases and 94 Hospital Attributable cases. There was one trust-apportioned MRSA case in February 2023. Therefore six trust apportioned cases in 2022/23 YTD.</p>
<p>National Data:</p>	<p>See next page.</p>
<p>Actions:</p>	<p>C.Difficile</p> <ul style="list-style-type: none"> • The collaboration continues with regional NHS England colleagues focused on quality improvement. Separately the system are leading shared learning across provider organisations from the Trust post reviews infection reviews. A gap remains with community onset cases to identify if specific learning points can be achieved if a patient has received ongoing care delivered by primary care services. It has been agreed to start with a single patient review, sharing resource from the system and providers. • Ongoing Trust sluice auditing of cleanliness standards including commodes continues with recurrent themes being addressed around cleaning, Actichlor (a chlorine disinfectant) use and information as well as the not using of 'I am clean' tape. • A summary of learning from the information gleaned from post infection reviews will be prepared by the Infection Prevention and Control (IPC) team. The opportunities to identify likely causation are often limited even if small gaps in care, such as appropriate stool sampling, have been identified. <p>MRSA</p> <ul style="list-style-type: none"> • The vascular access group continue to focus on cross divisional learning with increasing momentum building with Aseptic Non Touch Technique (ANTT) auditing of clinical practice for line care. • An exercise in medical Same Day Emergency Care (SDEC) has seen intensive cannula and ANNT training delivered by a company with a product trial. The effect has seen improved clinical practice in cannula care. The project has now completed, and feedback will be provided summarising any gaps identified in clinical practice. • The MRSA screening guidance for the Trust has been updated and refreshed with Weston Hospital now aligning to the Bristol based sites.
<p>Risks:</p>	<p>800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust</p>

C.Difficile

	Feb-23		2022/2023		2021/2022	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	3	0	22	4	31	1
Specialised Services	2	0	7	1	12	4
Surgery	0	0	11	1	13	0
Weston	0	2	26	6	14	5
Women's and Children's	0	0	8	3	12	0
Other	1	0	1	4	0	3
UHBW TOTAL	6	2	75	19	82	13

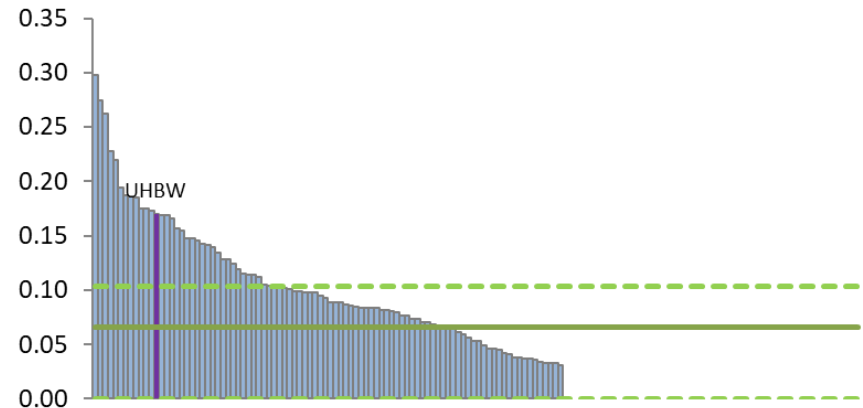
Benchmarking - C.Diff Rate Per 1000 Beddays - February 2022 to January 2023



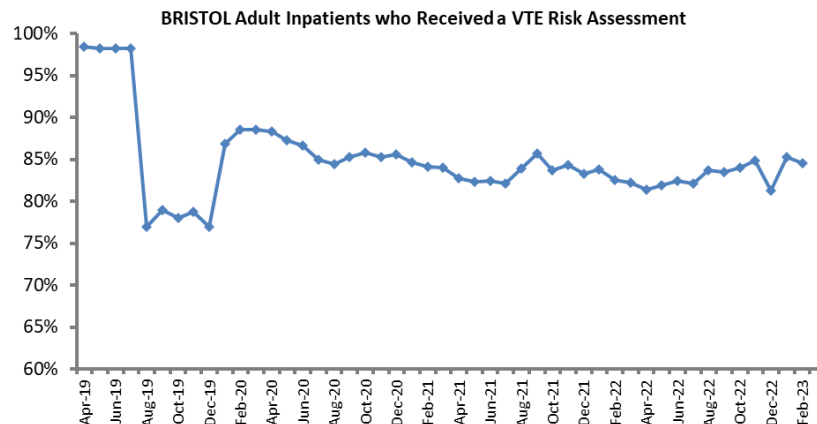
MRSA

	Feb-23	2022/2023	2021/2022
Medicine	0	1	6
Specialised Services	0	1	0
Surgery	1	2	0
Weston	0	0	0
Women's and Children's	0	2	1
Other	0	0	0
UHBW TOTAL	1	6	7

Benchmarking - MRSA Cases Per 1000 Beddays - February 2022 to January 2023



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:	Recent VTE risk assessment compliance is 84.5% (excluding Weston due to data feed issues). Diagnostics and Therapies continues to be 100% compliant, whilst all other divisions have remained fairly stable but seen a slight reduction in compliance of between 0.6% and 1.5%.	
Actions:	<ul style="list-style-type: none"> VTE Risk Assessment compliance remains below expected levels. As part of preparation for the implementation of the Careflow Medicines Management (CMM) electronic prescribing system, options for electronic VTE risk assessment are being reviewed. VTE lead remains vacant; plans to re-advertise. VTE metric data requires review, agreement and sign off in order to align UHBW VTE compliance data. Ongoing discussions with digital services regarding Careflow Medicines Management (CMM) system and the correlation with VTE Risk Assessments to support improved compliance (and safe practice) continues. Options appraisal for VTE processes within CMM will be presented to CMM Board for decision on how to progress. Patient Safety Improvement Team undertook a Thematic Analysis of historical Hospital Acquired VTE. Report submitted and accepted at February Patient Safety Group Meeting. All historical (April 21 – October 22) open Datix forms to be closed. Thematic Analysis to be uploaded as evidence. Themes identified to inform education and improvements for VTE Prevention going forward. There is a requirement for the Trust VTE metric data (logic for the 'not at-risk cohort') to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. Meeting with previous VTE Lead to review what is required; action from meeting is to set up a working group to look at Day Case exclusions/defining a set of rules (cohort approach) for both sites. 	
Risks:	720: Risk that VTE risk assessments are not completed	

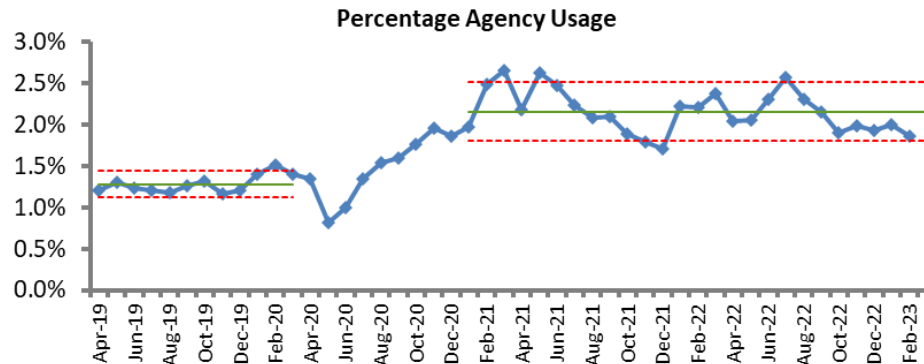


Reporting Month: February 2023

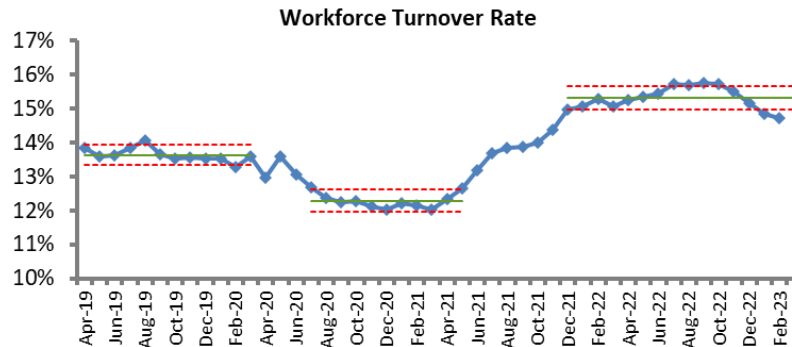
STANDARD QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	23	23	100.0%
Diagnostics and Therapies Total		23	23	100.0%
Medicine	Medicine	1,912	2,536	75.4%
Medicine Total		1,912	2,536	75.4%
Specialised Services	BHOC	2,224	2,287	97.2%
	Cardiac	377	563	67.0%
Specialised Services Total		2,601	2,850	91.3%
Surgery	Anaesthetics	23	23	100.0%
	Dental Services	90	120	75.0%
	ENT & Thoracics	246	355	69.3%
	GI Surgery	1,049	1,234	85.0%
	Ophthalmology	302	306	98.7%
	Trauma & Orthopaedics	130	168	77.4%
Surgery Total		1,840	2,206	83.4%
Women's and Children's	Children's Services	30	38	78.9%
	Women's Services	1,242	1,397	88.9%
Women's and Children's Total		1,272	1,435	88.6%
Grand Total		7,648	9,050	84.5%

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<p>Performance:</p>	<p>Agency usage reduced by 16.0 FTE to 1.9%. There was an increase within one division, Surgery, where usage increased to 33.8 FTE from 33.3 FTE in the previous month. There were reductions within five divisions. The largest divisional reduction was seen in Women’s and Children’s, where usage reduced to 33.9 FTE from 39.2 FTE in the previous month.</p>
<p>Actions:</p>	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> • There were 55 new starters across the bank in February consisting of the following: 12 Admin and Clerical staff including two re-appointments, 10 Cleaning and Catering staff including four re-appointments, 3 Porters including one re-appointment, 1 re-appointed Transport/Driver, 2 Sterile Services Technicians, 7 Registered Nurses including Six re-appointments, 1 re-appointed Ophthalmic Technician, 2 Allied Health Professionals, 12 Healthcare Support Workers including two re-appointments, 1 Healthcare Scientist and 4 re-appointed Doctors. • Paediatric Intensive Care Unit (PICU) has introduced a temporary measure of a shift enhancement for all clinical shifts worked. • A pilot of the introduction of school hour shifts for bank Healthcare Support Workers has commenced to drive down agency usage. This is being piloted on three medicine wards with a view of rolling this out further if successful. • The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage. • The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance. <p>Work continues both at Trust and Integrated Care Board (ICB) level to increase bank fill and reduce high-cost agency reliance.</p>
<p>Risks:</p>	<p>674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce</p>

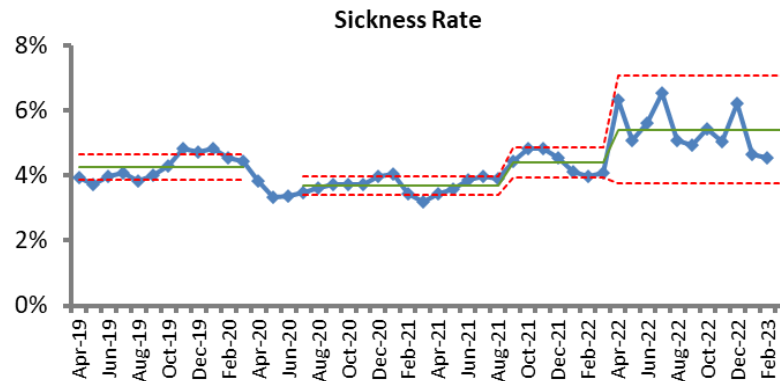


STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p>Performance:</p>	<p>Turnover for the 12-month period reduced to 14.7% compared to 14.9% (updated figures) for the previous month. Four divisions saw an increase whilst four divisions saw a reduction in turnover in comparison to the previous month. The largest divisional increase was seen within Weston General Hospital, where turnover increased by 0.4 percentage points to 14.3% compared with 13.9% the previous month. The largest divisional reductions were seen within Facilities and Estates and Medicine, where turnover reduced by 0.7 percentage points to 14.5% and 15.0%, respectively, compared with the previous month. Four staff groups saw increases, whilst four staff groups saw a reduction and one remained static in comparison to the previous month.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • As well as the Nursing and Midwifery and Allied Healthcare Professionals (AHPs) retention strategy implementation, work led by the Director of AHPs is beginning within the Diagnostics and Therapies division, where the majority of AHPs are employed, to understand and address the particular factors contributing towards the high turnover rate. • The revised Leavers Feedback process continues to show key themes as reasons for leaving. They are parking, development opportunities and burnout. These issues continue to be addressed strategically through the UHBW Retention Strategy. • The cascade of Divisional Staff Survey detailed reporting in the form of heat maps and engagement reports were delivered to divisions on 1st February 2023. The early release of this detailed reporting will allow for the development of Divisional Culture and People plans by April 2023. • The national Staff Survey results made available in late February will be released from the national embargo on 9th March 2023. A programme of work to cascade and communicate the results across the organisation will be launched on 9th March 2023. • February was the launch of the second cohort of the Bridges talent management programme, with 50 successful candidates.
<p>Risk:</p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce</p>



Reporting Month: February 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p>Performance:</p>	<p>Sickness absence reduced to 4.5% compared with 4.7% in the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <p>There was an increase seen in one division, Facilities and Estates, where sickness increased by 0.3 percentage points to 7.8%, compared to the previous month. There were reductions within six divisions, the largest divisional reduction was seen within Weston General Hospital, reducing by 0.6 percentage points to 5.2%, compared to the previous month. There were increases in three staff groups. The largest staff group increase was in Allied Health Professionals, increasing by 0.7 percentage points to 4.2% compared to the previous month. There were reductions within six staff groups. The largest staff group reduction was seen within Additional Professional, Scientific and Technical, reducing to 3.5% from 4.5% compared to the previous month.</p>
<p>Actions:</p>	<p>Work to manage short-term and long-term absence continues with the HR Services Team introducing new Supporting Attendance clinics. These sessions provide an opportunity for colleagues and/or managers to drop in and seek information on how an individual might be supported with their health and wellbeing at work.</p> <p>Proactive initiatives undertaken by the corporate Workplace Wellbeing team in February include:</p> <ul style="list-style-type: none"> • Launch of new one-stop-shop booklet of inclusive wellbeing resources, services and interventions. • Refreshed workplace wellbeing bitesize eLearning modules on the Trust’s training system, Kallidus (9 titles). • A review of the workplace wellbeing offer presented to Healthcare Support Workers and Internationally Educated Nurse cohorts. • Promotion of working adjustment passports implemented by the Able+ network.
<p>Risks:</p>	<p>tbc</p>



STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 6.7% (784.9 FTE) compared to 6.9% (797.1 FTE) in the previous month.

- The largest divisional increase was seen in Specialised Services where vacancies increased to 119.7 FTE from 98.9 FTE in the previous month.
- The largest divisional reduction was seen in Facilities and Estates, where vacancies reduced to 90.6 FTE from 97.7 FTE the previous month.
- The largest staff group reduction was seen in Administrative and Clerical / Senior Managers, where vacancies reduced to 162.9 FTE from 188.0 FTE the previous month.
- The largest staff group increase was seen in Medical Staff, where vacancies increased to 5.8 FTE from a position of being over established by 4.0 FTE the previous month.
- Consultant vacancy has increased to 42.1 FTE (5.5%) from 29.4 FTE (3.9%) in the previous month.

Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	550.7 FTE
AfC Band 3	-366.5 FTE
AfC Band 4	-117.1 FTE

The significant vacancy at Band 2 and over-establishment at Band 3 are due to the movement of healthcare support workers from Band 2 to Band 3. Staff have been moved but the funded establishment has not been transferred in the finance ledger yet. The work will be incorporated into budget setting for 2023/24, so the true position will be reflected in the next financial year. The combined (Band 2 and 3) picture is unaffected.

The Band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their Nursing & Midwifery Council (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:

Work taking place to reduce the vacancy rate is as follows:

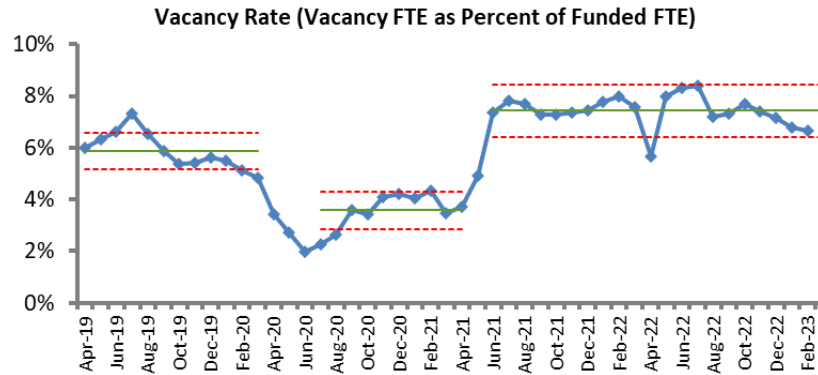
- The Trust is travelling to the Caribbean for an in-person Internationally Educated Nurse (IEN) recruitment campaign in March to conduct 60 face to face interviews.
- 39 IENs joined the Trust in the month of February.
- 130 Newly Qualified Nurses have now been offered a position with the Trust. Two face-to-face Newly Qualified Open Days and one virtual event took place in February and resulted in 35 conditional offers.
- 17 substantive Healthcare Support Workers (HCSW) started in the Trust during February and another 117 have been offered. 29 bank HCSWs started in the Trust during February and another 116 have been offered.
- The Trust held a Healthcare Support Worker (HCSW) Hiring Event on 15th February. 150 candidates were offered on the day, 83 in substantive roles and 67 for the bank

STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Actions (continued):

- The Trust continues to support the planning for the second system wide HCSW event which will take place in March 2023.
- A new cohort of 27 Trainee Nursing Associates will join the Trust in March following a rigorous recruitment campaign.
- Two of the seven Radiographers appointed through the collaborative international recruitment of Allied Healthcare Professionals (AHPs) arrived in the UK at the end of February and have joined the IENs on their induction. The Trust is expecting a further two Radiographers to join at the end of March.
- One consultant in Care of the Elderly and five non-consultant grade doctors started in Weston in the month of February. A further five clinical fellows were cleared for start dates in March.
- Planning is underway for the Trust to hold its fourth administrative recruitment event, this is due to take place in Quarter 1 of the next financial year.

Risks: Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



STANDARD		OUR PEOPLE: STAFF VACCINATION (Covid19 Booster and Seasonal Influenza)
Performance:	<p>The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7th September and the Seasonal Influenza Vaccination Programme on 26th September 2022. The COVID-19 campaign ended nationally on 12th February. Reporting for the seasonal influenza vaccination CQUIN ended on the 28th February but we continue to offer influenza vaccines to staff until the end of March when influenza season traditionally finishes.</p> <p>These figures are based on the data recorded at the point of vaccine administration at UHBW sites.</p>	
Actions:	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none"> 1. Continued access to COVID-19 vaccination. As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients. 2. Delivery of an autumn COVID-19 and Flu vaccination campaign; and 3. Development of detailed contingency plans to rapidly increase capacity, if required. <p>UHBW progress is in alignment with local, regional and national progress, with the impact of vaccine fatigue being evident across all settings.</p> <p>The Programme Team continues to evolve and improve the services' processes, share success and address challenges in partnership with the Bristol, North Somerset and South Gloucestershire (BNSSG) Vaccination Programme. The Programme Team's focus is now on planning and implementation of various service improvements for the 2023/24 season which will begin in September.</p>	
Risks:	<p>800: Risk that Trust operations are negatively impacted by the Covid19 pandemic.</p>	

UHBW Staff Vaccinated (all sites)

	Total in Cohort	Seasonal Influenza		COVID-19 Booster	
		Total Uptake	Total Uptake %	Total Uptake	Total Uptake %
To 19th Oct 2022	14,650	2,813	19.2%	3,644	24.9%
To 31st Oct 2022	14,821	4,407	29.7%	4,652	31.4%
To 13th Dec 2022	14,815	7,293	49.2%	7,130	48.1%
To 1st Jan 2023	15,077	7,617	50.5%	7,309	48.5%
To 31st Jan 2023	15,207	7,938	52.2%	7,592	49.9%
To 28th Feb 2023	15,308	8,064	52.7%	7,668	50.1%

Performance Report

Public Board



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2023

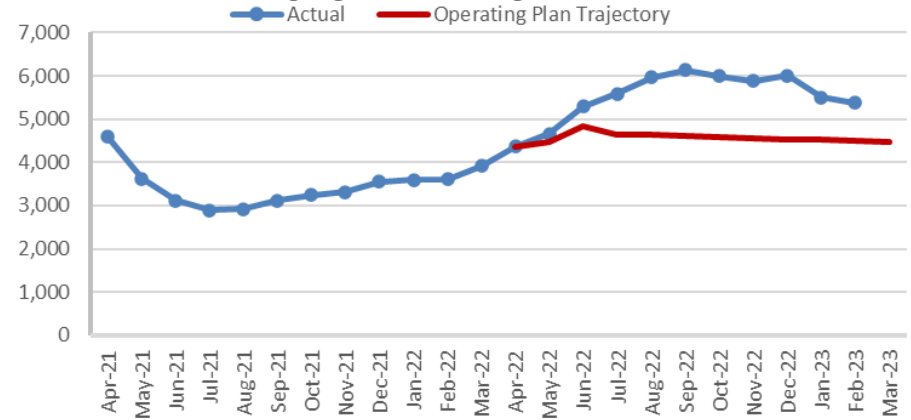
STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of February:</p> <ul style="list-style-type: none"> • 5,371 patients were waiting 52+ weeks against a target of 4,497. • 471 patients were waiting 78+ weeks against a target of 557. • 0 patients were waiting 104+ weeks against a target of 33.
<p>National Data:</p>	<p>For January 2023, the England total was 5.4% of patients waiting were waiting over 52 weeks. UHBW's performance was 8.5% (5,498 patients) which places UHBW as the 16th highest Trust out of 169 Trusts that report RTT wait times.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of February 2023, there were no patients waiting over 104+ weeks, compared to 349 at the end of April 2022. The Trust will now be able to sustain this position going forward. • There is a focus on ensuring that no patients are waiting longer than 78 weeks by the end of March 2023. The Trust is currently predicting 175 patients waiting 78+ weeks at the end of March, this includes 42 Cornea graft Ophthalmology patients where there is a national supply issue. There were in the region of 220 admissions cancelled and 1,400 outpatient appointments cancelled due to the impact of the BMA strike action and this resulted in the a deterioration of our forecast breaches for the end of March by 46. • As part of the 2023/24 Annual Planning Process (APP), divisions are developing plans to move towards the national ambition to ensure that no patient waits longer than 65 weeks by end of March 2024. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and St Joseph's to support their recovery in some areas and insourcing using KPI Health for paediatric dental extractions which commenced mid-January and schedules have been provided through to the end of March 2023. It is planned that these contract agreements will be extended into quarter 1 of 23/24. • There is some long-term sickness within General Surgical specialities. Locums have been secured to support and some consultants have provided additional weekend and evening time to help reduce care backlogs. We are currently seeking locum support for dental services, in particular cleft and have reached out via the cleft network. • The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. For Paediatric patients, the department continues to give suitable patients the choice of transferring their care to University Hospitals Plymouth (UHP) for treatment. In the summer of 2023, UHP were planning on opening an additional theatre which we could use to support the transfer of paediatric patients from UHBW who live within the peninsula, however the theatre has been further delayed beyond the summer. UHP have offered some support specifically for Paediatric Urology patients via an insourcing arrangement. There has been little capacity provided nationally to support the paediatric patients who have agreed to be transferred to alternative providers. • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Adult and Paediatric services, have seen an uptake of additional lists which will those patients who are waiting 78+ weeks and who need to treated by end of March 2023. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are being maximised across all sites to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volumes of cancer cases, inpatient capacity constraints (including High Dependency) and staff shortages.
<p>Risk:</p>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met.</p>

Reporting Month: February 2023

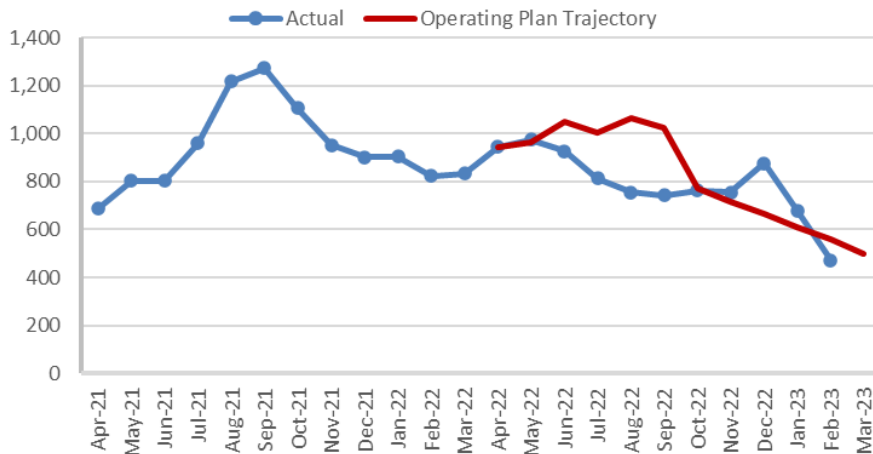
STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Feb-23		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	4	0	0
Medicine	668	27	0
Specialised Services	167	13	0
Surgery	3,719	308	0
Women's and Children's	813	123	0
Other	0	0	0
UHBW TOTAL	5,371	471	0

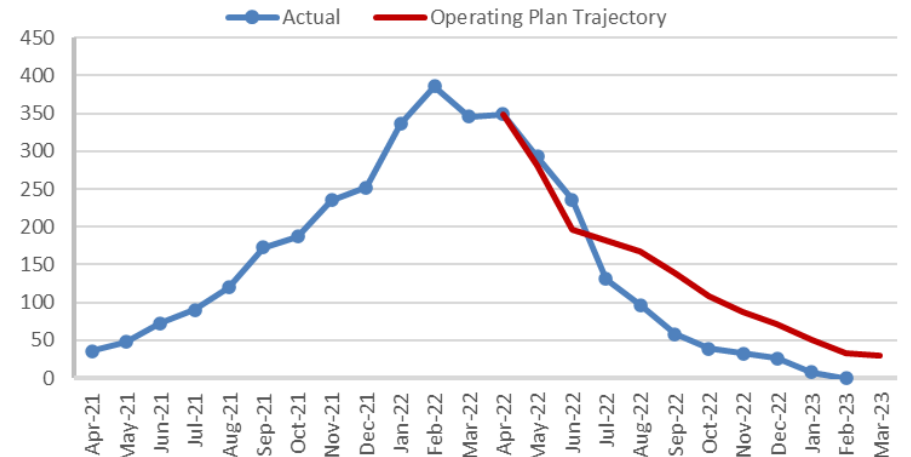
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



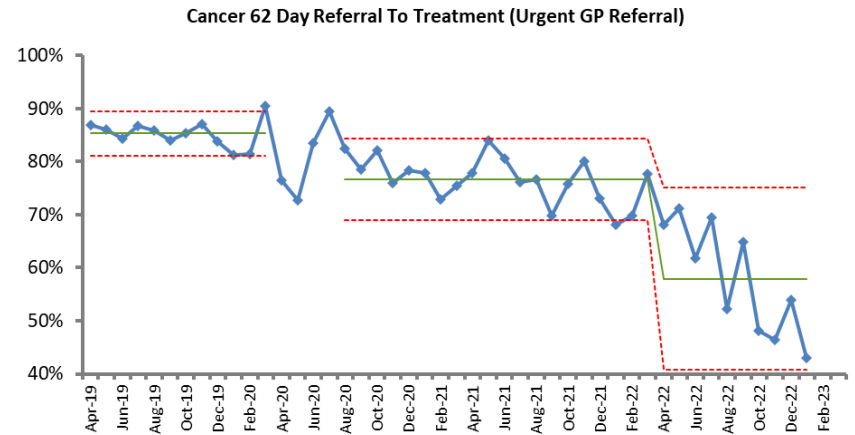
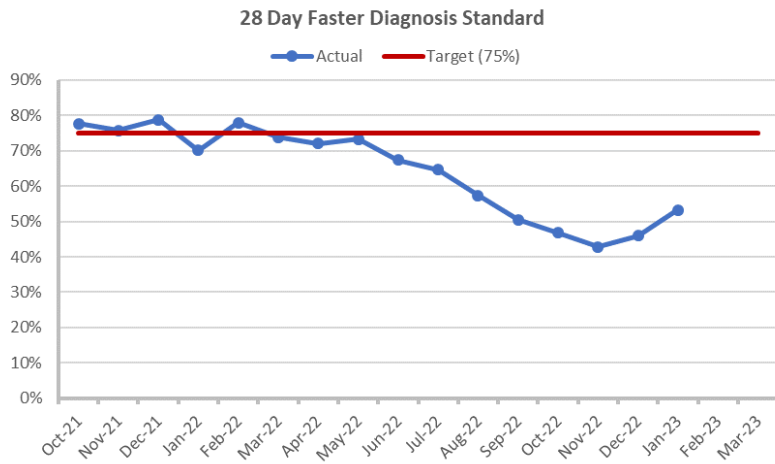
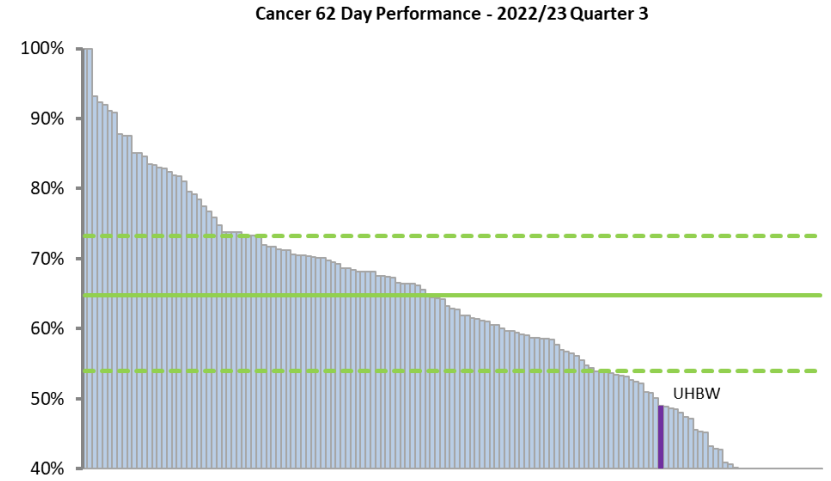
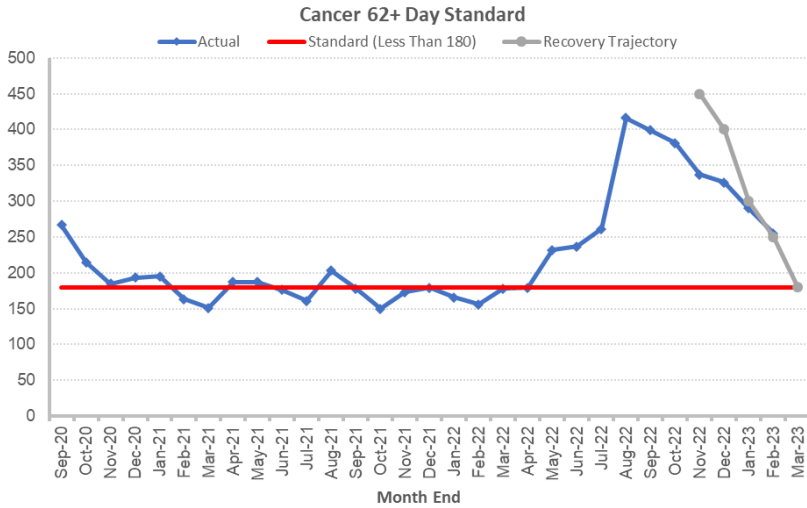
Number of Ongoing Patients Waiting 104+ Weeks at Month End



STANDARD	CANCER PATIENTS WAITING 62+ DAYS
<p>Performance:</p>	<p>As at end of February, the Trust had 255 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has a target of not exceeding 180 patients.</p> <p>The performance for patients treated within 62 days of an urgent GP referral is also reported but is a month in arrears. For January, 43.1% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%, Quarter 2 performance was 61.4% and Quarter 3 performance was 49.0%.</p> <p>The “Faster Diagnosis Standard” (FDS) is also reported, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. In January was 53.2% of 1610 patients achieved this standard.</p>
<p>National Data:</p>	<p>National data for patients treated within 62 days of an urgent GP referral is shown on the next page.</p> <p>Latest national data for Quarter 3 2022/23 shows UHBW at 49.0% against an England average of 61.0%. This puts UHBW 119th out of 141 Trusts.</p>
<p>Actions:</p>	<p>Cancer performance standards, both ongoing and statutory, are being negatively affected by backlogs in three high volume specialities: skin, gynaecology and colorectal. All three suffered very high staff absence in June and July due to Covid, coupled with increased demand. This caused backlogs which are challenging to clear in light of national staffing shortages in these areas, underlying vacancies, and in some cases ongoing demand well above expected levels. Locums have been used to reduce the backlog, which has now mostly cleared, with performance improving accordingly. However the nursing and doctors’ strikes have slowed the pace of recovery in quarter 4, as has the inability to recruit all of the locums needed due to lack of suitable available personnel.</p> <p>In January the Trust achieved the subsequent radiotherapy treatment standard.</p> <p>The Trust narrowly missed its recovery trajectory in February for patients waiting over 62 days, although it was on track again by 5th March. Achievement of the March target is at risk due to the disruption caused by industrial action and the difficulty recruiting sufficient locums in dermatology and oncology to complete the action plan supporting the recovery trajectory. The Trust does expect to see ongoing improvement against the standard.</p> <p>The actions to improve the ongoing standard will also improve the retrospectively reported standards, as all are measuring different aspects of the same pathway, therefore a single action plan is in place for all.</p> <p>Patient safety is at the heart of all performance management in cancer and is being maintained.</p>
<p>Risk:</p>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met.</p>

Reporting Month: Jan/Feb 2023

STANDARD CANCER PATIENTS WAITING 62+ DAYS

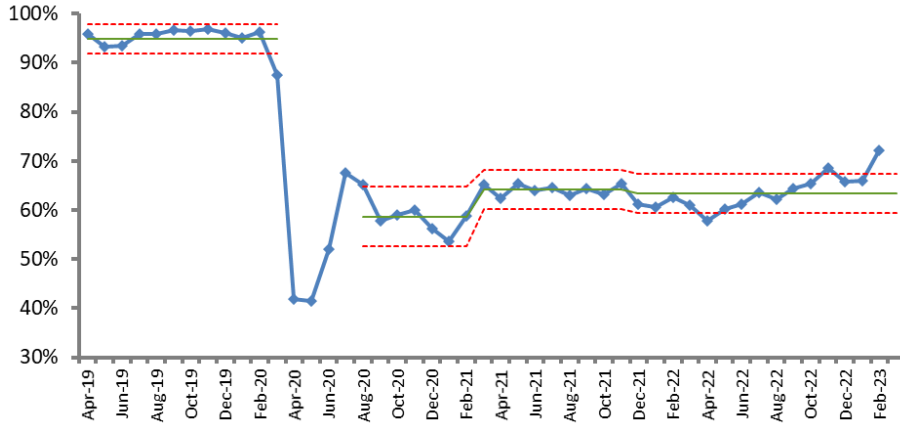


Reporting Month: February 2023

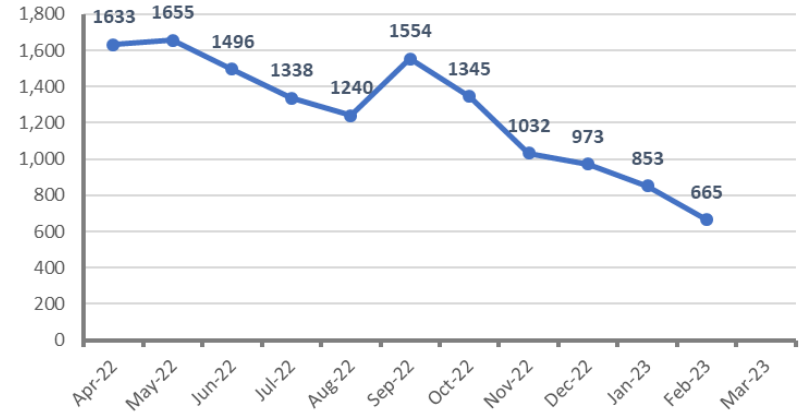
STANDARD	DIAGNOSTIC WAITING TIMES
<p>Performance:</p>	<p>At end of February, 72.1% of patients were waiting under 6 weeks. The constitutional standard is 99%. The operational planning requirements was for Trusts to return to 75% by March 2023. The target for the end of February was 73.5%. There were a total of 665 patients waiting 26+ weeks which is 3.9% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission at 500 patients by March 2023. The end of February target was 613.</p>
<p>National Data:</p>	<p>For January 2023, the England total reported 68.5% of the waiting list under 6 weeks. The Trust's performance was 65.9%, placing UHBW as the 49th lowest of the 157 Trusts that report diagnostic wait times.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> • The Trust is aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 and aiming to achieve 75% compliance with the 6 week wait standard. The Trust did not achieve the agreed trajectories in February 2023, however the percentage under 6 weeks and long waiters over 26 weeks notably improved. Performance under 6 weeks was maintained or improved in all modalities but one in February 2023. Audiology saw a slight deterioration however performance continues to be perform ahead of the trajectory. Long waiters also reduced in every modality in February 2023. • The niche capacity issues in MRI Paediatrics continue to be a challenge but all possible actions are currently being taken to improve the performance, these include outsourcing to another NHS trust in the South West region. Performance challenges in Adults CT, MRI and Non-obstetric Ultrasound continue but recovery actions continued to improve the position in February 2023. These plans are being monitored closely. • Junior doctors' industrial strikes are expected to deteriorate diagnostic performance in most modalities in March 2023, with cancer and clinically urgent patients being prioritised. Strike action is expected to impact endoscopy performance most significantly which remains the most significant risk to the recovery of diagnostics and 6 week wait performance. Long waiters in endoscopy continue to reduce for the fourth consecutive month and 6 week wait performance was maintained and did not deteriorate further in February 2023. Endoscopy recovery actions are expected to take time to yield progress and improvement in performance, but improvements are emerging. • The Trust continues to utilise mutual aid and additional capacity, where available, to aid recovery plans in challenged modalities.
<p>Risk:</p>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

STANDARD DIAGNOSTIC WAITING TIMES

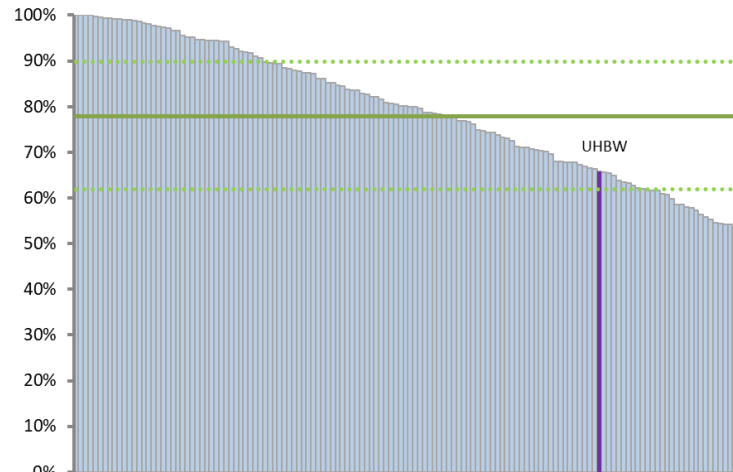
Diagnostics Under 6 Week Wait (15 Key Tests)



Diagnostics Numbers Waiting 26+ Weeks



Benchmarking - Percentage Under 6 Weeks - January 2023



Reporting Month: February 2023

STANDARD DIAGNOSTIC WAITING TIMES

End of February 2023

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	825	26	3%	2	0%	0	0%
Colonoscopy	834	581	70%	445	53%	262	31%
Computed Tomography (CT)	3,199	635	20%	208	7%	1	0%
DEXA Scan	925	400	43%	167	18%	1	0%
Echocardiography	1,524	344	23%	62	4%	0	0%
Flexi Sigmoidoscopy	249	169	68%	115	46%	68	27%
Gastroscopy	806	539	67%	383	48%	197	24%
Magnetic Resonance Imaging (MRI)	3,286	513	16%	222	7%	123	4%
Neurophysiology	164	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	5,201	1,543	30%	322	6%	7	0%
Sleep Studies	67	12	18%	7	10%	6	9%
Other	0	0		0		0	
UHBW TOTAL	17,080	4,762	27.9%	1,933	11.3%	665	3.9%

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<p>Performance:</p>	<p>There were 427 patients who had a Trolley wait in excess of 12 hours in February in the Emergency Department (ED). In February there were 3,316 ambulance handovers. Of these</p> <ul style="list-style-type: none"> • 2,642 ambulance handovers were in excess of 15 minutes which was 79.7% of all handovers. • 1,679 ambulance handovers were in excess of 30 minutes which was 50.6% of all handovers. <p>The NHS Standard Contract sets the target that “all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes”.</p>
<p>National Data:</p>	<p>For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For February 2023, overall number of handovers over 15 minutes was 70.2% across the South West. The BRI was the 2nd highest at 85.1% and Weston was the 3rd highest at 77.4%. In February 2023, 124 Trusts reported 12 hour trolley waits (34,976 in total). UHBW was the 36th highest Trust with 427.</p>
<p>Actions:</p>	<p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> • Expansion of Same Day Emergency Care (SDEC) provision, including: <ul style="list-style-type: none"> ○ Expansion of Surgical SDEC capacity – recruitment is in train and funding for substantive posts approved. An Acute Surgical Hub (ASH) /SDEC working group has been set up to oversee all improvements to the SDEC service. Clinically led and revised business case for expansion to the full range of ASH/SDEC pathways. ○ February saw a decrease in the number of patients seen through BRI medical SDEC compared with January. However, this is in line with a decrease in ED attendances and Medical Take patients. A trial for practitioner led SDEC model is being developed with an aim to launch in May 2023. ○ Cardiology SDEC pilot commenced 27th Feb. Advanced practitioners have been recruited and due to start in May 2023. Criteria for pathways will be reviewed following pilot findings. ○ Development of the SDEC offer at Weston. Pulls from ED have now been increased to three times daily and the team is now fully staffed. Ambulance Trust direct referral pathway is now approved and Standard Operating Procedure (SOP) is signed off. Activity continues to increase; an average of 17.8 patients per day were seen in SDEC in February 2023 , 16.2 patients per day in January, and 6.2 patients per day in December. • In BRI majors, a go live date of April has been agreed for care flow handovers. A Patient First style A3 thinking project is underway to review the nurse in charge role, incorporating coordination and processes across the ED. • ED de-escalation checklist has also been reviewed to support in reducing and preventing crowding in the department. • 4 and 12 hour ED performance improvement plans are in development for 2023/24. This includes a review of expected patient pathways (with speciality specific actions) and demand and capacity reviews. Next steps are to establish improvement trajectories based on the impact of each workstream. • Rapid Patient reviews are ongoing for admission avoidance from ED, and to support discharges for patients over 7 days in hospital.

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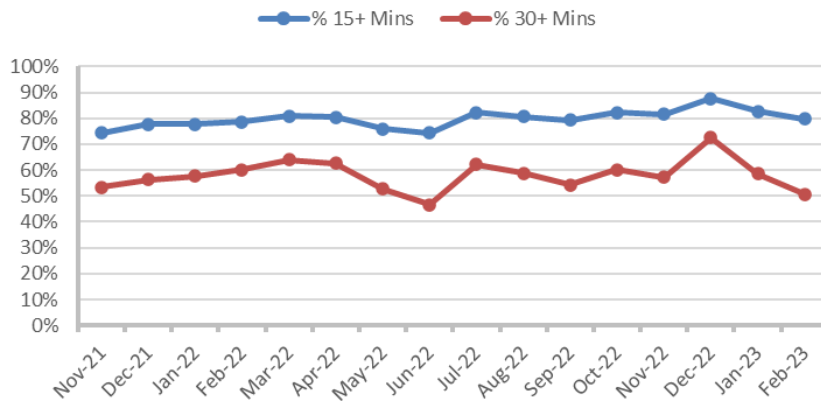
STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS

Actions (continued):	<ul style="list-style-type: none"> Community Emergency Medicine Service (CEMS) phase 2 has now concluded. Of 275 patients seen face to face by the service during the 12 week pilot, 70.5% required input from CEMS clinicians. Of these only 14.4% attended ED. Telephone advice was also provided for 87 Ambulance Trust crew's patients – of these only 28.6% attended ED. Verbal agreement has been given from the Integrated Care Board regarding ongoing funding for the service from September onwards. The Weston ED observation and assessment unit is now open and in use. A new monitoring dashboard is in development to review impacts and flow through the unit. A review of BRI fast flow processes has been completed within the support of Proactive Hospital Improvement Coaches with the focus of improving 4 hour performance and wait times. Board rounds have now been initiated three times daily. An audit of fast flow attendances to enable modelling of pathways has been completed and this will be reviewed in March.
Risks:	<p>910: Risk that patients in ED do not receive timely and effective care</p> <p>4700: Risk that a patient may deteriorate whilst being held in the ambulance bay</p>

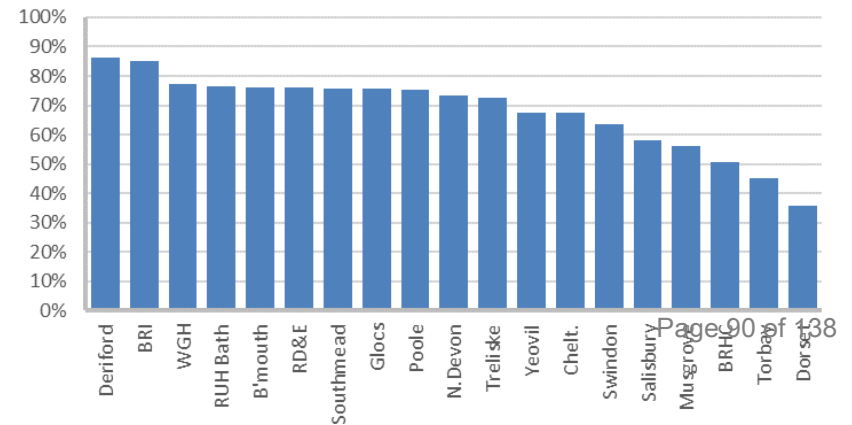
Ambulance Handovers

Feb-23					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	1981	1745	88.1%	1245	62.8%
Bristol Children's Hospital	510	232	45.5%	95	18.6%
Weston General Hospital	825	665	80.6%	339	41.1%
UHBW Total	3316	2642	79.7%	1679	50.6%

UHBW handovers exceeding 15 & 30 Minutes (% of all handovers)



Percentage of Handovers Over 15 Minutes - February 2023

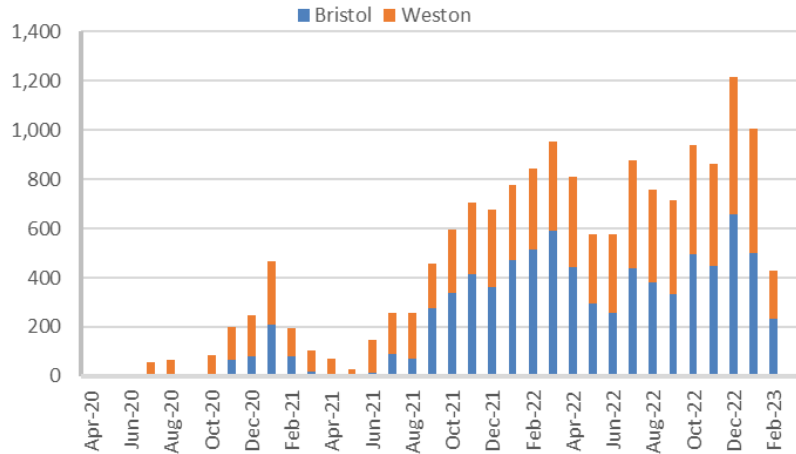


STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS

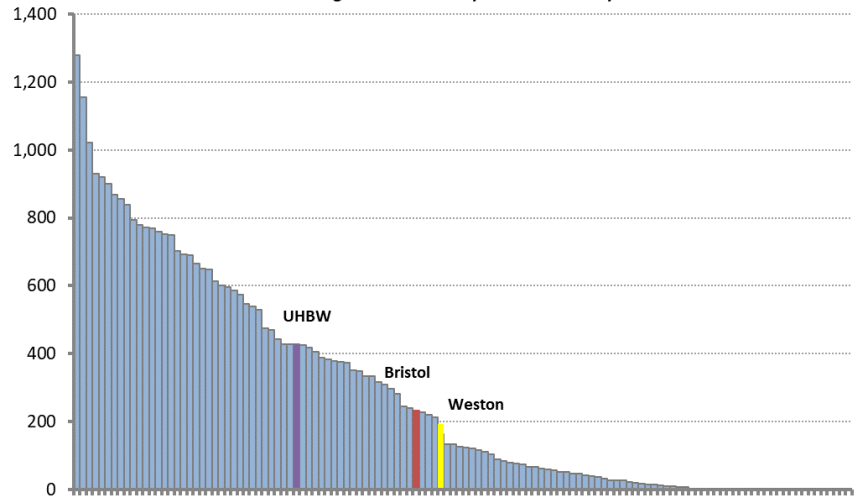
12 Hour Trolley Waits

	2021/2022												2022/2023											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	9	4	12	91	69	276	337	415	363	472	514	591	443	297	257	437	379	334	496	449	659	500	235	
Weston	62	24	134	164	188	180	257	291	313	304	330	361	366	282	319	441	379	383	445	413	558	506	192	
UHBW	71	28	146	255	257	456	594	706	676	776	844	952	809	579	576	878	758	717	941	862	1217	1006	427	

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - February 2023



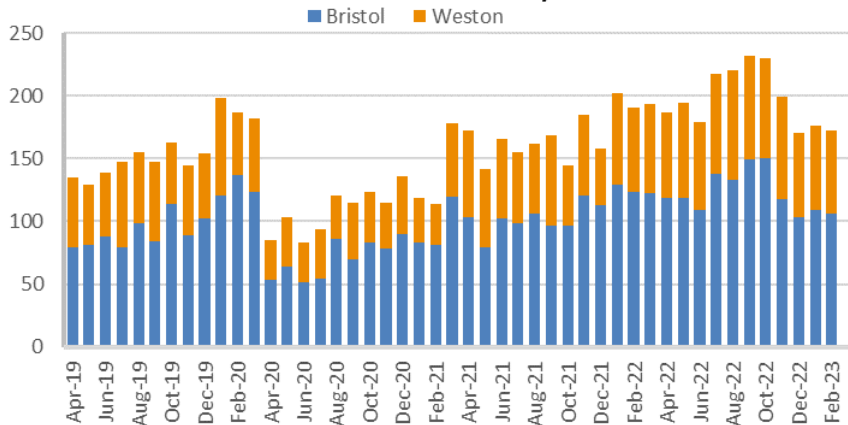
STANDARD	EVERY MINUTE MATTERS (EMM) - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)
<p>Background:</p>	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> 1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD: A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. 2. Proactive Board Rounds: Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. 3. Criteria to Reside - Using the MCAP tool: Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be. 4. Optimising use of the Discharge / Transition Lounge: Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
<p>Performance:</p>	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> 1. Percentage of patients with a “timely discharge” (before 12 noon). February had 20.7% of patients discharged before 12 noon. The system-level standard is to achieve 33%. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In February 22.9% of eligible patients were discharged via the Weston or BRI Discharge Lounges. This was 441 patients, averaging 22.1 patients per working day. <ol style="list-style-type: none"> a. BRI achieved 25.4%, with 330 patients. This averages to 16.5 patients per working day. b. Weston achieved 17.7% with 111 patients. This averages to 5.6 patients per working day. 3. At the end of February there were 172 No Criteria To Reside (NCTR) patients in hospital. 4. There were 4,862 beddays consumed in total in February by NCTR patients (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 174 beds were occupied per day by NCTR patients.

STANDARD EVERY MINUTE MATTERS (EMM) - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)

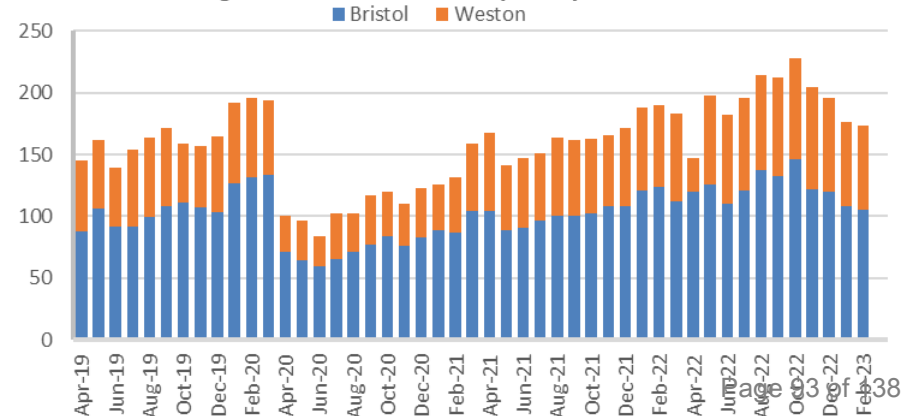
<p>Actions:</p>	<ul style="list-style-type: none"> • MCAP validations and support for wards is being sustained with ongoing support from Proactive Hospital Coaches. This will mitigate the risk of not fully embedding business as usual operational processes whilst Clinical Lead and Improvement Practitioner roles recruitment is still in progress. • Proactive Board and Ward Rounds e-learning module is now live on the Trust's training system, Kallidus. Certification is being launched and compliance targets currently monitored via EMM Task and Finish Group. Next step: ownership to be agreed with Divisions. • Interviews for Proactive Hospital Improvement Coach completed 20/03/23. • Surgery's EMM divisional oversight structure has been adopted by Specialised Services and Medicine Divisions. Initial meetings have been held and MCAP monthly data packs have received positive feedback and are being used by Divisions to identify areas of priority for Divisional Board meetings. • Criteria Led Discharge in Cardiology: Specialised Services are currently reviewing cardiac pathways within Divisional Management. The project group have revised the role out plan to accommodate this. Pilot phase is planned for 1st Quarter in Cardiac Surgery only, and Tavi and Pacemaker will follow in this order. • The Every Minute Matters weekend discharge event highlighted themes for investigation. A series of focus groups are in progress to identify if this is an opportunity for improvement.
<p>Risks:</p>	<p>423: Risk that demand for inpatient admission exceeds available bed capacity</p>

No Criteria To Reside (NCTR) Summary

Number of Patients - Last Thursday in the Month



Average Number of Beds Occupied by NCTR Patients



Reporting Month: February 2023

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

Timely Discharge Summary

Timely Discharges as a Percentage of all Discharges



Summary of High Volume Specialties - February 2023

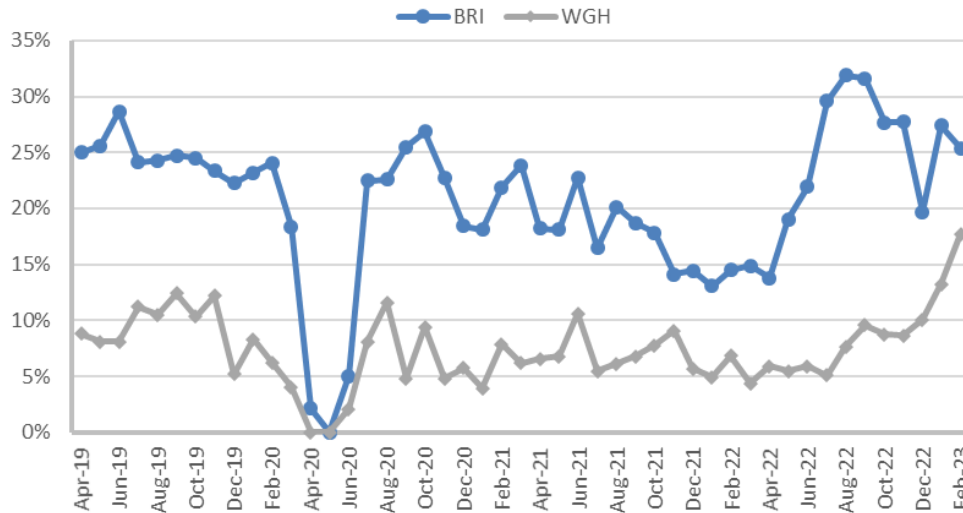
	Total Discharges	% Before Noon
Cardiac Surgery	90	10.0%
Cardiology	318	18.9%
Clinical Oncology	73	34.2%
Colorectal Surgery	123	10.6%
ENT	108	20.4%
Gastroenterology	54	16.7%
General Medicine	647	16.7%
General Surgery	77	10.4%
Geriatric Medicine	306	36.3%
Gynaecology	134	17.2%
Ophthalmology	65	26.2%
Paediatric Surgery	75	32.0%
Paediatrics	165	21.2%
Thoracic Medicine	154	9.7%
Trauma & Orthopaedics	175	24.0%
Upper GI Surgery	82	18.3%
UHBW TOTAL	3,386	20.7%

Reporting Month: February 2023

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

Discharge Lounge Use Summary

Percentage of Discharges Through the Discharge Lounge



Summary of High Volume Specialties - February 2023

	BRI	WGH	TOTAL
Accident & Emergency	4.1%	0.0%	3.9%
Cardiac Surgery	78.8%	-	78.8%
Cardiology	46.8%	3.7%	41.4%
Colorectal Surgery	16.1%	45.5%	19.4%
ENT	13.3%	-	13.3%
Gastroenterology	12.5%	25.0%	17.5%
General Medicine	20.6%	17.2%	18.7%
General Surgery	0.0%	15.0%	10.7%
Geriatric Medicine	27.4%	17.9%	24.3%
Hepatobiliary and Pancreatic Surgery	32.4%	-	32.4%
Maxillo Facial Surgery	13.5%	-	13.5%
Thoracic Medicine	13.1%	32.4%	18.6%
Thoracic Surgery	20.5%	-	20.5%
Trauma & Orthopaedics	6.0%	17.3%	12.0%
Upper GI Surgery	32.6%	20.0%	30.4%
UHBW TOTAL	25.4%	17.7%	22.9%

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £494k against a planned deficit of £10,183k (excluding technical items).
- Total operating income is £42,997k favourable to plan due to higher than planned income from activities of £43,771,k offset by lower than planned other operating income of £774k.
- Operating expenses are £42,413k adverse to plan primarily due to higher pay expenditure (£29,794k adverse), offset by lower than planned depreciation expenditure of £1,953k. Other non-pay expenditure is £14,572k higher than plan.
- Technical and financing items are £9,689k favourable to plan, of which £7,100k nets off a non pay adverse variance for an impairment.

Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £14,354k or 104% of plan. Full year forecast delivery is £15,794k or 106% of plan of which recurrent savings are £8,058k, 54% of plan. The shortfall in recurrent savings will be incorporated in the 2023/24 financial plan in addition to the 2023/24 target.
- *Pay costs higher than forecast* – pay expenditure must be maintained within divisional and corporate forecasts.
- *Forecast overspend against divisional budgets and achievement of divisional control totals* – divisional forecasts continue to be monitored monthly and recovery plans have been implemented where overspends are not acceptable.

Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a business case in Q4;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going medium-term financial outlook and system prioritisation process.
- Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan implemented from September.

TRUST YEAR TO DATE FINANCIAL POSITION

	Month 11			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	76,349	87,052	10,703	849,718	893,489	43,771
Other Operating Income	9,027	10,780	1,753	101,921	101,148	(774)
Total Operating Income	85,376	97,832	12,456	951,639	994,636	42,997
Employee Expenses	(50,915)	(54,261)	(3,347)	(558,285)	(588,079)	(29,794)
Other Operating Expenses	(30,877)	(35,956)	(5,080)	(357,120)	(371,692)	(14,572)
Depreciation (owned & leased)	(5,238)	(5,138)	100	(34,836)	(32,883)	1,953
Total Operating Expenditure	(87,029)	(95,356)	(8,326)	(950,241)	(992,654)	(42,413)
PDC	(1,037)	(1,037)	(0)	(11,410)	(11,410)	0
Interest Payable	(244)	(217)	27	(2,683)	(2,586)	97
Interest Receivable	29	464	435	323	2,731	2,408
Other Gains/(Losses)	0	0	0	0	(193)	(193)
Net Surplus/(Deficit) inc technicals	(2,905)	1,687	4,592	(12,372)	(9,476)	2,896
Remove Capital Donations, Grants, and Donated Asset Depreciation	207	198	(9)	2,189	8,982	6,793
Net Surplus/(Deficit) exc technicals	(2,698)	1,885	4,583	(10,183)	(494)	9,689

Forecast Outturn Position

- As discussed at the Trust's Board meeting in October 2022, the Trust has been forecasting an unmitigated financial risk of £5.5m.
- During Q3 and into Q4, divisions continued to make further progress against their financial recovery plans.
- The Trust has also benefitted from additional non-recurrent income from the ICB and NHSE Specialised Services.
- On this basis the forecast outturn will continue to be a breakeven position.

Key Facts

- The position at the end of February is a net deficit of £494k, £9,689k lower than the planned deficit of £10,183k.
- YTD expenditure on International Recruitment is c£4.9m. The cost of F1 cover at Weston at the end of January is estimated at £1,375k.
- Pay expenditure is £54,261k in February, c£751k higher than last month. YTD expenditure is adverse to plan by £29,794k, mainly due to the increase in the pay award beyond the planned 2% (offset by income), enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £1,918k, compared with £2,628k in January and in line with plan. Overall, agency expenditure in month is 4% of total pay costs.
- Other operating expenditure is £2,946k higher in February than last month and £5,080k higher than plan. The higher in month expenditure is due to an lower than planned expenditure in January and various ah-hoc non-recurrent costs realised in February.
- Operating income is favourable to plan by £42,997k, mainly due to Income from Patient Care Activities at £43,771k favourable to plan. This includes c£8,800k of ESRF income above plan and c£12,210k additional funding to support the pay award. The balance is due to high cost drugs and various, additional Commissioner funded investments.
- Trust-led CIP achievement is 104% of plan at £14,354k.



Meeting of the Board of Directors in Public on Tuesday 18 April 2023

Report Title	Harm Review in relation to Cleft service patients who experienced treatment delays.
Report Author	Scott Deacon, Clinical Director, Bristol Dental Hospital. Owen Ainsley, Divisional Director, Specialised Services. Alice Hillyard, Medical Director Office Project Manager.
Executive Lead	Professor Stuart Walker, Chief Medical Officer

1. Report Summary

This paper summarises the review of patients impacted by delays in the Southwest Cleft Service. Assessments were undertaken for 268 individual patients treated between 2020 and 2022, and the paper details the process that was followed, the review findings the improvement recommendations made by the review team. It also details the process we are following in terms of duty of candour and our communication with patients and their families.

2. Key points to note

(Including decisions taken)

The Trust Board is asked to note the report and recommendations. The review identifies that patients have come to harm due to treatment delays and the cleft team are in the process of telephoning all the patients and families affected to notify them of this and undertake duty of candour. This is being followed up with a letter from the Cleft team and Divisional Triumvirate.

In parallel with this, a recovery group is actively progressing the recommendations in the review.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:

- 4991 - Risk that lack of theatre lists within Bristol Children's Hospital for Cleft Paediatric patients will cause long delays for treatment (score 20).
- 5084 - Risk that lack of theatre lists within UHBW for Cleft adult patients will cause long delays for treatment (score 16).
- 5732 - Risk that Peninsula operating of SW Cleft Service is single operator dependant (score 15).
- 3660 - Risk that patient cleft assessment/treatment is delayed due to the lack of SPIN equipment (score 15).



- 5748 - Risk that Investigations governance and clinical care requirements will be breached without adequate speech investigation storage (score 12).

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for assurance.

5. History of the paper

Please include details of where paper has previously been received.

Division of Surgery Clinical Governance Board	13th September 2022
UHBW Patient Safety Group	14th December 2022
UHBW Clinical Quality Group	1st February 2023

HARM REVIEW IN RELATION TO CLEFT SERVICE PATIENTS WHO EXPERIENCED TREATMENT DELAYS

Background to the service and review:

The South West Cleft Service covers adults and children in the South West from Gloucester to the Isles of Scilly, with an average of 69 new patients a year treated by the service. The regional surgical centre is University Hospitals Bristol and Weston (UHBW), with patients receiving care at the Bristol Dental Hospital (BDH) and Bristol Royal Hospital for Children (BRHC).

The network covers the counties and unitary authorities of Gloucestershire, South Gloucestershire, City of Bristol, Wiltshire (part only), Bath & NE Somerset, North Somerset, Somerset, Devon, Plymouth, Torbay, Cornwall and the Isles of Scilly. The service also provides outpatient-based services with a hub and spoke model of delivery. Spoke units are located in:

- Gloucester Royal Hospital, Gloucester
- Musgrove Park Hospital, Taunton
- Royal Devon and Exeter Hospital, Exeter
- Derriford Hospital, Plymouth
- Royal Cornwall Hospital, Truro

Prior to the Covid-19 pandemic, capacity problems were apparent due primarily to limited theatre capacity, pressure on Speech and Language Therapy (SLT) teams and long-term sickness impacting key clinical personnel. These problems were exacerbated during the pandemic when the service was severely curtailed, including the suspension of elective operating, resulting in a further increase in waiting times. Due to the clinically time-sensitive nature of cleft treatment, these delays can result in increased risk of complications for patients. As an example, national evidence published in 2020 identified that children who undergo cleft palate surgery after 13 months of age are at increased risk of experiencing poorer outcomes, including developing speech difficulties, problems with feeding or weaning and challenges socialising. It was also recognised that extended waiting times have led to anxiety and distress for patients and families.

The risks impacting the service were documented on the UHBW risk register and reviewed by the BDH governance committee in March 2021, and subsequently by Surgical Divisional Board and the UHBW Senior Leadership Team in September 2021. The concerns around the service were also raised with the Medical Director and Specialised Commissioners in July 2021. The concerns resulted in the cleft team undertaking a significant exercise to assess the impact which a child, adult or family may have experienced due to delays in surgery or treatment within the cleft service. This exercise, known as a harm review, covered 268 individual patients treated between 2020 and 2022.



What is a harm review?

A harm review is a process used by NHS organisations that aims to give assurance to patients, patient groups, commissioners, and the public as to whether any patients have been harmed as a result of incidents, as well as to help avoid future impact for patients.

Objectives of this review:

The objectives of the review were as follows:

- To assess the levels of harm which a child, adult or family might have come to due to delays in surgery or treatment within the cleft service.
- To ensure that where harm was assessed, people found to have suffered, or potentially suffered, moderate harm (or above), would be notified by the Trust through a 'duty of candour'¹ process.
- To be used (along with other information) to support prioritisation of delayed patients.
- To inform mitigation plans to support affected patients.
- To support and inform a recovery plan to help avoid future issues.

Who conducted the review?

The review was conducted by members of the specialised Multi-Disciplinary Team (MDT) in the South West Cleft Service, consisting of:

- Consultant cleft surgeons
- Consultant orthodontists
- Clinical psychologists
- Speech & language therapists
- Specialist nurses

The team were supported by managerial and administrative colleagues from the BDH, Division of Surgery and Medical Director's team. The findings were reviewed by the:

- Division of Surgery Clinical Governance Board (13th September 2022)

¹ The Duty of Candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. It applies to all health and social care organisations registered with the regulator, the Care Quality Commission (CQC) in England



- UHBW Patient Safety Group (14th December 2022)
- UHBW Clinical Quality Group (1st February 2023)

What was the assessment process?

To deliver the assessment, the clinical leads from the MDT initially drew up assessment criteria for each subspecialty area. These areas included surgery, specialist nursing, speech and language (SLT), orthodontics, paediatric dentistry and psychology. For the initial assessments the team used the Datix risk assessment matrix which categorises impact as either catastrophic, major, moderate, minor or none.

To ensure consistency of approach, the MDT identified a number of example cases and were able to reach consensus in terms of categorisation. These cases were then anonymised and shared alongside the harm criteria with the national cleft networks for feedback.

It was agreed that if a patient came to harm across more than one subspecialty, the highest scoring category would be used to classify the overall harm score. For example, if a patient was assessed as having suffered minor harm under the nursing criteria and moderate harm under the SLT criteria, they would be classified as having moderate harm overall.

The outcomes were split across two categories:

- “known harm,” where the clinical team could identify evidence of detriment to patients, and
- “at greater risk of harm,” where there was no evidence of harm, but in the case of young children they could be at higher risk of subsequent problems.

It should also be noted that in many cases it was impossible to separate the issues patients experienced due to their conditions from those that were caused by or exacerbated due to delays. Whilst the extended waits will have without doubt increased anxiety and stress to the patients and families’, other issues including speech and language difficulties, dental and psychological concerns may have occurred regardless of wait time.

The harm assessment excluded patients where delays were not caused by the service but were either clinically appropriate or required due to the patient’s personal circumstances, i.e., patients with significant complex medical needs who required and needed to recover from more significant surgery or treatment or patients who were referred to the service later in life but were treated within an appropriate timeframe after this.

Following the review by the UHBW Clinical Quality Group in February 2023, it was identified that the impact on individual patients needed to be mapped against the definitions of harm used by the National Learning and Reporting Service (NLRS). This approach is in line with national guidance and was required to inform the duty of candour to patients and families. The NLRS ask that organisations use these definitions (rather than a risk matrix) to help to ensure consistency



and enable them to compare, analyse and learn from data nationally. The NLRs definitions are as follows²:

- **Low** - Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving NHS-funded care.
- **Moderate** - Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.
- **Severe** - Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.

What were the results of the review?

As noted above, the results were categorised using the nationally defined criteria used by the NLRs. This confirmed that:

- 2 patients were assessed as having experienced severe harm
- 91 patients were assessed as having experienced moderate harm
- 25 patients were assessed as having experienced minor harm
- 93 patients were assessed as having experienced no harm
- 57 patients were assessed as being at greater risk of coming to harm

The subspecialty breakdown is noted below – as noted above, as some patients were assessed across multiple categories, the sum of the subspecialty assessments reading across the rows will be greater than the overall total column.

	Overall	By sub-specialty				
		Surgical	Nursing	SLT	Orthodontic	Psychological
Severe	2	0	0	0	2	0
Moderate	91	6	5	65	3	38
Minor	25	1	12	9	1	5
None	93	261	251	137	262	225
Greater risk of Harm	57	0	0	57	0	0
Total	268	268	268	268	268	268

² https://www.england.nhs.uk/wp-content/uploads/2019/10/NRLS_Degree_of_harm_FAQs_-_final_v1.1.pdf

What were the main findings by sub-speciality?

SLT - Of the individuals assessed as coming to harm from a speech and language perspective, this impact was a combination of limited or no progress in therapy whilst waiting for a procedure, which often then led to further impacts of decreased socialisation, withdrawal and limited contributions at school. This in turn could lead to anxiety and psychological impact on the family as well as the child. Where patients were considered to have come to no harm from a speech and language perspective, this was either because their condition did not impact speech development (i.e. cleft lip only) or because they were assessed as having made expected or better progress with therapy regardless of any delays.

The review also identified 57 of children at a greater risk of coming to harm for speech and language, due to the number of babies missing 13-month window for a primary palate repair. Not all of these children will come to harm as a result of these delays, but the team were unable to definitively state that they did not due to their ages at the time of this assessment.

Psychology – where patients were considered to have come to psychological harm whilst they were under the care of the service, this largely resulted in the child or their family requiring additional support from the psychology team. Often increased support was required for self-image and periods of transition, such as changing schools.

Orthodontics – whilst the overall number of patients impacted in the orthodontic subspecialty was low, the two cases assessed as severe were both in this category.

- Extensive root resorption (the breakdown and absorption of tissue around the tooth), can reduce the lifespan of the teeth, and is likely to have been contributed to by the prolonged wait for surgery.
- Decalcification is early decay of the tooth structure occurring around the appliance and shows as white/brown marks on the teeth which are permanent.

Surgery & Nursing - Limited moderate or above surgical or nursing harm was identified. Nursing identified three babies where their delayed treatment caused weight loss or faltering growth due to issues with feeding, and six where it was considered that issues with food/feeding or food getting stuck in the palate.

The review team also noted eight cases where children bumped their lips after a lip repair causing increased scarring, and in six of these cases a return to surgery was either required or possible. This was a previously unconsidered consequence of later lip repair, as the older the children are when having their lip surgery, the more likely they are to be mobile and fall or bump their lip during the healing process.

No harm has been identified for patients who have had delays to their Alveolar Bone Graft (ABG) pathway, this is likely to have been because these operations happen at a much younger age in the South-West than in other parts of the country. This has meant that even after long delays, patients received treatment and procedures within national age bands and at a similar age to patients in other parts of the country.

Other findings:

Speech investigation - A notable finding contributing to the surgical delays was the extended wait for Speech Investigation (SPIN) testing. The results of these tests are often required for surgeons to determine exactly what procedures should be carried out. The delays were compounded by equipment issues.

Nasal plugs - It was also noted that to support patients whilst they wait for surgery, the team were able to offer some patients a nasal plug ("NUG") that supported them to form sounds and increased their intelligibility when speaking. This identified the opportunity to offer these devices to other patients who are waiting for treatment to help mitigate the risk of them falling behind at school or becoming de-socialised.

Patient prioritisation - One of the objectives of the assessment was to confirm that no group of patients were coming to unanticipated harm by being placed in the wrong priority group in terms of surgical list prioritisation. No patients were identified within the assessments who had been incorrectly prioritised and on analysing the results no group of patients has been identified where the clinicians felt the prioritisation should change.

Network arrangements - The team also identified that due to the 'hub and spoke' nature of the network across the peninsular, the service did not directly employ or formally contract with all the 'spokes' delivering parts of the service. This meant that clinicians were undertaking some Cleft work without protected capacity. There was often limited sickness or holiday cover, and conflicting priorities impacting on service delivery, training etc.

Paediatric Dental Services - Paediatric Dental services form part of the Cleft service MDT. Individuals with cleft lips and palates are at greater risk of tooth decay and dental abnormalities than others. During the period of the review, the wider national pressures on these services (and the subsequent impact on Cleft patients) increased.

Primary Care Dental Services - The team also noted that access to primary care dental services was also having an impact on the Cleft service. This was evidenced via two audits undertaken by the team:

- There is a national standard that states all children should have seen a dentist by 12 months. As Cleft children are statistically more likely to experience decay, it is even more important that they have early and regular access to dental care. The team contacted 30 children by phone and only 5 had had dental check by 12 months, therefore 83% not had



a dental assessment by one year as required.

- 16 children due to have an ABG were audited. Of these 9 had untreated tooth decay. Children who have bone grafts should be orally healthy or have plan to address concerns (i.e. to remove teeth at same operation). Six of the children did not have access to a dentist.

In both patient groups, greater access to a community dentist would have improved the treatment outcomes for the children when they come to the unit for further interventions.

How are we communicating with patients, families and clinicians?

Senior members of the Cleft MDT are telephoning the families of the 150 patients assessed as having come to moderate or above harm, or of being at greater risk of harm, in order to advise them of the review and undertake a Duty of Candour conversation regarding their treatment, followed up with a letter. Each family is also being offered the opportunity to meet with the team to ensure that any questions or concerns are fully addressed.

As many of the patients involved are still receiving active treatment (from the SLT team for example), the separate meetings have been offered to ensure that patient's clinical appointments can continue to focus on their ongoing treatment and care.

As of 31st March 2023, 119 of these conversations have taken place, and it is planned that the remainder will be completed by mid-April.

Clinicians engaged in the delivery of the Cleft service across the network have also been briefed on the communication to patients, with advice to refer queries to the Bristol team.

What were the review recommendations?

The review team identified ten recommendations. These have been split between the local actions that relate predominantly to the Bristol hub and wider network actions. These are listed below along with an update on the progress made as of 31st March 2023.

Recommendations (Bristol hub)	Updates – 31 March 2023
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Additional protected/regular theatre sessions to make up lost capacity. Including surgeon and theatre staff.	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Additional operating sessions from Locum consultant in place. • SLA with Spire Bristol for Paediatric Cleft from April 23. • Full time Locum consultant surgeon appointed – start date June 23. • Extension of additional theatre lists at Plymouth. • Shortfall in dedicated cleft theatre capacity remains – ongoing work with BRHC
Increased Speech and Language provision to support patients who have come to harm / are likely to come to harm.	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Recruitment to Bristol maternity cover completed. • Workforce recommendations in annual plan for 23/24.
Increased / Provision of support capacity across nursing and psychology subspecialties to increase resilience and manage increased call volumes, deliver check-in appointments and increased provision of support services	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Recruitment to CNS posts in Bristol complete. • Workforce recommendations in annual plan for 23/24.
Additional SPIN resourcing to address backlog – (including insourcing, new machine optimisation, Children’s hospital capacity)	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Image Intensifier replaced. • Cine-loop upgrade to increase the frame rate of the II ready for SPIN clinics procured. • BDH clinics restarting 13.04.23. • Vidiview software procurement underway.
Team de-brief and needs assessment session – mitigate harm to staff, prevent reoccurrence.	<p><u>Completed</u></p> <ul style="list-style-type: none"> • Review completed 16th March
Exploration and provision of NUGS where appropriate	<p><u>Completed</u></p> <ul style="list-style-type: none"> • Service in place for suitable patients
Recommendations (wider network)	Updates – 31 March 2023
Work with NHS England Specialist Commissioners to review service with consideration to the specific geography and deprivation constraints of the South West and expanding specialist craniofacial workload.	<p><u>Completed</u></p> <ul style="list-style-type: none"> • Mapping of patient group in review vs. Indices of Multiple Deprivation (IMD) deciles compared with overall Cleft patient cohort completed and no additional risk identified. • Craniofacial workload added into capacity plans.



<p>Increased resilience planning, recognising the specialised and small nature of the service.</p>	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Joint orthodontic lead (based in Plymouth) appointed. • Recruitment to Clinical Nurse Specialist posts in Exeter complete. • Working with UH Plymouth to resolve SLT vacancies in network. • Additional managerial support for Cleft recovery plan.
<p>Standardised approach to procuring services across the spoke hubs, including appropriate surgeon and SLT capacity commensurate with demand</p>	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Stock-take of existing arrangements across network to support Cleft service commenced.
<p>Work with NHS England Dental Commissioning to ensure that children within the SWCS have access to a local dentist to support their oral health due to the increased risk within this patient group. Support could be offered from SWCS team/ BDH Paediatric Dental Team to offer additional training as required</p>	<p><u>In progress</u></p> <ul style="list-style-type: none"> • Engagement with National lead regarding paediatric dentistry provision in wider region (via Children & Young Persons network and Managed Clinical Network). • Workforce recommendations for paediatric dentistry in annual plan for 23/24.

The arrangements for the ongoing review and monitoring of the actions are outlined below.

Progressing & monitoring recommendations:

A cleft recovery group was established in January 2022 in response to the pressures on the service and is now progressing the review recommendations. The group includes senior members of the cleft team, the surgical divisional triumvirate, with the support of colleagues in the South West Surgery in Children Operational Delivery Network. A detailed action plan to monitor the implementation of the recommendations is in place and is reviewed on a fortnightly basis by the recovery group.

Sharing learning:

The review offers learning opportunities for not only cleft services but also related dental specialities and other services that operate on similar network models. These will be shared with the wider healthcare community via our engagement with colleagues in cleft services, the South West Surgery in Children Operational Delivery Network, BNSSG ICS and Specialist Commissioning.

Meeting of the Board of Directors in Public on 18 April 2023

Report Title	Maternity Perinatal Quality Surveillance Matrix with Maternity Incentive Scheme (MIS) Monthly Update.
Report Author	Sarah Windfeld, Director of Midwifery and Nursing
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary

This report provides the Board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of February 2023 and progress with the implementation of Ockenden Immediate and Essential Actions (IEAs) recommendations.

This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 4 and the NHS England report, *Implementing a revised perinatal quality surveillance model*.

2. Key points to note (Including decisions taken)

1. Healthcare Safety investigation Branch (HSIB).

There were no cases reported to Healthcare Safety Investigation Branch (HSIB) in February.

2. The national neonatal audit programme last two annual reports on 2020 and 2021 data, showed that units across the Southwest achieved on average the

- Highest rate of delayed cord clamping for the last two years in a row, with six units in the Southwest appearing in the national top twenty.
- Second highest rates of maternal early breast milk
- Third lowest rates of mortality to discharge for babies born at less than 28 weeks.

3. Training compliance of medical staff in obstetric emergency training and fetal monitoring has reduced but this is due to the start of a new rotation. Staff have been booked on training and so compliance should improve.

4. The service continues to prepare for forthcoming Care Quality Commission (CQC) visit with safety walkarounds and preparing data request information.

5. Risk that newly qualified midwifery staff will be more attracted to work at neighbouring Trust due to the neighbouring Trust offering a recruitment incentive.

<p>6. Sporadic capacity issues with the flow of inductions (to match increasing demand) - Risk 2264 and 5652.</p> <p>7. Declared compliance with CNST standards and Saving Babies' Lives</p>	
<p>8. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p>	
<p>The risks associated with this report, but not necessarily related to mentioned incidents, include:</p> <ol style="list-style-type: none"> 1. 3343 - delayed elective LSCS 2. 2264 - delayed induction of labour 3. 5652 - Risk that St Michael's Hospital (STMH) cannot offer an induction of labour (IOL) at 41 weeks as recommended by NICE guidelines 4. 5288 - Risk that not having an allocated triage area and system may result in a delay treating patients 5. 33/3623/988 - NICU staffing/BAPM 6. 5401 Risk that there will not be enough midwives and obstetric staff to run a safe maternity service due to the impact of covid. 7. 4810 Risk that if the Trust does not achieve continuity of carer, we will not achieve CNST safety standards. 8. 4628 Risk that we have reduced capacity to deliver an essential obstetric ultrasound service in line with National guidance. 9. 6466: Risk that inability to provide theatre staff for a 2nd emergency list at STMH between 5-9pm may result in harm to a patient 	
<p>9. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i></p>	
<ul style="list-style-type: none"> • This report is for Assurance. 	
<p>10. History of the paper Please include details of where paper has <u>previously</u> been received.</p>	
N/A	

Meeting of the Board of Directors in Public Tuesday 18 April 2023

Maternity Perinatal Quality Surveillance Matrix with Maternity Incentive Scheme (MIS) Monthly Update

Purpose

This report provides the Board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of February 2023 and progress with the implementation of Ockenden Immediate and Essential Actions (IEAs) recommendations.

This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 4 and the NHS England report, *Implementing a revised perinatal quality surveillance model*.

All moderate harm or above maternity and neonatal incidents in the month are reported. Healthcare Safety Investigation Branch (HSIB) incidents are always reported as serious incidents (SI).

Healthcare Safety investigation Branch (HSIB).

There were no cases reported to Healthcare Safety Investigation Branch (HSIB) in February.

Strengths:

Launched in April 2020, PERIPrem is a perinatal care bundle of eleven interventions evidenced to improve outcomes for premature babies. PERIPrem had a nine-month active project phase followed by an evaluation.. Work is now ongoing under the NHS England Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) to continue to embed and sustain the changes.

PERIPrem, won the award for Best National/Regional Project at the British Association of Perinatal Medicine (BAPM) Gopi Menon Awards 2022. The quantitative evaluation published in BMJ Open Quality reveals 26% more mothers and babies born prematurely in the Southwest received the care interventions they were eligible for, compared to before PERIPrem started. The national neonatal audit programme last two annual reports on 2020 and 2021 data, showed that units across the Southwest achieved on average the

- Highest rate of delayed cord clamping for the last two years in a row, with six units in the Southwest appearing in the national top twenty.
- Second highest rates of maternal early breast milk
- Third lowest rates of mortality to discharge for babies born at less than 28 weeks.

In February 100% of live births less than 30 weeks received magnesium sulphate within 24 hours of birth.

Declared compliance with CNST standards and Saving Babies' Lives audits.

Secured funding for a 0.9wte Band 7 Governance role and an additional 0.8 wte Band 6 education role in NICU.

Funding of the retention midwife to continue for another year.

Permanent funding for the lead neonatal advanced nurse practitioner secured.

Weaknesses

The Division has appointed a new Quality and patient Safety Manager who is an experienced HSIB investigator, however there will be a 3-month gap in the team until she commences, which may impact on team ability to manage workload.

Training compliance of medical staff in obstetric emergency training and fetal monitoring has reduced but this is due to the start of a new rotation. Staff have been booked on training and so compliance should improve .

Opportunities

Continue to prepare for forthcoming Care Quality Commission (CQC) visit with safety walkarounds and preparing data request information. Maternity and Neonatal services have completed a CQC self-assessment utilising the new CQC statements under the headings of safe, effective, caring, responsive and well led. The conclusion of the self-assessment is that for **safe**, the service **requires improvement** but for **caring, effective, responsive, and well led** the service is currently rated as **good**.

Threats

Sporadic capacity issues with the flow of inductions (to match increasing demand) - Risk 2264 and 5652.

Risk that newly qualified midwifery staff will be more attracted to work at neighbouring Trust due to the neighbouring Trust offering a recruitment incentive.

Sarah Windfeld

. Director of Midwifery and Nursing Women's services



UHBW perinatal quality surveillance matrix

	Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
Activity														
<u>NICU admission rate at term (excluding surgery and cardiac) % target 5%</u>	3%	6.9%	3.50%	2.70%	5.10%	3.60%	2.40%	2.60%	3.90%	3.20%				
<u>Number of babies born alive at >=22 to 23+6 weeks gestation</u>	2	0	0	0	0	0	1	0	2	0	1	0	1	
<u>Number of babies born alive at >=24 to 36+6 weeks gestation</u>	16	36	22	35	34	26	34	33	28	23	31	29		
<u>Number of women who gave birth all gestations from 22+0 weeks</u>	357	369	422	416	396	401	424	396	437	415	407	383	402	
Induction of Labour														
<u>Induction of Labour rate %</u>	35.4%	26.3%	28.1%	36.5%	29.8%	30.6%	30.8%	35.7%	25.7%	30.9%	28.7%	32.2%	30.9%	
Unassisted Birth														
<u>Unassisted Birth rate %</u>	47.2%	45.1%	46.9%	46.8%	48.6%	47.7%	48.5%	45.8%	48.1%	44.9%	45.7%	42.0%	46.4%	
Assisted Birth														
<u>Assisted Birth rate %</u>	14.6%	15.9%	16.5%	17.2%	13.8%	17.4%	15.2%	16.0%	13.5%	15.9%	15.6%	16.0%	15.6%	
Caesarean Section														
<u>Caesarean Section rate (overall) %</u>	37.8%	39.0%	36.6%	36.0%	37.6%	35.0%	36.4%	38.2%	38.4%	39.2%	38.7%	42.0%	37.9%	
Elective Caesarean Section														
<u>Elective Caesarean Section rate %</u>	16.0%	16.7%	16.5%	15.3%	15.5%	13.9%	13.8%	17.2%	17.8%	15.9%	17.5%	19.6%	16.3%	
Emergency Caesarean Section														
<u>Emergency Caesarean Section rate %</u>	21.8%	22.3%	20.0%	20.7%	22.1%	21.0%	22.4%	20.9%	20.5%	23.3%	21.2%	22.4%	21.6%	

	Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
Perinatal Morbidity and Mortality inborn														
Total number of perinatal deaths (excluding late fetal losses)	6	1	4	3	2	5	3	4	3	3	2	5		
Number of late fetal losses 16+0 to 23+6 weeks excl TOP (SBLCBV2)	9	5	5	6	5	5	3	6	4	2	3	1		
Number of stillbirths (>=24 weeks excl TOP)	2	0	1	2	1	2	2	2	1	0	1	2		
Number of neonatal deaths : 0-6 Days	4	0	1	1	1	2	0	2	1	2	1	2		
Number of neonatal deaths : 7-28 Days	0	1	3	0	0	1	1	0	1	1	0	1		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	0	0	0	0	0	0	1	1	1	0	0		
Maternal Morbidity and Mortality														
Number of maternal deaths (MBRRACE)	0	0	0	0	0	0	1	1	0	0	0	0		
Direct causes														
Indirect causes							1	1						
number of women who recieved enhanced maternal care on CDS										30	16	19		
Number of women who recieved level 3 care (ITU or CCU) * not pregnancy related	1	1	1	0	2*	1*	1	1	1	1	0	0		
Insight														
Number of datix incidents graded as moderate or above (total)	2	0	1	0	2	3	1	3	1	1	0	1		
Datix incident moderate harm (not PSII, excludes HSIB)	0	0	0	0	2*	3*	1	0	1	0	0	tbc		
Datix incident PSII (excludes HSIB)	0	0	0	0	0	0	0	1	0	1	0	tbc		
New HSIB referrals accepted	2	0	0	0	0	0	0	1	1	0	0	0		

	Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
<u>HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust</u>	0	0	0	0	0	0	0	0	0	0	0	0		
<u>Coroner Reg 28 made directly to Trust</u>	0	0	0	0	0	0	0	0	0	0	0	0		
Workforce														
<u>Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite</u>														
<u>Minimum safe staffing in maternity services: Obstetric middle grade rota gaps(SR 9WTE)</u>														
<u>Minimum safe staffing in maternity services: Obstetric Consultant rota gaps</u>														
<u>Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)</u>														
<u>Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps) tier 1.</u>														
<u>Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps) tier 2. (0.9 WTE)</u>														
<u>Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).</u>														
<u>Vacancy rate for midwives</u>														
<u>Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%</u>	47%	47%	59%	58.80%	58.80%	58.80%	58.80%	63%	63%	63	65%	65%		
<u>Vacancy rate for NICU nurses</u>														
<u>Datix related to workforce (service provision/staffing)</u>	18	18	15	9	18	10	12	2	23	42	22	5		
<u>MDT ward rounds on CDS (minimum 2 per 24 hours) day staff</u>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100		
<u>MDT ward rounds on CDS with day to night staff handover</u>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0		

	Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
<u>One to one care in labour (as a percentage)</u>	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	100%	100%	100		
<u>Compliance with supernumerary status for labour ward coordinator</u>	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	100%	100%	100		
<u>Number of times maternity unit attempted to divert or on divert</u>	1	2	0	0	0	2	1	0	4	4	0	0		
<u>in-utero transfers</u>														
<u>in-utero transfers accepted</u>														
<u>in-utero transfers declined</u>	6			2	1	1								
<u>ex-utero transfers</u>														
<u>ex-utero transfers accepted</u>	1			1	1						2	1		
<u>ex-utero transfers declined</u>		1	1	1	1					1	2			
<u>NICU babies transferred to another unit due to capacity/staffing</u>									2	3	2			
<u>attempted baby abduction</u>	0	0	0	0	0	0	0	0	0	0	0	0		
<u>Number of consultant non-attendance to 'must attend' clinical situations</u>	0	0	0	0	0	0	0	0	0	0	0	0		
Involvement														
<u>Friends and family Test score (response rate % who rated 'very good' or 'good') NICU</u>	67	80%	97%	N/A	100%		100%	N/A	100	100	100			
<u>Friends and family Test score (response rate % who rated 'very good' or 'good') maternity</u>	99	98	99	98	100	100%	96%	98%	93	98	100			
<u>Service User feedback: Number of Compliments (formal)</u>	5	17	13	12	155*	15	85	125	28	1	70	18		
<u>Service User feedback: Number of Complaints (formal)</u>	2	0	3	5	6	2	2	3	5	5	2	4		
<u>Staff feedback from frontline champions and walk-about (number of themes)</u>	4	3	4	4	1	5	4	3	4	3	3			
Improvement														

		Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
	<u>Progress in achievement of CNST /10</u>	7	7	8	8	8	8	8	8	8	9	10	10		
	<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLs</u>	88%	78%	82%	77%	78%	76%	80%	84	90	93	88*	89		
	<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLs</u>	77%	54%	61%	52%	65%	68%	77%	88	91	96	91	93		
	<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists</u>	71%	71%	75%	73%	85%	91%	94%	94	98	98	98	98		
	<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) maternity care assistants* includes BNLS</u>	62%	72%	72%	66%	57%	60%	67%	67%	69%	92%	92%	92.0%		
	<u>Training compliance annual local NBLs (NICU)</u>							80%	93%	93%	93%	93%			
	<u>Training compliance fetal wellbeing day midwives</u>	79%	61%	67%	71%	71%	63%	63%	73%	80%	91%	92%	92.0%		
	<u>Training compliance fetal wellbeing day doctors</u>	69%	38%	44%	43%	62%	55%	55%	79%	81%	89.0%	96%	96%		
	<u>training compliance core competency 4. personalised care</u>	65%	66%	66%	69%	73%	77%	78%	80.8%	81%	81.0%	84%	84%		
	<u>Continuity of Carer (overall percentage)</u>	48%	49%	54%	48%	49%	41%	43%	44.6%	40%	35.0%	35%	38%		
	<u>Trust Level Risks (number shared with LMNS)</u>	9	9	9	9	9	9	9	9	9	9	9	9		

UHBW perinatal quality surveillance matrix

	Jan	Feb-23
<u>Activity</u>		
<u>NICU admission rate at term (excluding surgery and cardiac) % target 5%</u>		
<u>Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)</u>		
<u>Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)</u>	30	20
<u>Number of women who gave birth all gestations from 22+0 weeks</u>	364	333
<u>Induction of Labour</u>		
<u>total number of registerable births from 22/40</u>	376	332
<u>Induction of Labour rate %</u>	40.2%	36.2%
<u>Unassisted Birth</u>		
<u>Unassisted Birth rate %</u>	45.3%	47.2%
<u>Assisted Birth</u>		
<u>Assisted Birth rate %</u>	17.1%	17.8%
<u>Caesarean Section</u>		
<u>Caesarean Section rate (overall) %</u>	37.6%	35.0%
<u>Elective Caesarean Section</u>		
<u>Elective Caesarean Section rate %</u>	17.4%	15.7%
<u>Emergency Caesarean Section</u>		
<u>Emergency Caesarean Section rate %</u>	20.2%	19.3%

	Jan	Feb-23
Perinatal Morbidity and Mortality inborn		
Total number of perinatal deaths (excluding late fetal losses)	2	0
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	5	0
Number of stillbirths (>=24 weeks excl TOP)	0	0
Number of neonatal deaths : 0-6 Days	2	0
Number of neonatal deaths : 7-28 Days	0	0
PMRT grading C or D themes in report	0	0
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	0
Maternal Morbidity and Mortality		
Number of maternal deaths (MBRRACE)	1	0
Direct causes	0	0
Indirect causes	1	0
number of women who recieved enhanced maternal care on CDS	22	28
Number of women who recieved level 3 care (ITU or CCU) * not pregnancy related	1	0
Insight		
Number of datix incidents graded as moderate or above (total)	3	2
Datix incident moderate harm (not PSII, excludes HSIB)	0	2
Datix incident PSII (excludes HSIB)	0	0
New HSIB referrals accepted	1	0
Outlier reports (eg. HSIB/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0	0
Coroner Reg 28 made directly to Trust	0	0

	Jan	Feb-23
Workforce		
<u>Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite</u>		
<u>Minimum safe staffing in maternity services: Obstetric middle grade rota gaps(SR 9WTE)</u>		
<u>Minimum safe staffing in maternity services: Obstetric Consultant rota gaps</u>		
<u>Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)</u>		
<u>Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps) tier 1.</u>		
<u>Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps) tier 2. (0.9 WTE)</u>		
<u>Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).</u>		
<u>Vacancy rate for midwives</u>		
<u>Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%</u>	65%	
<u>Vacancy rate for NICU nurses</u>		
<u>Datix related to workforce (service provision/staffing)</u>	13	3
<u>MDT ward rounds on CDS (minimum 2 per 24 hours) day staff</u>	100%	100%
<u>MDT ward rounds on CDS with day to night staff handover</u>	0%	
<u>One to one care in labour (as a percentage)</u>	100%	100%
<u>Compliance with supernumerary status for labour ward coordinator</u>	100%	100%
<u>Number of times maternity unit attempted to divert or on divert</u>	1	0
<u>in-utero transfers</u>		

	Jan	Feb-23
<u>in-utero transfers accepted</u>		
<u>in-utero transfers declined</u>	3	1
<u>ex-utero transfers</u>		
<u>ex-utero transfers accepted</u>	1	0
<u>ex-utero transfers declined</u>	1	0
<u>NICU babies transferred to another unit due to capacity/staffing</u>	2	
<u>attempted baby abduction</u>	0	0
<u>Number of consultant non-attendance to 'must attend' clinical situations</u>	0	
Involvement		
<u>Friends and family Test score (response rate % who rated 'very good' or 'good') NICU</u>		
<u>Friends and family Test score (response rate % who rated 'very good' or 'good') maternity</u>		
<u>Service User feedback: Number of Compliments (formal)</u>		2
<u>Service User feedback: Number of Complaints (formal)</u>		3
<u>Staff feedback from frontline champions and walk-about (number of themes)</u>		
Improvement		
<u>Progress in achievement of CNST /10</u>	10	10
<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS</u>	92%	91%
<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS</u>	90%	70%
<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists</u>	91%	90%
<u>Training compliance in maternity emergencies and multi-professional training (PROMPT) maternity care assistants* includes BNLS</u>	85%	85%

	Jan	Feb-23
<u>Training compliance annual local NBLS (NICU) nurses</u>	57%	
<u>Training compliance annual local NBLS (NICU) doctors</u>	91%	
<u>Training compliance fetal wellbeing day midwives</u>	90%	89%
<u>Training compliance fetal wellbeing day doctors</u>	93%	79%
<u>training compliance core competency 4. personalised care</u>		
<u>Continuity of Carer (overall percentage)</u>	37%	40%
<u>Trust Level Risks (number shared with LMNS)</u>	9	9



Meeting of the Trust Board of Directors in Public on Tuesday 18 April 2023

Reporting Committee	People Committee – 28 March 2023
Chaired By	Bernard Galton, Non-Executive Director
Executive Lead	Emma Wood, Chief People Officer

For Information

The meeting focussed on items relating to the People Strategy pillars: Growing for the Future; New Ways of Working and Inclusion and Belonging, together with emerging strategic items.

Agenda items included:

- Establishing a centralised budget for Management, Leadership Training and Coaching. (LMC)
- Risk Report covering strategic and workforce corporate risks.
- Education Strategy
- Long term Workforce Plan
- Update on progress with People systems
- 2022 Staff Survey results.
- Guardian of safe working hours reports
- Workforce KPIs and performance report and deep dive into workforce performance in surgery Division.

For Board Awareness, Action or Response

Clearly industrial action is likely to continue for the foreseeable future which will put further strain on services and the Board needs to continue to work closely with System partners and national bodies. An update was provided on the first Junior Doctors strike and the impact that on consultants in stepping down to cover some of the work covered by junior doctors. A detailed lessons learned paper will be produced for discussion by Executives and a future People Committee.

The work undertaken to establish a centralised LMC budget was welcomed but any top slicing of budgets will need to retain a degree of flexibility to take account of the ambitious Training strategy and the amount of retrospective work required to ensure all existing leaders and managers have received their required training.

The wider Education Strategy was seen as a massive step forward from where we currently are, and corporate investments beyond LMC will be needed if we are to deliver on the training and education objectives within the strategy and the linked workforce plan.

The excellent work on Health Care Workers collective pay agreements and recruitment was noted.

Significant progress has been made on the Long-Term Workforce Plan which demonstrates the collaborative working that has taken place across Departments especially Nursing. Funding will be an ongoing challenge.

Key Decisions and Actions



The Staff survey results show some positive areas but also continuing areas of concerns. It was agreed that the results should be triangulated with relevant Pulse Survey data and wider Surveys such as those conducted by the GMC. It was recognised that for the results to have real traction it will be necessary for actions to be closely linked with the People and Education Strategies and that the narrative to staff must be clear in terms of exactly what will be doing to tackle the areas of concern highlighted in the survey. It was also agreed this was not a one-off discussion and future People Committee meetings must ensure Agenda Items link with Staff Survey concerns where appropriate.

The Guardian for Safe Working Hours in Bristol has experienced some issues with workforce data capture and accuracy and the members of the CPO are working to address his concerns.

The Guardian for Weston highlighted the poor condition of the mess areas and CFO and CMO agreed to follow this up as it impacts negatively on staff morale.

The Committee noted the progress made against many of the key workforce indicators and it noted that the targets were now being reviewed and will be presented at the next People Committee.

Additional Chair Comments

Real progress is being made across the People and Education portfolio and excellent collaborative work amongst senior Executives across the Trust is evident and welcomed.

Update from ICB Committee

I attended the ICB People Committee on 1st March. The new CPO was in attendance and there was a lengthy discussion on the ICS People Objectives. I commented that they still appeared rather operational and lacking long term vision – this was noted. It would be useful to invite Jo Hicks, the new CPO, to a future UHBW meeting.

Date of next meeting:

25 May 2023



Meeting of the Trust Board of Directors in Public on Tuesday 18 April 2023

Reporting Committee	Finance and Digital Committee on 28 March 2023
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Chief Financial Officer

For Information

The committee received the monthly update on progress against the Digital Strategy and in particular the developments planned for the coming financial year including electronic prescribing, scanning BRI medical records and digital outpatients.

A revised plan for the rollout of digital noting in outpatients was presented with 105 out of 141 subspecialties currently in the plan. This is a significant step forward.

The first draft of a national Digital Maturity Assessment was presented, showing where the Trust should aim to make progress against national benchmarks. This will be further analysed and progressed into a plan of action in conjunction with NBT.

The monthly finance report and update was noted. The committee received and discussed a detailed report around the Trust financial plan and budget for 2023/24. The proposed budget was recommended to the Board for approval.

For Board Awareness, Action or Response

The rollout of digital noting in outpatients is a significant project that requires high-level support from senior management and clinicians.

The Trust financial plan is balanced and the proposed budget is recommended however, the plan contains more risk than in previous years, particularly in the achievement of activity targets and of cost improvement programmes.

Key Decisions and Actions

Board to approve the 2023/24 financial plan and operating budgets.

Additional Chair Comments

Date of next meeting:	25 th April 2023
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Meeting of the Board of Directors in Public on Tuesday 18 April 2023

Report Title	M11 Trust Finance Performance Report
Report Author	Jeremy Spearing, Director of Operational Finance
Executive Lead	Neil Kemsley, Chief Financial Officer

1. Purpose

To inform the Trust Board of the Trust's financial performance for the period 1st April 2022 to 28th February 2023.

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

The Trust's net income and expenditure position is a deficit of £0.5m, £9.7m better than the planned deficit of £10.2m. The favourable position against plan is primarily due to additional commissioner investments, lower than expected winter operating expenditure and an increase in the rate of savings delivery as a result of further progress made by Divisions with their Financial Recovery Plans.

The Trust's forecast net income and expenditure position continues to be break-even as at the 31st March 2023.

2022/23 CIP - The Trust delivered CIP savings of £14.4m at the end of February, £0.6m ahead of plan. The forecast delivery for 2022/23 is £15.8m, or 106% of plan.

2022/23 CIP Impact on 2023/24 - Only 54% or £8.1m of the Trust's forecast savings are recurrent. This is a significant concern as the Trust's recurrent deficit and financial challenge going into 2023/24 will increase by the recurrent CIP shortfall.

The volume of elective activity fell back in February compared with January (except for inpatients) and remains at c10% below 2019/20 activity levels. This remains a concern as we head into 2023/24 with the retention of Elective Recovery Funding (ERF) being subject to delivering 103% of 2019/20 activity in value terms.

3. Strategic Alignment

This report is directly linked to the Patient First objective of 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover.

4. Risks and Opportunities

416 – Risk that the Trust fails to fund the strategic capital programme. Unchanged risk score of 20 (very high).

5375 – Risk that the Trust does not deliver the in-year financial plan. Unchanged risk score of 12 (high).

5. Recommendation	
This report is for Assurance. The Trust Board is also asked to note the improved deficit position from a deficit of £2.4m for the period to January and the forecast outturn of break-even.	
6. History of the paper Please include details of where paper has <u>previously</u> been received.	
Finance & Digital Committee	28 th March 2023

Trust Finance Performance Report

YTD Income & Expenditure Position

- Net I&E deficit of £494k against a planned deficit of £10,183k (excluding technical items).
- Total operating income is £42,997k favourable to plan due to higher than planned income from activities of £43,771k offset by lower than planned other operating income of £774k.
- Operating expenses are £42,413k adverse to plan primarily due to higher pay expenditure (£29,794k adverse), offset by lower than planned depreciation expenditure of £1,953k. Other non-pay expenditure is £14,572k higher than plan.
- Technical and financing items are £9,689k favourable to plan, of which £7,100k nets off a non pay adverse variance for an impairment.

Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £14,354k or 104% of plan. Full year forecast delivery is £15,794k or 106% of plan of which recurrent savings are £8,058k, 54% of plan. The shortfall in recurrent savings will be incorporated in the 2023/24 financial plan in addition to the 2023/24 target.
- *Pay costs higher than forecast* – pay expenditure must be maintained within divisional and corporate forecasts.
- *Forecast overspend against divisional budgets and achievement of divisional control totals* – divisional forecasts continue to be monitored monthly and recovery plans have been implemented where overspends are not acceptable.

Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a business case in Q4;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going medium-term financial outlook and system prioritisation process.
- Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan implemented from September.

Successes	Priorities
<ul style="list-style-type: none"> • Delivery of capital investment of £36,206k in the period 1st April 2022 to 28th February 2023. • The Trust’s cash position remains strong at £130,744k. • BPPC improvement continues to be maintained with 92% of invoices by value and 90% by volume paid within 30 days. • System Directors of Finance concluded the review of system strategic capital plans and agree prioritisation. • Submission of the Trust’s Draft 2023/24 Operating Plan to NHSE. 	<ul style="list-style-type: none"> • Divisions to continue to prioritise the delivery of their operating plans, including monthly monitoring of divisional forecast against budget and development of recovery plans where required. • Divisions and Corporate Services to ensure recurrent CIP schemes are fully identified by Q4. • Finalisation and submission of the Trust’s Final 2023/24 Operating Plan to NHSE by 30th March 2023. • EROS requisitioners and budget managers must receipt orders and code invoices promptly to ensure payment within 30 days. • Continued implementation of the BPPC recovery actions to improve performance against the national target.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Progress continues on Community Diagnostics Centre Business Case in Weston to NHSE to support elective recovery. • Capital bids for £5.7m submitted to NHSE for the expansion of endoscopy facilities on Bristol and Weston sites. 	<ul style="list-style-type: none"> • Workforce supply challenges to fill vacant posts and staff absences continues to impact on the Trust’s ability to meet emergency and elective demand. • System challenges with patient flow continues to undermine elective activity recovery plans, especially tertiary activity. • Under-delivery on the Trust’s recurrent savings programme will contribute to a deterioration in the Trust’s underlying deficit. • CDEL and the underlying revenue financial position of the Trust and the system may constrain the Trust’s strategic capital plans over the next five years.

Financial Performance – Income & Expenditure

Public Board



University Hospitals
Bristol and Weston
NHS Foundation Trust

February 2023

Trust Year to Date Financial Position

	Month 11			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	76,349	87,052	10,703	849,718	893,489	43,771
Other Operating Income	9,027	10,780	1,753	101,921	101,148	(774)
Total Operating Income	85,376	97,832	12,456	951,639	994,636	42,997
Employee Expenses	(50,915)	(54,261)	(3,347)	(558,285)	(588,079)	(29,794)
Other Operating Expenses	(30,877)	(35,956)	(5,080)	(357,120)	(371,692)	(14,572)
Depreciation (owned & leased)	(5,238)	(5,138)	100	(34,836)	(32,883)	1,953
Total Operating Expenditure	(87,029)	(95,356)	(8,326)	(950,241)	(992,654)	(42,413)
PDC	(1,037)	(1,037)	(0)	(11,410)	(11,410)	0
Interest Payable	(244)	(217)	27	(2,683)	(2,586)	97
Interest Receivable	29	464	435	323	2,731	2,408
Other Gains/(Losses)	0	0	0	0	(193)	(193)
Net Surplus/(Deficit) inc technicals	(2,905)	1,687	4,592	(12,372)	(9,476)	2,896
Remove Capital Donations, Grants, and Donated Asset Depreciation	207	198	(9)	2,189	8,982	6,793
Net Surplus/(Deficit) exc technicals	(2,698)	1,885	4,583	(10,183)	(494)	9,689

Key Facts:

- The position at the end of February is a net deficit of £494k, £9,689k lower than the planned deficit of £10,183k.
- YTD expenditure on International Recruitment is c£4.9m. The cost of F1 cover at Weston at the end of January is estimated at £1,375k.
- Pay expenditure is £54,261k in February, c£751k higher than last month. YTD expenditure is adverse to plan by £29,794k, mainly due to the increase in the pay award beyond the planned 2% (offset by income), enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £1,918k, compared with £2,628k in January and in line with plan. Overall, agency expenditure in month is 4% of total pay costs.
- Other operating expenditure is £2,946k higher in February than last month and £5,080k higher than plan. The higher in month expenditure is due to an lower than planned expenditure in January and various ah-hoc non-recurrent costs realised in February.
- Operating income is favourable to plan by £42,997k, mainly due to Income from Patient Care Activities at £43,771k favourable to plan. This includes c£8,800k of ESRF income above plan and c£12,210k additional funding to support the pay award. The balance is due to high cost drugs and various, additional Commissioner funded investments.
- Trust-led CIP achievement is 104% of plan at £14,354k.

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February 2023

Trust Full Year Forecast Outturn

	Full Year Forecast		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	929,536	972,326	42,790
Other Operating Income	110,951	109,157	(1,794)
Total Operating Income	1,040,486	1,081,483	40,996
Employee Expenses	(599,744)	(641,866)	(42,122)
Other Operating Expenses	(387,859)	(397,385)	(9,526)
Depreciation (owned & leased)	(40,257)	(38,744)	1,513
Total Operating Expenditure	(1,027,860)	(1,077,995)	(50,135)
PDC	(12,447)	(12,447)	
Interest Payable	(2,927)	(2,873)	54
Interest Receivable	352	2,500	2,148
Other Gains/(Losses)	0	(193)	(193)
Net Surplus/(Deficit) inc technicals	(2,396)	(9,526)	(7,130)
Remove Capital Donations, Grants, and Donated Asset Depreciation	2,396	9,526	7,130
Net Surplus/(Deficit) exc technicals	0	0	0

Key Facts:

- As discussed at the Trust's Board meeting in October 2022, the Trust has been forecasting an unmitigated financial risk of £5.5m.
- The two key issues driving this level of potential deficit were the unfunded financial impact of the international nurse recruitment programme of £4.0m and the loss of the F1 doctors at Weston of £1.5m.
- During Q3 and into Q4, divisions are continuing to make further progress against their financial recovery plans.
- The Trust has also benefitted from additional non-recurrent income from the ICB and NHSE Specialised Services.
- On this basis the forecast outturn will continue to be a breakeven position.

An update of the underlying position is subject to a detailed assessment in Q4.

Savings – Cost Improvement Programme

Public Board



University Hospitals
Bristol and Weston
14. Trust Financial Report
NHS Foundation Trust

February 2023

Divisional Finance Report Feb – 2022/23 Savings Programme Summary including 2021/22 recurring shortfall carry forward

Division	2021/22 Programme c/f			Progress to Date					Total Variance to date (Inc. 2021/22 shortfall)	Forecast Outturn					Forecast Outturn			Recurring Variance Inc. 2021/22 recurring shortfall
	2021/22 Recurrent shortfall	2021/22 Shortfall Variance to date	2021/22 Recurring shortfall (Full year write off for SPS)	2022/23 Programme						2022/23 Programme					2022/23 Programme			
				Plan	<----- Actual ----->			Variance		Current Year					Recurring Full Year			
				Recurring	Non- Recurring	Total	Fav / (Adv)	Plan		Recurring	Non- Recurring	Total	Variance Fav / (Adv)	Balance to FYE	Total Recurring	Variance Fav / (Adv)		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Financial Performance																		
Diagnostics & Therapies	(350)	(321)	(350)	1,379	186	1,412	1,598	220	(101)	1,516	201	1,538	1,739	223	16	216	(1,300)	(1,650)
Medicine	(299)	(274)	(299)	1,786	894	435	1,329	(456)	(731)	1,904	958	473	1,431	(473)	211	1,169	(735)	(1,034)
Specialised Services	(1,113)	(1,020)	(378)	1,739	1,120	1,006	2,126	387	(633)	1,898	1,280	1,072	2,351	453	323	1,603	(295)	(674)
Surgery	(544)	(499)	(544)	2,680	1,208	285	1,493	(1,187)	(1,686)	2,935	1,337	323	1,660	(1,275)	812	2,149	(786)	(1,330)
Weston	-	-	-	822	767	311	1,078	256	256	866	802	337	1,139	273	54	856	(10)	(10)
Women's & Children's	(544)	(499)	(544)	2,664	1,186	2,678	3,864	1,199	700	2,901	1,288	3,042	4,331	1,430	3	1,291	(1,610)	(2,154)
Estates & Facilities	27	25	27	824	209	665	874	50	74	907	238	729	967	60	158	396	(511)	(484)
Trust Services	(376)	(345)	(376)	980	288	499	787	(194)	(538)	1,071	318	544	862	(209)	60	378	(693)	(1,069)
Corporate	-	-	-	874	-	1,205	1,205	331	331	953	-	1,314	1,314	361	-	-	(953)	(953)
Divisional Sub Totals	(3,200)	(2,933)	(2,465)	13,747	5,857	8,497	14,354	606	(2,327)	14,951	6,422	9,372	15,794	843	1,636	8,058	(6,893)	(9,358)
System Transformational Plans	-	-	-	6,577	-	-	-	(6,577)	(6,577)	7,366	-	-	-	(7,366)	-	-	(7,366)	(7,366)
Grand Totals	(3,200)	(2,933)	(2,465)	20,325	5,857	8,497	14,354	(5,971)	(8,904)	22,317	6,422	9,372	15,794	(6,523)	1,636	8,058	(14,259)	(16,724)

Key Points:

- The Trust's 2022/23 savings target is £22,317k. This includes £7,366k attributable to system transformation savings.
- At the end of February, the Trust had achieved savings of £14,354k, or 71% against a plan of £20,325k, resulting in a shortfall of £5,971k.
- £6,577k of the £5,971k shortfall is due to non-achievement of system savings.
- The Trust has a recurrent shortfall from the 2021/22 savings programme of £3,200k, resulting in a £2,933k shortfall to date. Therefore the total variance to date is £8,904k.
- The recurring forecast outturn for the 2022/23 plan is a shortfall of £14,259k and including the 2021/22 shortfall is £16,724k.
- At the end of February, all divisions have a shortfall against their recurring plans and three of the divisions have a shortfall against their non-recurring plans.
- Currently 59% of forecast savings are non-recurring, which is a major cause for concern.

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Appendix 1 – Action Log & Developments

Summary of Recovery Actions

Ref	Date	Description of Action	Action Owner	Date Due	Committee Month	Status	Revised date	Update
014	Jun-21	Present the Trust Five Year Financial Strategy	OpDoF	Oct-21	November	Open	Q4	Strategy to be developed during Q4, following supporting work which is aligned with system timescales.
030	May-22	Include a summary of the ICS financial position	HoFFP	TBC		Open		Reporting of the ICS financial position currently under discussion
036	Jun-22	Development of a financial recovery plan	CFO	Nov-22	December	Open	Q4	Recovery plan implemented in September. Medium Term Finance Plan to be reported in Q4.
038	Jun-22	Continue to assess the benefits impact of investments made since April 2020 and consider unwinding or re-purposing.	HoFMI	Mar-23	Quarterly Review	Open		On going process will again be reviewed as part of requirements for 2023/24 operating plan.
044	Jul-22	Review and address increased costs for patient transport services. (Trust Services)	HoFMI	Aug-22	September	Open	TBC	Subject to system wide procurement of non-emergency patient transport during Q4.
047	Nov-22	Focus on increasing Somerset Surgical Services activity through theatres.	HoFMI	Mar-23	April	Open		
048	Nov-22	Detailed forecast reviews to be undertaken with Medicine, Surgery and W&C divisions over the next 2 months	HoFMI/CFO	Feb-23	March	Open		
049	Dec-22	HFMA A1 - understand the NHSE Specialised Commissioning funding position early in the financial planning stages.	OpDoF	Feb-23	March	Open		Action from HFMA Checklist Self-Assessment
050	Dec-22	HFMA A9/E - Review existing process for identification of CIP to ensure robustness, increasing clinical and operational collaboration and the system.	HoFMI	Q4	April	Open		Action from HFMA Checklist Self-Assessment
051	Dec-22	HFMA A11 - Establish a programme of work to support the productivity agenda	HoFMI	Q4	April	Open		Action from HFMA Checklist Self-Assessment
052	Dec-22	HFMA C2 - Review where run-rate reporting is being used routinely and identify where additional reporting may be beneficial.	HoFFP	Apr-23	May	Open		Action from HFMA Checklist Self-Assessment
053	Dec-22	HFMA D1/D5 - Implementation of a formal forecasting timetable requesting forecast positions from Divisions at Q2 and Q3 and monthly at M10 and M11 for activity volumes, workforce changes and financial forecasts.	HoFMI	Jan-23	February	Closed		Divisional forecast continue to be monitored, with recovery plans identified and implemented where overspends are not acceptable. Formal forecasting timetable to be implemented in 2023/24
054	Dec-22	HFMA G5 - Review policies to identify gaps	HoFFP	Jan-23	February	Open	Q1 2023/24	Review has been re-prioritised due to operational planning commitments. However, the department is represented in the membership of the Trust's Policy Group. Current finance policies remain in date.
055	Dec-22	HFMA H - Rollout revised financial training programme	HoFFP	Apr-23	May	Open	Q2 2023/24	Planning for the financial training programme will commence Q2 2023/24.

Key:

Role	Description	Name
CFO	Chief Financial Officer	Neil Kemsley
OpDoF	Operational Director of Finance	Jeremy Spearing
HoFMI	Head of Financial Management & Improvement	Dean Bodill
HoFFP	Head of Finance - Financial Performance	Kate Herrick



Meeting of the Board of Directors in Public on Tuesday 18 April 2023

Report Title	Governor's Log of Communications six month look back
Report Author	Rachel Hartles, Membership and Governance Officer
Report Lead	Emily Judd, Corporate Governance Manager

1. Report Summary

The Governors' Log of Communications was established as a means of channelling communications between the governors and the Trust's Executive Directors in a way that it is open to public scrutiny. It is a resource for logging queries from governors (direct queries or queries on behalf of their constituents) and the corresponding responses. It provides a practical mechanism for supporting good, two-way communication flow between governors and Executives.

2. Key points to note (Including decisions taken)

Since the last meeting on 22 February 2023:

- Three questions have been answered by Executive Directors relating to Car Parking, Recruitment and Out of Hours Discharge. One of these questions (Out of Hours Discharge) is now with the Governors to confirm any further questioning or whether they can be closed.
- A system glitch is preventing some updates being made to the log, and a new system to improve reporting is being set-up.

ID **Governor Name**
277 Aishah Farooq **Theme:** Recruitment **Source:** Governor Direct

Query 22/02/2023

Strike action is undoubtedly having an impact on the here and now, but this is also affecting young people's perception of healthcare careers, so I wonder what we're doing to re-energise young people to work at UHBW in the near/longer-term future?

Division: Trust-wide **Executive Lead:** Director of People **Response requested:** 30/03/2023

Response 17/03/2023

UHBW through the Apprenticeship and Widening Engagement and Simulation teams continue to support outreach activity and events across the region. We also play an integral and critical role within the BNSSG, championing T-levels, chairing ambassador network meetings and are attending many external events centrally coordinated through the BNSSG Career Hub. We have supported activities and events through both national apprenticeship week and national careers week to continue to engage our future talent pipelines.

We are currently developing a bank of internal staff across all divisions and sectors who will support at these external events to spread the message. Last week we attended, in conjunction with the UHBW MEMO team, an external event whereby we highlighted "Engineering" as a sector for young people to progress into. We are in the process of recruiting an apprentice into this post.

We are about to launch our under 16 work experience package, aligned to our catchment schools and to date have had over 250 applicants to our UHBW structured programme. Our traineeship programmes are leading the way across the system but we need to have a clear pathway for these people to transition into opportunities within wider Trust roles.

Positive work with the Bank team have also seen us start accepting T-Level students onto the bank shifts in order to support accelerated development where appropriate. We have undertaken college engagement days to talk about careers and the transition from T levels into apprenticeships as well as offered insights and masterclasses. We are working closely with Princes Trust to develop understanding within schools and colleges that soft skills are just as important as technical abilities.

Status: Closed

Query **22/02/2023**

The governors would like to seek assurance about the manner in which out-of-hours discharges are monitored at the trust. Accordingly, we wish to ask:

- a) What is the current definition of an out-of-hours discharge at UHBW FT?
- b) How are the numbers and timings of such discharges currently monitored at the trust and processes involved audited?
- c) Is a specific record kept of whether or not an out-of-hours discharge is based on patient choice?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 30/03/2023

Response **29/03/2023**

- a) What is the current definition of an out-of-hours discharge at UHBW FT? There isn't a formal definition, but as a guide we use 8pm seven days a week.
- b) How are the numbers and timings of such discharges currently monitored at the trust and processes involved audited? In July the Trust launched the Every Minute Matters programme which is a return to the foundations of care across our wards. This includes a specific focus on the well organised discharge, including timeliness of discharge. There are various ways in the Every Minute Matters approach that time of discharge is monitored, including at the Every Minute Matters working group and the oversight groups run within Divisions. One of the key objectives of Every Minute Matters is to bring discharge forward to earlier in the day where possible. As part of the approach we are also hoping to open the discharge lounge in the BRI 24/7, in order to support people who wish to be discharged later in the day to have the most pleasant experience of discharge possible. This would include offering the discharge lounge as a quiet space for people being discharged from the emergency department to wait for transport.
- c) Is a specific record kept of whether or not an out-of-hours discharge is based on patient choice? This would be recorded in the patient's notes.

Status: Awaiting Governor Response

Query 19/01/2023

Car parking charges have again increased at Trenchard street to £18.00 a day. Whilst the trust has a limited number off parking spaces and has made some provision for staff to park at Cabot circus and a shuttle service to Temple meads station, there appears no strategy for staff that have to park at Trenchard street through no fault of their own. Q- What strategy could UHBW consider to negotiate reduced parking rates at Trenchard street? Could UHBW consider bolstering and improving a more regular and reliable shuttle service to Cabot circus so that staff who have very strict time pressures or carer commitments can be able to get to their car in a quicker time scale?

Division: Trust-wide**Executive Lead:** Director of Finance**Response requested:** 16/02/2023**Response** 27/03/2023

Car parking charges have again increased at Trenchard street to £18.00 a day. Whilst the trust has a limited number off parking spaces and has made some provision for staff to park at Cabot circus and a shuttle service to Temple meads station, there appears no strategy for staff that have to park at Trenchard street through no fault of their own. Q- What strategy could UHBW consider to negotiate reduced parking rates at Trenchard street?

From BCC : Trenchard serves all the residents, businesses and visitors to the city centre and university as well as the UHBW Hospitals and the Council does not offer discounted parking to any single group. The Council does, however, offer long stay parking permits and pre-paid parking permits, which both offer a small discount when compared to the on the day price.

Could UHBW consider bolstering and improving a more regular and reliable shuttle service to Cabot circus so that staff who have very strict time pressures or carer commitments can be able to get to their car in a quicker time scale?

In August 2022 A new improved Shuttle timetable was introduced that operates later into the evening and starts earlier in the morning.

It Operates Monday to Friday every 20 minutes from Bristol temple meads between the hours of 06:20 and 10:00am and every 30 minutes for the rest of the day. The vehicles also have Telematics fitted to them so staff can check live status of the bus service using an App (Radius Velocity) that was launched last week. It is hoped that in April the early morning timetable will change to a service that operates every 30 minutes from Bristol Temple Meads and every 15 minutes from Cabot Circus. As well as this the Trust have introduced an On - demand shuttle service that operates 7 days a week 21:00-07:00 that staff can prebook to collect them from the hospital they work at which will Transport them to their car parked at Cabot Circus. The service goes into the car park and drops the member of staff at their car. Of note there is also now a free shuttle bus service for patients, visitors and staff between Weston General and BRI. This service runs Monday – Friday and covers Weston General, Weston train station and BRI.

Status: Awaiting Governor Response