Report to:	Public Council of Governors	Agenda item:	10
Date of Meeting:	13 June 2024		

Title of Report:	Log of NED assurance questions
Status:	For noting
Board Sponsor:	Alison Ryan, Chair
Author:	Lauren McEwan, Corporate Governance Manager
Appendices	Appendix 1: Log of NED Assurance Questions Appendix 2: FTSU Response Appendix 3: Update on Ambulance Handover Time

1.	Executive Summary of the Report

The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

The role of governors in 'holding to account' is one of assurance of the performance of the board.

At the RUH, Governors hold the NEDs to account for the performance of the Board by combining the following activities:
- Reading Board papers
- Observing Board meetings
- Observing sub-committees
- Holding discussions with committee chairs when they attend working group meetings
- Engaging with NEDs at joint away days.

As part of the working group meetings, Governors are able to raise questions for NEDs and all questions are stored in a central log. This log is presented to each Council of Governors meeting for the NEDs to answer and Governors to ask any follow-up question.

There are two questions presented this month.

23rd April 2024 was submitted to the Membership Inbox and was sent to the ET and NEDs for response.

24th April 2024 was submitted to the Membership Inbox was sent to Associate Director of Operations and Divisional Director of Operations for Surgery.

The Membership Team are working to provide the Council of Governors with a response by the meeting on 13 June 2024. The questions are detailed in appendix 1 with further answers within appendix 2 and 3..

2.	Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to:
- Close assurance question "23rd April 2024" and "24th April 2024"
- Take note of the responses in Appendix 2 and 3.

3.	Legal / Regulatory Implications

The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

None.

5.	Resources Implications (Financial / staffing)

None.

6.	Equality and Diversity

All Governors can raise questions of NEDs at any time.

7.	References to previous reports/Next steps

This paper is presented to every Public Council of Govenors meeting.

8.	Freedom of Information

Public.

9.	Sustainability

The log of assurance questions is held online.

10.	Digital

The log of assurance questions is held online.

Appendix 1: Governor Log of Assurance Questions

Date:	23rd April 2024
Source Channel	**Email Sent to the Membership Inbox following on from the March Quality Working Group**
Date Sent & Responder	Sent to ET and NEDs on the 23rd April 2024
Question and ID	**23rd April 2024** Can assurance be provided that the Trust Security Team has or will be reviewed to ensure a safe number of trained Security staff will be on shift to cover the entirety of the hospital, and that in a case of another lockdown a pool of Trained Security Officers would be available. Furthermore, entrances and exits will also need to be reviewed to ensure the ability to secure our site if needed.
Process / Action	Waiting for response
Answer	The Head of Facilities at Salisbury Foundation Trust has been asked to undertake an independent review the Security team and provide the Chief Nursing Officer of any recommendations. This is scheduled to take place in early July 2024. The outcomes will be reviewed in the Non-Clinical Governance Committee.
Closed?	Open

Date:	24th April 2024
Source Channel	**Email Sent to the Membership Inbox**
Date Sent & Responder	Sent on 25th April 2024 to David Allison and Stephen Roberts.
Question and ID	**24th April 2024** I am trying to get my head round waiting times. According to the 11 April 2024 press bulleting from the NHS, the following figures were recorded for February 2024: -7.5 million patients are currently waiting to start treatment -1,745,825 new referral to treatment (RTT) pathways were started -301,266 pathways were completed as a result of admitted treatment and 1,175,470 pathways were completed in other ways(non-admitted), a total of 1,476,736 This gives a capacity shortfall in February of 269,089 or ca. 15%. I have looked at a recent report to the governors quality working group and cannot find the equivalent numbers for the RUH. Are such numbers available? I have also thought about the meaning of waiting lists. If capacity equals or just exceeds demand, one might expect waiting lists of 4 to 6 weeks to accommodate fluctuations in supply and capacity. However, a waiting list in excess of 50 weeks means that at the 50 week point, sufficient patients have dropped off the waiting list for capacity to equal demand. Patients drop off for a number of reasons, overriding incapacities, death and going private being among the possibilities. I know people in our community who have been waiting two years for hip replacements. If you are unable to walk comfortably for a prolonged period, other things happen to the body, eventually leading to incapacity. My second question is this. Bearing in mind that every attempt to reduce waiting times by putting extra effort into supply results in an increasing mountain of demand (rising to 15% more if the system gets down to capacity equalling demand), is there any serious prospect of the RUH significantly reducing waiting times without making significant investment in capacity, beds and resources? My third question is 'to what extent is theatre capacity limited by bed capacity.?
Process / Action	Sent on 25th April to David Allison and Stephen Roberts. Repsonse received on 15th May. Additional information needed and email sent to David Allison and Stephen Roberts on 16th May. Additional information received on 16th May.

Answer	In April we had -34,921patients are currently waiting to start treatment (Incomplete pathways) -10,630 new referral to treatment (RTT) pathways were started - 930 pathways were completed as a result of admitted treatment and 6862 pathways were completed in other ways(non-admitted), a total of 7,792 The figures in themselves are though misleading due to the nature of how RTT is reported and how it works operationally. A lot of stops come through validation and are therefore entered retrospectively. For example a patient is sent for a radiology scan, the result of which is that the patient no longer needs to be followed up. The patient gets a letter to this affect but a stop is not put on for that patient at the time, it is instead put on retrospectively the next month when the patient is validated. (Every patient should be validated every 12 weeks) Because RTT figures are submitted monthly and there is no resubmission process for previous months that stop doesn't get reported nationally. In addition there will be clock starts that happen that end up being excluded down the line as they are found to not be RTT reportable. I.e. patients that have been discharged but require a surveillance follow up. A new encounter is created which opens up an RTT pathway but they then get excluded rather than stopped when the outcome is entered. You can't therefore do what you would think you can logically do which is take the number of waiters add on the additions and remove the stops to get the net change. At a high level I think it is worth looking at the total number of incomplete waiters each month (the first figure) to see whether the waiting list is reducing. The total per month is as per below (I've gone back to the Pre COVID period so that you can see the long term trend. Options to reduce waiting lists that are not hugely costly is basically 'validation' of waiting patients; going through the waiting list at regular intervals to check if patients have had a definitive treatment (but not recorded correctly , or patient pathway not updated), still require an appointment/treatment (some patient issues simply settle or become manageable; have been referred elsewhere and been seen or gone privately). We have validators and specialty managers who regularly undertake this. We report nationally on the regularity of our validation, and how far down the waiting list we go (down to 12 weeks currently). We can invest in more validators at a relatively low cost, but in current climate (headcount/savings) this is a challenge. Very rarely. We run 16 theatres and the elective footprint (18 beds on Robin Smith a Day Surgery Unit, and some ICU requirement) copes 90% with the odd day case saying overnight that mat flex into non
Closed?	

Date:	4 March 2024
Source Channel	Email Sent to the Membership Inbox on 4 March 2024.
Date Sent & Responder	Sent to Toni Lynch, Chief Nursing Officer and Jason Lugg, Deputy Chief Nursing Officer on 4 March.
Question and ID	**MAR24.1 -** Can the Governors receive clarification regarding the reported days without pressure ulcers on Peirce Ward, given the conflicting figures provided by various sources including Quality Governance Committee, social media and the Governor Quality Working Group. The discrepancies in the reported data undermine confidence in the accuracy and integrity of the information provided.
Process / Action	Sent to Toni Lynch, Chief Nursing Officer and Jason Lugg, Deputy Chief Nursing Officer on 4 March. Response circulated on 27 March 2024.
Answer	Thank you for your email and assurance question relating to pressure ulcer data for Pierce Ward. I have reviewed the Quality Reports and the minutes for each of the meetings and I do understand how the presentation of data could be confusing. My summary is as follows: •There was no Quality Report presented at the Board of Directors meeting in November 2023. I therefore assume that any reference to the number of days that Pierce Ward was pressure ulcer free was verbal. •At the December 2023 Quality Governance Committee, the data presented was from September 2023. There was no specific reference in the Quality Report to the number of days the Pierce was pressure ulcer free. Again I can only assume that any reference was verbal in nature. •Reporting at the Governors Quality Working Group in February used the January Quality Report which was November 2023 data. I recall verbally stating at the meeting that the number of days Pierce Ward had been pressure ulcer free was likely to be higher but I had been on leave and was not familiar with the latest data. I am sorry for the confusion that this has caused. Toni or I will often provide a verbal real time position which will be different to the Quality Report as the data is reported 2 months in arrears to allow for analysis and validation. I am sure the Governors will agree that there has been a significant improvement in pressure ulcer care on Pierce Ward and this is something to be celebrated.
Closed?	Open. To be closed at the Council of Governors meeting on 13 June 2024.

Date:	13 March 2024
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to the Chief Nursing Officer for response on 18 March 2024
Question and ID	MAR24.3 - 1. Can assurance be provided that the hospital administration is actively addressing concerns raised by cleaning staff regarding safety, workload, and training adequacy? 2. How confident are we that measures are in place to enable cleaning staff to feel safe and supported in raising concerns through appropriate channels? 3. Can assurance be given regarding efforts to ensure that new cleaning staff receive sufficient training to perform their roles effectively and safely, considering the recommended duration compared to the current duration? 4. How assured are we that the hospital is effectively managing staffing shortages to prevent cleaning staff from frequently working alone without necessary support? 5. Can assurance be provided that protocols are in place to facilitate assistance from clinical staff for cleaning tasks involving heavy furniture and equipment? 6. How confident are we that the hospital is ensuring proper utilisation of the new microfibre mop system, including the necessary frequency of steam cleaning? 7. Can assurance be given regarding strategies to mitigate the absence of a dedicated level 2 cleaning team and the associated workload and efficiency challenges for cleaning staff? 8. How assured are we that cleaning staff consistently adhere to infection control protocols, including the proper removal of PPE when exiting level 2 rooms/zones? 9. Can assurance be provided that procedures are in place to ensure the safe transportation of dirty mops and microfibre cloths to prevent contamination of patient and public areas? 10. How confident are we that the hospital effectively monitors and enforces compliance with protocols for the transportation of cleaning equipment to minimise the risk of cross-contamination in patient care and public areas? 11. Can assurance be provided re the hospital's response to the reported escalations in infection levels, including any measures being taken to investigate contributors such as cleaning standards, and the implementation of corrective actions where necessary?
Process / Action	Sent to Toni Lynch, Chief Nursing Officer for response on 18 March 2024.
Answer	
Closed?	Open

Date:	13 March 2024
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to the Chief People Officer, Paul Fairhurst and Sumita Hutchison, Non-Executive Directors for response on 18 March 2024
Question and ID	MAR24.4 - How does the trust ensure that 'Freedom to Speak-Up' effectively safeguards employees who raise concerns, especially in light of recent reports in media about a senior staff member alleging that they were sacked for whistleblowing?
Process / Action	Sent to the Chief People Officer, Paul Fairhurst and Sumita Hutchison, Non-Executive Directors for response on 18 March 2024
Answer	Response detailed at appendix 2.
Closed?	Open

Date:	13 March 2024
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to Toni Lynch, Chief Nursing Officer for response on 18 March 2024.
Question and ID	MAR24.5 - Drawing from the lessons learned from the Mid Staffordshire scandal, and in light of recent concerns regarding potential compromises to safe staffing levels and patient safety amidst financial considerations, could the Board reaffirm its commitment to guiding strategic direction and ensuring that executive decisions prioritise patient safety above financial targets? Specifically, could the Board provide insights into the overarching strategies in place to maintain safe staffing levels, monitor workload pressures, and support staff well-being, thereby upholding the trust's duty of care to both patients and employees, while actively mitigating risks associated with historical incidents such as Mid Staffordshire? Furthermore, acknowledging the decision to delay replacing the Director of Estates & Facilities, and entrusting the responsibility to the Director of Nursing on an interim basis, how does the Board plan to ensure that essential functions are adequately overseen during this transition period, while proactively addressing any potential gaps in expertise to safeguard against adverse impacts on patient care and safety?
Process / Action	Sent to Toni Lynch, Chief Nursing Officer for response on 18 March 2024.
Answer	
Closed?	Open

Date:	13 March 2024
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to Paran Govender, Chief Operating Officer for response on 18 March 2024.
Question and ID	MAR24.6 - Can the governors be provided with assurance that steps are being taken to address these concerning incidents and improve the care and dignity of patients during ambulance handovers?
Process / Action	Sent to Paran Govender, Chief Operating Officer for response on 18 March 2024.
Answer	Response detailed at appendix 3.
Closed?	Open

Appendix 2: Response to MAR24.4

"How does the trust ensure that 'Freedom to Speak-Up' effectively safeguards employees who raise concerns, especially in light of recent reports in media about a senior staff member alleging that they were sacked for whistleblowing?"

The NEDs are assured that the Trust recognises the very serious risks of failure to develop an open, transparent and 'safe' culture: some staff could feel unable to raise concerns relating to patient care, staff safety and wellbeing; and that could lead to adverse effects on patient outcomes, staff welfare, the RUH reputation, and sustainability. The Board has captured that risk explicitly in the Board Assurance Framework (Risk 2.3). Other BAF risks also address the need to establish the right culture, specifically BAF Risk 2.4 which states that "failure to provide effective management and leadership development [...] could lead to inconsistencies in the way we lead people [which] could result in an adverse culture [and] could adversely affect patient care and outcomes, staff health and wellbeing, and workforce productivity and cost". The BAF risks (and the controls, assurances and actions to mitigate gaps) are reviewed regularly at People Committee and Board.

The Trust provides several existing routes for staff to speak up, including to senior leaders, line managers, the Freedom to Speak Up Guardian and trade union representatives. There are some positive indicators as to the effectiveness of that framework: national indicators of speaking up culture show that the Trust performs in line, or just above, our NHS staff survey benchmark peers, and our Freedom to Speak Up Guardian case numbers have been similar to organisations of comparable size and function.

However, whilst the Trust has a framework in place to encourage openness and transparency, our culture can be a barrier to effective delivery in practice. So too can our staff's perception of the culture: the perception amongst some being 'they say it is safe to speak up, but I don't believe it'. For that reason, the Trust has established a strategy and numerous workstreams and plans designed to move us ever-nearer to a culture in which all 8,000 staff feel safe to speak up. Some of those are:

- Freedom To Speak Up review.
  - Last year the Trust commissioned The Guardians Service to carry out an independent review of our current FTSU processes, ways of working and culture.The Report was presented to the People Committee in November. It confirmed the Trust's assessment that there are opportunities to

improve. Indeed, the report advised that if the Trust did not make changes now, our speaking up arrangements might deteriorate in the future.

- ○ Amongst its findings, the report identified issues with internal perceptions on the remit and role of the Guardian/ the FTSU service, specifically a perception that the Guardian was becoming a 'catch-all' for all speaking up matters, including those that could or should be more properly and effectively handled by others (specifically line-managers).
- ○ The report made eight core recommendations to improve the effectiveness of the FTSU Service and enable the Trust to deliver its aspiration to move from a 'good' to a 'gold standard' FTSU service. They include:
    - ■ A full review of our People Policies to embed FTSU processes, especially around escalation policy and the inclusivity / accessibility of language used.
    - ■ The creation of robust, visible processes for triage and escalation of concerns, including regular formal triangulation of FTSU with other data insights (e.g., patient incidents, WRES, WDES, NHS Survey data etc.)
    - ■ A clearer demonstration of 'we say, we listen, we do' ethos, and continuation of workstreams to access hard-to-reach or hard-to-hear groups.
    - ■ A communication campaign to clarify and educate around the FTSU Guardian role, alongside the wide range of other speaking up routes .
    - ■ Continued need to role model curiosity and openness to 'hearing' and acting on feedback at the most senior organisation levels.
- Culture Change: the Trust's newly-formed Culture Change Team, drawn from across the RUH and with a balanced demographic, is implementing plans to support openness in local Divisional, Directorate, Departmental, Service and Team level.
- Restorative, Just and Learning Culture: a foundational element of the People Plan is the RJLC programme. The vision of that programme is to create an open, honest and supportive environment at work, which puts reflective practice and learning at the heart of what we do; to support people in being accountable and taking learning from incidents to provide better patient care; and to deliver 'People practices' that are fair, equal, agile, and, wherever possible, 'restorative'.
- EDI Networks: our refreshed EDI Networks are being asked to consider ways to support openness in local Divisional, Directorate, Departmental, Service and Team level, particularly where the networks have a concern about culture.

- Communications: work is in progress to ensure that the message to staff about safety to speak up is clear, consistent and frequent. That has been in evidence through Executive team communications to staff over recent months.
- Policies: work is in progress to ensure that the Trust's values and behaviours (including that 'we will actively listen' and that 'we will share ideas and speak up') are woven throughout all relevant policies, together with clear messages about safety to speak up.
- Leadership Development: the vision of the Leadership Development Programme is to develop the RUH leadership community to provide a compassionate, diverse, inclusive, effective, sustainable and safe work culture. The requirement to support and encourage a culture of speaking up is being emphasised within our development programmes for new and existing managers.
- Induction: induction sessions for every new member of staff (now held every Monday) and the new induction programme for Medical Consultants both emphasise the duty to speak up and to support staff to feel safe to do so.
- Job Descriptions: a project is in progress to update Job Descriptions and Person Specifications, including to capture either the requirement to facilitate speaking up (particularly for managers) or the duty to speak up for everyone.

The NEDs are assured that the Trust Executive and leadership team are committed to an open and transparent culture where staff feel safe to speak up; that the cultural barriers to making that transformation are identified and understood; and that plans are in place and being implemented to deliver improvements. Specifically as regards the FTSU service, the NEDs are assured that plans are in place or under development to implement recommendations made by The Guardian Service and to improve its effectiveness.

As regards the recent media reports, the Trust has consistently stated that it has never dismissed anyone for raising concerns and never will. Following detailed discussions with the Executives and the Trust's advisers in respect of that case, the NEDs are assured with regard to that statement.

Appendix 3: Response to Governors re Ambulance Handover Time and Delays (MAR24.6)

1.0 Overview

The purpose of this paper is to provide an update to RUH Governors regarding delays in ambulance handovers and to address concerns regarding the care provided to patients whilst they are waiting in ambulances. There are significant delays in RUH colleagues taking over the care of patients but there is no evidence that patients have not in the meantime had their care and dignity needs met by paramedics who remain with patients whilst waiting to handover to RUH colleagues.

There are three key metrics to objectively measure performance in this area:

1.1. The national standard for ambulance handover delivery is 90% of patients arriving by ambulance are handed over to the receiving hospital within 30 minutes of arrival. For February 2024, the RUH validated performance was 40.8% of patients handed over within 30 minutes.

1.2. The South West Ambulance Trust (SWAST) monitors how many hours are lost per day of ambulance crew time, when patients are not able to be handed over to Emergency Department staff and therefore patients are delayed in ambulances. For the period 26th February – 26th March 2024, the RUH had a daily average time lost of 57.8 hours per day. In comparison to the other Trusts within the South West, this the RUH is ranked 15th out of a total of 19 Trusts in terms of the number of hours delayed (appendix one).

1.3. During the same period, against the average handover time metric (average number of hours lost per ambulance attending the ED), the RUH was ranked 14th with a time of 1.2 hours.

2.0 Improvements to address ambulance delays

An improvement plan is in place to support the reduction in ambulance handover delays. This forms part of the Trust 4-hour recovery plan and key to improvement will be the ward discharge improvement as all contribute to the challenges of handing over patients from paramedics within 30 minutes.

The key actions, which are reviewed daily, weekly and reported monthly as part of the Medicine Division performance review meetings, are as follows:

- Site and Divisional Teams to support the ambulance handover performance:
  - Embed near real-time monitoring and early escalation when ambulances are on route and will be unable to offload their patient
  - Maximise our Ambulance Cohort Areas; both of which became functional towards the end of 2023. The RUH has made two Cohort Areas: available from 18:00 – 12:00 daily (18 hours a day). The RUH has an escalation process in place that reviews the use of Cohort Areas outside of these hours, if there is increased pressure on ambulance offloads
  - The X-CAD system does not support all ambulances that arrive at the Trust. Therefore, we are working with the other providers to ensure processes are fully embedded and accurate data is collected

- The ED Consultant job plans are being reviewed to ensure Rapid Assessment and Treatment is rostered to ensure enhanced safety of ambulance arrivals, especially at times of non-offloading which occur during periods of high demand (early evening and weekends). Individual job planning within the Emergency Department has been completed, and the next step is departmental job

planning, which is currently being undertaken with support from the Medical Division and Chief Medical Officer.

- Patients that arrive by ambulance are triaged via a process called Pitstop. There are specific actions that the Emergency Department team are undertaking to optimise Pitstop.
  - o Adopt and standardise the role of an Ambulance Triage Nurse to enable rapid handover of crews at the hospital
  - o Review of the ED Consultants' clinical time to support more allocation to Rapid Assessment and Triage (RAT) in Pitstop
  - o Monitoring the process and adherence to the dual pin sign-off which is required to hand patients over
  - o During the pitstop process there is a rapid assessment of the patient's condition and, if there is no cubicle available the patient's suitability to wait in an ambulance supported by paramedic crews.

- If a patient is waiting in an ambulance their clinical status is continually monitored by the paramedic crews who liaise with the RUH Emergency Team if there is a change in condition. In addition, there is usually during periods of high demand a paramedic based in the Emergency Department who undertakes a Hospital Ambulance Liaison Officer (HALO) role whose role is to support getting ambulances back out on the road, and reduce delays, and supporting patients' safety. All incidents relating to ambulance delays are recorded prospectively on Datix and investigated.

- Towards the end of 2023, a new IT system, called X-CAD, was implemented by SWAST to operate, and analyse ambulance data. There have been some issues across the whole of the South West with this implementation and the RUH continues to be part of a working group chaired by NHS England to identify improvements to the accuracy of data recording and standardise processes. Daily validation of the data provided by SWAST and exception report. The RUH are working with SWAST to ensure clear training is in place for all staff, as well as consistency in how the Hospital Ambulance Liaison Officer (HALO) role functions.

During periods of not being able to offload ambulances, all patients are clinically reviewed to ensure that they are safe to be transferred back into an ambulance. The paramedic crews always remain with the patient, and should the patient deteriorate, they are immediate transferred into the Emergency Department. All patients are recorded on the RUH IT system (FirstNet) so that the Nurse in Charge and Emergency Physician in Charge are aware, at all times, of the patients that remain in ambulances. Whilst patients are in ambulances, should it be required, then a patient is taken to the lavatory within the Emergency Department and should they not be mobile enough, then a bedpan will be used. Food and drink are given to patients who are not offloaded as well as, additional blankets and pillows sought.

The RUH also continues to work with colleagues from across the BSW system to minimise the delays in transferring patients from an ambulance to the emergency department, which during periods of high demand will involve collaboratively working to direct ambulances that are equidistant from two Emergency Departments to attend the one with the shortest waiting time. Work is also underway with system colleagues,

supported by the RUH Deputy Chief Nurse to report on the effect of ambulance delays on patients' clinical outcomes.
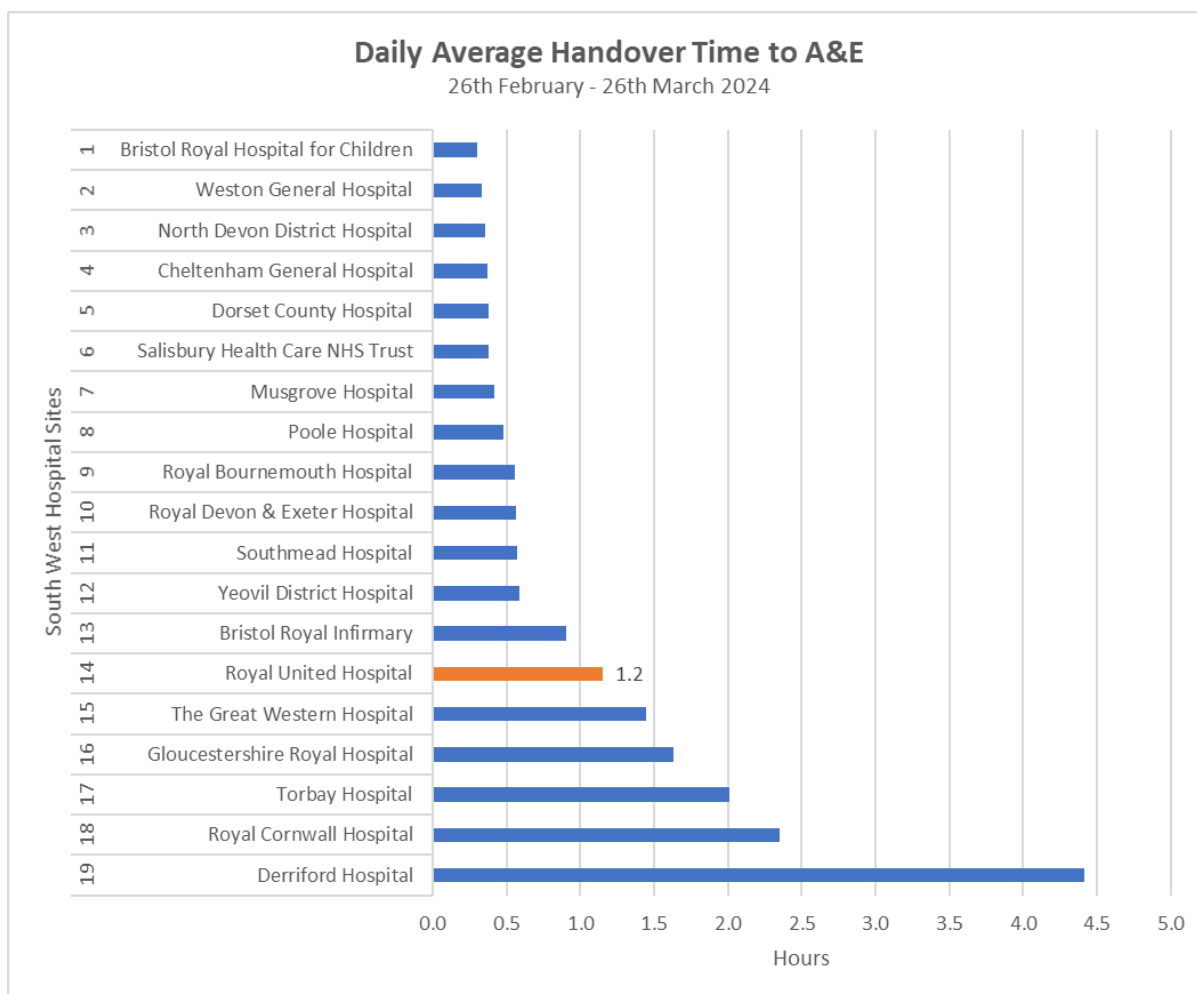
Appendix One
Ambulance delays

- 'Time Lost' is the time over 30 minutes that a patient is awaiting handover from the SWASFT ambulance to the Emergency Department (A&E). The clock starts when an ambulance arrives at A&E and ends when the patient moves into the A&E department.
- The figures in the graph below are displayed as a daily average for the last 30 days (26th February to 26th March 2024).
- The RUH is placed at 15th (of 19) in the South West, with an average of 57.8 hours per day 'lost'.
- This metric is affected by the volume of ambulances conveyed to each hospital site. Sites with a higher volume may have a higher amount of 'time lost', despite having a lower average handover time.

Daily Average Time Lost to Handover Delays to A&E (over 30 mins)
26th February - 26th March 2024
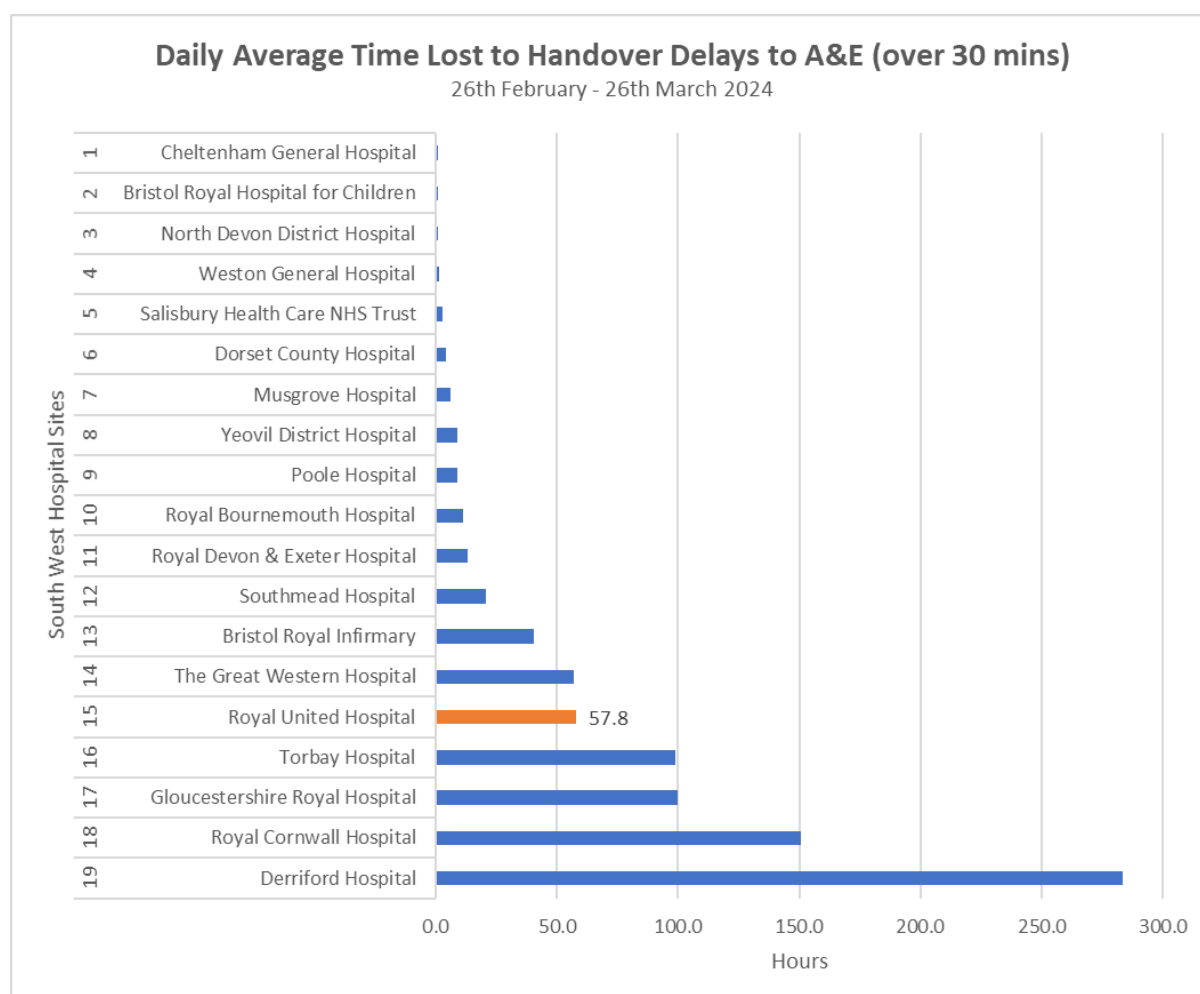
Average Handover Time

- This chart shows the average time that a patient waits for a handover, from the SWASFT ambulance arrival at hospital to being handed over to the Emergency Department (A&E).
- The figures are shown as a daily average for the last 30 days (26th February to 26th March 2024).
- The RUH is placed at 14th (of 19) in the South West, with an average of 1.2 hours per patient handover.

Daily Average Handover Time to A&E
26th February - 26th March 2024

#	South West Hospital Sites	Hours
1	Bristol Royal Hospital for Children	
2	Weston General Hospital	
3	North Devon District Hospital	
4	Cheltenham General Hospital	
5	Dorset County Hospital	
6	Salisbury Health Care NHS Trust	
7	Musgrove Hospital	
8	Poole Hospital	
9	Royal Bournemouth Hospital	
10	Royal Devon & Exeter Hospital	
11	Southmead Hospital	
12	Yeovil District Hospital	
13	Bristol Royal Infirmary	
14	Royal United Hospital	1.2
15	The Great Western Hospital	
16	Gloucestershire Royal Hospital	
17	Torbay Hospital	
18	Royal Cornwall Hospital	
19	Derriford Hospital	

Date: 07/04/24
Key authors: Sarah Hudson, Jason Lugg, Shaun Lomax, Nasima Mamun and Paran Govender