University Hospitals Bristol and Weston NHS Foundation Trust

Board of Directors (in Public)

Meeting of the Board of Directors to be held in Public on Thursday 27 May 2021 at 11.00 – 13.30 Video Conference
AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence – *Verbal update*	Information	Chair	11.00
2.	Declarations of Interest – *Verbal update*	Information	Chair	11.02
3.	Patient Story	Information	Chief Nurse	11.05
4.	Minutes of the Last Meeting • 31 March 2021	Approval	Chair	11.25
5.	Matters Arising and Action Log	Approval	Chair	11.27
6.	Chief Executive's Report	Information	Chief Executive	11.30
Strategic				
7.	Healthier Together Sustainability and Transformation Partnership Update	Assurance	Chief Executive	11.40
8.	Integration Update	Assurance	Director of Strategy & Transformation	11.45
Quality and Performance				
9.	CQC report and action plan for Weston	Assurance	Chief Nurse	11.55
10.	Integrated Quality & Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	12.05
11.	Committee Chair Reports • Quality and Outcomes Committee	Assurance	Chairs of the Committees	12.15

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
	• Finance & Digital Committee • People Committee • Acute Services Review Programme Board			
12.	Financial Plan 21/22	Approval	Director of Finance and Information	12.20
13.	Freedom to Speak Up Annual Report	Assurance	Freedom to Speak Up Guardian	12.30
14.	Hepatobiliary service peer review on HPP	Assurance	Medical Director	12.40
15.	Ockenden Assurance and Assessment	Assurance	Chief Nurse	12.45
16.	Transforming Care Q4 report	Information	Director of Strategy and Transformation	12.50
Finance				
17.	Capital Investment Policy	Approval	Director of Finance and Information	12.55
18.	Quality Account Update	Information	Chief Nurse	13.05
Governance				
19.	Research and Innovation Report	Information	Medical Director	13.10
20.	Provider Licence Self-Certifications	Approval	Director of Corporate Governance	13.15
21.	Annual Review of Code of Conduct for Board of Directors (including Fit and Proper Persons Self Certification)	Information	Director of Corporate Governance	13.20
22.	Governors' Log of Communications	Information	Director of Corporate Governance	13.25
23.	Register of Seals	Information	Director of Corporate Governance	13.27
Concluding Business				
24.	Any other urgent business	Information	Chair	13.29
25.	Date of next meeting: **29 July 2021**	Information	Chair	


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University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

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

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 this patient 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)

In this story we will hear about the experiences of a family whose loved one was in our care between December 2020 and March 2021[1]. The story will set the context of the care received by the patient over a five month period from their admission to the Bristol Royal Infirmary and subsequent transfer to the South Bristol Community Hospital where they were cared for until an appropriate care package and discharge was agreed with Sirona Care and Health in April.

In sharing their story the family will explore what worked well for them both in terms of the care they and their loved one received and areas where there could be further focus. They will illustrate some of the challenges they experienced as a result of restrictions to visiting arrangements particularly in relation to communication both with their loved one and with hospital staff. In doing so, the story will serve to remind us of the important role good dialogue can play in offering reassurance at a time of heightened anxiety and the added value a Virtual Visiting Service can add in that context.

The story will be shared by the patient's son-in-law and offers a springboard for us to further reflect on the importance people with caring responsibilities have as expert partners in care as we move into National Carers Awareness Week on 7th June.

[1] The care of the patient at South Bristol Community Hospital was transferred from UHBW to Sirona Care and Health on 1 April 2021.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
The risks associated with this report include: *N/A*	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**	
• 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.**	
[Name of Committee/Group/Board]	***[Insert Date paper was received]***
N/A	

University Hospitals Bristol and Weston NHS Foundation Trust

Minutes of the Board of Directors Meeting held in Public

Thursday 31 March 2021, 11:00-13:30, by videoconference

In line with social distancing guidance at the time of this meeting due to the COVID-19 pandemic, this meeting was held as a videoconference and broadcast live on YouTube for public viewing.

Present

Board Members

Name	Job Title/Position
Jeff Farrar	Chair of the Board
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director
Julian Dennis	Non-Executive Director
Bernard Galton	Non-Executive Director
Kam Govind	Non-Executive Director (Associate)
Steven West	Non-Executive Director
Matt Joint	Director of People
Neil Kemsley	Director of Finance and Information
Jayne Mee	Non-Executive Director
Jane Norman	Non-Executive Director
Sarah Dodds	Deputy Chief Nurse
William Oldfield	Medical Director
Mark Smith	Deputy Chief Executive / Chief Operating Officer
Martin Sykes	Non-Executive Director

In Attendance

Name	Job Title/Position
Eric Sanders	Director of Corporate Governance
Mark Pender	Head of Corporate Governance
Nura Aabe	Associate Non-Executive Director, Sirona Care
Trish Garland	Corporate Governance Administrator (minutes)

The Chair opened the Meeting at 11:00

01/03/21	**Welcome and Introductions/Apologies for Absence**	
	The Chair, Jeff Farrar, welcomed attendees today, including Nura Aabe, Associate Non-Executive Director from Sirona Care, who was attending as part of the NED Development Programme. Apologies had been received from Deirdre Fowler, Interim Chief Nurse. Mark Smith, Deputy Chief Executive and Chief Operating Officer, informed the Board that there were IT issues affecting the Trust systems and connections that may affect the meeting today.	

	The Chair reported that Kam Govind, Associate Non-Executive Director, would be leaving her role shortly to undertake a Masters degree. Kam thanked the Board for its support and emphasised the valuable experience she had gained whilst at the Trust, despite joining at the start of the pandemic. Bernard Galton, Associate Director, had been particularly supportive as a mentor to her. The Board was asked to ensure ongoing candidates from the Bristol City Stepping Up Programme be sponsored in a similar fashion where possible. The Chair thanked Kam Govind for her contribution to the work of the Trust and wished her well for the future.	
02/03/21	**Declarations of Interest**	
	Members of the Board noted the following interests: • Jane Norman, Non-Executive Director, held a senior position at the University of Bristol; • Steve West, Non-Executive Director, held a senior role at the University of the West of England; • Kam Govind, Non-Executive Director (Associate) was an employee of Bristol City Council.	
03/03/21	**Patient Story**	
	Due to connectivity issues the Patient Story was unable to be presented. It was confirmed the patients concerned would be rescheduled for a future meeting.	
04/03/21	**Minutes of the previous meeting**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 28 January 2021. **Members of the Board RESOLVED to approve as a true and accurate record the above minutes.**	
05/03/21	**Matters arising and action log**	
	Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows: **07/01/21 Strategic Capital 6-monthly Update** *Board members to receive update on improvements to staff rest areas* Matt Joint, Director of People, informed the Board that the Executive Team had approved funding for the new Level 9 staff rest areas and support for the temporary extension at Weston was confirmed. The Bristol Heart Institute Atrium had a temporary staff area in place that would be enhanced shortly. It was noted that Estates had a significant backlog of work which could affect the delivery of the above. **Action closed.** **14/01/21 Ockenden Review of Maternity Services** *Board to receive update on System C issues (including maternity data reporting issue) from the Director of Finance and Information.* Neil Kemsley, Director of Finance and Information, assured the Board that the issue regarding the provision of maternity data to support the Clinical Negligence Scheme for Trust submission was resolved on 11 February 2021. **Action closed.**	

	07/11/20 Covid-19 Update *Consider ways in which the efforts of staff could be adequately recognised.* The Pause, Reflect and Recover fortnight was underway and the associated video had been circulated across the Trust with great feedback received; the Chair, Jeff Farrar, stated that all colleagues involved with the video should be congratulated. The thank you cards that had been sent to all staff at their home address had also received very good feedback. **Action closed.** **17/09/20 Safe Working Hours Guardian Report** *Implementation programme for the roll-out of e-rostering to be provided to the Board including timeframe.* Matt Joint, Director of People, stated that several meetings had been held regarding the roll-out of e-rostering; the main issue was staff not continuing to use the system as the pressures associated with Covid-19 eased. Measures had been put in place with continued focus and coaching for teams once the initial implementation has taken place. **Work in Progress** **17/07/20 Emergency Preparedness Annual Report** *Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.* Eric Sanders, Director of Corporate Governance, confirmed that there was no further information to report on the statutory responsibilities of Non-Executive Directors but this would be kept under regular review. The specific action was to clarify the Non-Executive Champion roles and this had been completed; the Trust's emergency preparedness measures would be reviewed at the Audit Committee. The Chair, Jeff Farrar, informed the Board that there was a great deal of discussion nationally about the expanding the role of Non-Executive Directors and it was important to ensure awareness about the Non-Executive Director role and their capacity. **Action ongoing.** **Action: The Emergency Preparedness measures to be reviewed at the Audit Committee.** **84/09/2019 Chief Executive's Report** *Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle*. This action related to the Trust retaining efficient and effective access to the beds at SBCH and assurance would be monitored going forward; the Trust were working collaboratively with Sirona as part of the integrated care system to ensure the Trust requirements, alongside the community and wider system were met. **Action closed** **Members resolved to approve the action log.**	**Head of Corporate Governance**
06/03/21	**Chief Executive's Report**	
	Robert Woolley, Chief Executive, introduced the report from the Senior Leadership Team and gave a verbal update on the following key issues: • The acceptance of the grant from Salix to progress the environmental	

	sustainability agenda in Bristol and Weston was welcomed. • The transfer of the 60 inpatient beds at South Bristol Community Hospital to Sirona would take place on 1st April as planned. • Jeff Farrar would undertake the role of Interim Chair of Healthier Together, the integrated care system for Bristol, North Somerset and South Gloucestershire (BNSSG), for 6 months from 1 April 2021. Jayne Mee, Non-Executive Director, had been appointed by the Council of Governors to take up the post of Interim Chair for UHBW for this period. National guidance for the new financial year had been received last week and the financial/contractual implementation would be discussed in greater detail by the Director of Finance and Information later in the meeting. The national themes and priority for the next 12 months would be focused on: • Staff health and wellbeing; • The vaccination programme; • Building on the learning of service transformation seen throughout the pandemic in the restoration of services, particularly cancer care and mental health services. • Expanding primary care capacity to improve local health outcomes and address health inequalities continued to be a priority. There was also a commitment to transform community, urgent and emergency care to prevent inappropriate attendance at acute hospitals. • The Pause, Reflect and Recover work was highlighted and a big 'thank you' was given to the Trust's 13,500 staff. Videos were being released from different leaders across the Trust articulating their thanks to colleagues. There were numerous other events taking place such as the Arts and Culture programme; Robert Woolley informed the Board that he had participated in a Schwartz round with 70 staff recently, sharing their professional and personal experiences of the pandemic and this had been very moving. • The creation of improved and further rest and catering facilities for staff was part of the restoration plan going forward. • The number of patients with Covid-19 in the Trust was low but the importance of remaining vigilant was emphasised despite the fact that the national emergency incident level had reduced from 5 to 3. • A letter of thanks and congratulations had been received from the UK Vaccines Task Force for Dr Rajeka Lazarus for recruiting nearly 6,000 participants for the Ensemble Covid-19 study in only 4 months. • The Trust was taking part in national research regarding Covid-19, recruiting into a new trial alongside the University of Bristol, regarding the benefits of giving a Covid-19 and influenza jab given simultaneously would mitigate the impact of COVID. • A great deal of work was taking place regarding the restoration of services with Mark Smith, Deputy Chief Executive and Chief Operating Officer, leading this through the Senior Leadership Team and engaging with the Divisions, dovetailing into the operating plan process; this would be finalised in April when the national guidance was available. • The CQC's inspection of the BRI Emergency Department had highlighted lots of positive observations regarding the quality of the clinical leadership, the commitment to supporting a diverse cohort of patients and the excellent clinical care, but the Trust had been advised to review the numbers of medical personnel in the Emergency Department to ensure there were adequate numbers to maintain confidence around safety and maintaining patient flow through the departments, thereby mitigating safety concerns around patients waiting in the ambulance queue; it was advised that action should be taken to protect staff and patients from the high level of violence	

and aggression as it was found that staff did not feel fully trained or equipped to feel safe in such situations; there were also hygiene issues, particularly in the Minors waiting area – the Board was informed that actions to resolve this had already been implemented. Regarding the disappointingly high levels of violence and aggression incidents in the hospital, the Board was reassured that actions were already being implemented to mitigate this, with a 24/7 security presence, personal security alarms being issued, and a greater number of staff wearing body cams. Further to this, the Trust was participating in a media campaign with system partners called 'It's Not OK', to highlight that behaviour was not acceptable in any circumstances. It was stated that Emergency Service ratings remain exactly the same as before with improvement required in safety and responsiveness, but it was noted that the department was reported as well-led and the CQC rating for the UHBW site as a whole remained outstanding.

- The CQC had also undertaken an inspection of the medical wards at Weston on 11 March and the report from this was awaited; this would be presented to the Board in due course. It was reported that on 8 March, Weston had returned to the pre-COVID nurse-to-patient ratios although there was still a high nursing vacancy rate at Weston. Deirdre Fowler, Interim Chief Nurse, was now reviewing the nurse-to-patient ratio at the Bristol site to see how quickly this could be returned to pre-COVID ratios.
- Regulatory concerns around microbiology at Weston had been raised by the Health and Safety Executive and the Board was reassured that a plan to respond to this before the end of April was in place.
- Health Education England had raised concerns regarding the quality of clinical and education supervision for medical trainees at Weston and the Board was assured that a response to this was ongoing.

As part of the contractual agreement that gave Sirona Care the responsibility of adult community services across BNSSG from April 2021, it was agreed that UHBW would transfer the inpatient wards and associated staff at SBCH to Sirona on 1 April. The staff involved had been fully communicated with regarding this and the Trust had written to them to thank them for their work.

Julian Dennis, Non-Executive Director, referred to the Health and Safety Executive concerns regarding microbiology and the procedural issues identified at Weston. Robert Woolley, Chief Executive confirmed that there would be an update to the Board in due course as the report was not due until the end of April.

Martin Sykes, Non-Executive Director, stated that in light of integrated care systems, it was important to have aligned priorities, e.g. beds open at SBCH to be used for the discharge of patients; achieving the ambulance wait times was highlighted. Robert Woolley, Chief Executive, informed the Board that a phased delivery of the full capacity of the wards was planned by Sirona.

Jeff Farrar, Chair, stated that strategic and operational aims would be reviewed at Board going forward, in the context of the integrated care system to ensure clarity.

Sue Balcombe, Non-Executive Director, asked for an update on the number of staff that had received the COVID vaccination and also the concerns around BAME staff uptake of the vaccine. Matt Joint, Director of People, informed the Board that eligible staff uptake was high at around 85%, but a gap of 10% for BAME staff uptake was acknowledged, although this figure was not certain as

	the data for staff receiving their vaccine in the community was not available. The Board was informed that ongoing work and focus was being given to improving the uptake amongst BAME staff, including targeted messages to faith leaders and community groups. It was noted that the Trust had performed better than other partners in the system in terms of the delivery and percentage of uptake. **Members resolved to:** • **Receive the Chief Executive's Report for information.**	
07/03/21	**Healthier Together Sustainability and Transformation Partnership Update**	
	Robert Woolley, Chief Executive, provided a brief update regarding the white paper for the reorganisation of the NHS and the formalising of integrated care systems on a statutory footing from April 2022. All 42 systems inside NHS England have been designated as Integrated Care Systems to align hospital, community and primary care providers. The legislation was due in the summer. A consultation had started regarding the regulatory oversight framework; a focus on regulation and scrutiny applied at a system level was likely. The consultation would end on 6 May 2021. **Members RESOLVED to receive the Healthier Together Sustainability and Transformation Partnership update for assurance.**	
08/03/21	**Integration Update**	
	Neil Kemsley, Director of Finance and Information, emphasised the impact of the pandemic on the pace of the clinical services integration at Weston, although the original deadline of March 2022 was still in place. Further updates regarding the Weston integration were reported as follows: • The Weston Urology transfer was mentioned and an escalation meeting would take place on 9 April; this would be attended by the Finance and Medical Directors of NBT and UHBW; • The additional corporate services integration consultation process had commenced; • Targeted efforts were underway to improve nursing recruitment at Weston. Julian Dennis, Non-Executive Director, stated that the successful digital convergence of the Bristol and Weston sites was essential and asked whether extra resources could be used to deliver this. Neil Kemsley, Director of Finance and Information, confirmed that the resourcing plan regarding this would be presented at the Finance and Digital Committee and also the Trust Board in May. Jayne Mee, Non-Executive Director, asked whether it would be possible to review the integration plan to see what areas might be accelerated. Neil Kemsley, Director of Finance and Information, confirmed that there would be a reset in terms of the integration across each of the specialities. **Action: Review the Weston integration plan to see what areas could be accelerated.** Steven West, Non-Executive Director, mentioned the complexity of the integration and suggested that the technical integration should be simultaneous with the clinical services, leadership and professional standards to ensure this was at the forefront as the integration progressed. Sue Balcombe, Non-Executive Director, stated that Weston had a good track record on overseas recruitment and asked whether the recruitment gap would	**Director of Finance and Information**

	be met. Sarah Dodds, Deputy Chief Nurse, confirmed that investment had been made in the pastoral care for Weston and the clinical lead was now focusing on recruitment full time. Bernard Galton, Non-Executive Director, acknowledged the ageing workforce at Weston and was concerned post-COVID that a greater number of retirements might affect the Division. Sarah Dodds, Deputy Chief Nurse, confirmed that different ways of recruiting into Weston was underway. The non-registered workforce was stable at Weston. **Members resolved to:** **Receive the Integration Update for assurance.**	
09/03/21	**Integrated Quality and Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, informed the Board that due to the new single oversight framework the current Integrated Quality and Performance Report would be changed to align with this. The following points were highlighted: • The COVID context had completely changed but it was highlighted that the Trust still had to run its operations in alignment with the IPC restrictions and this would affect performance; beds had been removed from the BRI and at Weston in response to COVID. The restoration framework had commenced; with the facets of performance being managed by the Senior Leadership Team. The Board were assured that restoration was about staff wellbeing as well as resuming normal activity. • It was acknowledged that ways to expand capacity in the system would be reviewed. The Trust had also asked for regional oversight regarding ambulance handover and had since been assured that the processes followed in terms of operational performance and safety were appropriate. • The Working Smarter Programme had been restarted and this would be reported to the Finance & Digital Committee in due course. • The Board were assured that mutual aid would be set in motion regarding long waits for patients. • Flow in the Emergency Department at the BRI was challenging – with 12 hour waits noted. Some improvements had been made but a lack of capacity was impacting this. The medically fit for discharge figure had risen from 80 to 127, a quarter of the Bristol bed base; Weston was 56 and this was a quarter of their bed-base. An urgent system-wide meeting had been requested to visit the SWAST control room to clarify the profile of ambulances arriving at organisations. It was planned to seek external assurance to review the flow position in the organisation. The Clinical Utilisation Review Programme (CUR) provided reassurance regarding flow with 600,000 assessments undertaken and the Board was assured that actions were taken from the data provided. • The new national guidance regarding Referral to Treatment (RTT) and the recovery of backlogs was discussed. From April 2021 the target would be set at 70% of the baseline 2020 position; then each consecutive month the position had to increase by 5% until the end of July; if this figure was achieved the Trust would be eligible for the Elective Recovery Fund (ERF); this was an incentive scheme for system providers. Work was being undertaken with the Divisions in Quarter 1 to develop a series of activity recovery trajectories to meet	

these trajectories.

- The diagnostic performance was highlighted with focus being given to alternative ways to source capacity. The restoration and recovery of staff was mentioned; the standardisation of Waiting List Initiatives (WLIs) in line with NBT for staff groups along with the judicious use of in-house sources to provide additional activity to provide the mosaic of recovery.
- The Weston issue was challenging but it was acknowledged this could not detract from the wider restoration and recovery.

William Oldfield, Medical Director, provided an update on the Quality metrics as listed below:

- It was reported that there had been no medicines management incidents in the previous month; one incident of an omitted dose had been reported and further training of staff and a review of access to medications out of hours was being undertaken to mitigate this.
- The mortality figures were as expected but continued to trend downwards, which was positive. . It was noted that the Trust were an exemplar of care relating to the treatment of COVID patients.
- VTE remained challenging on both campuses and this was partly due to the delay with the installation of the electronic prescribing system.
- The main priority, however, was the compliance with resuscitation training. The Trust was compliant with the paper-based training but the face-to-face training was an issue, partly due to social distancing and also the redeployment of staff. An action plan had been developed by the team to rectify this.

Sarah Dodds, Deputy Chief Nurse, highlighted the points below:

The Board were informed that inpatient falls had increased in the past month. Refresh work would be undertaken to improve this. The nurse staffing levels had been below the target of 96% for the previous 3 months – a very difficult and challenging time for staff. Multi-professional staff and the redeployment of staff had been undertaken to maintain safety and this was balanced against the reduced bed occupancy. The quality indicators had been carefully monitored throughout this.

Jane Norman, Non-Executive Director, stated that there was a lot of work to be celebrated and the Trust deserved congratulations for maintaining so many indicators at positive levels given the impact of the pandemic. The VTE risk assessment was highlighted with the difference in compliance in various areas noted – the possibility of shared learning between areas was mentioned. William Oldfield, Medical Director, stated that reporting issues affected the compliance and a system modification was required to resolve this. It was emphasised that it was important that all patients received the prophylaxis assessment to ensure documentation was completed.

Steven West, Non-Executive Director, found the report very helpful but thought it would be helpful to benchmark the data against other Trusts to share learning. Mark Smith, Deputy Chief Executive and Chief Operating Officer, agreed that it would be helpful to look at comparable organisations regarding flow, delivery programmes and perhaps organisations with more capacity. It was highlighted that the clinical pathways required review to see where improvements could be made and the Board would be updated when possible

	regarding this. Jayne Mee, Non-Executive Director, was concerned regarding ambulance handovers and the Estates issues going forward. It was also asked what preparation had been undertaken regarding the ending of lockdown. It was reported that this was being guided by national parameters regarding the growth of incidents in the context of mass vaccination; the prevalence of winter illness was acknowledged but the Board were reminded that the organisation had the ability to reconfigure itself very quickly when necessary. *Mark Smith, Deputy Chief Executive and Chief Operating Officer, left the meeting.* Matt Joint, Director of People, reported the following points below: • The core data for turnover and vacancies was fairly stable as was the sickness data; • Essential training, in particular resuscitation, governance and fire safety required greater focus; • Appraisals had reduced slightly and Sam Chapman, Head of Organisational Development, was looking in-depth on how to improve this; • The uptake from the eligible staff for vaccination was 89% for substantive staff and 72% for bank staff; • Staff health and wellbeing was being driven forward; the Pause, Reflect and Recover effort was being well received by staff; • The Staff Survey results were available and the You Said, We Did process would begin shortly; • The staff morale in the support teams within HR, admin and finance was noted as requiring work to improve; clinical teams were at the same level as pre-COVID which was encouraging; • The existing EU workforce would be encouraged to apply for settled status and this was required to be completed by 1 July 2021. **Members RESOLVED to receive the Integrated Quality and Performance Report for assurance.**	
10/03/21	**Committee Chair Reports**	
	Quality & Outcomes Committee Julian Dennis, Non-Executive Director, provided an update from the last meeting of the Quality & Outcomes Committee and mentioned the Harm Panels discussion and the advice from NHSEI. The Committee had requested a regular update regarding this. The Board was also informed of the presentation at the Quality and Outcomes Committee from the core medical trainees regarding the use of the ReSPECT form and process. The very detailed report from Emma Redfern, Deputy Medical Director, regarding the COVID outbreak at Weston in May 2020, was highlighted. **People Committee Chair's Report** Bernard Galton, Non-Executive Director, reported that the Staff Survey Results had been discussed and mentioned the issues that had arisen such as teamwork, morale and working from home and the different impact felt by different parts of the workforce. The leadership, development and line manager results were noted; overall the results were good but lacking in some areas. The Strategic Workforce data was highlighted with the major theme being	

	retention; the ways to improve this should be reviewed to ensure the Trust is seen as a long-term employer of choice. The discussion regarding the levels of violence and aggression in the emergency department was mentioned and actions to reduce this would be closely monitored. Jayne Mee, Non-Executive Director, referred to the corporate teams staff survey results being not particularly good and what was being done to improve this area, particularly when lockdown ends. Matt Joint, Director of People, reported that a large number of staff enjoy working from home due to the freedom and flexibility. Work is being undertaken to ensure managers understand flexible arrangements should be made where desired; it was also noted that some staff do not like working from home so again flexibility is the key issue going forward. The importance of improving staff morale was highlighted. **Members RESOLVED to receive the Committee Chairs Reports for assurance.**	
11/03/21	**Transforming Care Quarter 3 Report**	
	William Oldfield, Medical Director, reported that the Transforming Care programme had been significantly impacted by COVID-19. The team have also been supporting the Trust with the pandemic response, including how to optimise the bed capacity at Weston, how to reconfigure the outpatient department to provide extra capacity and how this would be delivered. David Armstrong, Non-Executive Director, agreed that the Transformation Care team had proved very flexible during the pandemic and gave congratulations regarding the great work provided on the vaccination programme. It was asked whether the Transformation Team could be involved in the key risk mitigation activity across the Trust. William Oldfield, Medical Director, confirmed that the Transformation Team were sighted on the need for risk mitigation; it was emphasised that the team was a great resource for e.g., pathway mapping. How to utilise the team going forward with supporting the Divisional teams was being looked at. Robert Woolley, Chief Executive, informed the Board that the Transformation Team priorities were reviewed annually by the Senior Leadership Team to see the most effective way to use this resource. Sue Balcombe, Non-Executive Director, commented that the Transformation Team was a fantastic asset for the Trust and asked whether the team would be able to capture all the beneficial changes made during the pandemic to ensure continued changes of practice. William Oldfield, Medical Director, confirmed that work was in progress in respect of this. **Members RESOLVED to receive the Transforming Care Quarter 3 Report for assurance.**	
12/03/21	**Quality and Patient Experience Quarter 3 Report**	
	Sarah Dodds, Deputy Chief Nurse, presented the Quarter 3 Patient Experience and Involvement Report. The following points were highlighted: • The postal survey results covering the Bristol sites showed that patients were reporting a positive experience despite the pandemic and this was continuing to be closely monitored; • The outpatients experience with the move to virtual clinics had been positively received by patients. The impact of the virtual clinics on some patient groups who may be digitally excluded was being reviewed.	

	• The virtual patient involvement had been of great benefit with engagement work around the redevelopment of the Quantock Ward at Weston. • The new Family and Friends question had been relaunched. • It was planned to integrate the Weston Division in the patient experience surveys going forward. **Members RESOLVED to receive the Patient Experience Report for assurance.**	
13/03/21	**Patient Complaints Report – Quarter 3 Report**	
	Sarah Dodds, Deputy Chief Nurse, presented the Quarter 3 Complaints Report. The following points were highlighted: • There had been a reduction in the complaints received in the previous quarter and it was confirmed that this was the usual seasonal pattern. • Action had been taken to pause the complaints response process for the Divisions due to the pandemic, although Women's and Children's continued to perform strongly in meeting the deadlines. • A reduction in complaints relating to the Weston Emergency Department was noted. • The complaints response process had been restarted; the Board was informed that this had been challenging due to gaps in the teams but recruitment was underway and some posts had already been recruited into, with agency staff also being used. • A new eLearning resource for staff had been developed to assist staff in managing the complaints process in a timely way. David Armstrong, Non-Executive Director, asked if the Patient Complaints report could be produced to show year on year trends. Sarah Dodds, Deputy Chief Nurse, agreed that this would be helpful and would ask the Complaints team to provide this going forward. It was agreed that this would be helpful. **Action: The Patient Complaints Report to be updated to show year-on-year trends going forward and to be presented at the Quality and Outcomes Committee.** **Members RESOLVED to receive the Patient Complaints Report Quarter 3 for assurance.**	**Chief Nurse**
14/03/21	**Six-monthly Nurse Staffing Report**	
	Sarah Dodds, Deputy Chief Nurse, presented the Six-monthly Nurse Staffing Report to provide assurance that wards and departments were safely staffed. The following points were highlighted: • The report included the AHP and medical workforce in line with the Developing Workforce Safeguards that came into effect in 2018. The challenges throughout the pandemic had been significant with reconfiguration taking place to ensure safe zoning of patients; a close oversight of the incident management structure had monitored this. Divisional reviews of the staff skill mix had taken place to ensure ongoing safe staffing was in place, with the Quality Dashboard closely monitored; this had been triangulated at the Quality and Outcomes Committee each month with no sign of deterioration in the standards of patient care. Staff had been actively encouraged to report any incidents and risks and these had been assessed. • The Board was informed of the change 3 months ago to the COVID	

	surge safe staffing status to ensure safe staffing across the entire Trust. • There had been an increase in vacancies and also COVID-related absence, with further pressures due to staff having to shield. • Funding had been received from Health Education England to enable Practice Educator facilitators to be enrolled in the Divisions and it was acknowledged that this would support staff and also boost retention. • The challenges regarding safe staffing during the pandemic were emphasised. Martin Sykes, Non-Executive Director, remarked upon the national benchmarking graphs in the report and that the Trust's nursing ratio was better than many other centres. The consultant payment figure was queried; William Oldfield, Medical Director, confirmed the specialist workload and the fact that the Trust was a tertiary centre affected this. Jane Norman, Non-Executive Director, stated that greater detail regarding the consultant workforce would be helpful, e.g., how many vacancies were filled by locums compared to substantive consultants. **Action: To include the consultant workforce data in the Six-monthly Staffing Report going forward.** Steven West, Non-Executive Director, wanted to understand why a greater number of staff were now shielding given that the number of staff being vaccinated had increased; William Oldfield, Medical Director, stated that the shielding guidance changed with short notice which had resulted in more staff shielding, and most staff had only received the first COVID vaccine and so needed to continue to shield. Jayne Mee, Non-Executive Director, asked if there were ongoing plans to employ physician associates in the hospital after being successfully employed in the Medicine Division. William Oldfield, Medical Director, confirmed that this was being planned, but it was noted that the training for physician associates was cross-divisional and a career path had to be available for these staff to enable career progression. Sue Balcombe, Non-Executive Director, thought the report was excellent but that this should be reviewed alongside the Skill Mix report that was presented at the People Committee that showed there were potentially not enough doctors in the Trust; further to this there were not enough senior roles available for nurses to progress into during their careers. **Members resolved to receive the Six-monthly Nurse Staffing Report for information.**	**Chief Nurse**
15/03/21	**Flu Vaccination Programme Uptake**	
	Matt Joint, Director of People, provided an update on the Flu Vaccination Programme Uptake. The key figures were 86.4% for frontline healthcare workers, an increase on the previous year; the figure for all staff was 74.4% and this was good compared against the national benchmark. Some areas needed further work to encourage staff to receive the vaccine, e.g. the figure for the Estates Division was 40%. An anonymous survey had been undertaken to try to understand why this figure was low and various reasons emerged. The possibility of the simultaneous flu and COVID jab was mentioned and work was being done alongside the Chief Nurse and the Chief Pharmacist to understand the best way to deliver this.	

	Bernard Galton, Non-Executive Director, asked for an update on the vaccination uptake for BAME staff. Matt Joint, Director of People, reported that the gap was approximately between 10-20% between BAME/non BAME staff for the vaccine uptake but the data was not certain due to some staff that may have received the vaccine in the community. It was noted that Healthier Together were focusing on improving the vaccine uptake for BAME staff. Jeff Farrar, Chair, asked if there was any disparity between the uptake of the COVID vaccine against the flu vaccine; it was confirmed this seemed to be similar. Jayne Mee, Non-Executive Director, asked if it would be possible for vaccinators to have access to iPads to resolve challenges with the vaccination programme; Matt Joint, Director of People, reported that the main challenges had been from NHSEI regarding the demand for different and changing reporting requirements. **Members RESOLVED to receive the Flu Vaccination Programme Uptake for assurance.**	
16/03/21	**Finance Report**	
	Neil Kemsley, Director of Finance and Information, reminded the Board that for the second half of the financial year there had been a deficit plan as a Sustainability and Transformation Provider (STP) of circa £40M; as a Trust the deficit plan was £13.5M. Due to the successful negotiations between the system and NHSEI, it was reported with confidence that the year-end would see a surplus level, which would be replicated in all partner organisations across the STP. Further points to note were listed below: • The underspend of the Capital Budget and limited resources available would be challenging in the new financial year. • The operating planning guidance had been received last week and the Trust had been allocated funds for both capital and revenue and this was available at system level. It was noted that the allocation received for the first half of the year was the same as allocated in the previous year. • The introduction of the Elective Recovery Fund was mentioned; this was significant in terms of the strong financial incentive if the activity thresholds were achieved; • There was an allocation of £95M to support maternity services in light of the Ockenden Report. • A national efficiency requirement had been set at 0.28% for the first half of the year but it was thought this requirement would prove far more challenging in the second half of the financial year. **Members RESOLVED to:** **Receive the Finance Report for assurance.** ***Finance and Digital Committee Chair's Update*** Martin Sykes, Non-Executive Director, reported that a Finance and Digital Committee meeting had been held last week where it was noted that the Medway database server upgrade had been successful; the migration across the Trust to Office 365 and the System C database were also mentioned. An update had been received from the medical consultants regarding the Trust Digital Agenda and the level of engagement from the clinicians was encouraging. The current year to date expenditure had been scrutinised and a	

	successful outcome was noted. The initial budget setting process had been agreed. There had been discussions around the budget being dependent on the Integrated Care Systems issues and joint planning. David Armstrong, Non-Executive Director, mentioned the possible implications of integrated care systems work on finance and stated that an approach was required to provide understanding of the risk and opportunity regarding budgets that are set. Actions should be put in place going forward. **Members RESOLVED to receive the Finance and Digital Committee Chair's update for assurance.**	
17/03/21	**Governors Log of Communications**	
	The Governors Log of Communications was noted. **Members RESOLVED to receive the Governors Log of Communications for information.**	
18/03/21	**Any Other Urgent Business**	
	Jeff Farrar, the Chair, thanked the Board for all their support over the past 3 years; Jayne Mee, Non-Executive Director, would step into the Trust Chair role for an interim period of 6 months until 1 October. The Chair also thanked the Governors for all their support. The Board wished the Chair good luck. The Chair closed the meeting at 1.30pm.	
19/03/21	**Date of next meeting**: **27 May 2021 via video conference**.	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting
27 May 2021
Action Log

Outstanding actions from the meeting held on 31 March 2021					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	05/03/21	**Emergency Preparedness Annual Report** The Emergency Preparedness Annual Report to be reviewed at the Audit Committee.	Head of Corporate Governance	July 2021	**Work in Progress** Emergency preparedness report scheduled to be considered by the Audit Committee in July.
2.	08/03/21	**Integration Update** Review the Weston integration plan to see what areas could be accelerated.	Director of Finance and Information	May 2021	**Work in Progress** Verbal update to be provided.
3.	13/03/21	**Patient Complaints Report** The Patient Complaints Report to be updated to show year-on-year trends going forward and to be presented at the Quality and Outcomes Committee.	Chief Nurse	July 2021	**Work in Progress** Report to be updated when next presented in July.
4.	14/03/21	**Six-monthly Safe Staffing Report** To include the consultant workforce data in the Six-monthly Staffing Report going forward.	Chief Nurse	September 2021	**Work in Progress** Report to be updated when next presented in September.
5.	17/09/20	**Safe Working Hours Guardian Report** Implementation programme for the roll-out of e-rostering to be provided to the Board including timeframe.	Director of People	November 2020	**Work in Progress** Verbal update to be given.
Closed actions from the meeting held on 31 March 2021					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	07/01/21	**Strategic Capital 6-monthly Update** Board members to receive update on improvements to staff rest areas	Director of Finance and Information	March 2021	**Completed** Board informed that the Executive Team had approved funding for the new Level 9 staff rest areas and support for the

					temporary extension at Weston was confirmed. The Bristol Heart Institute Atrium had a temporary staff area in place that would be enhanced shortly. It was noted that Estates had a significant backlog of work which could affect the delivery of the above.
2.	14/01/21	**Ockenden Review of Maternity Services** Board to receive update on System C issues (including maternity data reporting issue) from the Director of Finance and Information.	Director of Finance and Information	March 2021	**Completed** Issue regarding the provision of maternity data to support the Clinical Negligence Scheme for Trust submission resolved on 11 February 2021.
3.	07/11/20	**Covid-19 Update** Consider ways in which the efforts of staff could be adequately recognised.	Director of People	January 2021	**Completed** The Pause, Reflect and Recover fortnight had successfully taken place to recognise the efforts made by staff during the pandemic.
4.	17/07/20	**Emergency Preparedness Annual Report** Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.	Director of Corporate Governance	September 2020	**Completed** Review of responsibilities of non-Executive Directors circulated to Non-Executive Directors on 9th February 2021.
5.	84/09/2019	**Chief Executive's Report** Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.	Director of Strategy and Transformation and Director of Corporate Governance	July 2020	**Completed** The Trust is working collaboratively with Sirona as part of the integrated care system to ensure the Trust requirements, alongside the community and wider system, are met.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Chief Executive Report**
Report Author	**Robert Woolley, Chief Executive**
Executive Lead	**Robert Woolley, Chief Executive**

1. Report Summary
To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team.
2. Key points to note *(Including decisions taken)*
The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in April and May 2021.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• 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.**

[Name of Committee/Group/Board]	**[Insert Date paper was received]**
N/A	

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APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MAY 2021

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in April and May 2021.

2. QUALITY, PERFORMANCE AND COMPLIANCE

The group **noted** the current position in respect of performance against NHS Improvement's Oversight Framework.

3. STRATEGY AND BUSINESS PLANNING

The group received an update on mobilisation of the Senior Leadership Team to support restoration and **supported** the proposed overarching approach, priorities and the terms of reference for the established Restoration Oversight Group.

The group **approved** professional standards for consultants, noting that derogation from those standards could only take place if agreed between the Clinical Chair and Medical Director.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on key highlights from the financial position 2020/21 and the operational planning process 2021/2022. The group **approved** the Trust's break-even 2021/2022 Financial Plan and the submission of the 2021/2022 BNSSG STP/System Financial Plan for the first half of the financial year, for onward submission to the Finance and Digital Committee and Trust Board, and noted recommendations regarding the approach to cost pressures and service developments.

The group **approved** the decision making approach, governance structure and direction of travel for the Strategic Capital Programme and next steps.

The group **approved** the revised Capital Investment Policy, for onward submission to the Finance and Digital Committee and Trust Board.

The group **approved** the business case to support the transfer of Dental Hospital Production Laboratories from the University of Bristol to the University Hospitals Bristol and Weston NHS Foundation Trust.

The group **approved** a recommendation to formalise the introduction of a fifth nodal point for Clinical Fellows and agree the circumstances where this higher pay point would apply.

The group **received** an update on overseas nurse recruitment.

The group **received** the Weston medical wards Care Quality Commission inspection action plan following their visit in March 2021.

The group **supported** recommendations to create a single education team for the Trust and the development of a local CESR programme, subject to funding being identified and approved.

The group **supported** the establishment of a Task and Finish Group to produce a policy and document more detailed procedures for remote working.

The group **received** the Freedom to Speak Up Annual Report, for onward submission to the Trust Board.

The group **received** an update on the Cultural Development Programme.

The group **approved** a timeframe for closing the compliance gap in terms of appraisals.

The group **agreed** work needed to be urgently undertaken to set out all the implications and risks in terms of capacity and demand for compliance with 2-m bed distancing.

The group **noted** an update on progress following recommendations from the Royal College of Surgeons around the future working of the Hepatobiliary Service.

The group **received** a quarterly update from the Guardian of Safe Working Hours for Bristol and Weston, for onward submission to the People Committee and Trust Board.

The group **noted** an update on the overall progress of the Fire Improvement Project.

The group received and **noted** an update on the quarter 4 closedown of the Corporate Objectives 2020/2021 and Corporate Objectives 2021/2022.

The group **received** the Corporate and Strategic Risk Registers prior to submission to the Trust Board.

The group **received** the quarterly Serious Themed Incident Report, for onward submission to the Trust Board.

The group **received** the risk exception reports from Divisions.

The group **received** a quarter 4 update on the work of the Congenital Heart Disease Network.

The group **received** four positive Internal Audit reports (Conflicts of Interest, Diversity and Inclusion Strategy, Safety of Staff (Violence and Aggression) and Estate Management of Contractors) and an update on overdue recommendations

Reports from subsidiary management groups were **noted,** including updates from the Senior Leadership Team Delivery Group, Cancer Steering Group, Clinical Quality Group, Trust Research Group, People and Education Group, Digital Hospital Programme Board, Weston Integration Programme Board and the Cellular Pathology Performance Group.

The group **received** Divisional Management Board minutes for information.

5. RECOMMENDATIONS

The Board is recommended to note the content of this report and to seek further information and assurance as appropriate about those items not covered elsewhere on the Board agenda.

Robert Woolley
Chief Executive
May 2021

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Healthier Together Integrated Care System (ICS) monthly update

May 2021

1. Introduction

This monthly report provides an update on ongoing work in relation to the Healthier Together partnership – our Integrated Care System (ICS) for Bristol, North Somerset and South Gloucestershire.

Topics highlighted may vary from month to month. If you would like to receive an update on a specific area of system working, please let us know.

This month's report covers:

- Progress on ICS development
- Chair Objectives
- Community Diagnostic Hubs
- Nurse Supply Project

2. Progress on ICS development

This month, we've continued our programme of work to focus on our ICS development. Through workshops with chief executives and subject matter experts across the system, and weaving in guidance on national policy, we're starting to build areas of agreement on topics including:

- Partnership structures and the roles, responsibilities, and decisions of Health and Care Partnership and ICS NHS Body
- The role of place-based partnerships (also known as Integrated Care Partnerships, or ICPs) in designing and delivering services to meet local needs
- How we retain what's working well in our system today and continue to build on our progress over time.

We have also drafted some governance principles that will guide how we work together in the next phase of our development as an ICS. These focus on five themes:

- Keeping our citizens at the centre
- Subsidiarity: decisions taken closer to the communities they affect are likely to lead to better outcomes
- Collaboration as a system, between partners at place (across health, social care, public health and the voluntary sector), and between providers across a larger geographic footprint
- Mutual accountability and equality
- Transparency.

In the coming weeks and months we will continue to engage system partners to define how we want to work together and begin drafting a Memorandum of Understanding that memorialises these principles and agreements.

3. Healthier Together Chair Objectives

In our April update we highlighted that Dr Jeff Farrar, QPM, OStJ, has taken on the role as Interim Chair for Healthier Together. At the Partnership Board, which took place on 27 April, Jeff outlined his objectives for the next six months as follows:

1. To ensure that we have clear governance arrangements that are aligned to activity within the Integrated Care System. As part of this providing clarity on what can be contained within sub-groups and what needs to go to Partnership Board.
2. To do more to include non-executives and elected members in the development and activity of the ICS.
3. To establish greater informal relationships with Board members outside the formal Board meetings to help ensure we have the best possible understanding of individual challenges and constraints.
4. To further engage with other ICS Chairs and actively engage nationally in the programme of ICS development and legislative changes.
5. To establish a small set of key ICS priorities for the Board to consider and ensure these are embedded in individual organisational performance management process and monitored at the ICS Board. These will be based on shared and transparent data sets that are accompanied by analysis and narrative at Board meetings.

These objectives were welcomed by the Board and the Healthier Together team will be supporting Jeff to ensure these goals are realised over the coming months.

4. Community Diagnostic Hubs

As part of the Healthier Together Diagnostic Programme, work has commenced to understand what community diagnostic provision is required in BNSSG, and where it might be sited.

This project comes in response to The Richard's Review into the provision of diagnostics in England. One of the biggest recommendations from the review was the creation of Community Diagnostic Hubs (CDHs) to provide additional diagnostic capacity away from main acute hospital sites.

Diagnostics covers a broad range of tests, but a Community Diagnostic Hub must include imaging (such as CT scans, MRI scans, Ultrasound and X-Ray), phlebotomy and physiological measurements (such as echocardiogram, electrocardiogram, heart rhythm monitoring and lung function tests). Larger CDHs may also include endoscopy.

Our Bristol, North Somerset and South Gloucestershire (BNSSG) Five Year Plan similarly had a vision of diagnostic capacity being housed away from main acute sites so that it would be possible to split planned procedures from unplanned ones.

There are studies that suggest a split can improve patient safety, and we believe greater efficiency can be derived from the existing diagnostic capacity.

This project has been accelerated following publication of the NHS Planning and Operational Guidance which requests every system develop a plan for the delivery of CDHs and looks to deliver some element of a CDH in the current financial year.

The Richard's Review suggests that systems should plan for 3 CDHs per million of population meaning that in BNSSG, the project team are anticipating the delivery of 3 CDHs in total.

As part of the recovery process, the Diagnostics Programme enabled the delivery of MRI scans at a medical research company in Filton. This provision of diagnostic tests away from a hospital site, offered the Programme an opportunity to understand patient views on such a facility.

Of the patients who used the facility, 78% said that after the pandemic, they would like to have their scans at a specialist diagnostic facility. Of those who said they would like to continue having scans at a hospital, almost all of them said they wanted to have their scan at whichever facility was geographically closest. Reduced waiting times were also a key factor in preference.

In October 2020, the Programme surveyed diagnostic staff and referring clinicians about the generic idea of a diagnostic hub. Two thirds of respondents were unequivocally positive about the idea, while the remaining third had reservations about staffing levels, isolation and digital connectivity. However, when asked if they thought it would be a good thing for patients, 90% of comments were positive.

To be one of the accelerator sites for a CDH in BNSSG, the project team need to submit a proposal to NHSEI by the 17 May so things are moving quickly and a range of opinions are being sought from stakeholders. However, even if BNSSG is not chosen as one of the sites for delivery in this financial year, we should expect CDHs to be built in the coming years.

5. Nurse Supply Project

In response to the NHS People Plan 20/21, we know that there is a need to provide more nurses within our system. Nationally there is a need for 50,000 nurses to deliver care for increasing levels of health complexity across our populations and that we need to support nurses to develop and advance their practice to meet the changing needs of patients.

In Bristol, North Somerset and South Gloucestershire we have around 7,700 nurses (whole time equivalent) working in a variety of roles and specialities across acute, community, primary care and social care settings. Increasing and retaining the number of nurses in our system is a key priority for our workforce programme and good progress is being made across a number of projects.

We are in the process of developing a system-wide preceptorship programme to align current practice across the area and to link with national benchmarks. This is a learning and development programme for our newly qualified nurses, allied health professionals and nurse apprentices to help support the transition from student to health care professional. We are now at the point of developing a framework for practice. We expect around 228 newly qualified nurses starting their careers within our system in September, along with numbers of newly qualified allied health professionals and nurse associates. This work will support the retention agenda in providing a structured, supportive start at the beginning of a qualified health professional's career. In addition it will also provide development opportunities for existing staff who are key to developing and mentoring the future workforce.

Working across our system partners and with local universities we are also establishing a new approach to nurse training through a blended degree route. This will sit alongside current study and training options. The blended degree will support students through an online programme, which is a different approach from the current provision. We hope that the flexibility will appeal to a wide audience. The programme offers extended placements over three year duration to help individuals reach their goal of becoming a registered nurse. The focus of this training in Bristol is a 'home is best' approach and provides placements with community, primary and social care predominantly and as a re-occurring feature throughout the three years. This programme will commence in September 2021 with a cohort of twenty students.

Through our Healthier Together Partnership we are also working with The University of the West of England (UWE) to launch a campaign targeting the 'return to nurse' workforce. We know many nurses who were not currently practicing answered the call to help during the pandemic and with the mass vaccination campaign. The system is really keen to engage with any nurses who are interested in returning and have a wealth of opportunities to suit individual needs. The campaign will seek to encourage nurses back to practice with the key message of 'once you are a nurse, you are always a nurse'. Individuals that express an interest will be able to discuss any training and development requirements that they may need support with to enable them to return to our BNSSG nursing workforce. The newly developed information will be available in the next few months and recruitment is currently underway for the September programme.

If you'd like to find out more about the nurse supply project, please get in touch with Donna Thomas, Nurse Supply Project Manager donna.thomas18@nhs.net or Jenna Williams, Nurse Supply Project Support Officer jenna.williams9@nhs.net.

The Healthier Together Office – If you have any questions or would like to see a specific topic covered in the next update, please contact bnssg.healthier.together@nhs.net.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Integration Progress Report**
Report Author	**Robert Gittins, Programme Director**
Executive Lead	**Paula Clarke, Executive Director of Strategy and Transformation**

1. Report Summary
This report provides an update to the Board on the progress of the Trust's Integration Programme.
2. Key points to note
Board members should note: • The progress being made with the programme and the steps being taken to review and reset the integration process to address some of the delays to service integration as a result of the pandemic. • The progress to develop shared UHBW values to help us to build a strong, united future as a single Trust.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
Corporate risk, 4539 states that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'
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.**

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.

- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

Meeting of Board of Directors in Public
May 2021

Report Title	**Integration Progress Report**
Report Author	**Rob Gittins, Programme Director**
Executive Lead	**Paula Clarke, Executive Director for Strategy and Transformation**

1. Introduction

Clinical and corporate Teams across the Trust continue to work together to integrate services following the merger twelve months ago. Whilst corporate services integration is on track, Clinical services integration has been delayed due to the impact of Covid19 and other operational challenges and a 'review and reset' exercise is being undertaken to safely and sustainably accelerate progress.

This report on integration should be read in conjunction with other Weston updates elsewhere on the agenda.

2. Clinical services update

We are currently at differing stages of developing plans for integration of 22 of the 32 clinical services - 5 have completed, 3 are on track for their originally planned integration decision dates and 14 are behind plan. Most recently, Palliative care services have gained Divisional Board approval for integration.

Currently, we are re-engaging with clinical services as they come out of Covid19, and working to re-design the programme to achieve the goal of completing all service integrations by March 22. To achieve this and maintain operational stability and safety will require significant acceleration in some areas and the commitment of divisional and speciality teams in both Weston and Bristol supported by the corporate programme team.

The planned service transfer of the Weston Urology service to North Bristol NHS Trust management remains a key priority. It has been delayed, but is now expected to go ahead in autumn 2021, once approvals of the necessary internal business cases are completed satisfactorily by the Boards of both Trusts and staff consultation concluded.

3. Corporate Trust Services integration

Integrating corporate services is an important building block of our approach to developing a new and common approach across University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Following the successful process of corporate services integration over the last 12 months, handover and follow up arrangements have now been agreed with Heads of Services. Support will be ongoing to support the final completion of the digital and communications teams staff consultations, with corporate teams working through their individual integration implementation plans, particularly to complete complex changes to processes and IT systems, which necessarily take place over longer timeframes.

4. Communication and engagement

Communications and engagement activity continues to support the integration of teams with a clear focus on what information staff need to know to support them professionally, and ensuring the wider organisation are aware of any changes as appropriate.

Production of a package of materials including; videos, articles and photographs of newly integrated teams, is in progress. In addition, development of a visual road map of key milestones of the integration continues and includes; digital convergence, clinical and corporate services integrations.

A core focus of activities is the development of a communications and engagement plan and materials to support engagement around the creation of a single set of values for UHBW.

5. Developing a shared set of UHBW Values

We want our staff to play a part in creating our Values so they represent a place where everyone is proud to work and where we can all give our best. A full engagement process has started by asking all staff to respond to on line survey and this will be followed up with virtual conversations and focus groups to reach as many staff as possible over the coming months.

Our shared Values matter, as they help us to build a strong, united future as a single Trust. They will bind us together and guide how we act individually and collectively to make the experience of working at UHBW, and that of our patients, better. Ensuring that staff at Weston Hospital engage fully in this process is a priority.

6. Digital Convergence

Plans for the phase 2 merger of the two Medway patient administration systems used at Bristol and Weston have been approved and subject to a number of dependencies, is expected to go-live in April 2022. Once complete, this will provide a trustwide platform from which to deliver clinical modules across all hospitals within UHBW. Early clinical system developments include moving to a single theatres management system (Bluespier) in June 2021 which is on track, with the first round of testing completed at the end of April. The Philips Intensive Care patient IT system is also due to go live in Mid-May, enabling the central monitoring of critical care patients across the Trust.

7. Healthy Weston

The Healthy Weston programme (urgent & emergency care, critical care, emergency surgery, acute paediatrics and wider system improvements) was consulted on and approved by commissioners in October 2019. Since then, the Trust, with partner organisations, has been working to implement the recommendations. Although the impact of Covid19 has delayed a number of developments, a recent progress review has identified that significant progress has been made across all areas of the programme. This includes critical care collaboration, which has led to a combined increase in intensive care (ITU) beds across the Trust, with patients at Weston accessing specialist clinical services in Bristol when they require them, with a digital link allowing Trustwide oversight and monitoring of all critical care patients. Emergency surgery and endoscopy services overnight have also been improved.

As set out in the Healthy Weston Business case, the small number of patients requiring surgical intervention overnight are now being transferred to the Bristol Royal Infirmary to receive support from specialists.

The changes agreed in the 2019 Healthy Weston Decision Making Business Case (DMBC) to A&E, paediatrics, critical care and emergency surgery were framed as necessary but not sufficient in addressing all of the longstanding challenges to delivering sustainable acute services on the Weston General Hospital (WGH) site. Some of these challenges have been further highlighted through responding to the Covid19 pandemic. To consider the requirements for further change, a Healthy Weston Partnership Board has been re-established, chaired by the CCG commissioners, with representation from across health and social care. A key part of the work of the Partnership Board will be undertaken by a Clinical Design Group chaired by the UHBW deputy Medical Director for Weston.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public - 24th May 2021

Report Title	**Weston medical wards CQC inspection plan**
Report Author	**Chris Swonnell, Head of Quality & Patient Experience**
Executive Lead	**Deirdre Fowler, Chief Nurse**

1. Report Summary

The attached action plan has been produced in response to the Care Quality Commission's focussed inspection at Weston General Hospital on 11th March 2021. A parallel exercise is being conducted to produce a comprehensive progress report against the various actions, which will be available by the end of May. Progress is also being monitored via monthly engagement meetings between the CQC and Trust Executives.

2. Key points to note

(Including decisions taken)

The CQC contacted the Trust on 10th March to advise of their intention to carry out a focussed inspection of medical wards at Weston General Hospital on the following day, 11th March; the inspection would focus on the safe, effective and well-led quality domains. A small CQC inspection team spent 11th March at WGH, observing practice, talking to staff and testing standards.

On 12th March, the day after the inspection, the CQC contacted the Trust seeking urgent assurance regarding medical staffing cover out of hours at WGH. Specifically, the CQC requested details of 24 hour medical cover at all levels from 5pm that day and across the following weekend, and sought our assurances that this cover would provide the patient safety required. The Trust provided the CQC with the required information and assurance by 4pm as requested.

The Trust's formal feedback from CQC was received via a video call at 3pm on the same day, 12th March, and confirmed in a letter on 15th March. A 'letter of intent' was subsequently received by the Trust on 19th March, setting out eight areas which the Trust was required to respond to by 24th March. The Trust submitted a detailed response to the CQC by the required deadline and a follow-up meeting with the CQC took place at 9.30am on Thursday 25th March.

The CQC wrote to the Trust on 29th March advising that they were "satisfied that the actions described and the evidence produced manage the immediate risks… identified within the medicine service at Weston Hospital". At the same time, CQC requested an increased level of engagement with the Trust in relation to the action plan for an initial period of at least three months. The first monthly engagement meeting took place on 19th April, during which Executive Directors described progress being made in respect of each of themes contained in the Trust's initial action plan as submitted to CQC on 24th March.

The CQC's inspection report was published on 12th May. The report includes seven action points which had not been included in the CQC's original feedback; the Trust's action plan was therefore expanded and adapted accordingly. The action plan is presented here to Board for assurance. In the meantime, a comprehensive progress report is also being prepared. The Trust's second monthly engagement meeting is due to take place on 18th May. Going forward, the proposed cycle of reporting will be to update progress against the action plan on a monthly basis in readiness for monthly engagement meetings with the CQC (June onwards), with quarterly updates to SLT/QOC.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: Risk of non-compliance with CQC Regulations 12 (safety), 17 (governance) and 18 (staffing), as documented on the final page of the CQC inspection report. Risk to UHBW CQC Outstanding rating (Risk 3763)
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.**

Senior Leadership Team	19/05/21
Quality and Outcomes Committee	24/05/21

CQC Action Plan – Weston Medical Services

University Hospitals Bristol and Weston NHS Foundation Trust

Progress against this action plan will be monitored by the Weston Senior Management Team (SMT)

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
MD1 - Ensure there is enough staff to safely care for patients at all times. MD3 - Ensure there is adequate cover and support for the medical workforce at all times, including out of hours to be assured a safe service can be provided to patients which is subject to audit in order to provide assurance.	4. Ensure the trust has sufficient numbers of medical and nursing workforce to provide safe, sufficient, resilient care for patients at all times. This should include details of how you are assured that the structure of the medical workforce at different levels is safe and junior doctors have access to the required support at all times.	**Nursing workforce** Safe staffing meetings held minimum twice daily with oversight by Head of Nursing. Monthly review of Trust-wide safe staffing triangulated with quality metrics and incidents Practice Educator Facilitators in post across Wards, ITU / ED / Theatres, working alongside staff. On-site Matron at weekends. Critical Care outreach team providing additional oversight of unwell patients. Electronic observations implemented October 2020. 17 Aspirant nurses (3rd year student nurses employed in January 2021). Fully recruited to nursing assistant vacancies.	Increase the block booking of bank and Tier 1 agency nurses.	31st March 2021	Deputy Chief Nurse (MG)	Chief Nurse
			Recruit 40 International Nurses during April – October 2021.	31st October 2021	Deputy Chief Nurse (MG)	Chief Nurse
			Start 20 New Registered Nurses during April – October 2021.	31st October 2021	Deputy Chief Nurse (MG)	Chief Nurse
			Increase International Nurse Recruitment as part of 3 year programme (2022/23).	31st March 2022	Deputy Chief Nurse (MG)	Chief Nurse
			Develop a comprehensive recruitment and retention nursing workforce strategy for Weston.	30th September 2021	Deputy Chief Nurse (MD)	Chief Nurse

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
		Medical workforce A standard operating procedure has been agreed and approved by the consultant body. This SOP outlines the mechanism for allocation and recording of consultant responsibility for wards / patients and the monitoring mechanism for professional standards. It also describes the process for junior doctor allocation where there is sickness or where there are vacancies. Wards have an identified named consultant responsible to the area, which is clearly identified on the Board. The Trust has continued to proactively seek mitigations for managing the Trust-wide medical workforce Weekly Wednesday afternoon 'junior doctor clinics' commenced early February 2021; where juniors are encouraged to attend to feedback and issues and concerns but also to receive information on current challenges. This supportive clinical discussion group is led by the Deputy Medical Director. Mechanism in place to gather real time feedback from junior doctors via the Trust 'Happy App' – commenced early February 2021. This should help identify and address and specific themes. End of placement surveys will continue to be conducted to provide further insight into staff wellbeing.	Introduce SOP and communicate this to Juniors to ensure that they are aware of the consultant supervision standards.	30th March 2021	Deputy Medical Director (AH)	Medical Director
			Undertake monthly audits of consultant documented attendance at ward/boards rounds.	From 1st April 2021	Deputy Medical Director (AH)	Medical Director
			Continuation of junior doctor clinics.	From February 2021 and Ongoing	Deputy Medical Director (AH)	Medical Director
			Continue roll out/use of Happy App and establish process to triangulate with other data sources (e.g. incidents).	From February 2021 and Ongoing	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
		Work is underway to understand the potential gaps in the current rota in respect of the possible withdrawal of 10 junior doctors in April. There are two approaches that we will take moving forward; the use of non-raining grades to deliver overnight and ward cover and the expanded use of non-medical clinical staff (clinical staff, ACPs, physician assistant etc. to deliver care. This will ensure that junior doctors have access to increased support, especially out of hours. Support is also being sought from system partners, including NBT and Taunton, Sirona and local GPs to request support. These organisations are committed to working with the Trust to resolve the issues. The trust is actively recruiting through all external sources of temporary clinical staff, including agencies and similar via existing processes and relationships.	Develop a Quality Impact Assessment to articulate the risks of options both in UHBW and wider BNSSG system.	31st March 2021	Deputy Medical Director (AH)	Medical Director
			Continued recruitment to consultant posts.	Ongoing	Deputy Medical Director (AH)	Medical Director
			Agree support with system partners.	7th April 2021	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
		The responsibility for rota coordination is in the process of transitioning to the Division, rather than centrally. This will allow the Division to be more responsive to the need of the service. In additional rota coordinator post has been funded to provide additional support. A secondment opportunity is being explored to expedite this process. New Consultant and Junior doctor rotas have been published weekly since February 2021 in advance with an acceptance that sickness requires flexibility – this should be in exception. Rotas are uploaded onto a shared drive and displayed in the Doctors Mess and emailed in advance to all. All junior doctors are now allocated a supervisor at the start of each post. In addition, each clinical staff group has a named educational lead. These leads are also part of the wider UHBW medical education hub and have the opportunity to meet regularly The clinical redesign and enhancement of existing services at Weston is already underway.	Agree local rota coordination role and recruit to additional post.	12th April 2021	Deputy Medical Director (AH)	Medical Director
			Continued publication of rotas; workshop arranged to agree distribution of junior doctors across wards and teams and to improve the rota and leave management. Arrangements to be in place for new rotation in August 2021.	31st July 2021	Deputy Medical Director (AH)	Medical Director
			Re-design plans will focus on: • Admission avoidance, SDEC, Frailty • Offering an Integrated Frailty Hub and	Ongoing	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
			joint EDC frailty posts • 72 hour front door model			
		Therapy workforce In November 2020, therapy services across both sites merged. A new management structure is in place and service leads for speech and language therapy, nutrition and dietetics, occupational therapy and physiotherapy have been agreed and are also 'pathways leads' (in line with the BRI). A divisional lead therapy post has been appointed to and this role will lead the changes within the Division. Since merger the pathway leads have been reviewing staff numbers where there have been significant issues. Pathway leads are working together and are already sharing staff across both sites where needed. Speech and Language Therapy sent BRI staff to Weston to support a significant gap in January 2021. Weston staff are also spending time at the BRI site in specific pathways to start making contact and sharing good practice.	Review all the Pathways of Care that operate at BRI and Weston across Therapies. Each pathway lead will review processes in relation to referrals, documentation and datasets around performance. WTE staff numbers within pathways will be reviewed and figures compared to national guidance where available.	30th September 2021	Head of Adult Therapies	Chief Nurse
			Introduce a wider rotation for Band 5 & 6 staff to allow all rotational staff to rotate across both sites, this will also allow for a flexible workforce within Therapies.	30th November 2021	Head of Adult Therapies	Chief Nurse

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
MD2 - Ensure all staff receive the required amount of supervision for their role to enable them to practice safely.	***Not in original action plan***	All junior doctors are now allocated a supervisor at the start of each post. In addition, each clinical staff group has a named educational lead. These leads are also part of the wider UHBW medical education hub and have the opportunity to meet regularly Progress monitored through educational work based assessments.	Continue to monitor progress, supervision and support through weekly educational meetings.	From 1st March 2021	Deputy Medical Director (AH)	Medical Director
			Agree further mutual consultant support from the BRI.	31st May 2021	Deputy Medical Director (AH)	Medical Director
			Identify and agree opportunities for enhanced supervision for trainees.	31st May 2021	Deputy Medical Director (AH)	Medical Director
			Establish a combined education training programme across both Bristol and Weston sites.	31st May 2021	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
MD4 - Ensure incidents are investigated without delay and demonstrate learning is shared to mitigate the risk of reoccurrence. SD4 - Consider how to improve staff reporting of incidents.	5. Ensure that all incidents that need reporting are reported and that learning is shared in a timely manner.	**Incident reporting benchmarking** Monthly incident reporting rates per 1,000 bed days from Q2 to date in Weston Division remain on or above the most recently published (for period Sept 2019 to March 2020) national average for English acute non-specialist trusts (50 incidents per 1,000 bed days). **Incident reporting assurance audit** A spot check notes audit by senior nurses of a random sample of 25 patients with long admissions (21+days) across five wards identified 13 events that could have or did lead to harm for patients and should be reported as incidents. 11/13 were reported. **Incident feedback** Individual incident feedback is via their line manager either directly or at the ward daily safety brief and an email from Datix to their UHBW email. If the staff member has not activated their Datix account or does	Audit of incident reporting will continue to take place every three months.	Every three months (from March 2021)	Head of Quality & Patient Safety (AR)	Chief Nurse

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
		not access their UHBW e mail, this will not happen. How to activate Datix account was in Day 1 merger FAQ document and, for new staff, and is part of the patient safety session of corporate induction which has been delivered in Weston since April 2020. **Learning** There is already and existing UHBW wide mechanism of sharing learning from incidents that includes Weston which is the safety bulletins and safety brief messages. There are also local safety messages, screen savers and safety huddles in place in Weston General Hospital. Assurance audits will take place to understand the effectiveness of these learning mechanisms reaching front line staff.	Contact any member of the Division that has a responsibility for risk or incident management and that does not have a Datix account, request that they sign up for an account immediately. (action agreed at Risk Management Group, list to be provided by Head of Risk Management).	31st July 2021	Divisional Director (Weston)	Deputy Chief Executive / Chief Operating Officer
			Assurance audits of safety briefs to commence to help identify whether there is a need to improve the sharing of Trust, divisional and local safety messages arising from reported incidents.	31st July 2021	Head of Quality & Patient Safety (AR)	Chief Nurse

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
		We will also deliver the well-established Bristol programme of patient safety update training to clinical staff in Weston. This which includes: sharing key learning from incidents they have reported, and what improvements have been made to systems for all staff (not just the incident reporter) as a result and the impact these changes have had. This also includes, systems thinking, human factors awareness with experiential simulations, support for staff, raising concerns, duty of candour, accountability. **481 incidents still under review out of 1129 reported in three months:** Of the 481, 378 were reported within the most recent month. The trust policy for closing incidents is within 30 days of reporting. 78% of these incidents were within the policy requirement. Trust policy is that every reported incident is looked at every working day by the divisional and corporate patient safety teams in addition to an expected review and management by the ward/department manager. The Datix extract provided to the CQC following their inspection of Medicine provides assurance that all incidents had been reviewed apart from four incidents reported shortly before the data extract and all the incidents with status of "under review" had immediate learning and actions documented.	Deliver programme of patient safety updates for existing clinical staff by the end of Q3 2021/22.	31st October 2021	Head of Quality & Patient Safety (AR)	Chief Nurse
			Develop an additional 'You said, we did' feedback system for staff in response to reported incidents to augment the existing electronic feedback from managers to reporters from Datix.	Ongoing	Head of Quality & Patient Safety (AR)	Chief Nurse

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
MD5 - Ensure governance systems work effectively to support leaders to make sustainable proactive improvements.	6. Improve governance systems so leaders have the information they need to take actions to mitigate risks.	The Trust has a performance management framework in place which includes quarterly Divisional review meetings and the Division holds monthly quality and safety governance meetings. There have been significant risk management improvements pre- and post-merger. Risk Management Policy in place which describes the processes for managing risk. The Divisional Board regularly reviews a range of information including quality and safety, finance, HR and risk. All posts in Weston triumvirate appointed to, with additional support in place via deployment of Deputy Chief Nurse and Deputy Medical Director time.	Review of information flows into the Weston senior management team and Weston Divisional Board to identify gaps and develop an action plan to address.	31st May 2021	Director of Corporate Governance/ Weston triumvirate	Deputy Chief Executive / Chief Operating Officer
MD6 - Ensure management of behaviours in accordance with professional standards. SD8 - Evaluate and consider the	1. Ensure the organisation of the medical service at Weston hospital provides an environment where there is clear accountability and responsibility for	The configuration of medical wards and the resulting changes to responsible doctors occurred during the Covid-19 pandemic due to urgent operational necessity to cohort in accordance with infection control. Subsequently, the ward bed base has been returning to the pre-existing configuration as the number of patients with Covid-19-19 has reduced. A standard operating procedure has been written,	Return Ward base to pre-existing configuration.	30th April 2021	Deputy Medical Director (AH)	Medical Director
			Formalise and introduce SOP.	31st March 2021	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
extent to which the culture of working environment is having a detrimental effect on staff and establish a plan to improve culture onwards.	each patient as well as continuity of care.	discussed and agreed with the medical consultants to explicitly describe the responsibilities both immediately after admission and whilst the patient remains an inpatient. Compliance audits will take place in Quarters 1 and 2. If there is evidence of continued noncompliance from individuals, this will be addressed under the Trust's Disciplinary policy and Managing behaviours in accordance with 'Maintaining High Professional Standards' policy. The Trust is currently exploring the use of an external agency (Blue Goose) to help facilitate a programme of cultural change.	Undertake audits of SOP.	From 1st April 2021	Deputy Medical Director (AH)	Medical Director
			Introduction of cultural change programme.	30th April 2021	Head of Organisational Development (SC)	Director of People
MD7 - Review the risk register to ensure all risks are recorded and given priority to match their degree of seriousness.	***Not in original action plan***	The risk culture in Weston was identified as immature in comparison to Bristol Divisions early on in the integration programme. Staff and managers in the division of Weston have therefore needed to adopt new ways of working and engage with the risk management process. The Divisional Management Board of the Weston Division have invested in the implementation of a monthly 'Divisional Risk	Provision of ongoing support to Divisional management to identify improvements and to further embed and establish Trust processes and implement Divisional action plan to address gaps in compliance with the Trust's Risk Management Policy.	Ongoing	Head of Risk Management & Information Governance	Chief Operating Officer

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
		Management Group' to oversee risk governance within the division and to ensure that all risk records are adequately described, assessed and moderated and that current and planned mitigation is recorded and having the intended effect. The Head of Risk Management attends this meeting in a supportive capacity to provide help and advice and to facilitate risk escalation to the Trusts Senior Leadership Team as appropriate. ELearning and other supporting training documentation have been shared with the Divisional Governance team in the absence of face to face training (due to Covid-19 restrictions). Template reports, process flow maps and dashboards have been provided for owners and handlers of risks.	Formalise a rota for a 'departmental risk deep dive', which will involve speciality and departmental managers presenting risks for discussion and challenge.	30th June 2021	Weston Triumvirate	Chief Operating Officer
			Review and agree risk management training provision/method of delivery (training provision had initially been delayed due to Covid-19-19 and related travel restrictions).	31st July 2021	Head of Risk Management & Information Governance	Chief Operating Officer
MD8 - Ensure all information is handled in line with information governance	***Not in original action plan***	The Trust has an established 'Information Risk Management Group' (IRMG) that is responsible for the oversight of the information governance agenda as a mainstream discipline and as a part of daily risk management. The IRMG supports the Trust to manage	Improve Divisional attendance at IRMG; clarify who should be attending and whether a deputy can be assigned.	31st July 2021	Weston Triumvirate	Director of Finance & Information

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
requirements.		information risk in accordance with the Data Security and Protection Toolkit and other applicable and appropriate practices. It is chaired by the SIRO who is the Director of Finance and Information, the Deputy Chair is the Medical Director in the role of Caldicott Guardian and its membership includes Divisional Directors and senior managers of the clinical divisions. The IRMG receives reports of all information governance related incidents, risks, complaints, details of their root cause and their associated action plans. Divisions submit focussed report to each IRMG and have an opportunity to raise any queries or concerns regarding compliance with information governance and data protection standards and legislation.	Improve training compliance for Information Governance across the Weston Division: ○ HR Surgery in July will focus on IG as the statutory/mandatory topic. ○ Utilise the weekly HR bulletin to raise awareness	31st July 2021	Weston Triumvirate	Director of Finance & Information
			IG training will be a focus in the re-launched HR programme for specialty managers, sisters and matrons.	From 30th June 2021	Weston Triumvirate	Director of Finance & Information
MD9 - Ensure laboratory results are sent to the consultant who ordered the tests.	7. Ensure that laboratory results are provided to the requesting doctor.	Most medical patients are admitted through the acute medical take. The acute physicians are responsible for the admission of the patients with the patients being transferred to speciality teams as needed. Hence the acute physician receives the bulk of the laboratory tests. The SOP 'interim ward cover on medical base wards and outline wards' states that when a patient moves between wards, and hence consultant, the named consultant will also be changed on Medway to ensure laboratory test are returned to the correct consultant.	An audit will be carried out to ensure the consultant is correct on Medway as outlined in the SOP 'interim ward cover on medical base wards and outline wards'.	From 1st June 2021	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
SD1 - Consider how to address the perception on medical wards that there was limited senior and executive visibility, recognition, understanding and support.	2. Provide assurance around the engagement and visibility of the leadership at Weston hospital, and a plan for increased executive involvement.	The Weston Divisional leadership team has been based on site since before 1 April 2020. IPC and social distancing measures during the pandemic have reduced opportunities for engagement and face to face staff meetings. In recognition of the demands on the Divisional team, additional corporate leadership was added in January with the deployment of DMD and DCN time to WGH. Executive Directors have maintained a roster of on-site presence at WGH. Again, IPC and social distancing measures during the pandemic have reduced opportunities for large scale staff engagement, with some mitigation through regular video briefings.	Review and strengthen Divisional leadership capacity; appointment of Hospital Managing Director.	30th June 2021	Deputy Chief Executive / Chief Operating Officer	Deputy Chief Executive / Chief Operating Officer
			Continue the monthly open staff forum with the Triumvirate and the wider Weston senior leadership team; increasing frequency/changing days/time as required.	Ongoing	Weston triumvirate	Deputy Chief Executive / Chief Operating Officer
			Undertake regular informal weekly walkarounds to engage with staff.	From 31st March 2021	Weston triumvirate	Deputy Chief Executive / Chief Operating Officer
			Develop a 'You said we did' approach to feedback staff initiatives taken in response to their feedback.	From 31st March 2021	Weston triumvirate	Deputy Chief Executive / Chief Operating Officer
			Executive Directors will protect time in their day to undertake visits to wards/departments and engage with staff.	31st May 2021	Deputy Chief Executive / Chief Operating Officer	Deputy Chief Executive / Chief Operating Officer
			Continue to produce regular CEO video briefings and circulate to all staff and published on the intranet.	Ongoing	Deputy Chief Executive / Chief Operating Officer	Deputy Chief Executive / Chief Operating Officer

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
SD2 - Develop systems so staff feel able to contribute their ideas and escalate concerns without fear of retribution.	***Not in original action plan***	Processes/systems are in place to enable staff to contribute ideas and raise concerns: ○ Happy App ○ Staff forums ○ Datix/incident reporting ○ Freedom to Speak Up process ○ Trainee end of placement feedback The use of these methods has developed over the last year and will continue to do so.	Improve roll out and uptake of Happy App; raise awareness through HR bulletins and other established methods.	Ongoing	Weston triumvirate	Director of Corporate Governance
			Set up email inboxes for ideas and concerns - Email ideas.weston@ Concerns.weston@	31st July 2021	Weston triumvirate	Director of Corporate Governance
SD3 - Improve communications channels so staff are fully aware of the hospital and department's vision, or changes to the service.	***Not in original action plan***	Communication channels in place to allow information sharing ○ Screensavers ○ Staff forums ○ Facebook group ○ HR Bulletins (weekly) ○ HR Surgery/s ○ Newsbeat ○ Weston Intranet These will continue to be used and adapted	Establish weekly Webex Clinical Chair's briefing for consultants where current issues, strategy and plans can be discussed and vice versa.	31st May 2021	Clinical Chair (Weston)	Medical Director
			Re-establish monthly Hospital Medical Assurance Committee to include updates from Medical Director, Deputy Medical Director and Clinical Chair to consultant body.	31st May 2021	Deputy Medical Director (AH)	Medical Director
			Continue the monthly open staff forum with the Triumvirate and the wider Weston senior leadership team; increasing frequency/changing days/time as required and according to staff feedback.	Ongoing	Weston triumvirate	Deputy Chief Executive / Chief Operating Officer
SD5 - Provide support to trainee	***Not in original action plan***	The responsibility for rota coordination is in the process of transitioning to the Division, rather than	Agree local rota coordination role and recruit to additional post to help support	12th April 2021	Deputy Medical Director (AH)	Medical Director

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
doctors for rota coordination.		centrally. This will allow the Division to be more responsive to the need of the service. An additional rota coordinator post has been funded to provide additional support. A secondment opportunity is being explored to expedite this process. New Consultant and Junior doctor rotas have been published weekly since February 2021 in advance with an acceptance that sickness requires flexibility – this should be in exception. Rotas are uploaded onto a shared drive and displayed in the Doctors Mess and emailed in advance to all.	rota management.			
SD6 - Improve engagement with the guardian of safe working hours with trainee doctors.	8. Ensure junior doctors know the guardian of safe working hours, and that reports are shared with the trust board.	The Weston Guardian of Safe working (John Probert) was appointed into post in November 2020, mid-rotation. The guardian runs a monthly junior doctor forum; Ever doctor circulated with agenda and minutes. All juniors have the guardians email address & any query is answered in 24 hours. Any 'corridor approaches' by juniors are dealt with there and then if possible.	Complete alignment of reporting from Bristol and Weston sites to Trust Board.	31st March 2021	Deputy Medical Director (AH)/Guardians of Safe Working	Medical Director
			Introduce a process of 'Do You Know Who I Am?' to help improve visibility/raise awareness of guardian role.	31st May 2021	Deputy Medical Director (AH)/ Guardian of Safe Working Hours (Weston)	Medical Director
SD7 - Provide support to staff so	***Not in original action plan***	WAHT originally subscribed to the NHS Mail service, a single system used across many other subscriber	Agree certification by NHS Digital as having peer-level security with NHS Mail.	30th September 2021	Chief Information Officer	Director of Finance &

Medical services CQC requirements and recommendations (from report)	Areas which our assurances must address, as set out by CQC immediately post-inspection (numbers correspond to the original plan)	Current mitigation/s in place	Required action	Timescale (if applicable)	Lead	Executive sponsor
they can merge their emails and use one system.		organizations within the NHS. In common with many larger Trusts that wanted to maintain direct control over email services, UH Bristol maintained its own Microsoft Exchange-based email system. The lack of 'peer-level' security has been a barrier to unrestricted direct communication between Exchange and NHS Mail. UHBW has now migrated its Exchange email service from being locally hosted to a cloud-based service within Microsoft's secure boundary. Having completed this migration, which involved over 14,000 accounts, the Trust has applied for certification by NHS Digital as having peer-level security with NHS Mail. It is hoped that this process will be completed by the end of August '21 and from that point on there will be no further reason for any UHBW staff to continue use of NHS Mail (secure transfer of patient information has been a barrier) Staff will then be encouraged to adopt the use only of UHBW's Exchange service and migrate any content required from their NHS mail account.				Information

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Public Board on Thursday 27th May 2021

Report Title	**Integrated Quality & Performance Report**
Report Author	**James Rabbitts, Head of Performance Reporting** **Rob Presland, Associate Director of Performance** **Anne Reader, Head of Quality (Patient Safety)** **Deborah Tunnell, Associate Director of HR Operations**
Executive Lead	**Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Quality – Deidre Fowler, Interim Chief Nurse/ Emma Redfern, Interim Medical Director** **Workforce – Matt Joint, Director of People** **Finance – Neil Kemsley, Director of Finance**

1. Report Summary

To provide an overview of the Trust's performance on Quality, Workforce, Access and Finance standards.

2. Key points to note
(Including decisions taken)

- Following announcement of the elective recovery fund thresholds and elective accelerator initiative, the "business as usual" activity slides have been removed from the report for this period whilst the new targets and operating plan volumes have been concluded. These will be reinstated for next month.

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

The risks associated with this report include:

- Not applicable as this report is for information and assurance only, although risks referenced within the main body of the report.

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.

[Name of Committee/Group/Board]	**[Insert Date paper was received]**

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's

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Our hospitals.

strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.

- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality & Performance Report

May 2021

Executive Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: April 2021

Performance against NHS constitutional standards remains extremely challenged during the month of April, but elective activity recovery across all points of delivery continues to be sustained and was above the national 70% elective restoration fund target for April. The number of patients waiting greater than 52 weeks also dropped in April for the first time since the beginning of the pandemic and theatre capacity has almost returned to pre pandemic levels. The main threat to ongoing recovery is unscheduled care demand, where an increase in ambulance attendances and poor flow continues to put pressure on the bed base and urgent care access standards.

There was a further 30% drop in the number of incidents where patients were delayed from being admitted to a Ward by more than 12 hours from a decision to admit, but published data for April continues to show the Trust as the most challenged in this area nationally. 30% of ambulance handovers in the Bristol Royal Infirmary were also reported to have been delayed by more than 30 minutes from 1st April to 16th May 2021, which improved from 31% in March but is still the second highest in the South West. 4 hour performance was at 74.9% during April and all sites have reported an increase in the daily number of emergency department attendances for the second month running, although emergency admissions remain suppressed compared to previous years. During March, an average of 168 beds were occupied by patients medically fit for discharge, which represents 5,038 bed days lost in the month. The risk of demand outstripping capacity for transfer pathways remains (such as Pathway 3, especially for complex dementia patients to care homes with a sub-acute bed facilitating recovery and complex assessment), although the Trust is working with system partners to improve community capacity and support better flow.
The scale of elective and outpatient backlogs that have developed over the last year continue to be a major challenge. These include:

- Referral to Treatment patients waiting 52+ weeks. At the end of April there were 4,598 patients waiting over a year for the start of treatment, which is the first month on month improvement reported since the beginning of the pandemic. The Trust launched an elective restoration programme in April, led by members of the senior leadership team, to coordinate recovery activities based on the core priorities of patient safety, workforce, capacity and capability;
- Diagnostic waiting lists, where 66.0% were waiting within the 6 week standard. Whilst diagnostic activity continues to exceed recovery trajectories and in many cases is performing better than at the same point last year, this is not sufficient to recover the backlog of waiting lists. 13 week breaches remain the current area of focus with endoscopy, echocardiography and Dexa scans being a priority area for improvement; and
- Outpatients, where over 69,799 patients currently have a partial booking follow up status showing as overdue. Source Group have been commissioned to risk stratify the backlog and advise upon priority areas for improvement.

Cancer performance continues to be more affected by the treatment phase of the pathway rather than diagnostics due to ongoing problems in accessing elective beds and critical care. Two week wait performance has met the national standard of 93% for the second consecutive month and long waiting patients continue to be safely managed and clinically prioritised to avoid harm. Targets for 104 day avoidable breaches have so far been met. National and regional priorities remain focused on activity recovery and the BNSSG health care system has been successful in an application to be one of twelve national elective accelerator sites, where innovations are being developed to stretch the pace of recovery by the end of July 2021. This additional activity stretch will be above and beyond the Operating Plan for 2021/22, and key areas for opportunity for UHBW include optimising outpatient capacity, improving theatre utilisation (especially day case) and productivity improvements such as length of stay. An extension of the national elective waiting list validation exercise into diagnostics has also been announced and will take place between June and August of 2021, which is likely to require a significant level of clinical engagement.

Contents – Headline Indicators

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: April 2021

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: April 2021

Safe | **Caring**

Successes	Priorities
• Successful implementation of a robust patient experience survey in Weston. This report includes for the first time postal survey data for April 2021 for patients seen at Weston General Hospital (WGH). The five topics included in the in-patient and out-patient surveys are the same as in the Bristol survey and are the things patients have told us matter most to them. The outpatient and kindness and understanding scores for Weston General Hospital exceed the targets set pre-merger. There is much detail behind the headline figures, and the Patient Experience team will work to build a more detailed understanding of any key themes, and build the data over time to look at trends	• To take forward improvement work to reduce the risk of wrong site block never events. The Trauma and Orthopaedic teams in Bristol and Weston are working closely together to develop a single Fractured Neck of femur pathway which includes a LocSSIP (Local Safety Standard for Invasive Procedures) for nerve block. LocSSIPs are similar to the WHO Surgical Safety checklist for out of theatre invasive procedures and for nerve blocks this includes a "Stop Before You Block" check to ensure the correct side is identified for the block. • A surgical never events summit has been arranged for early July for sharing learning and improvement actions across all theatre and interventional environments. • To address an identified digital malfunction to ensure electronic VTE risk assessments carried out by admitting clinical teams in ED follow the patient through to the admitting ward in the Medway system. • To recommence Hospital Associated Thrombosis reviews and report incidence of HA VTE and act on learning arising from the reviews

Safe | Caring

Opportunities	Risks & Threats
• To align VTE pharmacological thrombo-prophylaxsis across Bristol and Weston sites. • To take forward two new improvement projects for falls prevention: immediate debriefing and learning following an in-patient fall and ward based simulation training for pre and post falls management working collaboratively with Simulation Team, Manual Handling Team and the Dementia, Delirium and Falls Team	Key new risks in the quality and patient safety domains: • Divisional risk 28 (risk score 12) is newly escalated to the corporate risk register: Risk that patients' responsible consultant is not being correctly identified. Risk has been escalated in response to reviews of patients who died following the Covid Outbreak in Weston General Hospital in 2020. Completion of the overarching outbreak action plan has been reported to the Quality and Outcomes Committee and further action plan learning from individual patient reviews is underway. • Divisional risk 856: Risk that the emotional and mental health needs of children and young people are not fully met. . The risk score has been increased to 15 in light of the numbers and severity of CAMHS (Child and adolescent Mental Health Services patients (particularly Eating Disorders) within the BRHC at the present time as alternative beds are not available for specialist care. Work with system partners at the highest level is in place to ensure safe care is provided and to improve access to specialist mental health beds. • Divisional risk 2880 (score =10): Risk that patients suffering from MH disorders may be treated in unsafe areas due to presence of ligature points has been updated in the light of an significant increase in reported incidents of patient attempting to use ligature points in acute hospitals. Immediate actions to reduce risk include ligature risk assessment training, provision of ligature cutters and training in their use. A project is being developed to look at provision of ligature free bed spaces in acute wards in light of the increase in incidents.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: April 2021

Responsive | **Effective**

Successes	Priorities
• The subsequent oncology cancer standards continue to be achieved on a monthly basis and the two week wait first appointment standard was compliant in February and March. • The number of patients waiting >62 days on a GP suspected cancer referral to treatment pathway has recovered to below the 'pre-Covid' baseline. • Between March and April 2021, the Trust has reduced the 52 week wait back log position by 700 routine patients – Ophthalmology (143 reduction), Oral Surgery (142) and ENT (129) were the largest Bristol reductions. Weston reduced by 60. • Outpatient Care Quality Commission (CQC) virtual focus groups were well received by CQC, especially highlighting the digital transformation that has taken place during the last 12 months.	• Recovery of the 31 day cancer decision-to-treat to treatment standards for surgery and first definitive treatment. • Focus on delivering elective activity for patients prioritised to be seen within 1 month, including cross-system and potentially cross-regional support to mitigate risks relating to theatre staffing and access to beds, including critical care. • Deadline of July established for the roll out of community phlebotomy programme. • Initiation of project to implement a national diagnostic waiting list validation programme, focusing on those waiting greater than 6 weeks. We will work with our partners in NBT and Primary Care to ensure any cohorts who are excluded from the programme are agreed. This programme commences on 7th June with initial review by modality where 50% have been waiting longer than 6 weeks, with full validation by the end of August 2021. • Completion of the Weston Division open referral validation exercise, currently on track and scheduled for the end of July. • Development of implementation plans for the national elective accelerator programme, aiming to stretch activity towards 120% of 19/20 business as usual levels by the end of July 2021.
Opportunities	**Risks & Threats**
• The next version of Medway is currently being tested, this will allow the implementation of additional functionality to be rolled-out with a timeline of End of September 2021. This includes functionality for patients with an on hold status to have a review date assigned which was an IST recommendation in 2019. • Initiation of recovery and restoration programme brief, including implementation of accelerator programme recovery initiatives to further restore activity levels and reduce waiting lists during the summer.	• Cancer performance over the summer may be impacted if demand increases above normal variation due to 'pent up demand' as lockdown eases. This is a particular risk for dermatology services which always see a large seasonal increase in demand in the same time period. Services are being encouraged to have contingency plans to enable capacity to be flexed up in response to demand surges, although it is recognised that such flexibility is limited whilst Covid precautions are needed. • Increase in appointment slot issues (ASIs) dropping off waiting lists at 6 months, following a spike in Covid cases. Increases in Orthopaedics, ENT, Sleep and Genetics are being followed up with Divisions and additional safety nets being put in place within informatics systems. • Increasing pressure and waiting times for advice and guidance. Increasing concern regarding the sustainability of advice and guidance services in the face of increasing demand, alongside sustained referral and backlog demand. Work ongoing with commissioners to implement demand management initiatives such as temporary advice and guidance closures if required.

Well-Led

Successes	Priorities
• The Trust welcomed 12 International Nurses in the month of April of which 9 have arrived in Bristol and 3 in Weston. • The first cohorts of international nurses are receiving a comprehensive range of introductory lectures and essential training via both distance learning and face-to-face practical skills training to support early essential training compliance ahead of being on the ward. • A Wellbeing Induction session has been developed using an e-learning platform; available to the overseas nurses joining UHBW. • Successful achievement has been reached of the NHSE target of a zero vacancy position by April 2021 for Health Care Support Workers. • Work commenced with a Trust-wide review of the organisation's values and leadership behaviours through the launching of a values survey, supported by focus groups to commence in May. • Successful substantive appointment of the Trust's workforce Diversity and Inclusion Manager has been made. The role will drive the strategy forward and the planned cultural interventions to support the inclusion agenda.	• A review of the current information held on HR Web in order to improve employee experience and efficiency of service delivery for the HR Services Team. This is an interim position in anticipation of a full People Web review once the MSO 365 roll out is complete. • Ongoing review of how vacancy metrics are calculated, working with finance colleagues and HRIS with the aim of improving accuracy and confidence in data • The first draft of the BNSSG System wide workforce plan is to be submitted in May with a focus on readiness for the final submission early June. • A review of the Essential Training programmes with compliance rates less than 90%, supporting subject leads with improvement planning. • Completion of the Allocate HealthRoster System Merge to create one single database for staffing across the merged Trust. This follows the merge of ESR and the Trust payroll. • Completion by the end of May of the purchase of increased licenses for Allocate HealthRoster at a significant cost discount to provide the required licenses to support the e-rostering aspirations of the Trust.

Well-Led

Opportunities	Risks & Threats
• Exploring a pilot in Bristol for an Emergency Department (ED) Middle Grade recruitment campaign for Spanish doctors seeking ED specialty experience. If successful, there is the opportunity to roll out in Weston • Scoping the opportunity to progress a GMC Sponsorship Scheme status for the Weston Division to help to recruit International Medical Graduates. • Essential training compliance reporting adapted to include Weston's essential specific to role training data in addition to the reporting of the Weston division's 11 essential training core skill subjects. • A draft People Systems roadmap has been developed and approved in principal at People & Education Group. It details the main HR systems work-streams, priorities and timelines for 2021/22. • Developing detailed plans to move all staff over to recording sickness and absence on HealthRoster creating improved reporting. • Engaging with the AHP and HCS workforce leads to develop the roadmap to deliver e-Rostering to these two staff groups in line with the NHSE/I 'levels of attainment'.	• 25 of the Trust's pipeline of overseas recruits from India have been delayed due to the Government suspension of flights in light of the Covid surge. • Existing EU staff members who have not applied and received Settled Status will not be able to retain their employment with the Trust after June 2021. • Resource constraints to support Subject Access Requests (SARs) continue to be a risk particularly with the investment bid for resources not approved which will delay mitigating actions. • The cost centre merges in light of the Corporate Services Integration is further threatened with delay due to current smartcard set up, making budget management, single oversight of appraisal compliance and viewing of newly formed teams from a systems management perspective extremely challenging. • Potential risks of operational impact as a result of the Allocate HealthRoster merge between Bristol & Weston and associated temporary downtime of the system. • Appraisal compliance remains a risk. A discussion paper is being presented at the Senior Leadership Team in May which will result in an agreed timeframe to close the compliance gap across the Trust.

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: April 2021

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N
	Infection Control (MRSA)	Y
	Infection Control (E.Coli)	N/A
	Serious Incidents	N/A
	Patient Falls	P
	Pressure Injuries	Y
	Medicines Management	Y
	Essential Training	N
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Patient Surveys (Bristol)	Y
	Patient Surveys (Weston)	P
	Friends & Family Test	N/A
	Patient Complaints	P

CQC Domain	Metric	Standard Achieved?
Responsive	Emergency Care - 4 Hour Standard	N
	Delayed Transfers of Care	N/A
	Referral To Treatment	N
	Referral to Treatment – 52 Weeks	P
	Cancelled Operations	Y
	Cancer Two Week Wait	Y
	Cancer 62 Days	N
	Cancer 104 Days	N/A
	Diagnostic Waits	N
	Outpatient Measures	P
	Outpatient Overdue Follow-Ups	N
Effective	Mortality (SHMI)	Y
	Mortality (HSMR)	P
	Fracture Neck of Femur	P
	30 Day Emergency Readmissions	N

CQC Domain	Metric	Standard Achieved?
Well-Led	Bank & Agency Usage	P
	Staffing Levels – Turnover	P
	Staffing Levels – Vacancies	Y
	Staff Sickness	Y
	Staff Appraisal	N
Use of Resources	Average Length of Stay	N/A
	Performance to Plan	N/A
	Divisional Variance	N/A
	Savings	N/A

N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	A limit of cases for UHBW was not set for 2020/21 and has yet to be set for 2021/2022. The limit is usually based on the previous financial year's outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases for UHBW (57 for Bristol plus 15 for Weston based on 2019/2020) as a whole for 2020/21 would give a trajectory of 6 cases a month. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.
Performance:	There were nine cases of C. difficile attributed to UHBW in April 2021. Of the nine cases, eight were HOHA and one was COHA.
Commentary:	Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C. difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission.) First sets of data including post infection reviews have been sent to the commissioners for the outstanding reviews Q4 19/20 and Q1 20/21 – this is for cases across the Trust. Further post-infection reviews will be scheduled to deal with each of the remaining outstanding quarters in 20/21.
Ownership:	Chief Nurse

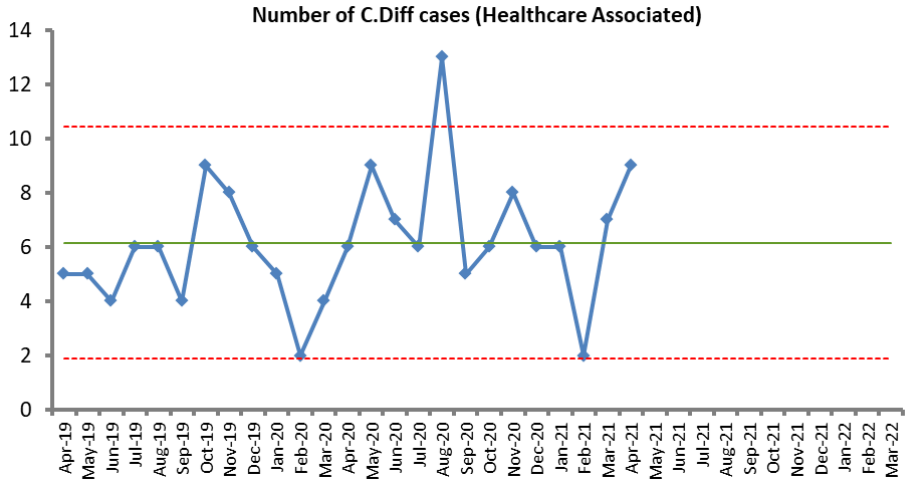
	Apr-21		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	3	3	3	3	25	24
Specialised Services	2	2	2	2	23	18
Surgery	0	0	0	0	11	11
Weston	4	3	4	3	12	8
Women's and Children's	0	0	0	0	7	6
TOTAL	**9**	**8**	**9**	**8**	**78**	**67**

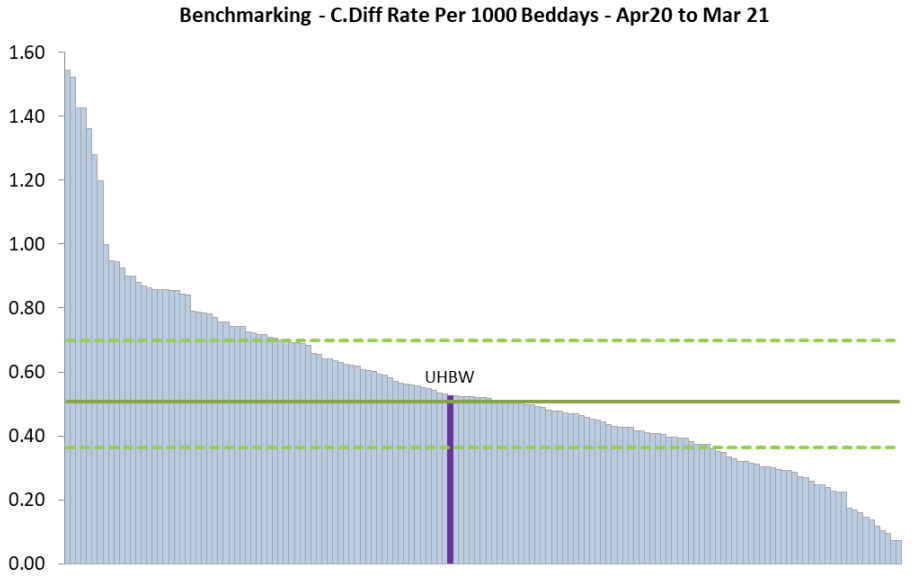
HA = Healthcare Associated, HO = Hospital Onset

Infection Control – C.Difficile

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021





Infection Control - MRSA

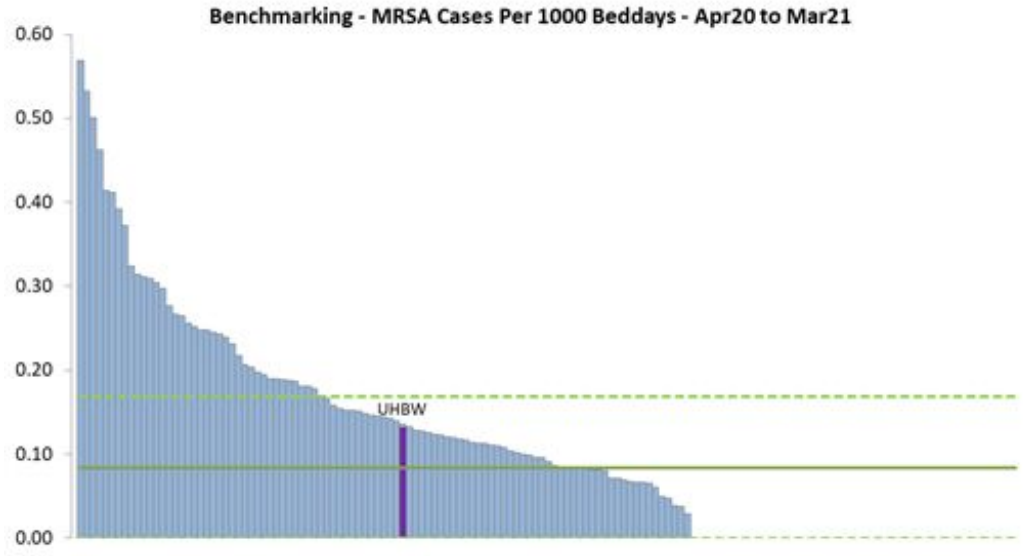
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

Y *Achieved*

Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no new cases of MRSA bacteraemia in UBHW in April 2021.
Commentary:	There have been four previously reported UHBW apportioned MRSA cases to date for 2020/21.
Ownership:	Chief Nurse

	Apr-21	2021/2022	2020/2021
Medicine	0	0	0
Specialised Services	0	0	1
Surgery	0	0	0
Weston	0	0	1
Women's and Children's	0	0	2
TOTAL	**0**	**0**	**4**



Infection Control – E. Coli

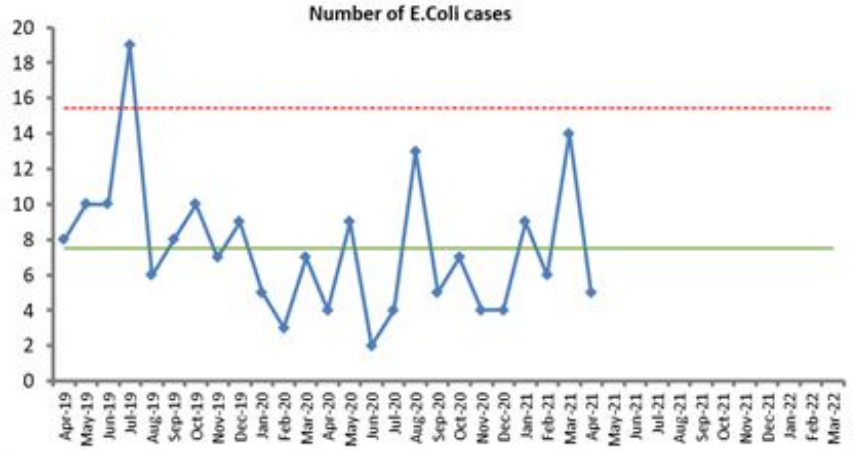
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N/A *No Standard Defined*

Standards:	Enhanced surveillance of *Escherichia* coli *(E.coli)* bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemias are reported monthly to Public Health England (PHE). As a result in the national rise in *E.coli* bacteraemia rates, a more in-depth investigation into the source of the *E.coli* bacteraemias is initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews.
Performance:	There were 5 Hospital Onset cases in April.
Commentary:	In January and February 2021, 13 *E.coli* bacteraemias were attributed to the Trust. Urinary tract infections were identified as the source of the E.coli bacteraemia in five of the 13 identified. Three had a urinary catheters in-situ, and are thought to be catheter-associated. There were two patients with urinary catheters, where the source of the bacteraemia was not thought to be related to the catheters.
Ownership:	Chief Nurse

	Apr-21	2021/2022	2020/2021
Medicine	0	0	27
Specialised Services	3	3	17
Surgery	1	1	21
Weston	1	1	9
Women's and Children's	0	0	7
TOTAL	**5**	**5**	**81**



Serious Incidents

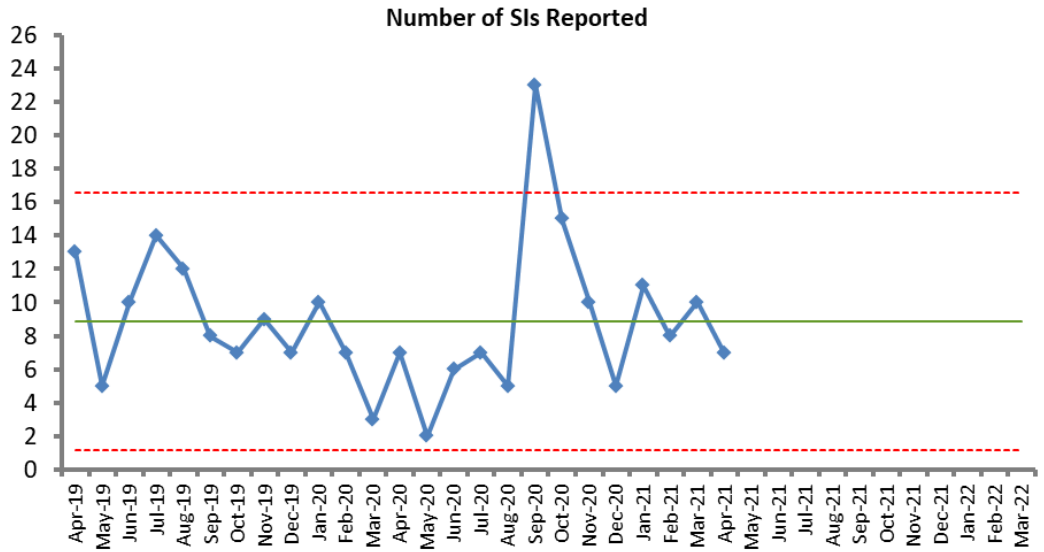
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N/A *No Standard Defined*

Standards:	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in UHBW in 2021/22 following learning from early adopters.
Latest Data:	Seven serious incidents were reported in April 2021, two in the Division of Medicine, three in the Division of Surgery and two in Women's and Children's Division.
Commentary:	The seven incidents comprised two pressure ulcers, two patient falls, one never event wrong site block, one unexpected complication of treatment, and one failure to obtain a mental health bed for a child who needed it. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Apr-21	2021/2022	2020/2021
Medicine	2	2	31
Specialised Services	0	0	6
Surgery	3	3	13
Trust Services	0	0	1
Weston	0	0	50
Women's and Children's	2	2	8
TOTAL	**7**	**7**	**109**



Harm Free Care – Inpatient Falls

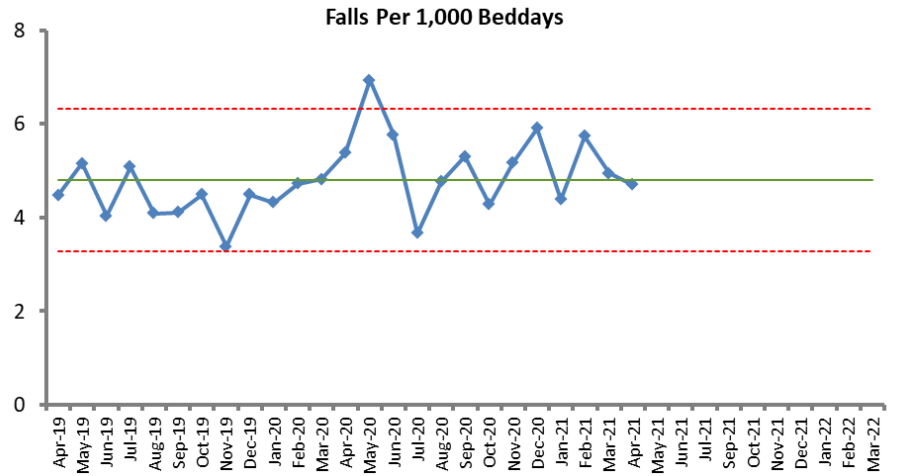
NHS University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

P *Partially Achieved*

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During April 2021, the rate of falls per 1,000 bed days was 4.71 across UHBW and remains within the statistical process control limits. There were 139 falls in total: 109 in our Bristol Hospitals and 30 in the Division of Weston. Five falls resulted in moderate or a higher level of harm, (Three in Medicine, one in Surgery and one in Weston) and are subject to patient safety incident investigations.
Commentary:	There was a small decline in the overall number of falls over the past month (152 in March to 139 in April). Actions: • Actions from two falls audits have been implemented: The Datix incident reporting form has been updated to include the Enhanced Care Observation level as mandatory information to aid with further investigation into potential causes of falls. The post falls checklist has been amended to identify if next of kin has been notified post fall where required. • The Falls Steering Group met in April with trust wide sharing of the thematic review of all falls with harm, the annual falls report and the annual work plan for 2021-22 was agreed. Two improvement projects that have already commenced since this meeting are : 1. A collaborative project is underway with the Simulation Team, Manual Handling Team and the Dementia, Delirium and Falls Team to deliver ward based simulation training for pre and post fall management of the patient, focussing initially on those wards that have increased patient falls with harm over the past year. 2. A task and finish group within the Falls Steering Group is reviewing a plan to implement recommendations from the Falls and Fragility Fracture Audit Programme by introducing immediate de-briefing sessions following an inpatient fall.
Ownership:	Chief Nurse

	Apr-21	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	1	-
Medicine	70	9.27
Specialised Services	11	2.25
Surgery	21	5.48
Weston	30	4.43
Women's and Children's	6	0.92
TRUST TOTAL	139	4.70
Bristol Subtotal	*109*	*4.78*



Harm Free Care – Pressure Injuries

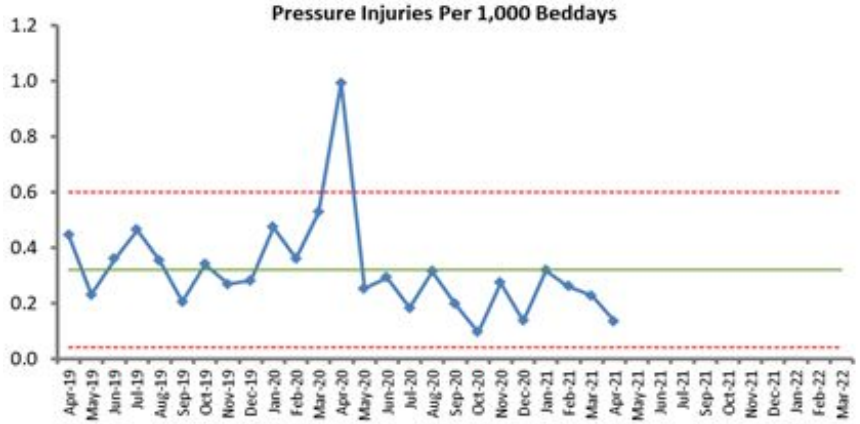
NHS University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Y *Achieved*

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	During April 2021, the rate of pressure injuries per 1,000 beddays was 0.14 across UHBW. There were four category 2 pressure injuries across UHBW. There were no Category 3 or 4 Pressure Injuries. Two of the Category 2 Injuries were in Surgery Division (both heels) and two in Weston Division (heel and coccyx).
Commentary:	• Continue to deliver "hot spot" face to face targeted training for staff. • Plan to recommence face to face training with monthly pressure ulcer refresher sessions from July 2021. • Poster campaign and enhanced education for ED nurses and all wards regarding the importance of removing leg bandaging and performing skin checks within six hours of admission. • ED Pressure Area Proforma document re-designed and implemented to assist with improvement whilst patients are in ED. • Continue to promote with staff the enhanced resources for staff on tissue viability connect page. • Monthly tissue viability newsletter uploaded to trust-wide "Newsbeat" and disseminated to all ward sisters and tissue viability link nurses to further disseminate to teams - with each edition incorporating pertinent / current themes to raise staff awareness of tissue viability matters. • Continued promotion of the "Why Wait" Poster campaign to raise staff awareness of pressure relieving and pressure re-distributing aids. • Ongoing engagement with TV champions across divisions to support good practice locally. Weston Division Specific Actions: • Ongoing targeted ward staff tissue viability training for all wards. • Implementation of heel off-loading equipment for vulnerable patients, on which training will be incorporated into ward based teaching sessions. • Recent implementation of pressure relieving mattress flowchart to support staff in mattress decision making. • Tissue Viability team continue to support to embed revised pressure ulcer prevention, wound assessment and Care log documentation.
Ownership:	Chief Nurse

	Apr-21	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	0	0.00
Specialised Services	0	0.00
Surgery	2	0.52
Weston	2	0.30
Women's and Children's	0	0.00
TRUST TOTAL	4	0.14
Bristol Subtotal	*2*	*0.09*



Medicines Management

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Mar/Apr 2021

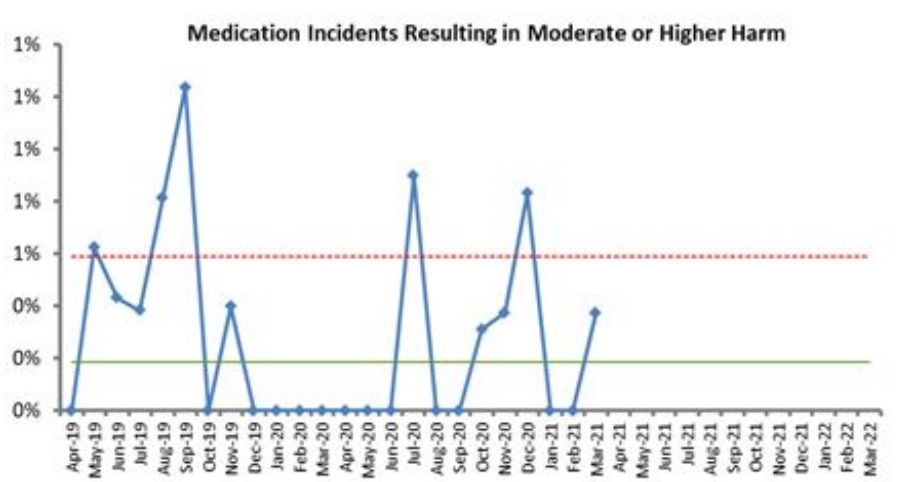
Y *Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There was one moderate harm incidents (0.37%) out of 268 medication incidents reported in UHBW in March. There were zero omitted doses of a critical medicine identified in 439 patients audited in our Bristol Hospitals in April.
Commentary:	The moderate harm incident involved an overdose of anticoagulant medicine. The drug chart had been written by a medical student and signed by an F1 Doctor. The dose of anticoagulant did not correspond to the Connecting Care record and this was not identified by the F1 when they signed the drug chart. Medical students must complete a preparing for professional practise workbook in Spring each year and their prescriptions must be signed off by a qualified prescriber. This incident has been highlighted to the Programme Directors at Bristol Medical School and they are seeking clarification from the GMC about this. This incident has been reported as a significant event to the medical school. **Weston** There were no moderate harm incidents out of 29 (0.0%) reported medication incidents from Weston in March. Omitted doses data was collected in Weston as a one off audit. Three out of 58 (5.17%) patients audited had an omitted dose of critical medicine. The medicines were all omitted due to unavailability of the medicine on the ward; • One was an antibiotic • One was an opioid analgesic • One was a granulocyte colony stimulating factor (a drug given after chemotherapy or before stem cell transplant to help white blood cells recover after treatment.) Actions: This was the first omitted dose audit that has been conducted in Weston General Hospital since the merger in April 2020. The missed dose data will be fed back to the wards here via the sisters, and staff will be made aware of the critical medicines list and the importance of maintaining doses. This audit will be repeated next month.
Ownership:	Medical Director

Medicines Management

Mar/Apr 2021

	Mar-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	0	-
Medicine	1	56	1.79%
Specialised Services	0	60	0.00%
Surgery	0	23	0.00%
Weston	0	29	0.00%
Women's and Children's	0	49	0.00%
Other/Not Known	0	51	-
TRUST TOTAL	**1**	**268**	**0.37%**



Essential Training

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *No Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In April 2021, Essential Training overall compliance remained static at 84%, compared with the previous month (excluding Child Protection Level 3).
Commentary:	April 2021 overall compliance for Core Skills (mandatory/statutory) training remained static from the previous month, at **84%** overall across the eleven programmes. There were increases in four of eleven programmes. Only NHS Conflict Resolution reduced by 1% to 88%. Overall compliance for 'Remaining Essential Training', as listed at Bristol, reduced by 1% to 90% overall. This month's report also includes the comparable list of 'Remaining Essential Training' at Weston, which is at 84% compliance overall. • Essential training reports were adapted to include: Weston's essential specific to role training, as an addition to the reporting of the Weston division's 11 essential training core skills alongside Bristol divisional data; changes to the presentation and granularity of the data provided by staff group. • Staff are reminded that 'Speak Up, Core Training for all Workers' is to be accomplished by 1 August 2021, when the training joins all other Essential Training for compliance reporting. • Corporate Education continues a series of 'Managers Forums' through which managers can suggest improvements and innovations to Essential Training compliance. • In April, the Education Department coordinated three consecutive Corporate Inductions at Bristol and one at Weston, doubling induction capacity for the Nursing Assistant induction at Bristol to 25 Nursing Assistants as part of the zero vacancy national recruitment target. • Improving the Trust's essential training compliance was approved as a Quality Improvement Gold project with the Corporate Education team members receiving project management training which commenced in April.
Ownership:	Director of People

Essential Training	Apr-21	KPI
Equality, Diversity and Human Rights	90%	90%
Fire Safety	82%	90%
Health, Safety and Welfare (formerly Health & Safety)	90%	90%
Infection Prevention and Control	84%	90%
Information Governance	81%	95%
Moving and Handling (formerly Manual Handling)	80%	90%
NHS Conflict Resolution Training	88%	90%
Preventing Radicalisation	90%	90%
Resuscitation	66%	90%
Safeguarding Adults	88%	90%
Safeguarding Children	87%	90%

Essential Training	Apr-21	KPI
UHBW NHS Foundation Trust	84%	**90%**
Diagnostics & Therapies	89%	90%
Medicine	80%	90%
Specialised Services	85%	90%
Surgery	83%	90%
Women's & Children's	83%	90%
Trust Services	87%	90%
Facilities & Estates	90%	90%
Weston	85%	90%

Nurse Staffing Levels

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

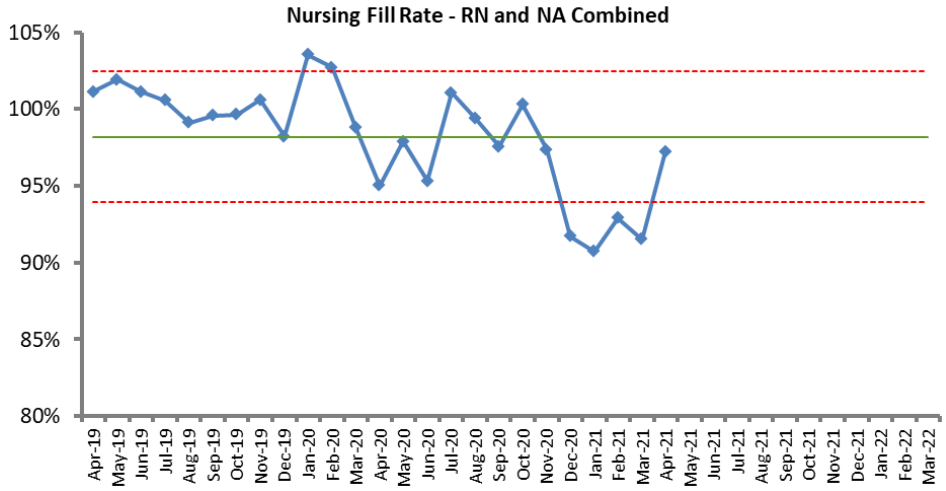
N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in April 2021, UHBW had rostered 291,290 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 283,241. This gave an overall fill rate of 97.2% for UHBW .
Commentary:	The combined figures for UHBW in April 2021 show that the trust had 92% cover for RN's on days and 93% RN cover for nights. The unregistered level of 105% for days and 112% for nights reflects the activity seen in April 2021. This increase from last month was the result of shielding staff returning to duty as the shielding period ended. The increased NA fill rate was the result of managing Covid patients with increasing acuity and dependency, and continued NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. Actions that continue: • In order to manage the nurse staffing safely there was an increase in the use of temporary staffing generally in clinical areas with block bookings in place to support continuity of staff. • Over the month, staff who had been redeployed to other areas have gradually returned to their substantive roles, the support from these areas has been well recognised with great team benefits identified. • Many wards in April have welcomed back staff who had been shielding due to being 'clinically extremely vulnerable'. • The Trust has reviewed all the nursing areas again with the view to resuming the expected staffing levels as services return to usual capacity. • The Trust has welcomed 18 international nurses who have started since 26th April and are going through induction and training with a further 23 nurses due to arrive on 24th May. There has been an impact on the International Nurse Recruitment programme due to the Covid situation in India, with 25 nurse's ready and awaiting confirmation of being able to fly. It is important to note that the International recruitment for the Trust is across several different countries and is not solely reliant on India. • The intensive recruitment of Nursing Assistants over the past 4 months has assisted with a significant reduction in the number of vacancies in this staff group and there is now a robust plan to maintain an ongoing recruitment process to enable to cover to turnover
Ownership:	Chief Nurse

Nurse Staffing Levels

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021



Staffing Fill Rates	Apr-21		
	Total	RN	NA
Medicine	105.0%	99.6%	111.7%
Specialised Services	100.8%	91.4%	130.8%
Surgery	96.2%	89.8%	112.4%
Weston	93.6%	80.9%	109.8%
Women's and Children's	93.8%	96.4%	81.2%
TRUST TOTAL	**97.2%**	**92.4%**	**108.1%**

Venous Thromboembolism Risk Assessment

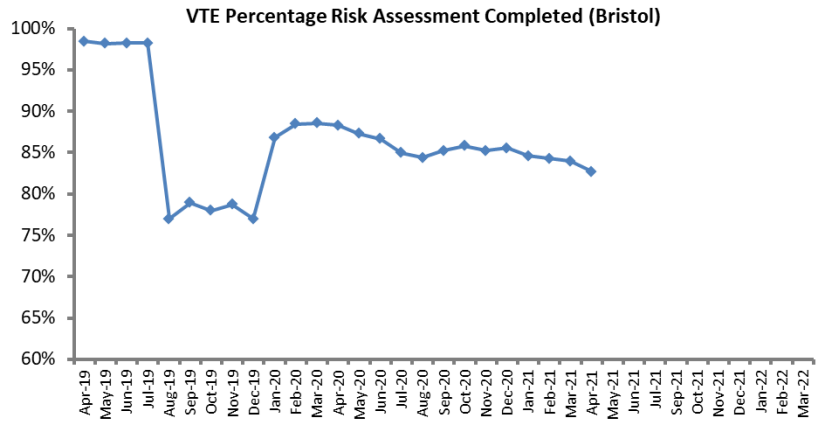
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	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 thrombo-prophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for April 2021 is 82.7% which has remained fairly static throughout 2020 and 2021 and remains below the lower control limit. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. The results of a spot check audit of compliance was reported in March.
Commentary:	At the time of the launch of digital VTE risk assessments, there was an expectation that a fully digital integrated system was imminent, whereby VTE risk assessments would be incorporated into admission or prescribing. However, there have been recurrent delays with the full digital roll out which has resulted in VTE risk assessment remaining as a standalone task in Medway. This is seen as the biggest barrier to achieving compliance. • The VTE Group has started meeting again. • A consultant VTE lead for Weston has been confirmed who will link in with the Bristol VTE lead to discuss potential improvement opportunities. • The VTE group is working with the digital CICOs, digital pharmacists and Medway team to find ways to optimise compliance with VTE risk assessments (including by linking with the Careflow workspace). The digital CICOs will also be working to continue to highlight the unacceptable delays in the full digital roll out due to supplier issues with the aim to achieve a solution, realistic timelines and ensure it remains achievable. • A Quality Improvement Project is underway to improve VTE risk assessment in Trauma and Orthopaedics on the Bristol site. • The Patient Safety Improvement Nurses are identifying and opportunities for VTE improvement work until a digital solution is in place.
Ownership:	Medical Director

	Apr-21		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	14	14	100.0%
Medicine	1713	2436.00	70.3%
Specialised Services	2241	2488.00	90.1%
Surgery	1571	1944.00	80.8%
Weston	-	-	-
Women's and Children's	1473	1595.00	92.4%
TRUST TOTAL	**7012**	**8477**	**82.7%**



Venous Thromboembolism Risk Assessment

April 2021

The table below shows April's data based on the admitting specialty.

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	12	12	100.0%
Diagnostics and Therapies Total		**14**	**14**	**100.0%**
Medicine	Medicine	1,713	2,436	70.3%
Medicine Total		**1,713**	**2,436**	**70.3%**
Specialised Services	BHOC	1,935	2,021	95.7%
	Cardiac	306	467	65.5%
Specialised Services Total		**2,241**	**2,488**	**90.1%**
Surgery	Anaesthetics	10	10	100.0%
	Dental Services	132	147	89.8%
	ENT & Thoracics	130	254	51.2%
	GI Surgery	916	1,121	81.7%
	Ophthalmology	241	242	99.6%
	Trauma & Orthopaedics	142	170	83.5%
Surgery Total		**1,571**	**1,944**	**80.8%**
Women's and Children's	Children's Services	35	49	71.4%
	Women's Services	1,438	1,546	93.0%
Women's and Children's Total		**1,473**	**1,595**	**92.4%**
Grand Total		**7,012**	**8,477**	**82.7%**

Friends and Family Test (FFT)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

N/A ***No Standard Defined***

Standards:	The FFT question asks "Overall, how was your experience of our service?". The proportion who reply "Good" or "Very Good" are classes as Positive Responses, and this is expressed as a percentage of total responses where a response was given. The Trust fully integrated the FFT approach across Bristol and Weston hospitals as of April 2021. FFT data are collected through a combination of online, SMS (for Emergency Departments and Outpatient Services), postal survey responses and FFT cards. There are no response rate targets set.
Performance:	We received 4,300 FFT responses in April 2021, which represents a 3% reduction in the number of responses received in March 2021 (4,458). The overall scores and response rates are shown in the table below.
Commentary:	The Patient Experience Team will discuss the reasons why Bristol Eye Hospital has not yet recommenced FFT in the Emergency Department and work with them to ensure FFT is restarted as soon as possible.
Ownership:	Chief Nurse

		Positive Response	Total Responses	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	692	721	2,626	97.1%	27.5%
	Weston	72	78	670	93.5%	11.6%
	UHBW	764	799	3,296	96.7%	24.2%
Day Cases	Bristol	175	176	2,040	100.0%	8.6%
	Weston	243	247	457	99.2%	54.0%
	UHBW	418	423	2,497	99.5%	16.9%
Outpatients	Bristol	2,092	2,222		94.8%	
	Weston	238	257		-	
	UHBW	2,330	2,479		94.8%	
TOTAL RESPONSES			4,300			

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	174	205	3,863	85.3%	5.3%
	BRHC	212	231	2,520	91.8%	9.2%
	BEH	0	0	1,789	-	0.0%
	Weston	85	101	426	-	23.7%
	UHBW	471	537	8,598	88.0%	6.2%
Maternity	Bristol	59	62	1,300	96.7%	

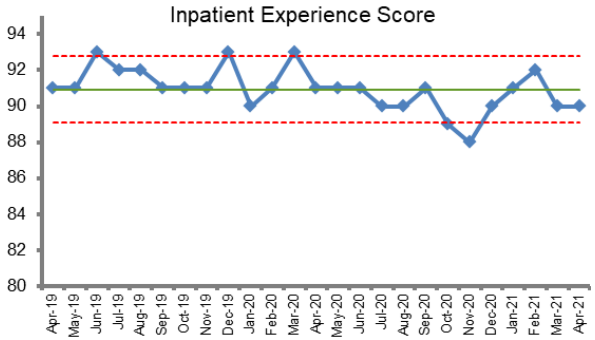
Patient Surveys (Bristol)

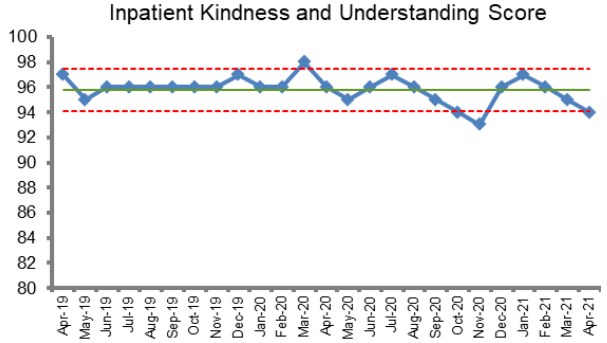
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Y *Achieved*

Standards:	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For April 2021: • Inpatient score was 90 (March was 90) • Outpatient score was 95 (March was 95) • Kindness and understanding score was 94 (March was 95)
Commentary:	The latest (April) data exceeded the target thresholds.
Ownership:	Chief Nurse





Patient Surveys (Weston)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

P ***Partially Achieved***

Standards:	Please note this data relates to Division of Weston only. Following the successful extension of the postal survey programme, this is the first time postal survey data for patients seen at Weston General Hospital (WGH) has been reported. For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the Trust target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For April 2021: • Inpatient score was 84 (below target) • Outpatient score was 90 (above target) • Kindness and understanding score was 92 (above target) Please note that these targets were set pre-merger and have not been applied to patient experience data relating to the Division of Weston previously.
Commentary:	As this is the first time the Trust has reported postal survey data for patients seen at Weston Hospital, the Patient Experience team will work to build a more detailed understanding of any key themes, and build the data over time to look at trends.
Ownership:	Chief Nurse

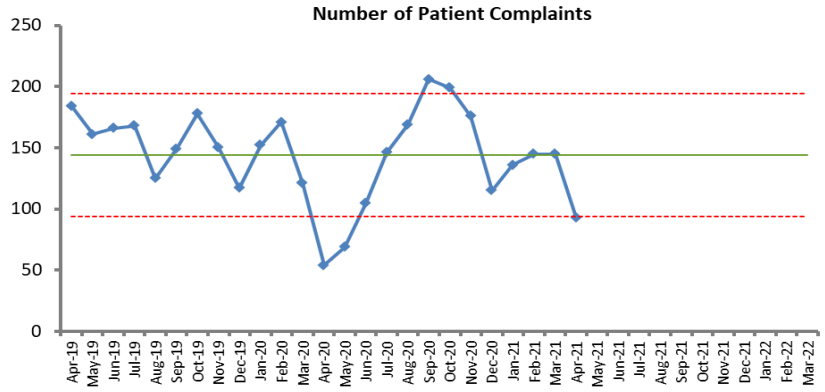
Patient Complaints

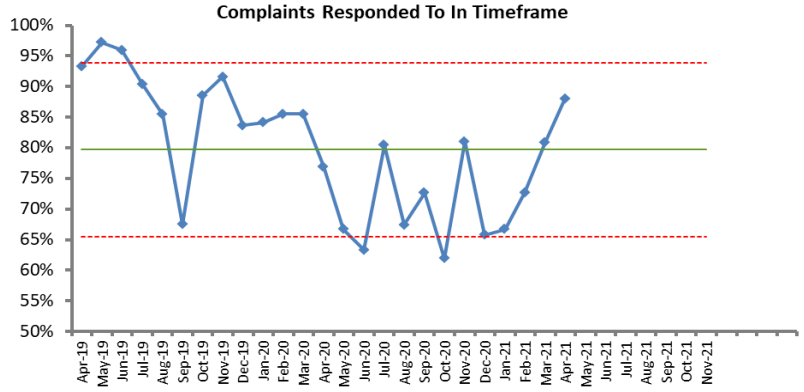
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

P ***Partially Achieved***

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	• In April 89 Complaints were received, 31 of which were Formal complaints. • 88.1% of formal complaints (52 of 59) were responded to within the agreed timeframe in April, a further monthly improvement on the 81% reported in March 2021 and 72.7% reported in February 2021 • Divisions returned 89.8% of formal responses to the PSCT by the agreed deadline in April , compared with 87% in March and 75.5% in February, This is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. • There were six complaints reported in February 2021 where the complainant was dissatisfied with our response, which represents 13.6% of the 44 first responses sent out in that month.
Commentary:	Four of the seven formal breaches of the response time standard were attributable to delays within the divisions, two were due to delays during the checking process by the Patient Support & Complaints Team (PSCT) and one was due to a delay during Executive sign-off. There were two breaches each for the Divisions of Medicine and Specialised Services and one each for Women & Children, Surgery and Trust Services. It should however be noted that the single breach for Surgery was not due to a delay within the Division and only one each of the breaches by Medicine and Specialised Services were due to delays attributable to the Division. The dissatisfied performance is a marked deterioration on the 2.9% reported in March 2021 for responses sent out in January 2021, and is above the threshold of 8%. However, it should be noted that a lower number of responses overall were sent out in February.
Ownership:	Chief Nurse





Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2021/22 have not been agreed with NHS Improvement. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits". There is also an expectation that no Ambulance Handover will exceed 30 minutes.
Performance:	Trust level 4 hour performance for April was 74.9% across all four Emergency Departments (14,723 attendances and 3,691 patients waiting over 4 hours). There were 71 patients who had a Trolley wait in excess of 12 hours (9 in Bristol and 62 at Weston). Between 1st January and 31st March 2021 there were 2,803 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 24% of all Handovers.
Commentary:	**Bristol Royal Infirmary** Performance against the 4 hour standard was 62.2%, a slight improvement from previous month (61.8%) as the Covid-19 numbers have remained low (3-8). 12 hour trolley waits have continued to decrease with 9 breaches compared to 18 breaches in March. Daily average attendances have risen significantly during this period to 202 per day up from 179 in March. This is driven by an increase in walk-in patients Covid-19 lockdown restrictions have been relaxed. This has led to frequent overcrowding in the Fast Flow waiting area which is a known driver of violence and aggression, poor patients experience and reduced infection control and prevention. The Department has used additional space to expand the physical capacity in Fast flow and there is a capital redevelopment to expand the waiting area. The Trust operate a strict redirection policy for patients with minor illness/injuries during the internal critical incident, however redirection to urgent treatment centres and minor injuries unit ceased at the end of the month is a major concern in light of the trend of growing walk-in attendances at the BRI. Achieving flow, remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Incident Triage Area, Ambulance Queuing and Admissions Overflow Standard Operating Procedures (SOPs) have been established along with increased nursing and medical staffing to support decompressing ED and reducing patient safety risks. The flow challenges have been exacerbated by the following factors: Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not consistently be staffed The delay in restoration of some primary and community care services has driven an increase in activity to ED which is significantly above usual averages for April Availability of Pathway 3 bed capacity in the community has also been a challenge leading to delays in discharges (see Delayed Discharges section).

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Commentary:	**Bristol Royal Hospital for Children:** Attendances have increased significantly with high acuity, 4 hour performance for March was 92.4%. Increase in CAMHS patients and recently more trauma patients. Social distancing within the department is challenging. We are reviewing ED staffing numbers due to the volume and acuity of patients to help support the increase in demand, currently we are on summer staffing levels. Breaches recently within the department that were not seen until 4 hours, related to delays in specialties reviews, more patients in resus of whom booked in early in the day which then caused a knock on effect into the night. The Covid/Abbott testing capacity caused quite a few breaches several days running with incorrect results, and then most recently the machine broke. There has been a lack of inpatient bed capacity resulting in patients being moved to obs to wait for inpatient beds, obs patients therefore stayed in the department. There were a few complex social care/safeguarding cases which necessitated lengthy delays. We have a high number of CAMHS/eating disorders patients in our inpatient beds, 3 delayed discharges due to no Tier 4 beds in the region which is also having an impact on flow. Acuity of patients in the hospital is high reducing flow to move patients out of ED. **Weston General Hospital:** During the month of April 2021 the number of ED attendances increased for the 2nd month in a row at 3666 vs 3388 in March 2021. The department continues to have surges throughout the day and although it is busy we are not quite at pre-covid number (4201 ED attendances in April 2019). The performance against the 4 hour standard has decreased at 70.8% (vs 75.2% in March). Weston have continued with its streaming and redirection work at the front door, this has helped in times of surge to minimise the crowding in the waiting room. The department have seen an increased number of minors attendances. The number of patients with COVID19 decreased significantly throughout the month which enabled the division to reassign the Waterside bed base for blue capacity. This released Harptree which enabled the green bed base to increase. The decrease in COVID19 patients allowed for the creation of bays on the surgical ward enabling electives surgeries to take place, further supported by the Testing and Moving protocol that came into place for Weston. 12 hour breaches continues to be a hot topic, the improved monitoring of the these breaches to align with BRI processes will allow for improved quality of data and learning opportunities. During April there was a decrease in 12 hour breaches at 62 (vs 84 in March) this decrease is believed to be a result of the increased number of beds following the ward move.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Commentary:	**Bristol Eye Hospital:** BEH attendances are increasing, with 1802 in April versus 1709 in March. The breach rate has reduced slightly from last month (98.93% performance in April versus 97.72%% in March). As per previous commentaries, this is predominantly due to diagnostic delay (19/31 breaches) with patients having to attend BRI for ultrasounds and neuroimaging. The BEH ED is currently short on band-6 nurses, we currently have 3 unfilled FT nursing staff which is often causing bottle-necks at nurse-assessment and triage. We are advertising and will be interviewing in the near future, though any new recruits will require additional training, supervision and time before getting up to full speed. This means an increased number of patients being referred to the clinicians and a longer wait. Previously mentioned gaps in on-call rotas are being filled with agency locums until the end of July so this should provide welcome additional capacity for May and June. The planned rollout of a new electronic patient record is now scheduled to go live from 14 June. This has the potential to improve efficiency but we anticipate a short term deterioration in throughput whilst staff adapt to the new system.
Ownership:	Chief Operating Officer

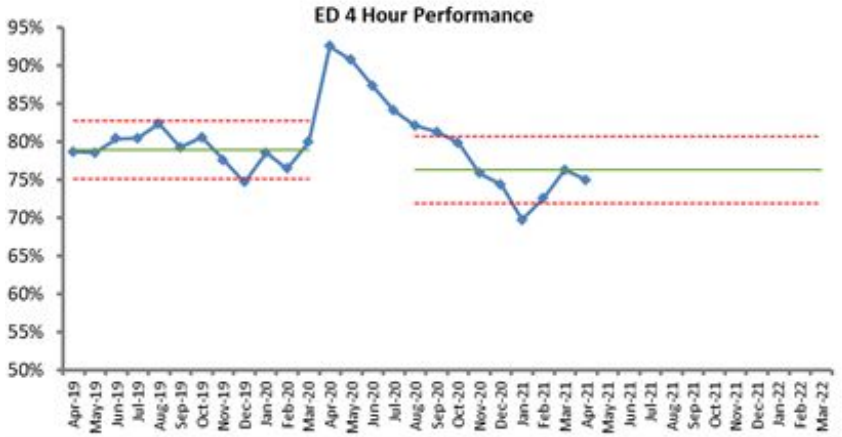
4 Hour Performance	Apr-21	2021/2022
Bristol Royal Infirmary	62.2%	62.2%
Bristol Children's Hospital	90.9%	90.9%
Bristol Eye Hospital	98.3%	98.3%
Weston General Hospital	70.8%	70.8%

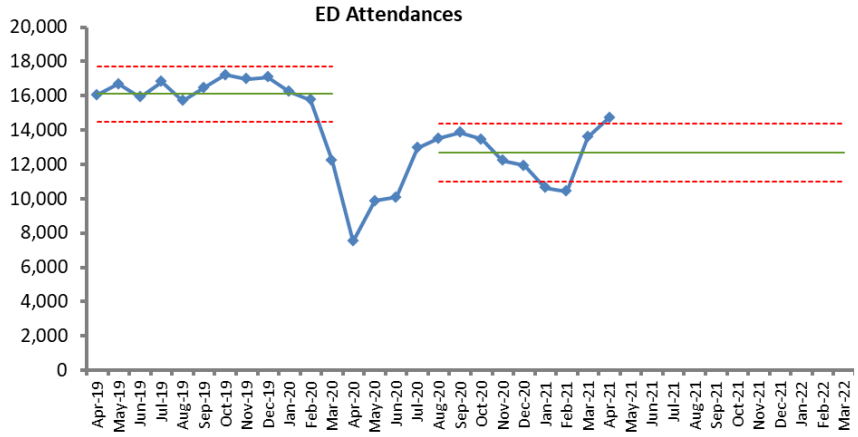
Total Attendances	Apr-21	2021/2022
Bristol Royal Infirmary	6,080	6,080
Bristol Children's Hospital	3,175	3,175
Bristol Eye Hospital	1,802	1,802
Weston General Hospital	3,666	3,666

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

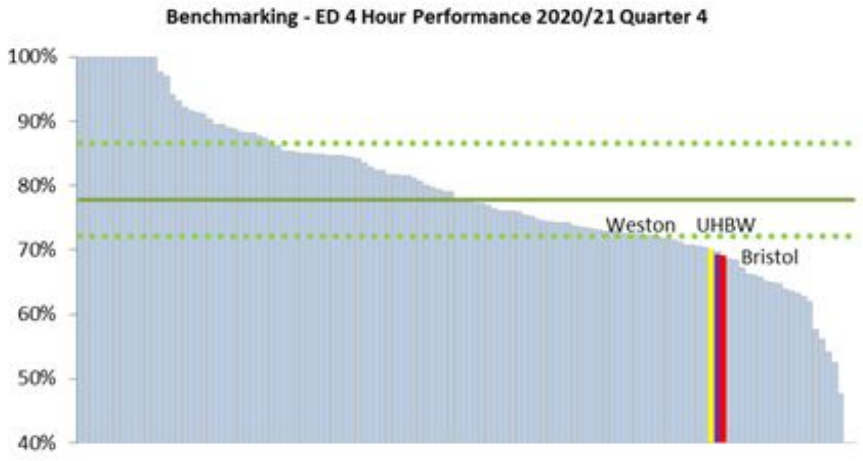
April 2021

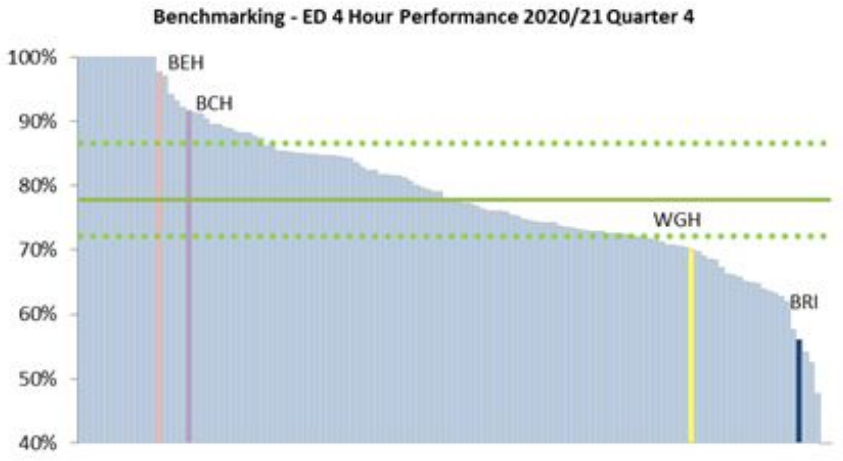




Note:

The above charts are now Bristol and Weston data for all months. The Benchmarking chart below is for Type 1 EDs, so for UHBW it excludes the Eye Hospital.





Emergency Care – 12 Hour Trolley Waits

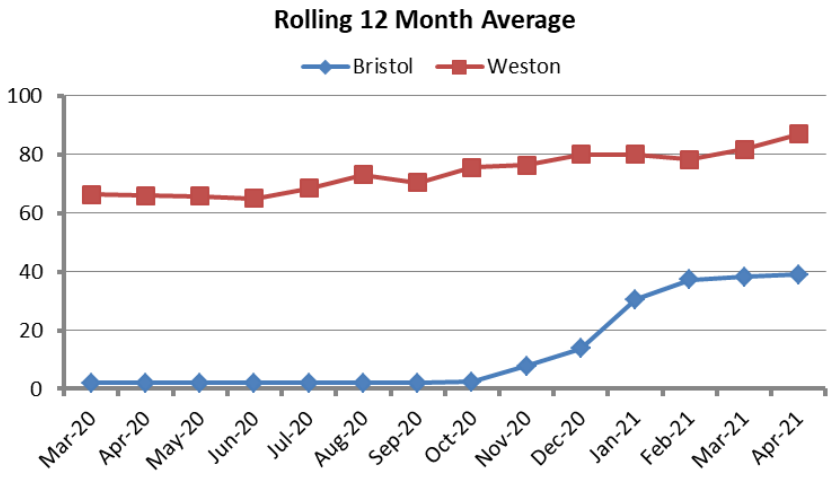
University Hospitals Bristol and Weston NHS Foundation Trust

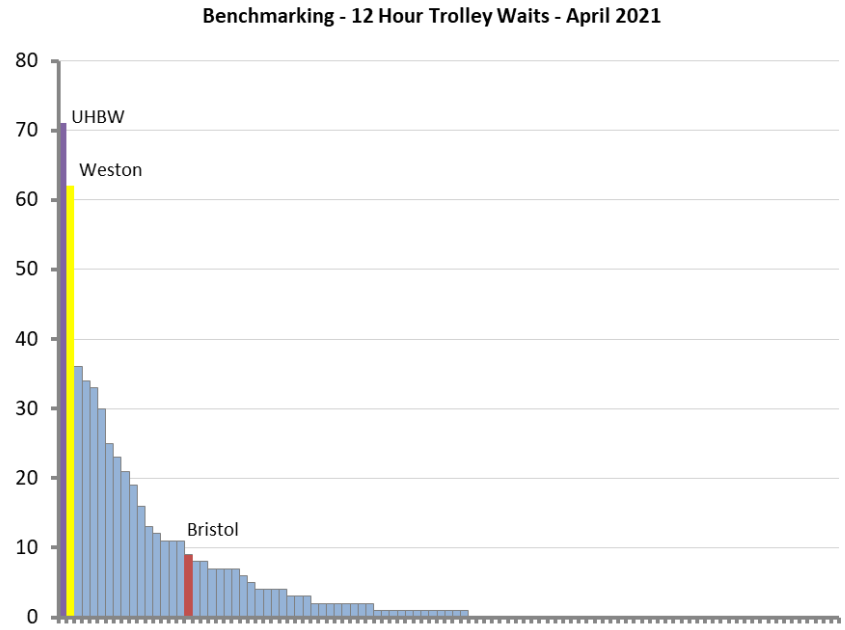
April 2021

12 Hour Trolley Waits

A supporting measure for Emergency Care is the "12 Hour Trolley Wait" standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches.

	2020/2021												2021/2022											
	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	0	0	0	0	0	0	3	66	79	211	82	18	9											
Weston	0	1	7	58	68	6	84	135	168	257	113	84	62											
UHBW	0	1	7	58	68	6	87	201	247	468	195	102	71											



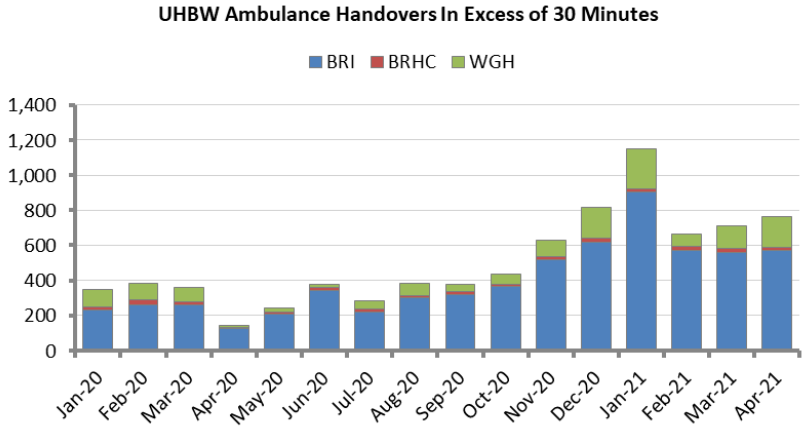


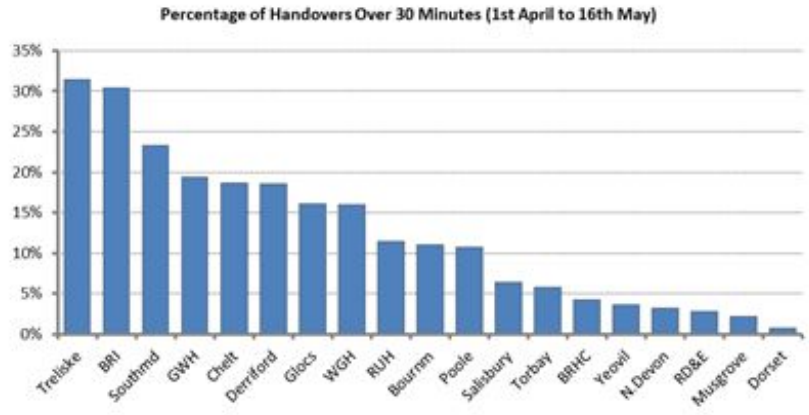
Emergency Care – Ambulance Handovers

University Hospitals Bristol and Weston NHS Foundation Trust

Quarter 1 2021/22

This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).
The Handover Time is measured from 5 minutes after the ambulance arrives at the hospital and ends at the time that both clinical and physical care of a patient is handed over from SWASFT staff to hospital staff. This time is not just the time that a verbal handover is conducted; it also includes the time taken to transfer the patient to a hospital chair, bed or trolley.





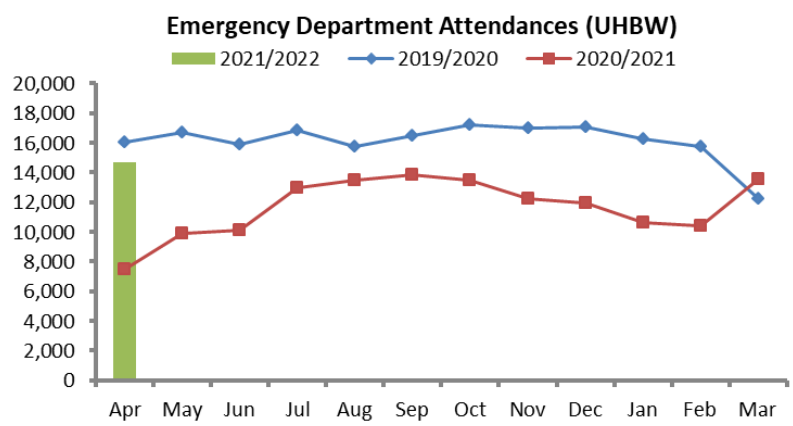
Total Ambulance Service Handovers - South West Region - 1st April to 16th May 2021

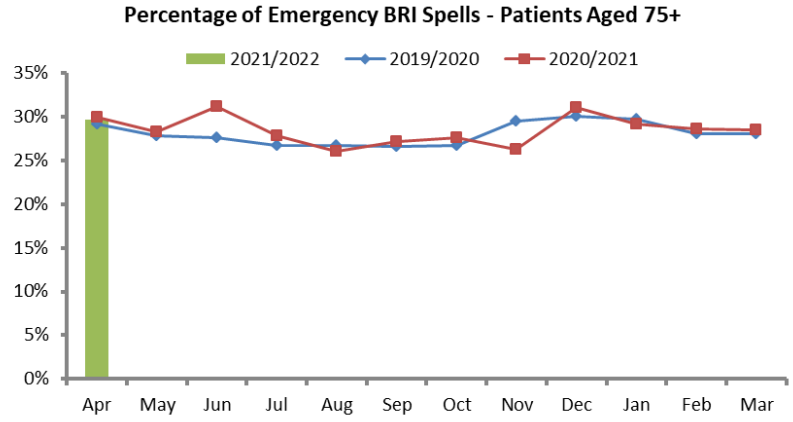
Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	909	39	4%	7	1
BRISTOL ROYAL INFIRMARY	4,009	1,217	30%	604	198
CHELTENHAM GENERAL HOSPITAL	161	30	19%	3	2
DERRIFORD HOSPITAL	5,581	1,036	19%	469	139
DORSET COUNTY HOSPITAL	2,540	19	1%	1	0
GLOUCESTER ROYAL HOSPITAL	6,306	1,017	16%	333	85
GREAT WESTERN HOSPITAL	4,087	794	19%	328	78
MUSGROVE PARK HOSPITAL	3,968	87	2%	2	0
NORTH DEVON DISTRICT HOSPITAL	2,242	72	3%	5	0
POOLE HOSPITAL	3,409	368	11%	72	14
ROYAL BOURNEMOUTH HOSPITAL	3,656	405	11%	76	2
ROYAL DEVON AND EXETER WONFORD	4,989	142	3%	2	1
ROYAL UNITED HOSPITAL - BATH	4,376	500	11%	161	29
SALISBURY DISTRICT HOSPITAL	1,999	128	6%	17	2
SOUTHMEAD HOSPITAL	5,232	1,218	23%	526	114
TORBAY HOSPITAL	3,883	226	6%	49	1
TRELISKE HOSPITAL	5,687	1,786	31%	1,045	463
WESTON GENERAL HOSPITAL	1,583	253	16%	118	49
YEOVIL DISTRICT HOSPITAL	2,266	83	4%	6	0
All Hospitals Attended	**66,883**	**9,420**	**14%**	**3,824**	**1,178**

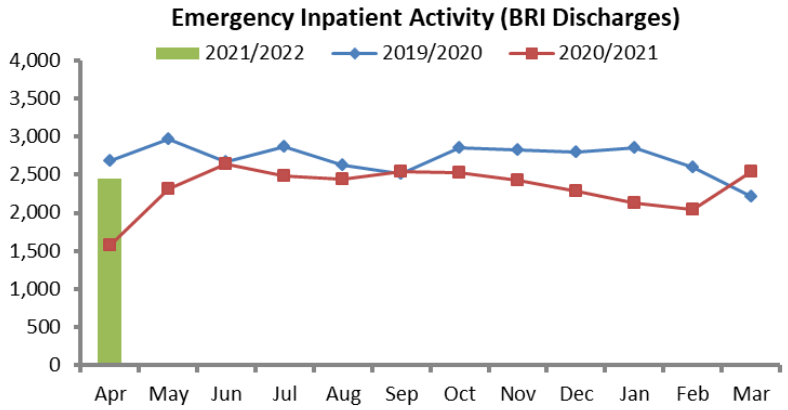
Emergency Care – Supporting Information

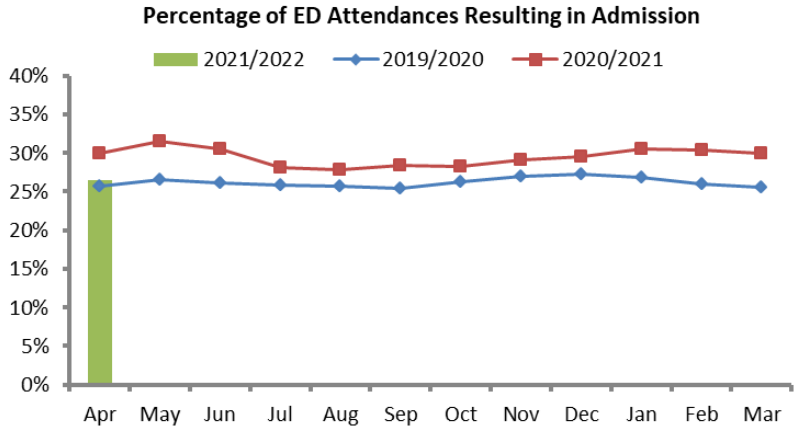
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021









Delayed Discharges

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

N/A ***No Standard Defined***

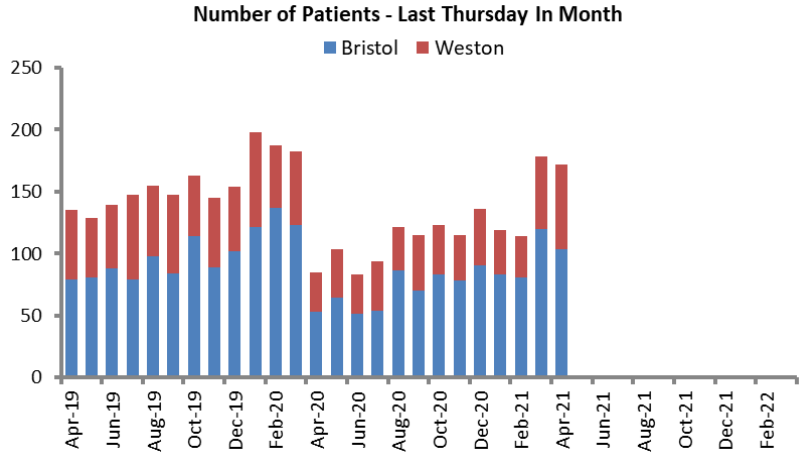
Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its Medically Fit For Discharge (MFFD) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of April there were 172 MFFD patients in hospital: 103 in Bristol hospitals and 69 at Weston. There were 5038 beddays consumed in total in March (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 168 beds were occupied per day by MFFD patients.
Commentary:	Demand for all the pathways continue to exceed capacity: • Pathway 1 referrals were at significantly higher levels than expected, regularly exceeding the number of slots available. Community partners are working to recruit more staff and are currently at 80% of full establishment. Once achieved additional P1 services will be made available. • Pathway 2 capacity in April 2021 continued to be limited by the temporary reduction in rehabilitation beds at South Bristol Community Hospital while Sirona are hosting an extensive recruitment programme (operating at 50% capacity) • Significant Pathway 3 pressures in Bristol persisted in April 2021, particularly for complex patients requiring dementia care. This has increased since the reduction in ' surge' P3 beds commissioned during Covid. New Pathway 3 contracts are being issued to care homes to try and meet the specific demand. For Weston: • There have been Pathway 1 delays in North Somerset, due to capping of the available capacity within the community. • Within North Somerset, the Pathway 2 demand continues to exceed the available capacity, resulting in waits being one of the largest figures within the MFFD group of patients. • The numbers within Pathway 3 did not have long waits for allocation.
Ownership:	Chief Operating Officer

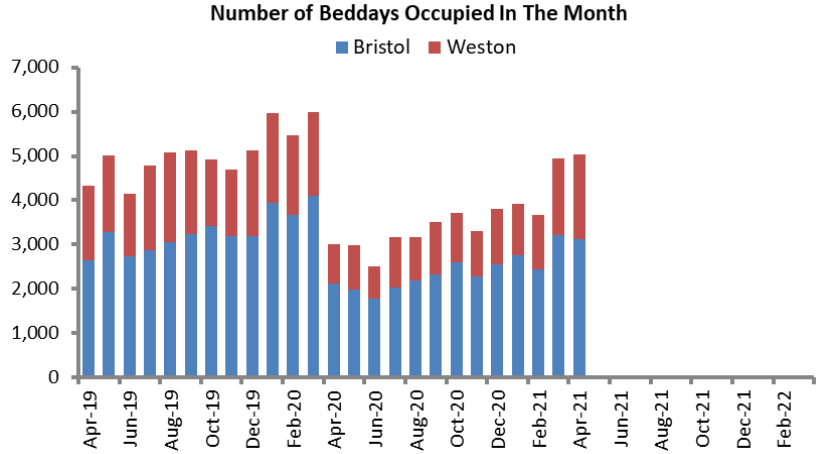
Delayed Discharges

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

N/A *No Standard Defined*





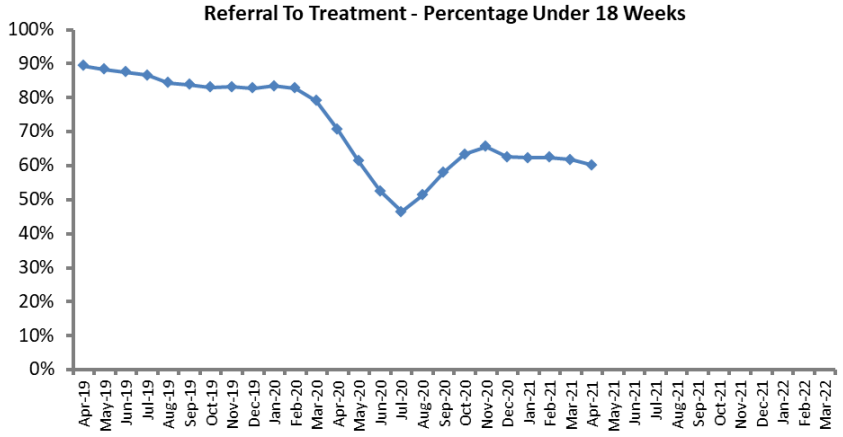
Referral To Treatment

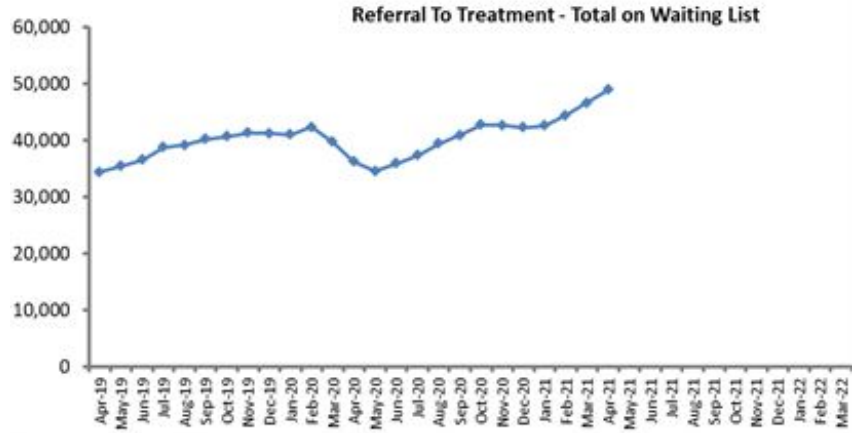
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of April, 60.1% of patients were waiting under 18 weeks. The total waiting list was 48,902 and the 18+ week backlog was 19,500.
Commentary:	The focus of discussions with divisions and wider system partners is on restoring of activity and validating waiting lists. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives. Some Divisions have been agreed a temporary enhanced rate for WLI initiatives and weekend lists have been arranged, however an Executive decision to agree a longer term plan around rate of pay for consultants to do extra during the evening / weekends is still required. Compared to end of March 2020, the overall wait list has increased by 9,199 patients. The largest Bristol increases are In Ophthalmology (4,231 increase), Adult Cardiac (719) and Adult ENT & Thoracics (1,591). There was also a reduction in the Paediatrics list of 292 patients. The Weston list has increased by 617 over the same time period. The largest Bristol volumes of 18 week backlog patients at the end of April are in Dental (4,354 patients), Ophthalmology (2,775), ENT & Thoracics (2,179) and Paediatrics (1,848). Weston has 3,770 patients waiting 18+ weeks.
Ownership:	Chief Operating Officer

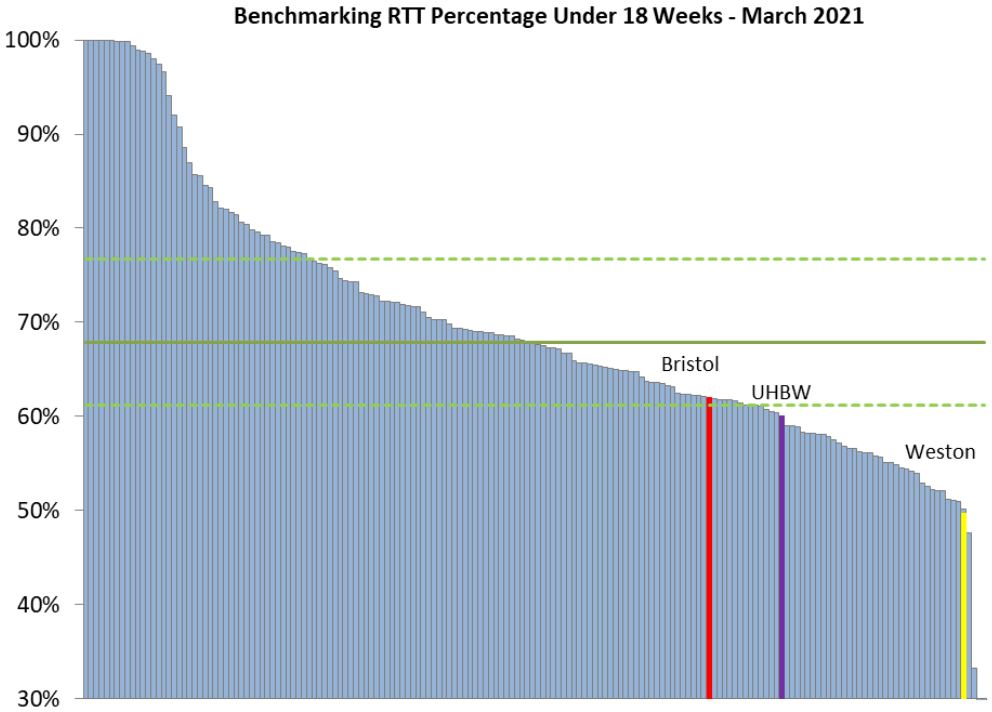




Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021



	Apr-21		
	Under 18 Weeks	**Total Pathways**	**Performance**
Diagnostics and Therapies	194	197	98.5%
Medicine	3876	4613	84.0%
Specialised Services	3083	4597	67.1%
Surgery	13920	25280	55.1%
Weston	3718	7488	49.7%
Women's and Children's	4610	6727	68.5%
Other/Not Known	0	0	-
TRUST TOTAL	29401	48902	60.1%
Bristol Subtotal	*25683*	*41414*	62.0%

Referral To Treatment – 52 Weeks

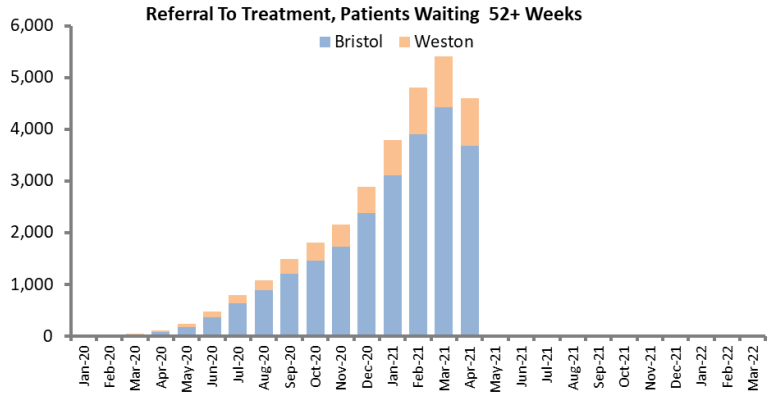
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of April 4,598 patients were waiting 52+ weeks; 3,673 across Bristol sites and 925 at Weston.
Commentary:	Patients who are 52+ week breaches reduced by circa 700 patients from end of March to End of April, however it is too early to tell if this is a downward trend due to the level of backlogs caused by the Covid-19 pandemic, however this reduction demonstrates the importance of waiting list initiatives to reduce our backlog position. The demand and capacity modelling and trajectory setting for the next 6 months are almost finalised and will demonstrate the short falls in our capacity to recover against the demand. Patients who have been clinically prioritised as P2 patients who require treatment within one month is challenging but continues to be the focus when prioritising our patients for treatment and where capacity allows, long waiting patients will be added to the list, but we are still seeing an unprecedented number of breaches for more routine treatment which is likely to continue to grow. The end of April position resulted in 4,598 over 52 week breach patients Trustwide – compared to pre-covid when we had 52 long waiting patients at end of April 2020. The largest Bristol volumes are in Dental (1,118 patients), General Surgery (562), Paediatrics (558) and ENT & Thoracics (516). Clinical prioritisation of patients who are on the waiting list without a "to come in" date continues with processes in place to ensure this is now business as usual. 93% of the patients who have been waiting 18+ weeks have now been clinically prioritised with 0.6% of those being assigned a P2 status. Offers of dates will be made for treatment in the independent sector where clinicians have practicing privilege rights, insourcing arrangements and waiting list initiatives. Previous challenges of theatre closures is becoming less of an issue as theatres are almost back to full capacity, however the challenge of distancing restrictions and lack of ward beds continues to be an issue for routine patients. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically priortised as requiring treatment within a month against the Royal College of Surgeons guidelines, still out way the capacity we have available to be able to offer this cohort a TCI date.
Ownership:	Chief Operating Officer

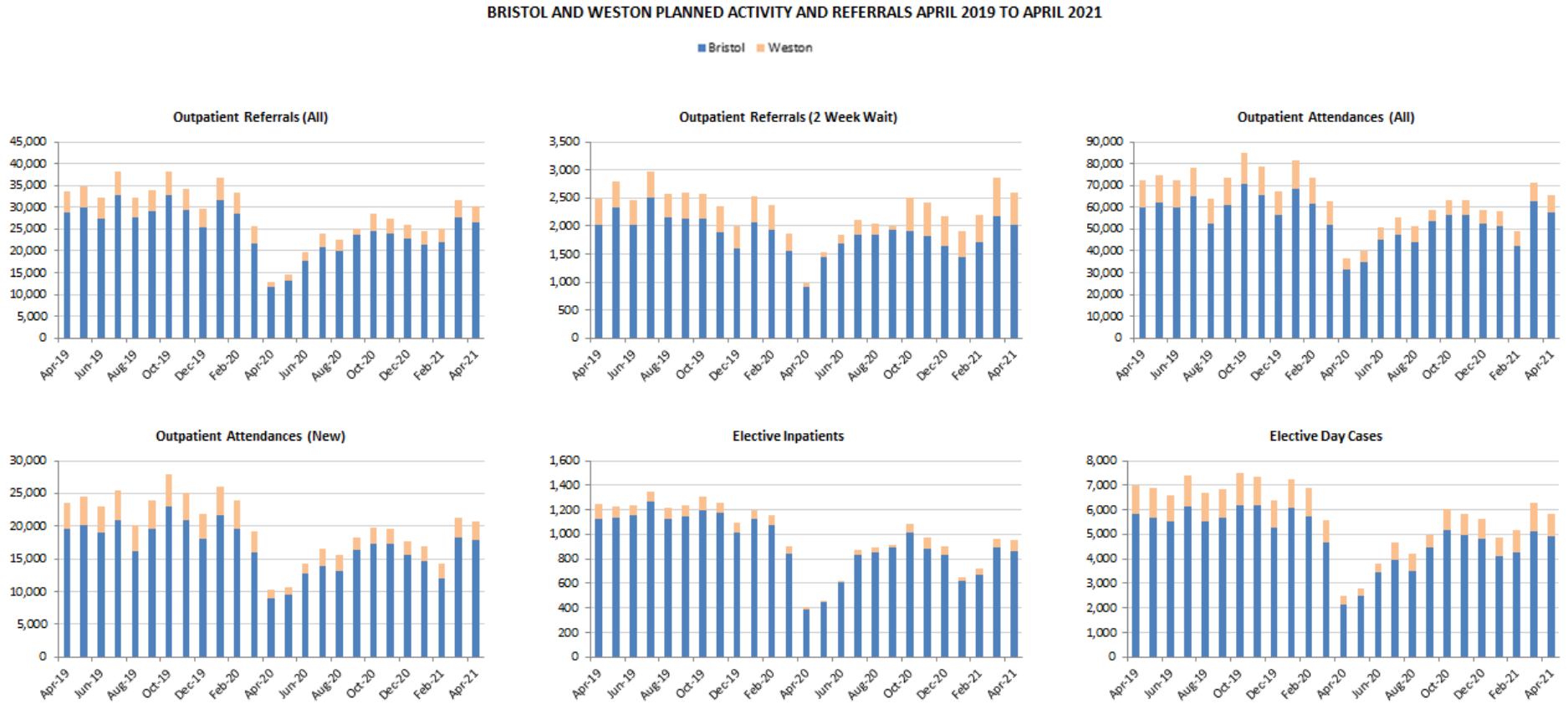
	Apr-21		
	52+ Weeks	**78+ Weeks**	**104+ Weeks**
Diagnostics and Therapies	0	0	0
Medicine	21	1	0
Specialised Services	339	71	0
Surgery	2,745	334	17
Weston	925	204	17
Women's and Children's	568	77	2
TOTAL	**4,598**	**687**	**36**



Elective Activity and Referral Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021



The above data is sourced from the Patient Administration Systems (PAS) and is not the final contracted activity that is used to assess restoration or Business As Usual (BAU) levels.

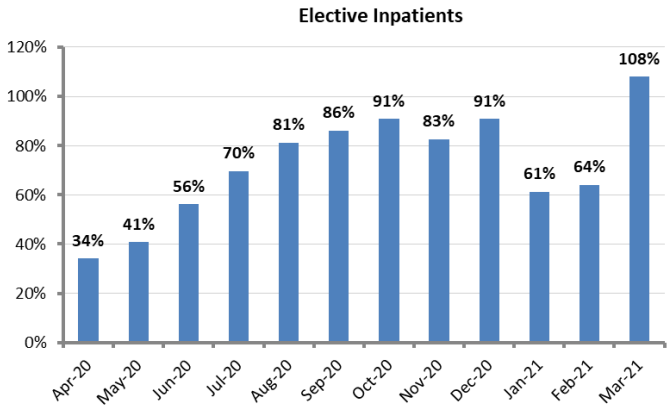
Elective Activity – Restoration

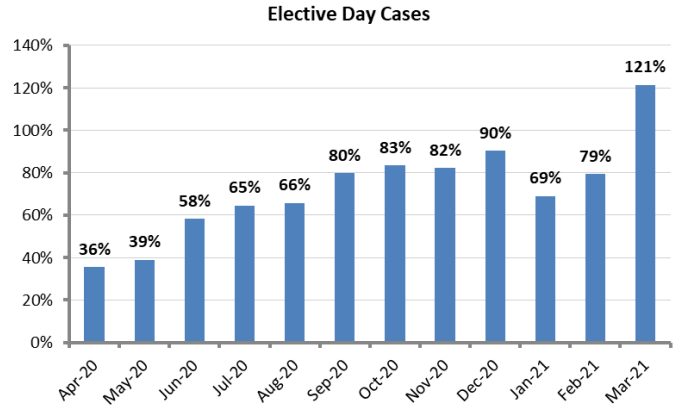
University Hospitals Bristol and Weston NHS Foundation Trust

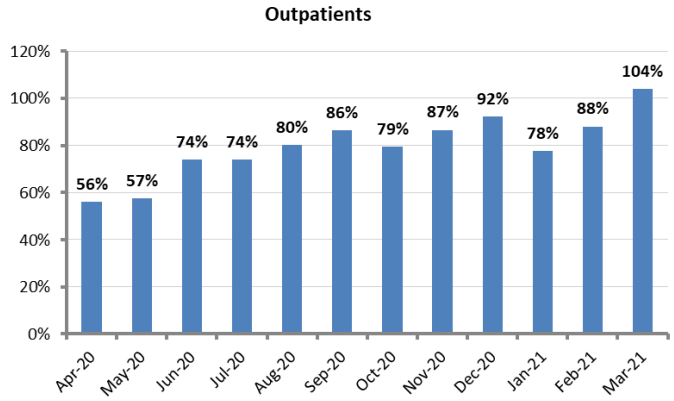
March 2021

As part of the Phase 3 planning process, NHS England are measuring "Business As Usual" percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity. Note that the set-up of the new year data feeds and reports for 2021/22 were not in place in time to include April 2021 data in this report. This will be reported from next month.

Business As Usual (BAU) Percentages.







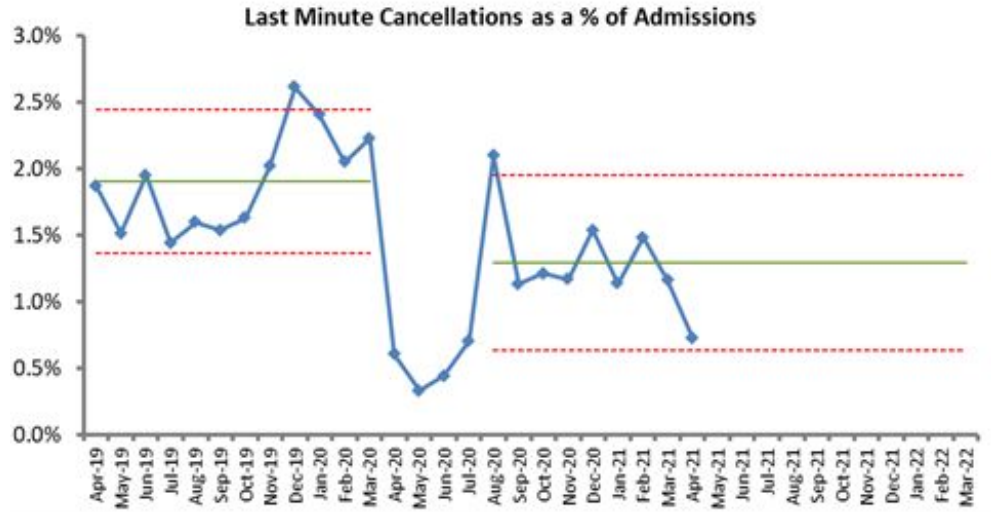
Cancelled Operations

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Y *Achieved*

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In April , there were 42 last minute cancellations, which was 0.7% of elective admissions. Of the 60 cancelled in March, 60 (100%) had been re-admitted within 28 days.
Commentary:	April saw last minute cancellations fall below the target of 0.8% of elective admissions for the first time sine July 2020. The most common cancellation reasons for April were “AM List Over-ran” (13) and “Other Emergency Patient Prioritised” (11) . The largest Bristol volumes were in Cardiac (16), General Surgery (8) and Ophthalmology (8). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer



	Apr-21	
	LMCs	% of Admissions
Medicine	0	0.00%
Specialised Services	16	0.74%
Surgery	19	1.12%
Weston	2	0.69%
Women's and Children's	5	0.51%
Other/Not Known	0	-
TRUST TOTAL	**42**	**0.72%**

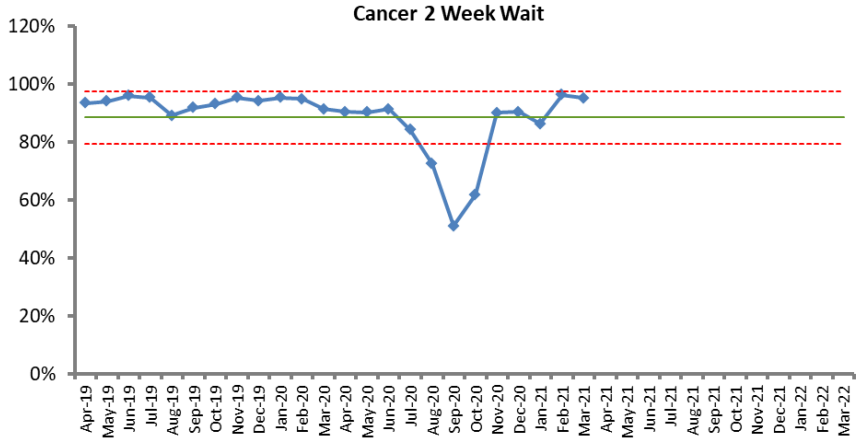
Cancer Two Week Wait

University Hospitals Bristol and Weston NHS Foundation Trust

March 2021

Y *Achieved*

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For March, 95.1% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard retained compliance with the 93% standard in March. It may not be possible to sustain this every month whilst social distancing and other Covid precautions remain in place, particularly with pathway changes to colorectal affecting GP referral patterns and the expected summer surge in demand for dermatology.
Ownership:	Chief Operating Officer



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	4	4	100.0%
Suspected children's cancer	17	17	100.0%
Suspected gynaecological cancers	186	188	98.9%
Suspected haematological malignancies	27	27	100.0%
Suspected head and neck cancers	480	494	97.2%
Suspected lower gastrointestinal cancers	275	295	93.2%
Suspected lung cancer	50	50	100.0%
Suspected skin cancers	625	645	96.9%
Suspected testicular cancer	1	1	100.0%
Suspected upper gastrointestinal cancers	111	141	78.7%
Suspected urological cancers excluding testicular	44	51	86.3%
Grand Total	**1,820**	**1,913**	**95.1%**

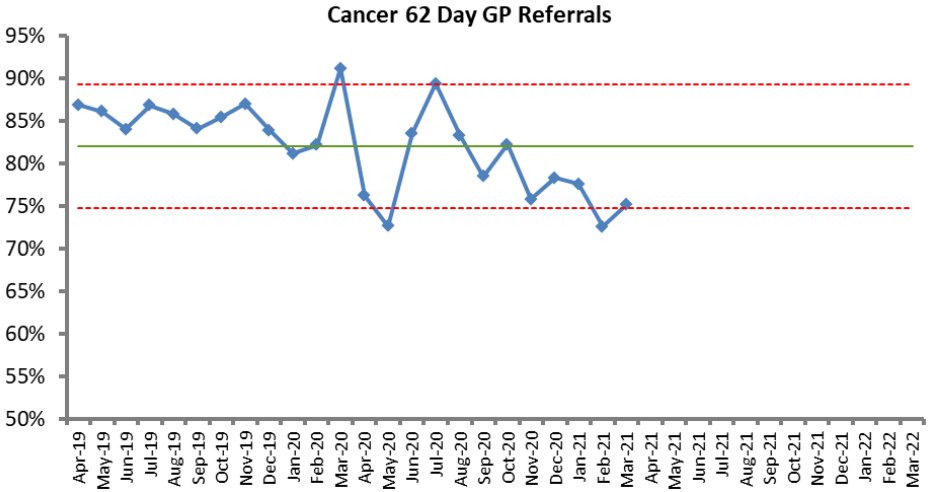
Cancer 62 Days

University Hospitals Bristol and Weston NHS Foundation Trust

March 2021

N *Not Achieved*

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For March, 75% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in March (75.4% against an 85% standard). The majority of breaches were due to the impact of the Covid pandemic on capacity, patient choice, and medical deferrals. This is a slight improvement from February and the month also saw greatly increased activity as teams 'caught up' with activity. Achieving compliance with the 85% standard remains unlikely in the short term but improvement to >80% performance should be possible by quarter 2 provided no significant 'third wave' of Covid occurs. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

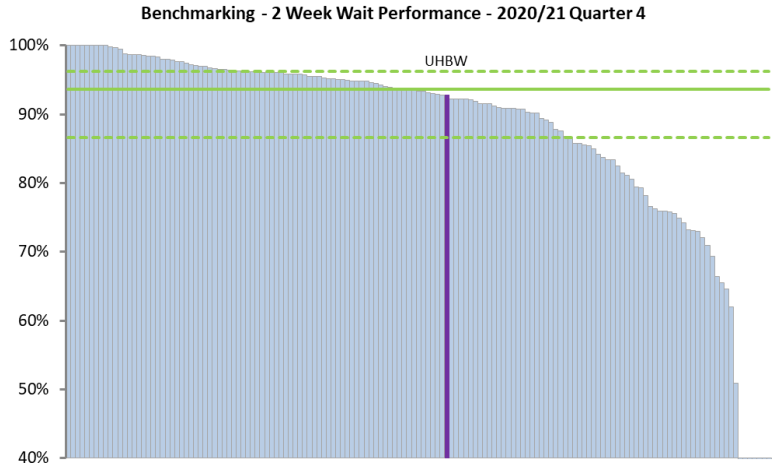


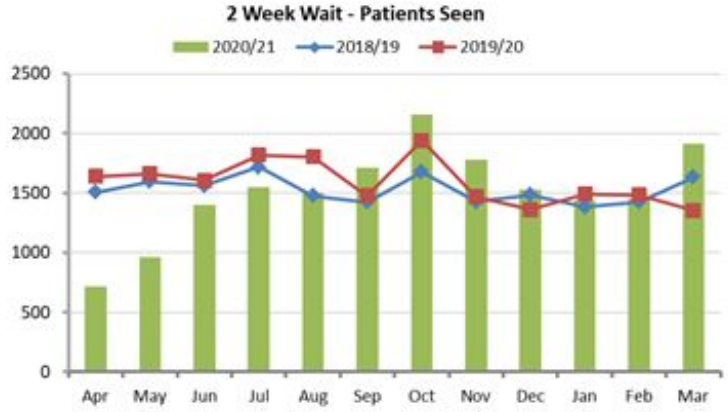
	Within Target	Total Pathways	Performance
Breast	5.0	5.5	91%
Gynaecological	8.0	14.0	57%
Haematological	9.5	11.5	83%
Head and Neck	5.0	9.0	56%
Lower Gastrointestinal	5.5	14.0	39%
Lung	7.5	12.5	60%
Other	1.5	5.5	27%
Sarcoma	3.5	4.0	88%
Skin	56.5	59.5	95%
Upper Gastrointestinal	11.0	15.5	71%
Urological	9.5	12.0	79%
Grand Total	**122.5**	**163.0**	**75%**

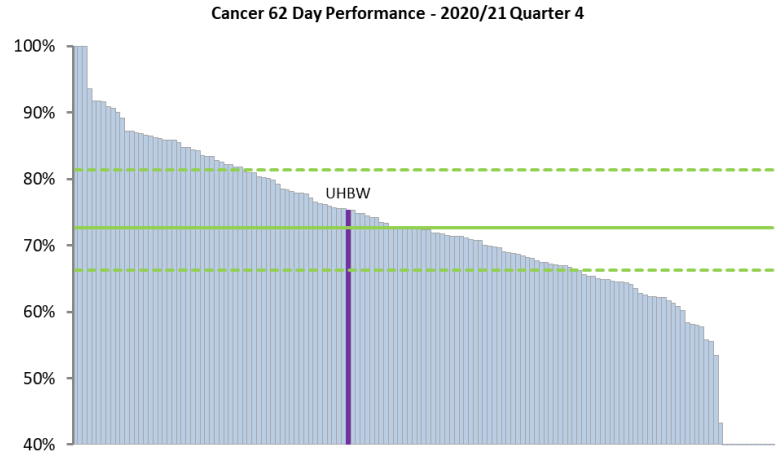
Cancer – Additional Information

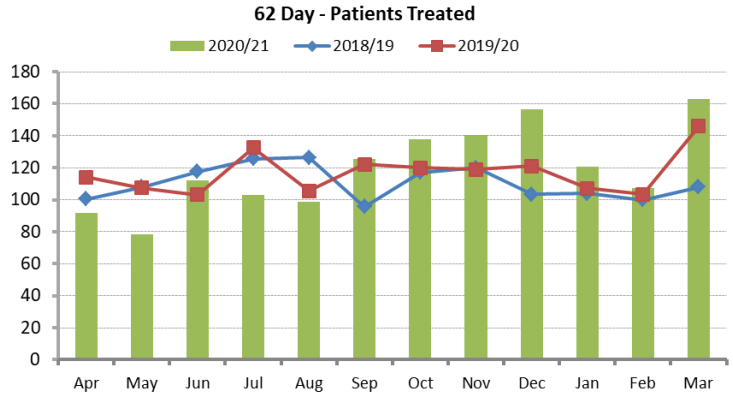
University Hospitals Bristol and Weston NHS Foundation Trust

March 2021









Cancer 104 Days

University Hospitals Bristol and Weston NHS Foundation Trust

Snapshot taken: 16th May 2021

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
Performance:	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 16th May 2021 there were six such waiters. This compares to a peak of 53 such waiters in early July.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains stable. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time. The majority of patients currently waiting for 'inappropriate' reasons are low risk thyroidectomy cases.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

University Hospitals Bristol and Weston NHS Foundation Trust

Snapshot taken: 16th May 2021

Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. NHSE 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at 16th May the Trust had 187 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust is close to the 'pre-Covid' baseline. The figures for the week reported here are unvalidated due to staff leave and as such the true figure would be below the 180 baseline. Cancer waiting lists and processes have not been designed to report against 'ongoing' targets as these were brought in during the pandemic as a short term measure, as such reporting accurate figures requires a significant amount of additional manual validation.
Ownership:	Chief Operating Officer

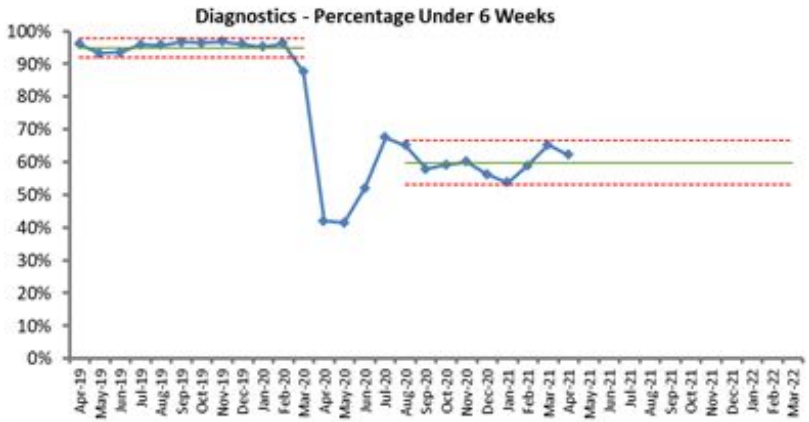
Diagnostic Waits

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of April, 62.2% of patients were waiting under 6 week, with 14,025 patients in total on the list. This is Bristol and Weston combined.
Commentary:	• Endoscopy recovery plans are behind plan for core capacity. This is due to only 1 of 3 additional Endoscopy rooms opening. The two main reasons for the delay in opening the additional 2 rooms relate to nursing staff recruitment and delays in purchasing new endoscopy equipment. Recruitment is progressing as is the procurement of the additional equipment. • The Diagnostic Advisory Group has approved a business case for the system to outsource non-obstetric ultrasound to a third party. Options are currently being re-scoped for this following confirmation of funding roll over into 2021/22. • Data Quality issues for Weston Endoscopy have now been resolved, with the next area of focus on echocardiography and Cystoscopy. • Lack of capacity for CT Cardiac long waits at Weston is currently being reviewed to see if a UHBW wide approach to clinical prioritisation can be established to minimise 13 week breaches. Similar discussions are underway with regards to DEXA scans. • Trajectories for reducing 13 week breaches across all modalities underway for agreement by the end of Quarter 1 2021/22.
Ownership:	Chief Operating Officer

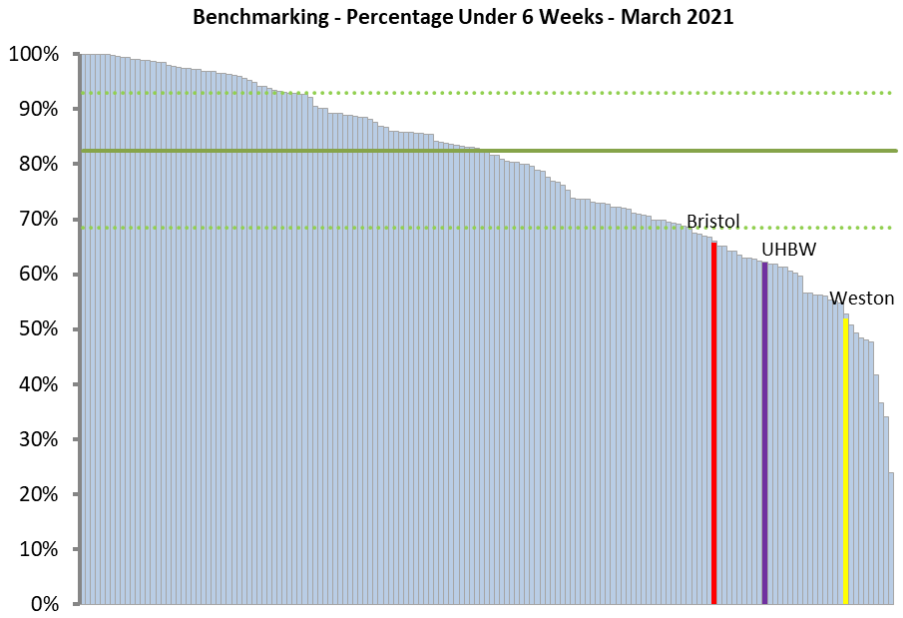


	Apr-21		
	Under 6 Weeks	**Total Pathways**	**Performance**
Diagnostics and Therapies	4742	6227	76.2%
Medicine	83	328	25.3%
Specialised Services	1273	2153	59.1%
Surgery	532	1402	37.9%
Weston	1927	3704	52.0%
Women's and Children's	181	211	85.8%
Other/Not Known	0	0	-
TRUST TOTAL	**8738**	**14025**	**62.3%**
Bristol Subtotal	*6811*	*10321*	66.0%

Diagnostic Waits

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021



Weston

	6+ Weeks	Total On List	% Under 6 Weeks	13+ Weeks
Audiology	0	35	100.0%	0
Colonoscopy	164	226	27.4%	161
Computed Tomography (CT)	1	378	99.7%	0
Cystoscopy	361	476	24.2%	267
DEXA Scan	339	440	23.0%	212
Echocardiography	694	969	28.4%	434
Flexi Sigmoidoscopy	26	43	39.5%	24
Gastroscopy	100	168	40.5%	90
Magnetic Resonance Imaging (MRI)	1	362	99.7%	0
Ultrasound (Non-obstetric)	91	606	85.0%	0
TOTAL	**1,777**	**3,703**	**52.0%**	**1,188**

Bristol

	6+ Weeks	Total On List	% Under 6 Weeks	13+ Weeks
Audiology	4	353	98.9%	1
Colonoscopy	411	606	32.2%	344
Computed Tomography (CT)	215	1,196	82.0%	112
Cystoscopy	0	3	100.0%	0
DEXA Scan	188	411	54.3%	102
Echocardiography	454	1,459	68.9%	12
Flexi Sigmoidoscopy	132	232	43.1%	100
Gastroscopy	353	617	42.8%	285
Magnetic Resonance Imaging (MRI)	702	1,971	64.4%	334
Neurophysiology	0	156	100.0%	0
Sleep Studies	57	91	37.4%	8
Ultrasound (Non-obstetric)	994	3,226	69.2%	425
TOTAL	**3,510**	**10,321**	**66.0%**	**1,723**

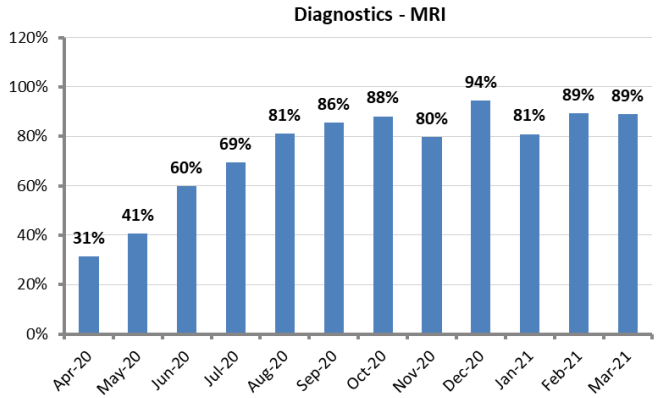
Diagnostic Activity – Restoration

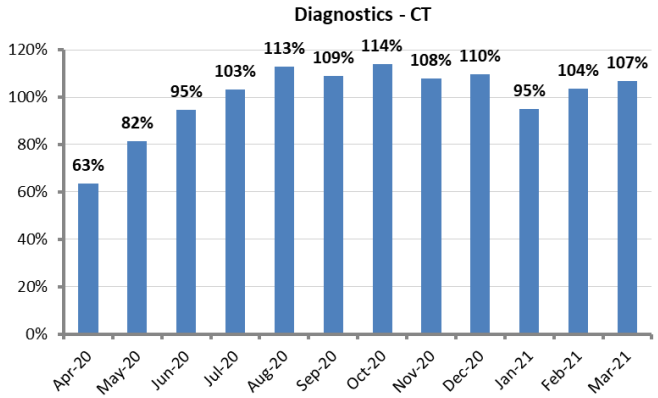
University Hospitals Bristol and Weston NHS Foundation Trust

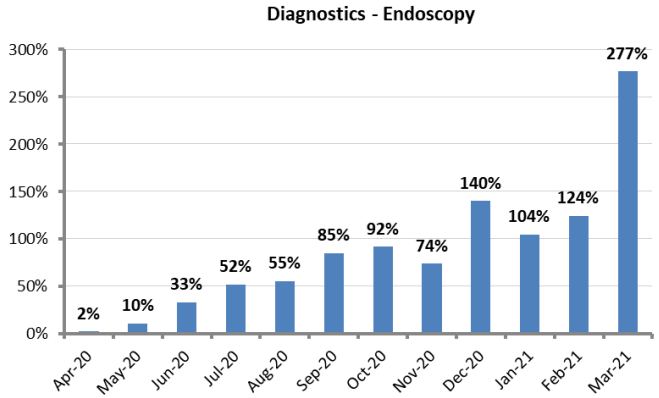
March 2021

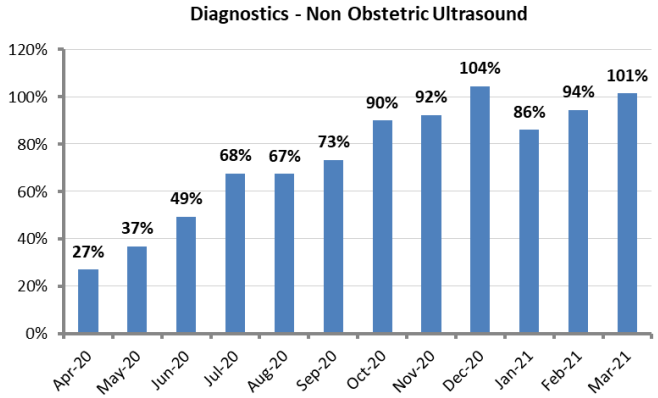
As part of the Phase 3 planning process, NHS England are measuring "Business As Usual" percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity. Note that the set-up of the new year data feeds and reports for 2021/22 were not in place in time to include April 2021 data in this report. This will be reported from next month.

Business As Usual (BAU) Percentages.









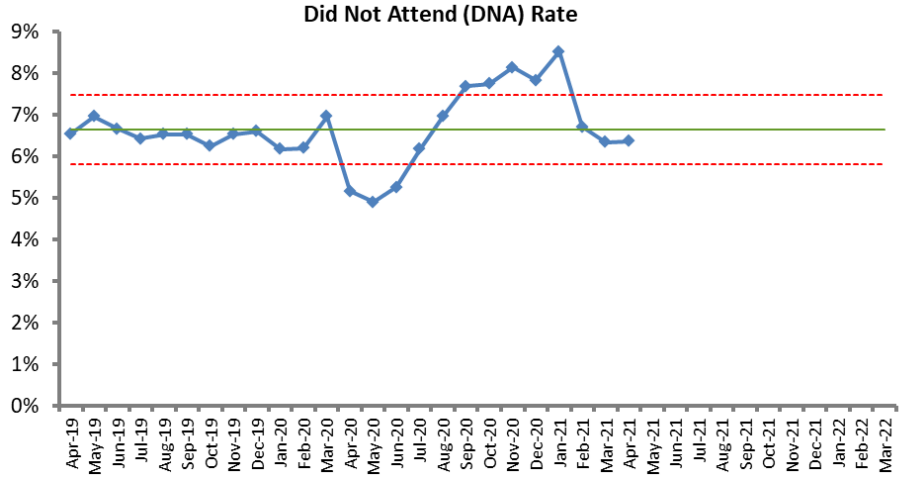
Outpatient Measures

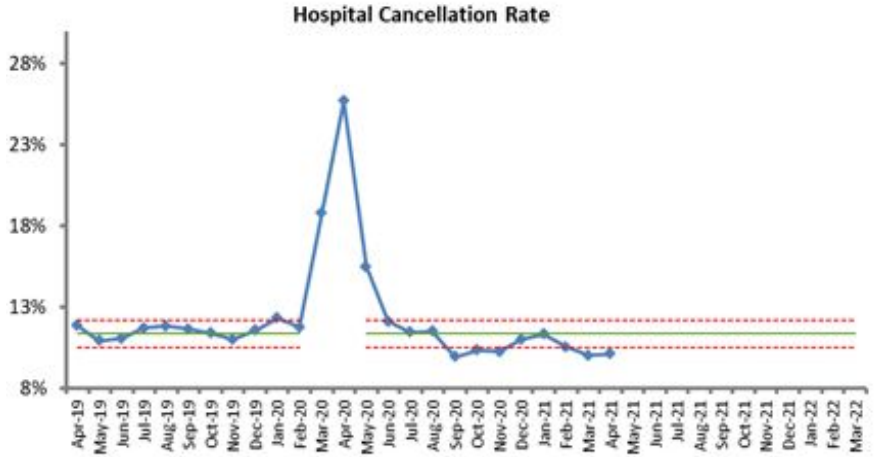
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

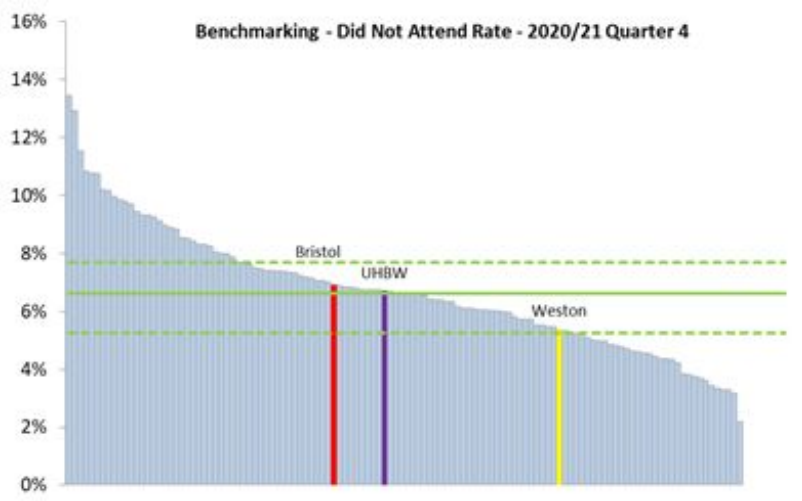
P *Partially Achieved*

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In March, the DNA Rate was 6.4% across Bristol and Weston, with 4,441 DNA'ed appointments. The hospital cancellation rate was 10.1% with 9,153 hospital cancelled appointments
Commentary:	• Acceleration of Outpatient activity is in progress. Cancellation rates have returned to trust average rates 10.6% • DNA rates reduced to 6.4 % in April following a spike in January relating to the peak of COVID cases. Envoy, the trusts text message reminder system, has been restored for the majority of specialities to recover performance.
Ownership:	Chief Operating Officer

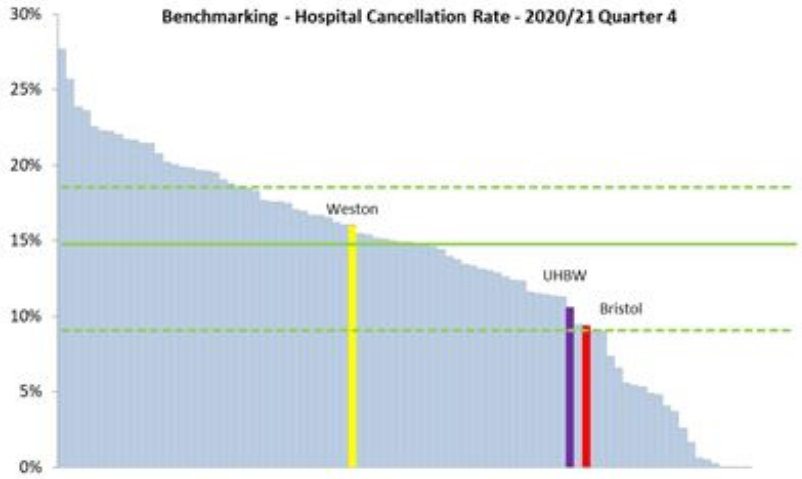




Outpatient Measures



	Apr-21	
	DNAs	DNA Rate
Diagnostics and Therapies	333	4.6%
Medicine	773	10.1%
Specialised Services	473	4.3%
Surgery	1,382	6.9%
Weston	475	5.3%
Women's and Children's	1,005	6.7%
Other/Not Known	0	-
TRUST TOTAL	**4,441**	**6.4%**
Bristol Subtotal	*3,966*	6.5%



	Apr-21	
	Cancellations	Rate
Diagnostics and Therapies	367	4.3%
Medicine	837	8.7%
Specialised Services	2,381	15.5%
Surgery	2,058	7.7%
Weston	1,580	14.7%
Women's and Children's	1,930	9.9%
Other/Not Known	0	-
TRUST TOTAL	**9,153**	**10.1%**
Bristol Subtotal	*7,573*	9.5%

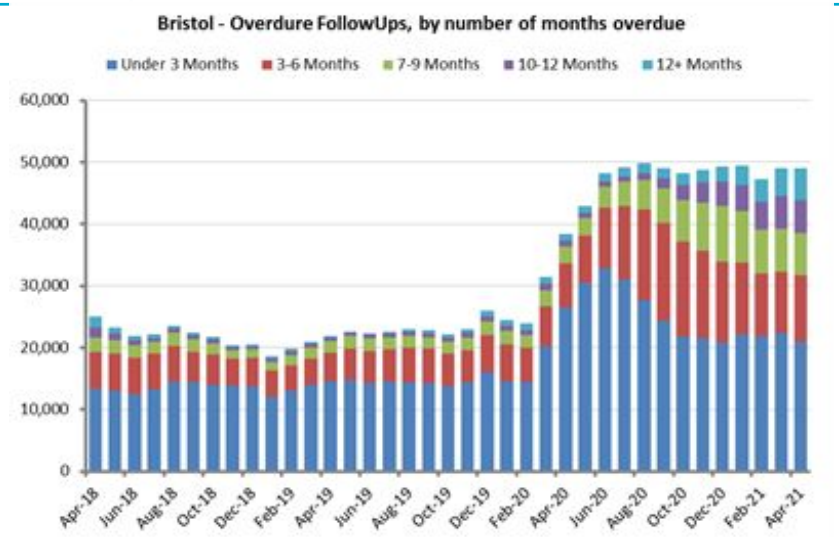
Outpatient Overdue Follow-Ups

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List" at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported.
Performance:	Total overdue at end of April was 49,008 of which 10,475 were overdue by 9+ months. Note that the Weston Data Quality Improvement Group reviewed the reporting of follow-ups and made a decision to use data direct from the Medway Patient Administration System, rather than validation spreadsheets maintained locally. This means historic trend data cannot be presented in a way that is consistent with the current methodology. Source Group have been commissioned to risk stratify the overdue follow up backlog and advise upon improvement priorities.
Commentary:	• As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has not exceeded pre-Covid levels, except in March 2021, see page 39. Provisional data for April shows Outpatients around 90% of April 2019 levels. This will not be sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases. • Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&O and Respiratory. Discussions in progress with specialities to review the use of PIFU
Ownership:	Chief Operating Officer



	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	1,335	1	1	1,337
Medicine	10,797	2,199	2,324	15,320
Specialised Services	4,619	229	389	5,237
Surgery	17,780	2,614	2,365	22,759
Weston	13,880	2,184	4,727	20,791
Women's and Children's	4,002	212	141	4,355
UHBW TOTAL	**52,413**	**7,439**	**9,947**	**69,799**
Bristol Subtotal	*38,533*	*5,255*	*5,220*	*49,008*

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

University Hospitals Bristol and Weston NHS Foundation Trust

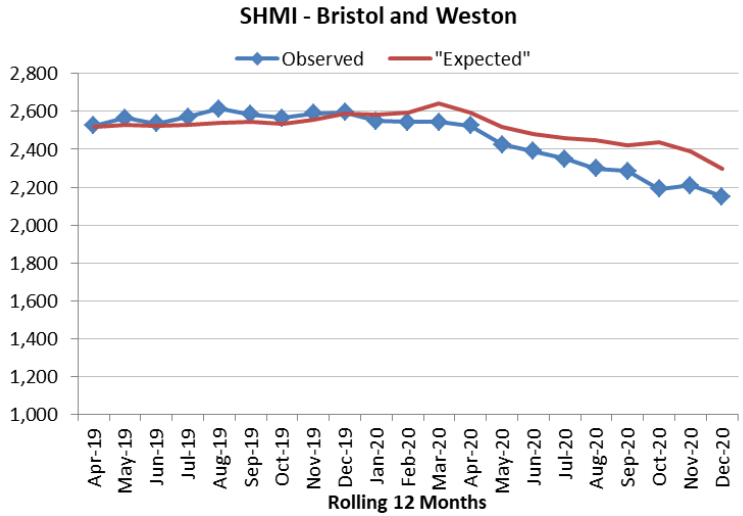
December 2020

A *Achieved*

Standards:	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. The most recent data is for the 12 months to November 2020 and 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:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for UHBW for the 12 months to December 2020 was 93.5 and in NHS Digital's "as expected" category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Mar-20	2,545	2,645	96.2
Apr-20	2,525	2,595	97.3
May-20	2,425	2,520	96.2
Jun-20	2,390	2,480	96.4
Jul-20	2,350	2,460	95.5
Aug-20	2,300	2,450	93.9
Sep-20	2,285	2,420	94.4
Oct-20	2,190	2,440	89.8
Nov-20	2,210	2,390	92.5
Dec-20	2,150	2,300	93.5

So Mar-20 represents 12 month period Apr-19 to Mar-20



Mortality – HSMR (Hospital Standardised Mortality Ratio)

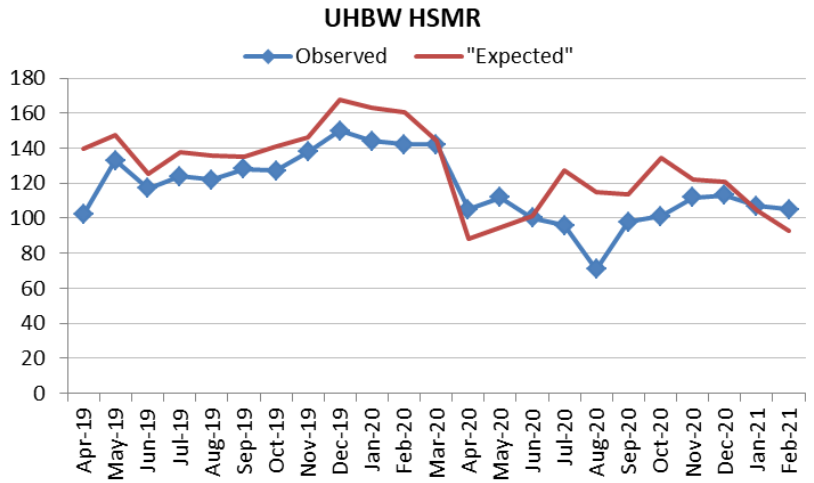
University Hospitals Bristol and Weston NHS Foundation Trust

February 2020

P *Partially Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr.Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW for the solely the month of February 2021 is 113.0, meaning there were more observed deaths (105) than the statistically calculated expected number of deaths (92.5). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.
Commentary:	Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. Review of rolling 12 month HSMR shows the Trust to be consistently below 100 since December 2018 with an HSMR of 94.1 for the 12 month period to February 2021. Actions: • The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
	Observed Deaths	"Expected" Deaths	HSMR
Jan-20	144	163	88.2
Feb-20	142	160	88.6
Mar-20	142	144	98.5
Apr-20	105	88	118.9
May-20	112	95	118.1
Jun-20	100	101	98.6
Jul-20	96	127	75.4
Aug-20	71	115	61.9
Sep-20	98	114	86.3
Oct-20	101	134	75.2
Nov-20	112	122	91.5
Dec-20	113	121	93.5
Jan-21	107	104	102.6
Feb-21	105	93	113.0



Fractured Neck of Femur (NOF)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

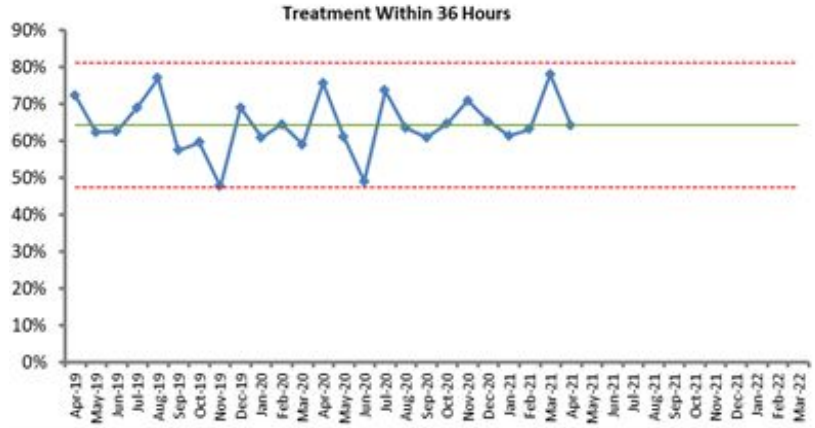
P *Partially Achieved*

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In April 2021, there were 50 patients eligible for Best Practice Tariff (BPT) across UHBW (29 in Bristol and 21in Weston.) Overall Best Practice Tariff performance was achieved for 32 out of 50patients (64%). 64% (32 patients) received surgery within 36 hours and 94% (47 patients) had ortho-geriatrician review within 72 hours.
Commentary:	There is deterioration in time to theatre in Bristol from previous months, mostly driven by the increase in general trauma demand to theatres for #NOF patients. We have also experienced more peaks of #NOF patients, seeing two or three present on the same day, therefore making it much more difficult to meet the target. Challenges to be addressed in Bristol: • Availability of specialist surgeon still a challenge. • Lack of theatre capacity is impacting on ability to deliver elective limb reconstruction lists. This means that some urgent limb reconstruction has to be treated on the allocated trauma lists, displacing other trauma patients. • Difficulty starting new team on call approach • The BRI is witnessing an increase of demand on the trauma service as a result of national lockdowns being eased. Actions being taken in Bristol: • Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre. • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Formal job planning completed and actioned to provide multi-specialist trauma cover each day. • Additional trauma lists have been stood up on bank holidays and on any dropped elective list to ensure maximum capacity. Challenges to be addressed in Weston: • Access to theatre due to other trauma or shared operating theatres especially at weekends • Availability of specialist surgeon due to fracture type complication or specialist surgery kit required • Unavoidable medical issues preventing timely surgery • No supporting cover available for Ortho-geriatrician who took one week of annual leave in April. Actions being taken in Weston: • Continue to allow full day trauma operating to allow for prioritisation of these patients on trauma lists. Provide short notice additional theatre capacity and allow extra surgeon availability when demand is required. • Seek substantive and/or supporting cover for ortho-geriatician service
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021



		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	29	16	55%	29	100%
Weston	21	16	76%	18	86%
TOTAL	**50**	**32**	**64%**	**47**	**94%**

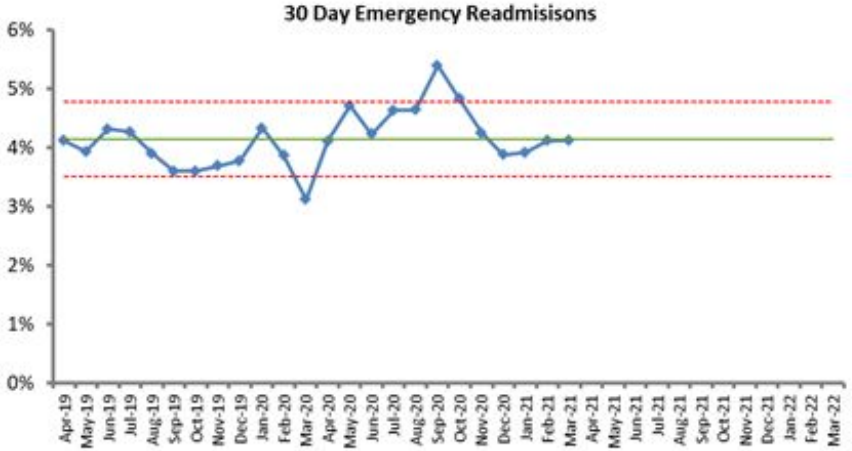
Readmissions

University Hospitals Bristol and Weston NHS Foundation Trust

March 2020

N *Not Achieved*

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In March, there were 13,729 discharges, of which 565 (4.1%) had an emergency re-admission within 30 days.
Commentary:	The review of Readmission methodologies across the two Trusts has not concluded due to other priorities. The activity data (discharges last month and admissions this month) is accurate but the approach to defining a readmission needs reviewing. The historic Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity may not be appropriate going forward. The rules will be reviewed within the Chief Operating Officer team.
Ownership:	Chief Operating Officer



	Mar-21		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	1	25	4.0%
Medicine	233	2,542	9.2%
Specialised Services	29	2,869	1.0%
Surgery	80	2,148	3.7%
Weston	162	2,228	7.3%
Women's and Children's	60	3,917	1.5%
TRUST TOTAL	**565**	**13,729**	**4.1%**
Bristol Subtotal	*403*	*11,501*	*3.5%*

Workforce – Bank and Agency Usage

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

P *Partially Achieved*

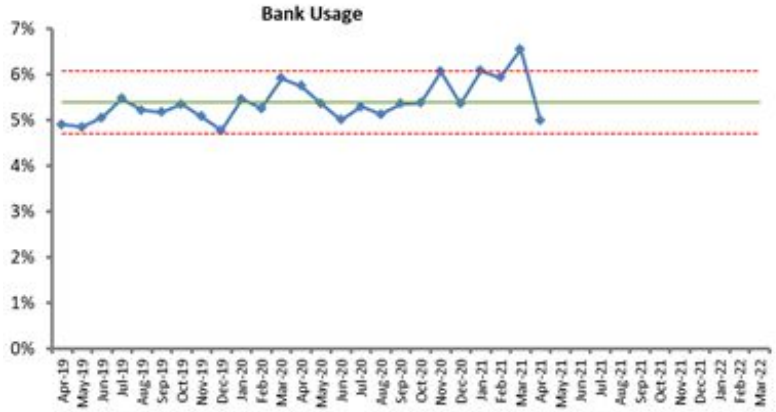
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In April 2021, total staffing was at 11,232 FTE. Of this, 5.0% was Bank (560 FTE) and 2.2% was Agency (245 FTE).
Commentary:	**Bank usage** reduced by 198.3 FTE There were reductions in all divisions, with the largest reduction seen in Medicine, reducing to 119.0 FTE from 169.8 FTE in the previous month. **Agency usage** reduced by 62.2 FTE There were increases in two divisions, with the largest increase seen in Weston, increasing to 75.3 FTE from 68.2 FTE in the previous month. There were reductions in five divisions, with the largest reduction seen in Facilities and Estates, reducing to 26.9 FTE from 87.4 FTE in the previous month. There have been 101 clinical and 42 non-clinical bank appointments to the Bank during Q4 of which 67 clinical and 30 non-clinical have completed at least one shift with the remaining being followed up. • The Invitation to Tender (ITT) has been issued to commence the procurement process for a new supplier of medical agency locums across Bristol and Weston. • Work is underway through the BNSSG Strategic Lead Agency Controls group to explore an alternative option to the current neutral vendor model for agency nurse supply with the contract of the present incumbent supplier expiring in November 2021. • The Bank Summer campaign planning is underway which will include a specific social media campaign targeting clinical staff groups.
Ownership:	Director of People

Workforce – Bank and Agency Usage

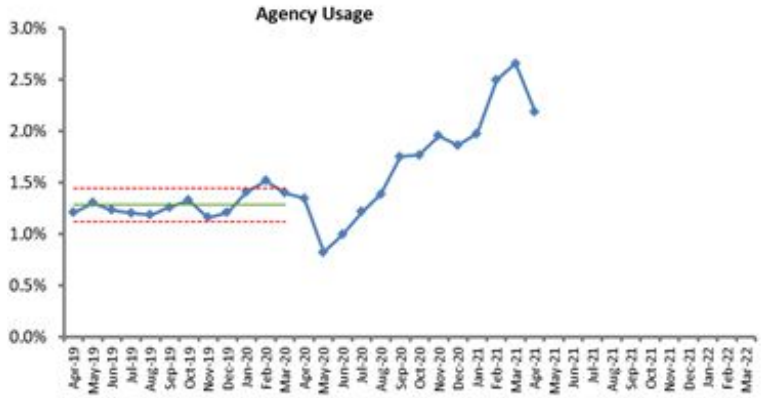
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Bank	April FTE	April Actual %	KPI
UHBW NHS Foundation Trust	**560.0**	5.0%	**5.4%**
Diagnostics & Therapies	18.4	1.5%	2.0%
Medicine	119.0	8.4%	10.0%
Specialised Services	63.3	5.4%	6.0%
Surgery	83.3	4.3%	4.5%
Women's & Children's	42.8	1.9%	1.2%
Trust Services	38.7	3.5%	4.5%
Facilities & Estates	79.8	8.4%	8.0%
Weston	114.8	0.0%	10.0%



Agency	April FTE	April Actual %	KPI
UHBW NHS Foundation Trust	**245.3**	2.2%	**1.7%**
Diagnostics & Therapies	3.4	0.3%	0.8%
Medicine	74.4	5.3%	2.2%
Specialised Services	16.9	1.5%	1.0%
Surgery	23.7	1.2%	1.42%
Women's & Children's	24.8	1.1%	0.4%
Trust Services	0.0	0.0%	0.0%
Facilities & Estates	26.9	2.8%	3.9%
Weston	75.3	0.0%	5.2%



Workforce – Turnover

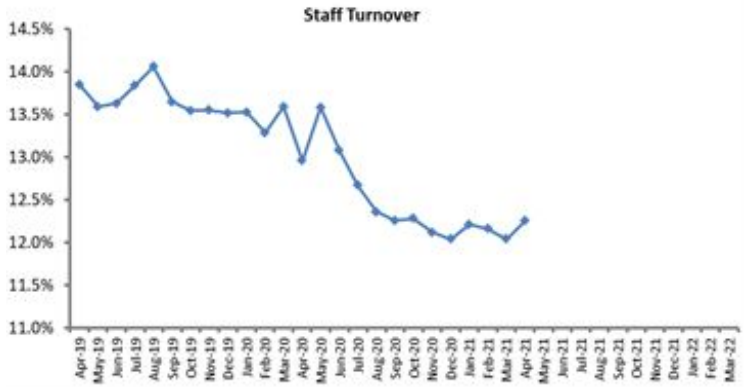
University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

P *Partially Achieved*

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In April 2021, there had been 1065 leavers over the previous 12 months, with 8694 FTE staff in post on average over that period; giving a turnover of 1065 / 8694 = 12.3%.
Commentary:	Turnover increased to 12.3% compared with 12.0% in the previous month. Two divisions saw reductions whilst five divisions saw increases in turnover in comparison to the previous month. One division remained static. The largest divisional reduction was seen within Surgery, where turnover reduced by 0.3 percentage points compared with the previous month. Weston had the largest divisional increase, rising from 13.1% to 14.1%. • Following the review of the HR Case Management System, there is now the ability to triangulate hotspot data including flexible working requests which is an often stated reason for leaving the organisation. This combined with the exit process review, a focus on feedback from leavers and the launch of 'stay conversations', a more robust approach to a better understanding of why staff leave UHBW will be available. Colleagues across HR are attending a System led workshop in May with counterparts from partnership organisations to discuss the challenges of retention and how system-wide retention tools can support business areas. • The focus on retention has been separated out from the UHBW Recruitment and Retention Steering Group, with plans to establish a second Steering Group with specific oversight on staff retention, given the significant challenges and priorities of both work-streams. • UHBW continues to work with its EU staff to support their applications to remain in the UK following BREXIT. So far responses confirming Settled Status in the UK have been received from over 400 employees.
Ownership:	Director of People

Turnover	Apr-21	KPI
UHBW NHS Foundation Trust	12.3%	**12.1%**
Diagnostics & Therapies	11.2%	10.7%
Medicine	18.8%	18.2%
Specialised Services	13.4%	13.5%
Surgery	11.3%	11.8%
Women's & Children's	9.5%	9.5%
Trust Services	9.1%	8.9%
Facilities & Estates	13.8%	13.3%
Weston	14.1%	13.3%



Workforce – Vacancies

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

Y *Achieved*

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In April 2021, funded establishment was 10,828 FTE, with 401.2 FTE as vacancies (3.7%).
Commentary:	Overall vacancies increased to 3.7% compared to 3.5% in the previous month. The largest divisional increase was seen in Medicine, where vacancies increased to 120.0 FTE from 31.5 the previous month. The largest divisional reduction was seen in Women's and Children's, where vacancies reduced to -116.3 FTE (over-established) from -48.8 FTE (over-established) the previous month. The over-establishment within the division of Women's and Children's has the effect of lowering the overall total vacancy position for the Trust. • Two long standing hard-to-fill medical posts were filled in Bristol including a Locum Consultant in Dermatology and Care of the Elderly. • The actions in the recruitment development plan for the Weston Division are being implemented with the aim of further supporting appointing managers with the processes within the end to end recruitment cycle, improving speed to hire and the candidate experience. • 12 new overseas nurses have arrived with the Trust during April as part of the commitment to recruit 150 international nurses by the end of 2021. Ongoing challenges due to the dynamic Covid situation in India have resulted in 25 candidates from India awaiting the agreement to travel. • Continued focus is in place on the Health Care Support Worker (HCSW) recruitment pipeline and on the training, development and retention of new HCSW starters with full wrap round support to be given by the Education team. • Ongoing oversight and focus on the recruitment to medical posts in the Weston Division with weekly meetings in place with Specialty Managers to review activity and keep pace with progress in light of the significant challenges with vacancy reduction. • Progressing with the newly qualified nurse pipeline for adult nursing is a priority for May with advertising, shortlisting and interviews scheduled.
Ownership:	Director of People

Vacancy	Apr-21	KPI
UHBW NHS Foundation Trust	3.7%	3.7%
Diagnostics & Therapies	0.6%	3.8%
Medicine	9.0%	2.7%
Specialised Services	5.2%	2.0%
Surgery	4.4%	5.8%
Women's & Children's	-5.7%	-1.7%
Trust Services	-1.7%	0.4%
Facilities & Estates	9.7%	9.3%
Weston	14.6%	11.1%

Workforce – Staff Sickness

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2021

Y *Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In April 2021, total available FTE days were 311,601 of which 10,833 (3.5%) were lost to staff sickness.
Commentary:	Sickness absence increased to 3.5% compared with 3.2% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting. There was an increase in all divisions apart from Specialised Services, where sickness reduced by 0.1 percentage points to 3.1% from 3.2% the previous month. The largest divisional increase was seen in Facilities and Estates, increasing by 0.8 percentage points to 5.6% from 4.8% the previous month. Medical Suspension continues to be the method used to record short-term Covid absences. During April, 1.3% of available FTE was lost to Medical Suspension compared to 2.7% the previous month: 0.4% Covid Sickness, 0.9% Covid Isolation/Shielding. Long Covid is 0.1% of the sickness absence. • A first draft of a new Supporting Health and Attendance Policy has been developed. It aims to aims to increase supportive measures for staff with either long or short term health conditions; it includes a renewed focus on interaction with employees who are absent for long term reasons to minimise isolation; it places more focus on adjustments in the workplace, and supports mental health in addition to physical health. The UHBW Able Plus Network is actively engaged in this review as are Staffside partners. The process for managing sickness is also under review with a focus of reducing administration for line managers, making the process more achievable and valuable. • Divisional wellbeing strategies drawing on metrics including sickness absence rates and staff survey data is a proactive approach now being undertaken in every Division with the support of the wellbeing advocate role and managed through the Wellbeing Steering Group. • Back problems and other musculoskeletal issues are high causes of sickness absence in UHBW. Interventions to prevent/reduce prevalence are being promoted at Divisional level to increase awareness/take-up of Manual Handling and Physio Direct provision.
Ownership:	Director of People

Sickness	Apr-21	KPI
UHBW NHS Foundation Trust	3.5%	3.7%
Diagnostics & Therapies	2.6%	2.8%
Medicine	3.7%	4.0%
Specialised Services	3.1%	3.3%
Surgery	3.5%	4.0%
Women's & Children's	3.5%	3.6%
Trust Services	2.2%	3.1%
Facilities & Estates	5.6%	5.3%
Weston	4.1%	4.1%

Workforce – Appraisal Compliance

University Hospitals Bristol and Weston NHS Foundation Trust

April 2021

N *Not Achieved*

Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In April 2021, 6,902 members of staff were compliant out of 10,392 (66.4%).
Commentary:	Overall appraisal compliance increased to 66.4% from 64.9% compared to the previous month. All divisions are non-compliant. There were increases in seven divisions, and reductions in the remaining one division. The largest divisional increase was within Specialised Services, increasing to 81.2% from 77.0% in the previous month; Women's and Children's saw the only divisional reduction, where compliance reduced to 72.8% compared with 72.9% in the previous month. • To support closing the compliance gap a simplified form has been developed which will go live at the end of May. There will still be a requirement to sign-off appraisal on Kallidus at Bristol and to report in the same way at Weston. • The work programme to review and align appraisals has been on hold due to the pandemic however; this will now recommence and align with the values review given this is integral to the appraisal process. • Appraisal training has recommenced in addition to the bite size videos and guidance available on HR web to support all managers and staff with appraisal completion and ensuring a quality conversation about development and wellbeing is undertaken in a timely way.
Ownership:	Director of People

Appraisal (Non-Consultant)	Apr-21	Mar-21	KPI
UHBW NHS Foundation Trust	66.4%	64.9%	85.0%
Diagnostics & Therapies	68.5%	67.5%	85.0%
Medicine	52.7%	52.3%	85.0%
Specialised Services	81.2%	77.0%	85.0%
Surgery	51.7%	51.5%	85.0%
Women's & Children's	72.8%	72.9%	85.0%
Trust Services	67.1%	63.8%	85.0%
Facilities & Estates	71.8%	68.7%	85.0%
Weston	69.2%	67.5%	85.0%

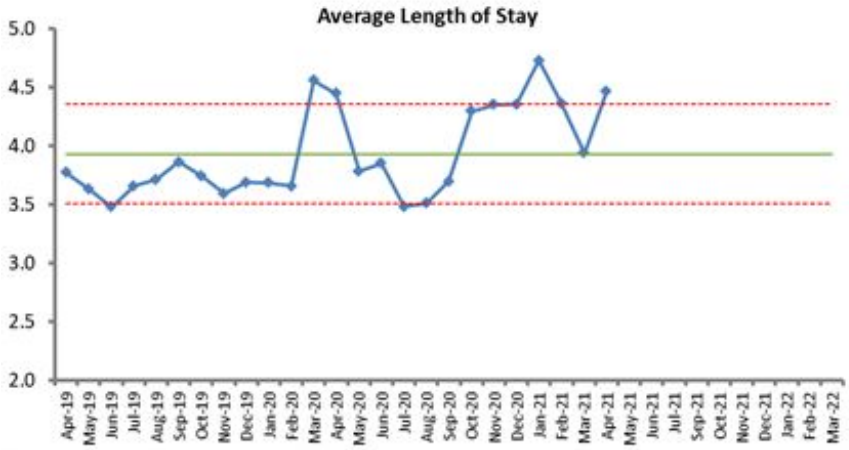
Average Length of Stay

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

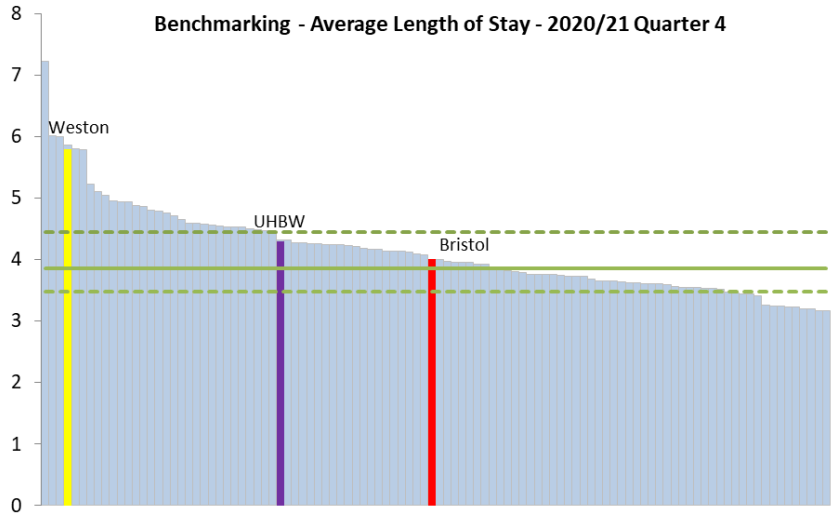
April 2021

N/A *No Standard*

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In April there were 6,969 discharges at UHBW with an average length of stay of 4.46 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
Ownership:	Chief Operating Officer



	Apr-21
Medicine	4.9
Specialised Services	7.8
Surgery	4.8
Weston	7.1
Women's and Children's	2.2



Finance – Performance to Plan

NHS University Hospitals Bristol and Weston NHS Foundation Trust

March 2021

Please note:
Financial data is not formally reported in month 1. 2021/22 data will be available from next month's report.

Performance to NHSEI Plan	Plan to date Month 12 £m	Actual to date Month 12 £m	Variance to date favourable/ (adverse) £m
Income from patient care activities	785.507	816.949	31.442
Other operating income	115.667	140.986	25.319
Employee expenses	(560.813)	(595.771)	(34.958)
Other operating expenses	(310.935)	(317.833)	(6.898)
Depreciation (owned & leased)	(30.374)	(30.985)	(0.611)
PDC	(11.756)	(9.705)	2.051
Interest Payable	(2.368)	(2.285)	0.083
Interest Receivable	0.001	0.001	0.000
Net Surplus/(deficit) inc technicals	**(15.071)**	**1.357**	**16.428**
Remove revaluation/impairment	0.000	**1.994**	1.994
Remove depreciation (donated)	1.889	1.587	(0.302)
Remove donated income	(0.283)	(4.093)	(3.810)
Remove impact of donated consumables	0.000	(0.338)	(0.338)
Net Surplus/(deficit) exc technicals	**(13.465)**	**0.507**	**13.972**

Finance – Divisional Variance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

March 2021

Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Total
Nursing & Midwifery	9	709	284	(330)	(120)	(773)	(7)	(48)	(276)
Medical & Dental Pay	(95)	(222)	64	(95)	(360)	(1,077)	0	(559)	(2,344)
Other Pay	(119)	(138)	196	4	(254)	(24)	7	(423)	(751)
Non Pay	(437)	(174)	(1,576)	(1,009)	(554)	(2,522)	1,030	(446)	(5,688)
Income from Activities	31	(17)	(69)	19	(506)	(247)	0	0	(789)
Income from Operations	(199)	(150)	1,366	236	136	66	18	1,526	2,999
Total	**(810)**	**8**	**265**	**(1,175)**	**(1,658)**	**(4,577)**	**1,048**	**50**	(6,849)

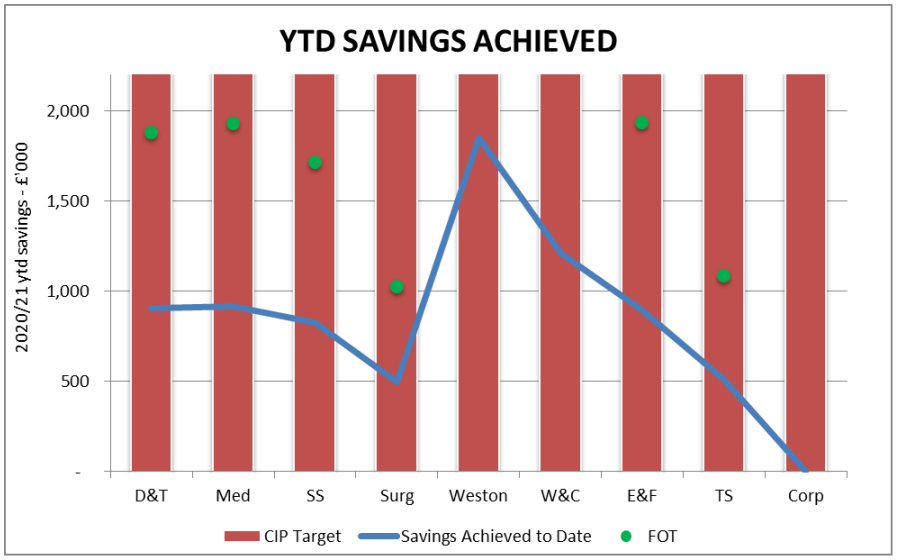
Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(7)	(3,856)	(956)	(1,197)	(1,189)	(1,803)	0	(276)	(212)	**(9,496)**
Medical & Dental Pay	(2)	(1,049)	(362)	(1,399)	(488)	(835)	0	(151)	(23)	**(4,309)**
Other Pay	(594)	(139)	(144)	(151)	(274)	(59)	(312)	(478)	(10)	**(2,161)**
Non Pay	(661)	(3,858)	(327)	(1,447)	(1,389)	(212)	(1,739)	(4,707)	(5)	**(14,345)**
Income from Activities	0	0	0	0	0	0	0	0	(13)	**(13)**
Income from Operations	(39)	0	(217)	0	(851)	(260)	(1,296)	(162)	590	**(2,235)**
Total	**(1,303)**	**(8,902)**	**(2,006)**	**(4,194)**	**(4,191)**	**(3,170)**	**(3,347)**	**(5,773)**	**327**	**(32,559)**

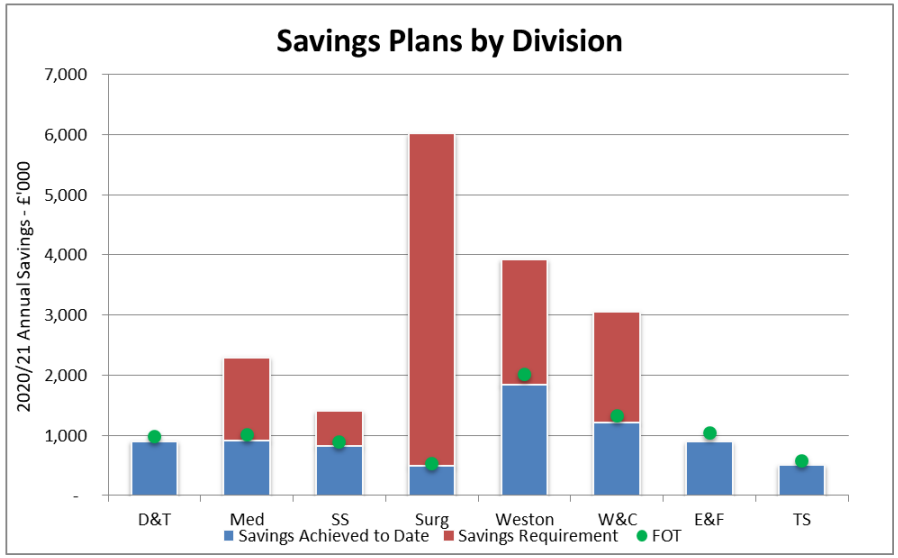
COVID variance here includes income losses that are not included on the NHSI returns as are matched through the true up process

Finance – Savings

University Hospitals Bristol and Weston NHS Foundation Trust

March 2021





Care Quality Commission Rating - Bristol

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

The Care Quality Commission (CQC) published their latest inspection report on 16th August 2019. Full details can be found here: **https://www.cqc.org.uk/provider/RA7**

The overall rating was OUTSTANDING, and the breakdown by category is shown below:

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Requires improvement →← May 2019	Good ↓ May 2019	Requires improvement ↓ May 2019
Medical Care (including older people's care)	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good →← May 2019	Good →← May 2019	Outstanding →← May 2019	Outstanding ↑ May 2019	Outstanding →← May 2019	Outstanding →← May 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
Services for children and young people	Good →← May 2019	Outstanding →← May 2019	Good →← May 2019	Good →← May 2017	Outstanding ↑ May 2019	Outstanding ↑ May 2019
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients and diagnostics	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Overall trust	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding →← May 2019	Outstanding →← May 2019

Care Quality Commission Rating - Weston

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

The Care Quality Commission (CQC) published their latest inspection report on 26th June 2019. Full details can be found here: **https://www.cqc.org.uk/provider/RA3**

The overall rating was REQUIRES IMPROVEMENT, and the breakdown by category is shown below:

Ratings for Weston General Hospital

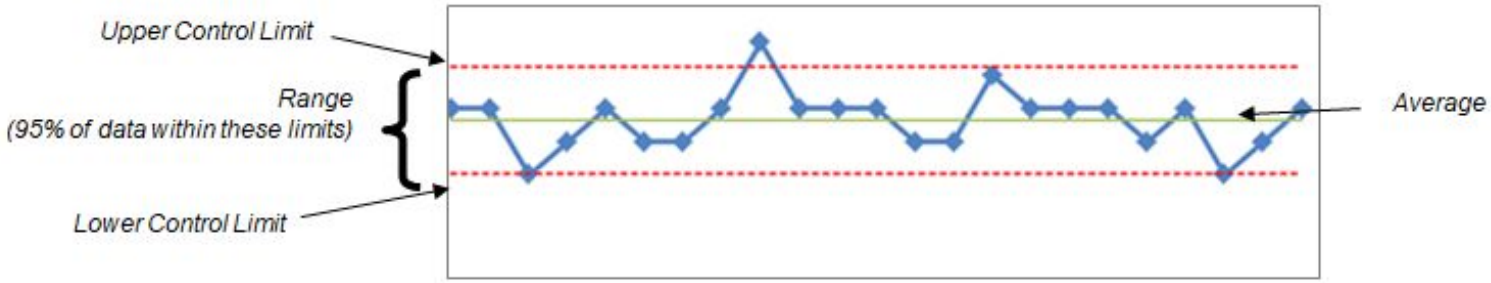
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Inadequate ↔ Jun 2019	Inadequate ↔ Jun 2019
Medical care (including older people's care)	Requires improvement ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019
Surgery	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017
Services for children and young people	Good Aug 2015	Good Aug 2015	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
End of life care	Good Aug 2015	Good Aug 2015	Outstanding Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Maternity and gynaecology	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Outpatients and diagnostics	Good Aug 2015	N/A	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Overall*	Requires improvement ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Explanation of SPC Charts

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



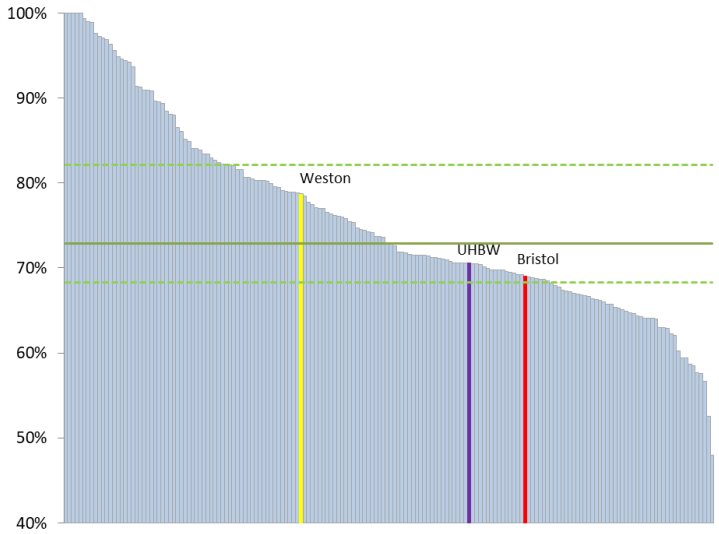
The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all future data points will lie between these two limits.

If a process changes, then the limits can be re-calculated and a "step change" will be observed. There are different signals to look for, to identify if a process has changed. Examples would be a run of 7 data points going up/down or 7 data points one side of the average. These step changes should be traceable back to a change in operational practice, changes to flow, patient choice or demand changes; they do not occur by chance.

Explanation of Benchmarking Charts

University Hospitals Bristol and Weston NHS Foundation Trust

In the previous sections, some of the metrics have national benchmarking reports included. An example is shown below:



Each vertical, light-blue bar represents one of the (approx.) 140 acute Trusts in England.

The horizontal solid green line is the median Trust performance, i.e. 50% of the Trusts are above this line and 50% are below.

The horizontal dotted green lines are the upper and lower quartile Trust performance, i.e.

- 25% of Trusts are above the Upper Quartile line and 75% are below.
- 25% of Trusts are below the Lower Quartile line and 75% are above.

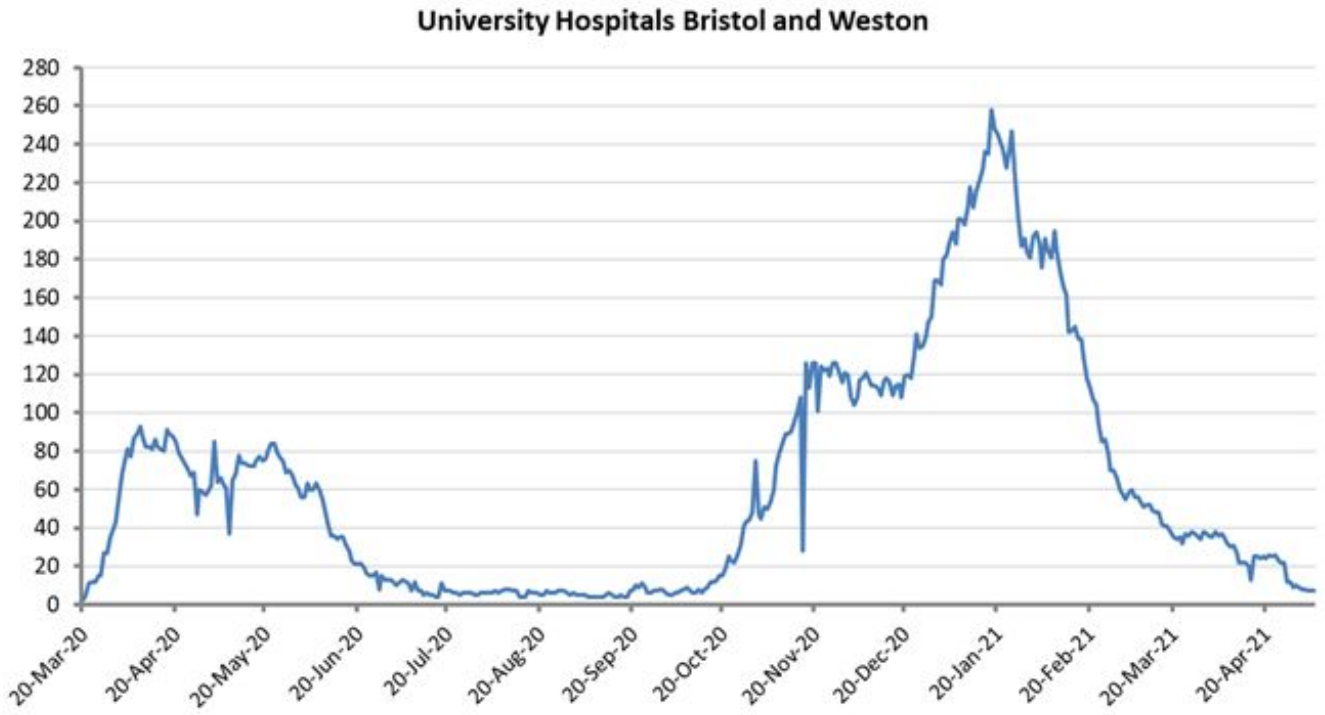
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 13th May 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

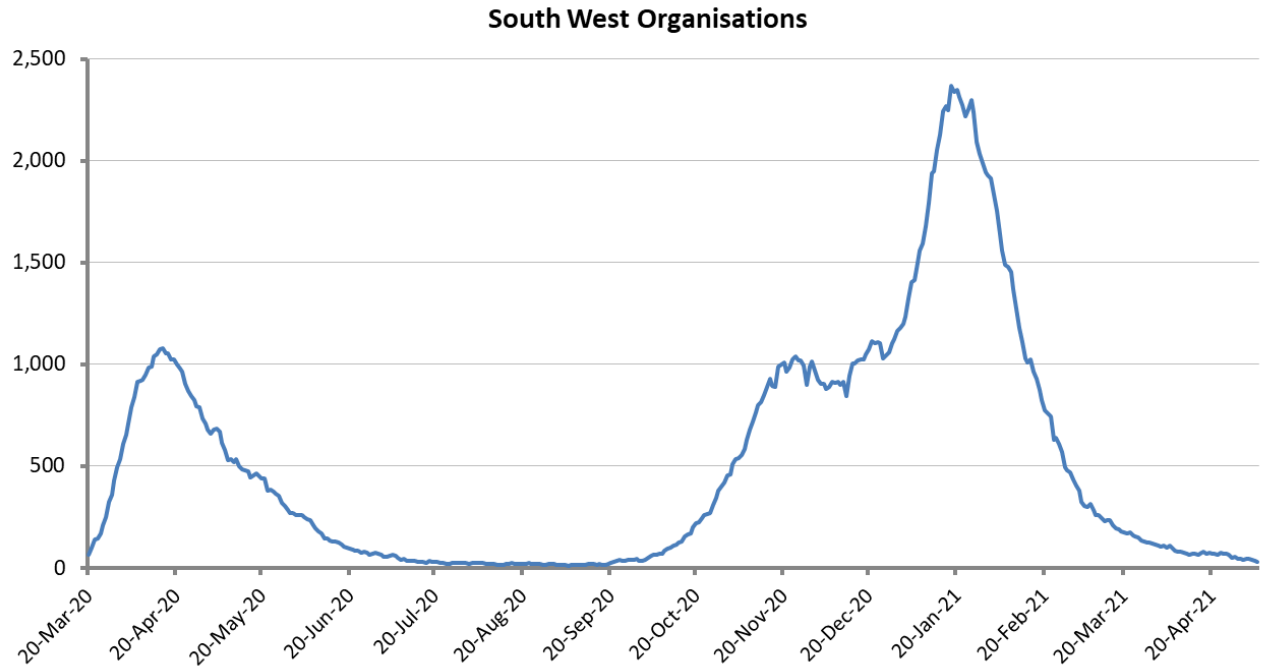
Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the "COVID-19 NHS Situation Report". Data up to 6th May 2021.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 13th May 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer



Appendix – Covid19 Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 20th May 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Commentary:	Daily monitoring and reporting of all Covid -19 results is reviewed and approved by an Executive Director. The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
	1,189					**1,384**

- Community-Onset: a positive specimen date less than or equal to 2 days after hospital admission or hospital attendance;
- Hospital-Onset Indeterminate Healthcare-Associated: a positive specimen date 3-7 days after hospital admission;
- Hospital-Onset Probable Healthcare-Associated: a positive specimen date 8-14 days after hospital admission;
- Hospital-Onset Definite Healthcare-Associated: a positive specimen date 15 or more days after hospital admission

Appendix – Trust Scorecards

University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Infection Control																			
DA01	MRSA Hospital Onset Cases	4	0	0	0	0	0	1	1	0	0	1	0	0	0	1	1	1	0
DA02	MSSA Hospital Onset Cases	45	4	5	4	3	2	5	1	3	6	5	9	2	4	10	10	16	4
DA03	CDiff Hospital Onset Cases	67	8	6	6	5	11	4	5	7	6	5	2	5	8	20	18	12	8
DA03A	CDiff Healthcare Associated Cases	81	9	9	7	6	13	5	6	8	6	6	2	7	9	24	20	15	9
DA06	EColi Hospital Onset Cases	81	5	9	2	4	13	5	7	4	4	9	6	14	5	22	15	29	5
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.14	4.7	6.93	5.77	3.66	4.76	5.3	4.28	5.18	5.9	4.38	5.73	4.94	4.7	4.6	5.1	5	4.7
	Numerator (Falls)	*1698*	*139*	*164*	*138*	*100*	*136*	*160*	*134*	*151*	*171*	*124*	*154*	*152*	*139*	*396*	*456*	*430*	*139*
	Denominator (Beddays)	*330253*	*29584*	*23666*	*23917*	*27319*	*28557*	*30205*	*31336*	*29161*	*28979*	*28301*	*26872*	*30746*	*29584*	*86081*	*89476*	*85919*	*29584*
AB06A	Total Number of Patient Falls Resulting in Harm	23	5	1	1	1	1	1	4	3	1	3	3	2	5	3	8	8	5
Pressure Injuries																			
DE01	Pressure Ulcers Per 1,000 Beddays	0.279	0.135	0.254	0.293	0.183	0.315	0.199	0.096	0.274	0.138	0.318	0.26	0.228	0.135	0.232	0.168	0.268	0.135
	Numerator (Pressure Injuries)	92	4	6	7	5	9	6	3	8	4	9	7	7	4	20	15	23	4
	Denominator (Beddays)	330253	29584	23666	23917	27319	28557	30205	31336	29161	28979	28301	26872	30746	29584	86081	89476	85919	29584
DE02	Pressure Ulcers - Grade 2	84	4	5	5	5	9	6	0	8	4	8	7	7	4	20	12	22	4
DE03	Pressure Ulcers - Grade 3	5	0	1	2	0	0	0	0	0	0	1	0	0	0	0	0	1	0
DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents																			
S02	Number of Serious Incidents Reported	109	7	2	6	7	5	23	15	10	5	11	8	10	7	35	30	29	7
S01	Total Never Events	6	1	0	0	1	0	2	1	2	0	0	0	0	1	3	3	0	1
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.25%	-	0%	0%	0.9%	0%	0%	0.31%	0.37%	0.83%	0%	0%	0.37%	-	0.34%	0.48%	0.13%	-
	Numerator (Incidents Resulting in Harm)	8	0	0	0	3	0	0	1	1	2	0	0	1	0	3	4	1	0
	Denominator (Total Incidents)	3213	0	258	283	335	274	284	323	269	241	257	229	268	0	893	833	754	0
WA03	Non-Purposeful Omitted Doses of the Listed Critical Med	0.46%	0%	0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.19%	0.35%	0%	0.39%	0.58%	0.46%	0%
	Numerator (Number of Incidents)	26	0	3	2	4	1	3	3	3	1	3	1	2	0	8	7	6	0
	Denominator (Total Audited)	5638	439	302	770	825	675	557	479	442	281	210	521	576	439	2057	1202	1307	439
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	85.4%	82.7%	87.3%	86.7%	85%	84.4%	85.3%	85.8%	85.2%	85.5%	84.6%	84.3%	84%	82.7%	84.9%	85.5%	84.3%	82.7%
	Numerator (Number Risk Assessed)	77073	7012	5280	6369	6566	6151	7104	7525	7089	6925	6250	6217	7332	7012	19821	21539	19799	7012
	Denominator (Total Patients)	90252	8477	6050	7349	7726	7287	8333	8770	8317	8095	7386	7377	8732	8477	23346	25182	23495	8477

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	**95.8%**	**97.2%**	**97.9%**	**95.3%**	**101.1%**	**99.4%**	**97.6%**	**100.3%**	**97.4%**	**91.7%**	**90.7%**	**92.9%**	**91.5%**	**97.2%**	**99.4%**	**96.4%**	**91.7%**	**97.2%**
	Numerator (Hours Worked)	3472575	283241	291583	278873	302850	296436	286125	306243	295331	294407	288541	266423	292106	283241	885411	895982	847070	283241
	Denominator (Hours Planned)	3623484	291290	297862	292584	299683	298223	293298	305348	303349	321059	318057	286794	319187	291290	891204	929756	924037	291290
RP02	Staffing Fill Rate - RN Shifts	**92.7%**	**92.4%**	**91.9%**	**91.2%**	**97.2%**	**94.9%**	**95.4%**	**98.6%**	**96.7%**	**89.4%**	**88.6%**	**89.9%**	**87.5%**	**92.4%**	**95.9%**	**94.8%**	**88.6%**	**92.4%**
	Numerator (Hours Worked)	2310640	186768	187979	183315	199195	194533	191444	206329	200175	199025	194810	176959	192919	186768	585172	605529	564687	186768
	Denominator (Hours Planned)	2492525	202050	204554	201036	204937	204886	200675	209358	207114	222595	219755	196821	220486	202050	610498	639066	637062	202050
RP03	Staffing Fill Rate - NA Shifts	**102.7%**	**108.1%**	**111%**	**104.4%**	**109.4%**	**109.2%**	**102.2%**	**104.1%**	**98.9%**	**96.9%**	**95.3%**	**99.4%**	**100.5%**	**108.1%**	**107%**	**99.9%**	**98.4%**	**108.1%**
	Numerator (Hours Worked)	1161934	96472.6	103604	95557.8	103655	101903	94680.3	99914.8	95156.2	95381.5	93731.3	89463.7	99187.8	96472.6	300239	290452	282383	96472.6
	Denominator (Hours Planned)	1130958	89240.1	93307.7	91548.7	94745.6	93337.7	92622.9	95990.9	96235.3	98464.4	98302.4	89972.7	98700.3	89240.1	280706	290691	286975	89240.1

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q1	20/21 Q4	21/22 Q1
Patient Surveys																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score			91	91	90	90	91	89	88	90	91	92	90	90	90	90	91	90
P01G	Patient Survey (Bristol) - Kindness and Understanding			95	96	97	96	95	94	93	96	97	96	95	94	96	94	96	94
P01H	Patient Survey (Bristol) - Outpatient Tracker Score			91	96	93	92	94	92	94	93	94	94	95	95	93	93	94	95
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1665	-	69	105	146	169	206	199	176	115	136	145	145	-	521	490	426	-
T01C	Patient Complaints - Formal	546	-	19	44	58	61	90	51	65	24	49	32	43	-	209	140	124	-
T01D	Patient Complaints - Informal	1119	-	50	61	88	108	116	148	111	91	87	113	102	-	312	350	302	-
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	-	66.7%	63.3%	80.4%	67.4%	72.6%	61.9%	81%	65.8%	66.7%	72.7%	80.9%	-	73.5%	69.1%	72.5%	-
	Numerator (Responses Within Timeframe)	*442*	*0*	*8*	*19*	*41*	*31*	*53*	*39*	*47*	*48*	*46*	*32*	*38*	*0*	*125*	*134*	*116*	*0*
	Denominator (Total Responses)	*618*	*0*	*12*	*30*	*51*	*46*	*73*	*63*	*58*	*73*	*69*	*44*	*47*	*0*	*170*	*194*	*160*	*0*
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	-	75%	96.7%	90.2%	71.7%	68.5%	71.4%	84.5%	67.1%	63.8%	77.3%	87.2%	-	75.9%	73.7%	74.4%	-
	Numerator (Responses Within Timeframe)	*474*	*0*	*9*	*29*	*46*	*33*	*50*	*45*	*49*	*49*	*44*	*34*	*41*	*0*	*129*	*143*	*119*	*0*
	Denominator (Total Responses)	*618*	*0*	*12*	*30*	*51*	*46*	*73*	*63*	*58*	*73*	*69*	*44*	*47*	*0*	*170*	*194*	*160*	*0*
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.02%	-	0%	6.67%	9.8%	2.17%	9.59%	20.64%	1.72%	5.48%	2.9%	-	-	-	7.65%	9.28%	2.9%	-
	Numerator (Number Dissatisfied)	*37*	*0*	*0*	*2*	*5*	*1*	*7*	*13*	*1*	*4*	*2*	*0*	*0*	*0*	*13*	*18*	*2*	*0*
	Denominator (Total Responses)	*527*	*0*	*12*	*30*	*51*	*46*	*73*	*63*	*58*	*73*	*69*	*0*	*0*	*0*	*170*	*194*	*69*	*0*

Appendix – Trust Scorecards

University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Emergency Department Performance																			
B01	ED Total Time in Department - Under 4 Hours	80.09%	74.93%	90.68%	87.31%	84.05%	82.09%	81.24%	79.82%	75.84%	74.35%	69.72%	72.56%	76.27%	74.93%	82.43%	76.79%	73.14%	74.93%
	Numerator (Number Seen In Under 4 Hours)	*112178*	*11032*	*8957*	*8811*	*10900*	*11092*	*11253*	*10740*	*9263*	*8865*	*7413*	*7570*	*10364*	*11032*	*33245*	*28868*	*25347*	*11032*
	Denominator (Total Attendances)	*140062*	*14723*	*9878*	*10092*	*12969*	*13512*	*13851*	*13455*	*12213*	*11924*	*10633*	*10433*	*13588*	*14723*	*40332*	*37592*	*34654*	*14723*
B06	ED 12 Hour Trolley Waits	1440	71	1	7	58	68	6	87	201	247	468	195	102	71	132	535	765	71
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes	81.1%	88.8%	89%	88.8%	82.3%	79.7%	76.6%	73.6%	81.7%	78.7%	80.3%	82.2%	77.7%	88.8%	79.5%	77.8%	79.9%	88.8%
	Numerator (Number Assessed Within 15 Minutes)	*53673*	*3485*	*4126*	*3585*	*5241*	*5145*	*5014*	*4689*	*4748*	*4499*	*4167*	*4030*	*4838*	*3485*	*15400*	*13936*	*13035*	*3485*
	Denominator (Total Attendances Needing Assessment)	*66150*	*3926*	*4637*	*4035*	*6368*	*6456*	*6543*	*6374*	*5814*	*5715*	*5190*	*4905*	*6227*	*3926*	*19367*	*17903*	*16322*	*3926*
B03	ED Time to Start of Treatment - Under 60 Minutes	68%	57.5%	80.6%	68.1%	65.4%	63.1%	58.3%	63.7%	70.1%	65.6%	68.5%	66.8%	64%	57.5%	62.6%	66.4%	66.2%	57.5%
	Numerator (Number Treated Within 60 Minutes)	*91353*	*8289*	*7902*	*6767*	*8362*	*8364*	*5861*	*8490*	*8455*	*7731*	*7158*	*6813*	*8507*	*8289*	*22587*	*24676*	*22478*	*8289*
	Denominator (Total Attendances)	*134421*	*14409*	*9803*	*9941*	*12793*	*13259*	*10048*	*13319*	*12062*	*11776*	*10442*	*10203*	*13290*	*14409*	*36100*	*37157*	*33935*	*14409*
B04	ED Unplanned Re-attendance Rate	4.5%	4.2%	4.1%	3.3%	4.4%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	4.3%	4.6%	4.2%	4.4%	4.9%	4.6%	4.2%
	Numerator (Number Re-attending)	*6243*	*619*	*405*	*328*	*567*	*589*	*612*	*609*	*654*	*565*	*525*	*448*	*630*	*619*	*1768*	*1828*	*1603*	*619*
	Denominator (Total Attendances)	*139970*	*14723*	*9930*	*9927*	*12847*	*13512*	*13973*	*13456*	*12216*	*11925*	*10636*	*10438*	*13592*	*14723*	*40332*	*37597*	*34666*	*14723*
B05	ED Left Without Being Seen Rate	1%	1.2%	0.6%	1%	1.2%	1.2%	1.3%	1.2%	1%	1.1%	1%	1%	1%	1.2%	1.2%	1.1%	1%	1.2%
	Numerator (Number Left Without Being Seen)	*1442*	*181*	*64*	*98*	*152*	*158*	*174*	*161*	*121*	*135*	*103*	*104*	*140*	*181*	*484*	*417*	*347*	*181*
	Denominator (Total Attendances)	*140062*	*14723*	*9878*	*10092*	*12969*	*13512*	*13851*	*13455*	*12213*	*11924*	*10633*	*10433*	*13588*	*14723*	*40332*	*37592*	*34654*	*14723*
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	61.4%	52.6%	46.5%	51.4%	58.1%	63.4%	65.6%	62.6%	62.3%	62.5%	61.7%	60.1%	-	-	-	-
	Numerator (Number Under 18 Weeks)	*0*	*0*	*21213*	*18842*	*17319*	*20216*	*23729*	*27022*	*27942*	*26416*	*26493*	*27685*	*28721*	*29402*	*0*	*0*	*0*	*0*
	Denominator (Total Pathways)	*0*	*0*	*34564*	*35847*	*37270*	*39363*	*40827*	*42654*	*42624*	*42222*	*42523*	*44314*	*46538*	*48902*	*0*	*0*	*0*	*0*
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	25077	4598	245	475	796	1077	1500	1809	2164	2891	3790	4807	5409	4598	3373	6864	14006	4598
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	2526	1053	1754	2319	2202	2731	3583	3658	2817	2022	1966	2478	2526	7252	10058	6466	2526
A02A	Referral To Treatment Number of Non Admitted Clock Stops	88000	9803	3874	4712	5680	5366	6944	9106	9178	9730	8935	8583	10237	9803	17990	28014	27755	9803
A09	Referral To Treatment Number of Clock Starts	116667	12311	4971	7421	9347	8902	11150	12913	11900	10997	10312	11047	12990	12311	29399	35810	34349	12311
Diagnostic Waits																			
A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	41.43%	51.97%	67.49%	65.09%	57.78%	59.09%	60.08%	56.28%	53.65%	58.86%	65.15%	62.3%	-	-	-	-
	Numerator (Number Under 6 Weeks)	*0*	*0*	*3577*	*5227*	*8093*	*8285*	*8623*	*8628*	*8761*	*8563*	*7544*	*8388*	*9413*	*8738*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*8633*	*10058*	*11991*	*12728*	*14925*	*14602*	*14582*	*15215*	*14062*	*14252*	*14448*	*14025*	*0*	*0*	*0*	*0*

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS University Hospitals Bristol and Weston NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	-	90.2%	91.2%	84.2%	72.5%	51.1%	61.8%	90%	90.2%	86.2%	96.2%	95.1%	-	68.6%	78.9%	92.8%	-
	Numerator (Number Seen Within 2 Weeks)	*14845*	*0*	*881*	*1275*	*1306*	*1085*	*873*	*1332*	*1601*	*1379*	*1238*	*1401*	*1820*	*0*	*3264*	*4312*	*4459*	*0*
	Denominator (Total Seen))	*18125*	*0*	*977*	*1398*	*1551*	*1497*	*1709*	*2157*	*1778*	*1528*	*1437*	*1456*	*1913*	*0*	*4757*	*5463*	*4806*	*0*
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	-	89.8%	95%	96%	98.4%	95.6%	97.8%	97%	95.5%	94%	92.2%	94%	-	96.7%	96.7%	93.4%	-
	Numerator (Number Treated Within 31 Days)	*2971*	*0*	*167*	*207*	*217*	*246*	*262*	*270*	*260*	*298*	*249*	*259*	*328*	*0*	*725*	*828*	*836*	*0*
	Denominator (Total Treated)	*3125*	*0*	*186*	*218*	*226*	*250*	*274*	*276*	*268*	*312*	*265*	*281*	*349*	*0*	*750*	*856*	*895*	*0*
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	-	100%	99.2%	100%	98.8%	98.5%	99.3%	99.2%	99.3%	99.2%	100%	100%	-	99%	99.3%	99.8%	-
	Numerator (Number Treated Within 31 Days)	*1516*	*0*	*95*	*118*	*116*	*166*	*128*	*140*	*129*	*151*	*124*	*137*	*158*	*0*	*410*	*420*	*419*	*0*
	Denominator (Total Treated)	*1525*	*0*	*95*	*119*	*116*	*168*	*130*	*141*	*130*	*152*	*125*	*137*	*158*	*0*	*414*	*423*	*420*	*0*
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	-	90.2%	72.7%	89.1%	92.3%	92.9%	91.5%	82.9%	80%	89.2%	64.6%	81.1%	-	91.6%	85%	77.5%	-
	Numerator (Number Treated Within 31 Days)	*492*	*0*	*46*	*40*	*41*	*48*	*52*	*43*	*34*	*36*	*33*	*31*	*43*	*0*	*141*	*113*	*107*	*0*
	Denominator (Total Treated)	*585*	*0*	*51*	*55*	*46*	*52*	*56*	*47*	*41*	*45*	*37*	*48*	*53*	*0*	*154*	*133*	*138*	*0*
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	-	72.6%	83.5%	89.3%	83.2%	78.5%	82.2%	75.8%	78.3%	77.6%	72.6%	75.2%	-	83.3%	78.7%	75.2%	-
	Numerator (Number Treated Within 62 Days)	*1129.5*	*0*	*57*	*93.5*	*92*	*82*	*98.5*	*113*	*106.5*	*122.5*	*93.5*	*78*	*122.5*	*0*	*272.5*	*342*	*294*	*0*
	Denominator (Total Treated)	*1435.5*	*0*	*78.5*	*112*	*103*	*98.5*	*125.5*	*137.5*	*140.5*	*156.5*	*120.5*	*107.5*	*163*	*0*	*327*	*434.5*	*391*	*0*
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	-	-	0%	0%	85.7%	100%	100%	100%	27.3%	71.4%	28.6%	77.8%	-	70%	60%	59%	-
	Numerator (Number Treated Within 62 Days)	*22*	*0*	*0*	*0*	*0*	*3*	*0.5*	*1*	*3.5*	*1.5*	*2.5*	*2*	*7*	*0*	*3.5*	*6*	*11.5*	*0*
	Denominator (Total Treated)	*38.5*	*0*	*0*	*3*	*1*	*3.5*	*0.5*	*1*	*3.5*	*5.5*	*3.5*	*7*	*9*	*0*	*5*	*10*	*19.5*	*0*
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	-	91.3%	93.2%	89.4%	92.4%	90.4%	94%	88.2%	87.5%	80.7%	84.4%	76.2%	-	90.8%	89.9%	80%	-
	Numerator (Number Treated Within 62 Days)	*581.5*	*0*	*31.5*	*34.5*	*42*	*54.5*	*51.5*	*55*	*41*	*56*	*46*	*62*	*72*	*0*	*148*	*152*	*180*	*0*
	Denominator (Total Treated)	*670.5*	*0*	*34.5*	*37*	*47*	*59*	*57*	*58.5*	*46.5*	*64*	*57*	*73.5*	*94.5*	*0*	*163*	*169*	*225*	*0*
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.15%	0.72%	0.33%	0.44%	0.7%	2.09%	1.13%	1.21%	1.17%	1.54%	1.13%	1.48%	1.16%	0.72%	1.28%	1.3%	1.25%	0.72%
	Numerator (Number of LMCs)	*637*	*42*	*9*	*17*	*32*	*87*	*59*	*72*	*66*	*84*	*53*	*74*	*70*	*42*	*178*	*222*	*197*	*42*
	Denominator (Total Elective Admissions)	*55573*	*5803*	*2718*	*3829*	*4549*	*4154*	*5220*	*5951*	*5656*	*5463*	*4672*	*5001*	*6039*	*5803*	*13923*	*17070*	*15712*	*5803*
F02	Cancelled Operations Re-admitted Within 28 Days	83.4%	100%	69.2%	88.9%	76.5%	96.8%	98.8%	91.1%	93%	88.5%	83.1%	67.3%	81.5%	100%	95.4%	91%	78.4%	100%
	Numerator (Number Readmitted Within 28 Days)	*542*	*60*	*9*	*8*	*13*	*30*	*82*	*51*	*66*	*54*	*64*	*35*	*53*	*60*	*125*	*171*	*152*	*60*
	Denominator (Total LMCs)	*650*	*60*	*13*	*9*	*17*	*31*	*83*	*56*	*71*	*61*	*77*	*52*	*65*	*60*	*131*	*188*	*194*	*60*

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Delayed Transfers of Care (DToC)																			
Q01A	Acute Delayed Transfers of Care - Patients	60	-	10	14	13	10	4	0	-	-	-	-	-	-	27	0	-	-
Q01B	Acute Delayed Transfers of Care - Beddays	1902	-	238	396	350	335	251	54	-	-	-	-	-	-	936	54	-	-
Q02A	Non-Acute Delayed Transfers of Care - Patients	18	-	7	1	0	1	-	-	-	-	-	-	-	-	1	-	-	-
Q02B	Non-Acute Delayed Transfers of Care - Beddays	521	-	150	88	32	40	10	-	-	-	-	-	-	-	82	-	-	-
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	85	71	86	99	96	97	97	125	107	103	168	172	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	18	12	8	22	19	26	18	11	12	11	10	0	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	2453	2107	2582	2704	2973	3013	2745	3356	3572	3218	4540	5038	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	531	403	588	464	528	698	564	458	340	445	398	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	12.2%	10.1%	15.5%	12.1%	11.5%	11.5%	9.9%	10.3%	10.3%	11%	11.3%	10.6%	10%	10.1%	10.9%	10.5%	10.6%	10.1%
	Numerator (Number of Hospital Cancellations)	*121436*	*9153*	*9500*	*8477*	*8785*	*8421*	*8785*	*9443*	*9607*	*9512*	*9866*	*9026*	*10100*	*9153*	*25991*	*28562*	*28992*	*9153*
	Denominator (Total Appointments)	*991907*	*90420*	*61327*	*70010*	*76680*	*73097*	*88393*	*91339*	*93649*	*86470*	*87155*	*85492*	*100767*	*90420*	*238170*	*271458*	*273414*	*90420*
R05	Outpatient DNA Rate	6.9%	6.4%	4.9%	5.3%	6.2%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	6.7%	6.3%	6.4%	6.9%	7.9%	7.1%	6.4%
	Numerator (Number of DNAs)	*49604*	*4441*	*2051*	*2809*	*3625*	*3831*	*4848*	*5292*	*5610*	*5029*	*5383*	*4295*	*4807*	*4441*	*12304*	*15931*	*14485*	*4441*
	Denominator (Total Attendances+DNAs)	*717015*	*69929*	*41949*	*53504*	*58844*	*55092*	*63156*	*68473*	*69071*	*64312*	*63319*	*64094*	*75903*	*69929*	*177092*	*201856*	*203316*	*69929*
Overdue Partial Booking																			
R22N	Overdue Partial Booking Referrals	33.5%	34.2%	29.8%	33.6%	34.6%	35.2%	35.2%	34.7%	34.2%	35%	35.2%	34%	34.5%	34.2%	35%	34.6%	34.6%	34.2%
	Numerator (Number Overdue)	*569656*	*49008*	*42949*	*48234*	*49150*	*49821*	*49068*	*48149*	*48773*	*49352*	*49499*	*47199*	*49054*	*49008*	*148039*	*146274*	*145752*	*49008*
	Denominator (Total Partial Booking)	*1698619*	*143376*	*144269*	*143472*	*142016*	*141426*	*139371*	*138847*	*142817*	*141025*	*140442*	*138821*	*142381*	*143376*	*422813*	*422689*	*421644*	*143376*
R22R	Overdue Partial Bookings (9+ Months)	3.3%	7.3%	1.3%	1.6%	1.7%	1.9%	2.4%	3.1%	3.7%	4.6%	5.2%	5.8%	6.9%	7.3%	2%	3.8%	6%	7.3%
	Numerator (Number Overdue 9+ Months)	*55930*	*10475*	*1928*	*2256*	*2357*	*2753*	*3318*	*4252*	*5274*	*6422*	*7365*	*8102*	*9799*	*10475*	*8428*	*15948*	*25266*	*10475*
	Denominator (Total Partial Booking)	*1698619*	*143376*	*144269*	*143472*	*142016*	*141426*	*139371*	*138847*	*142817*	*141025*	*140442*	*138821*	*142381*	*143376*	*422813*	*422689*	*421644*	*143376*
R22H	Overdue Partial Bookings (12+ Months)	1.5%	3.6%	0.8%	0.9%	1%	1.1%	1.2%	1.3%	1.5%	1.8%	2.2%	2.6%	3.2%	3.6%	1.1%	1.5%	2.7%	3.6%
	Numerator (Number Overdue 12+ Months)	*26161*	*5220*	*1191*	*1341*	*1419*	*1569*	*1710*	*1808*	*2086*	*2557*	*3154*	*3627*	*4532*	*5220*	*4698*	*6451*	*11313*	*5220*
	Denominator (Total Partial Booking)	*1698619*	*143376*	*144269*	*143472*	*142016*	*141426*	*139371*	*138847*	*142817*	*141025*	*140442*	*138821*	*142381*	*143376*	*422813*	*422689*	*421644*	*143376*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
EFFECTIVE DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Mortality																			
X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	-	96.2	96.4	95.5	93.9	94.4	89.8	92.5	93.5	-	-	-	-	94.6	91.9	-	-
	Numerator ("Expected" Deaths)	*20825*	*0*	*2425*	*2390*	*2350*	*2300*	*2285*	*2190*	*2210*	*2150*	*0*	*0*	*0*	*0*	*6935*	*6550*	*0*	*0*
	Denominator (Deaths)	*22055*	*0*	*2520*	*2480*	*2460*	*2450*	*2420*	*2440*	*2390*	*2300*	*0*	*0*	*0*	*0*	*7330*	*7130*	*0*	*0*
X02	Hospital Standardised Mortality Ratio (HSMR)	93	-	118.1	98.6	75.4	61.9	86.3	75.2	91.5	93.5	102.6	123.8	-	-	74.5	86.3	112.6	-
	Numerator ("Expected" Deaths)	*1130*	*0*	*112*	*100*	*96*	*71*	*98*	*101*	*112*	*113*	*107*	*115*	*0*	*0*	*265*	*326*	*222*	*0*
	Denominator (Deaths)	*1214.95*	*0*	*94.8*	*101.43*	*127.28*	*114.66*	*113.6*	*134.33*	*122.43*	*120.9*	*104.32*	*92.9*	*0*	*0*	*355.54*	*377.66*	*197.22*	*0*
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	64%	61%	48.9%	73.6%	63.4%	60.9%	64.6%	70.8%	65.1%	61.3%	63%	78%	64%	66.4%	66.9%	69.1%	64%
	Numerator (Treated Within 36 Hrs)	*358*	*32*	*25*	*22*	*39*	*26*	*28*	*31*	*34*	*28*	*19*	*29*	*46*	*32*	*93*	*93*	*94*	*32*
	Denominator (Total Patients)	*542*	*50*	*41*	*45*	*53*	*41*	*46*	*48*	*48*	*43*	*31*	*46*	*59*	*50*	*140*	*139*	*136*	*50*
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Ho	92.1%	94%	73.2%	84.4%	96.2%	95.1%	97.8%	97.9%	97.9%	100%	93.5%	89.1%	94.9%	94%	96.4%	98.6%	92.6%	94%
	Numerator (Seen Within 72 Hrs)	*499*	*47*	*30*	*38*	*51*	*39*	*45*	*47*	*47*	*43*	*29*	*41*	*56*	*47*	*135*	*137*	*126*	*47*
	Denominator (Total Patients)	*542*	*50*	*41*	*45*	*53*	*41*	*46*	*48*	*48*	*43*	*31*	*46*	*59*	*50*	*140*	*139*	*136*	*50*
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	56%	46.3%	40%	69.8%	61%	52.2%	60.4%	64.6%	58.1%	61.3%	58.7%	69.5%	56%	61.4%	61.2%	64%	56%
	Numerator (Number achieved BPT)	*320*	*28*	*19*	*18*	*37*	*25*	*24*	*29*	*31*	*25*	*19*	*27*	*41*	*28*	*86*	*85*	*87*	*28*
	Denominator (Total Patients)	*542*	*50*	*41*	*45*	*53*	*41*	*46*	*48*	*48*	*43*	*31*	*46*	*59*	*50*	*140*	*139*	*136*	*50*
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.41%	5.34%	4.7%	4.23%	4.62%	4.64%	5.39%	4.82%	4.25%	3.87%	3.91%	4.11%	4.12%	5.34%	4.9%	4.33%	4.05%	5.34%
	Numerator (Re-admitted in 30 Days)	*6036*	*102*	*408*	*422*	*547*	*524*	*688*	*658*	*545*	*477*	*427*	*471*	*565*	*102*	*1759*	*1680*	*1463*	*102*
	Denominator (Total Discharges)	*136884*	*1912*	*8679*	*9989*	*11831*	*11304*	*12766*	*13651*	*12830*	*12328*	*10912*	*11457*	*13729*	*1912*	*35901*	*38809*	*36098*	*1912*
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	-	54.3%	71.4%	51.4%	46.2%	48.6%	67.7%	71.7%	74.2%	66.7%	56.5%	58.5%	-	49%	71.3%	60.6%	-
	Numerator (Achieved Target)	*250*	*0*	*19*	*30*	*18*	*12*	*18*	*21*	*33*	*23*	*20*	*13*	*24*	*0*	*48*	*77*	*57*	*0*
	Denominator (Total Patients)	*410*	*0*	*35*	*42*	*35*	*26*	*37*	*31*	*46*	*31*	*30*	*23*	*41*	*0*	*98*	*108*	*94*	*0*
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	6.3%	85.7%	82%	82.6%	91.4%	69.8%	75.6%	68.3%	64.6%	66.7%	54.5%	52.7%	6.3%	79.9%	69.3%	56.8%	6.3%
	Numerator (Achieved Target)	*393*	*1*	*30*	*41*	*38*	*32*	*37*	*34*	*41*	*31*	*20*	*18*	*29*	*1*	*107*	*106*	*67*	*1*
	Denominator (Total Patients)	*541*	*16*	*35*	*50*	*46*	*35*	*53*	*45*	*60*	*48*	*30*	*33*	*55*	*16*	*134*	*153*	*118*	*16*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
WELL-LED DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	5.35%	5%	5.29%	5.12%	5.35%	5.37%	6.05%	5.35%	6.07%	5.93%	6.55%	4.99%	-	-	-	-
	Numerator (Bank wte)	*0*	*0*	*581.743*	*548.58*	*651.44*	*631.74*	*657.77*	*595.03*	*675.77*	*595.4*	*683.53*	*671.71*	*758.25*	*560*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*10867.7*	*10966.5*	*12327.3*	*12331.8*	*12298.9*	*11076.1*	*11165.2*	*11126.2*	*11253.9*	*11335.3*	*11582.2*	*11232*	*0*	*0*	*0*	*0*
AF11B	Percentage Agency Usage	-	-	0.82%	1%	1.21%	1.38%	1.75%	1.77%	1.95%	1.86%	1.97%	2.49%	2.66%	2.18%	-	-	-	-
	Numerator (Agency wte)	*0*	*0*	*89.3349*	*109.17*	*149.62*	*170.64*	*215.35*	*195.62*	*218.18*	*207.2*	*221.92*	*282.54*	*307.47*	*245.28*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*10867.7*	*10966.5*	*12327.3*	*12331.8*	*12298.9*	*11076.1*	*11165.2*	*11126.2*	*11253.9*	*11335.3*	*11582.2*	*11232*	*0*	*0*	*0*	*0*
Turnover																			
AF10	Workforce Turnover Rate	-	-	13.6%	13.1%	12.7%	12.4%	12.3%	12.3%	12.1%	12%	12.2%	12.2%	12%	12.3%	-	-	-	-
	Numerator (Leavers in last 12 months)	*0*	*0*	*1156.64*	*1113.62*	*1080.09*	*1054.77*	*1052.86*	*1060.04*	*1050.79*	*1043.85*	*1061.5*	*1061.77*	*1049.15*	*1065.23*	*0*	*0*	*0*	*0*
	Denominator (Average Staff in Post)	*0*	*0*	*8519.43*	*8518.68*	*8525.3*	*8536.69*	*8591.86*	*8634.62*	*8671.86*	*8670.64*	*8693.68*	*8731.51*	*8714.32*	*8694.96*	*0*	*0*	*0*	*0*
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	2.7%	2%	2.3%	2.7%	3.6%	3.4%	4.1%	4.2%	4.1%	4.3%	3.5%	3.7%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	*0*	*0*	*284.52*	*207.53*	*239.45*	*281.27*	*379.66*	*363.63*	*438.49*	*455.28*	*437.35*	*468.72*	*378.03*	*401.23*	*0*	*0*	*0*	*0*
	Denominator (Actual WTE)	*0*	*0*	*10481.2*	*10516.3*	*10557.9*	*10579.3*	*10616.2*	*10649.1*	*10709.8*	*10778.9*	*10785.8*	*10849.8*	*10894.5*	*10828*	*0*	*0*	*0*	*0*
Staff Sickness																			
AF02	Sickness Rate	3.6%	3.5%	3.4%	3.4%	3.5%	3.6%	3.7%	3.7%	3.7%	4%	4%	3.4%	3.2%	3.5%	3.6%	3.8%	3.6%	3.5%
	Numerator (Total WTE Days Lost)	*135412*	*10832.5*	*10311.3*	*10417.9*	*11025*	*11391.6*	*11363*	*11849.1*	*11466.5*	*12631.9*	*12941.5*	*10047.9*	*10396.8*	*10832.5*	*33779.7*	*35949.4*	*33386.2*	*10832.5*	
	Denominator (Total WTE Days)	*3740392*	*311631*	*307672*	*309671*	*318330*	*315893*	*305946*	*317549*	*307597*	*318980*	*319702*	*291312*	*324625*	*311631*	*940169*	*944125*	*935639*	*311631*	
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	60.7%	62.1%	64.1%	64.3%	65.5%	66.4%	67.2%	68.2%	66.4%	64.2%	64.9%	66.4%	-	-	-	-
	Numerator (In-Date Appraisals)	*0*	*0*	*5978*	*6240*	*6482*	*6484*	*6637*	*6747*	*6891*	*7005*	*6859*	*6728*	*6823*	*6905*	*0*	*0*	*0*	*0*
	Denominator (Total Staff)	*0*	*0*	*9850*	*10044*	*10116*	*10090*	*10128*	*10167*	*10247*	*10277*	*10337*	*10477*	*10510*	*10392*	*0*	*0*	*0*	*0*

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
USE OF RESOURCES DOMAIN

ID	Measure	20/21	21/22 YTD	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.03	4.46	3.78	3.85	3.48	3.51	3.69	4.29	4.35	4.35	4.72	4.36	3.93	4.46	3.56	4.33	4.31	4.46
	Numerator (Total Beddays)	*317717*	*31095*	*22052*	*23889*	*26599*	*26326*	*26723*	*31180*	*29087*	*28343*	*27360*	*26016*	*28069*	*31095*	*79648*	*88610*	*81445*	*31095*
	Denominator (Total Discharges)	*78741*	*6969*	*5831*	*6204*	*7639*	*7507*	*7234*	*7262*	*6690*	*6512*	*5793*	*5969*	*7134*	*6969*	*22380*	*20464*	*18896*	*6969*

Meeting of the Board of Directors on 27 May 2021

Reporting Committee	**Acute Services Review Programme Board**
Chaired By	**Jayne Mee (UHBW) / John Iredale (NBT), Non-Executive Directors**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

For Information

1. Key business for the attention of Trust Board – from 16 March 2021 ASRPB

1.1 Programme Prioritisations and ASR Dashboard

The Programme Board received the new Acute Services Review dashboard which provided an overview of the all the work-streams within the programme. This included the proposed project prioritisation and a RAG rating of each work-stream within the programme. The Programme Board welcomed the clarity provided by the dashboard and endorsed the prioritisation of projects as set out in the document.

1.2 Stroke Update

Chris Burton, Medical Director (NBT), provided an update regarding the BNSSG Stroke Reconfiguration Programme, a summary of which was set out in the dashboard. It was reported that good progress was being made with both Boards having now discussed and endorsed the Pre-Consultation Business Case (PCBC) and this was also supported at STP level. It was noted that details of the business case could not be published until after the elections in May due to the purdah period, and the PCBC would therefore go to the July public meeting of the CCG for approval.

1.3 NICU Update

It was reported that the first Joint Partnership Board would take place on 20th April 2021. The overriding issue remained capital and revenue funding and the first version of the business case was scheduled to be available in June. A more substantial update would therefore not be available until the July meeting of the Programme Board.

1.4 Adult Intensive Care Update

It was reported that there had been good engagement with leads with broader links between units being developed. There was further work to be done in respect of scoping, shared protocols and standardised pay rates. The expansion of Extracorporeal Membrane Oxygenation (ECMO) would be a significantly resource hungry process and this was being taken forward through the Clinical Sponsorship Board in order to develop a proposal. This continued to be a complex and controversial area. Work was also underway in respect of developing stronger links around the expansion of adult intensive care capacity, and the experience of working together during the pandemic was proving to be beneficial in this respect.

1.5 Cancer Update

It was reported that progress had not been as good as hoped, and focus was currently on progressing two individual pathways and mapping the

demographic data. A more substantive item on this work-stream would be brought to the May meeting of the ASR Programme Board. During the ensuing discussion it was suggested that the summary of the acute services work-stream provided a good holistic overview of the journey required, and suggested that a similar approach be taken by the cancer work-stream as this was lacking at present.

1.6 Diagnostics Update

It was reported that a huge amount of work was being undertaken in a number of different areas, with imaging getting particularly attention. It was reported that NBT was in the process of changing its radiology imaging system to the same system used by UHBW which would really aid collaborative working. It was added that imaging diagnostics was likely to receive funding from the centre as this was a known problem, and the ASR programme needed to be ready to take advantage of this when it becomes available.

2. Key business for the attention of Trust Board – from 5 May 2021 ASRPB

2.1 Provider Collaboratives and the future of the ASR

The committee discussed the future of the ASRPB in the context of development of an Integrated Care System and Provider Collaboratives. It was agreed that the overarching ambition of acute collaboration was to provide a seamless patient journey with excellent quality of care regardless of which Trust they were seen at.

The Committee requested that potential changes to ASR PB and scope be discussed at the upcoming Board to Board/ Exec to Exec meetings, especially regarding governance across the two Trusts, in order to provide a bold collaborative vision for enhancing the care and outcomes for our population.

2.2 ASR Programme dashboard

The committee reviewed the dashboard and noted the positive development and detail included. The dashboard provided an overview of all the ASR project workstreams, overarching aims of the ASR programme, the workstreams programme summary and status, and key risks or issues the Programme Board should be made aware of. The Programme Board's attention was drawn to the addition of the maternity project to the dashboard and the 'enabler's section which would likely expand in future editions.

2.3 Communications Plan

The committee were joined by Pete Bramwell, Acting Director of Comms (NBT) and Emma Mooney, Director of Comms (UHBW) who presented the Communications Plan info graphic for consideration. Following feedback and discussion, it was agreed urgent comms would need to be developed for internal staff clarifying the ASR vision, aims and progress. In addition, separate comms regarding ICS' and Provider Collaboratives would need to be developed once these were further established.

2.4 Local Maternity System digital paper

The Committee received an update on the LMS digital paper form Neil Darvill, NBT Director of Informatics, which highlighted the difficulties in joint

UHBW/NBT ventures, in particular regarding the complex governance routes.
It was suggested the LMS digital case be used as an example to clarify UHBW/NBT governance routes. An update on the progress was requested at September ASRPB.

2.5 Cancer Project Scope Document

The Committee received an ASR Cancer Programme report and approved the focus on seven priority areas of cancer covering five themes: Enhanced Supportive Care, widening participation in research, access to diagnostics, High-cost drugs & treatments, interface with Genomic medicine); and two pathways (gynaecology and upper GI).
The Committee discussed the essential improvements required across the system regarding cancer services, across UHBW and NBT and Primary Care. An update on the ASR Cancer Programme progress was requested at the November 2021 ASR PB.

2.6 Critical care project update

The Committee received a verbal update from Tim Whittlestone, Deputy Medical Director & ASR Urgent Care programme lead, regarding the ASR Critical Care Project progress. It was reported that the project continued at pace with good clinical involvement as both Trusts had a large and common shared workload. Services across UHBW and NBT were better than average in some areas and below average in others hence the aim of the project was to improve consistency across both Trusts to enable the ASR aim of a smoother patient journey.
Discussions were ongoing regarding ECMO and provision of services at Weston and non-acute sites.

2.7 Programme change requests

The Committee received a proposal for the management of ASR Programme scope change requests. It was noted that there had been several informal requests and discussions around potential additional areas for inclusion under the ASR umbrella.
The proposed evaluation of such requests would take place by the ASR steering group and would be made against two broad criteria:

1) Does the request fit the overarching aims of the ASR?
2) The resource / time implications of the request.

Following steering group evaluation, the Programme Director would submit a short report and recommendations for any change requests to the programme board for decision and approval, in line with the Programme Board's Terms of Reference. The approach was approved, subject to review if required.

2.8 Joint Clinical Sponsorship Board Upward Report

The Committee received a summary report of the NBT/UHBW Joint Clinical Sponsorship Board in March 21, for information.

For Board Awareness, Action or Response

4.1. The Trust Board is asked to **note** the activity undertaken by the ASRPB,

	including: Approval of a process to manage ASR Programme change requests; development of an ASR dashboard; discussion regarding Provider Collaboratives, ICS's and the future of the ASR; support given to releasing the governance blockers of the LMS Digital project; and the approval of seven priority areas for the Cancer Programme.
Date of next meeting:	**7 July 2021**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Financial Plan 2021/22**
Report Author	**Jeremy Spearing, Deputy Director of Finance**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

1. Report Summary

The attached report describes the Trust's break-even 2021/22 Financial Plan and the submission of the 2021/22 BNSSG STP/System Financial Plan for the first half (or H1) of the financial year. The BNSSG system H1 financial plan is break-even.

2. Key points to note
(Including decisions taken)

The key headlines for the Trust's 2021/22 Financial Plan are:

- A planned break-even net income and expenditure position excluding technical items;
- The break-even position includes new 2021/22 approved cost pressure and investments totalling £30.1m;
- A planned net income and expenditure surplus of £16.3m including technical items (grant and donation income plus donated asset depreciation);
- A planned year end cash balance of £127.2m;
- A savings requirement of £14.1m; and
- A capital programme of £84.7m.

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

As described in section 8 of the report.

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

The Board is asked to

- **Approve** the Trust's 2021/22 Financial Plan.

5. History of the paper
Please include details of where paper has previously been received.

Finance & Digital Committee	25th May 2021
Senior Leadership Team	19th May 2021

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

2021/22 FINANCIAL PLAN

Business Senior Leadership Team
19 May 2021

Finance Committee
25 May 2021

Trust Board
27 May 2021

Neil Kemsley
Director of Finance & Information
University Hospitals Bristol & Weston NHS Foundation Trust
Trust Headquarters
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2021/22 FINANCIAL PLAN

1. Introduction

1.1 The 2021/22 Financial Plan has been constructed in accordance with, and in response to, the national planning guidance issued by NHS England and Improvement (NHSEI) on the 26th March 2021. The Trust's Financial Plan also aligns with the Bristol, North Somerset & South Gloucestershire Sustainability & Transformation Partnership (BNSSG STP) or system funding envelope issued by NHSEI on 26th March 2021. It should be noted that the system funding envelopes only cover the first six months (or H1) of the 2021/22 financial year. A system 2021/22 H1 Financial Plan was submitted on the 6th May 2021 in accordance with NHSEI requirements. This will be followed by provider H1 plans on 26th May 2021.

1.2 Currently, there is no indication as to when the funding envelope for the second half (or H2) of the financial year will be released by NHSEI. Therefore, for simplicity and alignment with other system partners, the Trust's 2021/22 Financial Plan covers the whole financial year, with the exception of donation and grant income, by simply doubling the H1 plan submission to NHSEI. Clearly, the Trust's financial plan will require an update following the release of further national planning guidance and system funding envelopes covering H2 of 2021/22.

1.3 The financial regime for 2021/22 is similar to the arrangements in place through 2020/21. There is a very heavy focus on financial balance being achieved at system level, there is support in place to cover the on-going costs of the Pandemic, but there is complete uncertainty in terms of the level of recurrent funding in place moving into 2022/23.

1.4 The regime in place for the year ahead starts with a balanced position for the system (unlike the position in H2 of 2020/21) and has greater opportunities in terms of the ability to attract non-recurrent funding through the Elective Recovery Fund (ERF). However, there are strong messages from the NHSEI regarding an increased efficiency and/or productivity requirement in H2 and an expectation that systems return to levels of funding set out in the NHS Long Term Plan (LTP) published in January 2019 and the LTP Implementation Framework issued in June 2019.

1.5 Given the context set out above, it is proposed that the Trust's financial plan for 2021/22 includes the following core objectives:

- We should support the system in achieving an overall break-even position – i.e. deliver a break-even position or better as a single entity;
- Where there is scope to achieve a better than break-even position, we should consider opportunities and investments that will benefit the financial and operational position carried forward **by the system** into 2022/23;
- The Trust's recurrent revenue investments that are necessary in resolving key risks need to be contained to £5.0m, or 0.5% of turnover, and that will be the first call on savings delivery in 2022/23;
- The financial plan will align with, and support, the elective Restoration Programme and the Integration Programme, as set out in this document; and
- During the course of H1 we will undertake an options appraisal regarding the Trust's long-term borrowing and ensure that is used to help determine the System/Trust financial strategy going into 2022/23.

2. 2021/22 BNSSG STP Financial Plan – revenue

2.1 The Trust's Financial Plan should be seen in the context of the financial position of the BNSSG STP or system as submitted to NHSEI on 6th May 2021. The key highlights of the system half-year 2021/22 Financial Plan are as follows:

- Total planned funding of £1.4bn including non-recurrent system growth, top-up and covid funding of £117.7m (£104.7m previously). Funding for the 2021/22 pay ward is excluded pending national agreement;
- Alignment of CCG, NHSE Specialised Commissioning and provider contract values;
- Covid funding of £51.9m;

- Elective Recovery Fund (ERF) estimated at £23.2m;
- Additional funding of £31.6m from NHSE Specialised Commissioning outside of the system funding envelope mainly for new pass-through high cost drugs (Zolgensma of £9.6m and Nursinersen of £7.6m);
- Total planned expenditure of £1.4bn including a Covid-19 contingency of £5.4m and system elective fund for non-activity related elective activity recovery enablers of £5.4m. Additional expenditure due to the 2021/22 pay award is excluded pending national agreement;
- A break-even net income and expenditure plan for all organisations and therefore the system; and
- Identified financial risks of £28.5m matched by financial mitigations of £28.5m hence no net financial risk to the system position.

2.2 The Healthier Together (HT) system DoFs group continue to operate the following principles:

- No recurrent funding commitments can be made unless there is an explicit secure source of funding from outside of the STP or through internally generated savings greater than the agreed STP requirement;
- Exceptional, recurrent investment over £500k can only be approved by HT Executive Group and below £500k by the HT DoFs group. Recurrent investment of less than £250k will be approved in line with organisation's individual SFIs.
- Non-recurrent commitments made as part of the phase 3 elective mitigations can continue for quarter 1 for:
    - Services are funded from Covid as defined by reporting to NHSEI;
    - Services are funded from outside the system envelope as defined by reporting to NHSEI, for example, testing, mass vaccinations, Independent Sector capacity, SDF funds;
    - The Hospital Discharge Programme; and
    - NHS provider elective restoration activities agreed and implemented in Q3 2020/21.

3. 2021/22 BNSSG STP Financial Plan – capital

3.1 The 2021/22 STP Capital Departmental Expenditure Limit (CDEL) or envelope is £81.1m (£76.9m in 2020/21). In addition, the system will also receive capital funding from national programme sources of £21.6m and grants and donations of £18.1m. Funding from the national programme sources include, for example, for the Trust, urgent and emergency care capital of £7.4m and £2.5m for information technology. Grants and donation funding primarily relates to the Trust's recently approved Salix Business Case. Therefore, the total capital expenditure plan for the system including these items is £120.8m.

3.2 The Trust worked closely with the system to agree the split of the CDEL or envelope across the three STP providers. The split of the system capital envelope has been agreed largely on the basis planned depreciation arising from each of the provider's asset base and prior year surpluses. The split of the system capital envelope is as follows:

- £ 3.8m Avon & Wiltshire Mental Health Partnership NHS Trust
- £20.5m North Bristol NHS Trust
- £56.8m UHB&W NHS Foundation Trust

  £81.1m Total

3.3 The system 2021/22 capital plan is a consolidation of the three STP providers capital plans within the system. The Trust's 2021/22 capital plan and system capital plan was submitted to NHSEI on 12th April 2021 and following minor feedback from NHSEI, the plan was re-submitted on the 29th April 2021. The 2021/22 system capital plan is summarised in table 1 overleaf.

3.4 Table 1 – 2021/22 System Capital Plan

2021/22 Capital Plan				
Sources of funding	**AWP £000**	**NBT £000**	**UHB&W £000**	**System £000**
Depreciation	3,802	18,341	32,042	54,185
Use of retained cash balance	0	(825)	27,436	26,611
Public Dividend Capital within CDEL	0	2,976	3,149	6,125
Capital loan funding -repayment	0	0	(5,834)	(5,834)
Subtotal capital sources - CDEL	**3,802**	**20,492**	**56,793**	**81,087**
Other sources outside of CDEL	2,497	9,240	9,893	21,630
Grants & Donations	0	0	18,057	18,057
Total capital sources	**6,299**	**29,732**	**84,743**	**120,774**
Application of funding				
Property, land and buildings	5,699	18,140	61,588	85,427
Medical equipment	100	6,100	15,659	21,859
Information Technology	500	5,492	7,496	13,488
Total capital applications	**6,299**	**29,732**	**84,743**	**120,774**

4. 2021/22 Trust Financial Plan – revenue

4.1 The provisional 2021/22 Financial Plan, as presented to the Board in March, described an extremely uncertain and challenging 2021/22 based on the initial assessment of the carry forward underlying net deficit of c£51m going into 2021/22 using the funding envelope notified for 2020/21 as a guide. As explained at the time, this was an extreme view of the downside scenario. The 2021/22 funding envelope for the first half of the year or H1 has now been confirmed and is largely based on the expenditure run rate from 1st October 2020 to 31st December 2020. With the exception of a number of Phase 3 elective mitigations at a cost of £3m, the vast majority of the carry forward revenue commitments are therefore funded in the first half of 2021/22. The additional funding made available to the system as described in section 2.1 is then largely available to support new system investments for 2021/22.

4.2 The underlying or recurrent deficit of the Trust remains a significant concern with a reducing recurrent income baseline set against service demands for more recurrent investment. This diverging position is mainly the result of the significant additional funding only being made available non-recurrently by NHSEI (for only six months). Further work is being undertaken to understand changes in the Trust's recurrent cost base since the 31st March 2020 to 31st March 2021 and the 2021/22 Financial Plan. This exercise will be completed by the end of June as part of a system exercise. An assessment of the underlying or recurrent net deficit of the Trust will be undertaken alongside but it will of course need to be treated with caution given the inherent uncertainty of the financial regime in relation to income levels and funding sources.

4.3 The Trust has constructed the H1 2021/22 Financial Plan in accordance with NHSEI's national planning guidance and, with the exception of donation and grant income, simply doubles the H1 plan for the Trust's full year plan. The key income aspects are as follows:

- Total planned full year income of £1,011.9m (£513.5m half year) includes:

	Full year	Half year	
○	£ 417.4m	£208.7m	System CCG block income
○	£ 53.3m	£ 26.7m	Out of system CCG block income
○	£ 390.5m	£195.3m	NHS England Specialised Commissioner block income
○	£ 28.7m	£ 14.4m	Other patient care income e.g. Local Authorities
○	£ 104.3m	£ 52.0m	Non patient care income
	£ 994.2m	£497.1m	Subtotal
	£ 17.7m	£ 16.4m	Additional donation and grant income
	£1011.9m	£513.5m	Total planned income

- The full year system CCG block income of £417.4m includes:

	Full year	Half year	
○	£330.0m	£165.0m	NHSEI notified block payment
○	£ 36.4m	£ 18.2m	Non-recurrent system top up to deliver break-even
○	£ 22.2m	£ 11.1m	Non-recurrent Phase 3 elective mitigations
○	£ 28.8m	£ 14.4m	Non-recurrent Covid funding
	£417.4m	£208.7m	Total

- The full year NHS England Specialised Commissioner block income of £390.5m includes:

	Full year	Half year	
○	£356.7m	£178.4m	NHSEI notified payment
○	£ 29.0m	£ 14.5m	Non-recurrent pass-through over-performance
○	£ 4.8m	£ 2.4m	New funding for critical care and Zolgensma delivery cost
	£390.5m	£195.3m	Total

- The additional expenditure on variable High Cost Drugs and Devices (HCDD) income in 2020/21 Q3 of £29.0m has been included in the NHS England Specialised Commissioner block income. HCDD above the block value will be reimbursed on a variable basis;
- Inflation excluding the impact of 2021/22 pay wards has been notified and included by NHSEI at 0.5% net after deducting the national efficiency requirement of 0.28% for the first half of the financial year; and
- The transfer of inpatient rehabilitation beds at South Bristol Community Hospital (SBCH) with effect from 1st April 2021 is included and reduces the Trust's full year income by £4.7m.

4.4 The Trust's key operating expenditure drivers are:

- The adoption of the NHSEI methodology in setting the system funding envelopes i.e. using a normalised 2020/21 quarter 3 expenditure run rate as the baseline;
- Inclusion of Phase 3 elective mitigations of £3.1m not included in the quarter 3 run rate;
- A reduction in operating costs of £4.6m relating to the transfer of inpatient rehabilitation beds at SBCH to Sirona;
- Application of the net inflation uplift of 0.5% across all non-pay expenditure headings;
- A savings requirement of 2% or £14.1m including the Weston merger savings per the Transaction Business Case of £2.5m;
- The inclusion of approved new 2021/22 cost pressures and investments if £25.1m covering categories 1,4 and 5 items as follows;

  - £ 2.6m Category 1 definite unavoidable cost pressures, corporately funded, e.g. Clinical Site Team £0.36m, blood inflation £0.36m increased security in ED £0.23m
  - £ 0.7m Category 1a definite unavoidable cost pressures, funded by Divisions, e.g. digital
  - £0.14m, ICNET £0.07m, critical care consultant £0.06m, recruitment leads £0.06m
  - £ 8.0m Category 4.1 non-recurrent delivery of activity, e.g. Phase 3 mitigations £3.0m, BRI Surgery waiting lists £1.0m, W&C mitigations £1.0m, BEH waiting lists £0.9m
  - £ 5.4m Category 4.2 non-recurrent delivery of activity, Specialised Commissioning funded
  - £ 8.4m Category 5a recurrent delivery of activity, already approved e.g. ICU retrieve £3.2m, ITU Phase 1 expansion £2.6m, BHOC and Cath Lab expansion £1.6m

  £ 25.1m Total category 1,4 and 5 funded cost pressures and investments

- The inclusion of new 2021/22 category 2 cost pressures and investments totalling £5.0m that are set against a recurrent contingency of £5.0m. The creation of this recurrent contingency will be a first call on the Division's 2022/23 recurrent savings requirement. This approach was approved by Business SLT and is set out in the following sections; and
- A decrease in PDC dividend financing costs of £0.5m.

4.5 The following sections sets out the Trust's approved Category 2 cost pressures and investments. These are the new cost pressures/service developments that meet most of the following criteria:

- They are required responses/mitigations regarding current or potential high risk issues impacting on the Trust including actions stemming from external reviews including the CQC;
- They do not generate additional clinical activity and therefore will not attract non-recurrent or recurrent system funding;
- They support the Restoration Programme and/or Integration Programme;
- They have been identified as the highest risks/priorities by the Divisional/Corporate Management Teams; and
- They are mainly recurrent investments.

4.6 The outline below provides a number of recommendations in terms of a general approach and then the list of specific proposals that was supported by SLT. The list is based on issues highlighted throughout the 2021/22 OPP. The list is heavily influenced by the criteria and scoring put forward by Divisions as used to determine their original inclusion in Category 2. The approach included the following suggestions:

- A recurrent allocation of £5m is created in order to cover the costs of these pressures and investments;
    - The balanced financial plan for 2021/22 already includes a provision for the current year effect of these costs;
    - Given all of the uncertainty in terms of recurrent financial allocations, by approving the decision to invest in these proposals we are also committing ourselves to cover the costs on a recurrent basis. Therefore, at this stage and in the absence of any clarity regarding future allocations, we must consider this to be the first call on the Trust's 2022/23 savings programme.
- As well as resolving a number of high risk issues already impacting on the Trust, the financial plan for 2021/22 must support the Restoration Programme and Integration Programme and that is reflected in these proposals;
- As described towards the end of the paper, there are some other investments that will support service restoration that are not funded from the £5m internal source – these include the proposals for Same Day Emergency Care (SDEC), a Frailty Service and the Quantock Unit at Weston General Hospital;
- Where Divisions have already reduced their list of cost pressures to a very small number of specific investments (three or less), it is proposed that their prioritised lists should be supported immediately;
- In order to promote timely decision-making, where some issues and/or competing requests are not yet clear, a provision has been included in these proposals; and
- In order to keep the proposal within the £5m identified, some investments have been accepted on a non-recurrent basis only at this stage. This will provide an opportunity to test the impact and, where relevant, seek System support for 2022/23.

4.7 Table 2 - Category 2 revenue investments

Division	Scheme	Ref.	CYE £m	FYE £m	Notes
Corp. issue	Provision for Weston Integration	N/A	0.50	0.75	To support integration of clinical services. Provision includes scope for investment in Weston based medical staff.
HR	Occupational Health	TSHR002	0.16	0.22	
	Mediation and Investigator training	TSHR006	0.05	0.02	
Restoration	ITU Outreach	SUR001B	0.41		No recurrent funding set aside until proof of concept. Seek system funding for 2022/23.
	Outpatient Re-design	TSTHQ004	0.10		Ditto
	Pro-active Hospital	TSTHQ021	0.24		Ditto
	OD/Well-being		0.35		Ditto
THQ	Clinical Chair PAs	TSTHQ011	0.12	0.12	
	National Patient Safety Strategy	TSTHQ018	0.07	0.14	
Digital Services	Switchboard Network Resilience BI Resourcing	TSDS003/004//007	0.33	0.45	Split over 3 headings to be determined. Switchboard/network as per risk scoring.
Estates/Facilities	Weston Integration Asset Management	EF002/016/017	0.05	0.05	Division has identified its 3 priorities. Allocation agreed at c50% in context of strong financial position for 2021/22 (2% CIP fully identified).
Specialised Services £0.88m FYE	HDU Staffing 1:3 staffing	SPS002	0.19	0.22	Division has identified 3 priorities. Of these Clinical Genetics is material and subject to SLT paper.
	Acute Care Pathway in Haematology	SPS011	0.09	0.09	
	Clinical Genetics Review	SPS013	0.38	0.57	
W&C £0.33m FYE	Gynae – Weston merger	WCO35/36	0.06	0.10	Division has identified 2 priorities, both relate to Gynae clinical integration.
	BMT Medical Staffing	N/A	0.15	0.23	
					Divisions below to feedback on proposed priorities
D&T £0.47m FYE	Management capacity	DT002	0.06	0.12	To align with other divisions
	IPC weekend working	DT005	0.08	0.10	
	Additional maintenance costs	DT017	0.04	0.04	Driven by increase in kit in response to C-19
	PICU Pharmacist	DT011	0.05	0.06	
	Provision	N/A	0.10	0.15	Awaiting final feedback
Medicine £0.55m FYE	Acute Med Staffing	MDCP015	0.15	0.20	Note link to SDEC
	CQC ED Actions	N/A	0.20	0.20	General provision at this stage.
	ACP/ENP Trainees	MDCP043/44	0.10	0.14	
					Note £6m into Med through Covid/Phase 3. See notes below on SDEC etc.
Surgery £0.45m FYE	HPB Action Plan	SUR004	0.10	0.19	DOF adjusted CYE
	Dental Action Plan	SUR003	0.10	0.10	
	Provision	N/A	0.10	0.15	Awaiting final feedback
Weston £0.5m FYE	CQC Actions: ENP's Integrated Discharge	Weston 03/04	0.24	0.31	Still to see final feedback. Provision held elsewhere.
	Radiology	Weston 29/27/18	0.10	0.20	Provision for related proposals
Trust Total			**4.67**	**4.92**	

4.8 In addition to the proposals set out above, it is also recommended that the following four schemes are supported given the impact they will each have on service restoration:

- Same Day Emergency Care (SDEC);
- Virtual Ward;
- Frailty Unit; and
- Quantock Unit.

4.9 These are not included against the Category Two allocation. Further assessment is required in terms of the likely profile of recruitment that will be required and is likely to be available to support these developments. Therefore, at this stage, whilst it is being proposed that these schemes are supported, the required level of investment is still to be determined. It is proposed that an update on the capital, workforce and revenue investments are brought to the June Business SLT meeting. In the meantime, it is accepted that the SDEC service will be implemented.

4.10 The required level of investment also needs to be reviewed alongside the existing funding allocated in respect of the UEC scheme in the BRI (and the inherent workforce assumptions assumed in that case). This includes the investments in additional beds in A701 and A801.

4.11 The financial plan allows for some contingency in terms of the costs exceeding the UEC allocation in year.

4.12 Further assessment is required in terms of impact of the recurrent cost base and potential external sources of funding for 2021/22 and 2022/23.

4.13 There are on-going negotiations with commissioners regarding the External Service Development Proposals (ESDPs). Within the list of potential investments the Trust has put forward there are a number of schemes that, if not externally funded, would need to be considered as internal cost pressures given the associated risks they are intended to mitigate. Key examples within this context are: Liaison Psychiatry; Safeguarding; and Eating Disorders. The approach for these issues is set out below:

- Conclude negotiations for external support on recurrent basis (or for 2021/22 as minimum);
- Consider option to re-cycle Phase 3 recurrent funding already confirmed;
- Consider options for other internal non-recurrent sources in 2021/22;
- Negotiate recurrent system funding for 2022/23; and
- As final back-stop, add to pre-commitments against 2022/23 Trust saving requirement.

4.14 The revenue income and expenditure drivers outlined above produce a break-even income and expenditure plan for 2021/22. However, it should be noted that an update for 2021/22 Financial Plan will be required as and when NHSEI notify organisations of the financial regime and system funding envelopes for H2. There is currently no indication of timing.

5. 2021/22 Trust Savings Programme

5.1 The Trust had set the organisation a savings requirement at 2% of operating expenditure excluding pass through HCDD as part of the Trust's 2021/22 Operating Planning Process (OPP). It is also broadly in line with planned savings targets being set by acute providers elsewhere in the region.

5.2 The savings targets for each Division has been set based on 2% of 2019/20 outturn net expenditure i.e. excluding pass through costs and contract income. The target for each Division is summarised in the table overleaf.

5.3 Table 3 – Divisional savings targets

Division	Savings Targets £000s
Diagnostics & Therapies	1,252
Medicine	1,569
Specialised Services	1,533
Surgery	2,277
Women's & Children's	2,675
Weston Division	2,882
Estates & Facilities	893
Finance	179
Trust Headquarters	344
Human Resources	206
IM&T	259
Total	**14,069**

5.4 It should be noted that the Weston Division target above includes £2.5 million relating to Weston integration benefits primarily against premium medical staff costs and agency nursing costs in line with the Transaction Business Case. The residual Weston Division target of £0.4m is based on 2% of the Division's 2019/20 net expenditure excluding medical and nursing staff.

5.5 The savings target has been set at 2%. However, in the current operating environment, it is recognised that delivery against these targets may only be achieved on a non-recurrent basis this year. The 2022/23 OPP will work towards ensuring that recurring savings are identified at 2% as a minimum moving into 2022 /23 as it is highly likely that the savings requirement set by NHSEI will be higher than 2%. In addition, productivity savings may also be required by NHSEI.

5.6 The Trust continues to use the existing and well established system of process and governance. The development of both Divisional and Corporate plans is an integral element of the Trust's transformation agenda under the Transforming Care programme aiming to ensure that schemes, wherever possible, release recurring savings based on operational efficiency and productivity improvements. Schemes also include opportunities to reduce costs through improved purchasing agreements and improving controls on expenditure. All opportunities and ideas to eliminate waste and improve efficiency are investigated.

5.7 The Trust continues to utilise all available benchmarking sources in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the "Model Hospital" as the key tool to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all opportunities from this source.

5.8 The Trust also has a series of programmes focussing on increased and robust controls including in the areas of non-pay, drugs and pay areas particularly medical staffing and nursing. Further work streams dedicated to delivering transactional savings have also been established.

5.9 Savings schemes are assessed for impact on quality and patient safety through the completion of Project Initiation Documents/Quality Impact Assessments templates (PID/QIA) where required based on a clear set of criteria. The PID/QIA templates are reviewed by the Chief Nurse and Medical Director.

5.10 Performance against savings targets is reported monthly and reviewed at regular divisional accountability reviews. Oversight of delivery is through the monthly cost Savings delivery group. Progress against plans is also reviewed monthly at divisional finance and operational reviews.

6. 2021/22 Trust Financial Plan – capital

6.1 The Trust re-submitted its 2021/22 capital expenditure plan to NHSEI on the 26th April 2021. The Trust's net capital expenditure plan after slippage is £84.7m. Of this sum, £56.8m of capital expenditure will score against the Trust's CDEL or capital envelope and will, primarily, be funded by the Trust's own internally generated resources (depreciation, retained cash balances net of loan principal repayments). The balance of the planned capital expenditure of £27.9m relates to national capital programmes or grants and do score against the capital envelope.

6.2 In summary, the following sources of capital funds planned are as follows:

- £ 21.6m Use of the Trust's accumulated cash balance less capital loan repayments;
- £ 32.0m Depreciation in respect of the Trust's existing assets;
- £ 18.1m Donations from charitable partners and Government grants;
- £ 13.0m Public Dividend Capital received from NHSEI; and

  £ 84.7m Total planned sources of capital funding.

6.3 The sources of funds will be applied against the following key schemes:

- £ 46.8m Strategic schemes;
- £ 21.3m Operational schemes;
- £ 15.7m Medical equipment;
- £ 7.5m Information Technology; and
- £ 14.7m Estates replacement; and
- £(21.3)m Planned slippage in capital expenditure

  £ 84.7m Total planned capital expenditure

6.4 Table 4 - Trust's capital plan is summarised below.

2021/22 Capital Plan	
Sources of funding	**UHB&W £000**
Depreciation	32,042
Use of retained cash balance	27,436
Grants & Donations	18,057
PDC	13,042
Capital loan funding repayment	(5,834)
Total Capital Sources	**84,743**
Application of funding	
Strategic Schemes	29,432
Strategic Schemes - Salix scheme	17,432
Medical Equipment	15,659
Operational Capital	21,266
Information Technology	7,496
Estates Replacement	14,711
Sub Total Gross Programme	**105,996**
Planned Slippage	(21,253)
Total Capital Applications	**84,743**

Inside/Outside STP Envelope	**UHB&W £000**
UHBW funded	53,644
NHSEI PDC funded	3,149
Subtotal - Inside STP Envelope	**56,793**
NHSEI PDC funded	9,893
External Grants & Donations	18,057
Subtotal - Outside STP Envelope	**27,950**
Total Capital Programme	**84,743**

6.5 Monitoring and management of the capital plan is undertaken by the Trust's Capital Programme Steering Group (CPSG) which reports into the Trust's Business Senior Leadership Team and Finance & Digital Committee.

7. 2021/22 Trust Financial Plan – summary

7.1 The key headlines for the Trust's 2021/22 are:

- A planned break-even net income and expenditure position excluding technical items;
- A planned net income and expenditure surplus of £16.3m including technical items (grant and donation income plus donated asset depreciation);
- A planned year end cash balance of £127.2m;
- A savings requirement of £14.1m; and
- A capital programme of £84.7m.

7.2 The 2021/22 Financial Plan is summarised in the following tables:

- Statement of Comprehensive Income (Table 5);
- Statement of Financial Position (Table 6); and
- Cash Flow Statement (Table 7).

7.3 Table 5 - The Statement of Comprehensive Income

Statement of Comprehensive Income and Expenditure	H1 2021/22 £000	H2 2021/22 £000	2021/22 £000
Operating Income from patient care activities			
NHS England and NHS Improvement	195,228	195,228	390,456
Clinical commissioning groups	235,332	235,332	470,664
NHS Trusts/FTs	1,158	1,158	2,316
Local authorities	4,356	4,356	8,712
Private and overseas patients	468	468	936
Non NHS: Other	8,370	8,370	16,740
Total Income from patient care activities	**444,912**	**444,912**	**889,824**
Other Operating Income			
Education and Training	20,022	20,022	40,044
Research and Innovation	12,510	12,510	25,020
Non patient care services	7,248	7,248	14,496
Other Income	28,832	13,666	42,497
Total income from Other Operating Income	**68,612**	**53,446**	**122,057**
Total Income	**513,524**	**498,358**	**1,011,881**
Operating Expenditure			
Employee Expenses	(286,688)	(286,688)	(573,377)
Clinical supplies and services	(44,308)	(44,308)	(88,616)
Drug costs	(74,435)	(74,435)	(148,871)
Other costs	(69,658)	(67,824)	(137,482)
Total Operating Expenditure	**(475,090)**	**(473,256)**	**(948,346)**
Earnings before interest, tax, depreciation and amortisation			
Depreciation and Amortisation	(15,104)	(16,938)	(32,042)
Operating Surplus / (Deficit)	**23,330**	**8,164**	**31,494**
Finance Costs			
Finance Income	0	0	0
Finance Expense	(1,142)	(1,142)	(2,284)
PDC dividends payable	(6,429)	(6,429)	(12,858)
Net Financing Costs	**(7,571)**	**(7,571)**	**(15,142)**
Gain/(loss) on asset disposals	(10)	(10)	(20)
Total Expenditure (including financing costs and technical items)	**(497,775)**	**(497,775)**	**(995,550)**
Net Surplus/(Deficit) (including financing costs and technical items)	**15,749**	**583**	**16,332**
Adjusted financial performance			
Less Technical Items:			
Donated Income	(16,612)	(1,446)	(18,057)
Depreciation on donated assets	863	863	1,725
Net surplus/(deficit) excluding technical items	**0**	**0**	**0**

7.4 UHB&W's planned Statement of Financial Position as at 31 March 2022 is provided below in Table 2. It incorporates the Trust's planned net income and expenditure position, capital investment and expected movements in working capital balances.

7.5 The forecast non-current asset value takes account of the planned capital expenditure programme offset by the anticipated impact of any impairment reviews and depreciation.

7.6 The Statement of Financial Position shows net current assets of £42.0m as at 31st March 2022, a reduction of £28.0m. This is mainly due to the consumption of cash in support the Trust's capital plan. The planned net current assets position includes forecast stock holdings of £12.3m leaving positive net working capital of £28.7m.

7.7 Table 6 - The Statement of Financial Position

Statement of Financial Position		31st March 2021 £000	30th Sep 2021 (H1) £000	31st March 2022 £000
ASSETS				
	Intangible Assets	12,617	15,103	17,798
	Property, Plant and Equipment	514,070	539,693	560,105
	Other	1,802	1,802	1,802
	Total non-current assets	**528,489**	**556,598**	**579,705**
	Inventories	12,638	12,957	13,276
	NHS Trade Receivables	18,578	17,047	17,516
	Non NHS Trade Receivables	16,026	16,431	16,836
	Other financial assets	104	104	104
	Cash (Government Banking System)	169,776	141,888	126,856
	Cash (In hand and equivalents)	302	302	302
	Total current assets	**217,424**	**188,729**	**174,891**
	TOTAL ASSETS	**745,913**	**745,327**	**754,596**
LIABILITIES				
	Capital Trade Payables	(11,215)	(11,215)	(11,215)
	Non Capital Trade Payables	(119,997)	(105,497)	(105,497)
	Borrowings - Loans	(6,401)	(6,401)	(6,401)
	Borrowings - Finance Lease	(417)	(417)	(417)
	Provisions	(853)	(853)	(853)
	Deferred Income	(8,545)	(8,545)	(8,545)
	Total current liabilities	**(147,428)**	**(132,928)**	**(132,928)**
NET CURRENT ASSETS (LIABILITIES)		69,996	55,801	41,963
	Loans, Non Commercial	(52,923)	(50,006)	(47,089)
	Provisions	(4,325)	(4,325)	(4,325)
	Finance Leases	(3,174)	(2,996)	(2,817)
	Total non-current liabilities	**(60,422)**	**(57,327)**	**(54,231)**
TOTAL ASSETS EMPLOYED		**538,063**	**555,073**	**567,437**
Taxpayers' and Others' Equity				
	Public dividend capital	312,134	320,061	325,176
	Retained Earnings	150,140	159,223	166,472
	Revaluation Reserve	75,704	75,704	75,704
	Miscellaneous Other Reserves	85	85	85
TAXPAYERS EQUITY, TOTAL		**538,063**	**555,073**	**567,437**

7.8 As an NHS Foundation Trust, the Trust is able to retain accumulated cash surpluses. The planned year end cash balance is £127.2m, a reduction of £42.9m. The cash position is summarised below:

	£m
Opening cash balance as at 1st April 2021	170.1
2021/22 planned operating surplus	31.5
Add back non-cash items	14.0
Movement in working capital	(14.9)
Net cash balances contribution in support of the capital plan	(66.7)
Financing activities	(6.8)
Planned year end cash balance as at 31st March 2022	**127.2**

7.9 Table 7 - The Cash Flow Statement

Cash Flow Statement	H1 2021/22 £000	H2 2021/22 £000	2021/22 £000
Cash flows from operating activities:			
Operating surplus/(deficit)	16,664	14,830	31,494
Add back non-cash income and expense			
Depreciation and amortisation	15,104	16,938	32,042
Impairments and reversals			
Income recognised in respect of capital donations	(9,029)	(9,029)	(18,057)
Cash Transactions - Operating surplus/(deficit)	**6,076**	**7,910**	**13,985**
Working Capital movement			
(Increase)/decrease in inventories	**(319)**	**(319)**	**(638)**
(Increase)/decrease in Current Assets	**1,126**	**(874)**	**252**
Increase/(decrease) in Liabilities	**(14,500)**	0	(14,500)
Other movements in operating cash flows			
Net cash generated from / (used in) operations	**9,046**	**21,546**	**30,592**
Cash flows from investing activities:			
Interest received			
Purchase of intangible assets			
Purchase of PPE and investment property	(46,111)	(38,632)	(84,743)
Receipt of cash donations to purchase capital	16,611	1,446	18,057
Net cash generated from/(used in) investing activities	**(29,500)**	**(37,186)**	**(66,686)**
Cash flows from financing activities:			
Public dividend capital received	2,500	10,542	13,042
Loans from DHSC - received			
Loans from DHSC - repaid	(2,917)	(2,917)	(5,834)
Capital element of finance lease	(179)	(179)	(357)
Interest paid	(398)	(398)	(795)
Interest element of finance lease	(12)	(12)	(24)
PDC dividend (paid)/refunded	(6,429)	(6,429)	(12,858)
Net cash generated from/(used in) financing activities	**(7,434)**	**608**	**(6,826)**
Increase/(decrease) in cash and cash equivalents	(27,888)	(15,032)	(42,920)
Cash and cash equivalents at start of period	170,078	142,190	170,078
Cash and cash equivalents at end of period	**142,190**	**127,158**	**127,158**

8. Initial Risk Assessment

8.1 An outline of the key financial risks are presented here. A more comprehensive assessment will be provided and included in the corporate and strategic risk registers in due course.

8.2 Risks relating to uncertainty in future funding allocations

As described throughout the paper, there is great uncertainty regarding the recurrent funding allocations available to the BNSSG STP and therefore the constituent partner organisations. Although this is not expected to appear as a financial problem in 2021/22, it is a huge impediment in terms of making recurrent investment decisions.

Further work will be undertaken at System and Trust level to understand the recurrent position over the next two months. Therefore, currently, this risk can be assessed as ***high***.

8.3 Risk of significant workforce gaps

This risk presents a **very high** risk to the financial plan as a result of the failure to retain and recruit the required workforce associated with the revenue investment.

8.4 Risk of not delivering the savings requirement

This includes the conversion of non-recurring savings to recurring schemes. Given the scale of the unidentified savings at c50% and the requirement for operational management to continue to deal with the effects of the Covid-19 outbreak, understandably, limited progress has been made. Therefore, this risk can be assessed as ***very high***.

8.5 Risk that planned activity is not delivered

The delivery of planned activity levels, particularly during the summer, is essential to recovering the Trust's elective activity volumes back towards 2019/20 levels. Given the very high risk in relation to workforce, this risk is assessed as *very* ***high*.**

8.6 Risk of managing cost pressures

This includes inflation and other local/national pressures. The previous good track record of the Trust means that this risk is ***moderate***.

8.7 Strategic Financial Risks

Although these are not expected to have an impact in this financial year, further work is required during H1 to develop understanding and mitigating strategies with respect to the following three strategic risks:

- Agreeing an STP and Trust approach to future financial targets, given UHBW's need to service past borrowing (to include an options appraisal with respect to that debt);
- Assessing the risks and mitigations associated with the new national capital regime and how the CDEL limit could restrict strategic capital investment; and
- Re-assessing the implications of the financial agreements associated with the merger and how that may have been altered by the changes in the national financial regime.

9. Conclusion and Recommendation

9.1 The Trust's break-even annual and H1 2021/22 Financial Plan complies with the requirements of the Regulator, NHSEI and aligns with the system 2021/22 Financial Plan. The Trust's H1 2021/22 financial plan will be submitted to the Regulator in accordance with NHSEI's timetable on 26th May 2021.

9.2 The Board is asked to approve the Trust's 2021/22 Financial Plan.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Freedom to Speak Up annual report**
Report Author	**Eric Sanders, Freedom to Speak Up Guardian**
Executive Lead	**Matt Joint, Director of People**

1. Report Summary

This report provides an overview of the activity that took place in 2020/21 across the Trust to deliver our commitment to Freedom to Speak Up – including actions taken to improve speaking up at UHBW, an assessment of the number and themes of concerns raised, learnings and recommendations. The report provides assurance that Freedom to Speak Up processes are in place at UHBW and are being used.

2. Key points to note

(Including decisions taken)

- Concerns have doubled in the year – half have been raised from the division of Weston
- Majority of concerns relate to Attitude and Behaviours, and Policies and Processes, with admin and clerical and nursing staff the key staff groups speaking up.
- The network of staff advocates who support the FTSU Guardian and Deputy FTSU Guardian in raising awareness of speaking up and listening to staff has increased to more than 80 individuals across all sites.
- In-house training for staff advocates introduced in year, alongside mandatory training for all staff on speaking up from 1 February 2021.
- NHS Staff Survey results show overall stable picture around speaking up indicators, but more focused work required to tackle areas of concern.
- 'Speaking up summits' started in the year to bring together leads from Education, Organisational Development, Human Resources, Staff Side, Patient Safety, Wellbeing to join up actions on management and leadership development; just and learning culture; and tackling bullying and harassment/ poor behaviours.

3. Risks

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

The risks associated with this report include:

There is a risk that learnings from concerns are not shared across the organisation and similar concerns continue to be raised, which may impact on the confidence of staff in the speaking up arrangements in the Trust. This could be addressed through investment and action in the areas of leadership and management development, people management and culture change.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):
• This report is for **Assurance.** The Board is asked to: • Consider and comment on the themes, trends and issues arising from this report • In recognising that improved leadership and management across the Trust will drive improvement in staff experience and wellbeing – and will support the drive for cultural change – scrutinise its approach to leadership and management development, people management and culture change, and ask the People Committee to seek assurance that clear plans are in place, that plans are progressing in these areas, and that adequate funding is in place.

5. History of the paper **Please include details of where paper has previously been received.**	
Senior Leadership Team	**19 May 2021**

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

University Hospitals Bristol and Weston NHS Foundation Trust

Freedom to Speak Up annual report 2020/21

This report provides an overview of the activity that took place in 2020/21 across the Trust to deliver our commitment to Freedom to Speak Up – including actions taken to improve speaking up at UHBW, an assessment of the number and themes of concerns raised, learnings and recommendations.

Background

The standard NHS contract requires that all trusts and foundation trusts employ a Freedom to Speak up (FTSU) Guardian. FTSU Guardians are now employed across the health and care sector, including in primary care, health charities, independent providers and arms-length bodies including health regulators. At UHBW the FTSU Guardian is the Director of Corporate Governance. The FTSU Guardian's role is to ensure patient safety and staff wellbeing by providing a mechanism for staff to speak up when they see or hear something that is not right. The FTSU Guardian also provides support to staff who raise concerns and supports the Board to develop a 'positive, compassionate, and inclusive' workplace culture in line with the vision set out in the NHS People Plan.

Regular meetings are held between the FTSU Guardian and the Chief Executive and the Non-Executive lead for FTSU to ensure themes of concerns are discussed and relevant actions are taken and followed up. The FTSU Guardian reports quarterly on concerns and themes, alternately to the Board or People Committee, and these reports are shared with the senior leadership team. The FTSU Guardian links with the National Guardian's Office via the South West regional network, which provides support and shares learning. This annual report provides an overview of activity and progress around speaking up in 2020/21, alongside assurance that Freedom to Speak Up processes are in place at UHBW and are being used.

Action taken to improve speaking up

The three objectives of the Trust's Freedom to Speak Up strategy set in 2019 focus on raising awareness of and building confidence in the speaking up programme, and ensuring that our corporate leadership and management training is informed by the feedback from the programme. A more detailed breakdown of progress against these three components is available as appendix 1. Four key highlights among this work are:

1. **Increased resource to hear concerns and raise awareness of Freedom to Speak Up**

A full-time deputy Guardian was appointed in 1 April 2020 to support the FTSU Guardian to manage predicted increase in concerns due to the merger with Weston Area Health NHS Trust. The staff advocate network – workers across the Trust whose role is to listen to staff who are speaking up and help raise awareness of speaking up and routes to raise concerns – increased from 50 to 80 members of staff in the year.

"I became a speaking up advocate after using the service myself some time ago. I had some issues with being bullied at work, which weren't being dealt with and which had a huge impact on my life. Had it not been for the speaking up service I would not be working in the Trust. Speaking up about what was happening to me helped me to move forwards."

The FTSU Guardian and advocates are visible across the Trust by attending key meetings, holding training sessions and talking to different staff groups to promote speaking up messages. Face to face contact has been impacted this year by the pandemic – but contact has been maintained via virtual meetings and training, supported by online promotion.

Promotional materials advertising the contact details for the FTSU Guardian (a dedicated phone number and email address) are available across the Trust. There are regular communications about speaking up which are shared in the weekly newsletter to all staff (Newsbeat), including profiles of the advocates and case studies on concerns which have been resolved. October 2020 provided an opportunity to continue to build awareness of speaking up at UHBW as part of national speak up month – a campaign from the National Guardian's Office. The focus was on promoting the advocate network through Trust communications channels in the framework of a Speak Up ABC, in which 26 pieces of content were shared through the month and the speaking up message was linked into wider corporate messages (e.g. chief executive staff briefings) – see appendix 2.

2. Introduction of in-house training to support the staff advocate network

The first in-house training session for Freedom to Speak Up staff advocates took place in November 2020 run in collaboration with the psychological health services team. Set up to provide a foundation level of training for advocates after regional training by NGO stopped due to the pandemic, the training has been taking place most months (currently hosted virtually). The training will ensure all advocates have received the same information about the importance of Freedom to Speak Up in working towards a culture where speaking up is business as usual; the role of the Freedom to Speak Up Guardian and the National Guardian's Office; the expectations of the role; and the core skills needed to be able to effectively support staff.

A total of 38 advocates have been trained to date. Feedback on the training from 17 participants all agreed or strongly agreed that they had a better understanding of how best to support the people who may come to them with a concern. The advocate network meets on a quarterly basis (with the Weston advocate network also meeting on a monthly basis) for peer support and to review themes of concerns and share learning. An example of some of the learnings shared by the advocates is attached as appendix 3.

3. Introduction of mandatory Speak Up training for all workers

Dr Henrietta Hughes, National Guardian for the NHS, spoke to the Board on 29 October 2020 to highlight the importance of speaking up in protecting patient and worker safety and experience, including sharing and learning from concerns, and training. The National Guardian's Office and Health Education England launched a national training programme for all NHS workers in October, comprising three modules. The Board was supportive of the training and agreed to undertake all three modules (Speak Up (for all workers); Listen Up (for managers) and Follow Up (for leaders)).

From 1 February 2021, the first module of this e-learning became essential training for all staff in the Trust. In the year, face to face training was also introduced for the FTSU staff advocates to help them better support staff to speak up. The roll out is being supported by the advocate network have been encouraged to promote the training in their own teams and departments. Compliance will be monitored from 1 August 2021. The FTSU Guardian has provided guidance for line managers in responding to concerns raised with them in anticipation of an increase in speaking up activity as a result of the training. The second module of the NGO/HEE training 'Listen Up' is also available to all managers though is currently not mandatory.

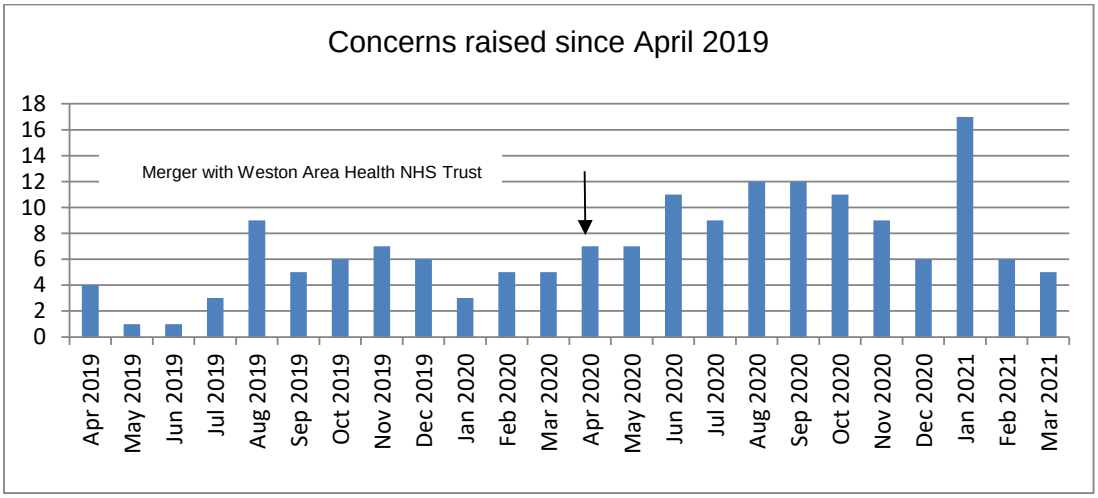
While the introduction of mandatory Speak Up training is a step forwards, training alone will not change culture. Support and follow up, particularly for managers, is needed to put learning into practice as part of a wider programme of work to building a positive, compassionate, and inclusive culture.

4. Closer collaboration with colleagues

In the year, the FTSU Guardian started a series of 'speaking up summits', which brought together individuals within the Trust who hold key roles is hearing staff voices across the Trust (including the Head of Patient Safety, Chair of the Joint Union Committee, Guardian of Safe Working, Head of HR Services, Associate Director of Education, Organisational Development Manager and Workplace Psychological Wellbeing Lead). The aim of the summits is to share themes and triangulate data around areas of concern and collaborate on a multidisciplinary approach to tackle them. The group is working together on joining up actions on management and leadership development (clinical and non-clinical); just and learning culture (and its impact on policies – i.e. grievance, disciplinary, dignity at work); and tackling bullying and harassment/ poor behaviours. Stronger links are being forged with the wellbeing team on actions from the NHS People Plan (health and wellbeing) to *'prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.'*

Assessment of cases

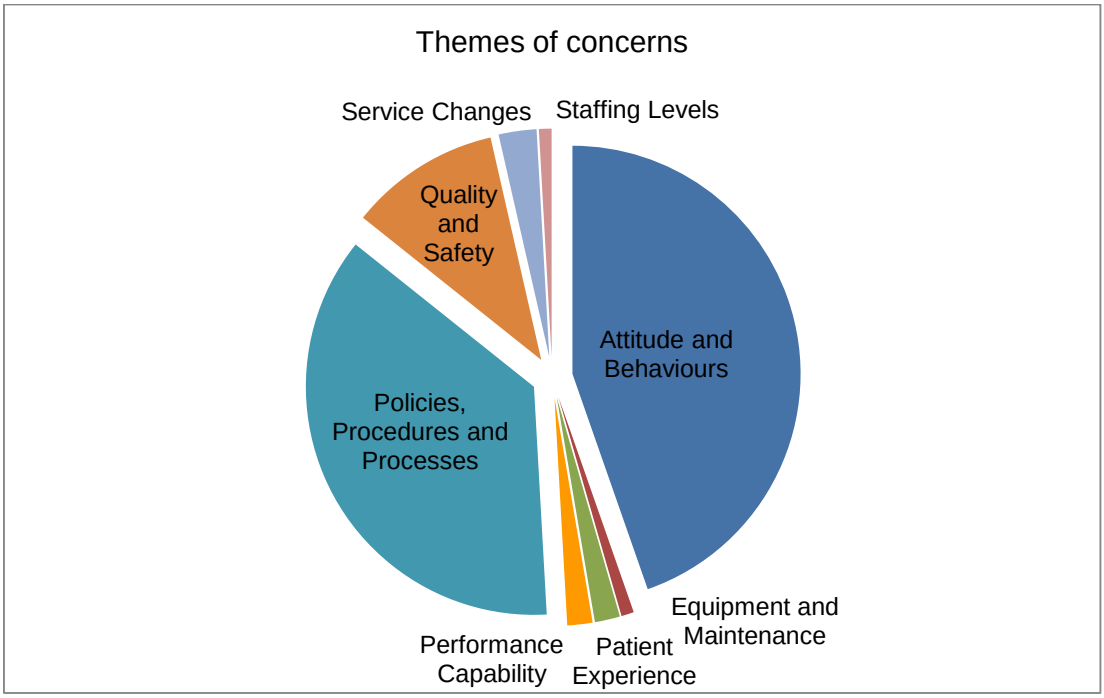
During 2020/21, a total of 112 concerns were raised to the FTSU Guardian compared to 55 in the previous financial year. Despite the significant rise in cases it is notable that the number of concerns raised from Bristol sites has remained the same in the year. Half of the concerns were raised from the division of Weston, with the remainder of concerns split fairly evenly across the other divisions. Weston Area Health NHS Trust had a traditionally higher number of concerns compared to Bristol before the two organisations merged in April 2020, but the impact of the merger on staff was clear in the concerns being raised. To provide extra support to Weston colleagues, the FTSU Guardian has been on site at Weston one day a week since October 2020, meeting staff from across the hospital. Monthly meetings with the Weston FTSU staff advocate network started in February 2021.



Looking at the themes of concerns raised, the majority relate to attitude and behaviours (50 concerns or 45 per cent) with the next highest category being policies, procedures and processes (41) – for example fairness and consistency in recruitment processes and access to training and development. There were 12 quality and safety concerns raised in the year (for example the safety of working environments, staff movements between Covid and non-Covid wards). Last financial year, 56 per cent of concerns related to attitudes and behaviours, and 22 per cent to policies, procedures and processes. The FTSU Guardian reports numbers, themes and staff groups speaking up to the National Guardian's Office on a quarterly basis. The proportion of concerns including an element of patient safety remains lower in the Trust than nationally.

Within the theme of attitudes and behaviours, 18 of the 50 concerns reflected an element of bullying and harassment (16 per cent of total concerns). Nationally, this figure was around 30 per cent last financial year. However, the attitudes and behaviours theme includes concerns such as poor language used to and about others, favouritism, manager/leader actions not aligning with words. These may be observed rather than having a direct impact on an individual/s, which is why they are not reported as bullying and harassment.

The impact of Covid-19 is clear with 47 of the 112 total concerns (42 per cent) referencing the pandemic – including concerns around visitor guidance; social distancing; appropriate rest spaces for staff; mask wearing, and the vaccination roll out. In the National Guardian's Office *'Speaking up to Freedom to Speak Up Guardians: Q1 and Q2 2020/21 Interim Data report'*, it was noted that the pandemic was referenced in around a quarter of the learning points shared by Guardians across the country. There were concerns raised about the availability, suitability and proper use of personal protective equipment, and social distancing policies and the continuous communication of the importance of following these policies.



In breaking down the staff groups speaking up, admin and clerical staff again accounted for the majority of those speaking up in the year (37 per cent) followed by nursing staff (28 per cent). The national picture shows that in 2019/20, nurses accounted for the biggest portion (28 per cent) of speaking up cases raised with Freedom to Speak Up Guardians followed by administrative and clerical staff (19 per cent). There were few concerns from doctors and none from dentists in 2020/21, which is also reflected in the nation figures (6 per cent from doctors and less than 0.5 per cent from dentists).

Profession	**Number of concerns raised**
Administrative/clerical staff	41
Allied Healthcare Professionals	15
Cleaning/Catering/Maintenance/Ancillary staff	10
Nurses and midwives	31
Healthcare Assistants	8
Doctors	3
Unknown/anonymous	2
Other	2

An analysis by division demonstrates the spread of concerns across the hospital sites and services. This includes concerns per 1,000 FTE to allow for a more accurate comparison

and highlights the number of advocates by division. The majority of concerns were raised from the Weston Division.

Division	Number of concerns	Concerns per 1,000 FTE (FTE at April 2020)	Number of FTSU staff advocates in the division at April 2021
Diagnostics & Therapies	6	5.6	7
Medicine	7	5.8	10
Specialised Services	9	8.8	11
Surgery	10	5.8	7
Trust Services	9	10.9	17
Estates and Facilities	6	8.4	3
Weston	56	39.3	12
Women's & Children's	9	4.4	13

At the end of the year, of the 112 concerns raised, 92 were closed and 20 concerns remain open (18 per cent), with a further three concerns open from the previous year (2019/20). Of these three longstanding cases – one is still being investigated, the other two have been the subject of a lengthy review and actions are still pending. All individuals have regular contact to keep them up to date with the progress of the actions underway. Recommendations on improving the length of time taken to resolve concerns raised are summarised at the end of the report.

Benchmarking

Unreconciled data from Q1-Q3 reported to the National Guardian's Office can be used to compare numbers and themes of concerns raised with 12 other large NHS Trusts or Foundation Trusts who submitted data for all three quarters of 2020/21.[1] This shows that UHBW is receiving around the average or slightly less than the average number of concerns than other organisations of a similar size. This suggests that there will be further growth in the coming year – noting that there is huge variation in the results. The highest number of cases over the whole period was 234 and the lowest 30 – compared to 84 at UHBW.

Large NHS Trusts/NHS Foundation Trusts (more than 10,000 workers)	Q1	UHBW	Q2	UHBW	Q3	UHBW
Average number of cases brought through the FTSU route	41	**25**	33	**33**	36	**26**
Average number of cases raised anonymously	7	**0**	8	**1**	6	**2**

[1] Barts Health NHS Trust; Cambridge University Hospitals NHS Foundation Trust; King's College Hospital NHS Foundation Trust; Leeds Teaching Hospitals NHS Trust; Northumbria Healthcare NHS Foundation Trust; Royal Free London NHS Foundation Trust; Sheffield Teaching Hospitals NHS Foundation Trust; St George's University Hospitals NHS Foundation Trust; The Newcastle upon Tyne Hospitals NHS Foundation Trust; University Hospitals of Derby and Burton NHS Foundation Trust; University Hospitals of Leicester NHS Trust; University Hospitals of North Midlands NHS Trust.

Average number of cases raised with an element of patient safety/quality	5	**4**	5	**3**	6	**4**
Average number of cases with an element of bullying and harassment	14	**3**	11	**7**	11	**5**
Average number of cases where people indicate that they are suffering detriment as a result of speaking up	2	**0**	1	**0**	2	**0**

Feedback

Individuals who have raised concerns and whose concerns have been closed with their consent are sent a short feedback form to comment on the speaking up process. 10 feedback forms were returned in the year (a return of around 10 per cent). In 2021/22 the FTSU Guardian will invest in a simple and secure electronic platform to try to improve returns on feedback, recognising that the current system may be a barrier to improved compliance.

In answer to the question 'do you feel you've suffered in any way as a result of speaking up' all respondents answered no. In answer to the question 'would you speak up again', eight respondents answered 'yes' and two 'maybe'. Separately two individuals provided verbal feedback that they had suffered detriment as a result of speaking up. One individual is currently in a process, the other has left the organisation.

In answer to the statement on the feedback form, 'please explain your response to the question 'would you speak up again' and provide any additional comments, this is the feedback shared:

I raise concerns as I'm keen for problems to be addressed and improved on rather than have everyone grumble about them and nothing be achieved. I felt within speaking up, my concerns were acknowledged and addressed to the appropriate people.

In my instance speaking up helped with the problem, cleared the air and gave me the confidence to approach my line manager if I felt the issues arising again. However, I would have no hesitation in speaking up again and actively encourage others to speak up if they feel unhappy about something or are being treated unfairly.

My feelings surrounding work and the situation hasn't changed.

It would depend upon what it is regarding. Definitely not around any bullying aspect.

I'm very pleased with all the procedure of the concern, and although I'm not happy with the resolution, I do feel safe to raise my voice about anything now, I'm (or I like to think) that I'm a very conscious person and I would like to think that if in the future I have any problem, and I think I see something that isn't right, I will always speak up, either through the raising concerns tool that we have available or by any way that I will have to, thank you for your work.

NHS staff survey results

The annual NHS staff survey results of questions related to Freedom to Speak Up are used to measure progress, and highlight areas for improvement. This year's results included a new question "I feel safe to speak up about anything that concerns me in this organisation" against which UHBW scores above the average figure for other acute Trusts. The results show a mainly stable picture, with minor gains and two falls against previous scores for UH Bristol. This is significant given some of the low scores identified in the staff survey results for Weston Area Health NHS Trust in the 2019 survey.

The **FTSU index score** is a measure published by the National Guardian's Office for trusts to see at a glance how their FTSU indicators compares with others. The score is calculated as the mean average of responses to four questions (16a, 16b, 17a, 17b below). For UH Bristol last year (pre-merger) this was 80.3 per cent. The average score for acute Trusts last year was 77.9 per cent. While the score for UH Bristol is higher than the average there is room for improvement.

Improvement in these scores will only happen through collaboration with colleagues across the Trust in a commitment to make the changes outlined at the end of this report.

Staff Survey questions related to raising concerns (% agreeing / strongly agreeing with the following statements):	2017 UH Bristol	2018 UH Bristol	2019 UH Bristol	2019 Weston Area Health NHS Trust	2020 UHBW	Average acute Trust
"My organisation treats staff involved in an error, near miss or incident fairly" (16a)	57.4	64	65.8	49.7	**63.8**	61.4
"My organisation encourages us to report errors, near misses, incidents" (16b)	88.7	89.3	90.7	89.4	**90.3**	88.2
"If you were concerned about unsafe clinical practice you would know how to report it" (17a)	93.3	94.3	93.8	94.5	**94.5**	94.6
"I would feel secure raising concerns about unsafe clinical practice" (17b)	67.5	71.7	72.7	67.4	**73.5**	71.8
"When errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again"	71.1	74.6	74.9	59.3	**75.0**	72.7

"I am confident that the organisation would address my concern"	57.5	61.4	63.3	51	**63.5**	59.1
I feel safe to speak up about anything that concerns me in this organisation					**69.6**	65.0

Learning and Improvement

The following learning /improvement has taken place in the year:

- After a case review by the National Guardian's Office at Whittington Health NHS Trust (June 2020) uncovered a lack of understanding of the purpose and remit of the FTSU Guardian role particularly within the Workforce Directorate, the Guardian wrote a standard operating procedure to provide clarity on how speaking up concerns are escalated and resolved. Quarterly meetings are now in place with HRBPs to reflect on the content of the quarterly FTSU reports
- Sharing case studies, and 'you said, we did' style feedback with advocates and wider staff groups to help build confidence in the process. The attached case study shows learning in endoscopy theatres (see appendix 4).

An internal audit report on the 'Framework within the Trust for staff to raise issues' was completed in June 2020, and received a satisfactory assurance opinion. The report noted that there were "defined processes for staff to raise concerns within the Trust, which have been proactively communicated, and staff had a good awareness of how to raise concerns". However the report noted that the Trust should "look to deliver more training to managers on how to appropriately manage concerns".

The FTSU Guardian continues to hear from staff (snapshot survey and concerns) that key barriers to making improvements in our speaking up culture remain. These include:

- not addressing concerns quickly enough or at all (particularly around poor behaviours/bullying)
- interventions not seeing lasting change
- managers not having the training and ongoing support, or willingness to hear and positively deal with concerns when they are raised
- lack of time for managers to undertake training
- lack of diversity in teams
- poor communication routes in the Trust to share information (corporately and divisionally).

In last year's annual report the FTSU Guardian shared the following key learnings that remain as relevant now as ever. Change is happening locally, but we are failing to make organisational change. There needs to be greater accountability and responsibility from both managers and workers for their actions. The key learnings from 2019/20 were:

- Managers need to be visible to their teams, be open to listening to issues and communicate where action can and cannot be taken.

- Managers should hold regular team meetings to ensure staff are aware of local changes and issues, as well as wider divisional and Trust changes which may affect them.
- Managers should apply policies fairly and consistently.
- New roles need to be promoted widely to ensure fair access to opportunities as these arise.
- Improved communications about how decisions are taken which affect groups of staff differently and the rationale behind these decisions. This is to ensure that staff do not feel they are being treated unfairly.
- Confidential information should not be shared with others without consent.

Nationally, feedback shared from other organisations in the first half of the year shows similar themes. The National Guardian's Office reports communication, particularly between managers/leaders and workers, was mentioned in over a fifth of the comments about learning. Specifically, the need to explain the rationale for changes (e.g. to services and organisational changes), the need for communication through various channels and formats to reach all workers, and the need for communication of difficult messages being improved. Attitudes and behaviours of management were also raised throughout the feedback from Guardians.

In 2021/22, alongside continuing to listen to and support staff raising concerns, the Guardian will:

- continue to work with summit partners to build a coordinated approach to raising concerns across multiple channels ensuring work programmes are aligned to our strategic intent of improving our culture of compassion and inclusion
- use the combined resources of summit partners to identify and support 'hot spot' areas which build on the culture and people plans being developed in the divisions in partnership with Organisational Development (OD) in response to the staff survey
- in partnership with OD and HR support the culture change programme across the Trust (including investment in developing a resolution focused culture programme and work led by Blue Goose to refresh the organisational values)
- work in partnership with Education and OD to review leadership and management development with the aim to create an inclusive and integrated model of training and support for aspiring, new and existing managers
- support investment in increasing the number of staff trained to facilitate or mediate on issues between staff, to support staff to seek informal resolution wherever possible, and increasing the number of investigators to handle formal complaints quickly and effectively
- refresh the FTSU strategy to recognise the changing organisational context and pressures on staff, and to ensure that the FTSU service remains aligned with the needs of staff and the organisation.

Recommendations

In January 2021, the People Committee heard that many of the concerns raised over the past five years since the Freedom to Speak Up process was introduced at the Trust, particularly those relating to attitudes and behaviours, and the application of policy or

process, could be deflected from the speaking up process with earlier, and positive, intervention from managers.

Earlier appropriate intervention should also help to drive down the levels of grievances, complaints and disciplinary cases in the Trust. The Committee agreed that further investment in training and supporting managers will be needed as part of making significant improvement and lasting change.

There remains a common thread throughout a large number of concerns that the key to making a step change to improve the culture within the Trust is to ensure that we all live by the Trust's values and behaviours.

The Board is asked to:

- Consider and comment on the themes, trends and issues arising from this report
- In recognising that improved leadership and management across the Trust will drive improvement in staff experience and wellbeing – and will support the drive for cultural change – scrutinise its approach to leadership and management development, people management and culture change, and ask the People Committee to seek assurance that clear plans are in place, that plans are progressing in these areas, and that adequate funding is in place.

Appendix 1: Progress against the three strands of the Freedom to Speak Up Strategy

<table>
<tr><th></th><th>Data 2020/21</th><th>Description of changes in year and proposed areas of focus</th></tr>
<tr><td colspan="3">Awareness</td></tr>
<tr><td>Compliance with corporate induction training (and local induction workbook)</td><td>Compliance against completion of staff local induction workbook is 79 per cent at March 2021.</td><td>Freedom to Speak Up video no longer part of corporate induction training as part of more streamlined, virtual approach to induction as a result of the pandemic.

Mandatory Speak Up training for all staff was introduced from 1 February 2021.</td></tr>
<tr><td>Number of updates to staff and other workers in the Trust about speaking up</td><td><table>
<tr><td>Governor quality meeting</td><td>03/09/2020</td><td>10</td></tr>
<tr><td>Children's theatres</td><td>24/11/2020</td><td>26</td></tr>
<tr><td>Therapies department - BRI</td><td>21/12/2020</td><td>50</td></tr>
<tr><td>Employee Services team</td><td>19/01/2020</td><td>15</td></tr>
<tr><td>ABLE+ Forum</td><td>23/02/2021</td><td>10</td></tr>
<tr><td>BRHC Emergency Dept – B7s</td><td>10/03/2021</td><td>4</td></tr>
</table></td><td>Face to face contact impacted by the pandemic. FTSU Guardian based on site Weston one day a week from October 2020 which involves meeting staff from across the hospital. Monthly meetings for the Weston advocate network established from February 2021. In house training of staff advocates started in November 2020 and repeated in December, February and April. Walkrounds of Bristol sites to restart in 2021/22.</td></tr>
<tr><td>Response to annual ‘snapshot’ survey relating to awareness of Speaking Up (targeted also to volunteers, agency workers, students and trainees)</td><td>85 per cent of respondents (308 in total) had heard of speaking up</td><td>Second annual survey in June 2020 saw responses increase from 57 to 308 – including all staff groups and divisions. QR code to be added to all FTSU marketing materials to improve access to information about the programme as part of ongoing promotion across all communications channels.</td></tr>
<tr><td>Number and location of Freedom to Speak Up staff advocates across the Trust</td><td><table>
<tr><td>Diagnostics & Therapies</td><td>7</td></tr>
<tr><td>Medicine</td><td>10</td></tr>
<tr><td>Specialised Services</td><td>11</td></tr>
<tr><td>Surgery</td><td>7</td></tr>
<tr><td>Trust Services</td><td>17</td></tr>
<tr><td>Estates and Facilities</td><td>3</td></tr>
<tr><td>Weston</td><td>12</td></tr>
<tr><td>Women’s & Children’s</td><td>13</td></tr>
</table></td><td>Number of staff advocates increased from 50 to 80 in the year – advocates are now in all sites across the Trust. Objective to train all current advocates and extend reach across different departments, working more closely with the wellbeing advocate network to share key messages.</td></tr>
<tr><td colspan="3">Confidence</td></tr>
<tr><td>Number of cases raised through the Raising Concerns phone line, email address and directly with the</td><td>112 concerns raised</td><td>Increase of 50 per cent year on year – note impact of merger with Weston. Number of Bristol-based cases remained static: 55 in 2019/20 and 56 in 2020/21.</td></tr>
</table>

FTSU Guardian		
Number of case studies completed and shared	Three case studies completed and shared with FTSU advocate network. Two shared with the National Guardian's Office.	Case studies focused on different types of concerns raised – the impact of the introduction of shielding guidance; the lack of clarity around a Covid-19 policy; lack of learning and training opportunities for student nurses. A fourth case study has been drafted which focuses on poor behaviours in a team.
Response to question in annual 'snapshot' survey relating to confidence in Speaking Up	Around 80 per cent of respondents felt that they work in an environment that supports speaking up either completely or to some extent.	Confidence building links with training and development of managers to respond positively to concerns/ideas/issues when raised; and faster resolution of issues. Case studies to be shared more widely, alongside advocate stories of local improvements in speaking up.
Timelines for cases	112 opened in year 92 closed 3 concerns remain open which predate 1 April 2020.	Support for investment in faster resolution of concerns via access to facilitation/mediation or investigation.
Feedback from those who have raised concerns (i.e. whether they would speak up again)	10 feedback forms returned from individuals who raised concerns and whose concerns were closed in the year.	Improve ease of providing feedback (currently via return of a Word document) with investment in suitable electronic platform.
Supporting leaders and managers		
Take up of management (behaviours) training by division	No corporate management or leadership training took place in year due to the impact of Covid-19.	Recommendation in the report to support investment in corporate management and development training for new and existing managers at all levels and from all backgrounds and experiences to understand their roles and responsibilities as managers
Prevalence of 'hot spot' areas identified through Happy App data and annual Staff Survey	10 hot spot areas (areas in the Trust where data from partners suggests there are issues) identified and shared with speaking up summit partners who met on two occasions.	Recommendation in the report for summit partners to build a coordinated approach to raising concerns across multiple channels, and use the combined resources to identify and support 'hot spot' areas. Regular meetings every nine weeks now in place to track progress.

Appendix 2: Examples of content from Speak Up month 2020

V is for 100 Voices

At the beginning of Speak Up Month, we published the Annual Data Report, which provides insights into the trends and themes of matters which are being brought to Freedom to Speak Up guardians.

People often ask us about what sits behind the numbers, and our '100 voices' publication details some of the powerful evocative stories which are the real-life experiences of NHS workers.

Eric Sanders, Freedom to Speak Up Guardian at University Hospitals Bristol and Weston NHS Foundation Trust shares this story to add to our 100 Voices collection.

Changing policy in a fast moving environment

A member of staff was concerned about continuing to work in a public facing environment as the coronavirus outbreak intensified at the end of March 2020. She had serious underlying health conditions, which she had discussed with her line manager. The member of staff had received an email from the consultant managing her health, which described her as a vulnerable person who should be shielding.

Trust guidance at the time stated that without the official NHS England notification the member of staff had to remain in the work place, though an assessment of the working environment would be carried out to mitigate the risk. The individual approached the Freedom to Speak Up Guardian through one of the speaking up staff advocates to query the guidance and to see whether it could be looked at.

The Guardian approached the HR Business Partners in the first instance to find that the guidance was in the process of being updated. The update included clarification that a GP 'fit note', alongside NHS England notification, would also provide sufficient evidence for shielding.

With the Guardian relaying messages to protect confidentiality, the member of staff contacted her GP surgery only to find out that the surgery was no longer issuing fit notes. She was informed by the surgery that the advice from her consultant was sufficient instruction to shield for 12 weeks. With this new information passed back to the HR Business Partners, they reviewed the guidance again. The HR Business Partners changed the guidance to consider and review any 'fit note' provided and confirmed it was sufficient evidence for the need to shield for 12 weeks. They spoke to the line manager to notify them of the change.

The member of staff was contacted by her line manager the same day and was sent home to self isolate for 12 weeks.

This member of staff used the Freedom to Speak Up route because they were confused about the application of the Trust guidance at this moment in time. We were able to connect the member of staff to the right people to review this issue and get it resolved."

Bristol Royal Hospital for Children
1h ·

October is 'Speak Up Month'. University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) have been shining a spotlight on what speaking up is for staff and why it's important. This year, we're raising awareness of speaking up through an 'Alphabet of Speak Up'. There are 26 letters of the alphabet and 26 days to explore what Freedom to Speak Up means – the issues, the people, the values and the challenges.

This is Kane, our assistant general manager of children's specialised services and 'freedom to speak up advocate'. He is sharing what it means to him and explains more about 'I for integrity':

"Integrity is essential in the roles we play within UHBW. Our level of integrity comes from the heart and ensures our beliefs and ethics are shown through our actions."

He further added:

"As one of a number of advocates, raising awareness for advocacy across the Trust is vital to ensure those that have concerns know where to turn. As a manager in particular, I am not there only to support those that I manage but anyone who needs it."

Staff can find out more about speaking up, our advocates and the Alphabet of Speak Up' on the Connect pages and on UHBW's Twitter.

#FreedomToSpeakUp #SpeakUpMonth

University Hospitals Bristol and Weston NHS Foundation Trust
23 October at 15:31 ·

As part of Speak Up month 2020, radiographers Donna Whyte and Louise Smith talk about the letter 'R' for resilience, its links to wellbeing and to empowering people to speak up, which is gradually changing the culture of their department.

"Our work is fast paced and quite demanding and there can be little time between patients to digest what you've just experienced, which can impact on your emotional wellbeing," says Louise. "Building resilience helps keep us safe."

Both are pleased to see a greater focus on wellbeing support from the Trust since the start of the pandemic – but are also addressing wellbeing at a local level.

Louise says: "If you're having a bad day then we want you to feel ok to talk about it. It's not about looking for sympathy or being treated differently but acknowledging that it's ok to not be ok – and normalising that."

Donna and Louise say everyone in the radiotherapy department is working hard to promote a culture where people can speak openly and share their experiences.

"We have started to bring about positive changes with an ideas tree," said Donna, "Anyone can raise anything that might help resolve an issue at work. Many are about imaginative ways to tackle small things – and the tree allows us all to have a voice."

Another idea the department is working on is a 'positivi-tree', based in the staff area, for people to leave positive comments hanging as leaves for individuals to take when they feel they need a boost. Louise added: "When people are encouraged to openly raise issues and offer suggestions to tackle them – and feedback is given on these ideas – then we feel more valued in our roles, and this builds further resilience."

#SpeakUpABC #TeamUHBW

23 3 shares

University Hospitals Bristol and Weston NHS FT @uhbwNHS · 1h

Meet Shona Smith, one of our Freedom to Speak Up advocates at Weston General Hospital.

Shona has shared this poem 'F is for fairness' for the #SpeakUpABC

Head over to our Facebook page to read more about her role: facebook.com/uhbwNHS/photos...

Poem written by Freedom to Speak Up advocate Tina Nolan for Speak Up month 2020 – as part of the Speak Up ABC campaign

'Y' For 'you'

The letter 'Y' is my first choice
The reasons very clear
It means so many different things
Which are explained right here

Its 'shape' is so symbolic
Two small arms reaching out
Its 'sound' invites an answer (Why)
When we are speaking out

The word 'you' speaks to everyone
It reaches out to all
It suggests empowerment to me
Speak up before you fall

'Y' stretches out its tiny hands
For someone to take hold
The advocates are here for you
So welcome to the fold

'You' means, him, her, them and us
We as one unite
Together we can bring forth change
And overcome our fright

So think about this tiny word
Take courage in its merit
Bad practice/spite can be stamped out
We all take turns to share it

We represent the letter 'Y'
Its stature and its sound
A natural question – reaching out
Always someone around

The alphabet provides the words
So helpful and so clear
Let's make a start by using it
Right now and every year

University Hospitals Bristol and Weston NHS Foundation Trust

Creating a positive speaking up culture for staff wellbeing

***Jordyn Read** is a Specialist Cystic Fibrosis Dietician, Freedom to Speak Up and Wellbeing advocate. Here Jordyn describes why she took on the two advocate roles and how she is helping to support her department to improve its culture.*

To find out more contact jordyn.read@uhbw.nhs.uk or call 0117 34 27360

Why did you decide to become a Freedom to Speak Up advocate?

I initially heard about Freedom to Speak Up and the advocate role at a divisional staff forum meeting. Because of my role as a Staff Forum representative, some individuals had already mentioned situations when they felt unable to speak up – for a number of reasons – including lack of confidence or concerns that this may impact on their position or future prospects. I wanted to learn how to best support them. I felt that becoming an advocate would be beneficial for my department to help raise awareness of the support out there. It was also a good fit with the wellbeing advocate role.

How have you raised awareness of your advocate roles within the department?

I started by putting up Freedom to Speak Up posters in the office (and on the backs of toilet cubicle doors where people can read information without fear of being judged), creating a Speaking Up and Wellbeing display in the corridor, and adding the FTSU and Wellbeing advocate banners to my emails. I also discussed these roles in our department meetings and sent out emails highlighting FTSU and wellbeing support which helped to get people talking about it in the office. It was really useful to have our department lead on board for support.

What changes have you made to help improve wellbeing and your speaking up culture?

Before introducing any new ideas to the whole team, I discussed a few options with a fellow colleague and advocate which was really helpful to gain more support and also to get feed-back on what might or might not work. In the last few months we've launched:

1. The Positive Peacock box – staff anonymously post notes of appreciation or ideas and suggestions into this eye catching box. The notes of appreciation are read out every week at the team meeting – this has really helped to positively boost morale, celebrate and recognise success, and make people feel even more valued. The ideas and suggestions have allowed staff to feel more able to speak up and make suggestions for improvements or changes. There is a feedback loop whereby every idea is discussed no matter how big or small, then logged and monitored.

2. Seasonal challenges – we held a Christmas quiz and bauble-making competition across all therapies teams, which helped to bring everyone together and provided some positivity. Emailing to advertise the challenges was also a great way to get my name out there. Lots of people got involved in this which was lovely! Managers also provided prizes which showed their support too. It was great to get people talking and break down barriers between bands, teams and professions – which is so important for speaking up.

3. Wellbeing activities outside of work – we set up a quiz group meeting via Zoom every month; a craft group meeting via Zoom with everyone making the same craft together; and a breakfast club – a socially distanced breakfast catch up on non-work related topics. While not everyone took part in the activities, most people found something they wanted to get involved in – and it helped break down barriers between different bands and teams. One tip would be to make sure you delegate activities to other team members who are keen to help organise so you don't get overwhelmed!

4. Freedom to Speak Up and Wellbeing folder – I created a speaking up and wellbeing folder on our department shared drive for staff to have easy access to the most up-to-date information. I try to run through both Speaking Up and Wellbeing material with all new starters, which means new staff are well informed of support that is out there and we make the most of their potential ideas, suggestions and feed-back. I have found more and more people feel able to come and speak to me about any concerns they have and I have been able to signpost them to useful resources/ next steps that are easy to access.

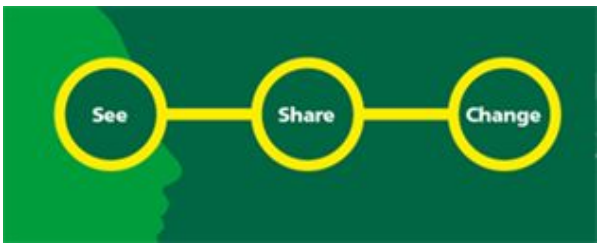
> ***"By creating small actions and changes, I have been able to slowly chip away at less positive behaviours rather than trying to change everything, which would have felt like an unachievable task.***
>
> ***Changing culture is definitely something that takes time – however I think we have achieved a lot in the last year, despite the pressures of Covid-19. I hope some of my changes can be adapted for your places of work.***
>
> ***If you want to make a change, the key is to make it as specific to your area as possible and try to get feedback from colleagues on what they want to see and what they feel will work for them."***

For more information please contact:
Jordyn Read
jordyn.read@uhbw.nhs.uk
0117 34 27360

If you are interested in finding out more about the Freedom to Speak Up advocate role please email raisingconcerns@uhbw.nhs.uk
For more information about the Wellbeing advocate role please email wellbeing@uhbw.nhs.uk

April 2021

Appendix 4: Case study



University Hospitals Bristol and Weston NHS Foundation Trust

Speaking Up at UHBW

Ensuring safe clinical practice in a pandemic

As the coronavirus pandemic took hold a number of significant changes were made to the way in which our hospitals are run – to ensure the safety of both our patients and staff.

A concern was raised by a clinical member of staff about the theatres where endoscopy procedures are carried out – specifically the length of time the room should be left before it could be safely cleaned following each procedure. The concern was that staff were being told they could clean the rooms almost straight after the procedure had finished, despite the procedure involving a degree of aerosol generation. There was confusion because protocols in other Trusts were different and rooms were being left much longer before being cleaned.

This concern was raised with the individual's line manager, but they only received verbal reassurance about the process and were not given, and could not find, anything written down that outlined the Trust's approach.

The individual approached the Freedom to Speak Up Guardian in confidence. The Guardian then spoke to the divisional director to ask them to explore the issue.

The findings revealed that endoscopy procedures are carried out in two different locations – an operating theatre and an endoscopy room. The rooms have different air handling and this means that the turnaround time is different based on the time it takes for air turnover. In conducting a review the matron recognised that the guidance in place was complicated and wordy and could be better communicated. The guidance was reviewed and changed to ensure it referred to the Infection Control guidance which had been received – significantly, signage was placed on the doors to each of the rooms to communicate visibly and clearly the appropriate turnaround times.

In this case, the individual was concerned for the health and wellbeing of their colleagues and patients and the risk of contracting COVID-19. While there was a standard operating procedure in place, it was confusing and the key information about downtime was not simply conveyed. By speaking up the individual was able to get clear guidance in place and ensure they and colleagues were following the right process.

Eric Sanders, Freedom to Speak Up Guardian

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

PRIDE

Inspected and rated Outstanding
CareQuality Commission

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**External Royal College of Surgeons of England Service Review - Hepatobiliary Surgery**
Report Author	**Alan Bryan – Associate Medical Director**
Executive Lead	**William Oldfield – Medical Director**

1. Report Summary	
This report summarises an external review undertaken by the Royal College of Surgeons undertaken in 2020 to investigate concerns raised about the Hepatobiliary Surgery Service	
2. Key points to note *(Including decisions taken)*	
1) A series of concerns were raised about patient care and safety within Hepatobiliary Surgery in Oct 2019 2) The Medical Director commissioned an external service review to investigate those concerns which was undertaken in February 2020 and reported in June 2020 3) The Trust accepted the recommendations of the report and the Division of Surgery formulated an action plan 4) The RCS agreed sign off of completion of the action plan in March 2021 with some actions ongoing	
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
The risks associated with this report include: Risk 2695 - Risk that the Trust fails to establish and maintain robust governance processes	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**	
• This report is for **Information**	
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
[Name of Committee/Group/Board]	**[Insert Date paper was received]**
SLT	**15/7/2020**

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University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report of an External Service Review Royal College of Surgeons of England – Department of Hepatobiliary Surgery, UHBW, February - June 2020

Background

Following a formal investigation into the conduct of a Consultant in Hepatobiliary Surgery , a series of concerns with respect to patient safety were raised by a senior member of the surgical team. Within the Trust the data was not available nor was there independent expertise to judge these concerns

Actions

Dr Oldfield, In October 2019, commissioned an External Service Review by the Royal College of Surgeons of England against an agreed series of terms of reference set by the Trust.

The nominated specialist review team visited the Trust on 25th and 26th February 2020 and undertook a comprehensive series of interviews of the multidisciplinary team, reviewed data and documentation and clinical notes where individual concerns about patient care had been raised.

The review team reported to the Trust in June 2020. There were no immediate patient safety risks raised and the care of individual patients was considered satisfactory.

However, the review report raised an extensive series of issues perceived as service deficiencies and gave comprehensive recommendations relating to patient safety and service improvements.

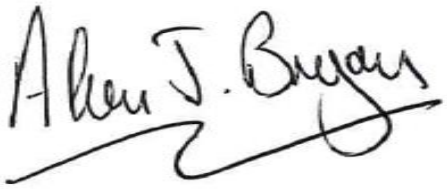
These recommendations were wide ranging and encompassed:

- Data collection and clinical outcomes recording
- Service organisation
- Staffing and facilities
- Approaches to team working, resolving interpersonal conflicts
- Teaching

Outcome

The Trust accepted the recommendations of the RCS in full and the Division of Surgery, having appointed a senior clinician external to the service, developed and implemented an agreed action plan. The report was accepted and endorsed by SLT , 15/7/2020. Subsequent updates were provided to the RCS in September 2020 and in March 2021. The RCS signed off progress against the action plan updates in April 2021 with some actions ongoing.

University Hospitals Bristol and Weston NHS Foundation Trust



Alan J Bryan
Associate Medical Director
THQ
UHBW

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Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Ockenden Assurance and Assessment**
Report Author	**Sarah Windfeld**
Executive Lead	**Deirdre Fowler**

1. Report Summary

The Ockenden report was published in December 2020 and identified emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. Following the publication each maternity service was asked to confirm that they had implemented 12 urgent clinical priorities from the 7 immediate and Essential actions by the 21st December 2020.

In addition each Trust was asked to complete an assurance assessment tool by 15th January 2021 in order to complete a gap and thematic analysis which will be reported to the regional and national Maternity Transformation Boards. University Hospitals Bristol and Weston Maternity service did a self-assessment which then went through a challenge and assurance process with key stakeholders including, non-Executive Board member and user involvement. The assurance document was also subject to further scrutiny and challenge at regional level by the Regional NHSEI Chief Midwife

2. Key points to note

(Including decisions taken)

Of the 7 immediate and essential actions UHBW was judged as demonstrating full compliance in 5 and partially compliant in 2
71% compliance. 0 %non compliance

The regional team amended some self- assessed amber areas to green but also changed some green to ambers.

- They assessed us as amber for leadership due to not having a Consultant midwife, an issue common throughout the SW
- They assessed us as amber for “Saving babies lives” compliance due to when the assurance assessment was submitted, the multidisciplinary training compliance was 70%. This has now improved and the Trust is now at 91% compliance with training. .
- They assessed us as amber for risk assessments. Risk assessments of women are recommended at each contact. Midwives do risk assessments at booking and again at 36 weeks. A recent audit of the 36 week risk assessment demonstrated 80% compliance, so this will be re audited. Improvement and cfull compaince anticipated

Feedback from the regional team was that UHBW presented a strong submission with

good evidence. All evidence will need to put in a national portal to demonstrate compliance but as yet the portal is not open. UHBW had no areas of non-compliance.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: [Please list any risks associated with the report]
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.**

[Name of Committee/Group/Board]	**[Insert Date paper was received]**
Women and Children's Quality Assurance Committee	**16th April 2021**
Local Maternity System Board	**February 2021**

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Immediate and Essential Actions of the Ockenden Report University Hospitals Bristol and Weston

Immediate and Essential Action 1: Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.
- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.
- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Action 2: Are you submitting data to the Maternity Services Dataset to the required standard?
Action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification scheme?

Link to urgent clinical priorities (UCP):
(a) A plan to implement the Perinatal Clinical Quality Surveillance Model
(b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

Action 1 : The Trust uses the Perinatal Mortality Review Tool	**UCP a:** Both Trusts in BNSSG have a plan to implement the Perinatal Clinical Quality Surveillance Model	**Action 2:** The Trust is reporting to the National Maternity Dashboard for Regional oversight.	**Action 10 and UCP b:** The trust reports 100% of qualifying cases to HSIB and share SI and HSIB's at Trust board level.	UHBW self assessment	
				assessment of UHBW by Regional Chief Midwife	

Immediate and essential action 2: Listening to Women and Families

Maternity services must ensure that women and their families are listened to with their voices heard.

- **Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.**
- **The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.**
- **Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.**

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Action 9: Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Link to urgent clinical priorities (UCP):

(a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.

(b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

Action 1: The Trust is using the Perinatal Mortality Review Tool	**Action 7 and UCP a:** UHBW conducts a monthly survey- we use the information gathered to improve services. The Trust is engaging and working with the new MVP chair.	**Action 9:** Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate local concerns	**UCP b:** The Trusts HAS appointed a Non-Executive Maternity Safety Champion Awaiting NHS E training programme for Trust Advocate	UHBW self assessment	
				Assessment of UHBW by Regional Chief Midwife	

Staff who work together must train together

- Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.
- Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.
- Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

Link to Maternity Safety actions:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities (UCP):

(a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
(b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place

Action 4: UHBW – MD training Schedule in place Staff training is ring fenced CNST funding exclusively for improving maternity safety	Action 8: UHBW – Compliant	UCP a UHBW - Compliant	UCP b UHBW – Compliant	UHBW self assessment	
				Regional Chief Midwife assessment of UHBW	

Immediate and essential action 4: Managing Complex Pregnancy

There must be robust pathways in place for managing women with complex pregnancies

Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.

- Women with complex pregnancies must have a named consultant lead

- Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team

Link to Maternity Safety Actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities (UPC):

a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.
b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres.

Action 6: UHBW Compliant	**UPC a:** All women with complex pregnancies have a named Consultant- Audit programme in place	**UPC b:** The Trust has a specialist maternal medicine services specialising in different aspects	UHBW self assessment	
			Regional Chief Midwife assessment of UHBW	

Immediate and essential action 5: Risk Assessment Throughout Pregnancy

Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

- All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional

- Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.

Link to Maternity Safety Actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities (UCP):

a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.

Action 6: UHBW – Compliant	**UCP a:** Risk assessment. UHBW – Formal risk assessments for POB at booking and 36 weeks. A risk assessment is performed at each antenatal review.	**UCP a:** PCSP LMS to roll out PCSP in April 2021	UHBW Self assessment	
		Need to audit compliance	Assessment of UHBW by Regional Chief Midwife	

Immediate and essential action 6: Monitoring Fetal Wellbeing

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: -

- Improving the practice of monitoring fetal wellbeing –
- Consolidating existing knowledge of monitoring fetal wellbeing –
- Keeping abreast of developments in the field –
- Raising the profile of fetal wellbeing monitoring –
- Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported –
- Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.
- The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training.
- They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. •
- The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

a) Implement the saving babies' lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.

Action 6: UHBW- Compliant	**Action 8:** UHBW- Compliant	**UCP a:** Fetal monitoring lead Midwife and Obstetrician At time of SLB Care Bundle return had not met 90% training compliance but this will be achieved.	UHBW self assessment	
			Regional Chief Midwife assessment of UBHW	

Immediate and essential action 7: Informed Consent

All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care

Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care

Women's choices following a shared and informed decision-making process must be respected

Link to Maternity Safety actions:

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Link to urgent clinical priorities:

a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.

Action 7: UHBW conduct a monthly survey- we use the information gathered to improve services. The Trust works with the new MVP chair.	UPC a) The trust ensure women have ready access to accurate information. My pregnancy App Trust website	UHBW self assessment	
		Regional Chief Midwife assessment	

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MATERNITY WORKFORCE PLANNING

Link to Maternity safety standards:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard

Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.

Action 4: UHBW Clinical workforce planning Divisional board oversight Business plans	Action 5: UHBW Midwifery workforce planning Annual review and results acted upon.	UHBW self assessment	
		Regional Chief Midwife assessment UHBW	

MIDWIFERY LEADERSHIP

Please confirm that your Director/Head of Midwifery is responsible and accountable to an executive director and describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care

UHBW Self assessment

- The Head of Midwifery has direct professional line management by the Chief Nurse and meets with her monthly on a one to one basis and then also meets with her in her role as Maternity Safety Champion along with the other Maternity Safety Champions.
- The Head of Midwifery also sits on the LMS board and Divisional Board.
- The Trust does not have a Consultant midwife but has a specialist midwives.
- The Trust has a team of Research midwives.
- The Trust has a leadership programme
- The Head of Midwifery has participated in the RCM leadership programme
- The Head of Midwifery has regular one-to-one contact with the Regional Chief Midwifery Officer.

Regional Chief Midwife assessment

Trust does not have a Consultant Midwife

NICE GUIDANCE RELATED TO MATERNITY

We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.

UHBW self -assessment

- Review and update of guidelines/SOP/policies is a standing agenda item on working parties agendas.
- Corporate team circulates monthly report to highlight guidelines etc. needing to be reviewed.
- Obsolete guidelines etc. are removed from data management system (DMS).
- Authors have to request extensions if still working on updating them.
- NICE/RCOG/Green top are included in reference to ensure review has included any new standards from national guidelines
- Each policy has a monitoring table included, guidelines that are linked to the policy follow the same monitoring schedule.

Regional Chief Midwife assessment

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Transforming Care Programme Board Report**
Report Author	**Melanie Jeffries, Transformation Programme Manager**
Executive Lead	**Paula Clarke**

1. Report Summary

This Transforming Care update provides highlights of the key transformation and improvement work that has progressed during Quarter 4 (Jan - March 2021), including new projects undertaken as part of the Trust Covid 19 response

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

- Ongoing pressures due to Covid 19 have impacted progress of some Transforming Care 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:

- None

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

- 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 <u>previously</u> been received.

[Name of Committee/Group/Board]	***[Insert Date paper was received]***
Strategic SLT	5th May 2021

Quarter 4 Transforming Care programme report

This Transforming Care update provides highlights of the key transformation and improvement work that has progressed during quarter 4 (Jan – March 2021).

The SPORT report below (Appendix 1) provides further detail of initiatives.

2020/21 Transforming Care programme

Programme	Highlights
Healthy Weston	In February, the planned changes for the transfer of overnight emergency surgery from Weston to BRI were implemented. Monitoring of the new process is underway, and monthly review meetings are scheduled to assess the impact of the changes.
Redesign of outpatient care	• Transformation resource to support delivery of the programme was reduced. This was due to divisional capacity to participate being impacted by COVID - 19, and transformation resource being required to support to the Vaccination programme. • Work commenced with the orthoptist service to develop their patient initiated follow up processes • The adult dermatology service are participating in a BNSSG pilot of new advice and guidance software, which enable a more efficient process • General paediatrics and gynaecology completed an audit of their advice and guidance service, which has identified improvements to implement • Rheumatology have moved over to a Referral Assessment Service (RAS) and reviewed/ validated patients on their waiting list
Critical Care Outreach	Awaiting decision on funding, to implement a Critical Care Outreach team for adult services in Bristol, which is being considered as part of the 2021/22 OPP business planning process.
Proactive Hospital	Awaiting a decision on funding through the OPP business planning process for four Proactive Hospital coaches, a data analyst and part-time communications officer to support the full mobilisation of the programme, with an ability to deliver improvements at pace. The Emergency Department (ED) redirection and streaming project, which was incorporated into the Proactive Hospital programme has been completed. The outputs of the project included: • Pre-ED pathways implemented to identify patients that could be treated in alternative urgent care settings other than ED.

		• Pilot of new pathways in the BRI ED including fast flow to stream appropriate patients for treatment by GP at front door • Five redirection pathways implemented including redirection to GP, Minor Injury Unit, Urgent Treatment Centre, Dental services and Eye services, led by the front door and ENP/ECP team. • Access to bookable 'landing slots' in urgent primary care, Minor Injury Units (MIU) and Urgent Treatment Centres (UTC) • Engaged with Urgent Emergency Care colleagues to promote a change in culture that supports accessing the right services at the right time, whilst considering how not to disadvantage vulnerable groups using ED departments The Discharge work stream had to pause due to COVID-19
	Space Review and Home working	Project closed. Standardised request and assessment processes handed over to an operational Estates team to manage as business as usual through Asset Management Group.
	Transformation, Improvement and Innovation capability	• Quality improvement (QI) remote Bronze training recommenced on March 25th 2021. • Seven projects graduated their Silver course in March 2021 • Development of QI e-learning, which will be accessible to all staff. The aim of the training is to increase awareness of what QI is, and how any staff member (both non-clinical and clinical) can develop QI knowledge and skills.

COVID 19 response

Transformation team resource was allocated to support the following areas of work:

- **Implementing COVID-19-recovered pathways**

Working with the Infection Prevention and Control Team (IPC) and Clinical Site Management Team (CSMT) across Bristol and Weston to collate and launch a set of standard COVID-19 IPC guidelines, recording and reporting tools into Trust-wide practice.

The guidelines standardised the Trust's approach to COVID-19 testing protocols, infection control pathways, IPC best practice, managing accidental outbreaks and risk assessments for transitioning patients to a recovery phase of their admission for COVID-19.

At the start of the project, an estimated 25% of patients occupying dedicated COVID-19 capacity could be transitioned to COVID-recovered status, freeing capacity for patients newly admitted with COVID-19.

The introduction of new standard IPC risk assessments and criteria led to 89-100% of sampled patients having their COVID-19 status correctly recorded, e.g. 'COVID-19-recovered', 'Negative for COVID-19' or 'COVID-19-exposed'. This supported the optimal placement for patients to promote recovery, reduce the risk of hospital-acquired infections and inform proposals for bed base configuration.

- **Two metre distancing inpatient bed review**

  Development of guidance and standardised method for divisional self-assessment of the 2-metre distancing in inpatient areas. Compilation of the outputs of all the self-assessments, and implementation of the moderation process to review outcomes and make any recommendations regarding changes required

- **Infection Control champion**

  Project management support for the implementation of an Infection Control champion role in non-clinical areas. The principles of the role are to support good infection prevention and control practices in our workplaces, helping not just during the pandemic but in the future too, helping to reduce the risk of spreading any kind of infection

Quality Improvement (QI) and Bright Ideas

- **Partnership working with University of Bristol**

  Development of a Quality Improvement in Healthcare module for the Post Graduate certificate in Healthcare Improvement and the MSc in Healthcare Management, which will commence in the 2021/22 academic year

- **QI Gold**

  The second QI Gold programme is planned to commence on the 15th April 2021. The following projects have been identified to participate in the programme.

Estates & Facilities	Scoping a digital management system for facilities, estates and capital projects
Diagnostics & Therapies	Improving Urgent ED CT scan turnaround times
Trust Services	Improvements in corporate induction and essential training
Medicine	Transitioning the Sleep Unit from a primarily consultant delivered service to a physiologist delivered service
Weston	Improving the colorectal pathway – outpatients and endoscopy
Surgery	Development of a unified comprehensive pre-habilitation programme

- **Bright Ideas**

  Due to operational pressures, the ideas selected as winners in the delayed Spring 2020 competition have not progressed. Planning is in place to recommence these in Quarter 1 2021/22.

Appendix 1: Transforming Care – Progress Summary Q4 Jan- Mar 2020/21

Successes	Priorities
• Ongoing support for the delivery and closure of the BNSSG COVID 19 vaccination programme for Frontline Health and Social Care staff from the Bristol and Weston Hospital hubs and the inclusion of specific patient cohorts. • Health Service Journal (HSJ) Award presentation for our previous Clinical Lead for Transformation, Anne Frampton, who was a finalist for Clinical Leader of the Year • ED redirection and streaming project completed • Overnight Emergency Surgery transfer processes from Weston –Bristol implemented • Successful pilot of Medicine Same Day Emergency Clinic on Bristol site • Project management support for Oversea Nurse recruitment • Lung cancer pathway project to standardise pathways across Weston and Bristol commenced • Diagnostic of Weston board rounds completed, leading to an improvement project to standardised processes and optimise use of e-flow system. • Clinical prioritisation of the elective waiting lists project led to 93% of patients waiting over 18 weeks to have a priority status allocated. This enables the Trust prioritise the patients who need treatment most urgently. • Staff rest areas project, development of a process to identify suitable locations and the standard requirements for an effective rest area	• Identify, resource and mobilise new Transforming Care priorities for 2021/22 • Recruitment of Patient Safety Improvement Lead, a post the Transformation Team is hosting in collaboration with the corporate patient safety team • Development of Quality Improvement (QI) for Leaders training, which will form part of an Integrated Leadership programme • Medicine Division: Improving the management of inpatient bed base project • Programme management for the Restoration Oversight Group • Commence the development of a patient and public involvement framework for Transformation, Improvement and Innovation • Cost Improvement training project for Weston Division • Outcome of Critical Care outreach business case • Transformation Team Annual Report 2020/21 • Expand the use and sharing of improvement stories
Opportunities	**Risks and Threats**
• Collaborative working with patient safety and patient experience teams to develop patient and public involvement framework • Development of external Quality Improvement Training offer with South West Severn Deanery	• Impact of restoring services on operational teams, and their capacity to engage with Transforming Care priorities • Ability to provide Transformation resource for all the priorities • Ability to maintain delivery of projects at pace, as operational and transformation capacity becomes stretched

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Capital Investment Policy Update**
Report Author	**Sarah Nadin, Associate Director of Business Planning and Claudia Bisetto, Senior Financial Planning Accountant**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

1. Report Summary

The Capital Investment Policy is subject to an annual review. This policy is to be reviewed by the Capital Programme Steering Group prior to the Senior Leadership Team. The policy has been amended to incorporate the recently updated NHSEI capital regime. The updates are detailed in an additional cover report but in summary are as follows:

- The inclusion of Weston as part of the merged organisation UHBW;
- Financial thresholds updated to reflect the merged Trust's 2021/22 planned turnover of £1011.9m;
- It introduces the five case model and the fundamental criteria which is the new approach in the way business cases are reviewed by NHSE/I;
- It must be noted that the new NHS System Oversight Framework 2021/22 is currently out to consultation and closes on the 14th May 2021. We may have to update the capital investment policy for any changes to the Single Oversight Framework (SoF);
- An update to section 8 to reflect the revised financial and non-financial criteria;
- Update to the business case requirements;
- Updated strategic capital section to reflect the current status;
- Updated the appendices relating to strategic capital prioritisation to reflect the latest matrix;
- Revised Business Planning Guidance and updated templates for Strategic Outline Cases (SOCs), Outline Business Cases (OBCs) and Full Business Cases (FBCs);
- A new standard finance costing template to be used as an appendix to the OBCs and FBCs;

- The new capital regime introduced in 2020/21 essentially sets a limit to system (STP) capital expenditure each year. The Capital Departmental Expenditure Limit (CDEL) represents the funding envelope for the year and each STP/ICS will be expected to work together to manage their capital investment spending within this limit. This now means that although UHBW has built up cash reserves over the years, we now have a capital limit (CDEL) imposed on our spending; and

- Provides greater clarity on when you need to submit a SOC, OBC and FBC and to follow the Operating Plan Process for investments under £1.0m.

2. Key points to note

This policy if for Approval to the Trust Board. Key points are described in the cover report included and also in section 1 above.

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

The risks associated with this report include:
None

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

This Capital Investment Policy is for **Approval.**

5. History of the paper
Please include details of where paper has previously been received.

[Name of Committee/Group/Board]	[Insert Date paper was received]
Finance and Digital Committee	**25th May 2021**
Senior Leadership Team	**19th May 2021**
Capital Programme Steering Group	**17th May 2021**

Cover Report to document the changes to the Capital Investment Policy

Introduction

The Capital Investment Policy (CIP) was last approved in April 2019. This document references the changes made to the policy. It must be noted the changes outlined below indicate a major change to the policy.

Summary of Changes

- The Single Oversight Framework (SOF) 2016 still applies. The new NHS System Oversight Framework 2021/22 is currently out to consultation and closes on the 14th May 2021. We will have to update the capital investment policy for any changes to the Single Oversight Framework (SoF)

- **Updated Introduction** for the inclusion of Weston Area Health Trust as part of the merged organisation now University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

- **Updated Trust Turnover** to reflect the merged Trust's 2021/22 planned turnover of £1011.9m

- **Update to Section 4** to include the roles and responsibilities of the Council of Governors to approve any applications for mergers, acquisitions, separation or dissolution of the Trust and approve any applications for significant and high risk transactions as outlined in section 7 of the policy.

- **Update to Section 6** introducing the new NHSE/I capital regime. The new capital regime introduced in 2020/21 essentially sets a limit to system (STP) capital expenditure each year. The Capital Departmental Expenditure Limit (CDEL) represents the funding envelope for the year and each STP/ICS will be expected to work together to manage their capital investment spending within this limit. This now means that although UHBW has built up cash reserves over the years, we now have a capital limit (CDEL) imposed on our spending.

- **Update to Section 6.3 Business Case Requirements** for all types of business cases across the organisation including digital, estates and equipment. Investment proposals are now required to be supported by relevant business case documentation according to the value of the proposed investment. Business planning guidance and template documentation have been produced and should be followed.

  Confirmation that a Strategic Outline Case, an Outline Business Case and a Full Business Case is required for all scale of schemes over £1.0m and to follow the Operating Plan Process for investments of below £1.0m.

- **Update to Section 7 Financial thresholds** to reflect the merged Trust's 2021/22 planned turnover of £1011.9m

- **Update to Section 7 internal and external approval** process.

- **Insert of new section 7.1 Business Case Guidance, 7.2 Business Case Fundamental Criteria and 7.3** use of the comprehensive investment model to ensure the appropriate development of Business Cases for both internal and external approvals. It introduces the five case model and the fundamental criteria which is the new approach in the way business cases are reviewed by NHSE/I.

- **An update to section 8** to reflect the revised **(financial criteria) (section 8.1)** as a result of the changing financial architecture and an update to **(section 8.2) (non-financial criteria)**

  The scoring templates and matrix have been updated as follows;

  a. Non-financial appraisal of strategic capital programmes is outlined in appendix 2.
  b. The evaluation framework for strategic capital business cases is outlined in appendix 3.
  c. Non-financial appraisal of major medical and operational capital are attached in appendix 4.

- **Section 8.2 –** Updated to reflect the new strategic capital prioritisation matrix and Business Case Criteria, both approved at April SLT. Detail included in the appendices.

  The latest scoring templates for Major Medical and Operational Capital processes, linked to the annual OPP are outlined in appendix 4.

- **Update to section 10 references** to include;

  a. The comprehensive investment appraisal (CIA) model and user guide
  b. Guide for Developing Project Business Cases – 2018
  c. NHS SW Region Capital Briefing Note 4 FINAL
  d. Service Transfers Financial Framework

- **Update to section 11 Associated Documentation** to include revised Business Planning Guidance and updated templates for Strategic Outline Cases (SOCs), Outline Business Cases (OBCs) and Full Business Cases (FBCs)

Capital Investment Policy

Document Data			
Document Type:	Policy		
Document Reference	19030		
Document Status:	For Approval		
Document Owner:	Director of Strategy and Transformation		
Executive Lead:	Director of Strategy and Transformation		
Approval Authority:	Trust Board of Directors		
Review Cycle:	12		
Date Version Effective From:	01/04/2021	**Date Version Effective To:**	31/03/2022

Introduction

This policy sets out the governance arrangements for capital investments undertaken by the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). The policy takes into account NHS Improvement's Single Oversight Framework with effect from 30 September 2016, which still stands and most recently, the introduction of the Fundamental Criteria/five case model which is a new approach in the way that business cases are reviewed by NHSE/I. It should be noted that the Fundamental Criteria has been produced to supplement the HM Treasury Green Book Guidance and its aim is to streamline both business case content and approvals.

This policy will be subject to annual review by the Board of Directors.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
24/06/2008	1		Draft	Draft considered at Trust Board on 1 July
11/05/2015	9	Director of Strategy & Transformation	Minor	Thresholds updated to reflect the Trust's 2015/16 planned turnover of £587m; removal of the reference to NHS Improvement's "Risk Evaluation for Investment Decisions" document; updated Annex 2 to reflect the 2015/16 capital prioritisation process.
12/10/2015	10	Director of Strategy & Transformation	Minor	Additional bullet point included in section 7.1 - 'The cost of the loan principal payments where relevant'
03/05/2017	11	Director of Strategy & Transformation	Minor	Update of section 7.2 to reflect the revised non-financial criteria for prioritisation.
31/07/2018	12	Director of Strategy & Transformation	Minor	Format changes to reflect Trust's standard template. Threshold updated to reflect the Trust's 2018/19 planned turnover of £690m. Update to section 8 to reflect the revised non-financial criteria for prioritisation.
30/06/2019	13	Director of Strategy & Transformation	Minor	Threshold updated to reflect the Trust's 2019/20 planned turnover of £727m. Update to section 8 to reflect the revised non-financial criteria for prioritisation.
21/04/2021	14	Director of Strategy & Transformation	Major	There is a supporting cover report to highlight the changes made to this policy – a few main changes are summarised below.

				Threshold updated to reflect the merged Trust's 2021/22 planned turnover of £1011.9m. Introduces the role of the Council of Governors New NHSE/I capital regime for 2021/22 explained in section 6 including the introduction of a capital departmental expenditure limit (CDEL) for 2021/22 and beyond. Referenced that requirement for external approvals will be established at start of the case and followed as required. Detail not added as currently unknown. Update to section 8 to reflect the revised financial and non-financial criteria. Revised SOC, OBC and FBC templates

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Do I need to read this Policy?

All staff responsible for requesting, approving, managing, monitoring or reporting capital funds.

Must read the whole policy

1. Purpose

This policy sets out the governance arrangements for capital investments undertaken by the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

The policy takes into account NHS Improvement's Single Oversight Framework (SOF) published 30th September 2016 and most recently the introduction of the Fundamental Criteria which is a key change in the way that business cases are reviewed by NHSE/I.

It must be noted that as yet the external process requirements are not finalised yet. Once we have received the guidance and process requirements we will update the capital investment policy as appropriate.

This policy will be subject to annual review by the Board of Directors.

2. Scope

The policy applies to capital investments by UHBW regardless of the source of funding. Charitably funded projects must be prepared and managed therefore in accordance with the policy.

Particular consideration is given to capital investments which impact on the Trust's liquidity as measured by the Use of Resources Rating per the SOF and are classed as major and/or high-risk accordingly.

The full definition of a major or high-risk investment is given in section 3 below.

3. Definitions

3.1 Capital Investment

Capital Investment refers to funds invested in the Trust with the understanding it will be used to purchase or create assets, rather than used to cover operating expenses.

3.2 Medium Term Capital Programme

The Medium Term Capital Programme (MTCP) sets out the Trust's Capital Investment plans for the current financial year and the next five years.

3.3 High Risk Investment

High risk investments are defined as:

(a) Transactions which trigger the requirement to inform NHSE/I. The criteria for reportable transactions are described in Appendix 1; and

(b) Transactions that may have any one or more of the following characteristics:

(i) Significant reputational risk;

(ii) The potential to destabilise the core business;

(iii) The creation of material contingent liabilities; and

(iv) An equity component involving shares.

3.4 Major Investment

A proposal will be classed as a major investment if its estimated capital cost including VAT exceeds 1% of the Trust's planned turnover. Based on the 2021/22 plan of £1011.9 million, 1% of the Trust's planned turnover is £10.1m.

4. Duties, Roles and Responsibilities

4.1. Council of Governors

Governors have responsibility to

(a) Approve any applications for mergers, acquisitions, separation or dissolution of the Trust; and

(b) To approve any applications for significant and high risk transactions as outlined in section 7.

4.2 Trust Board of Directors

The Board will provide oversight of the Finance and Digital Committee. It will have the final decision over all major schemes (greater than 1% of the Trust's turnover) and high risk investments as defined in this policy.

The Board will approve the Capital Investment Policy on an annual basis.

4.3 Finance and Digital Committee

The Finance and Digital Committee will take the role of **Capital Investment Committee** for the purposes of this policy. It will also consider all business cases classed as major and/or high risk and make recommendations for approval or rejection to the Board.

It will have delegated authority from the Trust Board for:

(a) Setting performance benchmarks and monitoring investment performance;

(b) Reviewing and revising the Capital Investment Policy on an annual basis for Board approval;

(c) Obtaining assurance that there is compliance throughout the Trust with the Capital Investment Policy;

(d) Approving business cases with a value greater than 0.5% and up to and including 1% of Trust turnover, which do not qualify as high risk investments;

(e) Reporting its approvals to the Trust Board, including an account of the cumulative value of schemes approved in-year;

(f) Approving capital investments according to the thresholds outlined in section 6.2 and section 7 including ensuring that the Trust has the legal authority to enter into a particular investment; and

(g) Approving project initiation documents for all schemes.

4.4 Senior Leadership Team

(a) The Senior Leadership Team will have delegated authority to approve investments greater than 0.25% and up to and including 0.5% of turnover, which do not qualify as high risk investments.

(b) It will report its approvals to the Finance and Digital Committee, including an account of the cumulative value of schemes approved in-year.

(c) It will also consider schemes between 0.25% and 1.0% of Trust turnover and which do not qualify as high risk investments. It will make recommendations about these proposals to the Finance and Digital Committee.

(d) The Senior Leadership Team may choose to delegate approval of capital investments to the Capital Programme Steering Group.

4.5 Capital Programme Steering Group

(a) The Capital Programme Steering Group will report to the Senior Leadership Team.

(b) The Group will be responsible for co-ordinating the capital planning process and issuing internal guidance, ensuring that the appropriate initiation and risk assessment documentation is in place for proposed schemes. It will make recommendations about proposals to the Senior Leadership Team and the Finance and Digital Committee in line with their respective approval rights. These

recommendations will cover both approval of projects and the programming of related expenditure.

(c) The Group will approve capital investments up to and including 0.25% and will report its approvals to the Senior Leadership Team.

(d) The Capital Programme Steering Group will report performance against the capital programme both to the Finance and Digital Committee and the Senior Leadership Team.

5. Policy Statement and Provisions

5.1 Investment Philosophy and Objectives

The Trust will invest in opportunities that are consistent with its purpose, vision and objectives.

The statutory and principal purpose of the Trust is the provision of goods and services for the health service in England.

In fulfilling its core purpose, the Trust's mission is to improve the health of the people we serve by delivering exceptional care, teaching and research every day. When appropriate, the Trust will make investment decisions in line with the Trust's business and service intent as set out in the Trust's Clinical Strategy, as summarised below:

- We will excel in consistent delivery of high quality, patient centred care, delivered with compassion
- We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future
- We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.
- We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.
- We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation
- We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.
- The investment policy sets out the criteria which will be used by the Trust to evaluate potential major and/or high risk capital investment decisions (defined in section 8).

- The Trust will also take into account the financial, strategic, quality, operational, regulatory and reputational risk and benefit when evaluating potential investment decisions.

- The Trust will not enter into any project that would result in a breach of the terms of its NHS provider licence.

6. Capital Budget Setting

6.1 New Capital Regime

The new capital regime introduced in 2020/21 essentially sets a limit to system (STP) capital expenditure each year. The Capital Departmental Expenditure Limit (CDEL) represents the funding envelope for the year and each STP/ICS will be expected to work together to manage their capital investment spending within this limit. This now means that although UHBW has built up cash reserves over the years, we now have a capital limit (CDEL) imposed on our spending.

6.2 The Medium Term Capital Programme

In line with the new capital regime described above, the Board of Directors will approve both the size of the Medium Term Capital Programme, taking account of the approved long term financial plan, the allocated Trust CDEL and the budget allocation between classes of investment in the programme, which will include at a minimum:

(a) Major strategic projects;

(b) Medical equipment;

(c) Operational capital;

(d) Information Technology

(e) Fire Improvement; and

(f) Works replacement.

A capital planning process will be integrated into the annual business planning round which will determine the approval route for each class of investment.

The Trust will move towards establishing a rolling replacement programme for key assets.

6.3 Business Case Requirements

All investment proposals are now required to be supported by relevant business case documentation according to the value of the proposed investment as shown in **Table 1** below. This is described in the business planning guidance and template documentation

available from the Director of Strategy & Transformation, supported by the Commissioning and Planning Team.

This business case process is to be followed for all types of business cases across the organisation including digital, estates and equipment.

Table 1 – Thresholds for Business Case Requirements

Scheme cost as % of Trust turnover	**Documentation required**
Below £1.0m	Business Planning Process should be followed for capital investments below £1.0m as part of the annual Operational Planning Process (OPP).
Up to 0.25% or (£1.0m and £2.530m)	Strategic Outline Case (SOC), Outline Business Case (OBC) and (subject to OBC approval) a Full Business Case (FBC)
Between 0.25% or (£2.530m) and 1% or (£10.119m)	
More than 1% or (£10.119m)	

Table 1: Thresholds for business case requirement

The development of business cases needs to align to the parallel development of estates design phases and approval for fees for design will be presented to and approved by CPSG.

Any project requiring financial support for production of the appropriate business case prior to scheme approval must have an approved Project Initiation Document.

The requirement for external approvals outside of the Trust will be established at the start of the process and the business case will be produced in accordance with these requirements. The detail of this is currently unknown and the policy will be updated accordingly to reflect the external requirements.

Detailed templates and guidance for each form of business case is available from the Director of Strategy & Transformation, supported by the Commissioning and Planning Team.

6.4 Project Sponsor

Each capital investment proposal will require the support of an Executive Director who will be the Project Sponsor / Senior Responsible Officer (SRO)

The SRO is responsible for ensuring that the terms of the Capital Investment Policy and other Trust policies are followed and that business cases follow the appropriate approval route (see section 7).

7. Approval route including regional and National requirements

Table 2 shows the thresholds used to determine the business case requirements for schemes which fall within the definition of high risk and/or the definition of a major scheme (see section 3). It should be noted that the approval route is the same with all high risk and/or major schemes:

For capital schemes below £1m the approval process is through the Operational Capital route as part of the Operational Planning Process (OPP).

Table 2 – Internal Approval Route for High Risk and/or major scheme investments

Threshold		Business Case format	Capital Programme Steering Group	Senior Leadership Team	Finance and Digital Committee	Trust Board	Council of Governors
Percentage of turnover %	Capital expenditure including VAT £m						
>1%	>£10.119m	SOC+ OBC + FBC	YES	YES	YES	YES	YES
>0.25% <=1%	>£2.530m <= £10.119m	SOC+ OBC + FBC					
<=0.25%	<=2.530m	SOC+ OBC + FBC					

Table 2: Business case requirement and approval route (high risk or major capital schemes)

External Approval Route referenced again in Appendix 1 - if a transaction meets any one of the criteria below, it must be reported to NHSE/Improvement (NHSE/I) as well as follow the internal approval process as described above in Table 2. Note this is subject to change and the policy will be updated as appropriate.

Ratio	Description	UK Healthcare	Non-Healthcare
Assets	The gross assets* subject to the transaction divided by the gross assets of the Foundation Trust	> 10 %	> 5 %
Income	The income attributable to: • The assets; or • The contract associated with the transaction divided by the income of the Foundation Trust	> 10 %	> 5 %
Consideration to total NHS FT capital	The gross capital** or consideration associated with the transaction divided by the total capital*** of the Foundation Trust following completion.	> 10 %	> 5 %
***** Gross assets are the total of fixed assets and current assets.			
****** Gross capital equals the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets.			
******* Total capital of the Foundation Trust equals tax payers' equity.			

For schemes that fall outside of the definition of high risk and/or involve capital expenditure totalling 1% or less than the Trust's planned turnover of £9.012million, table 3 shows the thresholds, business case requirement and approval route:

Table 3 - Approval Route for all other schemes falling outside definition of high risk or major

Threshold		Business Case form	Capital Programme Steering Group	Senior Leadership Team	Finance and Digital Committee	Trust Board
Percentage of turnover %	Capital expenditure including VAT £m					
>0.5% <=1%	>£5.060m <= £10.119m	SOC+ OBC + FBC	YES	YES	YES	
>0.25% <=0.5%	>£2.530m <= £5.060m	SOC+ OBC + FBC	YES	YES		
<=0.25%	<=£2.530m	SOC+ OBC + FBC	YES			

Table 3: Business case requirement an approval route (all other)

Foundation Trusts in financial distress must also comply with the delegated limits set out in section 3 of the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts.

NHSI_Capital_Regime_Investment_Annex_5_final_v2.pdf

7.1 Business Case Guidance, Business Case Fundamental Criteria and use of the comprehensive investment model

The HM Treasury business case best practice guidance provides a step by step practical approach to the development of business cases using the Five Case Model and it is essential that business cases submitted follows this approach. For reference, the link to the business case guidance is below.

It is intended that the need to comply fully with the best practice guidance will only be for our major strategic developments requiring Department of Health and Social Care (DHSC) or HM Treasury level external approval.

The internal business case templates have been developed with the intention of meeting the criteria for the levels of approval required, as at the point of the approval of the policy. As the local ICS process for capital approval develops, this policy will be updated to reflect and changes in requirements.

Guide for Developing Project Business Cases 2018.pdf

Business cases to be submitted to Department of Health and Social Care (DHSC) or HM Treasury are required to use the Comprehensive Investment Model (CIA) as published by the (DHSC).

The fundamental criteria published in March 2020 has been produced to supplement the HM Treasury Green Book Guidance.

The fundamental criteria is a key change in the way that business cases are reviewed using two gateways. The aim of the fundamental criteria is to streamline both business case content and approvals in line with HM Treasury Green Book standards by making the key content for approvals clear to both authors and reviewers.

7.2 The Fundamental Criteria

There are two business case review gateways which NHSE/I will consider for approvals that are required to go through this route, these are;

Gateway 1 – Fundamental criteria assessment and outcome

- Organisations will be required to undertake and complete a self-assessment of the fundamental criteria described above using the South West Regional feedback form. The Region will then undertake a review and provide written feedback to the owning organisation within 15 working days.

- The three possible outcomes of the fundamental criteria assessment are;

    1. The Trust meets the Fundamental Criteria
    2. The Trust only partially meets the Fundamental Criteria
    3. The organisation does not meet the Fundamental Criteria

If the first gateway is not met or is only partially met, NHSE/I will decide if the business case can continue to the detailed review stage or if the Trust will be required to complete some further assurance to progress to detailed review stage.

Gateway 2 – The detailed review process

If the first gateway is met, the Business Case will be entered into a detailed review process with the timescales agreed with our Regional NHSE/I teams.

7.3 The Comprehensive investment Appraisal (CIA) Model

The CIA model is the standard template used in the NHS for the economic modelling of a business case and must be used at all stages (SOC, OBC and FBC) for all schemes greater than circa £90m capital cost. The analysis must quantify costs, risks, cash releasing benefits, non-cash releasing benefits and economic benefits as well as un-monetisable benefits.

The link to the CIA guidance and model is below

CIA_User_Guide.pdf

CIA_Excel_Model.xlsx

8. Evaluation

Business cases will be evaluated against explicit financial and non-financial criteria outlined below.

8.1 Financial Criteria

The NHS financial architecture is undergoing significant transformation and the well-established payment and contracting processes between providers and commissioners will change in 2021/22. The possible introduction of blended payment models across most secondary care services is likely to be based on providers' cost bases which will have a major impact on scheme affordability and will require an explicit agreement with Commissioners. All business cases for capital investment must;

- Clearly state the total revenue costs of the investment i.e. including direct operating costs and the indirect operating costs including associated financing costs for example capital charges and Trust corporate overheads;

- Clearly state the total non-revenue costs / transitional costs of the investment i.e. including direct operating costs and the indirect operating costs including associated financing costs eg capital charges and Trust corporate overheads;

- Ensure that if loan financing is sought that the capital repayment of the loan is included where relevant and the applicable interest charge if financed through borrowing

- Understand the VAT implications of the capital investment

- Understand and state the incremental impact of the investment on the Trust's primary financial statements. Statement of comprehensive income, statement of financial position and statement of cash flows.

- The STP Service Transfer Principles should be referred to when assessing the capital implications of any service transfer and/or reconfiguration. These are referenced in section 10 of this policy and is available if required from the Senior Financial Planning Accountant.

- The two ways to assess the recurring revenue implications for service transfers and reconfigurations are;

    - A simple cost quantum assessment for the change / increase in capacity

    - A cost assessment of the current baseline first where for example we are losing or gaining part of a service and then adjusting this for the recurring change in capacity

- Written letters of support are required from all major commissioning CCGs and the wider STP for the proposed service provision/ proposal. Letters of support should be described and included in appendices. They should meet the requirements of Annex 12 of the NHSE Service Change Guidance

The Board may choose to waive the requirement for explicit ICS/CCG funding approval where it deems that exceptional circumstances apply. Such circumstances may include mitigation against significant strategic, statutory, regulatory, operational or reputation risks or a desired investment in a quality improvement. In this case, the Board will make the final investment decision itself.

8.2 Non-Financial Criteria

(a) Strategic Capital:

The scoring template for the non-financial appraisal of strategic capital programmes is outlined in Appendix 2.

The evaluation framework for strategic capital business cases is outlined in Appendix 3.

Scoring templates for the non-financial appraisal of major medical and operational capital are attached at Appendix 4.

9. Risk Management

The non-financial evaluation criteria include risk mitigation and therefore take into account the risk of not entering into a proposed investment.

The Trust will also take into account the risk and return (both financial and non-financial) of making a proposed capital investment. The risks will be fully identified and assessed according to the Trust's standard risk assessment tool. A sample due diligence checklist is attached at Appendix 4.

The Trust will seek to quantify the risks of a proposed investment in financial terms wherever possible. Business cases for major capital investment will include a quantified risk and mitigation assessment.

The Trust will actively monitor the performance of its investments and ensure that adequate risk mitigation is in place.

10. References

NHS Improvement's Single Oversight Framework (SOF) -
Single_Oversight_Framework_published_30_September_2016.pdf

The comprehensive investment appraisal (CIA) model and user guide

CIA_User_Guide.pdf

CIA_Excel_Model.xlsx

Guide for Developing Project Business Cases_2018.pdf

NHS SW Region Capital Briefing Note 4 FINAL.pdf

Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts-

NHSI_Capital_Regime_Investment_Property_Business_Case_Main_Comms_V9.0_final_v2.pdf

Service Transfers Financial Framework.pptx

11. Associated Documentation

Major Medical and Operational Capital Prioritisation Process –
http://workspaces/sites/teams5/Busplan/Capital/Forms/AllItems.aspx?RootFolder=%2fsites%2fteams5%2fBusplan%2fCapital%2fCapital%201920%2fGuidance&FolderCTID=&View=%7b3B7F6B01%2d2C32%2d44EC%2dA5D2%2d61E06D53399C%7d

12. Appendix 1 – Thresholds for reporting investments or divestments to NHSE/I

Source: *Guidance on transactions for NHS Foundation Trusts*, Monitor, March 2015

If a transaction meets any one of the criteria below, it must be reported to NHSE/Improvement (NHSE/I).

Ratio	Description	UK Healthcare	Non-healthcare
Assets	The gross assets* subject to the transaction divided by the gross assets of the Foundation Trust	> 10 %	> 5 %
Income	The income attributable to: • The assets; or • The contract associated with the transaction divided by the income of the Foundation Trust	> 10 %	> 5 %
Consideration to total NHS FT capital	The gross capital** or consideration associated with the transaction divided by the total capital*** of the Foundation Trust following completion.	> 10 %	> 5 %

* Gross assets are the total of fixed assets and current assets.

** Gross capital equals the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets.

*** Total capital of the Foundation Trust equals tax payers' equity.

Small, Material or Significant Transaction

Transactions which do not meet the reporting requirements set out above are classified as "small" transactions. All reportable transactions will be classified as either "material" or "significant" by NHS Improvement. NHS Improvement will classify a transaction as significant, and subject to a detailed review, if the transaction meets one of the following criteria:

- A relative size of greater than 40% in any of the tests set out above;
- A relative size of between 25% and 40% of the tests set out above and an additional risk factor has been identified by NHS Improvement and is considered relevant;
- A relative size of between 10% and 25% of the tests set out above and in NHS Improvement's view, one or more major risk or more than one other risk has been identified by NHS Improvement and is considered relevant.

A non-exhaustive list of examples of risk factors are set out below to provide an indication of what NHS Improvement may consider to be a major risk or otherwise.

Risk factor	Example of major risk	Example of other risk
Leverage	Capital servicing capacity of the enlarged organisation is <1.75 (as defined in the SOF)	Capital servicing capacity of the enlarged organisation is <2.5 (as defined in the SOF)
Acquirer's experience of services provided by target	A significant change in scope of activity of acquirer	A minor change in scope of activity of acquirer
Acquirer quality	Governance at the acquirer is rated "red" or subject to narrative with a "formal investigation" underway	Governance at the acquirer is subject to narrative description of some concerns
Acquirer financial	Use of Resources rating of ≤2 in the acquirer	Use of Resources rating of 2/3 in the acquirer
Target quality	Target is rated "inadequate" by CQC	Target is rated "requires improvement" by CQC
Target financial	Target has significant current and/or historical deficits	Target has minor current and/or historical deficits

13. Appendix 2 – Strategic Capital – Non financial appraisal

The following matrix is to be used for the prioritisation of strategic capital

Criteria				Weighting	TOTAL
1. UHBW Strategic alignment					
Does not clearly deliver or support UHBW strategic initiative	Supports the delivery of 1 or more strategic initiative	Directly delivers 1 strategic initiative	Directly delivers 2 or more strategic initiatives	X20	
1	2	3	4		
2. Local System or Regional strategic alignment				X10	
Does not clearly deliver or support regional or local System strategic priority	Supports the delivery of 1 or more regional or local System strategic priority	Directly delivers 1 regional or local System strategic priority	Directly delivers 2 or more regional or local System strategic priority		
1	2	3	4		
3. Primary risk addressed (by Datix score)				X20	
Low risk	Medium risk	High risk	Very high risk		
1	2	3	4		
4. Delivery Timescale				X20	

Required delivery and deliverable within 5 years+	Required delivery and deliverable within 3-4 years	Required delivery and deliverable within 2 years	Required delivery and deliverable within 12 months		
1	2	3	4		
5. Workforce viability				X15	
Significant workforce requirement and high recruitment risk	Moderate workforce requirement and medium recruitment risk	Workforce requirement, but low recruitment risk	No workforce requirement/no recruitment risk		
1	2	3	4		
6. Financial viability (Revenue)				X15	
No confirmed funding source/support from commissioners	Indication of commissioner support but no confirmed funding source	Indication of commissioner support and funding source partially confirmed	No revenue consequence or fully confirmed funding source with full commissioner support		
1	2	3	4		

14. Appendix 3 - Strategic Business Case – Evaluation Criteria

Business Case Decision Making Area	Criteria	Consideration for Approval
Strategic Alignment	Aligned with organisational strategy	Does the business case support the Trust's strategic priorities, and objectives and does it directly delivery one or more of the agreed strategic initiative within the Trust's Clinical Strategy Programme.
	Alignment with the System strategic priorities	Does the business case support the local system or regional/network strategic priorities, and objectives? (**need to clarify exactly what this is being judged against).* Are there any risks that the proposal won't be supported by local or regional partners (provider or commissioner)
	Objectives	Are the objectives of the programme clearly outlined in the business case and are they SMART to allow effective monitoring and evaluation?
	Case for change	The context for change should updated throughout the process to reflect any wider organisational, national or societal changes that have occurred, which affect the rationale for the business case.
	Options Appraisal	Does the options appraisal outlined in the business case present the credible options to achieve the objectives of the programme and is there a clear and well evidenced rationale to support the identified preferred option?

	Platform for evolution	Does this business case create a platform for the further development of the service?
	Education, Teaching and learning links	Does the business case have a positive impact on Education, Teaching and Learning?
	Research links	Does the business case have a positive impact on research?
Operational	Workforce	Have the workforce (particularly relating to workforce supply) risks associated with the business case been fully outlined, understood and to what extent have they been mitigated. What level of confidence is there that workforce constraints will not impact on the delivery of the business case?
	Capital/Estates requirements	Have any proposed capital/estates developments within the case been well described and are the underpinned by the correct level of design evaluation (feasibility study/OBC design/FBC design) depending on the status of the case? Has planning been secured and/or have the risks of this been fully quantified?
	Project management	Have the project management arrangements for the delivery of the proposal been clearly outlined and is there confidence in the capacity to deliver within the stated timescales and within the outlined resource? Is there a full project plan outlined which identifies key milestones and timescales for delivery? This should include Estates and Facilities capacity and programme to deliver.
	Risks to the programme	Does the business case clearly set out the risks to the delivery of the programme with effective mitigations and method for on-going evaluation?

	Ease of implementation	How easy will it be to implement the proposed business case? How much disruption will it create for patients and staff? How effectively are the mitigations of these risks understood and described? Have all decant requirements been considered and addressed?
	Access to care and reduction in inequalities	How will the business case impact on patient and carer access to care and the reduction of inequalities in access?
	Impact on aligned/supporting non clinical services	Are all of the associated clinical and non-clinical services supportive of the business case? Including partner provider organisations?
	Clinical model of care	Is the clinical model of care underpinning the case well described and are there any risks its successful delivery.
	Benefits realisation	Are the proposed benefits of the case clearly outlined, including the mechanisms by which the realisation of these benefits will be measured?
	Post Project Evaluation	Is there a clear outline of the approach to post project evaluation and learning?
Clinical and Quality	Quality of patient care	Will proceeding support continued deliver of high-quality patient care? Can we deliver this service in a clinically effective way? Can we deliver this service in a way which continually improves patient experience? Can we deliver this in a way which ensures continued and improved patient safety?

	Risk	Has the principle and associated risks that the business case addresses been clearly identified and well described? Does this link to an approved risk on Datix and does the business case provide full mitigation for the risk?
	Capacity and Demand planning	Is the case underpinned by clear and credible capacity and demand modelling which demonstrates the need for the proposal outlined in the business case. Is this consistent with Trust and System assumptions. Has the impact of Trust, local System and regional transformation programmes been applied to the capacity and demand modelling
	Productivity, innovation and improvement	Has the impact of Trust, local System and regional transformation programmes been applied to the capacity and demand modelling and the proposed solution. Have ambitious, but deliverable productivity assumptions been outlined and proposed within the preferred option. Have opportunities for innovation and new models of care been fully considered and proposed within the preferred option.
	Sustainability	Has consideration been given to the sustainability impact of the proposal and it is aligned to the Trust's and local System's sustainability strategy. Does it meet any national requirements in this regard?
Financial	Affordable - capital expenditure	Is there a confirmed funding source for the full capital costs outlined in the business case?
	Financially sustainable - Income and expenditure impact on revenue	Is there a confirmed funding source for all recurring and non-recurring revenue costs within the business case?

		Do all activity and funding implications within the business case have full support of the required commissioner?
Reputational	Impact on organisational reputation	How will approving the business case or not impact on our organisational reputation?

15. Appendix 4 – Operational and Major Medical Capital prioritisation

3a Technical Resilience

3b Quality Strategy (including staff well-being)

3c Risk Mitigation

3d Overall Scoring Matrix

4a – Technical Resilience

Relative age	Score	
This is based on the age of the asset in relation to its anticipated lifespan		
2 year + below	1	
2 year to 0 year below	2	
0 years (same as lifespan)	3	
0 – 2 years above	4	
2 years + above	5	
	Relative age score	

Reliability		
This is based on the cost of maintenance which takes account of routine servicing, but also labour and parts associated with failing assets		
Cost	**Score**	
£0	1	
£0 – £1,000	2	
£1,001 – £5,000	3	
£5,001 – £10,000	4	
£10,000+	5	
	Reliability score	
Business Criticality	**Score**	
No disruption to service	1	
Disruption to single-patient treatment	2	
Some disruption to service	3	
Significant disruption to service	4	
Closure of service	5	
	Business criticality score	
	TOTAL SCORE /15	

4b – Quality Strategy (including staff well-being)

Key	
Score	**Impact**
5	Very high (i.e. significant, specific, tangible)
4	High impact
3	Moderate impact
2	Low impact
1	No impact

	Scores 1-5	Rationale
ACCESS		
The extent to which the scheme will deliver improvements in performance on core constitutional standards such as RTT, diagnostic wait, cancer or 4 hour benefits.		
SAFE, RELIABLE CARE		
The extent to which the scheme maintains or improves the safety of the service provided to patients.		
The extent to which the scheme delivers improvements in the provision of reliable care, which could include increased/flexible service hours or flexible service locations.		
The extent to which the scheme will maintain or improve compliance against NICE, NHS England service specifications and/or other key national guidance/enquiries.		
PATIENT AND STAFF EXPERIENCE		

The extent to which this will maintain or improve the ability to treat patients with honesty, respect and dignity.		
The extent to which the scheme responds directly to patient complaints, taking account of the number of complaints received and percentage of patients that complaint (i.e. 100% patients complain scores higher).		

PATIENT AND STAFF EXPERIENCE (continued)		
The extent to which the scheme will improve staff experience.		
The extent to which the scheme will improve staff wellbeing.		
RESEARCH, INNOVATION AND TRANSFORMATION		
The extent to which the scheme will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.		
The extent to which the scheme impacts on the delivery of the emerging priorities in the system Sustainability and Transformation Partnership (STP).		
	TOTAL /50	

4c – Risk Mitigation

Top Tips for effective risk management

Define the risk that is worrying you most and decide which domain it sits in.

If there are multiple risks, patient safety trumps all others.

It's very hard to score 12 and above – if your risk is scoring a 12, consider calibrating it.

Express as a risk, do not describe the cause or an issue:

- Risk that…
- Risk of…

Likelihood of Impact:

- You should be driven by actual evidence of occurrence, ideally incident reporting. If it hasn't happened before, what's your evidence that it will happen again.
- Impact of the risk you have described; guard against disconnect.

Actions and Controls:

- A control is something that is already in place and is actively mitigating the risk;
- An action is something you intend to do in the future to mitigate the risk. It might be a one off and when complete will reduce the risk, or be ongoing and thus becomes a control.

Scoring your risk

Please use the below on page 32 the Risk Assessment Matrix to score your risk(s).

SCORE	RISK MITIGATION
5	**Very high** risk score (**15 to 25**) as per Trust's Risk Assessment Matrix
4	**High** risk score (**10-12**) as per Trust's Risk Assessment Matrix
3	**High** risk score (**8-9**) as per Trust's Risk Assessment Matrix
2	**Moderate** risk score (**4 to 7**) as per Trust's Risk Assessment Matrix
1	**Low** risk score (**1 to 3**) as per Trust's Risk Assessment Matrix
0	**No risk**, score 0
SCORE	

4d – Overall Scoring Matrix

SCORING MATRIX FOR NON-FINANCIAL EVALUATION OF MAJOR MEDICAL AND OPERATIONAL CAPITAL INVESTMENTS			
SCORE	**TECHNICAL RESILIENCE**	**IMPROVING QUALITY & STAFF WELLBEING**	**RISK MITIGATION**
5	15	41 - 50	**Very high** risk score (**15 to 25**) as per Trust's Risk Assessment Matrix
4	13 - 14	36 - 40	**High** risk score (**10-12**) as per Trust's Risk Assessment Matrix
3	10 - 12	31 - 35	**High** risk score (**8-9**) as per Trust's Risk Assessment Matrix
2	7 - 9	21 - 30	**Moderate** risk score (**4 to7**) as per Trust's Risk Assessment Matrix
1	4 - 6	16 - 20	**Low** risk score (**1 to 3**) as per Trust's Risk Assessment Matrix
0	0 - 3	10 - 15	**No risk**, score 0
Score			
Weighting	X 35	X 25	X 40
Weighted scores			
TOTAL SCORE		Technical resilience **+** Improving quality & staff wellbeing **+** risk mitigation *(weighted scores)*	

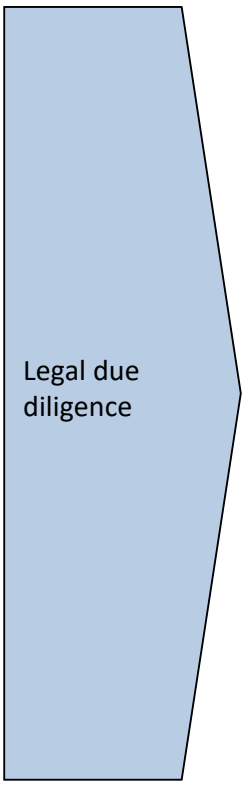
NB: Investments that have a mandatory (e.g. legal or regulatory) requirement will be funded without recourse to this matrix.

Examples of these types of investments can be found in the detailed guidance document.

16. Appendix 5 – Due Diligence Checklist to Inform Risk Assessment

Typical due diligence items

Type of process	Area	Example Items
Financial and commercial due diligence	▪ Strategy	▪ Rationale for how proposed investment will deliver value ▪ Strategic and business plans ▪ Business strengths and weaknesses ▪ Competitive dynamics
	▪ Finance	▪ Historical normalised earnings ▪ Most recent 5-year projection ▪ Key assumptions and sensitivity analysis ▪ Working capital strategy
	▪ Operations and manufacturing	▪ Business economics ▪ Customer and supplier relationships/contracts
	▪ Organisation and Management	▪ Management capabilities ▪ Organisation structure ▪ Systems integration ▪ Corporate culture and style
	▪ Research and development	▪ Key research efforts ▪ Research relationships and contracts
	▪ Information technology	▪ Security and contingency plans ▪ Types of systems ▪ Outsourced services
Tax and accounting due diligence	▪ Accounting	▪ Financial reporting systems ▪ Contribution margin ▪ Depreciation schedules
	▪ Finance	▪ Capital structure ▪ Covenants triggered by deal
	▪ Tax	▪ Tax liabilities from non-paid taxes ▪ Tax reserve
	▪ Insurance	▪ Claims history and policy status



- Corporate structure
- Legal
- Labour
- Anti-competitive
- Environment

- Contingent liabilities
- Shares outstanding and shareholder interests (if relevant)
- Legal entities
- Indemnification provisions
- Outstanding and pending limitation
- Licences, patents and trademarks
- Employment contracts and agreements
- Pension provisions and funding levels
- Non-paid benefits
- Potential anti-trust liabilities
- Potential remedies/outcomes
- Existing and future liabilities
- Successor liability
- Remediation plans

17. Appendix 6 – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
Compliance with relevant governance route thresholds	Business case submission	Report	According to business cases received	Business case owner	Capital Programme Steering Group Senior Leadership Team Board

18. Appendix 7 – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Associate Director of Strategy and Business Planning
This document replaces existing documentation:	No
Existing documentation will be replace by:	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All Divisional Management Staff and those responsible for requesting managing monitoring or reporting on capital funds
Method of dissemination:	Available to download from FINWEB/DMS or on request from the Senior Financial Planning Accountant and Associate Director of Strategy and Business Planning
Training is required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments	None
[DITP - Additional Comments]	

19. Appendix 8 – Equality Impact Assessment

Query	Response
What is the main purpose of the document?	This policy sets out the governance arrangements for capital investments undertaken by the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Add ☑ or ☒ Staff ☑ Patients Visitors Carers Others

Could the document have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		X	

Disability (including physical and sensory impairments, learning disabilities, mental health)		X	
Gender reassignment		X	
Pregnancy and maternity		X	
Race (includes ethnicity as well as gypsy travelers)		X	
Religion and belief (includes non-belief)		X	
Sex (male and female)		X	
Sexual Orientation (lesbian, gay, bisexual, other)		X	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		X	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		X	

Will the document create any problems or barriers to any community or group? ~~YES~~ / NO

Will any group be excluded because of this document? ~~YES~~ / NO

Will the document result in discrimination against any group? ~~YES~~ / NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	X		
Will it help to get rid of discrimination?	X		
Will it help to get rid of harassment?	X		
Will it promote good relations between people from all groups?	X		
Will it promote and protect human rights?	X		

On the basis of the information / evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact		Negative Impact

Significant	Some	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? ~~YES~~ / NO

Date assessment completed: 1st April 2021

Person completing the assessment: Senior Financial Planning Accountant and Associate Director of Strategy and Business Planning

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Quality Account update**
Report Author	**Chris Swonnell, Head of Quality & Patient Experience**
Executive Lead	**Deirdre Fowler, Chief Nurse**

1. Report Summary
This report confirms arrangements for approval and publication of the Trust's Quality Account for 2020/21.
2. Key points to note *(Including decisions taken)*
The Quality Account will be presented to the Board in July.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Information.**
5. History of the paper **Please include details of where paper has previously been received.**

Execs	5/5/21

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Title: SBAR – 2020/21 Quality Account

Date: 4th May 2021

SBAR – 2020/21 Quality Account	
Situation	On 4th May the DHSC confirmed that there is to be no change to the deadline for Trusts to publish their annual Quality Accounts. The deadline is therefore 30th June. Unfortunately, this guidance has been issued very late in the year, which means that it is not possible to meet the deadline without breaching the Trust's obligations to consult stakeholders.
Background	Quality Accounts legislation requires Trusts to publish their Quality Accounts by 30th June each year. In 2020, this requirement was amended in light of the pandemic – the formal deadline was removed and replaced with a suggested December deadline (not mandated). This meant that 2019/20 Quality Accounts were not included in Annual Reports. The usual requirement for external audit of Quality Accounts was also waived. UHBW published the 2019/20 Quality Accounts for UHB and WAHT (as-were) following approval of the reports at public Board in January 2021. In February 2020, the NHSEI published guidance for Trust Annual Reports for 2020/21. This explained that, as per the previous year, Quality Accounts for 2020/21 were not included in Annual Reports, and that the requirement for external audit of Quality Accounts was once again waived (the guidance also indicated that external audit of Quality Accounts would become an option, not a requirement, in future years). NHSEI indicated that the DHSC would be issuing further guidance on arrangements for publishing 2020/21 Quality Accounts in due course, however, given that Quality Accounts had once again been de-coupled from Annual Reports, a reasonable assumption was made that the usual publication deadline would once again be amended to reflect service pressures resulting from the pandemic. No further guidance was forthcoming from the DHSC during February and March. On 18th April, the Trust received an email from NHS Providers indicating that the DHSC had advised that the publication deadline for 2020/21 would be waived and replaced with an "as soon as possible please" expectation. UHBW therefore set out a timescale to write its 2020/21 Quality Account during May and June, with planned approval at public Board (and then publication) at the end of July 2021. On 30th April, NHSEI advised the Trust that, contrary to the earlier NHS Providers guidance, there would be no change to the regulations or the publication deadline for 2020/21. On 4th May, NHS Providers issued an apology and clarification confirming the 30th June deadline. The NHS Providers email further outlined a discussion with DHSC in which NHS Providers had explained that many Trusts would now find it difficult to meet that deadline; the DHSC's reported response being that "where you cannot meet the 30 June date you should endeavour to do so as quickly as possible thereafter".
Assessment	As there has been no change to the regulations, the Trust is still required to consult its stakeholders. Therefore, insufficient time now remains to write the Quality Account, consult stakeholders on the draft report (a 30 days window should be given) and subject the final report to the necessary scrutiny through SLT, QOC and Board prior to the publication deadline of 30th June 2021. The Trust is therefore faced with a choice of which rule to breach; the window for stakeholder consultation, or the publication deadline. Adherence to the 30th June deadline would also give contributors to the Quality Account little more than a fortnight to prepare the relevant report content (and still with a much-reduced consultation window) – this is unrealistic.
Recommendation	Taking into account all of the above – the DHSC's acknowledged that 30th June may not be possible for Trusts, the importance of engaging stakeholders appropriately, the unrealistic timescale for contributors to write the report – Executive Directors have agreed that it is appropriate for the Trust to keep to its original plan, which is to receive the Quality Account at public Board in July 2021 and to publish the report by the end of that month.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Research & Innovation 2020-2021 summary report**
Report Author	**David Wynick**
Executive Lead	**William Oldfield, Medical Director**

1. Report Summary	
The purpose of this report is to provide an update on performance and governance for the Board	
2. Key points to note *(Including decisions taken)*	
See executive summary in report.	
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
The risks associated with this report include: N/A	
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.**	
[Name of Committee/Group/Board]	**[Insert Date paper was received]**
N/A	**N/A**

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

Executive Summary

This report covers the full financial year 2020/21. Due to the covid-19 pandemic the research priority for the year was to successfully deliver Urgent Public Health trials. The majority of the non-COVID research portfolio was suspended in May 2020 and a proportion reopened in July 2020 prior to the second wave. Where possible we prioritised continuing recruitment and follow up to our most important non- COVID research, ensuring that patients continued to have access to potentially life-saving or -changing specialist trials. Currently 47% of previously suspended non- COVID research has now re-opened at UHBW.

COVID-19 Research Update: Over the last year, we have worked hard to deliver COVID-19 Urgent Public Health (UPH) research, to develop licensed vaccines at-pace, to identify effective treatments for patients suffering from COVID-19 and to collect data about COVID-19 so that it can be better characterised and understood. Internally within the trust we reconfigured the medical research leadership and research delivery team support for the UPH in-patient research and recruited a team of research staff to deliver vaccine trials, including first in human, and phase I/II trials.

We have had phenomenal input from all divisions' research teams and the NIHR Biomedical Research Centre to collaborate and work cross-trust to successfully deliver this huge endeavour. This has allowed us to maximise effectiveness during this difficult time, recruiting over 2700 inpatients and staff to non-vaccine COVID-19 research in Bristol and Weston:

Nearly 500 staff volunteered to take part in SIREN, which sought to establish whether individuals who had been infected with COVID-19 were protected against future infection, whilst inpatient trials included the platform trials RECOVERY and REMAP-CAP which identified that Tocilizumab reduces deaths in patients hospitalised with severe COVID-19, that azithromycin shows no benefit for patients hospitalised with COVID-19 and that low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19. Over 850 healthy volunteers were consented into a range of vaccine candidate trials, which included ChAdOx1 n-Cov-19, the now-licensed Oxford-AstraZeneca COVID-19 vaccine which has been rolled out as part of the mass-vaccination programme.

Performance: The clinical research network standard performance metrics were suspended during 2020/21, however performance has remained strong, with 8388 participants recruited into commercial and non-commercial studies, bolstered by our participation in both observational and interventional COVID-19 research. Our set-up times for the 18 UPH studies initiated were all quicker than the national 'ambition' of nine days.

Funding: The CRN allocation for 21/22 is £3.9 million. The allocation was made since the merger, and includes what would have previously been separate funding for Weston. Research Capability Funding for 21/22, based on spend in the previous calendar year, is £1,090,975.

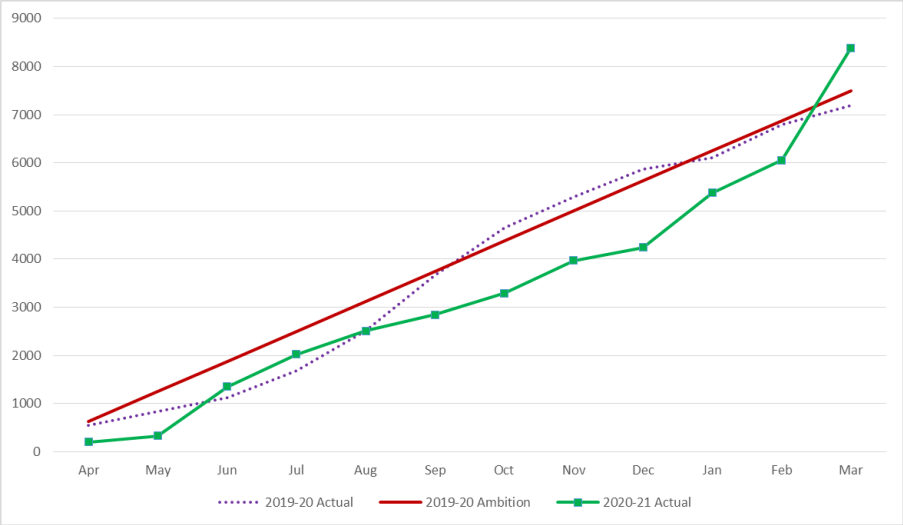
Overview

Successes	Priorities
• UHBW was the highest recruiting site for AZ vaccine trials which contributed to successful implementation of AZ vaccine in the COVID-19 mass vaccination programme • New Vaccine and Testing Team (VTT) was rapidly set up and is successfully delivering pipeline of COVID-19 vaccine trials which will all feed into the mass vaccination programme. • Successful delivery of other Urgent Public Health trials which involved cross divisional collaborative working at the Trust. Treatments are now available for COVID-19 as well as evidence of treatments that do not work as a direct result of those trials. • UHBW was requested by the JCVI to sponsor COMFLUCOV, an Urgent Public Health trial looking at tolerability of combining the second COVID booster vaccine dose with the influenza vaccine. The outcome of this trial will inform DHSC decision-making around the 2021/22 autumn-winter vaccine programme(s). • The Clinical Research Imaging Centre has been handed back to UHBW and it now operates as the new UHBW Clinical Research Facility, around which an NIHR Clinical Research Facility bid will be centred. • Of non-COVID research studies paused during the pandemic 47% have now reopened.	• Continue to deliver Urgent Public Health trials to support further vaccine development and treatment against COVID-19 • Work with the NIHR to reopen all previously suspended non COVID research in a managed way under the national Recovery, Resilience and Growth programme • Submit stage 1 application for Biomedical Research Centre 2 bid by 26 May 2021 and, if invited, a full application by 20 October 2021. • Submit application for Clinical Research Facility bid by 29 September 2021
Opportunities	**Risks and Threats**
• The pandemic has highlighted the value of research, demonstrating (1) how vaccines developed at-pace have been shown to be safe and effective in real-world populations and (2) how research data collected in controlled trial conditions can contribute to the evidence base, leading to reductions in COVID-19 mortality worldwide. It is essential to maintain this momentum of interest in research in staff and patients. • Development of Principal Investigators under the new Associate PI scheme run by the NIHR, increasing engagement of medical staff in research • Positioning UHBW as an adult vaccine trial centre of excellence, with the VTT going on to deliver non-COVID vaccine trials and complementing the work of the already established University of Bristol's Children's Vaccine Centre.	• Further COVID -19 surge would put at risk our ability to successfully reopen non- COVID research • Clinical services stretched due to backlog and accommodating social distancing measures, reducing the opportunity to deliver research. • Fatigued research workforce who have worked tirelessly through the pandemic and have had no time for recovery.

Performance Overview

This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

a) Cumulative Recruitment to Commercial and Non-Commercial NIHR Studies

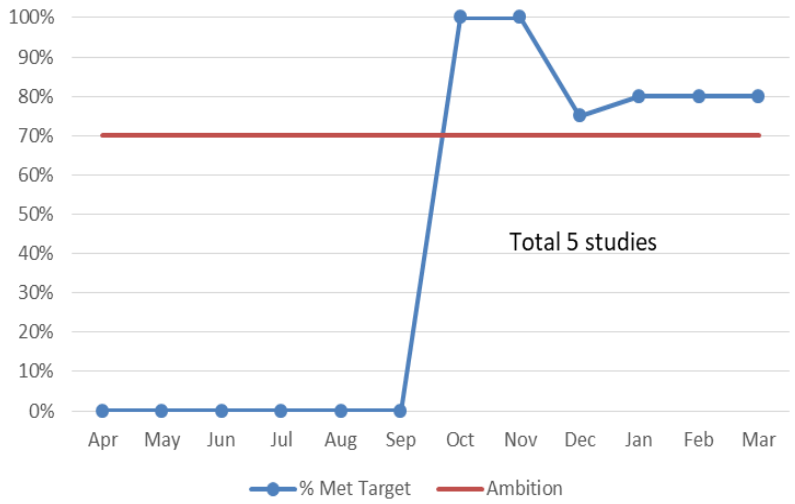


b) Minimise set up times for NIHR Urgent Public Health Studies (ambition 9 working days).

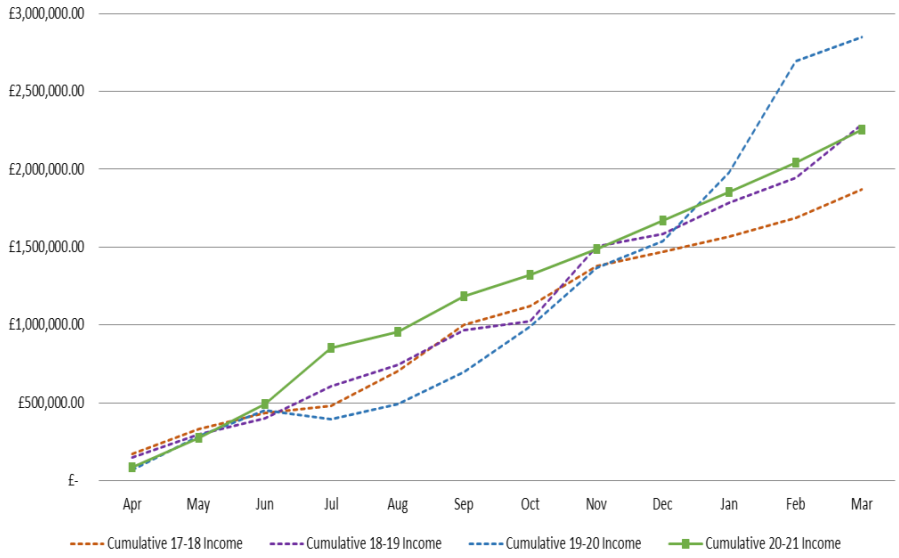
Quarter	No of studies	Median Setup days
Q4 2019/20	2	8
Q1 2020/21	7	0
Q2 2020/21	1	5
Q3 2020/21	5	5
Q4 2020/21	3	8

Please note this KPI was introduced by the NIHR in Q4 19/20 and will no longer be applicable from 21/22

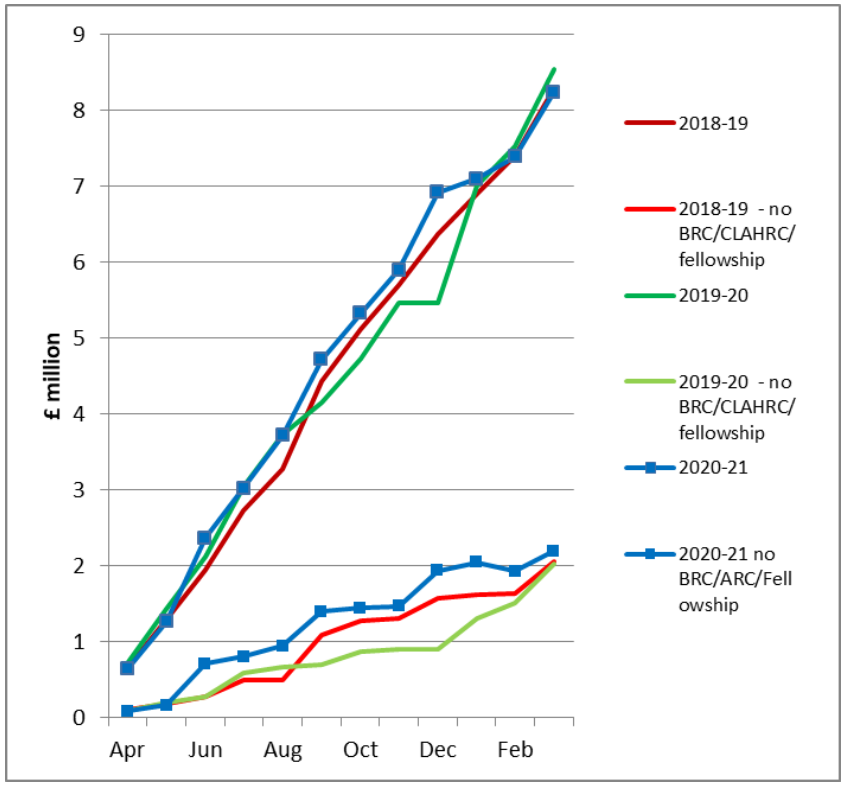
c) Proportion of new commercial contract studies achieving or surpassing their recruitment target at planned CRN sites



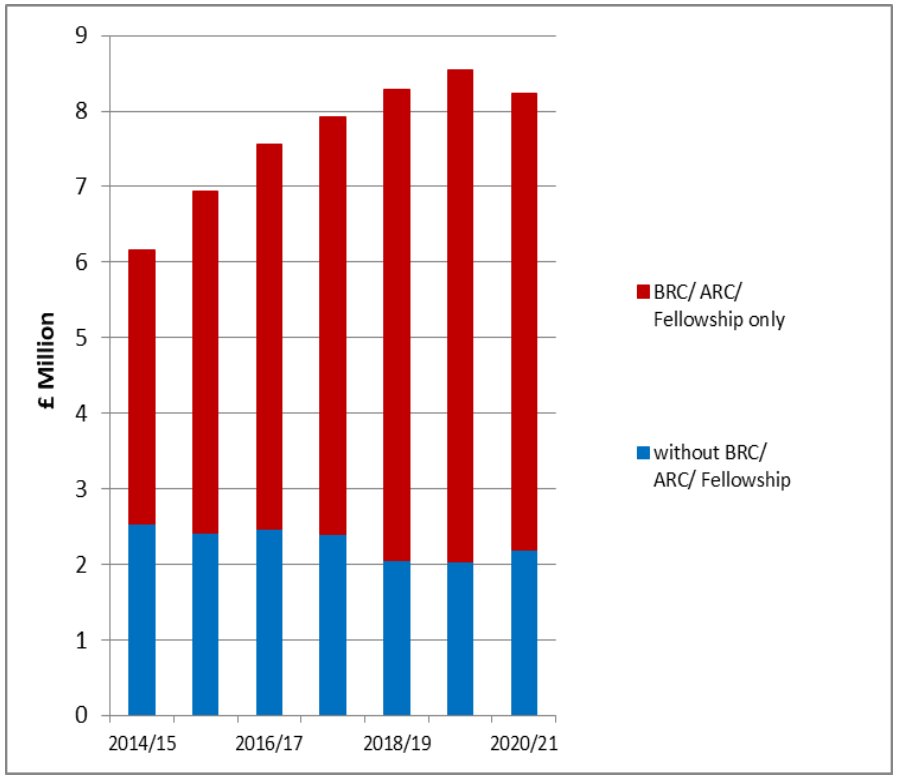
d) Monthly commercial income



e) NIHR monthly grant income – year on year comparison



f) NIHR grant income – drives research capability funding



University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Provider Licence Self-Certifications**
Report Author	**Eric Sanders, Director of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

To present the proposed self-certifications against the Provider Licence conditions for approval by the Board.

2. Key points to note
(Including decisions taken)

NHS foundation trusts are required to self-certify, on an annual basis, whether or not they have:

(1) complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);

(2) the required resources available if providing commissioner requested services (CRS);

(3) complied with governance requirements; and

(4) have provided Governors with the necessary training

This paper has been written by the Director of Corporate Governance to provide the Board with assurance that the Trust fully meets the NHS provider licence conditions.

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

The appendix identifies potential risks to compliance with the governance statement conditions and describes the identified mitigating actions.

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

- This report is for **APPROVAL**
- The Board is asked to **APPROVE** the Trust's provider licence self certifications.

5. History of the paper
Please include details of where paper has previously been received.

N/A

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Provider Licence - Self-Certifications

1. Purpose

1.1. To provide evidence of compliance against the Provider Licence to support a decision by the Board.

2. Background

2.1. NHS foundation trusts are required to self-certify whether or not they have:

(1) complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);

(2) the required resources available if providing commissioner requested services (CRS); and

(3) complied with governance requirements.

2.2. NHS Improvement issued guidance in 2018 which has been used to inform this paper and the appendices. The guidance can be access at the link below:

https://www.england.nhs.uk/wp-content/uploads/2020/08/Self-certification_2018_-_Consolidated_Guidance.pdf

3. Self-Certification Requirements

3.1. Providers need to self-certify the following after the financial year-end:

NHS provider licence conditions
The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
Publication of condition G6(3) self-certification Condition G6(4)
The provider has complied with required governance arrangements (Condition FT4(8))
The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to foundation trusts that are providers of CRS. (Condition CoS7(3))
Governors have received the necessary training to ensure they are equipped with the skills and knowledge they need to undertake their role.

3.2. It is up to providers how they undertake the self- certification; however a number of templates have been provided which the Trust has used as the basis of the document in Appendix 1.

3.3. Trusts are required to state either “confirmed” or “not-confirmed” against each element of the licence condition, and if the Trust chooses “not-confirmed” must provide an explanation why.

3.4. Boards must sign off on self-certification no later than

- G6/CoS7(3): 31 May 2021
- G6(4)FT4: 30 June 2021

3.5. To fulfil the requirement to publish the self-certification, the templates, proposed by NHS Improvement, will be completed and will be signed by the Chair and Chief Executive. These documents will then be added to the Key Publications section of the Trust's website.

4. Proposed Outcome

4.1. The Director of Corporate Governance has reviewed the statements and evidence sets and is proposing that the Board of Directors responds with "confirmed" for all elements. The evidence to support the response is outlined in Appendix 1.

4.2. For FT4, the Board is also required to consider any risks and mitigating actions for each element of the provider licence condition. These are described in Appendix 1.

4.3. The responses will be translated into the NHS Improvement template once agreed.

5. Recommendations

5.1. The Board of Directors is asked to consider the evidence aligned to each element of the provider licence conditions, which the Board is required to self-certify against, and confirm its response, noting the risks and mitigations.

Eric Sanders
Director of Corporate Governance

Appendix 1 – Provider Licence Self-Certification

		Proposed Response	Evidence	Risks	Mitigating Actions
FT4 - Corporate Governance Statement					
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**Confirmed**	• Annual Governance Statement • Well-led Framework - External Review • Head of Internal Audit Opinion • Board Assurance Framework • Board annual effectiveness evaluation • Compliance with the Code of Governance • External audit of the annual report and accounts • Internal Audits including review of divisional governance and internal control systems e.g. risk management	• The size and complexity of the organisation means there is a risk that good governance is not fully embedded in all divisions	• The Trust utilises its management and committee structures to ensure that good governance is embedded. This is complemented by the risk, performance and planning frameworks, which are overseen by the Senior Leadership Team • Guidance and advice is provided by the Director of Corporate Governance.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**Confirmed**	• As above plus: • Alignment of performance reports to the Single Oversight Framework in the Quality and Performance Report	• Guidance is not identified or implemented in a timely manner	• The Trust ensures that regular communications from NHSI, CQC and other key bodies are reviewed and acted upon. • Internal and external audit consider application of good governance during their audit programmes.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**Confirmed**	• Governance structure • Board and Committee annual effectiveness reviews • Scheme of Reservation and Delegation and Standing Financial Instructions • Committee Terms of Reference • Reports from the Chairs of the Committees to the Board and Council of Governors, and its focus groups	• Committee Terms of Reference are not fit for purpose/aligned with up to dates guidance on effective governance.	• Annual reviews of Committee Terms of Reference, with reference to relevant up to date guidance. • Stakeholder analysis included as part of the review process to ensure all internal and externa requirements are identified and included in the Terms of Reference.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate	**Confirmed**	• Quality and Performance Report and Finance Report to Board each month • Annual Operating Plan and Budget (Trust and Divisional)	• The Trust's internal control systems are not sufficiently robust to ensure compliance	• The systems and processes are regularly tested through the internal and external audit programmes, and the robust approach to risk management

		Proposed Response	Evidence	Risks	Mitigating Actions
	efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		• Standing Financial Instructions • Head of Internal Audit Opinion • Annual Governance Statement • Clinical Audit Programme and Reports • Financial Strategy • Committee Structure and Terms of Reference • External Audit of the Trust Annual Report and Accounts • Risk Management Strategy • Corporate and Divisional Risk Registers • Board Assurance Framework		
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	• Well-led Framework – External Review • Board Skills and Knowledge Review • Board Development Programme • Board member annual appraisals • Non-Executive Director and Executive challenge of proposals • Monthly Quality and Performance Report and finance report • Active engagement with Commissioners, local Health Scrutiny, Health & Well-being Boards and Healthwatch • Quality Governance Framework (safety, experience, outcomes and access)	• As above	• As above

		Proposed Response	Evidence	Risks	Mitigating Actions
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	• Board Skills and Knowledge Review • Remuneration, Nominations and Appointments Committee Terms of Reference and work programme • Management and Organisational Development Programmes • Divisional Performance Reviews • Senior Leadership Team oversight • Monthly and Six Monthly Nurse Staffing Reviews • Revalidation and appraisal processes (Medical and non-Medical) • Other workforce metrics included in the Quality and Performance Report	• There is a risk of unforeseen changes at Board level which may impact on the requirements	• There are deputies in post and succession plans for all Executive Directors • The Board has appointed to all Non-Executive Directors roles
General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)					
1	Following a review for the purpose of paragraph 2(b) of licence condition G6[1], the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	**Confirmed**	• Internal Audit and clinical audit work programmes • Annual Operating Plan reviews • Governance structure • Risk Management Strategy • Corporate Risk Register • Board Assurance Framework • Monthly Quality and Performance Report and Finance Report	N/A	N/A
Continuity of services condition 7 – Availability of Resources					
1	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	**Confirmed**	• Annual Operating Plan and Budget • Financial Strategy • Annual accounts and going concern statement	N/A	N/A
Training of Governors					
	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training	**Confirmed**	• Seminar Programme	N/A	N/A

[1] "2. (b) regular review of whether those processes and systems have been implemented and of their effectiveness."

		Proposed Response	Evidence	Risks	Mitigating Actions
	to its Governors as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.		• Induction programme • Access to external training via NHS Providers • Specific and targeted training and updates – quality, strategy, auditor appointment • Governor skills audit • Internal Audit of the support to Governors.		

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 21 May 2021

Report Title	**Annual Review of Code of Conduct for Board of Directors *(including Fit and Proper Persons Self Certification)***
Report Author	**Eric Sanders, Director of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

This report contains the Board of Directors' Code of Conduct and declaration of the Fit and Proper Persons requirement in line with the Care Quality Commission Fundamental Standards of Care, and provides assurance that all members of the Board have signed the annual declaration of compliance with these standards.

2. Key points to note

(Including decisions taken)

The Fit and Proper Person Test is outlined in full in Regulation 5 of the 2014 Regulations and states that providers must not appoint a person to a director level post (including permanent and interim posts) or to a non-executive director post unless he or she:

- Is of good character;
- has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed; and
- is able by reason of his or her health and after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed.

The Trust has in place a *"Fit and Proper Persons Policy"* which sets out its commitment to ensuring that all persons appointed as Directors, or performing the functions of, or functions equivalent or similar to those of a director satisfy the Fit and Proper Person Requirements as directed by the Care Quality Commission (CQC) Regulation 5.

All members of the Board of Directors have completed and signed the annual declaration against the standards of the Code of Conduct and Fit and Proper Persons requirement. Copies of signed declarations are available to the public on request from the Trust Secretariat. A copy of the declaration is attached as Appendix 1.

3. Risks

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

N/A

4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance.** • The Board is asked to receive assurance that the Board of Directors comply with the required standards of the Code of Conduct and Fit and Proper Persons Policy.
5. History of the paper **Please include details of where paper has previously been received.**
N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Board of Directors Code of Conduct

1. Introduction

High standards of corporate and personal conduct are an essential component of public services. As a Foundation Trust, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice.

The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all Directors (in addition to the standard for employees set out in the policy defined in Standards of Business Conduct). This document therefore includes the Department of Health Code of Conduct/Code of Accountability for Boards, specifically for Chairs and Non-Executive Directors, and the Code of Conduct for NHS Managers specifically the Chief Executive and Executive Directors.

This code, with the Code of Conduct for Governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour.

2. Principles of public life

All Directors and employees are expected to abide by the Nolan principles of: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership:

Selflessness - Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit alone.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

3. General principles

Foundation Trust Boards of Directors have a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public. The Board of Directors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct. The Board of Directors expects that this Code will inform and govern the decisions and conduct of all Directors.

4. Confidentiality and access to information

Directors and employees must comply with the Trust's confidentiality policies and procedures and must not disclose any confidential information, except in specified lawful circumstances. The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be adhered to at all times.

5. Register of interests

Directors are required to register all relevant interests on the Trust's register of interests in accordance with the provisions of the constitution. It is the responsibility of each Director to update their register entry if their interests change. A pro forma is available from the Trust Secretary. Failure to register a relevant interest in a timely manner will constitute a breach of this Code.

6. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a Director or for doing (or not doing) anything in that capacity.

If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the corporation, the Director must declare the nature and extent of that interest to the other Directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair and Trust Secretary will advise Directors in respect of any conflicts of interest that arise during Board and Committee meetings, including whether the interest is such that the Director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board to decide whether a Director must withdraw from the meeting.

7. Gifts & hospitality

The Board will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of the Trust funds for hospitality and entertainment will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector.

The Trust has adopted a policy on register of interests and gifts and hospitality which will be followed at all times by Directors and all employees. Directors and employees must not accept gifts or hospitality other than in compliance with this policy.

8. Whistle-blowing

The Board acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The Board has adopted a Speaking Out policy on raising matters of concern which will be followed at all times by Directors and all staff.

9. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specifically Directors must:

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct;
- Respect others and treat them with dignity and fairness;
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- Be honest and act with integrity and probity;
- Contribute to the workings of the Board as a Board member in order for it to fulfil its role and functions;
- Recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- Raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- Recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, Executive Directors and Non-Executive Directors;
- Make every effort to attend meetings where practicable;

- Adhere to good practice in respect of the conduct of meetings and respect the views of others;
- Take and consider advice on issues where appropriate;
- Acknowledge the responsibility of the Council of Governors to represent the interests of the Foundation Trust's members and partner organisations in the governance and performance of the Trust, and to have regard to the views of the Council of Governors;
- Not use their position for personal advantage or seek to gain preferential treatment nor seek improperly to confer an advantage or disadvantage on any other person; and
- Accept responsibility for their performance, learning and development

10. Compliance

The members of the Board will satisfy themselves that the actions of the Board and individual Directors in conducting Trust business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All Directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code of Conduct including their compliance with; the Department of Health Code of Conduct and Accountability (Appendix 1); Code of Conduct for NHS Managers (Appendix 2); and the Nolan principles of governance.

Board members will be required to re-affirm their compliance with the Codes on an annual basis.

Please could you sign and return this document to confirm your continued compliance with these codes and support to the Nolan principles of governance.

Signed: ……..

Date: ……..…

Print Name: ……
(IN CAPITALS)

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Governors' Log of Communications Report**
Report Author	**Sarah Murch, Membership Manager**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.

2. Key points to note
(Including decisions taken)

Since the last public Board of Directors meeting in March, three additional questions have been added to the Governors' Log of Communications. These have been added very recently, and so responses have not yet been received.

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

N/A

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

- This report is for **Information.**

5. History of the paper
Please include details of where paper has previously been received.

N/A	

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Governors' Log of Communications

20 May 2021

ID	Governor Name		
250	John Chablo	***Theme:*** Digital Programme	***Source:*** Project Focus Group

Query **12/05/2021**

I am a little concerned about the progress of digital transformation within UHBW.
There seems to have been a number of issues which as governors we have been made aware of, but which still seem to be ongoing.
Of particular concern is the electronic prescribing and medicines administration (EPMA) system, which I believe was one of the first systems implemented as part of our Digital Exemplar program. We were informed a couple of years ago now that it had been stopped being used as there were a number of issues with it which required a software update, which would take a couple of months. I understand this is still not back in place as yet?
I recently attended a Digital Health Online Conference, and it appeared that there were a number of Trusts (including the new Digital Aspirants) using the System C software package, including EPMA, so what is the issue that we have with it?
I was also surprised to be told recently that Weston has a newer version of Medway which is not compatible with the version at the BRI? As we are developing a blueprint for digital excellence with System C for other trusts to use, should we not always be running the latest software version or even future versions that haven't been generally released? And why is the software not backward compatible? I appreciate the sensitivity and critical nature of the software, but shouldn't updates be implemented as soon as they are available, particularly in view of our Digital Exemplar status?
Can we be assured that the board is fully behind our digital transformation?

Division: Trust-wide ***Executive Lead:*** *Director of Finance* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

Awaiting response.

ID	Governor Name		
249	Carole Dacombe	***Theme:*** Bullying and Harassment	***Source:*** Project Focus Group

Query **12/05/2021**

The Governors are aware of the need to tackle the issues of bullying and harassment throughout the NHS, along with the challenges that this presents. We wish to seek assurance that UHBW has a comprehensive plan to tackle these issues throughout the trust - from awareness raising and prevention to the management of incidents when they occur. Has the required training in these issues been identified for all grades of staff?

Division: Trust-wide ***Executive Lead:*** *Director of People* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

248	Carole Dacombe	***Theme:*** Training	***Source:*** Project Focus Group

Query **12/05/2021**

The Governors are aware that there are many different levels and types of management roles across the trust, all of which are integral to staff support and development. Is the trust committed to ensuring that managers at all levels are provided with the required knowledge, skills and confidence to fulfil these roles? Are the sources of all such training (internal and external) clearly identified?

Division: Trust-wide ***Executive Lead:*** *Director of People* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

Awaiting response.

Awaiting response.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 27 May 2021

Report Title	**Register of Seals Report**
Report Author	**Mark Pender, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary
This report provides a summary of the applications of the Trust Seal made since the previous report in January 2021**.**
2. Key points to note *(Including decisions taken)*
Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Information**.
5. History of the paper **Please include details of where paper has previously been received.**
N/A

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Register of Seals

February 2021 to May 2021

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness
840	01/02/21	Underlease for TK Maxx Unit, the Galleries Shopping Centre, between UHBW and Centrica Combined Common Investment Fund Ltd. For PPE storage related to Covid-19	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance & Information	Mark Pender, Head of Corporate Services
841 – 844	29/03/21	Documents relating to the purchase of St James Court, 9-12 St James Parade, Bristol: • Transfer of Registered Title • Deed of Assignment of Arrears • Deed of Assignment of Roofing Warranty • Deed of Assignment of Construction documents	Robert Woolley, Chief Executive	Neil Kemsley, Director of Finance & Information	Mark Pender, Head of Corporate Services