



University Hospitals
Bristol and Weston
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: Thursday 30 September 2021

Time: 12.00 – 2.30pm

Venue: Engineers' House, Clifton, Bristol, BS8 3NB

Board of Directors (in Public)

**Meeting of the Board of Directors to be held in Public on
Thursday 30 September 2021 at 12.00 – 2.30pm**

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence (<i>Verbal update</i>)	Information	Jayne Mee	12.00
2.	Declarations of Interest (<i>Verbal update</i>)	Information	Jayne Mee	12.02
3.	Patient Story	Information	Deirdre Fowler	12.05
4.	Minutes of the Last Meeting: 29 July 2021	Approval	Jayne Mee	12.25
5.	Matters Arising and Action Log	Approval	Jayne Mee	12.27
6.	Chief Executive's Report	Information	Robert Woolley	12.30
Strategic				
7.	Healthier Together Sustainability and Transformation Partnership Update	Information	Robert Woolley	12:45
8.	Healthier Together ICS Memorandum of Understanding draft	Approval	Robert Woolley	12:50
9.	Integration Progress Report	Assurance	Robert Woolley	12:55
10.	Transforming Care Programme Board Report Quarter 2	Information	Robert Woolley	13:00
11.	Acute Services Review Programme Board Chair's Report	Assurance	Martin Sykes	13:05
12.	BHI Ward Beds draft Outline Business Case	Approval	Neil Kemsley	13.10
Break				13:15
Quality and Performance				
13.	Quality and Outcomes Committee Chair's Report 13.1 Integrated Quality & Performance Report 13.2 Patient Experience Report Quarter 1 13.3 Patient Complaints Report Quarter 1 13.4 Annual Complaints Report	Assurance	Julian Dennis	13:20

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
People Management				
14.	People Committee Chair's Report 14.1 Guardian Annual Report <ul style="list-style-type: none"> Bristol Report Weston Report 	Assurance	Bernard Galton	13:35
Finance				
15.	Finance and Digital Committee Chair's Report 15.1 Trust Finance Performance Report	Assurance	Martin Sykes	13:50
Charity				
16.	Charity Committee Chair's Report	Assurance	Jayne Mee	14:00
External Stakeholder Satisfaction				
17.	South West and South Wales Congenital Heart Disease Network Annual Report 2020/21	Information	Emma Redfern	14:10
Governance				
18.	Appointment of a Responsible Officer	Information	Eric Sanders	14:15
19.	Governors' Log of Communications	Information	Eric Sanders	14:20
Concluding Business				
20.	Any other urgent business	Information	Jayne Mee	14:25
21.	Date of next meeting: 30 November 2021	Information	Jayne Mee	14:30

BOARD MEMBERS	
Chair & Non-Executive Directors	Executive Directors
Jayne Mee (Interim Chair)	Robert Woolley, Chief Executive
David Armstrong	Paula Clarke, Director of Strategy and Transformation
Sue Balcombe	Deirdre Fowler, Chief Nurse and Midwife
Julian Dennis	Neil Kemsley, Director of Finance and Information
Bernard Galton	Alex Nestor, Interim Director of People
Jane Norman	Emma Redfern, Interim Medical Director
Martin Sykes	Mark Smith, Deputy Chief Executive and Chief Operating Officer
Steven West	

Meeting of the Board of Directors in Public on Thursday 30 September 2021

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

<p>1. Report Summary</p> <p>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.</p> <p>The purpose of presenting a patient story to Board members is:</p> <ul style="list-style-type: none"> • 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.
<p>2. Key points to note <i>(Including decisions taken)</i></p> <p>Information and communication are central to effective healthcare. It is important that our patients receive information from us that they can understand and, that they can communicate with us about their care and treatment. Our obligations to patients with a disability, impairment or sensory impairment in this respect are detailed in the Accessible Information Standard and there is an anticipatory duty under the Equality Act (2010) to provide reasonable adjustments.</p> <p>In this story we will hear from Louis (pronounced Lewis), a patient who has attended the Bristol Eye Hospital for a number of years. Louis is a blind person living fully independently, works full-time and has accessibility needs. In sharing his story Louis will explain how, by not receiving correspondence from the hospital in an accessible format (despite requests) he was unaware of clinic appointments earlier in 2021. Louis will challenge us to consider how he felt when, in April his parents visited him at his home and helped him go through un-opened letters including one from the hospital informing him he had been referred back to his GP as a result of him missing two appointments.</p> <p>Louis will reflect on the way in which other organisations including his energy supplier and water company communicate with him accessibly and will question why a hospital that deals with visually impaired and blind people was unable to do so.</p> <p>Louis will go on to talk about the way in which his formal complaint to the trust has been resolved. This includes Louis giving consent for his experience to be used as a case study to influence the shaping of a refresh of the trust’s approach to implementing the Accessible Information Standard. A refreshed plan will be published by the end of the calendar year and will complement an independent baseline review that will explore how well our people, processes, systems, structures and organisational culture support us in advancing equality and diversity for patients and communities.</p> <p>Louis’s experience serves to remind us that information helps us all to make decisions and</p>

choices about our lives and enables us to live independently. Where we record patient's communication needs on our systems, it is essential these needs are checked by healthcare professionals and we take steps to ensure the needs are appropriately met.

Notes:

- a) The Accessible Information Standard (AIS) is a legal requirement that all NHS and Adult Social Care Providers must follow. The AIS says that patients who have a disability, impairment or sensory loss should get information from the NHS in a way they can access and understand. It also says that they should get support with communication if they need it.

3. Risks

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

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

Minutes of the Board of Directors Meeting held in Public

Thursday 29 July 2021, 11:00-14:00, 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
Jayne Mee	Interim Chair
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director
Neil Kemsley	Director of Finance and Information
Jane Norman	Non-Executive Director
William Oldfield	Medical Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Steven West	Non-Executive Director

In Attendance

Name	Job Title/Position
Harjinder Bahra	Diversity and Inclusion Manager
Sam Chapman	Head of Organisational Development (Item 23/07/21 only)
Jamie Cargill	Clinical Lead Nurse at Bristol Haematology and Oncology Centre (Item 03/07/21 only)
Natashia Judge	Head of Corporate Governance (minutes)
Eric Sanders	Director of Corporate Governance
Sarah Windfeld	Head of Nursing, Midwifery and Women's Services (Item 16/07/21 only)
Henry	Patient (Item 03/07/21 only)

The Chair opened the Meeting at 11:00

01/07/21	Welcome and Introductions/Apologies for Absence	
	Jayne Mee, Interim Chair of the Trust, welcomed the Board and members of the public to the meeting. The meeting was recorded and would be available online for two weeks. Apologies had been received from Alex Nestor, Interim Director of People.	
02/07/21	Declarations of Interest	
	There were no new declarations to note.	

03/07/21	Patient Story	
	<p>Matthew Areskog, Patient Experience Manager, introduced Henry to the Board. Henry joined the Board to recount his experience of care following his diagnosis with a rare sarcoma of the prostate one month prior to his 27th birthday (a condition that is uncommon and most often associated with younger children).</p> <p>Henry shared with the Board how he dealt with his cancer diagnosis, the treatment and care he received and the impact this had on him. He reflected on the challenges he faced in receiving treatment and care during COVID-19 but also the value he derived from knowing a “community of physicians” (choreographed by Dr Adam Dangoor) was looking after his interests. He also offered a personal reflection on the emotions that surfaced as a young man being treated alongside older people and the importance of age-appropriate services.</p> <p>Henry praised the care he received, including the co-ordination and collaboration of clinicians, the compassion and the desire to go above and beyond, the nature of care of the staff on wards and the specialist support from his sarcoma nurse. He also praised the flexibility and value video-conferencing brought to his care, enabling him to avoid waiting rooms and have conversations in an environment that was comfortable for him. Henry did however highlight areas for improvement such as the quality of food, the deteriorating estate and décor, and bed shortages as well as noting that during one stay his medication was lost, which he felt was an expensive mistake Henry was both a patient of North Bristol NHS Trust and UHBW, and often found the communication and linkages between the two difficult to follow.</p> <p>Jamie Cargill, Clinical Lead Nurse at Bristol Haematology and Oncology Centre (BHOC), accompanied Henry and reflected on the work needed to improve the environment for patients. He also praised Henry for embracing digital technology for consultations and was glad to hear of the positive impact it had on his wellbeing.</p> <p>Jayne Mee, Interim Chair, thanked Henry for his story and candour, and was pleased to hear that Henry was now in remission.</p> <p>Bill Oldfield, Medical Director, was pleased to hear that video consultations had worked well for Henry, and commented that the organisation was still learning how to develop these for different patient groups. He asked Henry what more the organisation could do in this regard. Henry answered that an improved digital interface which indicated an estimated wait would be helpful, noting that while communication had improved towards the end of his treatment, at the beginning there was no way to know how long patients would be waiting for. The web address was described as challenging, with an access portal potentially simplifying the process. In addition, a more joined up approach, including both clinicians and support nurses, would have felt more comprehensive. Overall however, Henry felt that engagement with less digitally advanced demographics would help develop the service, and that ultimately all patients should be able to meet with their main clinician in person at least once.</p> <p>Action: Mark Smith, Deputy Chief Executive and Chief Operating Officer, agreed to take forward the importance of a multi-disciplinary approach to virtual appointments, as well as a suggestion on digital support volunteers, to the Trust’s Outpatient Improvement Group.</p>	<p>Deputy Chief Executive / Chief Operating Officer</p>

	<p>Paula Clarke, Director of Strategy and Transformation, thanked Henry for his honest and insightful feedback, and highlighted that Henry's Clinician, Adam Dangoor, was one of the Trust Chief Clinical Information leads and was passionate about delivering equally good care both in person and remotely. In addition, she reminded the Board that work to upgrade certain parts of BHOC was included in the Trust strategic investment programme some of which had been delayed due to COVID-19. Robert Woolley, Chief Executive, acknowledged the environmental issues at BHOC and confirmed that the Trust was addressing these was a priority.</p> <p>Sue Balcombe, Non-Executive Director, reflected on Henry's comments on the Trust's food offering and asked whether he would have preferred to have bought his own food in. Henry shared that by the end of his stay his mother had bought in food for him each day, and at one point a kind junior doctor had bought him some takeaway food. Henry further answered that whilst he could have paid for food deliveries, there were challenges in doing so, and this was not an option for all patients. Ultimately Henry felt that as food was a basic necessity the Trust should provide a better quality.</p> <p>The Trust Board thanked Henry, and all of the clinicians that had cared for him.</p> <p><i>Henry left the meeting.</i></p>	
04/07/21	Minutes of the previous meeting	
	<p>The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 27 May 2021.</p> <p>Members of the Board RESOLVED to approve as a true and accurate record the above minutes.</p>	
05/07/21	Matters arising and action log	
	<p>Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows:</p> <p><u>Integration Update</u> <i>Further information regarding the Integration's digital convergence to be provided at the Finance and Digital Committee in July.</i> As the Business Case was progressing through the Finance and Digital Committee this item was agreed closed. Action Closed.</p> <p><u>Research and Innovation Report</u> <i>Benchmarking against other Trusts to be included in the Annual Report for Research and Innovation.</i> Conversations were in progress regarding how this could be taken forward. Action Ongoing.</p> <p><u>Integration Update</u> <i>Review the Weston integration plan to see what areas could be accelerated.</i> This item was addressed later on in the agenda. Action Closed.</p> <p><u>Patient Complaints Report</u> <i>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.</i></p>	

	<p>Work was in progress to include and would be visible in the next few iterations. Action Ongoing.</p> <p><u>Six-monthly Safe Staffing Report</u> <i>To include the consultant workforce data in the Six monthly Staffing Report going forward.</i> The report, including consultant workforce data, would return to the Board in September 2021. Action Ongoing.</p> <p>Members resolved to note the updates against the action log.</p>	
06/07/21	<p>Chief Executive's Report</p>	
	<p>Robert Woolley, Chief Executive, provided a verbal update on the following key issues:</p> <ul style="list-style-type: none"> • The Trust was suffering with exceptional levels of demand compounded by increasing levels of COVID-19 admissions and staffing challenges with some staff either unwell, self-isolating or finally taking well-deserved leave. The Trust's position was noted to be in line with the national picture and was expected to continue throughout the coming weeks. • The recent appointment of Amanda Pritchard as CEO of NHS England/Improvement was acknowledged. NHS Providers were noted to have written to the Secretary of State for Health to describe how the compounding pressures would lead to the most difficult winter the NHS had ever faced. • Funding arrangements for the second half of the financial year were still awaited. • The Trust was still successfully mitigating the loss of trainees at Weston General Hospital and were in ongoing dialogue with Health Education England. Recruitment of junior medical staff was continuing and the Trust was looking at long term sustainable plans to bring medical training back to the Weston site. <p>Martin Sykes, Non-Executive Director, asked how much support the Trust was receiving from the integrated care system in managing the current levels of demand, and whether primary care and other organisations could offer their help. Robert Woolley answered that critical incident pressures that were in place during the earlier phase of the pandemic continued with daily system management meetings, and it was acknowledged that pressures were affecting all providers in the NHS at present.</p> <p>Sue Balcombe, Non-Executive Director, noted that Robert Woolley had described the current situation as "the perfect storm" and asked whether the change in isolation guidance for NHS staff had impacted staffing levels. Robert Woolley described the situation as being in its early days, noting that the exception to isolation criteria for NHS staff was strict and required daily negative COVID-19 tests. Deirdre Fowler, Chief Nurse and Midwife, noted that at present the numbers of staff affected had been very small, but the Trust were grateful for any gains in mission critical areas.</p> <p>The Board thanked all UHBW staff for their incredible hard work and dedication during the challenging circumstances.</p> <p>Members resolved to receive the Chief Executive's Report for information.</p>	

07/07/21	Committee Chair Reports	
	<p>Quality and Outcomes Committee Julian Dennis, Non-Executive Director and Chair of the Quality and Outcomes Committee, presented the report and highlighted that the Committee had heard from Chris Bordeaux, Chief Clinical Information Officer, regarding the challenges the Trust had faced in improving venous thromboembolism (VTE) assessment compliance, and from Anne Reader, Head of Quality and Patient Safety, regarding the new approach to Patient Safety Incident Response. In addition, the Emergency Preparedness, Resilience and Response (EPRR) Annual Report was noted by the Committee, prior to its review at Audit Committee and subsequently Trust Board. The Committee had challenged whether the report detailed how the Trust would respond to the impact of climate change, i.e. extreme weather such as short bursts of heavy rain. The Maternity Perinatal Quality Surveillance Matrix was also received by the Committee, alongside a contemporary updated flagging a backlog in induction of labour. The need for a system resolution was acknowledged. Concerns regarding safer staffing were raised as well as a fear that challenged nursing ratios could increase adverse impact on patients and impact negatively on staff wellbeing. Regular monitoring, mitigation and escalation was noted to be in place to avoid harm.</p> <p>Jane Norman, Non-Executive Director, noted that VTE compliance was a long running issue and asked whether the quality improvement process underway would be translatable to other areas. Julian Dennis responded that the programme to address it was consultant lead and focused on a review of patient and appropriate prophylaxis at the same time as improvements to the electronic process.</p> <p>Audit Committee David Armstrong, Non-Executive Director and Chair of the Audit Committee, presented the report and highlighted that the Committee had seen progress in the strategic risk register, supported by good discussion, particularly in regards to fire safety. The Committee had also received four insightful internal audit reports, as well as the annual EPRR report, and updates on gifts and hospitality, policy management and Committee self-assessment.</p> <p>Jayne Mee, Interim Chair, shared that as the nominated non-executive director lead for EPRR she had taken much assurance from both meeting with the EPRR Lead, John Wintle, and the annual report, and commended the work undertaken.</p> <p>Finance and Digital Committee Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee, presented the report. He informed the Board that the Committee had received an update on the upgrade of digital services, with the Committee overall reassured that risks were being carefully managed. The next big implementation would be the re-introduction of the electronic prescribing system (ePMA). The Committee had agreed that appropriate resourcing of the digital agenda was essential. The Committee had also received in year financial reporting however uncertainty remained regarding the funding regime for the second half of the year alongside concern regarding current hospital pressures. The finance team were noted to be revisiting longer term efficiency and savings projects and the approach to cost improvement programmes.</p>	

	<p>Jayne Mee, Interim Chair, also commended the report received on cyber security, and Martin Sykes, Non-Executive Director agreed that the presentation had been strong and informative.</p> <p>People Committee Bernard Galton, Non-Executive Director and Chair of the People Committee, presented the report and informed the Board that the Committee had focused on risks and mitigations, particularly with regard to improving workforce plans. The Committee had also received a fantastic presentation from Dr Tejas Netke, one of the Trust's junior doctors, regarding a project that she had developed during her intercalation year. This focused on engaging medical management in organisational structures and key policies and how this could provide opportunities for personal development and lead to change and transformation. The Committee had welcomed the presentation with enthusiasm and encouraged sharing across the Trust and beyond. In addition, updates had been received on the development of the Trust's values, the bi-annual equality and diversity report, and a quarterly report from the Trust's Freedom to Speak Up Guardian.</p> <p>Charity Committee Jayne Mee, Interim Chair and Chair of the Charity Committee, presented the report and informed the Board of progress in regards to the plans to merge Weston General Hospital's Charity with Bristol's Charity, Above and Beyond. The Committee were taken through the regulatory and statutory requirements by Eric Sanders, Director of Corporate Governance, as well as a detailed engagement plan from Above and Beyond. Proposals regarding a new name for the Charity were underway. Finally, the Committee also approved a bid for matched funding for an arts programme.</p> <p>Members resolved to receive the Committee Chair Reports for assurance.</p>	
08/07/21	Healthier Together Sustainability and Transformation Partnership Update	
	<p>Robert Woolley, Chief Executive, presented a paper on the Healthier Together Integrated Care System (ICS), noting that the system would progress to its statutory footing over the next few months if the Health and Care Bill was approved as expected. The advert for the substantive Chair was now live and would close on 17 August 2021 and progress had been made in establishing the relationship between the ICS and the Bristol Health Partners with a proposal regarding clinical education and research receiving a positive welcome.</p> <p>Jane Norman, Non-Executive Director, was heartened to hear of the ICS focus on Education and felt this would set the ICS on the front foot, as there was little in the national guidance that prioritised education and clinical research.</p> <p>Members resolved to receive the Healthier Together Sustainability and Transformation Partnership Update for assurance.</p>	
09/07/21	Board Assurance Framework (Quarter 1) (a) Strategic Risk Register (b) Corporate Objectives Update	
	Robert Woolley, Chief Executive, presented the Quarter 1 report on the management and treatment of strategic risks (risks to the achievement of the Trust's strategic objectives) following review at the Trust's Board Committees.	

	<p>The report summarised the action taken to manage the 12 risks on the Strategic Risk Register during the quarter. He drew the Board's attention to the addition of 3 new risks from the recent refresh of the Strategic Risk Registers, as follows:</p> <ul style="list-style-type: none"> • Risk 5277: Risk that the objectives of the Trust wide multi-disciplinary education strategy are not delivered • Risk 5317: Risk that the Integrated Care System Implementation reduces the Trust's decision-making powers • Risk 5369: Risk that the Trust is unable to deliver a suitable service model for Weston General Hospital. <p>He highlighted that there had been an increase in the rating for Risk 416 (the risk that the Trust fails to achieve the objectives of its financial strategic plan) given that the Trust had not yet received information about the financial settlement for the second half of 2021/22.</p> <p>With regards to the Corporate Objectives, the Committees were noted to have discussed the areas where slippage had been highlighted and this was felt to be understandable and attendees were satisfied with updates provided.</p> <p>Members resolved to receive the Strategic Risk Register and Corporate Objectives Update for assurance.</p>	
10/07/21	2021/22 Operational Plan	
	<p>Paula Clarke, Director of Strategy and Transformation, introduced a report providing an overview of the Trust's delivery plans for 2021/22 including a high level summary drawing out high value/ high impact items as well as the key issues associated with delivery of the plans. The Board were reminded that the planning assumptions for the second half of the year were not clear, therefore plans would need to be reiterated and refreshed.</p> <p>Through the 2021/22 Operating Plan process, investment of circa £30m had been made to support the Trust deliver more sustainable and higher quality services whilst also looking to increase elective activity to recover back to 2019/20 levels. In addition there was an approved capital plan of £78.5m, which aimed to deliver investment in Trust Infrastructure, digital services, medical equipment, and strategic capital schemes.</p> <p>The main risk to the 2021/22 operating plan was noted to be workforce and the level of emergency and non-elective pressures faced by the Trust.</p> <p>Members RESOLVED to receive the 2021/22 Operational Plan for information.</p>	
11/07/21	Weston Integration update	
	<p>Paula Clarke, Director of Strategy and Transformation, presented the Weston Integration Progress report to the Board which set out the progress being made with the clinical and corporate integration programme for University Hospitals Bristol and Weston NHS Foundation Trust.</p> <p>At the last Board meeting it was reported that clinical services integration had</p>	

	<p>been delayed due to the impact of COVID-19 and other operational challenges and that a 'review and reset' exercise was being undertaken to safely and sustainably accelerate progress. This review had been completed, with approval of Trust Board, to reset the integration timetable with a revised target completion date of October 2022. The financial implications of extending the transitional period up to the full and final integration would be considered in September 2021.</p> <p>David Armstrong, Non-Executive Director, reinforced the importance of successful integration of corporate functions in order to support the integration of clinical functions, and shared with the Board that the Audit Committee had considered how successful integration of corporate services could be measured.</p> <p>Members resolved to receive the Integration Update for assurance.</p>	
12/07/21	Transforming Care Programme Board Report Quarter 1	
	<p>Paula Clarke, Director for Strategy and Transformation, presented the Transforming Care Quarter 1 Report and it was highlighted that the Senior Leadership Team had approved the Transforming Care Programme for 2021/22 at its meeting on 23 June 2021.</p> <p>Julian Dennis, Non-Executive Director, reminded the Board that at the start of the pandemic the Trust had stood down its frailty assessment unit and asked when this would be re-instated. Mark Smith, Deputy Chief Executive and Chief Operating Officer explained that the organisation's bed base had once again been remodelled in response to COVID-19 and as part of this the Older Persons Assessment Unit was being reinstated.</p> <p>Jayne Mee, Interim Chair, felt it was heartening to see quality improvement work and projects being reinstated following the pause during the pandemic.</p> <p>Members resolved to receive the Transforming Care Programme Board Report for information.</p>	
13/07/21	Integrated Quality & Performance Report	
	<p>The Board received the Integrated Quality and Performance Report which provided an overview of the Trust's performance on Quality, Workforce, Access and Finance standards. The report was highlighted as having been through each Committee earlier on in the week.</p> <p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, updated the Board regarding the following points:</p> <ul style="list-style-type: none"> • The Trust was experiencing sustained operational pressure, across all sites, with current patient levels exceeding the worst week recorded in 2019 and staff under enormous pressure. The Trust was not an outlier in this regard and the position was noted to be the same nationally. • The Trust's performance against the 52 week wait outliers and cancer standards was noted to have improved, with patients on waiting lists now clinically prioritised to reduce harm with work underway to prioritise patients waiting for diagnostic procedures. • The Outpatient Improvement Programme was operating well with digital transition and use of virtual appointments where appropriate going well. 	

	<ul style="list-style-type: none"> • Following a meeting between the Trust and South West Ambulance Service NHS Foundation Trust (SWASF) both Trusts had agreed to take forward some collaborative projects to aid in managing current operational pressures. • Given current pressures the Trust would be scaling back the accelerator programme mentioned last month. <p>William Oldfield, Medical Director added no further points but felt that the report was better than expected, given the current levels of demand, and felt this was a testament to the continued hard work of staff. Deirdre Fowler, Chief Nurse and Midwife, echoed these sentiments, noting that the impact on the morale of staff, particularly those not able to provide the high standards of care they strived for could not be underestimated. Deirdre Fowler, also highlighted that the Board had exceeded its threshold for Clostridium Difficile (C.Diff) cases of 32: the Trust was currently reporting a figure of 81. This was noted to be a national challenge and discussions were underway amongst the Integrated Care System in order to address it.</p> <p>Bernard Galton, Non-Executive Director, reflected on discussions at the Trust's People Committee, and acknowledged that while recruitment was important, it was also important that the retention of colleagues was addressed and the reasons for staff leaving the organisation clearly understood and addressed. In addition, the Committee had also discussed how the wellbeing offer needed to be assessed and developed to reflect the current situation.</p> <p>Jane Norman, Non-Executive Director, asked whether there was more the Board could do to support staff. Mark Smith, Chief Operating Officer, amplified the importance of executive visibility, alongside listening and support, as well as small gestures of thanks such as the recent ice cream van that had attended the Trust site. The Board would need to consider what else could be achieved to support staff.</p> <p>Robert Woolley, Chief Executive, firstly highlighted that a series of executive director visits had been scheduled, but secondly reminded the Board that seeking to address public behaviour was crucial. The Trust was part of system and national programmes to ensure the public were only using emergency services when necessary.</p> <p>Members resolved to receive the Integrated Quality and Performance Report for assurance.</p>	
14/07/21	CQC Informal Feedback and Action Plan progress update	
	<p>Deirdre Fowler, Chief Nurse and Midwife, presented informal feedback received from the CQC following their Core Services and Well-Led inspections of the Trust's services in June. This was supported by an action plan produced to address concerns raised by the CQC.</p> <p>The Trust had received initial verbal feedback from the CQC at a meeting convened on 10 June, which was followed by a summary letter which was presented to the Board. The full report was awaited and was expected in July/August.</p> <p>The Board acknowledged the letter, and Robert Woolley, Chief Executive, highlighted that the Trust was providing the CQC with assurance in relation to the Weston Site.</p>	

	<p>Robert Woolley, Chief Executive, also recounted the CQCs findings related to the use of “Western Names” for staff from ethnic minority backgrounds, and reinforced that this was entirely unacceptable and represented a micro aggression which would leave staff feeling judged and unwelcome. The Trust’s Equality, Diversity and Inclusion manager would seek to address this as a matter of urgency with training and awareness to address it implemented in August.</p> <p>Members resolved to receive the CQC information feedback and action plan progress update for information and assurance.</p>	
15/07/21	Learning from Deaths and Medical Examiner Annual Report	
	<p>William Oldfield, Medical Director, presented the Annual Reports from the Learning from Deaths process and the Medical Examiner for 2020/21. These reports looked at the impact of the COVID-19 pandemic, integrating Weston Division into the system of reporting and learning, and discussed the establishment of the medical examiner system.</p> <p>The report had been discussed extensively earlier in the week at Quality and Outcomes Committee, and despite a difficult year, the Trust had managed to continue with structured case reviews for all patients that had died. The Trust had also assessed whether patients should have been escalated to the intensive care unit or not and were reassured that appropriate decisions had been made. The Trust’s ITU data showed that the Trust had some of the best results for patients with COVID-19 in the country.</p> <p>The Board were reminded that the Trust was unique with a joint medical examiner across BNSSG.</p> <p>Julian Dennis, Non-Executive Director, noted that there was interest nationally around why the South West had reduced deaths within the ITU and that this was moving to a research phase.</p> <p>Members resolved to receive the Learning from Deaths and Medical Examiner Annual Report update for assurance.</p>	
16/07/21	Quarterly Maternity Perinatal Quality Surveillance Matrix	
	<p>Sarah Windfield, Head of Nursing, Midwifery and Women’s Services, presented the Maternity Perinatal Quality Surveillance Matrix in order to provide the Board with monthly oversight with regards to the safety matrixes of the Trust’s maternity and neonatal services.</p> <p>It was highlighted that there had been a huge increase in the induction of labour due to new guidelines to improve safety for mums and babies as part of the better births initiative. While positive, this was having an impact on induction and caesarean rates and therefore the Trust had escalated this to the system and was working to ensure safety was maintained.</p> <p>Sue Balcombe, Non-Executive Director, commented that the Quality and Outcomes Committee had seen visible improvements in system working with regards to maternity and praised the inclusion of benchmarking and sharing of good practice.</p>	

	<p>Martyn Sykes, Non-Executive Director, asked whether the current level of consultant obstetric cover was appropriate for the level of births. Sarah Windfield answered that the Trust needed to increase the amount of consultant cover overnight however a funding bid had been unsuccessful. A recent occasion where an obstetrician had worked 22 hours was noted, and as a result weekend shifts have been split to avoid this happening again. William Oldfield, Medical Director, emphasised the importance of the organisation aspiring for 168hr cover for an obstetric unit with a consultant obstetrician timetabled for 24hrs a day on site. Teams were noted to be working towards this. Jane Norman, Non-Executive Director, commented that neonatal facilities were being centralised at the St Michael's site and therefore the demand for obstetricians' input would increase. Paula Clarke, Director of Strategy and Transformation, explained that this centralisation of services was underway alongside North Bristol NHS Trust and plans to expand capacity were part of the business case.</p> <p>Julian Dennis, Non-Executive Director, thanked Sarah Windfeld for her exceptional reporting to both Quality and Outcomes Committee and Trust Board. Deirdre Fowler echoed this, and emphasised the benefit of Board oversight of key maternity metrics and encouraged a similar approach to paediatrics in the future and highlighted that executives were working towards this.</p> <p>Members resolved to receive the Quarterly Maternity Perinatal Quality Surveillance Matrix update for information.</p>	
17/07/21	Safeguarding Annual Report	
	<p>Deirdre Fowler, Chief Nurse and Midwife, presented the Safeguarding Annual Report to the Board, noting that this had been received by the Quality and Outcomes Committee in May who had endorsed its progression to Trust Board. The report provided assurance that the Trust continued to fulfil its statutory and regulatory responsibility to safeguard the welfare of children and adults across all areas of service delivery.</p> <p>Members resolved to receive the Safeguarding Annual Report for Assurance.</p>	
18/07/21	Quality Account 2020/21	
	<p>Deirdre Fowler, Chief Nurse and Midwife, presented the Quality Account 2020/21 to the Board, noting that this had been received by the Quality and Outcomes Committee who had endorsed for approval by the Board. It was highlighted that two objectives had been rolled over to 2021-2022. These included:</p> <ul style="list-style-type: none"> • Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities. • Supporting and developing the participation of lay representatives in Trust groups and committees <p>Dierdre Fowler, Chief Nurse, also reminded the Board that the report had not yet been proof-read and that this would happen between Board approval and publication.</p>	

	Members resolved to receive the Quality Account 2020/21 for Approval.	
19/07/21	Patient Experience Report Quarter 4	
	Deirdre Fowler, Chief Nurse and Midwife, presented the Patient Experience Report Quarter 4 to the Board, noting that this had been received by the Quality and Outcomes Committee. The Quarterly Report provided a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust. Members resolved to receive the Patient Experience Report for Quarter 4 for Assurance.	
20/07/21	Patient Complaints Report Quarter 4	
	Deirdre Fowler, Chief Nurse and Midwife, presented the Patient Complaints Report Quarter 4 to the Board, noting that this had been received by the Quality and Outcomes Committee. While maintaining complaint response rates had proven challenging over the last year, the Trust was performing reasonably well. Members resolved to receive the Patient Complaints Report for Quarter 4 for Assurance.	
21/07/21	Revalidation Annual Report	
	William Oldfield, Medical Director, presented the Revalidation Annual Report to the Board, noting that this had been received by the Quality and Outcomes Committee who had endorsed it for approval by the Board. The Framework for Quality assurance for responsible officers and revalidation set out the key requirements for compliance with regulations and key national guidance, and provided a format to review these requirements, so that the designated body could demonstrate not only basic compliance but continued improvement over time. Members resolved to receive the Revalidation Annual Report for Approval.	
22/07/21	Resolving Conduct Concerns Policy	
	The Board received the report outlining the changes made to the Trust's Disciplinary Policy following recommendations made to for all NHS Trusts in relation to their formal procedures set out in 2019 by Baroness Dido Harding, Chair of NHS Improvement following an independent review. The Resolving Conduct Concerns Policy was noted to have been extensively reviewed by the People Committee who had endorsed it for approval by the Board. David Armstrong, Non-Executive Director, reinforced that management intent was defined by the policies and processes the Trust had, and that policies should have supporting training and associated, measurable success criteria to ensure that they made a difference. Jayne Mee, Interim Chair, echoed these thoughts, and felt a tracking measure was essential alongside the policy, noting that this had been discussed with the team. Members resolved to receive the Resolving Conduct Concerns Policy for	

	Approval.	
23/07/21	Bi-Annual Equality and Diversity Report	
	<p>Sam Chapman, Head of Organisational Development, presented the first Bi-Annual Equality and Diversity Report, the purpose of which was to ensure that the Trust had developed a robust assurance and delivery plan that mitigated the risk to compliance with its public sector equality duty across all protected characteristics and responded to findings from staff surveys, Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap. This was noted to have been received and discussed at the recent People Committee.</p> <p>The bi-annual report set-out both corporate and divisional progress against the Trust's 2020/25 diversity & inclusion strategy for Q3 and Q4 of 2020/21, forward plan for WRES and WDES and also the strategic action plan for 2021/22.</p> <p>It was agreed that greater work was needed in relation to the WRES and WDES and this would return to the Board in the next bi-annual report. Jane Norman, Non-Executive Director, observed that there was no entry within the gender pay gap report. Harjinder Bahra, Diversity & Inclusion Manager, explained that due to COVID-19 Trusts had been given an extension on reporting and the Board would be updated once the Gender Pay Gap report was published.</p> <p>ACTION: Head of Corporate Governance to add to the Board planner.</p> <p>Bernard Galton, Non-Executive Director, was heartened to see all equality, diversity and inclusion work pulled together in one report, ensuring that there was focus on each protected characteristic.</p> <p>Members resolved to receive the Bi-Annual Equality and Diversity Report for Assurance.</p>	Head of Corporate Governance
24/07/21	National Staff Survey Results	
	<p>Sam Chapman, Head of Organisational Development, presented the National Staff Survey Results report which set out the analysis and comparator position of the Staff Survey 2020 results; in order to ensure organisational development priorities were evidenced based and responsive to the voice of the staff. The staff survey results had been reported through the People Committee and discussed at length.</p> <p>The paper included:</p> <ul style="list-style-type: none"> • Staff survey reporting 2020 • Response rates • Staff Survey 2020 Highlights and priorities • COVID 19 responses • WRES/WDES Staff Survey Highlights • Proposed Organisational Development priorities 2021/22 <p>Bernard Galton, Non-Executive Director, acknowledged the recent changes to the staff survey cycle. Sam Chapman, Head of Organisational Development, clarified for the Board that the annual NHS Staff Survey cycle had recently been updated and reviewed with the following framework now in place :</p>	

	<ul style="list-style-type: none"> • Annual Staff Survey: This mandatory survey is delivered in organisations between October and December each year with reporting in March. The survey was managed by the Trust and processed by a third party supplier, The Picker Organisation • Quarterly Pulse Survey: This survey was formally known as the Staff Friends and Family Test and in July 2021 adopted a new name and approach. The survey would now ask the nine staff engagement questions from the Annual Staff Survey. This mandatory survey was delivered three times per year in January April and July. The survey was managed by the Trust and processed by a third party supplier The Picker Organisation. The contract with Picker was currently in place to deliver the Quarterly Pulse survey until March 2023 • People pulse: The national people pulse was a NHS England and NHS Improvement toolkit which had been developed and trialled in a number of NHS organisations in 2020 and which was now been made available to all NHS Trusts. The Organisational Development team had been in conversations with the national team to understand the toolkit and its suitability for the Trust for the duration of this trial. The survey was provided as an optional survey and can be delivered as frequently as monthly and was based on the nine staff engagement survey questions. The survey was available throughout the year for all staff. The Trust, due to the number of feedback mechanisms in place; and the limited reporting functionality of the monthly pulse survey, would consider the viability of introducing an additional survey outside of the quarterly cycle above. A review was noted to as currently being conducted. <p>Sue Balcombe, Non-Executive Director, observed that the Trust did not benchmark well in terms of questions regarding immediate managers (table 10) but acknowledged that significant work was underway in the background in relation to leadership training. Sam Chapman, Head of Organisational Development, explained that a leadership framework was being developed to ensure the priorities that managers were expected to deliver were clear, as well as to respond to the concerns highlighted within the report. The framework would go-live at the end of the year alongside the refreshed organisational values.</p> <p>Members resolved to receive the National Staff Survey Results for Assurance.</p>	
25/07/21	NIHR Clinical Research Network Annual Plan and Annual Report	
	<p>William Oldfield, Medical Director, presented the NIHR Clinical Research Network Annual Plan and Annual Report to the Board, highlighting that the Clinical Research Network West of England (CRN WE) was submitting the Annual Plan 2021/22 for Host Trust Board approval.</p> <p>The plan set out how the CRN WE intended to meet and exceed the High Level Objective ambition levels and National Priorities as set out in the 21/22 Performance and Operating Framework (POF). The POF forms part of the contract between University Hospitals Bristol & Weston NHS Foundation Trust and the Secretary of State for Health and Social Care to host the CRN WE.</p> <p>Members resolved to receive the NIHR Clinical Research Network Annual Plan and Annual Report for approval.</p>	
26/07/21	Finance Report	

	<p>Neil Kemsley, Director of Finance and Information, presented the report to inform the Board of the financial position of the Trust for the period 1 April 2021 to 30 June 2021. Key points to note were that:</p> <ul style="list-style-type: none"> • The Trust's year to date net income and expenditure performance, excluding technical items, was a net surplus of £0.387m compared with a plan of break-even. The overall position continued to be driven by slower than planned pick up in costs linked to the Trust's approved 2021/22 investments offset by the shortfall in savings delivery to date. • The Trust had delivered savings of £1.578m in quarter 1 compared with the plan of £3.609m. • The Trust had invested capital of £17.620m to date of which £7.114m related to the Salix decarbonisation scheme. • The Trust's cash balance was £160.856m as at 30 June 2021. <p>David Armstrong, Non-Executive Director, shared that the Finance and Digital Committee had praised the new and improved reporting, in particular that insights were clear and that the Committee now had the ability to triangulate actions with the risk register.</p> <p>Members resolved to receive the Finance Report for Information.</p>	
27/07/21	Appointment of a Trustee to Above & Beyond	
	<p>Robert Woolley, Chief Executive, presented the report to propose a replacement to the Trust nominated Trustee on the governing body of Above & Beyond following the resignation of the Medical Director.</p> <p>The Board were reminded that the Trust was entitled to nominate a Trustee to the Board of Above & Beyond through the Deed of Understanding agreed as part of the move of Above & Beyond to independent status. The role had been undertaken by the Medical Director, but following his resignation, the Board needed to consider a replacement. It was proposed that the Chief Nurse take on this role when the Medical Director leaves.</p> <p>Members resolved to approve the nomination of Deirdre Fowler, Chief Nurse and Midwife, to be a Trustee on the governing body of Above & Beyond.</p>	
28/07/21	Emergency Preparedness Annual Report	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the Emergency Preparedness Annual Report to the Board, noting that this had been received by the Quality and Outcomes and Audit Committees who had endorsed its progression to Trust Board. The report provided assurance that the Trust was meeting its statutory civil protection duties under the Civil Contingencies Act, 2004 and NHSE/I contractual conditions of service in relation to Emergency Preparedness, Resilience and Response. The paper outlined activity over the past 12 months, and would inform the process undertaken in order to deliver a business continuity management system.</p> <p>Members resolved to receive the Emergency Preparedness Annual Report for Assurance.</p>	
29/07/21	Governors Log of Communications	

	<p>Eric Sanders, Director of Corporate Governance, presented the Governors Log of Communications to the Board. He highlighted that since the last public Board of Directors meeting, three additional questions had been added to the Governors' Log of Communications, and six responses received. All questions had received responses and had been closed by governors.</p> <p>Members resolved to receive the Governors Log of Communications for information.</p>	
30/07/21	Register of Seals	
	<p>Eric Sanders, Director of Corporate Governance, updated the Board regarding the use of the Register of Seals as below:</p> <p>The Register of Seals had been used once recently, for the Lease formalising the occupation of Yatton's Children Centre.</p> <p>Members resolved to note the Register of Seals for information.</p>	
31/07/21	Any Other Urgent Business	
	<p>Robert Woolley, Chief Executive, mentioned that the Trust was continuing discussions with North Bristol NHS Trust and were taking forward intentions to develop an acute provider collaborative and produce a set of proposals to both Boards that would outline the governance arrangements. This would focus on models of clinical and non-clinical support services.</p>	
32/07/21	Date of next meeting: 30 September 2021.	

Public Trust Board of Directors Meeting
30 September 2021
Action Log

Outstanding actions from the meeting held on 29 July 2021

No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	03/07/21	<u>Patient Story</u> Mark Smith, Deputy Chief Executive and Chief Operating Officer, agreed to take forward the importance of a multi-disciplinary approach to virtual appointments, as well as a suggestion on digital support volunteers, to the Trust's Outpatient Improvement Group.	Deputy Chief Executive, Chief Operating Officer	September 2021	<u>Work in Progress</u> <i>Update from Dr Philip Kiely, Deputy Chief Operating Officer – Planned Care:</i> 'There is no technical impediment to having a multi-professional team joining the video clinics. This is probably something that the team that treats the patient should consider. The bigger challenge we are facing is the general reduction in the number of video consultations and telephone consultations being performed as more activity is switched back to face-to-face or clinics are reduced to support the redeployment of staff. At the peak of the first wave of the pandemic, we were performing around 800 video consultations per week. This number is now around 400 per week. The outpatient steering group is working with divisions to ensure that we maintain a level of non-face-to-face activity. The Long Term Plan set the aspiration as at least 25% of all outpatient activity being delivered in this way.'
2.	23/07/21	<u>Bi-Annual Equality and Diversity Report</u> The Board Business Cycle to be updated regarding WRES/WDES and Gender Pay Gap information.	Head of Corporate Governance	September 2021	<u>Suggest action closed.</u> The planner had been updated.
3.	19/05/21	<u>Research and Innovation Report</u> Benchmarking against other Trusts to be included in the Annual Report for Research and Innovation.	Medical Director	September 2021	<u>Work in Progress</u> Conversations were in progress regarding how this could be taken forward.

4.	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 and Midwife	July 2021	Work in Progress Work was in progress to include and would be visible in the next few iterations.
5.	14/03/21	Six-monthly Safe Staffing Report To include the consultant workforce data in the Six-monthly Staffing Report going forward.	Chief Nurse and Midwife	September 2021	Suggest action closed It is not currently possible to collate the consultant workforce data as Allocate as not yet been rolled out to the medical workforce.
Closed actions from the meeting held on 29 July 2021					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
13.	03/05/21	Patient Story Ensure updated communication/leaflets were available on the wards; explore whether pre-booked phone slots would be feasible.	Chief Nurse and Midwife	July 2021	Closed. Hard copy information leaflets removed during pandemic but signposted as available on request. Staffing does not facilitate this at present but work in progress. This action arose from the patient's family frustration at numerous unanswered telephone calls.
15.	03/05/21	Patient Story The Board to formally thank Tony Watkin, Patient Involvement Lead, for the work he had undertaken to support the patient Brian Field and his family.	Head of Corporate Governance	July 2021	Completed.
16.	08/05/21	Integration update Further information regarding the Integration's digital convergence to be provided at the Finance and Digital Committee in July.	Director of Finance and Information	July 2021	Completed. As the Business Case was progressing through the Finance and Digital Committee this item was agreed closed.
17.	09/05/21	CQC Report and Action Plan for Weston CQC Action Plan for Weston updates to be shared with the Board.	Chief Nurse and Midwife	July 2021	Completed. This was on the agenda.
18.	10/05/21	Integrated Quality and Performance Report An update on the Restoration and Recovery work to be provided at the next Quality and Outcomes Committee meeting.	Deputy Chief Executive, Chief Operating Officer	July 2021	Completed.
19.	13/05/21	Freedom to Speak Up Annual Report The Board formally thanked Eric Sanders and Kate Hanlon for their great work to promote the Freedom to Speak Up campaign.	Head of Corporate Governance	July 2021	Completed.

20.	15/05/21	Ockenden Assurance and Assessment Explore whether the Trust required a consultant midwife role.	Chief Nurse and Midwife	July 2021	Completed. This would be considered in future ICS conversations. Although there were no concerns at the lack of this role in the department, it was thought this role could be beneficial at a system level.
21.	16/05/21	Transforming Care Q4 Report The Board formally thanked the Transforming Care team on their response to the pandemic and their involvement with the vaccination programme.	Head of Corporate Governance	July 2021	Completed.
22.	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	Completed. This had been reviewed at the Audit Committee meeting in July.
23.	08/03/21	Integration Update Review the Weston integration plan to see what areas could be accelerated.	Director of Finance and Information	July 2021	Completed. This was on the agenda.

Meeting of the Board of Directors in Public on Thursday 30 September 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 <i>(Including decisions taken)</i>	
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 August and September 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 <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • 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]
N/A	

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – SEPTEMBER 2021

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in August and September 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 **approved** the draft Estates Strategy for onward submission to the Trust Board.

The group **noted** an update on the Integrated Care System and Provider Collaboration developments and implications for UHBW.

The group **approved** recommendations on the plans for Acute Provider Collaboration between University Hospitals Bristol and Weston NHS Foundation Trust and North Bristol Trust, for onward submission to the Trust Board.

The group **approved** the 2022/2023 management costs associated with the extension of the Integration Programme.

The group **noted** the delay in the planned Urology Services transfer to North Bristol Trust from its expected transfer date of 1 October 2021 to mid-November.

The group **approved** the refreshed Clinical Strategy Programme Plan.

The group **approved** progression of the Bristol Heart Institute Ward Beds Outline Business Case to Full Business Case, noting approval was subject to receipt of the OBC construction costs and subsequent triaging of the scheme within the strategic capital funding envelope, and the timeline and next steps.

The group **approved** a recommendation for proceeding with the award for the new Pathology Managed Service Contract.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on key highlights from the financial position 2020/21.

The group received and **noted** an update on the refreshed approach to Operating Planning for 2022/2023.

The group **noted** the position in respect of the current surgical elective activity position.

The group **noted** an update on the Values and leadership behaviours review and agreed next steps.

The group **noted** the position in the Provision of Airway trained Junior Doctors for Weston ICU and the mitigation plans presented.

The group **supported** the recommendations put forward for the Trust's response and preparation to the Covid Government Statutory Inquiry.

The group **received** and **noted** the Guardian of Safe Working report for Weston and Bristol.

The group **noted** updates against the Care Quality Commission Action plans for: Weston Medical Care Inspection (March 2021); Bristol Royal Infirmary Emergency Department (February 2021) and Weston Division Medical Care Action plan (June 2021).

The group **received** and **approved** deferment of the implementation of a new car parking policy until April 2022. Support was given to proceed to the implementation of the automatic number plate recognition system and the proposal to take action to enforce the current policy.

The group **approved** the lease arrangements for South Bristol Community Hospital.

The group **noted** an update on the current position around the management of procedural documents, the current level of compliance and **supported** the principles and developing approach to the ongoing review.

The group **approved** the request to extend the deadline for achievement of 85% compliance for appraisals to December 2021.

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

The group **received** an update on the Leadership and Management Development Review.

The group **noted** an update on changes to the annual National Staff Survey questionnaire following redevelopment work by NHS England and NHS Improvement to align the staff survey to the NHS People Promise.

The group **received** the Quarter 4 Serious Incident Themed Report prior to submission to the Trust Board.

The group **approved** the Quarter 2 Transforming Care report prior to submission to the Trust Board.

The group **received** the Quarter 1 Patient Experience and Involvement Report.

The group **received** the Quarter 1 Complaints Report.

The group **received** the Congenital Heart Disease Annual Report 2020/21 prior to submission to the Trust Board.

The group **received** one Internal Audit Report for the Management of Action Plans following the Care Quality Commission Inspections.

Reports from subsidiary management groups were **noted**, including updates from the Senior Leadership Team Delivery Group, Clinical Quality Group, Trust Research Group, People Committee, Commissioning and Planning Group, Digital Hospital Programme Board, Cellular Pathology Performance meeting and Restoration Oversight 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
September 2021

Healthier Together Integrated Care System (ICS) monthly update

September 2021



Introduction

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

This month's update covers:

1. Continued progress for our Integrated Care System
2. Allocation of non-recurrent investment for System transformation
3. Maximising uptake of the Covid-19 BNSSG vaccination programme
4. Developing a digital strategy for the ICS
5. Other news this month

If you would like to receive an update on a specific area of system working next time, please let us know.

1. Continued progress for our Integrated Care System

This month we've continued to see new guidance and expectations emerge from the Department of Health and Social Care (DHSC), the Local Government Association (LGA), and NHS England and Improvement (NHSEI) to help integrated care systems prepare for the legislative changes expected from April 2022.

This includes:

- An engagement document focused on the role of Integrated Care Partnerships (locally, what we call the ICS Partnership Board): [Integrated Care Partnership \(ICP\) engagement document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107421/ics-partnership-board-engagement-document.pdf)
- Guidance to support the legal establishment and operational readiness of ICSs for April 2022: [ICS Guidance - Integrated Care \(future.nhs.uk\)](https://www.nhs.uk/england/ics-guidance)
- Guidance on effective partnership working within ICSs, including place-based partnership, working with people and communities, clinical and care professional leadership, and engagement with the voluntary, community and social enterprise sector: [ICS Guidance - Integrated Care \(future.nhs.uk\)](https://www.nhs.uk/england/ics-guidance)

We are currently incorporating this guidance into our BNSSG ICS development programme of work. Recognising that much of the national policy is permissive and flexible, we are also working locally to design governance arrangements that are best suited for our partnership and for the benefit the people of BNSSG.

The Partnership Board recently approved a programme of facilitated workshops this Autumn to explore key questions together and design the future ICS Partnership Board (a statutory committee from April 2022, formed by NHS and local government as equal partners).

In parallel, a nationally-led process is ongoing to appoint a new Chair and Chief Executive for the Integrated Care Board (the new statutory organisation from April 2022).

2. Allocation on non-recurrent funding for System transformation

We recently announced a one-off funding opportunity to help accelerate System transformation and ensure we exit the current challenging period in the best position possible, right across BNSSG.

The majority of these opportunities were for NHS providers, while there was also an opportunity via Section 256 for Local Authorities to access this funding where mutual benefit to the NHS could be demonstrated.

A total of eleven proposals have now been reviewed by PMO, Finance, Clinical Cabinet, and the Planning and Oversight Group, with recommendations made to the Executive Group to allocate c£7.3m of funding. All projects are undergoing financial review to determine their profile and forecast spend, and we are hoping this will identify additional funding capacity for other projects. This review is expected to be completed in the next month.

System transformation projects include:

Scheme	Description	Funding
Central Weston Primary Care, Community and Diagnostic Hub	To support the rapidly increasing population in the centre of Weston and assist with new accommodation for the Graham Road practice population. This sum allows for extended proposals to include an integrated Community Diagnostic Hub, a Frailty Hub and the consolidation of Sirona's Weston based services and operations into one state-of-the-art facility.	c£144k
Urgent care: system clinical assessment service (CAS)	<p>The City Centre Urgent Care Provision Group have agreed a System Clinical Assessment Service as the most effective way to provide system-wide support to all ED departments in BNSSG for this winter. This service will provide support over the winter period of October 2021 to March 2022. The System CAS function is the key enabler to ensuring patients are assessed and routed to the most appropriate service for their needs. That is; care which is compassionate, timely, via the right medium, and which uses resources optimally.</p> <p>The proposed use of non-recurrent funding to pump prime this change is as follows:</p> <ol style="list-style-type: none"> Enhance the SevernSide CAS via the recruitment a multi-provider team that could provide dedicated capacity for ETC validation/assessment off NHS Pathways. Support further development of the CAS 	c.£1,403k

	<p>additional 3 Adastra licences, this will support additional system HCPs as the CAS develops or to support other provider pilots.</p> <ol style="list-style-type: none"> 3. System Training for Remote Assessment and Pathways Clinical Consultation Support (PaCCs) 4. Use of Clinical Guardian to support clinical governance for new providers joining the CAS 5. SevernSide System CAS development Clinical Leadership, Architecture, Project Management 	
ICS Information Governance (x2 projects)	The first concerns information sharing server access, aiming to provide a direct access to CCG server space for ICS partner analysts to work with PHM linked datasets and other CCG datasets, making data more accessible to a wider range of users. The second project concerns recruitment of a project officer to support the development of the Shared Data and Planning Platform, enabling the system to embed Population Health Management capabilities, data sharing and data linkage.	£135k
Collaborative Continuous Improvement	To establish a shared standardised approach to Continuous Improvement for BNSSG providers and potentially all ICS partners. By standardising our approach across the system and building it around a core methodology adopted from other high performing health systems, current transformation capacity will be more effective, and our system will have greater capability to deliver change successfully. The plan will focus initially on the two acute providers, concentrating on the urgent care agenda.	£650k
Strategic Communications support for operational system pressures	To develop a coherent and integrated system-wide campaign informed by local insight and national research over the coming months. Costs are likely to include content creation, translation, outdoor advertising, radio, door-drops and paid social media aimed at raising awareness of system pressures and bringing about behaviour change in the way people understand and use health and care services.	£117k
Workforce transformation and delivery	This will enable dedicated, system wide workforce capacity, embedded within each organisation/sector. A transformation and delivery team will help to address staff shortages, workforce inequality, and ensure better workforce planning, and to translate agreed collaborative actions into organisational delivery, to mitigate our workforce shortages. This will include developing a composite workforce model, implementing our Employer Value Proposition, attracting a more diverse workforce, building our role as an anchor in the community and leading strategic	c.£616k

	workforce planning – supporting delivery of new models of care across our system.	
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3. Maximising uptake of the Covid-19 BNSSG vaccination programme

A new evaluation report on the COVID-19 vaccination programme in BNSSG has been published. The report shows how equity was at the core of the strategy from its planning stages and how it aimed to leave no-one behind, particularly those at higher risk of severe illness and death from COVID-19.

Five priority groups were identified for our maximising uptake work: (1) People with experience of homelessness (2) Non-English first language speaking, minority ethnic groups, refugees, asylum seekers (3) Those living a distance from a vaccination centre (4) Hospital patients (5) Those who may struggle to access vaccination centres.

The report details costs and known outcomes for these groups alongside recommendations for the future vaccine programme and wider system approach. This includes reviewing our strategy and processes, with iterative use of Population Health Management tools (data) alongside insight work.

Whole programme costs (including communication and engagement work) were estimated at £15 additional health service cost per dose delivered in outreach to the end of May 2021. This was deemed to be cost-effective to the NHS considering the prioritisation of high-risk individuals less likely to be vaccinated, and the effectiveness of vaccination at preventing high-cost hospital admissions.

The report proposes that we continue striving for equity of health outcomes for the whole BNSSG population by developing a BNSSG-wide approach to reducing health inequalities, considering the health and social care issues for different patient/population groups, and how we should develop 'inclusion health' here.

To read the report in full please contact sian.hughes21@nhs.net

4. Developing a digital strategy for the ICS

Earlier this year BNSSG initiated a 5 year digital strategy to guide our system-wide direction when designing and deploying digitally transformative models of care for our citizens, staff and ICS partners.

This digital vision and draft strategy has been developed by clinicians and practitioners and designed through numerous system-wide workshops.

In line with the emerging national digital context, our strategy proposes to focus on (1) an Integrated Care System, enhanced by digital (2) citizens, empowered by digital and (3) care, enabled by digital.

The draft strategy will be further shaped through a number of Healthier Together stakeholder events being planned this Autumn. These will consider our vision, priorities and key milestones, in advance of a final draft strategy in December.

A financial workstream has also been established (with input from system DoFs), to agree the commitment of system-level resources to deliver on our future digital priorities.

5. Other news this month

The **People Steering Group** is reviewing the benefits and lessons learned as our one year Health Education/NHSI/E funded fixed term Supply and Demand projects conclude. These projects include the nurse supply project, supply and demand project and retention pathfinder project.

A **stroke consultation** has formally closed with more than 1,800 responses, including 273 responses from health and care staff and above-target representation from people with lived experience of stroke and those with protected characteristics. The consultation lasted 12 weeks and centred on how services can be improved and lead to better outcomes for people. Stroke is the fourth biggest killer in the UK and a leading cause of disability, with 1 in 50 of BNSSG residents living with the long-term consequences. A decision on our future stroke services is expected next year.

Our **Mental Health and LD and Autism Steering Group** report that 69% of people with learning disabilities in BNSSG have now received Annual Health Checks and Health Action Plans. Also, our new engagement programme to improve support for people with Learning Disability and/or Autism from minority ethnic communities has begun, supported by Autism Independence, and a mental health 111 model has been developed for a local pilot.

Healthier Together transformation programme **campaign maps** have been updated with the latest information on upcoming milestones and decision points. For a copy in Excel format please contact bnssg.htpmo@nhs.net

If you have any questions or would like to see a specific topic covered in the next update, please contact the **Healthier Together Office** at our usual email address: bnssg.healthier.together@nhs.net

Meeting of the Board of Directors to be held on Thursday 30 September 2021

Report Title	Healthier Together ICS Memorandum of Understanding
Report Author	Eric Sanders, Director of Corporate Governance
Executive Lead	Robert Woolley, Chief Executive

1. Report Summary
<p>This report seeks the Board's approval of the Memorandum of Understanding (MOU) that has been developed between partners of the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS).</p>
2. Key points to note <i>(Including decisions taken)</i>
<ul style="list-style-type: none"> • Early in 2021, the Healthier Together Partnership Board agreed a purpose, scope, and timeline to develop an ICS MOU and supporting frameworks, outlining the principles and governance arrangements for the ICS. • The MOU and supporting frameworks are intended to cover outcomes, finance, communications and engagement, organisational development, performance and quality. • The MOU has been developed with input and feedback from a series of system-wide workshops with constituent organisations, Chief Executives, and subject matter experts from February through May 2021. Various versions have been developed and reviewed by BNSSG system governance leads with instructions/input from Healthier Together Executive Group, and with engagement through a number of organisational boards and governing bodies. • The draft ICS MOU focuses on principles for how the ICS works in partnership and focuses on formalising current arrangements rather than attempting to outline future ways of working post April 2022. This approach recognises that additional clarity and guidance on statutory ICS constitution and operation is emerging as the Health & Care Bill works its way through the parliamentary process, and that there is little point in making local arrangements when they could be over-turned by national guidance. • The draft MOU does not address all of the questions and issues identified with partner organisations earlier in the year. It focuses on describing the principles and ways of working across the partnership and provides the framework for making additional decisions on topics such as the ICS Partnership / ICS NHS Body Board composition, design of the new ICS NHS body, and the performance of functions at system and place levels. • Arrangements for the ICS post-April 2022 will be dealt with in separate documentation, informed by the content of the final legislation and associated guidance from NHSEI. This is likely to include a model constitution for the statutory ICS Body. • The Board considered a summary of the MOU at its Seminar on 15 July 2021 and then by virtual review. Comments from the Board have been fed into the Governance Leads discussion and the Healthier Together Executive Group. • The stated aim of the Partnership Board is to finalise and adopt/sign-off the MOU and associated documents at its meeting on 27 October 2021. In order to achieve this, the MOU needs to be approved by all system partner organisations, with delegated authority to the Chair and Chief Executive to approve any minor amendments that may arise out of final discussion and approval by partner organisations.

3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: <ul style="list-style-type: none"> • If the system does not have a clearly described way of working and principles to support collaboration, then the aims of the system may not be effectively delivered resulting in poorer outcomes for the population. 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
This report is for Approval . The Board of Directors is asked to: <ul style="list-style-type: none"> • approve the Memorandum of Understanding (MOU) and supporting frameworks to govern the Integrated Care System (ICS) ahead of statutory changes anticipated for 2022, and • delegate authority to the Chair and Chief Executive to approve any final minor amendments. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Board Seminar	15 July 2021

Healthier Together

Memorandum of Understanding

DRAFT – as of 16th September, 2021

DRAFT

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1. Introduction and background

- 1.1. This Memorandum of Understanding (MoU) sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset and South Gloucestershire (BNSSG).
- 1.2. We serve a population of approximately one million people within distinct communities: a vibrant city with huge economic resources but also pockets of deprivation, seaside towns and villages and rural areas. People's life chances and prospects of enjoying good health vary dramatically depending on where they are born and where they live. Our children are disproportionately affected, with nearly 40% of children in Bristol falling within the most deprived quintile. We need to deliver health and wellbeing services that meet the needs of each of these diverse communities.
- 1.3. We established our Partnership in 2016 to work together across the NHS, local government and social care. In 2019, we agreed a five year plan to deliver significant improvements in the health and wellbeing of our population, to improve the quality of our services and people's experience of care and to make BNSSG the best place to work for our staff.
- 1.4. Going forward, we will develop an Integrated Care Strategy for the population of BNSSG, covering health and social care and addressing the wider determinants of health and wellbeing. This will be built bottom-up, through engagement with all partners, communities, and the public, using the best available evidence and data on local needs and assets. This strategy will focus on improving outcomes, reducing inequalities, and addressing the consequences of the pandemic for our local communities.
- 1.5. As a Partnership, we were formally designated as an Integrated Care System (ICS) from December 2020, demonstrating the progress we have made in developing collaborative ways of working and integrating services to deliver better outcomes for BNSSG residents. We recognise there is more work to be done to change how we operate to make the best use of resources within an integrated system.
- 1.6. In early 2021, the government published a white paper setting out proposed reforms to health and care, and in July the draft Health and Care Bill was introduced in Parliament. This includes a duty to collaborate across the healthcare, public health, and social care system, and a shift away from competition and toward integration, collaboration and partnership. If passed, the legislation will establish ICSs on a statutory footing to be accountable for population health outcomes from April 2022.

1.7. Purpose

- 1.7.1. The purpose of this Memorandum is to formalise the Healthier Together Partnership ways of working as an Integrated Care System for the benefit of the population of BNSSG. This MOU supersedes existing documentation on the governance of the Healthier Together Partnership, in particular the Partnership Board and Executive Group terms of reference.

- 1.7.2. This includes memorialising how we work together today and transitional arrangements in the second half of 2021/22 to evolve our current partnership arrangements within Healthier Together, including building collaboration through the existing Partnership Board, Executive Group, and Steering Groups.
- 1.7.3. It also includes our shared principles as we evolve our partnership to improve our ways of working as a system, and we expect our collaborative ways of working to continue to evolve as our system matures. It lays a foundation for how we want to work together in partnership, on which future agreements and governance documentation will be developed in line with national policy and local decisions.
- 1.8. The Memorandum is not a legal document. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding and commitment to a way of working between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It does not replace or override the legal and regulatory frameworks that apply to our constituent organisations, which will have priority in the event of any conflict between those frameworks and this MOU. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

2. Parties

2.1. Members of the Healthier Together Partnership ('Healthier Together Partners') and parties to this Memorandum are:

Clinical Commissioning Group:

NHS Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG)

Local Authorities:

Bristol City Council (BCC)

North Somerset Council (NSC)

South Gloucestershire Council (SGC)

Healthcare Providers:

Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)

North Bristol NHS Trust (NBT)

Sirona care and health (Sirona)

South Western Ambulance Service NHS Foundation Trust (SWASFT)

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

GP Federation:

One Care (BNSSG) C.I.C. (One Care)

2.2. Healthier Together Partners all subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

2.3. **Additional organisations**, who are not parties to this Memorandum, but who work with the Healthier Together Partners, provide support, advice and guidance to support delivery of our Healthier Together vision. Examples of these partners include (but are not limited to):

Local Partners

Academic Health Science Network

Brisdoc/Severnside

Bristol Health Partners Academic Health Science Centre

Health & Care West

Healthwatch BNSSG

Second Step

St. Peter's Hospice

Vita Health Group

West of England Civil Society

Other Voluntary, Community, and Social Enterprise (VCSE) partners

Health Regulator and Oversight Bodies

NHS England and Improvement

Other National Bodies

Health Education England

LGA

Public Health England

2.4. Working in effective partnership with people and communities is a key tenet of the Healthier Together Partnership. There are three main lenses to our system work with people and communities: Citizen Insight, Community Engagement and Co-production.

2.4.1. Citizen Insight is about identifying what people want, value and aspire to, as well as what their wellbeing, health and care needs are, to give the system the best chance of designing services and interventions that work for people and fit in with citizens' lives.

2.4.2. Community engagement recognises communities themselves as the driving forces of change, and includes listening, working with and alongside communities to develop long term relationships, trusted sources of information, and identifying and addressing environmental, attitudinal, and cultural barriers to change

2.4.3. Co-production describes the process of working together with users to create services, interventions and solutions together from the outset – sharing power, and going beyond consultation, engagement or involvement

2.5. Term: This Memorandum shall commence on the date of last signature of the Healthier Together Partners and will terminate on 31 March 2022. The memorandum will be reviewed prior to 31 March 2022 and a revised version agreed with ICS Partners which is consistent with the latest statutory guidance and statutory provisions of the Act. It shall thereafter be subject to an annual review.

2.6. Review of this Memorandum will be undertaken by the Partnership Board. If changes are proposed which are considered substantial by the Healthier Together Partners, then the revised Memorandum will be taken through the appropriate governance arrangements by the Healthier Together Partners, with the outcome reported back to the Partnership Board.

3. **Our shared vision for the people of BNSSG**

3.1. Our vision: Healthier Together is the health and care partnership for people in Bristol, North Somerset and South Gloucestershire. We work together to improve the health of our population and make sure services work for everyone.

Our vision is for people in Bristol, North Somerset and South Gloucestershire to have the best start in life, and for the places where we live to be healthy and safe.

Everyone will have the opportunity to live longer in good health. When people need support from our services, they will be high quality and easy to access.

People will be better supported to take control of their own health and wellbeing, and become equal partners in care. Working alongside our communities, we'll build on strengths and tackle inequalities together.

We'll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

3.2. The aims/objectives of our system are to:

3.2.1. Increase the number of years people in BNSSG live in good health

3.2.2. Reduce the inequality in how many years people in BNSSG live in good health, particularly improving healthy life expectancy for those with the poorest outcomes

3.2.3. Become a place where wellbeing, health, and care services fit with people's lives and makes sense to the people engaging with them

3.2.4. Make it easy for people working in wellbeing, health, and care to work with each other

3.2.5. Ensure our workforce is healthy and fulfilled

3.2.6. Reduce our adverse environmental impact in energy, travel, waste, water, food, biodiversity and land use

3.2.7. Make our communities healthy, safe and positive places to live

4. Principles for working together

4.1. Our ways of working together rely on a set of principles that apply across the Partnership.

Table 1: Healthier Together Principles

<p>Individuals @ the Centre</p>	<ol style="list-style-type: none"> 1. We work to achieve our vision to meet our citizens' needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of public health, health and social care. 2. Citizens are integral to the design, co-production and delivery of services. 3. We involve people, communities, clinicians and professionals in all decision-making processes. 4. We will take collective, considered risks to cease specific activity and release funds for prevention, earlier intervention and for the reduction in health inequalities. 5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.
<p>Subsidiarity</p>	<ol style="list-style-type: none"> 6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. The default expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
<p>Collaboration</p>	<ol style="list-style-type: none"> 7. Collaboration between partners in a place across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people's experience, and improve value for the tax payer. 8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity. 9. Through collaboration as a system we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources. 10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.

<p style="text-align: center;">Mutual Accountability & Equality</p>	<p>11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership.</p> <p>12. We have a common understanding of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations' agendas and priorities. We accept that diverse perspectives may create dissonance, and we seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens. We strive to bring the best of each organisation to the Partnership.</p> <p>13. We adhere to a collective model of accountability, where we hold each other mutually accountable for our respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required.</p> <p>14. We develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.</p>
<p style="text-align: center;">Transparency</p>	<p>15. With an 'open book' approach, we pool information openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system.</p> <p>16. We work in an open way and establish clear and transparent accountability for decisions, always acting in service of the best outcomes for the people of BNSSG.</p>

5. Our shared values and behaviours

5.1. Members of the Partnership commit to behave consistently in ways that model and promote our shared values:

- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We represent our population, our staff and we serve as a conduit between the Partnership and individual organisational Boards / Cabinets

6. Governance

6.1. Partnership Arrangements in 2021/22

6.1.1. The Healthier Together Partnership will retain and develop its existing

governance arrangements through 2021/22, specifically by building on the existing Partnership Board and Executive Group forums. The functions of each are set out below.

6.1.2. Partnership Board

6.1.2.1. The Partnership Board provides the formal leadership for the Partnership. It is responsible for setting the strategic direction for the Partnership, and agreeing the vision, outcomes, and objectives. It provides leadership and oversight for all Partnership business and a forum to seek collective support for decision making to progress the delivery of the vision for the Partnership. Its responsibilities are further outlined in the Terms of Reference for the Partnership Board included in **Annex 2**.

6.1.3. Executive Group

6.1.3.1. The Executive Group is the executive arm of the Partnership Board. The purpose of the Executive Group is to oversee the business of the BNSSG ICS on behalf of the Partnership Board. It oversees the delivery of the ICS vision and strategy, and oversees and supports the delivery of a programme portfolio that enables the strategy. It provides system-wide guidance and support to the ICS programmes and secures the resources to deliver the ICS goals. Its responsibilities are further outlined in the Terms of Reference for the Executive Group included in **Annex 3**.

6.2. Changing structures from April 2022

6.2.1. From 1st April 2022, we expect (subject to legislation) to make changes to our governance structures in line with the statutory provisions of the Act when it comes into force and any statutory guidance. We remain committed to working together to agree the structures that will best serve the people of BNSSG, and to abide by the principles in this MOU.

7. Decision making

7.1. The key principle for making decisions will be based upon what is best for the diverse population of BNSSG.

7.2. Through the Partnership Board, the Healthier Together Partners will use a collective model of decision-making that seeks to find consensus between the Partners and make decisions based on unanimity as the norm. This means that the Healthier Together Partners will seek to ensure that all decisions are agreed unanimously. Where a party may not be able to agree then the process for handling disagreements (**see section 8**) will be used.

7.3. In addition to agreeing the vision, outcomes, and objectives for the Healthier Together Partnership, the Healthier Together Partnership Board will be a forum where Healthier Together Partners come together to seek collective support for decisions affecting the partnership and where collective action is needed. The Partnership Board will support the following decisions:

- 7.3.1. The objectives, plans, and changes to priority work programmes and workstreams
- 7.3.2. System-level planning
- 7.3.3. The apportionment of transformation monies from national bodies
- 7.3.4. Priorities for investment of system-level capital funds across the Partnership
- 7.3.5. Challenges highlighted through a system performance framework including defining actions when organisations become distressed

7.4. Decisions will be taken formally by individual organisations in line with their existing governance arrangements prior to ratification at the Partnership Board. There may be an opportunity for constituent organisations to delegate additional decisions into the Partnership in the future, building on the accomplishments and success of joint system working.

7.5. Healthier Together Partners are committed to being open and transparent in making decisions at Board meetings. Partnership Board meetings will be held in public. Members of the public will be able to ask questions and submit statements on decisions on the agenda at each meeting. Minutes of these meetings will be available to the public on the Healthier Together website.

7.6. People affected by a decision will be included in the process to make changes to services (see **Annex 8** for more details on how we will engage the people we serve). Decisions taken by the Healthier Together Partners will be clearly described in the minutes of the meeting, which will be available to the public on the Healthier Together Website.

7.7. The Partnership Board will engage openly and transparently with health scrutiny boards across partnership organisations.

7.8. Where Healthier Together Partners are required to take decisions outside of the ICS Partnership to meet their statutory obligations, they will do so in the spirit of the values and behaviours of this Memorandum and in line with the requirements of their organisation.

8. Resolving disagreements

8.1. Healthier Together Partners will attempt to resolve in good faith any dispute between them in line with the Principles, Values and Behaviours set out in this Memorandum (see **sections 4 and 5**).

8.2. The Healthier Together Partners will apply a dispute resolution process to resolve any issues that cannot otherwise be agreed through these arrangements. The key stages of the dispute resolution process are

- I. The Executive Group will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If the Executive Group cannot resolve the dispute within 30 days, then the dispute should be referred to the Partnership Board.

- II. The Partnership Board may choose to convene a Resolution Committee, whose purpose will be to consider the dispute and make a recommendation on resolution to the Partnership Board. The Partnership Board will agree the Terms of Reference and membership for the Resolution Committee.
- III. The Partnership Board will come to a majority decision, with input from the Resolution Committee if relevant, and will advise the Partners of its decision in writing. A majority decision will be reached by a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership.
- IV. If the parties do not accept the Partnership Board decision, or the Partnership Board cannot come to a decision which resolves the dispute, it will be referred to an independent mediator selected by the Partnership Board. The mediator will work with the Healthier Together Partners to resolve the dispute in accordance with the terms of this Memorandum.
- V. This section should be considered in line with **section 12** relating to the Handling of Conflicts of Interest.

8.3. Healthier Together Partners will be expected to apply the Principles, Values and Behaviours described in this Memorandum and come to a mutual agreement through the dispute resolution process.

9. Risk Management

9.1. Healthier Together Partners are committed to a shared approach to managing risks (strategic, clinical, financial, and operational), taking collective responsibility for driving necessary change while seeking to mitigate the risks of those changes for individual organisations and the people we serve. This includes ensuring a coordinated approach to understanding the risks to delivery of the vision and utilising these risks to support decision making by the Healthier Together Partners.

9.2. Our system approach to risk management recognises that there will still be a need for constituent organisations to manage organisational risk. Where appropriate, we will strive for consistency of risk management frameworks across organisations to allow more seamless risk management coordination across the Partnership. A separate document will describe how risks will be managed across the Healthier Together Partners including identifying system risk and how organisational risks that impact the Healthier Together Partnership will be escalated.

10. Place-based partnerships and provider collaboratives

10.1. Under the principles of subsidiarity and collaboration, and in line with the provisions of the new act and any relevant statutory guidance, our intent is to

establish place-based partnerships and provider collaboratives from April 2022 to bring together providers and other local partner organisations to deliver integrated health and wellbeing services for the benefit of the people of BNSSG.

10.2. Place-based partnerships are essential to delivering our ambition. They will design and deliver fully integrated preventive, proactive/anticipatory, and personalised health and care services focused on local people's health and wellbeing. This is the focus for NHS collaboration to meet the healthcare needs of local populations and for operational partnerships across NHS, local government, VCSE, and others to make the community the default setting of care 24/7, 365 days a year. They aim to strengthen connection to people and communities and co-produce services with the local population to ensure we deliver the experiences that matter to people.

10.2.1. Our system footprint encompasses six localities, which will become Integrated Care Partnerships (ICPs): Bristol North & West, Bristol South, Bristol Inner City & East, Woodspring, Weston & Worle, and South Gloucestershire.

10.2.2. Building on existing locality partnerships, ICPs will focus together on designing a fully integrated model of care to improve the experience and achieve measurable value for individuals and the population. They will focus initially on community mental health, and extend to frailty, urgent care, and other key areas for the population of BNSSG as they mature.

10.2.3. Local Health and Wellbeing Boards will play a critical role in overseeing the ICPs within their respective boundaries. They will set local direction and priorities, oversee delivery to ensure equity of care within their boundaries, and support and enable integration of health, public health, social care, and the wider determinants of health around the person.

10.2.4. The ICS will agree with local partners the membership, leadership, and governance of ICPs, and will support local integration. ICPs will be accountable to the ICS, which will assure delivery of outcomes, performance, and value.

10.3. 'At scale' provider collaboratives are partnerships of providers working across multiple places at an appropriate scale to support delivery of the Healthier Together Partnership goals for the people we serve. Our ambition is to enable provider collaboration across the sector to improve outcomes and consistency of care, transform patient experience, and delegate and optimise use of resources. This includes:

10.3.1. An acute care collaborative between our BNSSG acute trusts

10.3.2. Participation in specialised services provider collaboratives across broader footprints, including mental health

10.3.3. Out of hospital provider collaboration to support ICPs

11. Our shared functions and frameworks

11.1. To meet the aims of population health – improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities for the whole population (and not just those who present to services), and working with

the community to optimise access to services and early intervention – the Healthier Together Partners will take a value-based health and care approach. This approach focuses on achieving the outcomes that matter to people, services that work for them and are culturally appropriate, and making best use of resources (value).

Figure 1: BNSSG ICS Value Improvement Framework



11.2. We aim to adopt a value framework to improve population health for the people of BNSSG. This includes:

11.2.1. Identifying and improving the outcomes and experience that matter to people (see **Annex 4** for our ICS Outcomes Framework)

11.2.2. Applying an outcomes-driven approach to performance and quality improvement (see **Annex 5** for ICS Outcomes-Driven Performance and Quality Framework)

11.2.3. Commissioning and delivering effective services that avoid overuse of low value interventions (unwanted or not cost-effective) and underuse high value interventions (deemed cost effective but not taken up by those who would benefit) (see **Annex 6** for ICS Strategic Commissioning)

11.2.4. Allocating resources effectively across our system so that we achieve the overall best possible outcomes (see **Annex 7** for the ICS Financial Framework)

11.3. Our intent is to evolve and build on the work we do in partnership across our ICS operating model in order to achieve our system ambition and goals outlined in section 3 above. In addition to the areas above, this also includes:

11.3.1. Working in effective partnership with people and communities (see **Annex 8** for ICS Communications and Engagement Framework).

11.3.2. Organisational development as a system to ensure the right culture and environment for our people to thrive (see **Annex 9** for ICS Organisational Development Plan).

11.3.3. Clinical and care professional leadership embedded across our ICS focussing on improving outcomes for the people of BNSSG and delivering consistent clinical and care standards (see **Annex 10** for ICS Clinical and Care Professional Leadership Principles).

12. Managing Conflicts of Interest

12.1. It is recognised that potential conflicts of interest may arise from time to time given the scope and remit of the Healthier Together Partners. The Healthier Together Partners have individually made arrangements to manage any potential conflicts of interest to ensure that decisions will be taken and seen to be taken without being unduly influenced by external or private interest and do not (and do not risk appearing to) affect the integrity of their decision-making processes. The Partnership has agreed policies and procedures for the identification and management of conflicts of interest. All Healthier Together Partners will comply with their individual organisation's policies on conflicts of interest and gifts and hospitality.

12.2. The Healthier Together Partnership maintains registers of the interests of:

- a) Members of the Partnership Board
- b) Members of the Executive Group

12.3. The registers of interest are published on the Healthier Together Partnership website. The registers will be populated from the information held on individual Healthier Together Partnership organisation's registers.

12.4. Declaring Interests

12.4.1. Individuals should declare interests in line with their own organisation's policy for the management of conflicts of interest.

12.4.2. All parties to this MOU must ensure that those representing their organisation in any Healthier Together forum declare any interest that is relevant to the functions undertaken by the Healthier Together Partnership, on the form provided for this purpose.

12.5. Material Interest

12.5.1. It is the responsibility of the individual to determine if the interest is material and may impact their ability to participate in a discussion or decision. If an individual considers that their interest is a material interest then they should either abstain from the discussion and decision, or remove themselves from the meeting.

12.6. Interests Identified in Meetings

12.6.1. Any declarations of interest should be declared at the start of each meeting.

12.6.2. Where an interest is identified at a meeting the person concerned should immediately declare this to the chair of the meeting. Where a material interest is identified the chair will guide the individual on the appropriate course of action.

13. Transition

13.1. During 2021/22, additional work will be completed to define the path to transition to the new governance structures from 1st April 2022, in line with the new Act and relevant statutory guidance, including a system development plan, implementation plan, and target operating model. This work will be co-developed with Healthier Together Partners, building on the principles outlined in this MOU .

14. Variations

14.1. This Memorandum, including the Annexes, may only be varied by written agreement of all the Healthier Together Partners.

15. Charges and liabilities

15.1. Except as otherwise provided, the Healthier Together Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

15.2. Healthier Together Partners shall remain liable for any losses or liabilities incurred due to their own acts or omissions or those of anyone acting on their behalf (including employees, agents, and contractors).

16. Confidential Information

16.1. Each Healthier Together Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for its own commercial gain in services outside of the Healthier Together Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

16.2. To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not

constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

16.3. The Parties agree to procure, as far as is reasonably practicable, that the terms of this Section (Confidential Information) are observed by any of their respective successors, assignees or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

16.4. Nothing in this Section will affect any of the Healthier Together Partners' regulatory or statutory obligations, including but not limited to competition law.

16.5. The Parties acknowledge that each of them is subject to requirements in respect of the Freedom of Information Act 2000 (FOIA) and Environmental Information Regulations 2004 (EIRs). The Parties shall:

(a) provide all reasonable assistance and cooperation as reasonably requested by another Party to enable that other Party to comply with its obligations of confidentiality and to meet requirements under the FOIA and EIRs;

and

(b) where holding information on behalf of another Party, not respond directly to a Request For Information unless authorised in writing to do so by that other Party.

16.6. The Parties acknowledge that another Party may be required under the FOIA and EIRs to disclose Information (including Confidential Information) without consulting or obtaining consent from other Parties but each Party shall take reasonable steps to notify other Parties to the extent that it is permissible and reasonably practical for it to do so and will give due regard to any observations released from other Parties as to disclosure of information.

17. Signatures

17.1. This Memorandum may be signed in separate copies each of which will constitute the same document.

Meeting of the Board of Directors in Public on Thursday 30th September 2021

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

<p>1. Report Summary</p>
<p>This report sets out the progress being made with the clinical and corporate integration programme. Clinical and corporate teams across the Trust continue to work together to realise the benefits of integrated services for patients, staff and local people.</p> <p>This is the first month that the Integration Programme Report (IPR) is provided to provide public assurance. It is a monthly report used within the organisation to enable the senior leadership team and Board committees to scrutinise the performance of the programme.</p> <p>The IPR report covers the following dimensions of the programme:</p> <ul style="list-style-type: none"> • Highlights in month • Successes, Priorities, Opportunities, Risks and Threats • Summary Dashboard • Reports on the programme critical success factor areas of: <ul style="list-style-type: none"> ➤ Business functions ➤ Delivery streams ➤ Workforce and Organisational Development ➤ Cultural integration ➤ Policies and Processes ➤ Estates and facilities ➤ IT and Technologies ➤ Risk Management ➤ Strategic Intent • Forward view • Supporting Appendices <p>The content and scope of the Integration Programme Report is under regular review to ensure that it meets a range of requirements. In the coming months, a dedicated section will be included to highlight quality improvements for patients and staff and reflect patient and staff stories and feedback.</p>
<p>2. Key points to note <i>(Including decisions taken)</i></p>
<p>Key achievements of note:</p> <ul style="list-style-type: none"> • Despite significant operational pressures across the Trust, integration across a range of specialities has continued

<ul style="list-style-type: none"> • 10 (of 31) clinical services are now fully integrated; a further six expected to complete in the next two months • We have successfully consolidated 20 out of 21 corporate services into united UHBW teams; Communications team currently out to staff consultation. • An Executive Triumvirate leadership team is in place at WGH, with a Managing Director, Medical Director and Deputy Chief Nurse, strengthening operational delivery, coordinated improvement and staff and stakeholder engagement. • Estates backlog maintenance - £2.3m orders placed and work in progress to deliver upgrades against the planned £2.5m spend this year • Work is underway with partner organisations within the Healthy Weston to develop proposals to achieve a sustainable clinical service model for the hospital as part of a wider integrated health and care delivery vision. Three workstreams are in progress: <ul style="list-style-type: none"> ○ A&E, Acute Medicine and Emergency Surgery ○ Elective care ○ integrated local community frailty services 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
<p>Corporate risk, 4539 states that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'</p>	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Assurance <p>The Board is asked to note the Integration Report and the progress being made on integration against the reset schedule.</p>	
5. History of the paper	
Integration Programme Board	Sept 21
SLT	Sept 21



University Hospitals
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Integration Programme Report

August 2021

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Reporting Month: August 2021

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Reporting Month: August 2021

Progress in month

Clinical

- Palliative Care, Gynaecology and Pharmacy services are due to integrate their teams by end September.
- Critical Care & Anaesthesia, Pre-op, Ophthalmology integration- dual reporting in place between Weston & Division of Surgery.
- Internal Critical Incident has had adverse effect on divisional capacity for change work, however workshops with medical specialties Respiratory and Care of the Elderly took place in August.
- Based on the current schedule, we still expect that 21 / 34 clinical services (62%) are planned to have completed service integration, including staff consultation and notice periods, by March 2022, and 100% by October 22.

Corporate

- Digital services consultation completed, with all band 8 and above staff in new structure by end September.
- Communications staff consultation launched on 2nd September.
- At the end of August expenditure on transitional and core posts is c£590k, c£255k less than the plan of c£845k.

Benefits realisation

- At the end of August no savings were identified against the financial mitigations largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing savings are forecast to be achieved from October. Expected achievement against the annual target is £1,586k or 59%.

Workforce and Organisational development

- Recruitment into nursing & medical positions shows an improving picture.
- To assist recruitment in hard to recruit posts, the recruitment premium for Emergency Department Middle Grade (ST3+) has been extended until the end of the financial year.
- 45 Non-Consultant grade doctors are currently under offer and are going through their recruitment checks; 2 starting in Sept, 2 awaiting start dates.
- Two Consultants in Upper GI Surgery are due to start with the Trust in October and November. One ED Consultant and a Consultant Radiographer have now commenced with the Weston Division.
- A Weston Medical recruitment film has been produced and will launch in early September promoting consultant and SpR vacancies.
- The Trust's overseas programme for registered nurses has now been extended to a target of 258 nurses due to start Trustwide before the end of the financial year.

Key Actions over the next 4 weeks

- Communications team consultation- scheduled for 2nd September.
- Conclude transfer of accountabilities for Critical care & Anaesthesia and Pre-op in October
- Preparation for transfer of Pharmacy, Gynaecology and Palliative Care services from 1st October.
- Supporting Urology transfer transition – target date 1st October.
- Complete Executive review of transitional posts.
- Agree the site management model post integration.
- Review and update benefits plan with Benefit owners.
- Alignment of integration work for bedded medical specialties with Healthy Weston Phase 2.
- Retention subgroup established by HR with executive leadership.

Issues being escalated

- Capacity of the Division of Weston over the next 3/6 months to engage with the integration change process with competing priorities to deliver the business as usual, restoration and Healthy Weston programme agendas.

Successes, Priorities, Opportunities, Risks & Threats (SPORT)



Reporting Month: August 2021

Successes	Priorities
<ul style="list-style-type: none"> • Urology consultation closed 23rd August with notice of transfer letters issued to staff. • Palliative care consultation completed • Respiratory and Care of the Elderly workshops to map out 'As is' position completed in month. • Ad-hoc job matching panels completed, enabling launch of Communications consultation • Work on the non-bedded medical specialties integrations has commenced. • Review and reset benefits tracker work commenced. • 1 month post integration service review meetings commenced, as part of the assurance framework. 	<ul style="list-style-type: none"> • Communications team consultation- scheduled for 2nd September. • Conclude transfer of accountabilities for Critical care & Anaesthesia and Pre-op in October • Preparation for transfer of Pharmacy, Gynaecology and Palliative Care services from 1st October. • Urology transfer transition –1st October target date delayed. Agree contingency and revised transfer date with NBT. • Complete Executive review of transitional posts. • Agree the site management model post integration. • Review and update benefits plan with Benefit owners. • Alignment of integration work for bedded medical specialties with Healthy Weston Phase programme. • Retention subgroup established by HR with executive leadership.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Applying Agile working principles to the integration Programme following training. • More coordinated working with the division of Weston with the strengthening of exec on-site leadership. • Reset of benefits plan with benefit owners to account for reset timeline of the integration programme gives opportunity to define outcomes more clearly. • Discussion with head of Organisational Development (OD) about wider provision of change management training to the Trust. 	<ul style="list-style-type: none"> • Continuing internal critical incidents and workforce availability is adversely affecting ability to move the integration plan forward in some specialities. • Urology transfer contingencies being developed as risks of transfer delay are increasing. • Surgical transfer of accountability for endoscopy and theatres at risk of delay by 1-2 months • Sustaining the junior doctor staffing model and the associated premium costs adversely affects this benefit. • Job planning Supporting Professional Activities (SPA) mitigation is at risk/delayed due to focus on stabilising the position at Weston. • Integration Programme team recruitment ongoing to ensure sufficient change capacity against a challenging recruitment environment.

Dashboard



University Hospitals
Bristol and Weston
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Reporting Month: August 2021

Critical Success Factor	Objective	Status	Movement since last report	Critical Success Factor	Objective	Status	Movement since last report
Business Function	Corporate Services Integration completed	A	—	Cultural Integration	Cultural Integration Programme Completed	A	—
Delivery Streams	Clinical Services Y2 Integration schedule completed	A	—	Policies & Processes	Key clinical, HR, finance and corporate policies are aligned across the combined UHBW Trust	A	—
	WGH management arrangements post October 22 agreed	A	—	Estates & Facilities	Backlog maintenance programme (Y2) delivered	G	↑
	Healthy Weston programme (phase 1) delivered against revised schedule	A	—		IT & Technologies	Year 2 clinical digital systems convergence programme complete	A
Workforce & OD	Clinical admin job matching exercise completed	G	—	Risk Management	Mitigate and manage the risks of integration	G	—
	Job planning policy and Premium Payment controls harmonised and applied to Clinical Services	R	—	Benefits realisation & Strategic Intent	Business Case financial synergies achieved (Y2)	R	—
	Recruitment and Retention plan delivered for Medical and Nursing	A	—		Monitoring of Y2 Programme Benefits realisation in place	A	—
	HR Systems Integration completed	A	—		Integration delivery programme (year 3) approved	A	—

↑	Upwards movement	R	Not Achieved
—	No movement	A	Delayed/partially achieved
↓	Downwards movement	G	Achieved/On Track

August 2021

A Delayed/Partially Achieved

Progress Against Corporate Services Integration Plan

Service Integration Status	% of Services	Number of Services
Completed	90%	19
In progress - off track	0%	0
In progress - on track	5%	1
Staff Consultation Not started	5%	1
Total	100%	21

Key Points:

- All Corporate services have now integrated except for Digital Services and Communications. For a full list of services and their status see Appendix 1.
- Digital services consultation closed in June. All senior team members (8a+) will be in post by end Sept 2021, with an agreed transition period towards all staff being fully in the new structure in line with planned systems integration.
- Communications have now completed their preparations for their consultation and are due to launch 2nd September.
- Recruitment to 2 transitional funded posts (posts that were funded for up to two years post merger to address specific risks) remains behind plan in August.
- At the end of August expected expenditure on transitional and core posts is c£590k, c£255k less than the plan of c£845k.

Recruitment Update

Corporate Recruitment Plan - Posts	Planned Recruitment	Recruited		In Post	
		No. Posts	% of Plan	No. Posts	% of Plan
Transitional Posts	13	11	85%	7	54%
Core (Recurrent) Post	43	38	88%	31	72%
Total	56	49	88%	38	68%

Corporate Recruitment Plan - £000's	Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Forecast	Variance
Transitional Posts	216	108	107	518	172	346
Core (Recurrent) Post	632	483	149	1,589	1,348	241
Total	848	592	256	2,107	1,520	587

Reasons for Non-Recruitment

Reason Description	Transitional Posts	Recurrent Posts
	Number of Posts	Number of Posts
Awaiting Consultation Outcome	0	0
Awaiting Job Banding	0	0
In Recruitment Phase	1	1
Other	1	1
Total Posts Not Recruited	2	2

Recovery Actions:

- PMO to prioritise the launch of Communications consultation next month.
- PMO to continue to work with service leads to monitor remaining recruitment.

Delivery Streams – Clinical Services

August 2021

A Delayed/Partially Achieved

Progress Against Clinical Services Integration Plan

Service Integration Status	% of Services	No. of Services
Completed	27%	9
In progress - off track	6%	2
In progress - on track	33%	11
Not started	33%	11
Total	100%	33

Key Points:

- Critical Care, Pre-op, Anaesthesia and Ophthalmology has dual reporting in place between the Division of Surgery and Division of Weston ahead of full integration.
- Workshops with medical specialties Respiratory and Care of the Elderly complete in month with “as is” positions clarified.
- De-coupling of Care of the Elderly and Stroke services has changed the total no. of services to integrate to 33.
- 67% or 22 services have commenced the integration process.

Recovery Actions:

- Plan to reinstate the Clinical Services Integration Workstream from September to support engagement from all clinical divisions.
- Continued use of a blended approach of workbook and accelerated workshop for specific specialties.
- Ensure key clinical input into the Healthy Weston programme Clinical Design and Delivery Subgroups

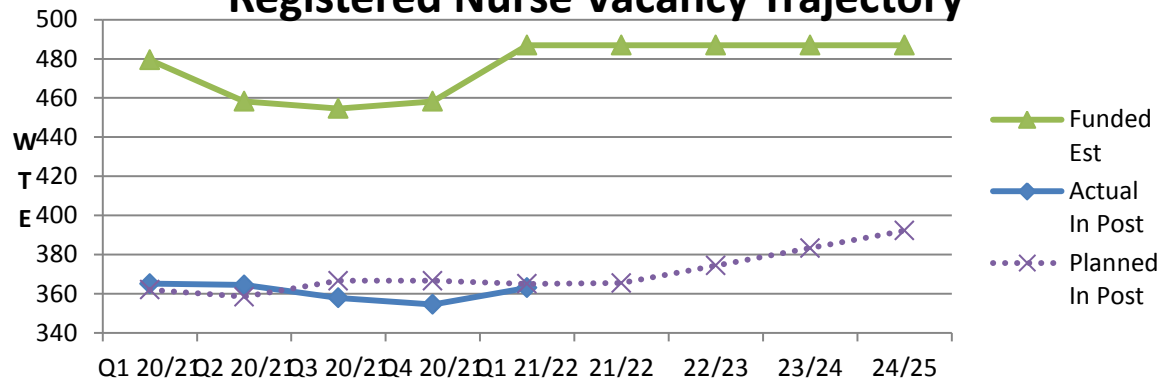
Phase	Service	Receiving Division	Status	Original Divisional Board Decision Date	Revised Divisional Board Decision Date	Notes
Phase 1	Sexual Health	Medicine	Completed	08 October 2020		Transferred 01/11/20
	Laboratory Services	D&T	Completed	30 September 2020		Transferred 01/11/20
	Therapies	D&T	Completed	30 September 2020		Transferred 01/11/20
	Gynaecology	W&C	In progress - on track	06 November 2020	Approved 07/05/21	Transfer re-scheduled for 04 Oct 21
	Pharmacy	D&T	In progress - on track	28 October 2020	Approved 25/11/20	Consultation closed-transfer date 04 Oct 21
Phase 2	Paediatrics	W&C	Completed	05 February 2021	Approved 05/03/21	Transferred 06/04/21
	Resus	D&T	Completed	27 January 2021	Approved 26/05/21	Transferred 01/07/21
	Audiology	D&T	Completed	27 January 2021	Approved 24/02/21	Transferred 06/04/21
	Palliative Care	SS	In progress - on track	27 January 2021	Approved 24/02/21	Consultation closed- expected transfer date 01 Nov 21
	Integrated Discharge Service (IDS)	COO office	Completed	04 February 2021	Approved 06/05/21	Transferred 01/07/21
	Patient Flow	COO office	Completed	04 February 2021	Approved 06/05/21	Transferred 01/07/21
	Endoscopy	Surgery	In progress - off track	02 February 2021	02 September 2021	New divisional board date TBC awaiting change request
	Critical Care and Anaesthesia	Surgery	In progress - on track	02 February 2021	Approved 01/07/21	Dual reporting transferred 01/08/2021, accountability to transfer 01/11/2021
	Pre-op	Surgery	In progress - on track	02 February 2021	Approved 01/07/21	Dual reporting transferred 01/08/2021, accountability to transfer 01/11/2021
	Gastroenterology & Hep	Medicine	In progress - on track	28 January 2021	25 November 2021	
	Care of the Elderly	Medicine	In progress - on track	28 January 2021	23 December 2021	Timeline subject to Healthy Weston timeline
	Stroke	Medicine	Not started	28 January 2021	23 December 2021	Timeline subject to Healthy Weston timeline
Emergency Department (inc. GEMS)	Medicine	In progress - on track	28 January 2021	23 December 2021	Timeline subject to Healthy Weston timeline	
Phase 3	Outpatient services	COO	Not started	17 June 2021	TBC	
	Booking and access	COO	Not started	17 June 2021	TBC	
	Theatres	Surgery	In progress - off track	03 August 2021	02 September 2021	New divisional board date TBC awaiting change request
	Haematology and Oncology	SS	Not started	23 June 2021	22 December 2021	
Phase 4	Cancer Personalised Care & Support teams	SS	Completed	16 September 2021	N/A	Transferred 01/07/21
	Rheumatology	Medicine	Not started	23 September 2021	25 November 2021	
	Acute Medicine (Inc. AEC)	Medicine	In progress - on track	23 September 2021	23 December 2021	Timeline subject to Healthy Weston timeline
	Diabetes & Endocrinology	Medicine	Not started	23 September 2021	27 January 2022	
	Respiratory medicine	Medicine	In progress - on track	23 September 2021	23 December 2021	
	Fractural Liaison	Medicine	Not started	23 September 2021	25 November 2021	
	General Surgery including GI	Surgery	Not started	5 October 2021	01 February 2022	
	Trauma and Orthopaedics	Surgery	Not started	5 October 2021	01 February 2022	
	ENT	Surgery	Not started	5 October 2021	01 February 2022	
Radiology	D&T	In progress - on track	29 September 2021	23 December 2021		
Cardiology (inc. physiology)	SS	Not started	22 September 2021	22 December 2021		

Figure 1: A table to show the progress of clinical integrations against revised schedule

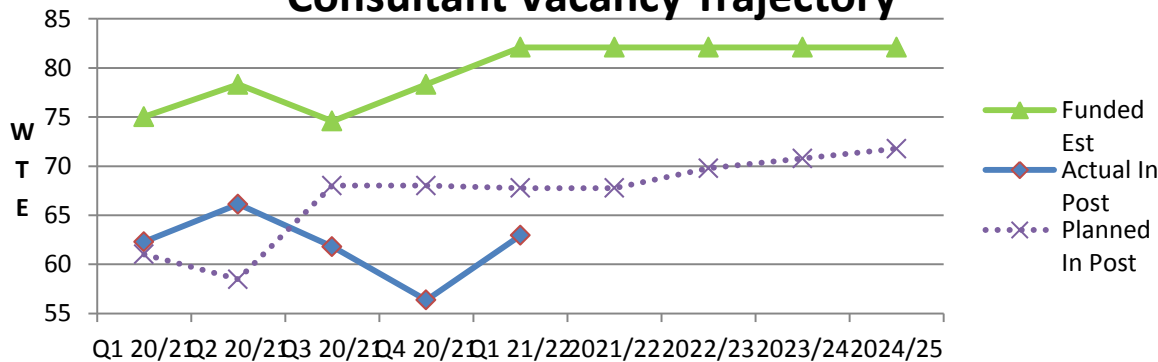
August 2021

G Achieved	A Delayed/Partially Complete
R Not Achieved	A Delayed/Partially Complete

Registered Nurse Vacancy Trajectory



Consultant Vacancy Trajectory



Recovery Actions:

- Clinical Fellow recruitment plans are in place to secure candidates to fill the August rota gaps with proactive work with agencies to fill the period before candidates can commence their roles.
- Work is underway to review trajectory data in conjunction with leaver figures; update to be provided next quarter.

Key Points:

- The recruitment trajectories will be updated in October to reflect progress in Quarter 2.
- Conclusion of the Trust OPP process has led to an increased funded establishment across all areas.
- Trust Pay Assurance Group (TPAG) have agreed an extension of the £5k premium payments (RRP) for Emergency Department Middle Grade (ST3+) recruitment until the end of the financial year.
- Four Consultant positions (Acute Medicine, Respiratory Medicine, Care of the Elderly and Emergency Medicine) have rolling adverts, and in General Medicine; Middle Grades (ST3+) and Clinical Fellows (ST1/2).
- 45 Non-Consultant grade doctors are currently under offer and are going through their recruitment checks; 2 starting in Sept, 2 awaiting start dates.
- Two Consultants in Upper GI Surgery are due to start with the Trust in October and November.
- One Emergency Dept. Consultant and a Consultant Radiographer have now commenced with the Weston Division.
- A Weston Medical recruitment film has been produced and will launch in early September promoting consultant and Specialist Registrar (SpR) employment opportunities.
- The Trust's overseas programme for registered nurses continues to progress, with Senior Leadership Team (SLT) agreement now secured for an increase from the original 150 to a new target of 258 nurses due to start Trustwide before the end of the financial year. A further 35 have been allocated to the Weston Division bringing the total to 75. So far 27 have commenced duties with a further 7 arriving in September.
- 5 newly qualified nurses are in the recruitment pipeline for the Weston Division of which one has started and a further 4 are due to start in September.

Cultural Integration Programme



University Hospitals
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August 2021

A Delayed/Partially Complete

Theme	Action	Update	RAG
Appraisal	Close the compliance gap for appraisal	Appraisal trajectories have not been realised due to exceptional operational pressures. A revised plan went to SLT in August and a revised trajectory of end of December was agreed.	Yellow
	Launch 'one model' for Appraisal	A governance group has been established to ensure there is a roadmap to enable one model as of April 2022. A detailed plan was produced in August 2021 in conjunction with HR systems and is now in place. Weekly scrum meetings commence on 8th September.	Green
Diversity and Inclusion	Reverse Mentoring national Pilot	A review of this programme is being undertaken at a national level and will determine next steps. This roll-out will now be September 2021 in response to operational pressures. National pilot has been paused, a local programme will be implemented in 2022. The area of focus will be on the development of EDI advocates following on from the pilot in July.	Yellow
Recognition	Conduct a full review of recognising success and its delivery in the	This has been completed a paper will go to SLT in October.	Green
Values and Leadership Behaviours	Commence stakeholder work with Blue Goose	This programme has commenced and is on target to complete within the revised detailed plan timescales.	Yellow
	Leadership Development	A full review of leadership and management development across the Trust has commenced, quarterly progress against this will go to the people committee in September. Wider leadership development programme work to be done in conjunction with Education Team – specific Weston SMT plans have been developed in division. Plan on target, to be approved at people committee in September.	Green

Key Points:

- **Appraisal-** A new revised date for appraisal completion was agreed for end of December 2021.
- **Diversity & Inclusion-** National pilot has been paused, a local programme will be implemented in 2022.
- **Recognition-** Review has been completed; options appraisal to be presented to Senior Leadership Team (SLT) October 21.
- **Values & Leadership Behaviours-** Work continues against the Programme Plan (see Appendix 2); SLT approved revised schedule in month to extend the programme until the end of October 21.

Recovery Actions:

- The area of focus will be on the development of Equality, Diversity & Inclusion (EDI) advocates following on from the pilot in July this will ensure a cultural change programme is in place ahead of a local reverse mentoring programme in 2022.

Policies and Processes

August 2021

A Delayed/Partially Achieved

Policies and Procedures – Trustwide, Financial, Human Resources (HR) and Clinical

Policy Type	Metric	Update
Trustwide	The total number of Weston polices at 1st April	282
Trustwide	The number that have been either deleted, incorporated into a common UHBW policy or have been converted into a Divisional guideline	168
Trustwide	Number remaining for review	114

Policy Type	Metric	Update
Finance	Capital Investment Policy review complete	Completed- June 2021
Finance	Standing Financial Instructions review complete	Completed - Sept 2020
Finance	Scheme of Delegation review complete (Appendix 2 of SFI)	Completed - Sept 2020

Policy Type	Metric	Update
HR	Total number of policies that can be aligned	11
HR	Total number of policies that have been aligned	11
HR	Total Number of new policies introduced	20

Policy Type	Metric	Update
Clinical	Clinical procedures and guidelines, documents relating to ED emergency admissions	Completed - pre-merger
Clinical	Total number of services integrated since April 2020 in a position to review clinical procedures and guidelines commenced	9
Clinical	Total number of services integrated since April 2020 policies review completed	0

Key Points:

- Position updated quarterly (last updated July 21 report).
- Review of financial policies has been completed including the Capital Investment Policy which was completed following the refresh of the Trust Strategy.
- HR Policy review process in employee services now in place.
- The Corporate Team with Trust Secretariat are taking the following steps to address known risks and issues with the management of policies and guidelines in the Trust:
 - A report on Clinical guidelines will be presented on a bimonthly basis to the Clinical Quality Group, and a monthly report will be presented to the Senior Leadership Team.
 - The [Trust Procedural Document Management Policy](#) will be updated
 - The Document Management Service (DMS) settings for Weston and Bristol will be aligned so that obsolete documents are not visible to staff.
 - All document owners will be contacted.
 - Enhanced support will be given to the Weston division to ensure they understand the process to follow and to review the escalation route within the division.
 - The Trust Secretariat will work with the Integration Team to ensure that guidelines are a key consideration of the clinical integration work.
 - Capital funding to replace the DMS has been requested as part of the planning round.

Estates and Facilities

August 2021

G *Achieved*

Weston Estates Backlog Tracker

Highlight report being validated with Estates team. Will be included in next months report.

August 2021

A Delayed/Partially Achieved

Clinical and Corporate Information Management & Technology (IM&T) Systems Integration Plan

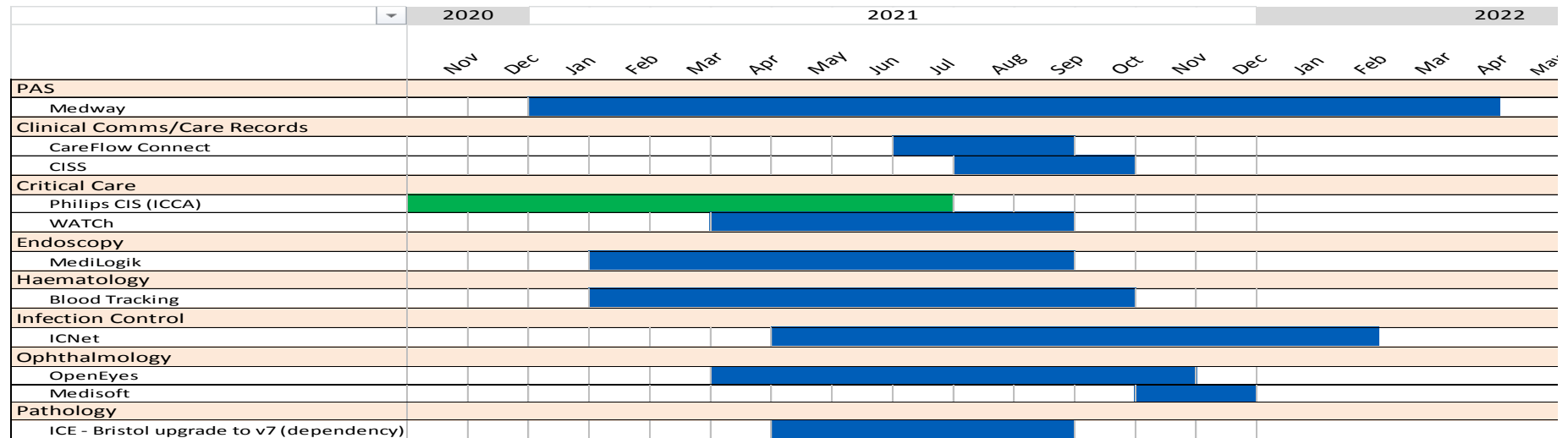


Figure 2: Clinical systems integration plan for 2021

Key Points: Medway

Phase 2 – In Design and Build stage. Updates to note;

- Medway programme overrun – delay to Phase 2 - Business case refresh agreed July 2021 for an extension of the Medway Programme to March 2023. On track for April 22 'go live' date.
- Servers – all required for testing – completion now on track for mid September.
- CareFlow Connect LIVE in Weston from 9th August – over 500 users now registered Planning for second phase (referrals and tasks) continues.
- Scanning option agreed – pending agreement on revenue impacts post programme, project can commence at the end of 2021.
- Clinical Workspace – technical plan and project brief in progress.

Key Points: Other

- Single domain – audit by area of Weston PC estate (content) – Phase 2 merger will focus on Domain access to Bristol Medway through 10gb line in place
- Working through other systems in tandem with DH programme and IPB to define roadmap – Oncology plan for IM&T merger of systems commences from department – awaiting details of requirements, commercials and plan
- See Figure 2 for clinical systems integration plans for 2021. See Appendix 4 for draft whole clinical services integration schedule.

August 2021

G Achieved

Integration Programme Significant Risks – (scores of 15 or above)

ID	Opened	Division	Risk Level	Domain	Handler	Owner	Title	Rating (current)	Risk level (current)	Review date	Approval status
3430	16/10/2019	Trust Services	Project	Business	Wright, Sarah	Sanders, Eric	Risk that governance processes in the Division of Weston are unable to provide assurance	16	Very High Risk	01/09/2021	Action Required Risks
4748	16/10/2020	Weston	Corporate Risk Register	Workforce	Edwards, Alison	Nestor, Alex	Risk that substantive medical staffing rates across WGH are insufficient	16	Very High Risk	30/10/2021	Action Required Risks
3324	19/07/2019	Trust Services	Project	Business	Fifield, Karen	James, Sarah	Risk that UHBW will be responsible for an isolated Urology service at Weston if it does not transfer to NBT by 1 Oct 2021	15	Very High Risk	29/10/2021	Accepted Risks
4806	10/11/2020	Trust Services	Project	Financial	Nestor, Alex	Kemsley, Neil	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved.	15	Very High Risk	30/09/2021	Accepted Risks

Key Points:

- The table above shows that 4 risks have a current rating that is 15 or over ('very high'). This is one more 'very high' risk than the end of last month. All risks on the register have plans in place to manage and mitigate the risk.
- Risk no. 3324 regarding UHBW being responsible for an isolated Urology service if it does not transfer to North Bristol by 1 October 2021 has gone from being rated 'high risk' (score 9) to 'very high risk' (score 15) in month. This is due to an increased likelihood of delay in the planned transfer date 1st October 2021.
- 19 live risks at the end of August 21. With the exception of the 4 'very high' rated risks above:
 - - 13 have a risk rating considered 'high' (a risk score of between 8 and 12)
 - - 2 have a risk rating considered 'moderate' (a risk score of between 4 and 6)

August 2021

- R Not Achieved
- A Delayed/Partially Complete
- A Delayed/Partially Complete

Year 2 Benefits – Progress Against Financial Mitigations

Financial Mitigations £000's	Plan 2021/22	FY Forecast	FY Variance	YTD Plan	YTD Actual	YTD Variance
Medical Agency Savings	1,000	500	(500)	417	0	(417)
Nursing Agency Savings	1,000	836	(164)	417	0	(417)
Medical Workforce Productivity	500	250	(250)	208	0	(208)
Total	2,700	1,586	(914)	1,042	0	(1,042)

Benefits Progress Summary

Provisional	9
Not Started	6
Behind Plan	8
On Track	11
Realised	0
Total	34

Figure 3: A summary of performance measure status

Recovery Actions:

- Review of the integration benefits has taken place in line with the integration timeline reset.
- Benefits have been reassigned designated benefit owners who will agree appropriate performance measures and confirmed definitive ownership.
- Work is in progress to re-confirm the timescale for each benefit, including its start date and it's delivered by date, as part of the programme reset process.

Key Points:

- At the end of August no savings were identified against the financial mitigations largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to be achieved from October. Expected achievement against the annual target is £1,586k or 59%.
- There are 19 benefits associated with integration. Of these, there are 34 individual performance measures that have been specifically selected to provide more detailed measurement of the benefit.
- The status of the 34 performance measures will be reported quarterly (benefits progress summary shown in Figure 3).
- See Appendix 6-8 for further details.

Current Forward View



Reporting Month: August 2021

Programme Overview 21/22 Objectives	Year 2 (2021/2022)												Yea	
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		Mar-22
1. CLINICAL SERVICES														
1.1 Clinical Services yr 2 integration schedule completed														
1.2 WGH management arrangements post October 22 agreed														
1.3 Healthy Weston programme (phase 1) delivered against revised schedule														
2. WORKFORCE AND OD														
2.1 Recruitment and Retention plan (Y2) delivered for Medical and Nursing														
2.2 Cultural Integration Programme Completed														
2.3 HR Policy integration yr 2 schedule completed														
2.4 HR Systems Integration completed														
2.5 Temporary Staffing Bureau (TSB) function is centralised														
2.6 Job planning policy and Premium Payment controls harmonised and applied to Clinical Services														
2.7 Clinical Admin Banding and job matching exercise completed														
3. BENEFITS REALISATION & STRATEGIC CHANGE														
3.1 Monitoring of Programme Benefits realisation														
3.2 WGH future operating model (Healthy Weston 2) confirmed														
3.3 Integration delivery programme (year 3) approved														
3.4 Business Case financial synergies achieved														
4. ENABLERS														
4.1 Corporate services integration completed														
4.2 Integration delivery team in place														
4.3 Year 2 clinical digital systems convergence programme complete														
4.4 Estates maintenance backlog programme at Weston rolled out														

Key Points: 21/22 Programme objectives were agreed by the Integration Board in February and an updated forward view has been produced above.

Appendix 1 – Corporate Services Integration Plan



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: August 2021

Corporate Services Integration Status

Phase	Corporate Service	Status
Phase 0	Risk management	Completed
	Information Governance	Completed
	HR E rostering AFC	Completed
	HR OD	Completed
Phase 1	Legal Services	Completed
	Payroll	Completed
	Training and Education	Completed
Phase 2	Employee services	Completed
	Medical e-Rostering - No consultation required	
	Medical HR	Completed
	Resourcing	Completed
Phase 3	Clinical Audit and Effectiveness	Completed
	Financial Services	Completed
	Patient Experience and Involvement	Completed
	Patient Safety and Clinical Governance	Completed
	Patient Support and Complaints - not required	
	Safeguarding Adults and LD	Completed
	Transformation	Completed
	Voluntary Services	Completed
	Facilities	Completed
Phase 4	Communications and Engagement	Staff Consultation Not Started
	Digital Services	In progress - on track
	Research	Completed
	Estates	Completed

Notes:

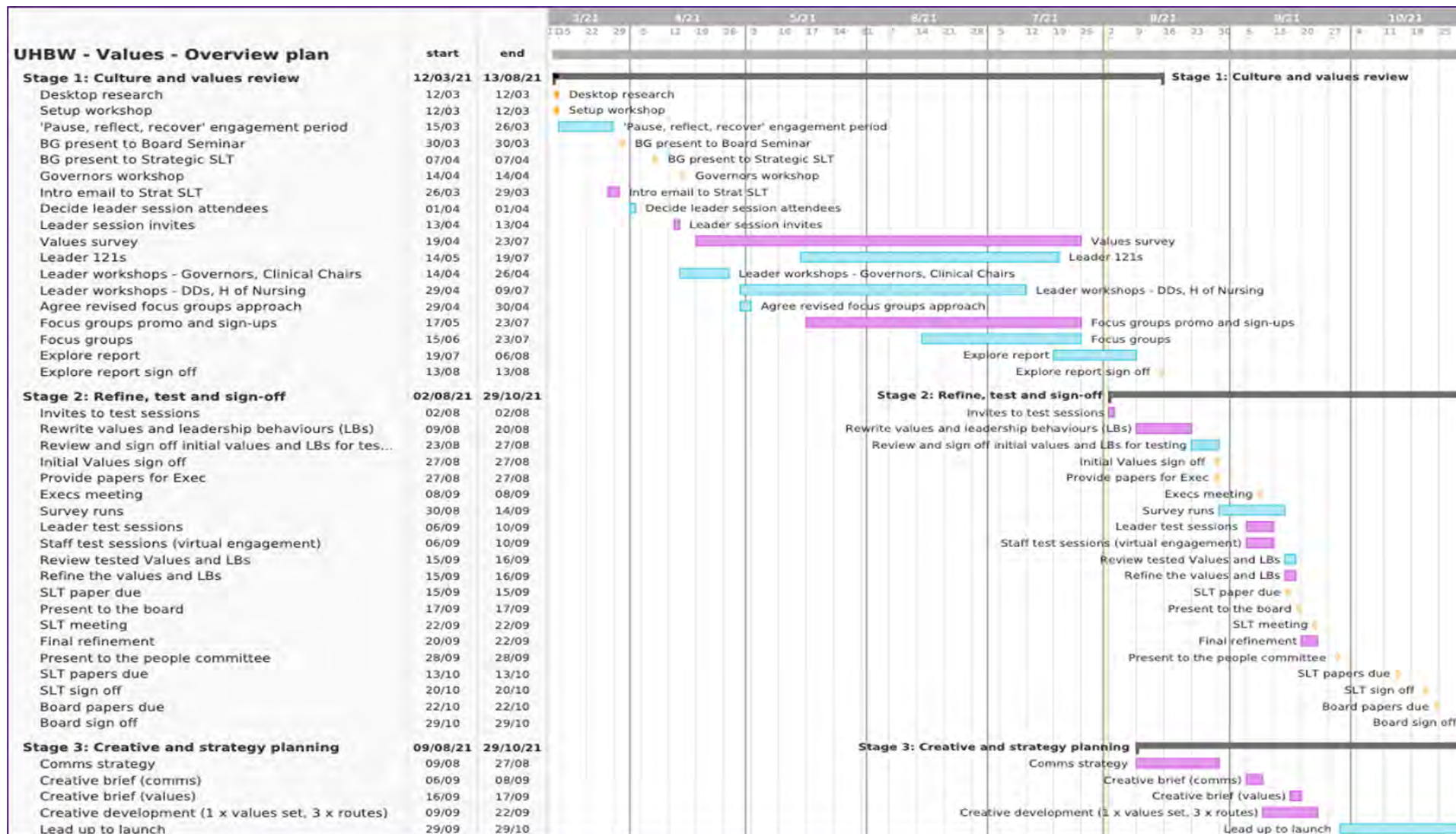
- All corporate services, with the exception of two, have integrated.
- Digital Services consultation closed in June. All senior team members (8a+) will be in post by end Sept 2021, with an agreed transition period towards all staff being fully in the new structure in line with planned systems integration.
- The launch date for Communications consultation is on track to launch 2nd September.

Appendix 2- VALUES AND LEADERSHIP BEHAVIOURS DEVELOPMENT – Stages Overview



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: August 2021



Appendix 4 – Clinical Systems Integration Schedule (Draft)



University Hospitals
Bristol and Weston
NHS Foundation Trust

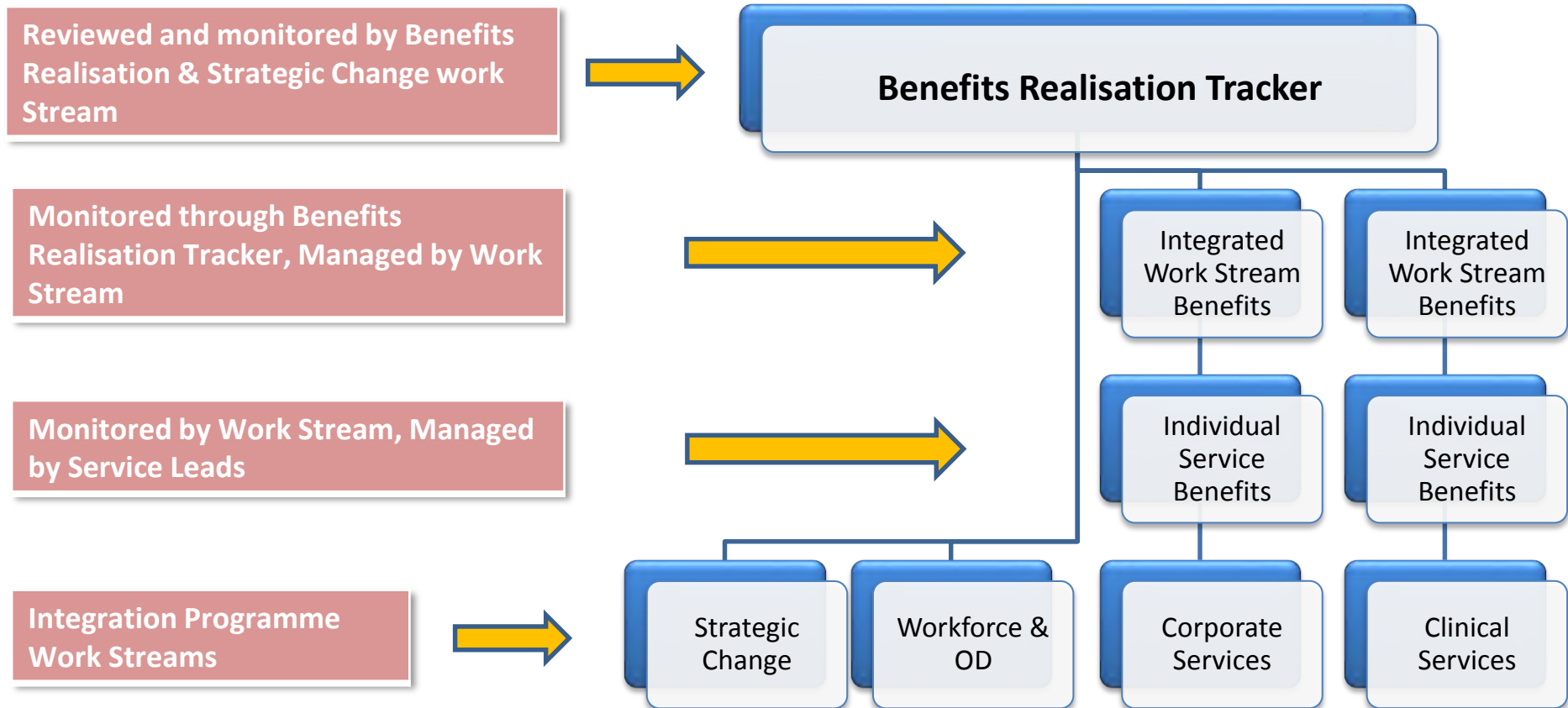
Reporting Month: August 2021

Comments (DCP = Digital Convergence Programme; DHPB = Digital Hospital Programme)	2020		2021							2022												
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	On
PAS																						
Medway																						
CompuCare																						
Audiology																						
Audit Base																						
Practice Navigator																						
Cardiology																						
Centricity Cardio Workspace																						
Image Vault																						
Clinical Coding																						
Medicode																						
Clinical Comms/Care Records																						
CareFlow Connect																						
CareFlow Vitals																						
CISS																						
Clinical Alerts Service																						
Connecting Care																						
E-Referrals																						
EDT																						
Envoy Messenger																						
Evolve																						
KIOSK																						
Synertec																						
Clinical Information Resource																						
InView																						
PHD																						
Critical Care																						
Philips CIS (ICCA)																						
WATCh																						
Diabetes/Endocrinology																						
Paediatric Diabetes Database																						
Digital Dictation																						
Bighand																						
Fluency Direct																						
Endoscopy																						
Endosoft																						
MediLogik																						
Haematology																						
Blood Tracking																						
HCIS																						

Comments (DCP = Digital Convergence Programme; DHPB = Digital Hospital Programme)	2020		2021							2022												
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	On
Infection Control																						
ICNet																						
Oncology																						
Chemocare Adult																						
Chemocare Paediatrics																						
MDSAIQ																						
IRPEG																						
IMSure QA																						
Somerset Cancer Register																						
Somerset Database																						
Ophthalmology																						
OpenEyes																						
Medisoft																						
Pathology																						
ICE - Bristol upgrade to v7 (dependency)																						
Medway Order Comms																						
Winpath																						
Qpulse																						
Pharmacy																						
ePMA																						
ICESpy																						
JAC																						
Pyxis																						
Pharmacy Database																						
Radiology/Imaging																						
CRIS																						
Insight PACS																						
ViewPoint																						
Respiratory																						
HD-PFT																						
HD-PFT - Koko Px																						
Safeguarding																						
Liquid Logic																						
Theatres																						
Bluespier																						
Opera																						
Vascular																						
VSU 2020																						
Other																						
My Clinical Portal Applications																						
Quality in Care Tool																						

Appendix 6 - Benefits Realisation Schematic

Report Month: August 2021








- The Integration Programme now has 3 work streams. A function of the Strategic Change work stream is to monitor benefits associated with the merger (Strategic Change & Benefits Realisation Work Stream).
- In April 21, the Clinical Services, Corporate Services, Strategic Change and Workforce & OD workstreams produced their top 5 benefits which are monitored through the Benefits Realisation Tracker.
- Due to the reset of the Integration Programme on June 21, these benefits have been redefined in August 21, and are to be confirmed with benefit owners in subsequent months.
- The benefits included consist of those stated in the TBC and those subsequently identified.

Appendix 8.1- Benefits Summary








Report Month: August 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
				Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
				Reduction in medical turnover rates at Weston	On Track
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in RN agency expenditure	Behind Plan
				Reduction in RN vacancies in Weston	Behind Plan
				Reduction in RN turnover rates in Weston	On Track
Workforce & OD	 Clinical Alignment & Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
				% Weston consultants with an up to date job plan	Not Started
Workforce & OD	 Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping a new culture	Establish shared vision and values for the single UHBW organisation	New UHBW Values embedded	On Track
Workforce & OD	 Quality- Safety	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved quality of care due to a strengthened workforce	Reduction in the number of unfilled Enhanced Care Observation shifts	Provisional

Appendix 8.2- Benefits Summary








Report Month: August 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Corporate Integration	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across corporate functions	Behind Plan
				% sickness rates within Corporate functions	On Track
Corporate Integration	 Critical Mass	Increasing the resilience of the WAHT as an organisation through being part of a larger organisation and offering the potential to achieve better value for money	Increased staff resilience - leading to increased job satisfaction	Responses given to 18 & 19 from the Staff Survey	Provisional
Corporate Integration	 Corporate synergies	Realising efficiencies in shared corporate services	Improved value for money on estates contracts through rationalisation across the Trust	Reduction in no. standalone Weston estates contracts Reduction in overall estates contracts spend	Provisional
Corporate Integration	 Corporate synergies	Realising efficiencies in shared corporate services	Reduction in corporate overhead due to streamlining	Pay costs- corporate	Provisional
				Non-pay costs corporate	Provisional
Clinical Integration	 Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Reduction in overall wait times for clinical services	Reduction in elective wait times	Provisional

Appendix 8.3- Benefits Summary







Report Month: August 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Clinical Integration	 Pace and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with NS postcodes treated at WGHI for non-specialist care across all services	Not Started
				Increased in % of patients with NS postcodes treated on BRI campus for specialist care across all services	Not Started
Clinical Integration	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset.	Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to NBT.	Completion of Urology transfer to NBT	On Track
Clinical Integration	 Clinical Alignment and Reduction in variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical pathways - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes	Total Number of clinical pathways reviewed and single pathway agreed	Not Started
Strategic Change	 Improved Utilisation of the Estate	Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals	Improved Utilisation of the combined UHBW Estate	Reduction in 'very high' infrastructure risks at WGH	On Track
				ERIC Metrics - Total Running Cost per Sqm	Not Started
				Engage in and contribute to estate optimisation plans for BNSSG	Not Started
Strategic Change	 Financial Sustainability	Enabling the wider health system to protect its future services for the benefits of patients, by improving the financial sustainability of acute services in North Somerset	Improve overall operating efficiency - and increase the proportion of resources that can be invested in care	Achievement of the Annual Financial Plan	On Track
				Model Hospital Metric	Provisional

Appendix 8.4- Benefits Summary



Report Month: August 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Strategic Change	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	Increase in resilience of acute clinical services and a reduction in risk at Weston	Reduction in number of 'must do' and 'should do' CQC actions	Provisional
				Reduction in 'very high' risks on the Weston Division Risk Register	On Track
Strategic Change	 Improve Digital Capabilities	Improve digital capabilities – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery	Enhance delivery of corporate and clinical services due to integration of multiple IT systems across UHBW sites	Introduction of single Medway PAS system	On Track
				% of planned clinical systems integrated	Provisional
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased recruitment to clinical trials at Weston due to an integrated R&I team	Number of participants completing trails in Weston	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased range of staff development opportunities and increased access to training	Apprenticeship new starts as % of workforce	Behind Plan
				Essential Training compliance	Behind Plan
				Library- number of evidence searches	On Track

Meeting of the Board of Directors in Public on 30th September 2021

Report Title	Transforming Care Programme Board Report
Report Author	Melanie Jeffries, Transformation Programme Manager
Executive Lead	Paula Clarke, Director of Strategy and Transformation
Presenter	Robert Woolley, Chief Executive

1. Report Summary	
<p>This Transforming Care Programme Report provides highlights of the key transformation and improvement work that has progressed during Quarter 2 (July – September 2021). The SPORT report (appendix 1) provides further detail of improvement initiatives that sit outside the Transforming Care Programme. The Transformation Team Annual Report 2020/21 is provided as appendix 2 for information.</p>	
2. Key points to note (Including decisions taken)	
<ul style="list-style-type: none"> • Robert Woolley presenting paper on behalf of Paula Clarke • The report shows how we are continuing to improve and transform our services for the benefit of patients and staff, under significant operational pressures. 	
3. Risks	
If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include:	
<ul style="list-style-type: none"> • None 	
4. Advice and Recommendations	
<i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for INFORMATION • The Board is asked to NOTE the report 	
5. History of the paper	
Please include details of where paper has <u>previously</u> been received.	
<i>[Name of Committee/Group/Board]</i>	<i>[Insert Date paper was received]</i>
Business SLT	22 nd September 2021

This Transforming Care Programme Report provides highlights of the key transformation and improvement work that has progressed during quarter 2 (July – September 2021).

The SPORT report below (Appendix 1) provides further detail of initiatives. The Transformation Team Annual Report 2020/21 is provided as appendix 2 for information.

2020/21 Transforming Care priorities Quarter 2 progress

Improving management of Medicine Division inpatient bed base

- Nursing workforce consultation completed.
- Long-term plans for the bed base have been divided into two implementation phases, due to increased Covid-19 admissions.
- Phase one changes are planned for September 2021 (currently delayed due to operational pressures) which will increase front door assessment unit capacity, through the re-instatement of an Older Persons assessment unit.

Advanced Care Practitioner (ACP) workforce

- Steering group set up to provide oversight of the creation of an ACP strategy for the Trust
- Three work-streams have been established:
 - Education and training
 - Workforce Development
 - Operational Management
- Initial work-stream meetings have been held, terms of reference agreed and work plans are being developed.

Leadership and Management Development

- NSU information platform is being implemented, with sharing stories of successful leaders planned as the first information to be disseminated.
- Leadership skills matrix in development, which will be used to inform training requirements
- The senior responsible officer (SRO), Sarah Green and project lead Lisa Quayle are leaving the Trust.
- The interim SRO will be shared between Head of Organisational Development (OD) and the Senior Education Quality Manager
- A review paper has been submitted to SLT with a full review position

Transformation, Improvement and Innovation Strategy

- **Quality Improvement Academy**
Development of a QI e-learning course, which can be accessed by all staff to enable them to gain a foundation level understanding of QI.
- **QI Forum**
The 2021 QI Academy Forum took place virtually in July 2021, we received 18 entries with 14 posters displayed of which 11 were presented across two virtual sessions. There were three winners and three highly commended posters from the competition.
Winners
 - Improving Prescription Management in Homecare

- Postnatal Discharge Report
- Development of the RASP – Roving Anaesthetic Support Practitioner

- **Bright Ideas**

The latest competition launched on the 1st September, submissions will close on 17th October.

Healthy Weston

- **Overnight Emergency Surgery transfer to BRI**

In May 2021, three months post go live of the new process, the clinical review group decided that the backstop (all staffing in place, so if any significant issues arose in the transfer of a patient, the operation or procedure could still be undertaken on the Weston Site) was no longer required. A decision support by the Weston senior management team.

In quarter 3 the on-call theatre rota will be discontinued when the standard operating procedure has been finalised and the staff consultation completed.

- **Benefits**

Healthy Weston phase one benefits tracker completed, some baseline gaps exist due to changes of IT systems since the measures were agreed. Ongoing updates handed over to the Integration team.

Restoration, renewal and recovery programme

- **Overall**

Working with Restoration Oversight Group to develop the programme priorities.

- **Proactive Hospital:**

- Recruitment of Proactive coaches undertaken, two posts offered and two re-advertised.
- Ambulance second handovers – planning of new approaches for handover to trial undertaken.
- Tap to transfer pilot, using our digital systems to improve patients moving from the BRI Emergency Department into admission ward commenced on 08/09/21.

- **Theatre efficiency project:**

- Trust-wide Theatre Efficiencies programme launch meeting planned for September 2021
- The first priority is a trust-wide theatres data quality audit, followed by prioritisation of improvements to achieve trusted data which can be used with clinical teams to identify and plan further changes.

- **Redesign of Outpatients:**

Personalised follow ups

Personalised follow up is the umbrella term which captures three outpatient management pathways:

- Patient Initiated Follow Up (PIFU)
- seen on symptom long term condition
- clinically triggered long term condition

Progress with the PIFU pathway includes:

- Three specialities actively working to design/improve their process: Dental MaxFax, Paediatric T&O, and Colorectal in Weston.
- Two specialities gone live: Orthoptics, Adult Trauma + Orthopaedics.
- Documentation, including Standard Operating Procedures, drafted and in the process of being signed off.
- Updates to Careflow EPR to accurately record time limited patient initiated follow ups ready to go live at end of September.

Community phlebotomy

- Plans to expand the facility of patients having blood tests close to home via their GP surgeries.
- Bristol, North Somerset and South Gloucestershire (BNSSG) soft launch on 1st July 2021. An average of 900 requests a month have been made via the new service, an increase from 171 in June 2021.
- Work being undertaken to understand challenges/process changes needed to ensure robust clinical governance for full launch on 1st October 2021.

Waiting list validation

- Awaiting national steer and prioritisation categories, participating in NHS England meetings.

Other key initiatives:

BNSSG Integrated OPAT Service

Working with system partners – Sirona and North Bristol Trust, work is underway to develop an Integrated Outpatient Parenteral Antibiotic Therapy (OPAT) service for adult patients from both our Bristol and Weston hospitals. Bristol will launch first with Weston following in six months.

Funded by the accelerator programme, the service will be established as a 12 month pilot; Sirona will lead a service evaluation at month 9, with support from the acute Trust finance service improvement teams and the project teams.

A clinical and nurse lead have been recruited to support the implementation of the new service, and Medicine Division have agreed to host the service during the pilot. The service plans to launch in Quarter 3

Covid-19 virtual wards

New BNSSG-wide combined pathways commenced on the 3rd September 2021 for:

- the pre-hospital COVID virtual ward (Step Up pathway/Oximetry@Home)
- the post hospital virtual ward (Step Down) admission pathway

‘Step Down’ uses the existing pathway for the ongoing virtual monitoring of COVID-19 positive patients with mild to moderate disease who are at an increased risk of deterioration and who, in the absence of home monitoring, would otherwise remain in hospital.

The key change is that the referral pathway will now be directed by Sirona for both Step Up and Step Down. The relevant clinical teams continue to be involved, as before.

Appendix 1: Transforming Care – Progress Summary Q2 July - September 2021/22

Successes	Priorities
<ul style="list-style-type: none"> • Transformation Team Annual Report 2020/21 written • Developments to the Transforming Care Quarterly benefits report submitted to Strategic Senior Leadership Team (SLT) • 77% of diagnostic waiting lists prioritised in line with the national categories • Recruitment of two Proactive Hospital coaches, who will commence in October 2021 • Medically stable for discharge ward (MSDW), therapy and nurse led launched in Weston, and ongoing refinement of processes to ensure ward is utilised. • Standardised Infection prevention and control equipment and information at all trust hospital entrances and exits being installed w/c 13th September 2021 • Clinical Genetics development programme launches on 13th September 2021, programme manager recruited and work-streams agreed. Estate and Facilities, and Clinical governance have commenced. (Transformation team will no longer support once new programme manager is in post) • E-signature project initial scoping phase completed, await procurement of system with NBT • Accessible Information Standards workshop held to understand challenges staff experience • BEH pre-op improvement project re-established • Weston hospital at night diagnostic to understand current challenges completed • Paediatric Speech and Language Therapy workshop 	<ul style="list-style-type: none"> • Supporting the planning and delivery of phase three vaccination programme on Bristol and Weston sites. • Recruitment of remaining two proactive hospital coach posts • Mobilisation of proactive hospital working groups with new proactive hospital coaches • Launch QI e-learning, foundation level training for all staff • Weston board round project • Transformation team, early adoption of Microsoft 365 in October 2021, and development of new ways of working where required • Accessible Information Standards workshop two to design and prioritise improvements • Complete the diagnostic waiting list validation project with sustainable business as usual processes • BEH cataract – estates and equipment improvements planning for implementation in Quarter 4 • Development of patient and public involvement framework for improvement initiatives, working with the Trust patient experience team • Audit of theatre data available and identification of improvements needed • Launch of integrated OPAT service • QI silver cohort 9 • Diagnostic and Therapies workshop: mapping of urgent and non-urgent interventional pathways • Expanded community phlebotomy services • Phase 2 bed base changes in Medicine Division
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Annual Transformation Forum being planned to promote and share key transformation projects being undertaken across the Trust. • Use the learning from South West leadership academy – developing a coaching culture course 	<ul style="list-style-type: none"> • Ongoing Impact of Covid-19 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

Appendix 2: Transformation Team Annual Report 2020/21

Separate report attached

Transformation Team

Annual Report 2020/1

A summary of the work undertaken by transformation team members, across University Hospitals Bristol NHS Foundation Trust during 2020/21.

The Transformation team would like to acknowledge and thank all the Trust teams they have worked with to deliver the improvements included in this report.

Date: 15/09/21 Final version

Author: Melanie Jeffries, Transformation Programme Manager

Meet the current team

Senior Team



Cathy Caple

Associate Director of
Improvement and Innovation



Kathryn Bateman

Clinical lead for
Transformation



Melanie (Mel) Jeffries

Transformation
Programme Manager



Caitlin Bateman

Senior Improvement lead

Improvement Leads



Emma Dodd



**Stephen (Ste)
Brown**



**Rachel
Rainford**



**Jennifer (Jen)
Pollock**



Katy Richards

Improvement managers



Laura West



Farukh Navabjan



Callum (Cal) Allen-Ridge
QI Trainer

Vacancy

Team support officers



**Suzanne
Hetherington**



**Nicola
Lawrence**



Katrina Phillips
(mat leave)



Becky Ace

Patient Safety Improvement lead

In collaboration with Corporate Patient
Safety team

Other members of the team in 2020/21

- Anne Frampton (Clinical lead)
- Susan Philpott (Improvement lead)
- Lisa Beasley (Improvement lead)
- Jane Riley (Improvement lead)
- Kate Reader (Team support officer)
- Tracey Henderson (Project support)
- Weston team, provided by Commissioning Support Unit (CSU): Amy Tidyman/ Leandra Downes/ Bonnie Allen

Purpose of the team

The Transformation Team is a corporate service established to support the Trust in delivering our strategic vision and priorities through a structured programme of improvement, innovation and service re-design.

Core functions of team

Transforming Care programme

Working with senior leaders across the Trust to develop and deliver the Trusts transforming care priorities.

The transforming care programme is a reflection of transformation initiatives planned by a range of teams/services across the Trust.

Transformation Team members are not involved in every initiative within the programme.

Quality Improvement (QI) Programme

The QI programme aims to promote and encourage innovation and improvement within the Trust so that staff with good ideas can bring them to life; benefitting patients, staff, the Trust and the wider NHS.

QI Academy

The QI Academy delivers three level of training **Bronze, Silver and Gold.**

The training is available to **all** members of staff from **clinical or non-clinical services**, providing them with the knowledge and tools to make improvements in their own areas.

QI Faculty

Oversight and facilitation of a network of improvement experts across the Trust who help to train and advise other staff on improvement methodologies and tools.

QI Hub

Oversight and facilitation of the hub, a virtual place for staff to share their QI ideas, and seek support and guidance to bring their idea to life.

QI Forum

Delivery of an annual QI Forum is where staff are able to submit posters of their QI project, with **3** overall winners identified.

Bright Ideas

Oversight and delivery of the bi-annual Bright Ideas innovation competition, plus follow up coaching to support winners to implement their idea.

Divisional Transformation rep role

Provide support, coaching, and mentoring to divisional staff to deliver small to medium transformation, improvement and innovation initiatives.

Each Division has an allocated transformation team member to contact.

Working with the Division's senior leadership team, requests for support are prioritised.

Clinical divisions are allocated 7.5 hours a week. Trust Services/Estates and Facilities are allocated 8 hours a month.

Team news

Clinical lead for Transformation

Anne Frampton kindly agreed to continue in the role until end of August 2020.

Anne ended her period by being shortlisted for Clinical Leader of the Year in the 2020 Health Service Journal Awards.

Kathryn Bateman, Adult Respiratory Consultant, commenced the role in December 2020. The role has increased from two to four pa's until the end of 2021.

Weston integration

Integration of the transformation teams was undertaken, following the merger with Weston Hospital in April 2020.

Covid-19 pandemic

For the majority of 2020/21 transformation team resource was deployed to lead or support a range of initiatives as part of the Trusts response to the pandemic.

Initiatives ranged from supporting operational processes to implementing new ways of working.



A **patient results hub** was established to support clinical teams inform discharged patients of their Covid-19 swab results, if discharged prior to 48 hours.

Following a launch at the end of March, work was undertaken to refine the processes, and support the Outpatient Appointment centre team to take over the delivery of the hub.

By the end of March 2021 **10,650** discharged patients had been contacted by the hub with their Covid-19 results.



Nosocomial risk assessments, in June 2020 a new national requirement to risk assess all non-clinical environments across our hospital sites to minimise hospital acquired infection had to be implemented.

Support was provided to design the risk assessment form, the process for completion, and communication required to ensure staff were aware of the requirements in their areas.



Security teams were implemented to **manage access at hospital entrances** in the Bristol Royal Infirmary Bristol Heart Institute, Bristol Royal Hospital for Children and St. Michael's Hospital.

Divisional guidance was collated to ensure security staff were informed regarding patient groups still attending our hospitals, who was able to accompany patients into the hospital, and when visitors were allowed.



One transformation team member was released to the Bristol Haematology and Oncology centre (BHOC) to support their operational team for three months.

During this time work was undertaken on the re-design of skull based radiotherapy pathway, producing a Service Level Agreement (SLA) and negotiating an external contract with the Rutherford Hospital.



Along with a range of staff from Trust Services departments the team supported a mass distribution of **Lateral flow tests** to Trust staff in November 2020.

After this initial distribution the Testing and Screening hub carried on the distributing testing kits until the new government ordering process was in place.

In total **7,710** lateral flow tests were distributed to Trust staff by the end of March 2021.



Support to the Weston divisional leadership team to effectively implement the daily **Weston incident command and control** structure required to manage the operational situation, respond to NHS England/Improvement (NHSE/I) requests, escalate and communicate with the UHBW command and control structure.



Support was provided to **Theatre and Outpatient prioritisation groups** to ensure a robust action plan was maintained, and when required data was compiled to discuss at the meetings



Working with clinical leads, the Weston based transformation team supported the co-ordination and management of **new and emergency procurement of Intensive Care Unit (ICU) consumables in Weston Hospital.**



Working with executive team, when Paula Clarke, Executive Director for Strategy and Transformation was seconded to the Bristol Nightingale Hospital implementation, and subsequently the National Covid-19 vaccination programme.



Following a Covid-19 outbreak at Weston Hospital, support was provided to project manage the **outbreak recovery plan** working with the Weston Hospital staff, the Chief Operating Office and Clinical Commissioning Group (CCG).

Staffing testing and screening programme



At the start of the pandemic the Trust had to rapidly design and implement new pathways to enable staff to be tested and screened for Covid-19.

A team was mobilised to work with the Trust's Director for Infection and Prevention Control (DIPC) to establish a staff-testing hub.

Key deliverables included:

- Consultant review of requests, which led to the development of criteria the testing hub staff could use when screening requests
- Development of documents to ensure a standardised pathway, governance and reporting
- Inclusion of staff household members in the Trust testing process
- Staff communication
- Recording system for all requests and result

The operational manager of the new testing and screening hub expanded the processes to include screening of staff, when required and pre-admission patient swabs.

Following the initial project management support to establish the testing, the transformation team has supported the Hub operational manager to understand bottlenecks in the processes when high volumes of screening.

By the end March 2021 the following had been completed:

- **6,307** tests for staff and their household members
- **22,116** routine and outbreak staff screening tests
- **40,563** patient pre admission screening test

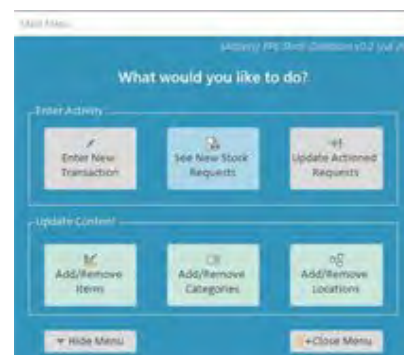
Robust Personal Protective Equipment (PPE) processes

Covid-19 required the Trust to change our PPE pathways, in line with the new national distribution model. Protecting patients and staff was a priority, along with sustaining services to provide patient care.

On our Weston site, support was provided to establish and embed processes for the procurement of PPE and stock management.

In Bristol, following the setup of a centralised PPE store, the store team quickly identified their processes were too manual, a single spreadsheet could not handle the huge amount of data involved and it was hard to cope with the constantly changing PPE stock items that were being delivered.

Working with the team a single streamlined ordering, distribution and stock management system was designed. The database went live in September 2020:



At the end of March 2020 a total of **43,969** stock adjustments had been made on the database, including **40,677** staff requests for PPE.

The database will remain the single source of PPE management until the national distribution model reverts to the pre-pandemic pathway.

Supporting Outpatient Care

New ways of working were required to enable outpatient care to continue, as traditional face to face appointments had to be radically reduced, to minimise the risk of spreading Covid -19.

The Trust had to accelerate initiatives in development as part of plans to achieve the NHS long-term plan.

Video appointments

Working with the central outpatient team a trust-wide implementation of Attend Anywhere software was undertaken.



Attend Anywhere enables outpatient appointments to be delivered via video.

By September 2020 the team had:

- distributed **366 webcams** across Trust locations
- registered **1125 clinicians** as users
- set up online waiting rooms for **93** services

To ensure patients continue to receive quality care and a positive experience, administrative staff, clinical teams and patients have been given a range of materials on how to use the system.

All the information is available on the Video clinics Connect page.

The corporate outpatient team have continued to embed the use of video clinics, and feedback from patient's regarding their experience has been collected.

By March 2021 approximately **27,898 *** video appointments have been undertaken, which when combined with telephone appointments has helped the Trust achieve delivery of 40% non-face to face outpatient appointments on our Bristol site. Combined video and telephone data for Weston site is not yet available.

* Unable to exclude test and duplicate appointments

Advice and Guidance

At the start of the Covid-19 pandemic, the Level 4 national Critical Incident response decided that acute hospitals should only allow urgent patients into hospital.

Working in collaboration with Bristol, North Somerset and South Gloucestershire (BNSSG) colleagues it was decided acute hospital services needed to expand advice and guidance services.

Advice and guidance enables primary care clinicians to access specialist expertise, supporting them to manage patient care in the community, and prevent attendances at hospital.

By the end of May 2020:

- Advice and Guidance was live in **52 specialties** across our Bristol and Weston locations, an increase of **42** services.
- Primary care requests increased from 93 to **390** per week

Following the rapid growth of Advice and Guidance services, work continued with BNSSG colleagues to make improvements to the pathways, monitor response times to requests and to participate in a system wide patient survey.

By the end of March 2021:

- **17,747** requests had been received by our advice and guidance services
- **70% of** advice and guidance requests were responded to in 48 hours
- **95%** of advice and guidance request were responded to under seven days (% of all requests)
- Average UHBW response time was **2.17 days**

Community Phlebotomy



For many years, the CCG has considered setting up a community phlebotomy service, to move bloods taken in outpatient services closer to patient's homes, reducing the need to travel into the hospital, and enabling greater use of non-face to face appointments.

As the Covid-19 pandemic hit it became apparent that shielding patients had challenges safely attending the BRI phlebotomy service, and the capacity of the service was reduced due to social distancing and research trials.

Working with system partners, UHBW explored the options for establishing a community phlebotomy service for hospital bloods. This was complex due to various

the IT systems and phlebotomy infrastructures within the BNSSG system.

A decision was made to pilot a service at one community location, South Bristol Community Hospital (SBCH), to test out the process and concept.

The pilot involved:

- UHBW clinicians requesting the blood test on our internal IT system called ICE.
- The patient calling Sirona to book their phlebotomy appointment with a Sirona phlebotomist, who accessed ICE to action the request.
- The blood test results were reported back to the UHBW clinician who requested the bloods.

An average of **45** blood tests **per month** have been taken during the pilot. Generally the pilot received positive feedback from patients. However, downsides included the limited location of the service, and complexities about which patients could have bloods taken via the service.

At the same time, another pilot was run out of a GP practice in Bristol, which involved a similar concept, but with the blood taken by the GP not at SBCH. This led to a system decision that the GP option was better for patient care, as it was closer to patients' homes, and the pilot teams joined forces to develop how this GP model could work system-wide.

Clinical prioritisation of elective waiting lists

In September 2020, NHS England (NHSE) mandated that all Trusts clinically prioritise all patients on their elective waiting lists (inpatient and day case), using Royal College of Surgeons criteria.

A key driver for the NHSE request was to enable the Trust and system to understand the level of patient risk currently on the

waiting list, and offer patients a discussion with a clinician.

Working with Performance Team the new processes were designed and implemented:

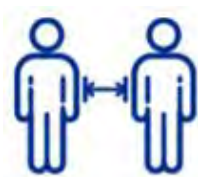
- Booking teams sent letters to patients, starting with the longest wait times through to the shortest wait times
- A clinical note for clinicians to record a patients clinical prioritisation was designed and implemented on Trust Medway electronic patient record system
- Roll out of Medway waiting list cards including the priority status, to ensure all new patients added to a waiting list have an assigned priority status. Enabling priority status to become a sustainable process

Using the new processes, by March 2021 clinical and administrative teams were able to:

- Send **6,812** letters to all **6,541** patients waiting longer than 18 weeks.
- Receive a response from **807** patients, **152** of whom wanted a conversation with a clinician
- Assign a priority status to **93% (6,046)** patients waiting over 18 weeks, enabling the Trust to prioritise the patients who need treatment most urgently.

Inpatient ward Covid-19 processes

Two metre distancing



National guidance during the COVID-19 pandemic from Public Health England (PHE) required Trusts to ensure patients maintained a 2-metre distance while in their bed-space.

The application of 2-metre distancing needed to be balanced against the operational pressures the Hospitals were under at the time. Any decisions needed to allow flexibility for future COVID-19 levels.

45 wards completed a standardised self-assessment, to ensure all areas were applying the same methodology to measurement and risk assessment.

A moderation meeting was held with each division, the IPC team and Clinical Operational lead to review the outcome of the assessments, and ensure a consistent approach was applied to all areas.

27 beds were removed from ward areas across our Bristol and Weston sites, including boarding beds used when high admission volumes occur.

Covid 19 recovery pathways

In December 2020, our hospitals had entered another Covid-19 surge and pressure for beds was beyond our capacity. Dedicated zones for patients with Covid-19 were full, yet there were no standard protocols for transitioning patients to onward recovery once they had passed the acute stage of illness. An audit estimated **25%** of patients occupying Covid-19 positive beds could be transitioned to a Covid-19 recovered location.

To move from a case by case assessment of patients by the IPC team to a robust standardised process, the following was undertaken:

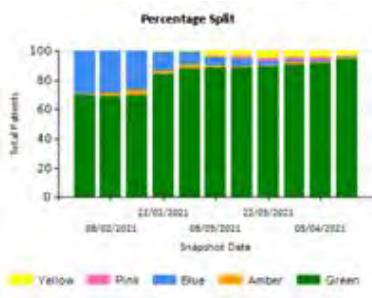
- Using the newly published Public Health England (PHE) national guidance to evaluate patients for

recovery from Covid -19, a handbook of guidance, risk assessments and testing protocols was designed and distributed, in consultation with staff working on the wards.

- Following the lead of our Weston site, additional Covid -19 status colours were added to the digital whiteboards across our Bristol hospitals.



This enabled the IPC team to monitor the profile of Covid-19 admissions remotely, and reduced the need for manual collection of information.



- Reports were developed to track Covid-19 status trends across our bed base, which can be used to inform proposals for how the bed base needs to be configured when Covid-19 cases rise and fall.

Escalation capacity planning

Three phases of escalation capacity plans were developed in March – April 2020, to understand how the Trust could safely and

efficiently respond to the predicted Covid -19 admissions.



Independent sector hospital capacity

Phase three involved planning to use independent hospital capacity, part of the national response plan, to manage Covid-19 step-down patients.

Our team of staff from UHBW and Spire Bristol Hospital swiftly developed a model that defined everything from clinical criteria for transfers to Spire Bristol Hospital, to how we could extend our IT networks and devices to request tests, review results and keep consistent records in our existing systems. We planned rotas, trained Spire staff in supportive and palliative care, UHBW IT systems and arranged for the correct equipment to be on site.

Following a rapid implementation, the Trust and Spire Hospital were ready to begin the new process. However, Covid-19 admission rates were able to be managed within the Trust bed base.

The planning process began again, this time to use the additional capacity to support the delivery of planned care, which was being significantly impacted by the pandemic.

Elective pathways – Independent sector hospital



Building on the processes already developed, a new operating model to deliver UHBW elective care was designed, including:

- Suitable specialties
- Types of procedures
- Record Keeping
- Booking process
- Pre-operative processes
- Covid-19 screening
- Transfer of specialist equipment

Three weeks after a decision to use the capacity for elective care, patients from Cardiology were receiving care via the UHBW Spire Collaboration.

15,577 elective and imaging procedures were provided to patients using independent sector capacity at Spire Bristol Hospital. This accounted for **87%** of all Independent Care Sector work for UHBW during the national contract.

Weston inpatient capacity – Quantock development

In October 2020 the team were asked by Weston Senior Management Team to support with scoping of options to increase inpatient capacity on site.

UHBW had been awarded £1.2 million for capital developments to support flow through the hospital. Work was undertaken in conjunction with clinical and operational

colleagues which resulted in a recommendation to convert the 'North Wing' of Quantock outpatient department into **12 inpatient beds**; following consideration of multiple other options including rental of Rowan (Avon and Wiltshire Partnership (AWP) building) and modular builds.

Working with the Outpatients team, an assessment was undertaken to understand how the reduced outpatient space would impact services, and plans were made for how outpatient clinics could be delivered and accommodate increasing clinic numbers as part of the Covid-19 restoration plan.

A review of options for the best use of the space with regards to patient cohort, efficiencies and staffing was completed, it was decided that elective surgical cases would be the initial focus.

In April 2021, it was agreed that the operational group will mobilise the final stage of the project, to operationally use of the additional capacity, at an appropriate time for the hospital.

Emergency Department (ED) and redirection

Managing social distancing requirements within our Emergency Departments accelerated the need to identify alternative safe pathways for patient care, which would reduce the need to attend an ED.

In July 2020, work commenced with all four of the Trusts Emergency departments to support a re-engineering of Urgent Emergency Care (UEC) pathways by implementing new processes to redirect patients to the most appropriate level of urgent care.



All initiatives were designed with patient safety and experience in mind. Because of the location of our Adult EDs, the needs of our vulnerable and surrounding population have been considered to ensure that we are not disadvantaging them.

The following initiatives were implemented:

- Pre-ED pathways implemented to identify patients that could be treated in alternative urgent care settings other than ED.
- New pathway piloted in the BRI ED fast flow to stream appropriate patients for treatment by GP at front door.
- New streaming option to Weston AED led by front door Emergency Nurse Practitioner (ENP) /Emergency Care Practitioner (ECP).
- 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 UEC 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.

- New pre-hospital 'Triage' pathways, ED redirection and streaming pathways were designed following collaboration with UEC colleagues across BNSSG, using a Plan,Do,Study,Act (PDSA) approach and rapid improvement huddles to review progress and address issues.

By February 2021, the BRI ED redirected **8%** patients and Weston ED redirected **9%** of patients to alternative urgent or primary care, and increase from less than 1% in December 2020.

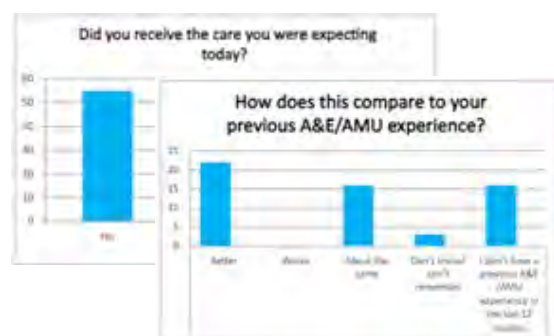
20% of patients presenting with dental problems and **40%** of patients presenting with eye issues to the BRI ED were redirected in January 2021.

Same Day Emergency Clinic (SDEC)

An SDEC model supports the prevention of avoidable admissions and facilitates early discharges, by having a 'bring back' clinic function.

The Medicine Division developed a process, business case and supporting documents to deliver a new SDEC model.

A pilot was undertaken in March 2021. As part of this pilot support was provided to analyse patient feedback collected for **56** patients about the new service.



Covid-19 Vaccination programme

At the end of November 2020 two members of the transformation team joined a UHBW vaccination programme team, which brought together a range of representatives from across the Trust to rapidly plan for the imminent arrival of the Covid -19 vaccine as part of the BNSSG vaccination programme.

Along with North Bristol Trust, the hospital hubs were asked provide vaccinations to health and social care staff across the system.

Participating in daily meetings, the team focused on the workforce requirements, logistics for receiving and administering the delicate Pfizer BioNTech vaccine, clinical guidance and consent forms, training, booking systems and contributing to BNSSG system meetings.

The following were driven by the transformation team members, to support the overall planning:

Processes for Bristol and Weston hubs were developed and tested via simulation, to ensure the most effective flow through the hubs could be implemented, maintaining social distancing and limiting bottlenecks:



An induction video for staff working in the Bristol hub was created, and many of the processes included were applicable for the Weston hub – despite having a different layout:



A range of models were developed to understand how many doses of vaccine could be delivered in each session, how much time was required for appointments, including a 15 minute observation period and how we could limit wastage of vaccine.



Action cards for each role in the vaccination hub were developed, so all staff were able to easily understand/know what their roles and responsibilities were:



Equipment was obtained from a range of sources, including the Bristol Heart Institute, Nightingale Hospital and Bristol Royal Infirmary outpatient department to enable the hubs to be set up.

Internal go live checklist were developed and completed to ensure all the required equipment, standard operating procedures, staffing, IT systems, training was in place:



Referral systems were developed utilising our digital clinical systems.

In April 2020 the hospital hubs were decommissioned, staff returned to their usual roles, equipment was returned, competencies were stored and the vaccination service operating model was completed, ensuring all processes were recorded, in case the hubs ever had to be re-established:

Vaccinations began on 28th December 2020 with 245 staff vaccinated in the Bristol hub, followed by the Weston hub on January 4th.

Processes were updated as unplanned challenges were experienced, such as changing the timescale between 1st and 2nd doses, bottlenecks at certain times of day, storage of consent forms, high demand for appointments which then changed to needing to contact staff at short notice if vaccines were likely to be unused at the end of a day.

By the 3rd February both hubs had administered first doses to approximately 15,000 staff across BNSSG and the decision was made by the system to pause the hubs until 2nd doses were due.

Support was provided to ensure that the hubs were re-mobilised safely in March.

In February new processes were required to enable the delivery of the AstraZeneca vaccine to patients in our adult inpatient wards, and outpatients who were starting immunosuppressive therapy. Plus Pfizer BioNTech vaccine to paediatric inpatients:



As both vaccination hubs came to a close in mid-April approximately 30,000 vaccines had been administered across both sites.

The whole journey was summarised and shared, along with an improvement story:



2020/21 Transforming Care programme

The Trust renews the Transforming Care programme at the start of each financial year. Due to the Covid-19 pandemic the programme was not commenced until September 21. Transformation team resource supported the following priorities.

Redesign of Outpatient programme

To support the delivery of the NHS long-term plan and sustain the changes implemented during Covid-19, work was undertaken with the corporate outpatient team, to plan a new approach to redesigning our outpatient services.

A methodology to support specialties identify which of the following initiatives was a priority for their service was developed, using data and facilitated discussions with the team to understand the challenges and opportunities within their service.

First contact with health services	Diagnostics	First treatment	Ongoing treatment	Discharge or ongoing care
<ul style="list-style-type: none"> Referral to right service Clinical referral criteria Advice and guidance Referrals are triaged 	<p>Where appropriate:</p> <ul style="list-style-type: none"> Straight to test Straight to biopsy required Community phlebotomy 	<ul style="list-style-type: none"> Delivery methods: <ul style="list-style-type: none"> Telephone Video Group clinics Face to Face One stop clinic Same day diagnostics Clinic letter turnaround 	<ul style="list-style-type: none"> Remote monitoring Patients involved in treatment plan, 	<ul style="list-style-type: none"> Patient initiated follow up (PIFU) Agreed follow up criteria Patients fully informed of next steps

Standardised toolkits have been developed to support teams when implementing new ways of delivering outpatient care.

Due to the continuing waves of the Covid-19 during the year, the method was tested with a small group of specialties who had capacity to engage in the new process.

Critical Care Outreach business case

Support was provided to clinical leads to develop a business case for the implementation of a Critical Care Outreach service for our Bristol Adult services. This included data analysis, understanding of current processes, current risks and the development of options for implementation.

The work was undertaken in collaboration with stakeholders including the established critical care outreach teams at Weston General Hospital and Bristol Royal Hospital for Children.

Space review



During Covid -19, many non-emergency clinical services were paused to focus on responding to the pandemic. As the Trust entered the initial recovery phase many clinical services were unable to resume activity, to the same level as pre-Covid-19 , with additional restrictions (e.g. social distancing, PPE) in place.

New space and/or methods of working were required in order to tackle the backlog built up during Covid-19.

Key project achievements were:

- **46% (33 of 71)** space requests had a solution. All utilised the existing Trust estate and solutions (some temporary) were found without any additional financial cost to the Trust
- **9 additional beds** were created as part of the A701/801 decant
- A **standardised approach** to requesting space and prioritising that space was developed with Divisions, which was quickly embedded as business as usual
- A **centralised collation of space requests** was created to provide an overview of current demand

Healthy Weston

The 'Healthy Weston' programme formed part of 'Healthier Together', the Sustainability and Transformation Programme (STP) for Bristol, North Somerset and South Gloucestershire (BNSSG). A main aim of the programme is to ensure that the most appropriate is available for the population, where it was most needed.

The four key priorities for Healthy Weston phase 1 during 2020/21 are:

- Critical care
- Emergency Surgery
- Acute Paediatrics
- Urgent and Emergency care

Working with the Division and Integration team the following was provided by the Weston based team members to support these priorities: project management for working groups where needed, development of a benefits tracking report and development of the process and supporting documents for the Emergency Overnight Surgery.

To provide assurance that the closure of theatres overnight was safe a six month 'backstop' period was commenced from the launch on 8th February 2021. During the backstop, all Weston theatre staffing was to remain in place and if any significant issues arose in the transfer of a patient, the operation or procedure could still be undertaken on the Weston Site.

Monthly clinical review meetings were set up to review all transfers undertaken, to monitor the impact of the new process.

Proactive Hospital

Working with senior leaders a new way of working to enable staff to make improvements which will support the Trust deliver quality, safe and efficient care was designed. Time was invested to plan a robust methodology, engage key stakeholders and identify resource required to ensure success.

The new way working has been designed to deliver the following:



The methodology for Proactive Hospital, includes the following principles:

1. Sharp, **focussed** pieces of work that address Proactive Hospital drivers
2. Achievable within **fast-paced timescale** (e.g. 3 months)
3. Working groups are **cross-divisional, multi-professional** and non-hierarchical (investing in future leaders)
4. All groups receive coaching in **improvement methodology**
5. One to two priorities **only** at any given time
6. Other ideas **enter pipeline** and are regularly re-assessed for priority and resource.

The launch of Proactive Hospital will take place in 2021/22, and will remain as a Transforming Care priority during this year.

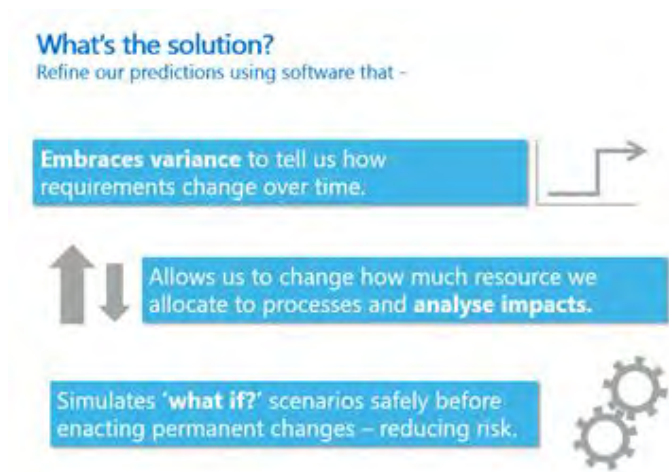
Other projects



Simulation software for healthcare

The use of simulation software can help us to better understand how processes and systems work, and how these would behave when changes occur. Simulation gives you the ability to test ‘what-if’ experiments and safely assess the impact of changes across a unit, hospital or entire health system without any risk to patients or staff.

Working with the Performance Reporting team, a proof of concept project was undertaken using software provided by Simul8.



Two models were developed with stakeholders:

- 1) Bed base requirements – based on divisional demand, fixed bed base constraints, flexible use of whole BRI bed base. Scenarios looked at the impact on planned care capacity, alongside urgent care requirements
- 2) ED and assessment unit queuing scenarios, identifying the likely patient pathway bottlenecks

Following the proof of concept project, Simul8 has been added to the strategy and planning toolkit and used by the Capacity and Demand group to support planning, however the use of the software needs to be balanced against the resource required to build the models.

Staff Rest Areas



Social distancing restrictions because of the COVID-19 pandemic have not only affected our patient-facing services and areas, but also the access staff have for opportunities to rest and take a break. Many rest spaces that may have supported multiple staff at once pre-COVID, are now unable to do so due to the requirement of being 2 metres apart.

In The Staff Rest Area project group pulled together a list of initial options for potential rest areas. Nearly 50 areas were identified, **three** were identified as being of high priority, i.e. the opportunity to make the largest positive impact, with the smallest relative investment. Using a newly designed assessment form the following areas were recommended for development– BHI Atrium, Deli Marche level 9, BRI and Rafters, Weston Hospital.



A **Stroke pathway table top exercise** was designed and delivered to support UHBW stroke services understand the impact of the proposed options being considered as part of the BNSSG system stroke pathway consultation.

Support the **Patient Affairs team** to re-design their process, as part of the Trust implementation of the Medical examiner officer role.



Plan and facilitate three **Speech, Language and Therapy (SLT) job planning workshops** to support the service understand changes required.

Work with the **Adult Dermatology team** to optimise the use of Careflow referral function, to inform the team of inpatients requiring review.



Project management coaching for the **International Nurse Recruitment project**, to support the set up for the initial cohort of recruits in April 2021.

A full diagnostic to understand the opportunities for **improving board rounds** on the wards at Weston Hospital. Recommendations were agreed by the senior management team and work commenced with **two** wards to make the improvements.

Transformation, Improvement and Innovation (T, I&I) Strategy

2020-2025

Improvement

refers to making something that already exists better, whilst **change** means to make something different.

Transformation

relates to a complete overhaul of the current state or the emergence of an entirely new state, involving both improvement and change.

In order to improve or transform we need to **innovate**, becoming better at what we do by introducing new methods, ideas or services.

The strategy can be accessed on the [Transforming Care connect page](#).

Key achievements in the delivery of year two actions include:

QI Diagnostic tool

To evaluate the effectiveness of the Trust's Quality Improvement training programme, Trust staff were given the opportunity to undertake a survey about improvement in their work area.

The responses received from over **500** staff show there is an appetite for improvement in the Trust.

Time is the biggest barrier for staff to make improvements, and there is a need to increase awareness of the training and support available.

Plans to spread the QI approach across our Weston site are underway

QI Trainer

QI Dosing Model



A QI trainer has been funded and commenced their post in January 2021.

The trainer role will support the delivery of the QI dosing model, developing improvement knowledge and expertise across the organisation.

QI Academy



Due to the pandemic QI training has to be paused for the majority of the year.

Work was undertaken create an online delivery model for QI Bronze and Silver courses.

A new two hour Bronze training was developed, using digital systems to ensure the training was interactive, content was updated to ensure the course catered for both clinical and non-clinical attendees and a recorded session was made available for staff to watch if unable to attend a session.

Example of interactive feedback during a Bronze session, on what does quality mean to you:



Despite the challenges, the following was achieved:

- **13** graduates in the first QI Gold cohort (attended 4 out of 6 sessions). In total 42 staff attended at one session
- **8** silver projects graduated
- **6** online Bronze training sessions, 4 trust wide and 2 bespoke sessions for junior doctors and trainee nurses
- **8** staff watched the recorded Bronze session
- The QI Forum moved online with **12** staff presenting their improvement posters
- QI Fellows hosted the first online Junior Doctor Forum for the South West Deanery, and had **13** posters displayed
- **6** new QI Fellows were recruited and helped to deliver QI bronze to other juniors

QI Gold Evaluation

Using the South West Academic Health Science Network (SWAHSN) evaluation methodology, the content, outputs and attendee feedback from cohort one of the QI Gold course were evaluate and shared.

Changes to the course are being made for cohort 2 in 2021/22.

Institute of Health Improvement (IHI) annual conference



In December 2020 the team* presented a training session on 'Moving from a top down to bottom up improvement approach- An NHS Trust's Journey', at the international Institute for Healthcare Improvement (IHI) conference.

The session shared our experience and learning of setting up the programme in 2016, the five core components of the programme:

QI Academy, Forum, Hub, Faculty, Resources

The benefits we have seen, and what we are planning next through our Transformation, Improvement and Innovation strategy and dosing model to increase improvement capability.

*Anne Frampton (clinical lead for transformation (2014 - 2020), Cathy Caple (Associate Director of Improvement and Innovation), Caitlin Bateman (Senior Improvement lead)

Bright Ideas



Bright Ideas is competition held twice a year, offering staff the opportunity to submit their improvement/small innovation ideas.

A small pot of funding support for ideas is provided by Above and Beyond, West of England Academic Health Science Network (WEAHSN) and UHBW.

A Covid-19 themed competition was held in August 2020.

A panel was held in October 2020 to decide winners from both the Covid-19 and the spring competition, which was delayed due to the start of the pandemic. Representatives from Above and Beyond and the WEAHSN were on the panel.

Eight winners were chosen, who have been provided support to progress their ideas since winning. Progress has been slow due to the pandemic, and many of the ideas will go live in 2021/22:

Storing Voice Recordings within Patient Records:	To improve the management of patients with voice problems by enabling voice recordings to be uploaded to the patient's digital records.
Developing films to support parents, children and young people on their cancer journey	To produce short films to provide the essential information that children/young people and their families need following a cancer diagnosis.
Quality Outcome Measures in Paediatric Anaesthesia: You can't improve what you don't measure	To develop a tool that captures outcome measures in core digital systems in order to improve the post operative care of children.
Reduction in use of plastic bags for dispensed medications	To implement a reusable bag system to transport medications to the wards and reduce plastic usage.
Digital 'Prepare for Surgery'	To repurpose the current 'Prepare for Surgery' appointment into a digital format to ensure that this can be accessed by pre-operative patients during the pandemic.
PreVid: a new safe tool for preoperative assessment of patients during the pandemic	To use the PreVid assessment tool to upload videos of the patient undergoing stress tests as part of the pre-operative assessment process during the pandemic.
Children Eating Together	To enable children with gastro-intestinal conditions to be able to eat their food out of their beds & in a social situation to support the normalisation of eating and decrease the pressure that these children may feel.
Text message surveys to evaluate post-operative pain and patient/parent satisfaction in paediatric surgery	To implement a text message system to the parents of post-operative day surgery patients to improve post-operative pain requirements.



University of Bristol – Masters in healthcare leadership and improvement

Since January 2021 the team have been working with the University of Bristol to develop an MSc module in Quality Improvement in Healthcare. The module is largely based on the QI Gold level training programme, and covers topics including psychology of change, engaging stakeholders, measuring change, and project management.

For their assessment, students will need to complete a QI project and reflective report, enabling them to have the opportunity to put their learning into practice. The overall course is open to applicants, and will launch in September 2021, with the QI Module starting in March 2022.

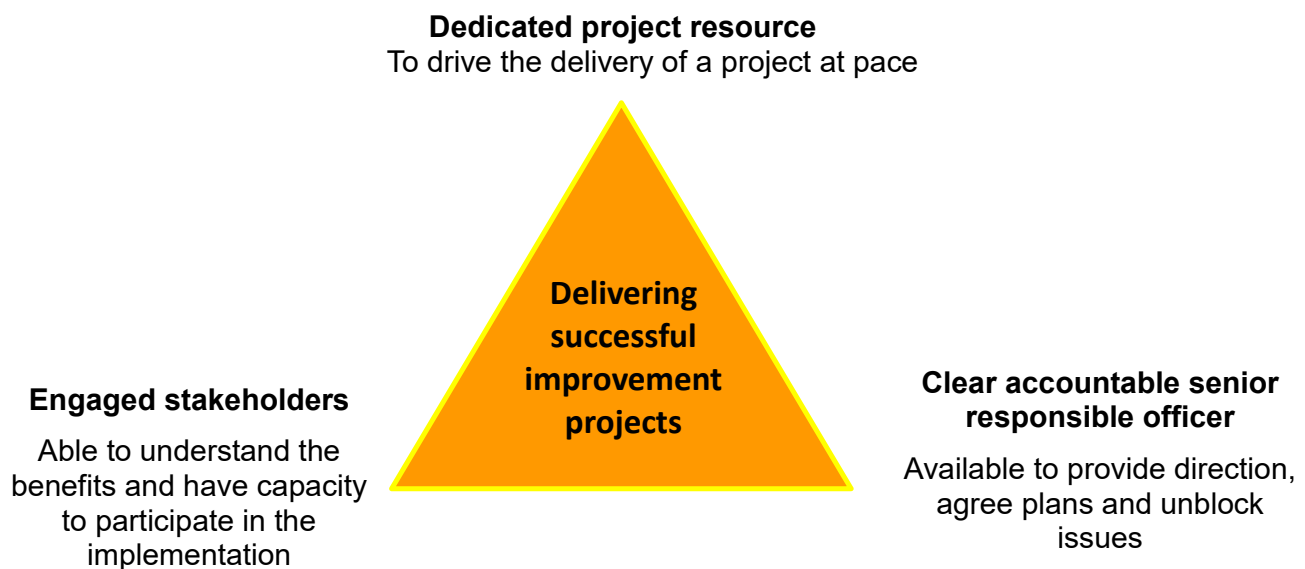
Continuous Improvement – developing our approach

As advocates and experts in continuous improvement, it is essential that as a team we revise our approach, using the learning from the work we undertake, whilst at the same time ensuring the approach remains useable by others in the organisation.

Delivering improvements - lessons learnt from Covid-19

The Covid-19 pandemic, demonstrated that as an organisation large scale rapid improvements can be achieved, when all the required components are available.

The key components identified shown as a golden triangle:



Whilst these components were not unknown prior to the pandemic, as they are best practice in many project/programme management approaches, they can often be challenging to apply due to complex nature of the organisation and competing demands.

The learning is being used to develop a project request form, to help inform which projects need to be prioritised.

Transformation, Improvement and Innovation Benefits Framework

A benefits framework has been developed to ensure the benefits of transformation, improvement and innovation projects are identified, planned and realised. The framework provides a summary of benefits terminology, methodology, and templates to be used during a project lifecycle.

Benefit categories have been defined and a Transforming Care benefits report has been developed for submission to the Trust Senior Leadership Team (SLT).

The framework has been adapted for the Weston Integration benefits.

Summary of benefit categories Note: the examples are not exhaustive list

 <p>Quality – Safety</p> <ul style="list-style-type: none"> • Patient safety • Staff safety • Health and safety 	 <p>Risk reduction</p> <ul style="list-style-type: none"> • Patient safety • Regulatory obligations • Financial
 <p>Quality - Outcome</p> <ul style="list-style-type: none"> • Patient level clinical outcomes • Organisation level clinical outcomes 	<p>Efficiency/productivity/financial</p>  <ul style="list-style-type: none"> • Savings, • Income, • Cost Avoidance, • Non-cash releasing, • Time savings • Reduced steps in processes • utilisation of resource
 <p>Quality- Experience</p> <ul style="list-style-type: none"> • Patient and staff experience. • Organisation reputation • Partnership working 	<p>Workforce</p>  <ul style="list-style-type: none"> • Equality, Diversity and inclusion • Satisfaction • Education • Development • Retention
<p>Environmental sustainability</p>  <ul style="list-style-type: none"> • Carbon footprint • Waste reduction • Energy costs • Travel reduction 	

A making benefits simple guide, with examples of good benefits is available to Trust staff on the Transforming Care connect site.

Improvement stories

Recognising the power of story-telling to share information, new improvement story templates have been developed to share changes that have happened, the successes, challenges and lessons that maybe helpful for others. Not every story has a perfect ending, but they all feature change and learning.



Improvement stories are available on the Transforming Care [Connect site](#), Trust staff can request the templates and advice on how to write and add their own stories.

Developing our network

Q Community



Eight transformation team members successfully joined The Health Foundation Q community: A connected community working together to improve health and care quality across UK and Ireland. Membership enables access to resources and helps us to build our network.

Beneficial changes Network

How the Beneficial Changes Network began

The Beneficial Changes Network came together in 2020 to build on the incredible ways in which people and systems responded to Covid-19 through innovation.

We captured and evaluated some of the changes that were happening in health systems through a collaborative network of health and social care stakeholders and people with lived experience.

Beneficial Changes in 2021 and beyond

The Beneficial Changes Network continues to capture the changes, innovations and improvements that are emerging from our evolving healthcare landscape in an annual cycle of submissions.

Taken from the Future NHS beneficial changes network platform (September 2021)

Participating in the network from the beginning, it has provided access to a range of events (capturing lessons learned, telling the story, co-production with people with lived experience, health Inequalities), evidence scans, case studies and contacts across the healthcare sector.

Delivering Improvement Network



Moving online due to the pandemic, attendance grew and provided access to an increased range of organisations. Discussions on running Quality Improvement training on line informed the development of our remote courses.

Team ambitions for 2021/22

Due to the Covid-19 pandemic, several 2020/21 ambitions have been extended into 2021/22:

Quality Improvement Academy

- Increase training capacity to deliver the dosing model in the Transformation, Improvement and Innovation strategy
- Launch of QI e-learning, foundation level training accessible for all staff
- QI leadership modules

Divisional reps

- Re-establish the divisional transformation rep resource to support local small – medium improvement projects and provide coaching to build capability
- This resource was diverted to Covid-19 projects during 20/21

Return on Investment and evaluation

- Develop a methodology to evaluate improvements implemented, including the return on investment

QI University of Bristol module

- Deliver the first QI module for the healthcare leadership and improvement masters with the University of Bristol

Collaborative working

Sharing improvement expertise through:

- Host the Patient Safety Improvement Lead, in collaboration with the corporate patient safety team
- Host four Proactive Hospital coaches, to support the 12 month proof of concept for the new way of working

Patient and Public involvement framework for improvement

- Work with the Patient Experience team to develop a range of approaches and supporting resources to increase the involvement of patients, carers and public in the development of our improvement initiatives

Benefits realisation

- Develop and embed benefits reporting for the Transforming Care priorities, QI Gold projects and Divisional Transformation projects

If you would like to discuss anything in this report please contact:

Cathy Caple, Associate Director of Improvement and Innovation (Cathy.Caple@UHBW.nhs.uk) or Melanie Jeffries, Transformation Programme Manager (Melanie.Jeffries@UHBW.nhs.uk)

Meeting of the Board of Directors on 30 September 2021

Reporting Committee	Acute Services Review Committee
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Paula Clarke, Director of Strategy and Transformation

For Information	
<p>The Committee considered the development of the provider collaborative in light of the development of the Integrated Care System and the progression of the Health and Care Bill through Parliament. It was noted that all acute and mental health trusts would need to be part of at least one provider collaborative. The initial proposal was to develop a collaborative between UHBW and NBT but to engage other local providers including Sirona and Avon and Wiltshire Mental Health Partnership NHS Trust.</p> <p>The Committee reviewed the performance of the projects underpinning the programme. Good progress was noted in regards to cancer, diagnostics and genomics. There had been some slippage in relation to NICU, due to capital funding and staffing issues, and maternity services. There had been very positive engagement in the stroke consultation and in particular the level of survey completion and good feedback on the acute model.</p> <p>Matt Thomas, ICU Consultant, gave a presentation on the collaborative work between the Trusts and the development of two business cases to support an increase in capacity. There had already been joined up working across the system in advance of the pandemic, recognising the lack of critical care capacity across BNSSG. There were two separate business cases in development, one for 11 new beds at UHBW and one for two new beds at NBT, which would support an increase in the number of beds to align with population needs. The collaborative work included an aligned staff bank, digital convergence, shared clinical protocols and governance, and training.</p>	
For Board Awareness, Action or Response	
<p>The Committee noted a request to bid into the NHS New Hospital Programme. A number of aligned bids were being considered following a review of the strategic capital plans of both Trusts at the Joint Clinical Sponsorship Board. The deadline of the 9 September 2021 was noted and the need for joined up working across the system to ensure alignment of bids.</p>	
Key Decisions and Actions	
<p>There are no key decisions or actions to report to the Board.</p>	
Additional Chair Comments	
Date of next meeting:	4 November 2021

Meeting of the Board of Directors in Public on Thursday 30 September 2021

Report Title	Category 1: BHI Ward Beds – Draft Outline Business Case (OBC)
Report Author	Kirstie Corns – Associate Director Strategy and Business Planning (Mat leave cover) Carly Palmer – Associate Director Capital Projects, Estates & Facilities
Executive Lead	Paula Clarke – Executive Director of Strategy & Transformation
Presented by	Neil Kemsley – Executive Director of Finance

1. Report Summary
<p>The purpose of this paper is to request approval to progress the draft BHI Ward Beds OBC to Full Business Case (FBC). The request is made on the basis that when the design costs are finalised later this month, they are in the region of the £11m allocation for the scheme. The OBC design costs are due to be received by the end of September. A process of ‘check and challenge’ will then ensue, led by the Capital Estates Team with support from the Trust’s Cost Advisor, to agree a final OBC design cost. The request is being made ahead of receipt of final OBC stage forecast construction costs to avoid compromising the forecast delivery schedule for the 18 beds in July 2023.</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>Background</p> <p>The BHI Ward Beds Project Team was established in July 2021 with a mandate from the Trust’s Senior Leadership Team to progress development of an Outline Business Case at pace to deliver 18 additional adult general ward beds for the Trust. The urgency to progress this case is underpinned by the Trust’s in-year deficit of up to 100 beds across adult Divisions, severely impacting the Trust’s ability to restore and recover services in line with local and national directives. The current forecast timeline of July 2023 is being reviewed by the estates team with the construction partner to try and deliver earlier in 2023.</p> <p>As the full business case progresses, ongoing work will determine the specific model of care the additional beds will be used to support. Consideration will be made along three broad lines:</p> <ol style="list-style-type: none"> 1. Additional capacity to close the modelled bed deficit in Surgery and / or Medicine, and specifically which specialty(s) will use the additional capacity 2. Whether it is desirable in the short term to use the space as clinical decant accommodation to facilitate elements of the strategic capital programme 3. Additional capacity to support cardiac expansion <p>The draft OBC was received at the Strategic Estates Development Board (SEDPB) 9th September 2021; Capital Programme Steering Group (CPSG) 16th September 2021 and the Senior Leadership Team 22nd September 2021, where it was supported to be submitted to the Finance & Digital Committee and Trust Board to request approval to proceed to FBC.</p> <p>Considerations</p> <p>Trust Board is asked to note the following considerations:</p>

Financial

- At this stage it has not been decided which specialty will occupy the additional 18 beds so the staffing costs have been costed as General Medical Ward beds for this draft OBC submission. The specialty designation and associated workforce requirement will be completed at the FBC stage.
- The capital affordability and capital charges assessment has been based on the allocation of £11.0m
- Revenue affordability will require system prioritisation and agreement within the 2022/23 financial regime however this will not be required if the additional ward space is used for decant purposes. The requirement for additional beds at the Acute Trusts has been accepted within ICS planning and was included as a key mitigation within the BNSSG H1 System Plan to support acceleration of the restoration of elective and cancer care.
- The OBC design costs are due to be finalised during September and a detailed budget estimate will follow once received.
- The Guaranteed Maximum Price (GMP) would be completed in time for the FBC and is on track to be delivered in February 2022.
- If the final OBC design costs exceed the current £11m capital cost estimate, the BHI Ward Beds will be subject to the Strategic Capital Triage Process and, if prioritised at the increased cost, this will impact on remaining capital schemes within the programme to retain overall affordability within the Medium Term Capital Programme (MTCP).

Timelines and Next Steps:

- Request approval to proceed to Full Business Case (FBC) at the following committees, in accordance with the Trust's Capital Investment Policy:

Date	Committee
9th September 2021	✓ Strategic Estates Development Board (SEDPB)
16th September 2021	✓ Capital Programme Steering Group (CPSG)
22nd September 2021	✓ Business Senior Leadership Team meeting(BSLT)
28th September 2021	Finance & Digital Committee
30th September 2021	Trust Board (Private)

- **November 2021:** Request approval of FBC via the Trust's internal governance, in accordance with the Trust Capital Investment Policy.
- **February 2022:** Request approval of FBC including GMP via the Trust's internal governance, in accordance with the Trust Capital Investment Policy.
- **March 2022:** 70 week construction schedule begins.

3. Risks

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

The risks associated with this report include:

The key programme level risk associated with this report is:

Risk #5461 – Risk that capital costs increase beyond that included in the Strategic Estates

Development Programme

The operational and patient safety risks that this business case is addressing are detailed below:

Theme	ID	Div	Risk Title	Domain	Score
Bed capacity	3895	Spec Srvc	Risk of compromised care quality for patients requiring elective, routine cardiac treatment during COVID-19	Quality	20
Bed capacity	4811		Risk that timescales for non-elective cardiac pathways are not achieved, affecting care quality and safety	Quality	16
ICU capacity	2053		Risk of reduced care quality for cardiac surgery patients due to operational pressures on BHI and high cancellation rates	Quality	12
Bed capacity	4612		Risk that care quality will be compromised by delays accessing specialist BHI beds for cardiology patients admitted via ED	Quality	12
RTT	823		Risk that growing demand for Cardiology will result in delays to treatment and reduced care quality	Patient Safety	12
Bed capacity	1939		Risk to quality of care patients receive when opening C602 for inpatients during extreme escalation	Quality	12
Boarding	4812		Risk that patients who are boarding on the wards in the BHI will have a poor experience	Quality	8
RTT	4350	Weston	Cardiology patients waiting >40 weeks for investigation/treatment due to BHI waiting times	Patient Safety	9
Bed capacity	1035	Surgery	Risk that operations are cancelled and performance targets breached	Quality	20
Cancer	3885		Risk that patients will come to harm as cancer treatment targets will not be met due to COVID-19	Patient Safety	20

RTT	3886		Risk that patients will be harmed due to treatment delays, worsening RTT and delayed referrals due to the COVID pandemic	Patient Safety	16
Bed capacity	5371		Risk that the number of surgical beds in the bed base is insufficient leading to patient safety issues	Patient Safety	16
ICU capacity	1417		Risk that patients will be harmed as major elective procedures are cancelled on the day, due to lack of availability of ICU beds	Patient Safety	8
Bed capacity	1064		Risk that performance will be affected by using Hey Groves Recovery for additional capacity within the Trust Escalation Plan	Quality	6
Bed capacity	4700	Med	Risk that a patient may deteriorate whilst being held in the ambulance bay	Patient Safety	15
Bed capacity	4638	W&C	[linked to Med Risk 4700] Risk that a seriously ill child will have a significant delay in treatment if ambulances queuing in the ambulance bay waiting for adult ED	Patient Safety	12
Bed capacity	4699	Med	Risk that patients will come to harm and flow will be affected by prolonged patient stays on A413	Patient Safety	9
RTT	3448	Med	Risk that 18wk RTT performance will deteriorate due to extended wait times for New OPA in Respiratory Medicine	Patient Safety	6
Bed Capacity	89	Surgery	Risk that elective patients are cancelled through the use of QDU for inpatient care in line with the current escalation plan		12
RTT	1051	Surgery	Existing risk regarding failure to achieve 18 week target		20
Bed Capacity	1491	Surgery	Risk that the number of medical outliers in the surgical bed base adversely affects flow		12

			for elective surgery	
ICU Capacity	1514	Surgery	Existing risk regarding delayed admission to ICU	16
Bed Capacity	1834	Surgery	Risk of failure to achieve best practice tariff and good quality care for patients with #NOF	9
Bed Capacity	2003	Surgery	Risk that the provision of high quality patient care will be impacted due to the use of extreme escalation beds on QDU	12
Bed Capacity	2183	Surgery	Risk that the quality of care and patient experience will be impacted when held in Hey Groves Recovery overnight as escalation	12
ICU Capacity	3423	Surgery	Risk regarding quality of care for elective admissions to ICU	12
Bed capacity	5084	Surgery	Risk that lack of theatre lists within UHBW for Cleft adult patients will cause long delays for treatment	12
Bed Capacity	5148	Surgery	Risk that patients with acute gallstone disease do not have timely surgical treatment	12

4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>				
<ul style="list-style-type: none"> • This report is for Approval. • Trust Board is asked to; <ol style="list-style-type: none"> 1. Approve the progression from draft OBC to Full Business Case (FBC) noting: <ul style="list-style-type: none"> - this approval is subject to receipt of the OBC construction costs and subsequent triaging of the scheme within the strategic capital programme funding envelope if the costs materially exceed £11m - approval will support commissioning FBC design and associated fees that maintain the delivery timeline of March-July 2023 2. Note the timeline and next steps 3. Note the gaps within the OBC that will be completed as part of the FBC 				

5. History of the paper Please include details of where paper has previously been received.	
BHI Ward Beds Project Team meeting	Wednesday 25th August 2021 Wednesday 1 st September 2021
Strategic Estates Development Programme Board (SEDPB)	Thursday 9th September 2021
Capital Programme Steering Group (CPSG)	Thursday 16th September 2021
Finance & Digital Committee	Tuesday 28th September 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.

BHI Ward Beds

Draft Outline Business Case – Capital

Version	Version notes	Author/ Updated by	Approved by	Date
V0.1	Creation	Claudia Bisetto	Draft	08/07/21
V0.2	Strategic sections updated	Kirstie Corns	Draft	06/08/21
V0.3	Operational sections updated	Lucy Parsons	Draft	22/08/21
V0.4	Financial section updated	Claudia Bisetto	Draft	24/08/21
V0.5	Review by BHI Ward Beds Project Team	Kirstie Corns	Draft	25/08/21
V0.6	Financial section updated	Claudia Bisetto	Draft	25/08/21
V.0.7	Multiple updates from BHI Ward Beds Project Team	Kirstie Corns	Draft	27/08/21
V.0.8	Multiple updates from BHI Ward Beds Project Team	Kirstie Corns	Draft	01/09/21
V.0.9	Estates sections update	Carly Palmer Kirstie Corns	Draft	07/09/21
V0.010	Updated following feedback from SEDPB 09/09/21	Kirstie Corns	Draft	10/09/21

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1 Background

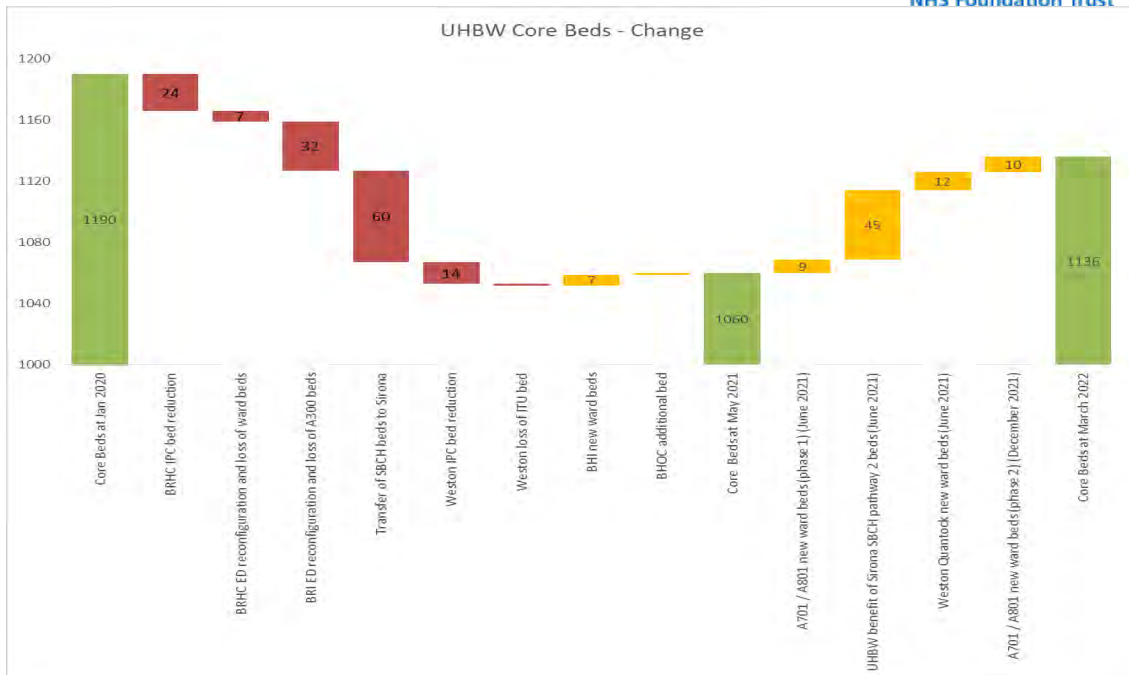
The national and local context for healthcare services is daunting. The COVID-19 pandemic response has resulted in ballooning care backlogs across the range of services provided by the Trust. Of particular significance is the growing Referral to Treatment (RTT) waiting list, including the number of patients waiting over 52, 78 and 104 weeks for treatment.

The huge reconfiguration of front door services and the zoning of inpatient facilities have also created a significant challenge for urgent care services. Not least, the loss of inpatient capacity necessitated by the need to subsume A300 into the BRI ED footprint.

There has been some progress in restoring planned care services. However, the organisation faces major challenges of restoring services with the backdrop of the loss of inpatient capacity, associated with Infection Prevention and Control (IPC) precautions, across our hospitals and the varying quality and design of their environments. Our restoration and recovery efforts are also being undertaken in the context of workforce that has acted over and above to contribute to the organisation's COVID-19 response, which has tested their resilience and wellbeing. Workforce supply will be the key programme dependency.

The Trust response must adapt in order to balance ongoing adherence to Covid-19 IPC guidance (as far as is practicable within the estate available) with elective restoration and a system-wide uplift in urgent care activity. This business case seeks to provide part of the solution to the risks associated with elective restoration ie additional ward bed capacity, which unfortunately cannot be wholly mitigated through the reconfiguration work completed to date or through efficiency projects such as those managed through the Proactive Hospital.

The following waterfall diagram represents the changes to the Trustwide core bed stock. This does not account for beds that are used within the Trust escalation plan (e.g. QDU, Cath Labs and boarding etc.). The diagram demonstrates the loss of beds from the January 2020 census of 1,190 beds to the May 2021 census of 1,060 beds. The yellow bars represent mitigating schemes to address the loss of beds – at the time of writing some of these schemes are pending completion.



2 Strategic Case

Strategic Fit

2.1 Strategic Context

2.1.1 National Context:

The COVID-19 pandemic has had a profound impact on the NHS. The impact of the last year will be felt throughout 2021/22 and beyond. The challenges currently facing the NHS are many and various: rising to the challenge of restoring services, meeting new care demands and reducing the care backlogs that are the direct consequence of the pandemic.

Elective care services were under considerable pressure even before the COVID-19 pandemic.¹ At a national level, over 4.5 million patients were waiting to start consultant-led elective treatment in February 2020. The headline referral to treatment standard of 92% of patients should wait no longer than 18 weeks to start elective treatment has not been met since 2016. The pandemic has caused widespread disruption to elective care: rates of referral have dropped, waiting times for diagnostics and treatment have worsened, and planned procedures were cancelled en masse.

According to the NHS Confederation, the sustained impact of the pandemic has resulted in a backlog of care in excess of anything seen over the last 12 years² The Health Foundation have calculated that addressing the 18 week backlog by 2023/24 would require an annual average 11% increase in

¹ Health Foundation (2021), *Longer Waits, Missing Patients and Catching Up: How Elective Care is Coping with the Continuing Impact of COVID-19?*

² NHS Confederation (2021), *Building Back Elective Care: A New Framework for Recovery*

the number of procedures being performed, supported by 5,000 additional beds, 4,000 additional consultants and 17,000 additional nurses a year.³

The number of GP referrals to consultant-led outpatient services pre-pandemic was around 360,000 per week. In March 2020, referrals fell dramatically reaching a low of 53,000 in April 2020. At a national level, the level of referrals is normalising, but still below pre-pandemic levels. In March 2021, referrals were at 332,000. Far fewer people were referred into consultant-led elective care in 2020 than in 2019. These 'missing patients' remain the biggest unknown in planning to address the backlog of unmet need created by the pandemic. There have been a number of projections as to the number of these missing patients that will present at some point in the future and the extent to which they are likely to have more progressed disease.

The proportion of patients waiting over 6 weeks for a diagnostic test was 2.8% in February 2020. By May 2020, the proportion had increased to 58%. Performance has improved, but remains worse than before the pandemic. In February 2021, 28% of patients are waiting more than 6 weeks for a diagnostic test. The proportion of patients waiting less than 18 weeks from referral to treatment was 83% in February 2020. Performance fell sharply during the pandemic reaching a low of 47% in July 2020. In February 2021, 65% of patients had been waiting less than 18 weeks. The total number of people on the incomplete waiting list for elective treatment has exceeded 4.95 million in March 2021, the highest number since records began. The number of patients waiting over 52 weeks has increased dramatically. In February 2020, 1,613 patients waited over 52 weeks, compared with 436,000 in March 2021. The percentage of people with suspected cancer having their first consultant appointment within two weeks of an urgent GP referral was around 95% before the pandemic. In Q3 2020/21, this has fallen to around 87% of patients. There has also been a longer-term deterioration against the 31- and 62-day cancer standards.

Infection Prevention and Control (IPC) measures to support safe working during the pandemic, such as separating Covid and non-Covid a patient, ensuring social distance is maintained between bed spaces and in outpatient waiting rooms, has had the corollary of reducing the capacity of NHS services. For instance, the total number of NHS hospital beds (general and acute) in Q3 2020/21 was around 5% lower than Q3 2019/20.

The H1 Priorities and Operational Planning Guidance published on the 25th March 2021⁴ outlines the priorities for the year ahead against a backdrop of the challenge to restore services; 'meet new care demands and reduce the care back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.' The documents sets out six clear priorities for 2021/22, of these Priority C, 'Building on what we have learned during the pandemic to transform the delivery of services, **accelerate the restoration of elective and cancer care** and manage the increasing demand on mental health services' requires Systems to '...be ambitious and **plan to recover** towards previous levels of activity and beyond where possible over the next few years'. In recognition of the scale of the challenge and the need to build capacity to deliver these ambitions, the guidance states that Systems should '**maximise** available **physical** and workforce **capacity**...'

Additionally, Priority A is clear that we should be 'supporting the health and **wellbeing of staff** and taking action on recruitment and retention' explicitly stating that 'our people need to be at the heart of plans for recovery.....and those plans should reflect the need for staff to get the support, rest and recuperation that they need.'

³ Health Foundation (2020), *Spending Review 2020: Managing Uncertainty*

⁴ NHS 2021/22 priorities and operational planning guidance 25 March 2021

This Outline Business Case (OBC) is underpinned by the national drive to ensure that healthcare facilities are adequate to meet the current recovery needs of our population, as well as ensuring future resilience and consistency of improved and sustained access. It also directly delivers on the requirement to support staff to recover by ensuring we have the physical capacity in place enabling staff to care for patients in the right place at the right time, with access to everything they need to deliver the outstanding care they are proud of.

2.1.2 Local Context (System & Regional):

In March 2021, the BNSSG System set out its priorities for H1⁵ with the following assumptions around our System bed base: 'Covid bed occupancy will be assumed at <5%...The System will continue to operate with a reduced bed base for the year due to IPC constraints still in place and reduced efficiencies.' The plan translated these assumptions into the risk they presented to recovery and restoration of our local and regional services: 'As a result of an increase in both planned and unplanned care demand beyond Indicative Activity Plan, there is a risk of an impact on elective capacity due to insufficient bed base, which may also result in delays to treatment, poorer patient outcomes and further reduction in inefficiency.'

The System action plan to support delivery of the planned activity levels, in direct response to national Priority C (accelerating the restoration of elective and cancer care), included the intention to 'Increase bed capacity at acute sites through reconfiguration to mitigate against bed shortages'. The plan stated that the above '...risk shouldbe mitigated by the actions...' within the action plan.

This OBC will directly contribute to the implementation of the BNSSG H1 System Plan for maximising elective recovery and delivers on the mitigations outlined within the plan in response to a continued reduction in bed capacity.

2.1.3 Trust Strategic Context:

UHBW published its new five year strategy, *Embracing Change, Proud to Care; our 2025 Vision* in April 2020. Our five year strategic vision is to;

- Anchor our future as a major specialist service centre and a beacon of excellence for education;
- Work in partnership within an integrated care system, locally, regionally and beyond;
- Excel in world-class clinical research and our culture of innovation.

Our Strategy outlines 6 Strategic Priorities which set the direction for the organisation over this 5 year period. The organisation has also recently tested these strategic priorities against the new operating context presented by the Covid-19 pandemic and the associated impact on services. In order to complete the process of refreshing our strategy in this context, a set of new word drivers were developed by our Board and Senior Leadership Team. The table below outlines our six Strategic Priorities tested against our New World Drivers

UHBW Strategic Priorities tested against the new COVID-19 context:

(Table 1)

⁵ BNSSG System 2021/22 Priorities and Operational Planning: Narrative Submission Template 29 March 2021 V1.0

Our Current Strategic Priorities (as per 2025 strategy)	Our New World Drivers (June 2020)
<p>1. Our Patients We will excel in consistent delivery of high quality, patient centred care, delivered with compassion</p>	<ul style="list-style-type: none"> • Backlog in non-Covid-19 services which needs to be managed and recovered, with the risk of widening health inequalities and a significant number of people not accessing health care when they ought to be. • New internal operating model alongside IPC safety measures, driving the need for different solutions to create capacity and supporting staff wellbeing , new ways of working and safety considerations.
<p>2. Our People 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</p>	<ul style="list-style-type: none"> • People Focused: creating innovative, flexible and resilient workforce models through system approaches (Terms and Conditions/passporting/training etc), maximising our role as an anchor institution in supporting economic recovery through local employment and volunteering and managing the implications of a changing global workforce supply
<p>3. Our Portfolio 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.</p>	<ul style="list-style-type: none"> • Recognition of general and acute and critical care bed shortfalls in SW Region.
<p>4. Our Partners We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.</p>	<ul style="list-style-type: none"> • Accelerated collaboration/mutual aid and pan-system clinical leadership – Further enabled by Weston integration and Bristol acute services review with NBT • Increasing importance of system perspective and opportunity to drive common cross sector goals across our STP and beyond, including accelerated implementation of consistent community service model (Sirona) and discharge from hospitals
<p>5. Our Potential We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation</p>	<ul style="list-style-type: none"> • Virtual-by-default and digital approach in clinical and non- clinical communications , training and service delivery with changed public expectations • New opportunities for research and innovation with AHSC designation, partnership with Universities and internal innovations.
<p>6. Our Performance 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.</p>	<ul style="list-style-type: none"> • Changes to our commissioning and planning environment; • Probable changes to FT autonomy, financial regime and IS sub-contracts. National approach to acute consolidation (group models) and SW region Partnership Boards in North and Peninsula

It is clear from both our strategic priorities as an organisation, and the recent testing of these within the context of the Covid-19 pandemic, that increasing the Trust's adult bed base is a key enabler for our strategic ambitions.

This will directly contribute towards reducing the backlog in non-Covid-19 services and improving how we manage demand for our general acute services.

2.2 Objectives and planned Benefits of the Business Case

UHBW's objectives, which are relevant to this business case, for 2021/22 against the national constitutional standards, are as follows:

National standard	Target	2019/20	2020/21	2021/22 Objective
Cancer - Two week wait (urgent GP referral)	93%	93.4%	81.9%	Achieve the national standard of 93% and hold performance above the national standard for at least six out of 12 months in the year.
Cancer - 31 Day Diagnosis To Treatment (First treatment)	96%	95.8%	95.1%	Achieve the national standard of 96%.
Cancer - 31 Day Diagnosis To Treatment (Subsequent Surgery)	94%	92.5%	84.1%	Achieve the national standard of 94%
Cancer - 31 Day Diagnosis To Treatment (Subsequent Drug therapy)	98%	98.6%	99.4%	Achieve the national standard of 98%.
Cancer - 62 Day Referral To Treatment (Urgent GP Referral)	85%	85.5%	78.7%	Achieve the national standard of 85%
Cancer - 62 Day Referral To Treatment (Screenings)	90%	71.1%	57.1%	Achieve the national standard of 90%
Cancer - 62 Day Referral To Treatment (Upgrades)	85%	86.6%	86.7%	Achieve the national standard of 85%.
18-week Referral to Treatment Time (RTT) incomplete pathways	92%	83.2%	60.1%	Improve performance towards the national standard and achieve at least 65% by March 2022.
Number of Last Minute Cancelled Operations	<0.8%	1.73%	1.15%	Achieve the national standard of < 0.8%
Last Minute Cancelled Operations Re-admitted within 28 days	95%	92.9%	83.4%	Improve performance towards the national standard and achieve at least 85%.

The above national standards remain subject to the outcome of the Clinically-Led Review of NHS Access Standards, following the launch of this programme in March 2019, the review set out to test new access standards in mental health services, cancer care, elective care and urgent and

emergency care to see whether they can be used safely and improve patient experience and outcomes.

An interim report was published in October 2019; and the COVID-19 response has delayed the publication of the final recommendations of this review.

The following summarises other organisational objectives for the period 2021/22 to support restoration and recovery efforts.

Urgent Care

- Reduce the percentage of ambulance handovers delayed for greater than 30 minutes to at least the South West regional average of 15% by March 2022;
- Reduce the number of 12 hour trolley waits towards the national standard of zero breaches and achieve less than 10 reportable incidents Trust wide by March 2022, with zero reportable incidents by August 2023;
- Reduce the number of non-qualified bed days from clinical utilisation reviews to below the pre-pandemic baseline of 20%;
- Deliver bed mitigations to achieve Trust wide bed occupancy for general and acute beds of at least 95% and preferably 92% to support “green” flow; and
- Reduce non elective length of stay below the March 2021 baseline of 4.7 days;

Planned Care

- Recover activity levels to at least the 2019/20 outturn level in elective points of delivery, and at a minimum deliver the elective activity volumes in the Indicative Activity Plan for 2021/22;
- All services to work towards the delivery of a 48 week referral to treatment pathway (and where possible going beyond 92% of the list size waiting less than 30 weeks from listing for day case or elective inpatient treatment); and
- Reduce Trust wide elective length of stay below the March 2021 baseline of 4.5 days.
- Avoid all patients breaching 104 weeks waiting standard by the end of March 2022 (except for patients who have opted to delay treatment due to patient choice or COVID specific reasons); and
- Avoid all Priority 2 (safe to wait < 4 weeks) and Priority 3 (safe to wait less than 12 weeks) waiting greater than 52 weeks without a to come in date (TCI), except for patients who have opted to delay treatment due to patient choice or COVID specific reasons.
- Restore Theatre capacity to pre-COVID levels and increase productivity to sustain greater than 4 patients per 4 hour session throughout the year.

Cancer

- Achieve the national 28 day standard for cancer faster diagnosis by July 2021 and sustain throughout the year; and
- Sustain no more than 10 patients referred by GPs on a cancer treatment pathway waiting greater than 104 days for “inappropriate reasons” beyond patient choice, COVID related reasons or clinical reasons.

2.3 Current State and Case for Change

Describe the current state and ‘service gaps’ and therefore the need for the change.

The context for change should be set out clearly, with local and national drivers for the change identified. This case for change should be evidence based and should clearly articulate the proposed clinical model, underpinned demand and capacity modelling (detailed below in finance section)

Current State and Service Gaps

There have been a number of changes to the bed base as part of risk assessments to maintain social distancing and IPC precautions. These changes have had the following consequences:

Within the bedbase currently occupied by the Division of Medicine:

- Loss of 32 beds in the BRI associated with subsuming A300 (AMU) into the BRI ED footprint to support the streaming and zoning of emergency patients, and the increased ED demand.
- Loss of 7 beds on A518 in the BRI associated with social distancing, reducing the number of beds in this facility to 10. NB – even when / if social distancing rules no longer apply, these beds are unlikely to be reintroduced due to the residual quality / environmental issues on A518. The possibility to make improvements to A518 overall is being reviewed as part of an “Additional Beds” exercise currently being undertaken by Estates and members of the Bed Model Testing Group. Recommendations from this rapid review will be presented at the Restoration Oversight Group in August 2021.
- The move of inpatient cystic fibrosis care from A900 into cubicles on C708 in order to keep this very vulnerable group of patients outside of the “blue hospital” (Terrell Street block). Due to ongoing bed based pressures across the Division of Medicine it has not yet been possible to move this group of patients back into a medical ward.
- Transfer of management of 60 beds in SBCH from UHBW to Sirona. Note – currently 40 beds are staffed and open (this includes 15 dedicated stroke pathway step down beds). Recent Sirona assessment suggests it will be at least October 2021 until the remaining beds can be staffed. This mirrors the staffing problems UHBW had at SBCH prior to the transfer.
- Covid-19 positive patients are proactively being transferred from Weston Division to the BRI to support Weston site. The aim of this process, whilst community and hospital prevalence

rates allow, is to maintain Weston Division within Waterside as its single blue capacity ward. Significant inefficiencies arise once a second blue ward is converted; due to the difficulties in keep the high numbers of bay beds full with cohorted positive patients.

Within the bedbase currently occupied by the Division of Surgery:

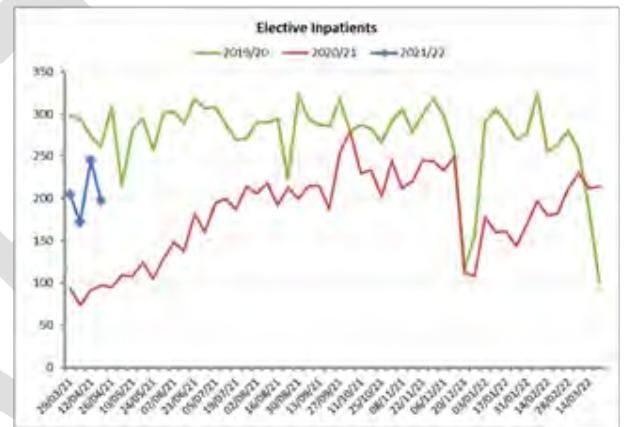
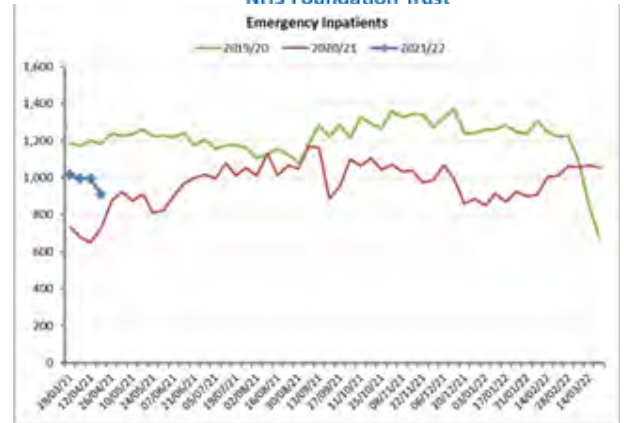
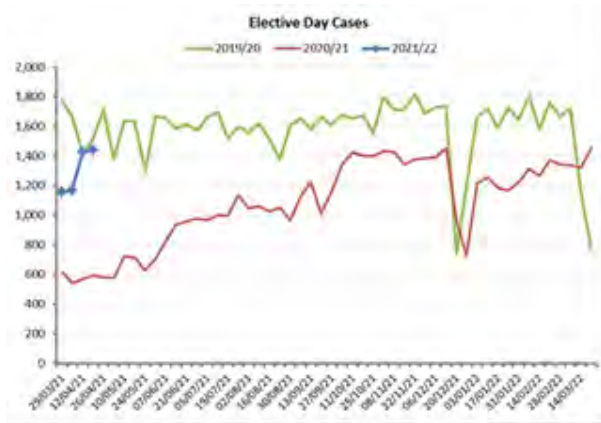
- A net loss of beds within the Division of Surgery following ward reconfiguration but most significantly a change between the elective and non-elective bed base driven by the need for greater side room capacity in STAU for amber pathways and the demand from overnight surgical admissions which has transferred from Weston Division.
- Pre-pandemic the elective surgical bed base was 64 and is currently 50 beds.
- The move of GI Surgery from A800 (32 beds at the time of the move) into C808 (25 beds) in order to free up A800 (large ward with majority single side room accommodation and ability to cohort into IPC safe zones) for critical use as a blue respiratory ward. Side rooms have been at a premium during the pandemic for isolation of patients awaiting results, for people with other infections as well as covid and also for those receiving aerosol generating procedures.
- Increased incidence of medical patients outlying into surgery capacity has been necessary to support medical flow in the reduced Division of Medicine bed base.
- The GI surgery move into C808 has impacted on delivery of the surgical programme, including the ability now to recover the elective backlog.

Within the bedbase currently occupied by the Division of Specialised Services:

- BHI received a net increase in ward beds associated with the GICU expansion – a net increase of 7 beds. However, these beds will be utilised with the increased work created through the fifth cardiac Cath lab.
- Division of Specialised Services has also accommodated an increase in the number of medical patients outlying outside of medicine wards.
- There are ongoing problems associated with the inability, due to ward bed capacity, to bring in regional patients for cardiac procedures.

The following run charts indicate good progress in restoring outpatient and day case activity into April 2021. However, elective inpatient and emergency / non-elective inpatient activity is considerably below 2019/20 levels.

Activity levels by work type compared to prior years:



National Context

As described in section 2, NHSEI has set out a national drive to prioritise restoration and recovery of services for our population, recognising that in some cases there will be a requirement to address bed shortages to achieve these ambitions.

Local Context

The impact of the COVID-19 pandemic has been no less profound on the Trust and our local health and social care system compared to the national context.

Referral to Treatment (RTT)

There has been an increase in the number of patients on an **incomplete RTT pathway**. The growth in the number of patients on an RTT pathway has been suppressed by the reduction in referrals into secondary care. However, as referral numbers normalise, and if capacity continues to be constrained, there is the potential for a significant increase in the size of the incomplete RTT waiting list.

In March 2020, there were 39,703 incomplete pathways, with 79% of patients waiting less than 18 weeks, against the 92% national waiting times standard. In March 2021, the waiting list has grown to 46,538, with 62% waiting less than 18 weeks. The following run chart represents the size of the incomplete waiting list (see Appendix 1 for a more detailed breakdown).

Fig. 4: RTT incomplete waiting list size

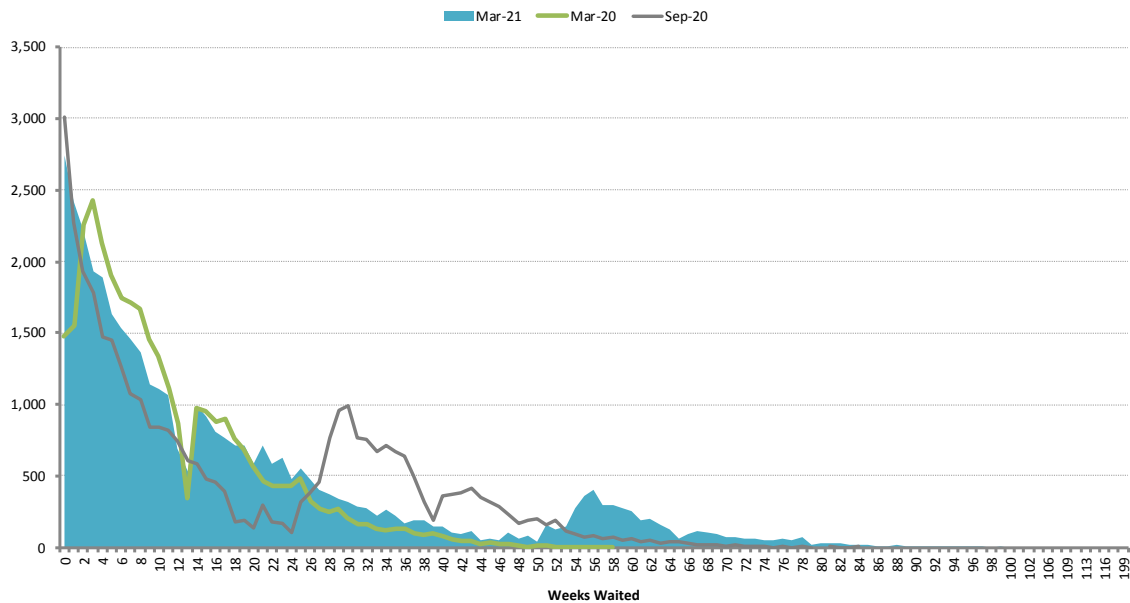


The number of long waiting patients has also increased. The reported number of **52 week breaches** has increased from 52 in March 2020, to 5,409 in March 2021. Over the past four months, the size of the 52 week backlog increased by an average of 800 patients per month. As a point of comparison, the NBT 52 week backlog has stabilised at a little over 2,000 and is showing signs of starting to reduce in size. This improvement is in the context of a greater proportion of their services having restored to pre-pandemic levels.

There are also a growing number of patients waiting beyond the newly nationally defined backstops of **78 weeks and 104 weeks**. In May 2021, the Trust had 672 patients waiting beyond 78 weeks, and 38 patients waiting beyond 104 weeks. These breaches are across a range of specialties.

The suspension of routine referrals and routine activity as part of the initial response to the pandemic has distorted the incomplete **waiting list shape**. The following chart provides the shape of the incomplete waiting list in March 2020, September 2020 and March 2021. Note the drop in the size of the waiting list under 26 weeks and the bulge of patients between week 26 and 52. The waiting list shape in March 2021 indicates that the shape is normalising under 52 weeks, but that the bulge has now travelled to the right-hand side of the chart between 52 and 78 weeks (albeit the size of the bulge has reduced).

Fig. 5: RTT incomplete waiting list shape



Following a national mandate, the Trust has undertaken **clinical prioritisation** of its waiting list according to the Federation of Specialty Surgical Associations (FSSA) and the Royal College of Surgeons guidelines as follows:

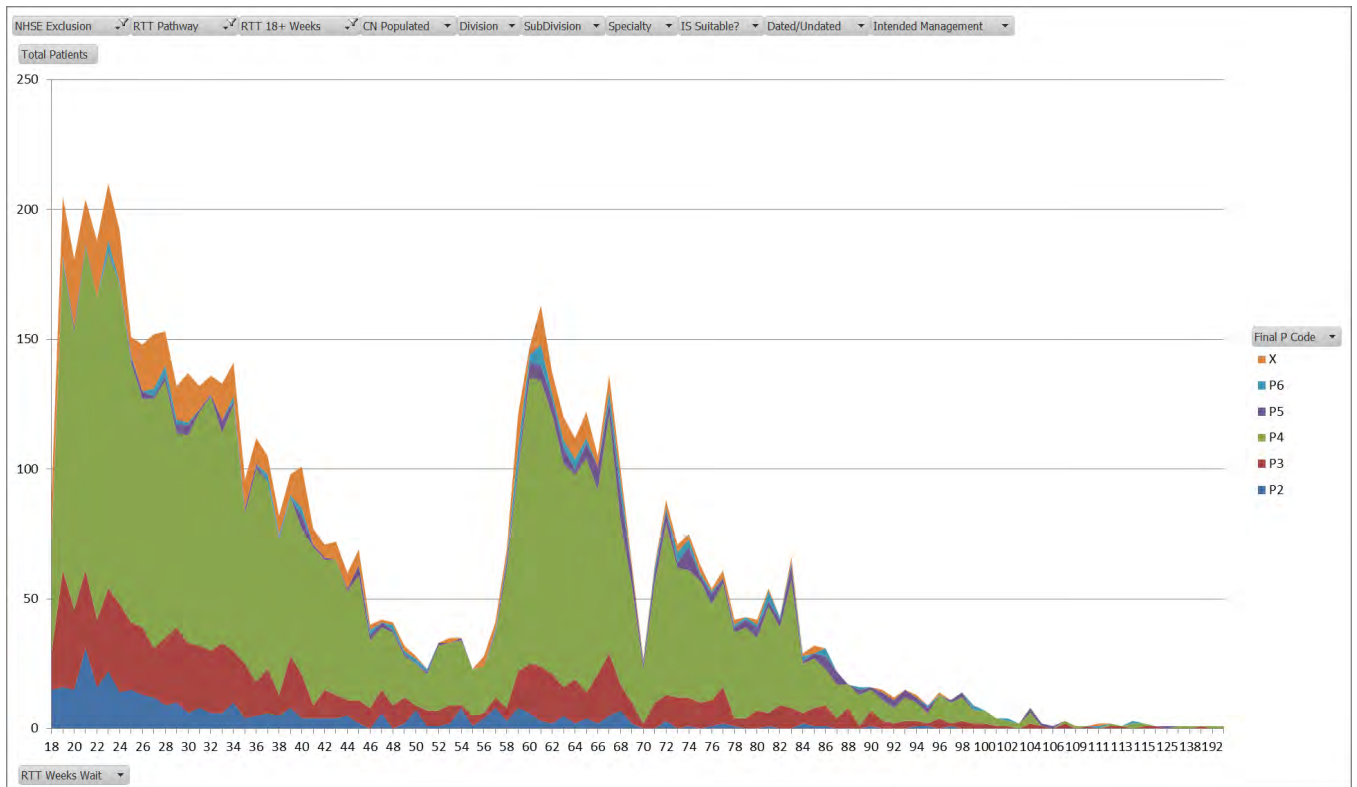
- Priority 1a – emergency procedures to be performed in <24 hours
- Priority 1b – procedures to be performed in <72 hours
- Priority 2 – procedures to be performed in <1 month
- Priority 3 – procedures to be performed in <3 months
- Priority 4 – procedures to be performed in >3 months

In addition, NHS England introduced two further categories to account for patients that had elected to defer their treatment. The national guidance was to keep these patients on an active waiting list to provide the best safety net and avoid the need for primary care to re-refer at a later date. The two additional categories were as follows:

- Priority 5 – patient wishes to postpone surgery because of COVID-19 concerns
- Priority 6 – patient wishes to postpone surgery due to non-COVID-19 concerns

The following chart indicates the number of patients on an admitted pathway that are currently waiting beyond 18 weeks ('X' denotes where a patient hasn't yet been given a clinical priority status).

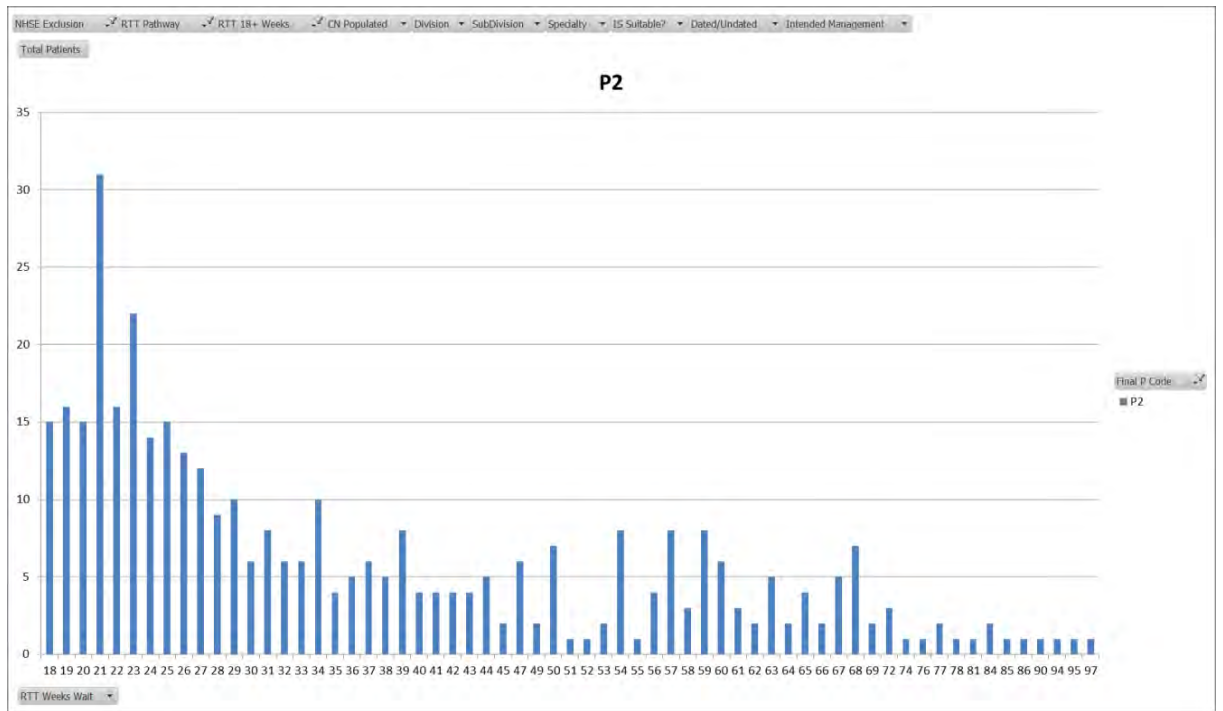
Fig. 7: RTT admitted waiting list shape by clinical priority status



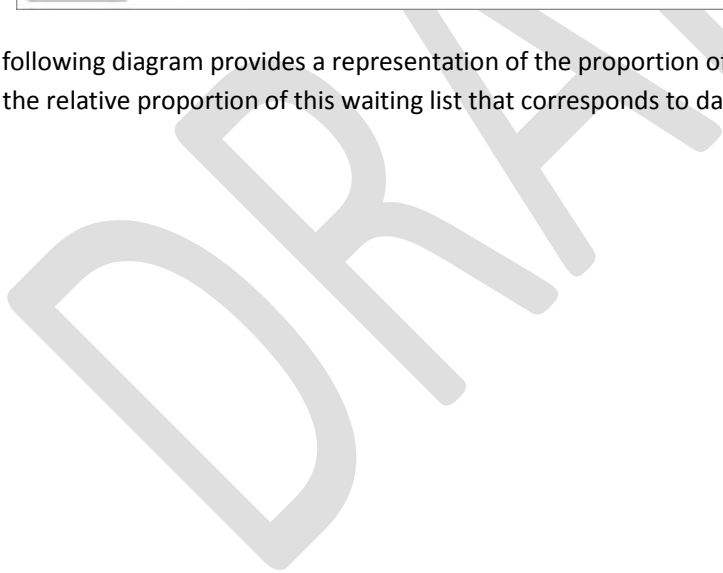
The composition of the 18-52 week cohort is broadly comparable with the 52+ week cohort. Although there are proportionally more ophthalmology and cardiac cases in the 18-52 week cohort, and more dental patients in the 52+ week cohort.

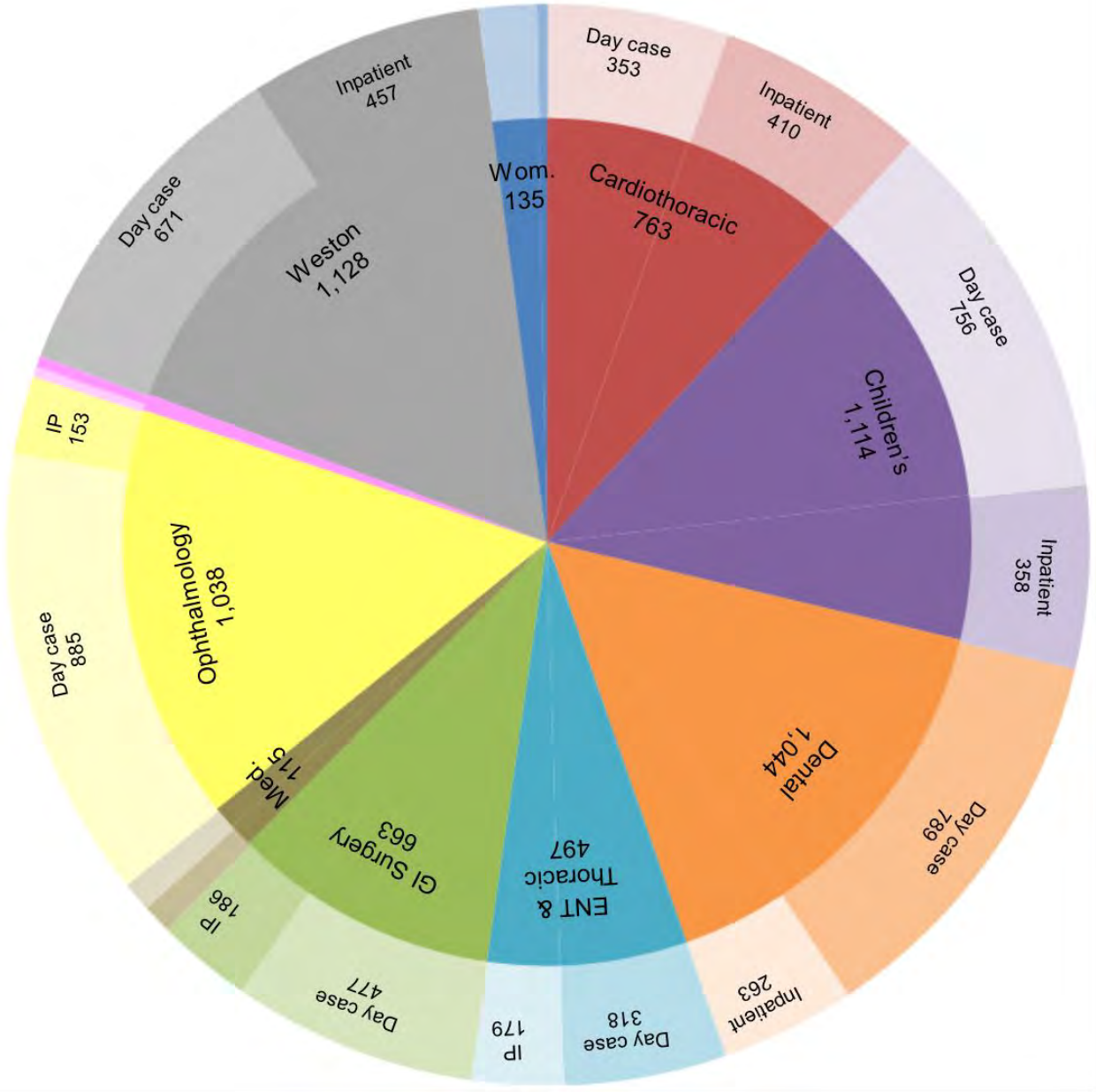
Considering the patients with the highest clinical priority status (excluding priority 1 emergency cases), the following chart provides the distribution of **priority 2 patients** (procedures to be performed in <1 month). There is a distribution of priority 2 patients from 18 weeks to 97 weeks.

Fig. 8: RTT admitted waiting list shape priority 2 patients



The following diagram provides a representation of the proportion of the waiting list by specialty, and the relative proportion of this waiting list that corresponds to day case or inpatient procedures.





The cardiothoracic backlog is comprised of 205 patients awaiting cardiac surgery, and 558 patients awaiting cardiology procedures in the cath lab.

The ENT & Thoracic backlog is comprised of 440 ENT and 57 Thoracic.

Cancer

Cancer standard performance has been impacted by the COVID-19 pandemic. Cancer 2-Week Wait performance has been sustained at or above 85% since November 2020, but below historic levels and the 93% standard. This can be attributed to patient choice and pre-procedure isolation requirements. It is unlikely that performance will return to pre-pandemic levels until social distancing and infection prevention and control requirements are stood down. 2-Week Wait referral levels have normalised.

Cancer 62-Day Wait performance has been significantly impacted by the pandemic. In January 2021, performance was 78% against the 85% standard. The majority of breaches have been attributable to capacity constraints, patient choice and medical deferrals.

The size of the Cancer 62-Day waiting list is one of the metrics being used by NHS England to appraise the impact of the pandemic and track recovery. In February 2020, there were 141 patients on this waiting list, compared with 195 in February 2021. However, the numbers are normalising with 163 in March 2021, and well below the threshold of 180 defined by NHS England as the pre-pandemic baseline. It is worth noting that the majority of patients being tracked on a Cancer 62-Day pathway will have cancer ruled out.

The other metric being tracked was the number of patients waiting beyond 104 days on a cancer pathway for an inappropriate reason (i.e. excluding patient choice and clinical reasons). Prior to the COVID-19 pandemic, the Trust had 0 patients that met these criteria. In July 2020, there was a high point of 53 patients waiting beyond 104 days for inappropriate reasons. This situation is also normalising with a reported 6 patients in March 2021.

Urgent Care

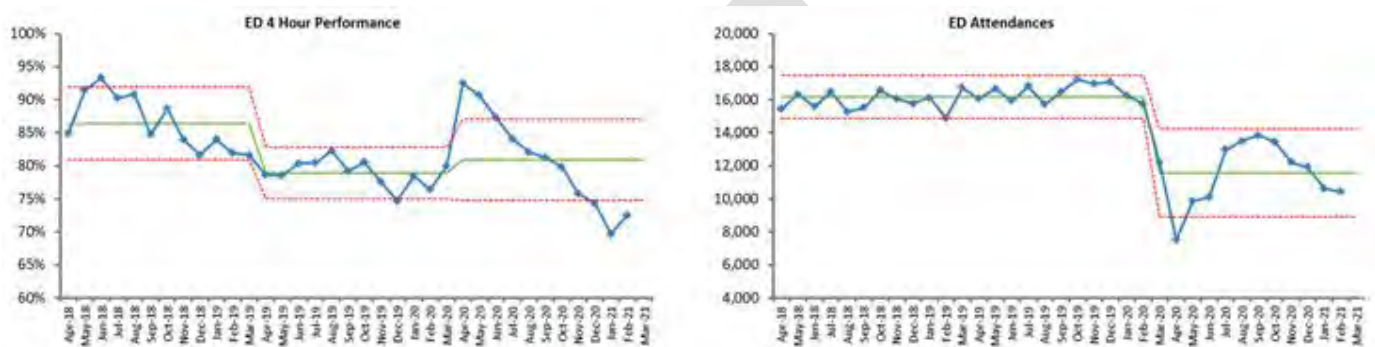
The COVID-19 pandemic has required **major reconfiguration** to the front door of our urgent care services. This has been partly stimulated by a need to be able to isolate or cohort COVID-19 positive (blue) patients, undifferentiated patients (amber) patients. The inpatient bed base has been segmented into 'blue', 'amber' and 'green' wards for COVID-19 negative and/or recovered patients, which has created significant inefficiencies in managing flow through the bedbase and impacting on the ability to use of the beds all of the time. The management of patient flow in this context has been hugely complex and disruptive because of the frequent reconfigurations responding to increases or decreases in the number of COVID-19 admissions.

The most significant change being the move of the BRI Emergency Department into the A300 medical assessment unit with a corresponding loss of 32 inpatient beds. This has been mitigated to an extent through the provision of additional trolley spaces for medical assessment, but the overall impact of this essential move on the admitted pathway into Medicine has been profound. The 'old ED' has been repurposed to accommodate ambulance handover and overflow to avoid queuing.

The initial impact of the COVID-19 pandemic was a very significant drop in ED attendances. This drop in attendances corresponded to an improvement against the 4-hour waiting time standard. As attendances have started to recover month-on-month there has been deterioration in **4-hour performance**, reaching a low in January 2021 of around 70%, and recovering to 76% in March 2021. This poor performance is in the context of ED attendances continuing to be well below historic levels. Moreover, the BRI performance is being offset by other Trust sites.

The following run charts represent the 4-Hour performance and attendances across Type 1 Emergency Departments (this excludes the BEH A&E).

Fig. 12: ED 4 hour performance and attendances



As attendances have risen, in the context of a constrained environment, **12-Hour Trolley Waits** have increased from 46 in March 2020 to 102 in March 2021. This has been a particular challenge on the Weston site. Some of these pressures predate the COVID-19 pandemic – namely a relatively small bed base, limited flexibility and lack of side rooms to isolate infective patients. Comparing monthly performance in 2019/20, the number of 12-Hour Trolley Waits in 2020/21 is double pre-pandemic levels.

There has also been a corresponding increase in **Ambulance Handover** delays over the same period. The number of handover delays greater than 30 minutes doubling from 358 to 711. The number of handover delays greater than 1 hour increasing ten-fold from 32 to 347. The BRI has been reporting the worst performance in the country.

The number of **non-elective admissions (NEL)** is following the pattern of ED attendances over recent months. The level of inpatient discharges from the BRI is tracking well below last year, even though the conversion rate from ED attendance to admission is tracking slightly above historic levels. The relatively low level of non-elective admissions may be a feature of lockdown. It is assumed that there will be a normalisation of ED attendances and non-elective admissions throughout the year as we come out of COVID-19 restrictions.

Recovery:

The impact of the COVID-19 pandemic has resulted in a significant elective care backlog. The following data relates to patients that are currently on the Trust’s waiting lists; it does not include an assessment of latent demand associated with the ‘missing patients’ cohort that have yet to present and be referred.

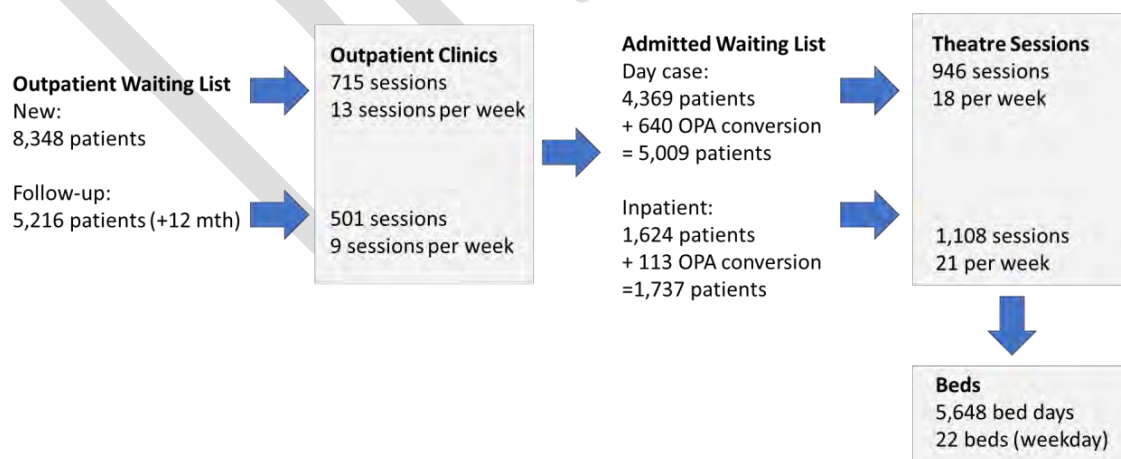
The following diagrams provide a high-level assessment of the capacity required to address the elective care backlogs for non-admitted and admitted patients currently waiting over 18 weeks.

The admitted waiting list includes patients currently awaiting a day case or elective inpatient procedure. This waiting list includes any conversions from the clearance of the non-admitted waiting list based on conversion rates at speciality level. Theatre sessions are based on the average number of patients seen per theatre sessions (4-hour session equivalent), presented as both the total number of theatre sessions required and the number of theatre sessions required per week over a year for illustration.

Note that there are a considerable number of patients currently delayed at the referral to decision to treat stage of their pathway. As we recover the care backlogs in for outpatient news, the admitted waiting list will grow. At present, the IAP that has been modelled using Gooroo indicates a reduction in the admitted waiting list because outpatient activity is still suppressed.

The additional beds that would be required to support the clearance of the admitted waiting list have also been calculated. This is based on average elective length of stay at specialty level. Again, this is presented as the total number of bed days required, and the number of beds required per week (weighted toward weekday only) over a year for illustration.

Bristol



The headlines from this assessment of the requirement to clear the care backlogs are as follows:

- To address admitted backlogs over 18 weeks plus any conversion from non-admitted backlog clearance = 2,721 theatre sessions or 52 theatre sessions per week over a year (equivalent of 5 theatres worth of activity based on a typical timetable).
- To support the elective inpatient activity, 8,988 bed days would be consumed, equivalent to 35 beds staffed during weekdays over a year.
- To support the recovery of day case patients, capacity would need to be increased to manage the recovery of 19 patients per working day over a year.
- There would also be need for further support services such as diagnostic imaging, pharmacy, pre-operative assessment, CSSD etc.
- It should not necessarily be assumed that the restoration of services will result in the recovery of backlogs as demand would also likely normalise from its current suppressed level.

Based on this assessment, it would not be practicable to clear this scale of care backlog over a year, and the addressing of the care backlogs associated with the COVID-19 pandemic would, by necessity, need to be undertaken over a number of years.

It is important to note that the assessment above is based on non-recurrent backlog clearance, and not an assessment of the recurrent capacity required to meet demand. The latter assessment is part of the Operating Plan Process (OPP) for 2021/22 using Gooroo Planner, which can provide a more granular assessment of capacity requirements to meet maximum waiting time standard and/or component waiting times in a particular care pathway.

Bed Modelling

The latest draft of the indicative activity plans (IAP) for the Trust has been used to inform an updated bed model. This model uses the activity in the plan by work type multiplied by the average length of stay at specialty level.

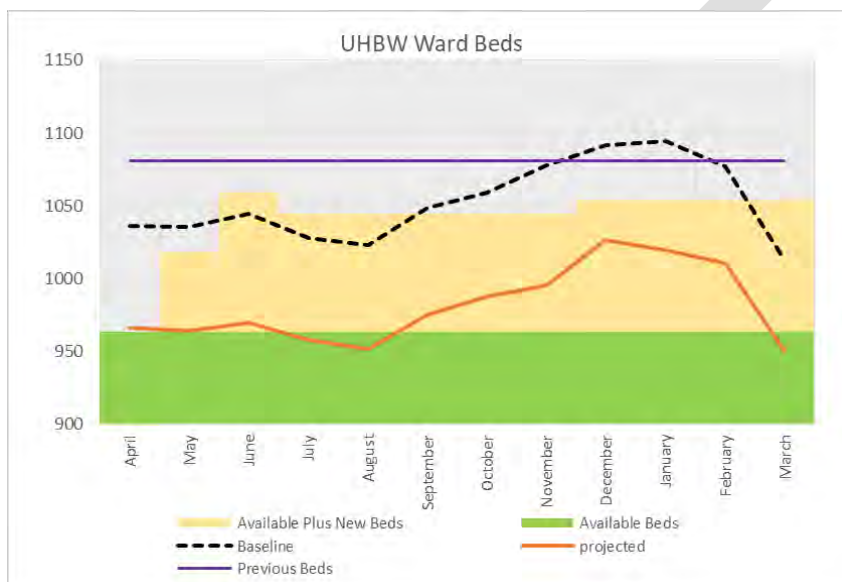
The demand is based on the 85th percentile – basing our capacity at this level balances the need to manage variation by having enough capacity to manage peaks in daily demand, but not over-providing capacity. If we used the 50th percentile, we would be using an average demand, which would not account for the variability of demand.

The model inflates the bed requirements by basing the capacity on 92% occupancy for ward beds and 98% occupancy for critical care beds – basing our capacity at this level provides headroom to manage hour-to-hour variation such as the discharge and admissions process to wards, and periods of bed unavailability e.g. cleaning.

The following diagram provides the aggregate Trust demand against available capacity (note that this excludes maternity / obstetrics – and therefore there is not a direct correlation with the

waterfall diagram on page 4 above). The dotted line represents the actual consumption in 2019/20. The purple line is the number of available beds at the January 2020 census. The orange line is the demand based on the IAP (v2). The green bar represents the available bed base at the May 2021 census, and the yellow bars represent the potential increase in our core bed stock assuming that the proposed developments are all realised.

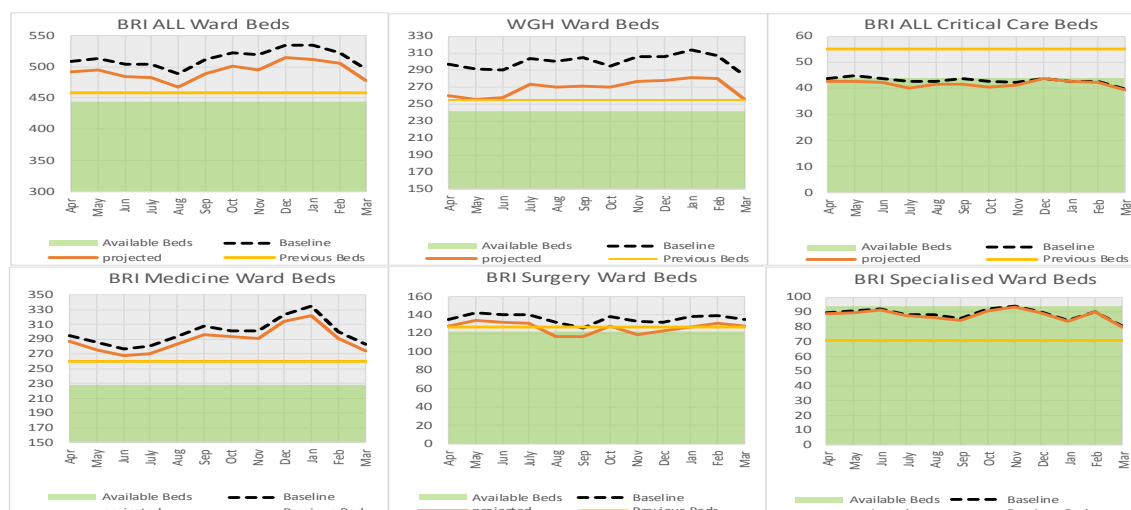
At an aggregate level, the bed model indicates that there is sufficient bed capacity to meet demand. However, there is a risk relating to assumptions related to non-elective demand (the IAP v2 is lower than 2019/20 levels), and steps being taken to increase elective inpatient volumes as part of the elective recovery fund / accelerator programme.



It should be noted that the IAP is based on a bottom-up capacity assessment from divisions about what levels of restoration are possible to achieve given the current constraints related to capacity and workforce.

The H1 IAP plans are not based on the required capacity to address recovery of the backlogs of care. The impacts on waiting times of the IAP are being assessed using the Gooroo Planner. However, it should be noted that the proposed developments to increase the bed base will unlikely be sufficient to address the quantum of the backlogs of care. Additional headroom for recovery will need to be created.

The bed modelling has also been undertaken at site level as outlined in the following diagrams. 'Baseline' refers to actual demand in 2019/20. 'Previous beds' is the bed census at January 2020. 'Available bed' is the census at May 2021. 'Projected' is the demand based on the latest IAP. Note that this modelling uses the 85th percentile for demand.



The following conclusions can be drawn from this site-specific modelling:

- There is projected to be a deficit in bed capacity at the BRI, taking all demand and bed capacity into account. This does not include the use of escalation beds that are used to manage peaks in demand as part of Trust escalation plans, and generally support surges in NEL admissions rather than the maintenance of the elective programme.
- There is a significant deficit at the Weston site, even accounting for the increase in beds in Quantock. This may translate into an increase in delayed patients at the BRI awaiting repatriation to Weston and the need for ongoing flow of the Weston admitted blue pathway to the BRI.
- BRI Medicine is projecting a significant deficit which will likely translate into medical outliers on surgical and cardiac wards.

A summary of the bedbase changes to each of the Bristol adult bed holding Divisions throughout the pandemic period is shown below:

	Then (baseline)	Now	Change from baseline	Next	Change from baseline
Medicine	321	232	-89	232	-89
Surgery	138	133	-5	133	-5
Specialised	137	145	+8	150	+8

Notes –

- 1) In Medicine the move of the 60 South Bristol Community Hospital (SBCH) beds to Sirona is mitigated to a certain extent:
 - UHBW (BRI) patients continue to use all of the 15 stroke beds, with individual patients transferred direct to SBCH from NBT who would otherwise be repatriated to BRI
 - The majority of the remaining Pathway 2 rehab beds will always be used by BRI patients due to the location

- The above is caveated by the fact that only 40 beds at SBCH (15 stroke + 25 Pathway 2) are currently open due to staffing (acknowledging that UHBW only had 40 beds open for the 6 months prior to service transfer to Sirona anyway)
- 2) Medical outlying in Surgery and Specialised Services has long been an issue which predates pandemic-related bedbase changes, and speaks to the underlying bed deficit in Medicine. The issue is particularly complex as Medicine is constrained from entering into a larger bedbase due to workforce shortages across the patient facing professions, but the net result is of course a significant impact on the elective programmes, ambulance handover delays, 12 hour trolley wait breaches and ED crowding.
- 3) Specialised Services baseline increase occurred as a result of partial delivery of the Cardiac Services Strategic expansion case creating net seven additional new build beds for the service and one additional bed in BHOC supporting the CAR T cell service.

2.4 Risks and benefits the Business Case is Addressing

Benefits

The high level benefits this business case will deliver are as follows:

To the organisation:

- Some ability to restore the elective programme / reduce the backlog
- Excellent quality new ward accommodation, producing good patient and staff experience
- Some ability to rebalance the bedbase with the outcome of reducing medical outlying and / or restoring Division of Surgery elective capacity
- Reduction in medical outlying leading to better patient care and outcomes, more efficient medical cover arrangements, better training experience for junior doctors on specialty wards, reduced length of stay overall for medical patients.
- Reputational benefit associated with reducing regional outliers
- Reduction in use of escalation capacity, resulting in better patient experience including improved privacy and dignity, reduced use of high cost agency nursing staff, shorter length of stay, reduced impacts on elective work running through QDU and the Cath Labs.
- Reduction in use of boarding beds which were highlighted as a point of concern by the CQC, including privacy and dignity, maintenance of IPC / social distancing, access to call bells and bedhead services.

To system partner organisations:

- Decreased requests for ambulance divert away from the BRI site associated with ward capacity / ED crowding as flow through the organisation will be supported by the additional beds.
- Increased ability for tertiary transfer into the organisation from across the region due to the increase in capacity for elective care.
- Improvements to ambulance handover performance at BRI associated with better flow on the admitted pathway.

Risks

The primary and supporting risks the business case is addressing are outlined below, with a link to the Datix risks:

Theme	ID	Div	Risk Title	Domain	Score
Bed capacity	3895	Spec Svc	Risk of compromised care quality for patients requiring elective, routine cardiac treatment during COVID-19	Quality	20
Bed capacity	4811		Risk that timescales for non-elective cardiac pathways are not achieved, affecting care quality and safety	Quality	16
ICU capacity	2053		Risk of reduced care quality for cardiac surgery patients due to operational pressures on BHI and high cancellation rates	Quality	12
Bed capacity	4612		Risk that care quality will be compromised by delays accessing specialist BHI beds for cardiology patients admitted via ED	Quality	12
RTT	823		Risk that growing demand for Cardiology will result in delays to treatment and reduced care quality	Patient Safety	12
Bed capacity	1939		Risk to quality of care patients receive when opening C602 for inpatients during extreme escalation	Quality	12
Boarding	4812		Risk that patients who are boarding on the wards in the BHI will have a poor experience	Quality	8
RTT	4350	Weston	Cardiology patients waiting >40 weeks for investigation/treatment due to BHI waiting times	Patient Safety	9
Bed capacity	1035	Surgery	Risk that operations are cancelled and performance targets breached	Quality	20
Cancer	3885		Risk that patients will come to harm as cancer treatment targets will not be met due to COVID-19	Patient Safety	20
RTT	3886		Risk that patients will be harmed due to treatment delays, worsening RTT and delayed referrals due to the COVID pandemic	Patient Safety	16
Bed capacity	5371		Risk that the number of surgical beds in the bed base is insufficient leading to patient safety issues	Patient Safety	16
ICU capacity	1417		Risk that patients will be harmed as major elective procedures are cancelled on the day, due to lack of availability of ICU beds	Patient Safety	8
Bed capacity	1064		Risk that performance will be affected by using Hey Groves Recovery for additional capacity within the Trust Escalation Plan	Quality	6
Bed capacity	4700	Med	Risk that a patient may deteriorate whilst being held in the ambulance bay	Patient Safety	15

Theme	ID	Div	Risk Title	Domain	Score
Bed capacity	4638	W&C	[linked to Med Risk 4700] Risk that a seriously ill child will have a significant delay in treatment if ambulances queuing in the ambulance bay waiting for adult ED	Patient Safety	12
Bed capacity	4699	Med	Risk that patients will come to harm and flow will be affected by prolonged patient stays on A413	Patient Safety	9
RTT	3448	Med	Risk that 18wk RTT performance will deteriorate due to extended wait times for New OPA in Respiratory Medicine	Patient Safety	6
Bed Capacity	89	Surgery	Risk that elective patients are cancelled through the use of QDU for inpatient care in line with the current escalation plan		12
RTT	1051	Surgery	Existing risk regarding failure to achieve 18 week target		20
Bed Capacity	1491	Surgery	Risk that the number of medical outliers in the surgical bed base adversely affects flow for elective surgery		12
ICU Capacity	1514	Surgery	Existing risk regarding delayed admission to ICU		16
Bed Capacity	1834	Surgery	Risk of failure to achieve best practice tariff and good quality care for patients with #NOF		9
Bed Capacity	2003	Surgery	Risk that the provision of high quality patient care will be impacted due to the use of extreme escalation beds on QDU		12
Bed Capacity	2183	Surgery	Risk that the quality of care and patient experience will be impacted when held in Hey Groves Recovery overnight as escalation		12
ICU Capacity	3423	Surgery	Risk regarding quality of care for elective admissions to ICU		12
Bed capacity	5084	Surgery	Risk that lack of theatre lists within UHBW for Cleft adult patients will cause long delays for treatment		12
Bed Capacity	5148	Surgery	Risk that patients with acute gallstone disease do not have timely surgical treatment		12

2.5 Dependencies

There are four key dependencies to this business case, described below:

1. Workforce

Workforce is both the key enabler and the key constraint to opening new capacity within the Trust. However, consolidating Trust capacity into good quality ward beds, and reducing use of escalation and boarding spaces as described above, is likely to be attractive to existing and new staff. Protecting elective work will also strongly appeal to specialty staff and will

signal Trust commitment to developing high quality services. There is further description in section 5.5 below.

2. Bed reconfiguration / bed modelling outputs

Trust bed modelling is managed through the cross Divisional Demand and Capacity Group. The modelled deficit, plus requirements to restore elective backlog, is outlined in section 2.3 above. The outputs from the rolling bed modelling work will be analysed from an operational perspective by the Bed Model Testing Group. This group recently completed a Bristol adults Divisions bedbase reconfiguration exercise. The drivers were threefold:

- Restore elective capacity
- Reinststate medical assessment capacity
- Maintain sufficient blue ward bed capacity, including support to Weston blue pathway

The net result of the exercise is that wards currently within the Division of Medicine bedbase will be reconfigured to meet drivers two and three. It was not possible to meet driver one precisely because of the significant underlying bed deficit – i.e. any attempt to increase elective capacity reduced Division of Medicine capacity with the inherent risk that outliers (and all of the associated issues) increase.

The Bed Model testing Group will review the opportunities presented through the 18 beds which are subject to this business case and will make a recommendation to SLT as to how that capacity should be allocated between the Divisions.

3. System Discharge to Assess Business Case

The system case for the expansion of discharge to assess capacity goes to Healthier Together Executive on 5 August for approval. The aim of the case is to close the capacity gap in the community in order to enable timely discharge from hospital for people with complex needs. The modelling has incorporated some efficiency targets related to the referral process into discharge to assess services and seeks to ensure a substantial reduction in medically fit for discharge beddays.

Discharge to assess is presented here as a dependency as the case (and the subsequent recruitment into posts) is needed in order to close acute Trust capacity gaps. What it will not do, however, is eliminate medically fit for discharge patients or beddays altogether (this is neither possible nor desirable because of the time required, even in a perfect system, to plan complex discharges safely). The expansion in community capacity will therefore not be sufficient to close the gap on UHBW's bed deficit, therefore adding further support to this business case.

4. Healthy Weston

Colleagues from Weston Division and the wider BNSSG system have been working on the Healthy Weston development plan. There may be dependencies as agreements on this plan develop which the Bristol adult site needs to respond to. This will be further described as the work develops. Either way, having more capacity on the Bristol site is likely to be helpful to this process.

3 Economic Case and the Development of Options

3.1 Summary of Options

- Option 1 – Do Nothing
- Option 2 - Additional bed space in each 4 bed bay in Terrell Street Building
- Option 3 – Modular building on Marlborough Hill car park
- Option 4 - Modular building on Eugene Street site
- Option 5 - A413 on level 4 Queens
- Option 6 - Old Pre-Op Assessment Area level 4
- Option 7 - Level 8 Queens - Displacing pathology & therapies
- Option 8 - New floor over pods A522 and A609
- Option 9 – BHI Extension (Level 7 and 8)

3.2 Options Appraisal

The options appraised as part of the work to develop this business case are outlined below. These have been worked up by colleagues from Estates with input from operational and clinical colleagues from within the Bristol adult Divisions. All have been through the Bed Model Testing Group for discussion and recommendations on to SLT. The project is known as the “Additional Beds Work”.

Option 1 – Do Nothing

This option was rejected at the outset because of the drivers described in the sections above in terms of the underlying bed deficit, NEL growth and requirements to recover elective backlogs, all of which require additional ward bed capacity.

Option 2 - Additional bed space in each 4 bed bay in Terrell Street Building

Rejected for the following reasons:

- disrupts access into the ward given the location of the ward doors
- against current IPC guidance on 2m spacing between inpatient beds
- Non-compliant with HBN guidance regarding bed spacing

Option 3 – Modular building on Marlborough Hill car park

This option was assessed as unviable as a ward area due to remote location and complexity / safety issues associated with linking with BHI building. However, would be a useful decant option for some of the non-clinical services which would be displaced should any of the ideas below progress as part of the ongoing Additional Beds Work.

Option 4 - Modular building on Eugene Street site

This option was rejected as suitable for ward beds because of the complexity of linking the site with the main hospital. It may though be useful for decant modular office space or for outpatients, theatre recovery or day case capacity.

Option 5 - A413 on level 4 Queens

Whilst size of unit is big enough for 24 HBN beds, the layout means it would not be possible to meet IPC / 2m spacing for this many. There is also a significant decant issue for the emergency medical unit and SDEC functions. The option was rejected for that reason.

Option 6 - Old Pre-Op Assessment Area level 4

This space currently has no services and would require complete redesign and refurbishment. The area is remote from other wards, and given that a maximum of 8 beds would be created this option

was rejected from this round of space reviews in favour of other options which produce more capacity adjacent to existing bedded areas.

Option 7 - Level 8 Queens - Displacing pathology & therapies

This option was rejected due to the complicated nature of relocating pathology.

Option 8 - New floor over pods A522 and A609

Assessed as structurally impossible to add, and therefore this option was rejected.

Option 9 – BHI Extension (Level 7 and 8)

A maximum of 12 beds per level could be created, noting the requirement for service areas as well. Possible therefore to create two 12 bedded wards, or to connect with C705 and C805 with each becoming 42 bedded wards. Access need to be considered if the 12 bedded options progress as this area is at the end of the site. As this is a new build, there are no issues with decant of existing services and planning permission is already in place from the CRU proposal.

The following additional options are being worked up by Estates and the Bed Model Testing Group and a recommendation was made to SLT 1st September 2021 regarding which area(s) should be considered for a next round of business case preparation in order to continue aiming to close the Trust ward bed capacity gap:

- **Use of bed areas in KEB** – 12 beds in total, all in separate areas. Being reviewed for links to existing wards which would provide efficiency and meet safety / adjacency requirements.
- **Modular ward(s) at Weston** – up to 96 beds
- **Modular ward(s) in BHOC car park** – assessment of the structural integrity of site will require a full survey to be commissioned; until this is done it is not possible to specify how many beds could be accommodated on the site.
- **Extend A518 into Discharge Lounge and Therapy Gym** – Will require Discharge lounge and therapy gym to be relocated with no obvious locations identified. Low number of beds achieved. Would address some of the poor estate issues in A518 to make a viable ward.
- **Management Offices on level 7 BHI** - Purpose designed as office space, so no current provision for any bed head services, lifting hoist, ventilation etc. Access to main ward area would need to be revised. Relocation of 30+ staff to be resolved.
- **Replace Anaesthetics office Queen's level 7 with new floor/s** - Structurally possible, access would be extremely complicated though, probably via a connecting "bridge".
- **Level 7 Queen's Building** - Previously explored when CRU function was planned for new building. Would need to be revisited with the University.
- **Level 9 Queens** - Displacing Division of Medicine and Division of D&T management offices and MEMO. Decant options are being scoped.

SLT agreed that the following options should be further worked up as additional bed schemes, with a view to making a final decision by the end of September 2021:

- Management Offices on level 7 BHI
- Modular ward(s) in BHOC car park
- Extend A518 into Discharge Lounge and Therapy Gym

3.3 Development of Preferred Way Forward

Outline of how preferred option has been developed since OBC stage.

The OBC should set out a value for money case for the preferred option, as well as the other options taken forward for comparison. This should demonstrate a cost / benefit / risk analysis using quantified values to determine the option that shows the best value for money.

In June 2021, following recommendations from the Strategic Estates Development Board (SEDPB) and the Capital Programme Steering Group (CPSG), the Trust's Senior Leadership Team (SLT) approved the formal close down of the Strategic Capital Review Action Plan and reviewed and approved the new action plan for progression to the mobilisation stage of the strategic capital programme.

SLT also supported the approach to categorising schemes into Category 1, 2 and 3 dependent upon their time criticality and scale / complexity.

1. Category 1 - Infrastructure and Restoration (1-2 years)
2. Category 2 - Medium scale strategic developments (2-4years)
3. Category 3 - Major strategic developments (3 -5+ years)

Category 1 schemes, which included the BHI Ward Beds, received a mandate to either commence or continue design for expected delivery across 2021/22 and 2022/23.

From the round one review of the Additional Beds Work, option 9 – BHI extension, emerged as the clearly preferred option, noting the difference in bed numbers from 24 to 18 as a result of detailed specification work. The difference in bed numbers relates to the original outline option of maximising beds in the extension which could have given a total of 12 per 2 floors if looked at in isolation in the new footprint developed. When the design was explored in more detail the clear message was that the additional beds also required additional support accommodation and the partial redesign of existing wards to make the 'super ward' function as a single area, hence we have now arrived at 9 per floor = 18 + supporting accommodation.

No other option was considered viable for further work up for the variety of reasons outlined above. Furthermore, as the BHI extension is a new build development there is no requirement to decant existing services, which makes the build / delivery timescale shorter and overall scheme costs lower.

As the full business case progresses, ongoing work will determine the specific model of care the additional beds will be used to support. Consideration will be made along three broad lines:

- 1) Additional capacity to close the modelled bed deficit in Surgery and / or Medicine, and specifically which specialty(s) will use the additional capacity
- 2) Whether it is desirable in the short term to use the space as clinical decant accommodation to facilitate elements of the strategic capital programme
- 3) Additional capacity to support cardiac expansion

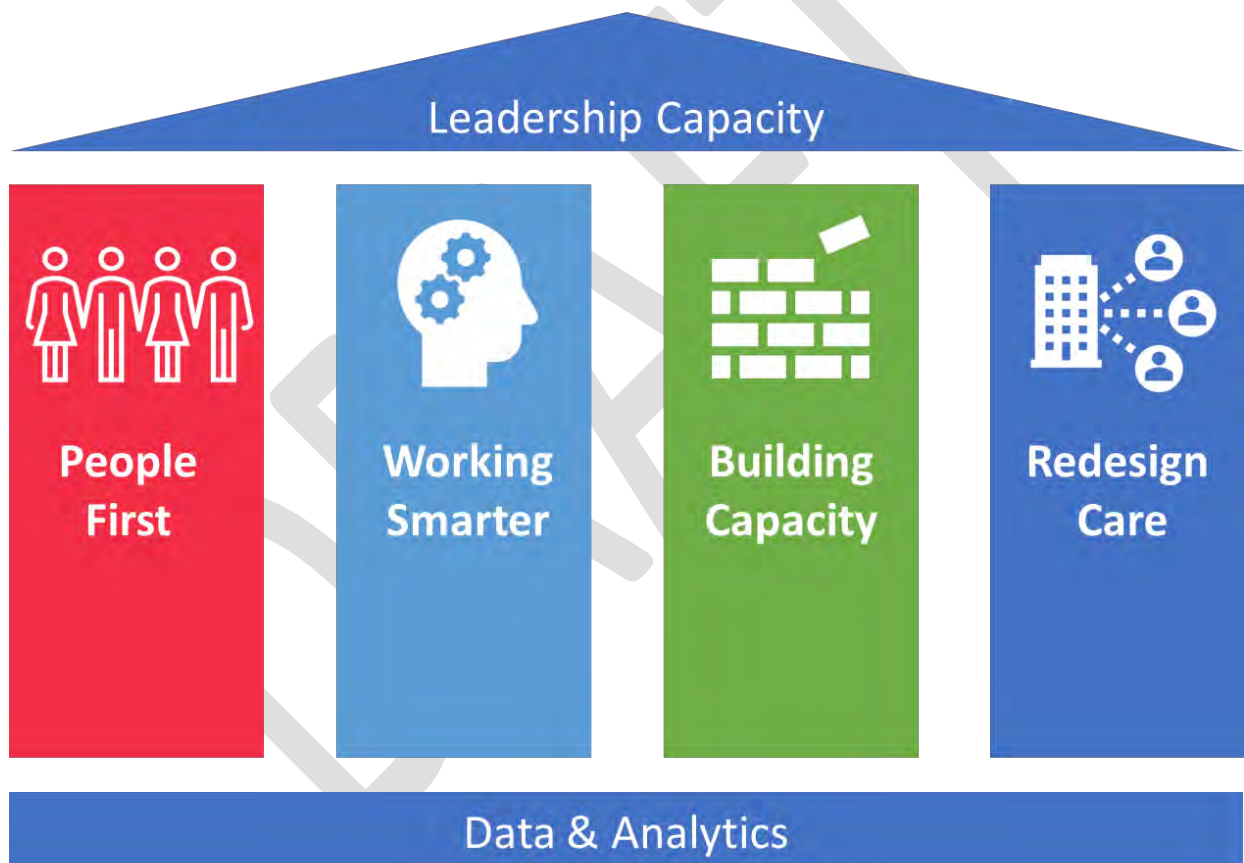
3.4 Transformation and Innovation

Demonstrate how the case considers and drives innovation, this may be in digital, models of care, workforce etc.

This business case is aligned to the Trust's longer-term strategic ambition as outlined in our Vision for 2025, namely:

- Grow our specialist hospital services and our position as a leading provider in south west England and beyond
- Work more closely with our health and care partners to provide more joined up local healthcare services and support the improvement of the health and wellbeing of our communities
- Become a beacon for outstanding education and research and our culture of innovation.

Furthermore, the case supports the four principal pillars of UHBW's recovery and restoration programme: People First, Working Smarter, Building Capacity and Redesign Care.



'People First' describes the Trust's response to the workforce wellbeing agenda, its efforts to improve recruitment and retention and development of workforce plans to support restoration and recovery. The pillar also considers changes to working practices, terms and conditions that underpin recovery, such as reviewing and harmonising payment rates for WLIs across the system.

‘Working Smarter’ centres on efforts to improve productivity and efficiency, such as increasing the number of patients that can be safely managed in an outpatient or theatre environment, reducing length of stay and last-minute cancellations. This pillar recognises that building a recovery plan on building additional capacity alone will not be sufficient given constraints including workforce availability, capital and revenue investment, and lead times for development. Therefore, making the best use of available resources, and utilising the resource that the Trust has in its Quality Improvement faculty, will be an essential component of our recovery plans.

‘Building Capacity’ refers to the efforts to increase the physical footprint of our services and to make better use of our estate. This incorporates short- and medium-term plans to increase our bed stock as part of our capital programme, and to review Infection Prevention and Control (IPC) requirements to make best use of our available capacity.

‘Redesign Care’ is a recognition that we need to take a systems approach to restoration and recovery. This pillar reflects the shift to system leadership and the pending formation of Integrated Care Systems with the concomitant changes to the regulatory environment. This pillar recognises that our services do not exist in isolation and some of the most sustainable improvements to the quality and timeliness of care we can offer are made in collaboration with system partners. This pillar would incorporate initiatives such as demand management and end-to-end pathway redesign. It would also consider opportunities for further collaboration with Independent Sector providers of NHS care.

The OBC should set out a value for money case for the preferred option, as well as the other options taken forward for comparison. This should demonstrate a cost / benefit / risk analysis using quantified values to determine the option that shows the best value for money.

4 Commercial Case

4.1 Planning and Design

The OBC needs to demonstrate that outline planning has been achieved, to inform the costs and delivery timescales for the project. If outline planning is unobtained at submission, the OBC must set out why this has not been the case and what discussions with the relevant planning authorities have been held.

It is expected that this will be supported with evidence that the Trust is ready to achieve the required planning, by including design level drawings that would be sufficient to obtain outline planning permission.

Whilst normally outline planning permission would need to be in place to support an OBC submission, the planning circumstances are different in this case due to the accelerated nature of the scheme.

Full planning permission was granted by Bristol City Council in February 2020 for the development of a new hospital building on the site of the proposed extension to the Bristol Heart Institute. Whilst that proposal involved a different hospital use of the building, it established the acceptability of developing the site for hospital use. The proposed extension is essentially the same size, and on the

same footprint, as the proposal granted permission in 2020. Furthermore, advice has been given by the Trusts external planning consultant to indicate the precise hospital use is not a planning matter. Whilst a further planning application is required for the extension, to all intents and purposes it is just an application to vary the existing full planning permission to allow for a different external appearance and choice of materials. This application is due to be submitted on 13 September 2021 and a decision is due by the end of November 2021.

4.2 Price Risk

The OBC needs to set out the level of risk to the outlined capacity costs informed by the Feasibility Study and OBC level design and how this risk is being managed.

The current design and construction risks are attached in appendix A and identify those with a likely impact on either cost or time. In order to mitigate these risks design and construction Risk & Opportunity review meetings will be held monthly between now and Jan 21. The main design and construction cost risks surround ground conditions, logistics and links into existing Bristol Heart Institute building.

The current forecast costs for the scheme are at feasibility stage, with an OBC construction cost plan expected by the end of September 2021. If the OBC cost plan forecast is higher than the allocated budget, work will be undertaken to explore value engineering opportunities and the viability of adjusted the scope to reduce costs.

4.3 Procurement Strategy

The OBC must set out the expected Procurement Strategy for the project.

The intention is for the construction to be procured via the Trust appointed Procure 22 framework Principle Supply Chain Partner (PSCP), BAM Construction. The feasibility study and OBC designs have been developed in conjunction with BAM and Trust framework design team partners, Stretto Architects.

Quantity surveying support has been commissioned via the Trust appointed Procure 22 Cost Advisors, Currie & Brown, with additional support from external specialist advisors commissioned via existing Trust incumbents e.g. NEC supervisor, Building Control etc.

5 Estates Case

5.1 Associated Disposals

The OBC needs to set out what (if any) associated disposals there are with the project, and must demonstrate that they are generating as much capital receipt as possible to help with the construction of the build.

The proposed scheme does not result in any disposals.

5.2 Estates and Facilities Management targets

The case needs to set out how Estates and Facilities Management requirements will be achieved.

Hard and soft FM services will be provided by existing Trust Estates and Facilities Teams, with relevant stakeholder engagement throughout the design, construction and operationalisation stages of the project.

5.3 Ownership/Ability to Occupy Estate

Ownership / Ability to Occupy Estate - The OBC needs to demonstrate that the scheme proposed can be delivered on land that we have the ability to invest in or occupy.

The development site sits within the designated hospital zone and land is under Trust ownership. The land is adjacent to a Public Highway and will be subject to agreement of any alterations, including stopping up orders (Cottage Place).

5.4 Sustainability Considerations

Sustainability Considerations / Other Government Policies regarding construction - The case should demonstrate how the proposal aligns to government policies such as flexibility of design and construction and reducing the carbon footprint of the NHS.

The scheme is targeting the achievement of BREEAM excellent status. Sustainable construction considerations are to be achieved through the design process in various categories including energy, transport, responsible sourcing of materials, waste, recycling of materials, management processes and Health & Wellbeing.

6 Financial Case

The financial case describes the capital costs and the recurring revenue costs of the preferred option of an increase of 18 Adult General Ward Beds. These new beds will be an extension to the two existing wards in the BHI, 9 beds on level 7 C705 and 9 beds on Level 8 C805 to make two 39 bedded wards.

Costs for the scheme have been developed using established healthcare cost planning tools. The latest version of the Healthcare Premises Cost Guides have been used to cost the functional content listed on the schedule of accommodation with on-costs being calculated in detail using information produced by the design team.

For this scheme, the on-costs include provision for various items including enhanced preliminaries due to the nature of the site, piled foundations and diversion of services.

Equipment costs have been calculated using cost data for similar schemes and related to the functional content.

Fees have been calculated using detailed proposals for all of the key disciplines (Architect, Engineer, PSCP etc) with further allowance for specialisms such as transportation and acoustics. Trust fees are costed using a blend of external consultants and Trust internal fees.

Non-works costs are an allowance @2% at this stage.

Contingencies and optimism bias are included at levels commensurate with the stage of the scheme.

Inflation is included to PUBSEC 280 (currently 1Q23) and VAT is included on all costs @ 20% except professional fees

6.1 Capital Costs and Affordability

6.1.1 Capital Costs

The capital cost estimate has been provided by BAM Construction Limited our ProCure22 Preferred Supply Chain Partner (PSCP). ProCure22 (P22) is a Construction Procurement Framework administered by NHS England and NHS Improvement for the development and delivery of NHS and Social Care capital schemes in England. It is consistent with the requirements of Government Policy including the Productivity and Efficiency agenda; the Government Construction Strategy; the Public Contracts Regulations 2015; the National Audit Office guidance on use of centralised frameworks; and the Cabinet Office Common Minimum Standards for procurement of the Built Environment in the Public Sector.

The outline capital cost allocation for the preferred option at OBC Stage is £11.0m. The Guaranteed Maximum Price (GMP) would be completed in time for the Full Business Case (FBC) and is on track to be delivered in February 2022. Of the £11.0m, it is estimated the equipment costs for the additional 18 beds is £1.3m. BAM construction has indicated that of the remaining capital costs £9.7m, 85% is new build and 15% is refurbishment of existing area.

The Gross Internal Area (GIA) is 1503sqm, with approximately 85% (1274sqm) being new build and 15% (229sqm) being refurbishment of the existing area.

Total (£)	Total GIA	Cost per m/2	Total bed gain	Cost per bed
11,000,000	1503 sqm	£7,319	18	£0.611m

A detailed table will be provided at the FBC stage which will show a breakdown of the capital costs as per the completed budget estimate form provided by the Trust's appointed independent cost adviser.

Table 1 – Capital Costs

Detailed budget estimate form to follow once received

The main assumptions at this stage underpinning the capital cost estimates are:

- Trust Contingency has been calculated at 10% based on previous experience and the stage that the scheme is currently at. This will be reviewed in detail at GMP stage.
- The VAT paid on professional fees is recoverable at 100%;
- No other VAT recovery is currently assumed. However, it is likely that there will be some opportunity for further VAT reclaim under the P22 initiative which will be confirmed at the GMP stage; and
- A high level assessment shows an estimate for equipment at £1.3m, at £60k per bed at this stage. A fully costed equipment schedule is currently being worked on an updated version

will be incorporated within the OBC cost estimate and a final version will be completed at the FBC stage.

- Estimated capital costs have been calculated using the capital costs per square metre previously provided by the Associate Director of Capital Projects, Facilities & Estates from the previous Cardiac Research Unit (CRU) scheme.

6.1.2 Capital Affordability

This scheme forms part of the Category 1 schemes as prioritised in the recent Strategic Capital Review. The capital affordability and capital charges assessment has been based on the estimated OBC cost estimate of £11.0m.

Despite being one of the few Trusts in the country to have built up significant cash resources under the temporarily suspended Payment by Results (PbR) financial regime, capital investment decisions are now subject to system prioritisation and agreement. This is because nationally there is a limit on the amount of capital investment a system and therefore a Trust can make in a single financial year. This is known as the Capital Expenditure Departmental Limit (CDEL). The BNSSG STP system CDEL as notified by NHSEI for 2021/22 is £81.1m. The Trust's CDEL per the Board approved 2021/22 Financial Plan is £56.8m. The CDEL notified by NHSEI cannot be breached.

The estimated capital cost of £11.0m is a call on the Trust's CDEL. This means that this scheme consumes c20% of the Trust's limit.

The capital affordability of the scheme is via either the use of the Trust's retained cash balances or nationally available capital funding. Early discussions with NHSEI South West regional colleagues have identified that no nationally available capital funding exists for this type of scheme. Therefore it is proposed that the scheme, as a Category 1 priority, is funded at this stage from the Trust's retained cash balances as shown in the Source and Applications table 2 below.

Table 2 – Capital Cost – Source and Application of Funds

Source and Application of Funds	
	£'000
Source of funding	
Internally generated cash	11,000
Application of funds	
Capital cost	(11,000)
Total capital funding	-

6.1.3 Capital Charge Estimates

The capital charges are estimated at £0.545m per annum, £0.34m for depreciation and £0.21m for PDC as shown in Table 3 below.

Table 3 – Capital Charges

Capital Charges	£'000
Depreciation	335.81
Public Dividend Capital (PDC)	209.30
Total Capital Charges	545.11

The following assumptions have been used to calculate the capital charges and are in accordance with the Trust's accounting policies;

- Buildings depreciated over a 30 year life;
- Equipment depreciated over a 10 year life;
- PDC calculated on the written down value (WDV) at 3.5%;
- New builds are impaired at 25%; and
- Refurbishments are impaired at 50%.

Capital charges are an annual cost and is included in the recurring revenue assessment described in section 6.2.

6.2 Revenue Cost and Affordability

This section describes the recurring cost of the preferred option i.e. the 18 bed expansion on level 7 and 8 of the BHI. It describes annual recurring revenue cost in terms of the workforce, non-pay costs, estates costs, capital charges and a provision for Trust overheads. At this stage, it has not been decided which speciality will occupy the additional 18 beds so the staffing costs have been costed as General Medical Ward beds for this OBC submission. The specialty designation and associated workforce requirement will be completed at the FBC Stage.

There will be non-recurring or transitional costs that cannot be capitalised associated with the phased implementation of the build and these will be described at FBC stage.

The main assumptions underpinning the recurring revenue assessment are as follows;

- All workforce has been costed at mid-point of scale at 2021/22 Agenda for Change pay rates uplifted by 3% for the assumed annual pay award.
- The "Hard" and "Soft" Facilities Management Costs are based on Gross Internal Area (GIA) of costs per square metres of 1295sqm (1503sqm less the plant room at 208sqm) as provided by the Facilities and Estates department. These costs are based on the 2021/22 costs per sqm of the BHI Building.
- Capital charges calculated using UHBW accounting Policies as described in the capital cost section above;
- A workforce model including nursing, medical staff, allied healthcare professionals and necessary support staff has been developed based on standard staffing ratios.
- A full income assessment has not been completed at this time due to the suspension of Payment by Results (PbR). Explicit Commissioner agreement would be required for this scheme which would result in either an increase to the current block payment or a return to PbR which would generate additional income from the new beds to support the revenue expenditure requirements.

A summary of the recurring revenue costs are shown in table 4 below with further detail provided in Appendix B

Table 4 – Recurring Revenue Costs

Description	18 Ward Beds			Benchmarking - General Medicine		Benchmarking - General Surgery	
	WTEs / Volumes	Cost £'000	Cost / Bed £'000	Cost £'000	Cost / Bed £'000	Cost £'000	Cost / Bed £'000
Pay Costs							
Medical Staff	6.08	(425)	(24)	(163)	(9)	(279)	(16)
Direct Nursing Staff	28.96	(1,162)	(65)	(1,198)	(67)	(1,133)	(63)
Nursing Support Staff							
Matron	0.40	(23)					
PEF	0.40	(20)					
Patient Experience	0.40	(20)					
House Keeper	2.00	(52)					
Sub total Direct Nursing and Nursing Support Staff	32.16	(1,277)	(71)	(1,198)	(67)	(1,133)	(63)
Allied Healthcare Professionals							
Other				(279)	(16)	(313)	(17)
Physiotherapy	2.00	(83)					
Occupational therapy	1.00	(41)					
Dietitians	0.60	(25)					
Speech and Language Therapy	0.60	(25)					
Laboratory Medicine	0.12	(4)					
Radiology	0.97	(33)					
Pharmacy	2.20	(91)	(5)	(179)	(10)	(204)	(11)
Sub total Allied Healthcare Professionals	7.49	(302)	(17)	(179)	(10)	(204)	(11)
Sub Total Pay Costs	45.73	(2,004)	(111)	(1,820)	(101)	(1,929)	(107)
Non Pay Costs							
Estates Costs		(225)	(13)	(93)		(198)	
Hard FM		(103)	(6)	(424)		(645)	
Soft FM		(244)	(14)				
Overheads		(77)					
Total operating costs		(2,653)	(147)	(2,337)	(130)	(2,772)	(154)
Capital Charges Costs							
Depreciation		(336)					
PDC		(209)					
Total capital charges		(545)		(195)		(404)	
Total recurring cost		(3,198)	178	(2,532)	141	(3,176)	176
5% Contingency		(160)					
Total surplus / (deficit)		(3,358)	187	(2,532)	141	(3,176)	176

The recurring revenue cost assessment shows that the 18 ward bed expansion is a cost to the trust of £3.4m. Total pay is estimated at £2.0m, associated non pay is £0.22m, estates costs £0.35m, capital charges at £0.55m, Trust overheads estimate at £0.07m and an overall contingency at 5% of £0.16m.

A high level benchmarking exercise has been completed using 2018/19 reference cost data and high level indications show that total costs of a general medical ward are £2.5m or £0.14m per bed and

surgery £3.2m or £0.18m per bed. It must be noted that this excludes critical care, anaesthesia and theatres. It show that this costing is within the range of the benchmarking and will be refined at FBC stage.

6.2.1 Medical Staff

Junior Medical Staff

The medical staff model of care has been based on the direct requirement of staffing the junior doctor rota for the 18 beds at 5.50WTE estimated at a cost of £0.35m. This includes 2WTE F1 doctors, 2WTE SHOs and 1.5WTE Middle Grade Doctors.

Consultants

The consultant direct clinical care and supporting PA time required for the 18 beds is 0.30WTE at an estimated cost of £0.04m and 0.28WTE consultant radiologist time has been included at a cost of £0.03m.

6.2.2 Nursing Staff

The nursing staff model of care has been based on the direct nursing requirement for the additional 18 beds and includes support staff. Overall the nursing is an increase of 28.96WTE direct nursing staff plus 3.2WTE of supporting staff at a cost of £1.23m as shown in the table 5 below. Registered nursing has been calculated on a 1:6 nursing ratio with additional 0.2wte support staff per expanded area.

The assumptions underpinning the nursing and nursing support staff costings are;

- Costs are priced at mid-point of scale at 2021/22 AfC pay rates uplifted by 3% for the assumed annual pay uplift;
- An uplift of 21% has been applied to the nursing costs and allows for annual leave at 15%, Study Leave at 2%, Sickness at 3% and Maternity Leave at 2% and;
- Agency / premium rate staffing has been excluded therefore the costing assumes the increase in staffing will be fully recruited to. This assumption will be tested again at the FBC stage

Table 5 – Nursing and Nursing Support Staff

AFC Costings at Midpoint of Scale				
Staff	Band	wte	Cost of 1 WTE (£)	£
Ward Nursing				
Ward Nursing	Band 7	2.00	51,206	102,411
Ward Nursing	Band 6	2.00	51,243	102,485
Ward Nursing	Band 5	14.34	42,135	604,220
Ward Nursing	Band 3	10.62	33,229	352,892
Subtotal Ward Nursing		28.96		1,162,008
Support Staff				
	Band	WTE		
Matron	Band 8a	0.40	56,595	22,638
PEF	Band 6	0.40	51,243	20,497
Patient Experience	Band 7	0.40	51,206	20,482
House Keeper	Band 3	2.00	25,887	51,774
Subtotal Support Staff		3.20		115,391
AFC Subtotal		32.16		1,277,399

The additional nursing costs have been costed using nursing rotas signed off by the Specialised Services Head of Nursing.

6.2.3 Allied Healthcare Professionals

The allied healthcare professionals have been costed and agreed by the Division of Diagnostic & Therapies. These are set out in table 6 below.

Table 6 – Diagnostic and Therapies Staff

Diagnostics & Therapies	Band	WTE Split by Band	£
Dietetics	Band 6	0.60	24,787
Occupational Therapy	Band 6	1.00	41,312
Physiotherapy	Band 6	2.00	82,624
Speech & Language Therapy	Band 6	0.60	24,787
Radiology			
Radiology Assistant	Band 2	0.34	7,945
Admin & Clerical	Band 3	0.05	1,393
Admin & Clerical	Band 4	0.00	54
Band 4 Nurse	Band 4	0.00	108
Band 5 Nurse	Band 5	0.01	246
Radiographers	Band 6	0.57	23,406
Laboratory Medicine			
Biomedical Scientist	Band 6	0.06	2,479
MLA	Band 3	0.06	1,553
Subtotal		5.29	210,695
Pharmacy			
Clinical Pharmacist	Band 7	1.20	61,446
Medicines Management Technician	Band 5	0.50	16,965
Distribution stock top-up	Band 2	0.20	4,715
Dispensary inpatient dispensing	Band 3	0.30	7,766
Subtotal		2.20	90,892
Total Diagnostics & Therapies		7.49	301,587

It shows that that overall the Diagnostics and Therapies investment excluding medical staff is 7.49wte at a cost of £0.3m.

6.2.4 Non Pay Costs

The non-pay costs have been based on the 2019/20 actual costs of Ward A515, Medicine Division 24 bedded stroke ward apportioned for 18 beds and inflated by net 0.5% to 2021/22 prices in line with the nationally advised inflator. These are estimated at 0.22m per annum with a breakdown provided table 7 below.

Table 7 – Non Pay Costs

Non Pay Description	£
Blood	2,839
Clinical Supplies & Services	51,883
Drugs	148
Diagnostic & Therapies Non Pay	20,027
5% MEMO Estimate	64,800
General Supplies and Services	25,447
Other Non Pay	60,190
Total	225,334

It should be noted at this stage that an estimate charge of £0.06m has been included for medical equipment maintenance (MEMO Maintenance). This is based on 5% of the equipment capital cost of £1.3m. A detailed equipment schedule will be completed for the FBC and once values have been confirmed and agreed, revised medical equipment costs will be included.

6.2.5 Facilities Management Costs

The Facilities Management (FM) costs are estimated at £0.35m. These have been based on the floor area of 1295sqm and includes both “hard” and “soft” FM. These costs are estimated using 2020/21 ERIC data, inflated to 2021/22 price base. The “hard” FM costs are estimated at £0.10m per annum

and includes security; maintenance; energy; water; sewage and rates. The “soft” FM costs are estimated at £0.25m and include: portering; linen; waste and patient catering.

6.2.6 Overheads

The overhead costs are included at 3% of total operating costs, at £0.07m.

6.2.7 Capital Charges

The capital charges are estimated at £0.54m per annum, £0.33m for depreciation and £0.21m for PDC. These are calculated on the overall capital cost estimate of £11.0m.

6.2.8 Impairment Charge

The impairment charge to the income and expenditure account is estimated at £4.8m. This is the value of the written down element of the build (refurbishment is written down at 50% and new build 25% in line the Trust’s Accounting policies). This is a non-recurrent technical accounting cost and does not impact on the recurring revenue affordability of the investment.

6.2.9 Non-Recurring / Transitional Costs

There will be an element of non-recurring costs that may not be subject to capitalisation. For example, recruitment and training costs; and double running costs associated with the implementation of the scheme, decant and displacement costs.

6.2.10 Impact on Primary Financial Statements

The impact of the proposed investment on the Trust’s primary financial statements will be completed at FBC stage.

6.2.11 Efficiency assumptions

The case is planned to improve the overall efficiency of the hospital by ensuring that patients receive their care in an appropriate setting in a timely manner. This is expected to deliver benefits to overall reductions in length of stay of both emergency and elective patients and to support referral to treatment and cancer pathways and targets. These improvements will be measured through usual KPI reporting.

6.2.12 Recurring revenue affordability

The recurring revenue affordability is subject to discussion and agreement with the BNSSG CCG as Commissioner for the BNSSG STP / system.

6.3 Demand and Capacity

Changes across the BRI and Weston bedbases as a result of pandemic IPC / streaming and zoning requirements are, for the foreseeable future, irreversible. For example, A518 is likely to remain at 10 beds and BRI ED is unable to move back solely into its former space (to release the 32 A300 beds)

due to the ongoing requirement to stream at the front door and because of the marked increase in demand which is not manageable from the smaller footprint.

Bed modelling completed by the Trust's Demand and Capacity Group (outlined in detail in section 2.3 above), takes into account the work the Trust has done to bring new inpatient capacity online already. However, it still shows the following bed deficits:

- There is projected to be a deficit in bed capacity at the BRI of between 20-65 beds for the remainder of the year, taking all demand and bed capacity into account. This does not include the use of escalation beds that are used to manage peaks in demand as part of Trust escalation plans, and generally support surges in NEL admissions rather than the maintenance of the elective programme. It is important to note that using escalation capacity for inpatients means that other critical work cannot happen – namely 2ww endoscopy in Queen's Day Unit and procedures in the cardiac cath labs. CQC have also recently expressed concern at the sustained levels of boarding (when an additional patient is cared for in the middle of each four bedded bay) on the Bristol adults site. Boarding beds do not have access to bedhead services and the electric beds are plugged into the wall using extension leads.
- There is a significant deficit at the Weston site (30-40 beds for the remainder of the year), even accounting for the increase in beds on Quantock. This will translate into ongoing delays in repatriating patients waiting at the BRI, NBT and Musgrove Park and the need for ongoing flow of the Weston admitted blue pathway to the BRI.
- BRI Medicine is projecting a significant deficit which will likely translate into medical outliers on surgical and cardiac wards.
- In order to recover elective backlogs the Trust needs to provide an additional 22 beds, even after the underlying deficit has been addressed.

6.2 Productivity

This is a case for additional ward bed capacity. Whilst this will be supported by Trust efficiency and productivity plans, such as those managed through the Proactive Hospital, Releasing Time to Care Programme and Working Smarter Group, there is no way to close the bed deficit gap without additional ward beds.

Further productivity gain will then be made simply through the ability to do more elective work, including ability to bring in regional cardiac patients and reduce on the day cancellations. This will in turn eliminate waste, for example created by last minute cancellation of theatre time. There will be further benefits at a system level as waiting list beddays will be reduced.

6.3 Workforce

The case should reaffirm any workforce changes referred to in the strategic case and include WTE level information regarding workforce requirements.

This section should include workforce risks associated with the case and mitigations in terms of supply and retention.

The case should demonstrate how innovative and cost effective workforce solutions have been considered. Both to mitigate supply risks and cost.

The detail of the workforce recruitment strategy will be developed with Trust workforce leads and the workforce recruitment strategy will be included in the FBC.

6.4 Support from other Organisations (including Commissioners)

An outline of the level of support from all major commissioning CCGs and the wider STP for the proposed service provision/ proposal. Letters of support should be described here and included in appendices if received. If not received at this stage, the level of confidence in achieving support needs to be outlined with next steps.

If other key dependencies with other providers and partners are identified, then associated letters of support may also be needed

UHBW benefits from a well-established relationship with both local and Specialised Commissioners, which has consisted of regular opportunities to meet and discuss investment proposals. Historically these regular communications were conducted via the contractual management arrangements with a schedule of regular meetings in place to discuss financial, quality and performance matters.

The need to address the Acute Trust bed capacity deficit as part of the BNSSG System recovery and restoration programme post Covid-19 has been formally noted within the H1 System Plan, signalling support to address these capacity concerns. In response to the Covid-19 outbreak, these traditional contractual meetings were stood down in order to free up System capacity and focus resource and effort on dealing with the outbreak and the recovery of services. At the same time, the financial regime changed from the historic activity based Payment BY Results (PbR) model to a blended model whereby the majority of the Trust's activity was moved to a block contract and this remains the case for 2021/22. There is a very heavy focus on financial balance being achieved at system level, and there is non-recurrent 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. This uncertainty around the future financial regime, coupled with a change in the meeting schedule with Commissioners and the transition from CCGs to Integrated Care Systems, has resulted in a slower pace of decision making within the BNSSG System particularly when it comes to recurrent investments. UHBW is in regular discussions with Commissioners and other System Partners about these challenges via the following Healthier Together Groups: Directors of Finance; Deputy Directors of Finance; System Planners and Deputy Directors of Finance.

Conversations continue at a senior level to work through the complexity of the process for considering recurrent funding proposals but as of today this remains unclear. CCG Director of Commissioning Lisa Manson has confirmed that in the interim, the CCG will consider business cases through its Clinical Executive meetings until a post April 2022 ICS process is confirmed. The Trust has not formally approached Commissioners about this scheme, as this will be done post approval of OBC and as part of developing the FBC. This means that, as yet, Commissioner support has not yet been confirmed for the BHI Ward Beds business case. However, due to the national focus on recovery of elective activity and cancer pathways; regional focus on urgent and sustainable improvement in ambulance handover performance; and the fact that additional bed capacity within the Acute Trusts is included as a priority within the BNSSG System H1 plan, there is a medium to high level of confidence within the Trust that the revenue case will be supported (subject to confirmation of the future financial regime).

6.5 Contingencies / Other Funding Sources

The revenue and capital contingency will be added at FBC stage

6.6 Financial Risks

An initial assessment of the main financial risks are as follows and will need to be scored in due course together with mitigating actions;

- If the budgeted capital costs are exceeded at GMP stage then this will result in an increase to the capital charges costs and result in an overall increase to the recurring revenue costs. It will also result in less cash available for the Trust's overall Strategic Capital Programme, impacting on the category 2 and category 3 capital schemes and would result in the overall programme potentially having to be reprioritised.
- If the Trust is unable to confirm commissioner support and financial commitment to the overall recurring revenue then the scheme is no longer affordable to the trust resulting in delayed, reduced or a cancelled scheme.
- The value and funding of the non-recurring costs not estimated at this stage, this will result in an additional revenue cost to the Trust and the funding source for this is unconfirmed at this stage.
- If the Trust is unable to recruit to the planned establishment then this will result in the delay of opening the planned ward beds or result in the increased cost of agency nursing at a rate of 2.4 times.

7 Management case

7.2 Project Plan

The OBC is required to set out the full project plan, including key delivery milestones and governance arrangements. The plan should clearly set out the timescales for delivery.

Once OBC approvals have been gained via Capital Programme Steering Group (CPSG), Finance Committee and Trust Board FBC design will commence. The following are the key milestones for business case approvals, design and construction activities

- | | |
|---------------------------------|---------------|
| • FBC/ Issue Stage 4 design | November 2021 |
| • UHBW Review & Sign Off design | November 2021 |
| • Contractor issue GMP | January 2022 |
| • UHBW FBC Approval | February 2022 |
| • Contractor Start on Site | March 2022 |
| • Construction Duration | 70 weeks |
| • Construction completion | July 2023 |

A formal project team has already been established incorporating operational, clinical, finance and estates representatives with work currently focused on the production of the business case. Once this project is approved at FBC stage the intention is for this group to refocus on operational planning with an increased membership. This project team reports formally to Strategic Estates Development Programme Board (SEDPB) and onwards into CPSG in line with the Trust's capital investment policy.

A design team group has been set up with operational, clinical and design team stakeholders. The Trust's ProCure 22 construction partner is also integral to this design group. This group reports into the project team.

7.3 Project Management

The Case should identify the SRO for the project and have identified specific resource to make up a project team. The case should also set out the project management capability of the Trust, as well as the budget and resources required to deliver the project to completion. This should include any change management arrangements and use of special advisers.

Project management support is currently being provided by the Trust's Commissioning & Planning Team with recruitment currently underway to appoint a corporate project manager to support business case development going forwards. An Estates Capital Project Manager has been assigned to provide project management support for the design and construction of the scheme.

Planning advice is being provided by an external planning consultant, with quality assurance and building control also being supported by external specialist advisors.

7.4 Benefits / Risk Management

The FBC needs to set out the benefits realisation and risk mitigation plans for the project and explain what has been agreed and finalised for the successful delivery of the project in accordance with best practice. The strategy for the management of benefits and risks during the key phases of the project should be affirmed in the FBC, with accompanying Benefit and Risk Registers provided for central oversight.

A project benefits register and full risk register are yet to be developed due to the accelerated progression of the scheme. A construction risk register has been developed which will be incorporated into an overarching project risk register in due course.

8 Recommendations

Summary of the recommendation of the Business Case

The local and national operating context for acute Trusts demonstrates a clear need for additional ward bed capacity in order to support restoration of activity during and post the Covid-19 pandemic. In the BNSSG system there are ongoing problems with community capacity which are being addressed through a system discharge to assess model and business case to support increasing capacity. Whilst full recruitment into this model will reduce medically fit for discharge beddays in the acutes, it will not, and neither should it, eliminate them altogether. Rather the modelling shows a target reduction of MFFD beddays by 50% (circa >2,000 beddays / 7-9 beds).

UHBW's Demand and Capacity Group will continue to refresh the Trust's bed model on a monthly basis, including the mitigation delivery plan. At the time of writing (26 August 2021) there is an in year deficit of up to 100 beds across adult Divisions. This does not include the bed requirements needed to recover elective backlogs.

As mitigations come on line the deficit will reduce but the modelled mitigations are insufficient to bring capacity in line with demand. At the time of writing the Trust's modelled in-year mitigations are as follows:

- 13.8 beds – medical SDEC (BRI only)
- 4 beds - OPAT and virtual ward

Taken with the system D2A expansion (assuming the business case is approved) this would give a maximum benefit of 26.8 beds once all schemes are fully recruited to.

It is primarily on this basis that a case for additional capacity is made. That the BHI extension gives accommodation of the highest quality available in the Trust and with adjacencies to existing ward areas which give opportunities of scale in terms of staffing are added positive features of the case.

It is the clear recommendation of the cross Divisional project group that this case is approved.

DRAFT

Appendix A - Equality Impact Assessment (EIA) Screening Tool and Full EIA & Action Plan Template

Name of the Proposal: - **BHI Ward Beds**

What is the main purpose of the Proposal? To increase the Trust's adult ward bed base by 18 beds.

Who is it likely to have an impact on? (Please circle or tick all that apply.) <input checked="" type="checkbox"/> Staff / <input type="checkbox"/> Patients / <input type="checkbox"/> Visitors / <input type="checkbox"/> Carers / <input type="checkbox"/> Other

Could the Proposal 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)		✓	No change to existing services or pathways – increase in bed capacity only
Disability (including physical and sensory impairments, learning disabilities, mental health)		✓	
Gender reassignment		✓	
Pregnancy and maternity		✓	
Race (includes ethnicity as well as gypsy travelers)		✓	
Religion and belief (includes non-belief)		✓	
Sex (male and female)		✓	
Sexual Orientation (lesbian, gay, bisexual, other)		✓	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		✓	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		✓	

You will need to ask yourself:

- Will the Proposal create any problems or barriers to any community or group? NO
- Will any group be excluded because of this Proposal? NO
- Will the Proposal result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment (Form B).

Could the Proposal 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		✓	No change to existing services or

Could the Proposal have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
people from all groups?			pathways – increase in bed capacity only
Will it help to get rid of discrimination?		✓	
Will it help to get rid of harassment?		✓	
Will it promote good relations between people from all groups?		✓	
Will it promote and protect human rights?		✓	

On the basis of the information / evidence so far, do you believe that the Proposal 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? NO

Date assessment completed: .22nd August 2021

Person completing the assessment: Kirstie Corns (Associate Director of Strategy & Business Planning)

Person responsible for the Proposal: Alison Lowndes (SRO and Divisional Director for Surgery)

Person responsible for completing a full EIA (if required): N/A

DRAFT

Appendix B - Financial Business Planning Template



Appendix
1_Financial_Assessme

Appendix C – Service Transfers Financial Framework

Not applicable

Appendix D – Sustainability Impact Assessment



UHBW Business Case
Sustainability Impact A

Appendix E – Carbon Assessment Tool

To be completed at FBC stage

Appendix F – Quality Impact Assessment

Not required

Appendix G – Programme Plan



2021.09.02_BHI
Extension_Construction

Appendix H – Construction risk register



BHI Ext Construction
Risk Register.xlsx

Meeting of the Board of Directors in Public – 30 September 2021

Reporting Committee	Quality & Outcomes Committee – meeting held on 3 September 2021
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife William Oldfield, Medical Director

For Information
<p>The meeting considered a range of quality and access information and the following was highlighted and discussed:</p> <ul style="list-style-type: none"> • The Deputy Chief Executive and Chief Operating Officer updated the Committee on restoration and recovery, noting that the Accelerator groups continued to focus on the delivery of schemes associated with both the UHBW Planned Care and Women and Children’s Cells. NHSEI had extended the Elective Accelerator programme until the end of November 2021. Discussions were ongoing regarding the leadership of this extended programme as well as governance arrangements. In support of restoration and recovery, the Outpatient Redesign Programme had been updated with a focus on three key areas: community phlebotomy; validation, and patient-initiated follow-up (PIFU). • The Committee heard from the Deputy Chief Executive and Chief Operating Officer regarding the development of the Trust’s Data Quality Assurance Programme and specifically the work undertaken on the Weston Hospital site from December 2020 to August 2021. While the process was noted to be underway, no documented harm had yet been identified. The Committee thanked the team for the incredible amount of work undertaken. • The Deputy Chief Nurse provided an updated assessment of the Trust against the Infection Prevention and Control (IPC) board assurance framework version 1.6, which incorporated NHS England key actions for infection prevention and control and testing for Boards to adopt. This now encompassed 114 elements including all the NHS England key actions, and of these elements 11 were at Amber (reduced from 18) and 2 unchanged at Red. • The first quarterly report of the year regarding Serious Incidents (SI) was received, in order to provide assurance to the Committee regarding SI’s reported and investigations completed in Q1 2021/22, including performance regarding timely reporting and investigating of SI’s in line with national timescales and identification of learning themes. 23 SI’s were reported within the first quarter, all of which were reported within the first 48 hours. • The Committee considered the monthly Root Cause Analysis and nurse safe staffing reports for assurance. Concerns were echoed regarding high activity and reduced staffing levels, though an in year business case for a further 108 international nurses and nurse associates was noted to have been approved. Reflections regarding the success of the August pay incentives were shared.

For Board Awareness, Action or Response	
<ul style="list-style-type: none"> • The Committee reviewed the integrated quality and performance report, and it was reported performance against NHS constitutional standards remained extremely challenged following an exceptional period of operational pressures, in many areas mirroring or exceeding that of winter 2019. The number of COVID-19 patients diagnosed following admission to hospital had increased to 83 which was the highest since February 2021. Workforce related issues resulted in a higher number of red flag safe staffing incidents in the month, with an internal critical incident in place for most of the month, the fourth in year so far. The Committee reflected on the multifactorial nature of the current difficult operational position and the long term impact on the NHS. • The Head of Quality (Patient Experience and Clinical Effectiveness) updated the Committee following three Care Quality Commission (CQC) inspections, Bristol Royal Infirmary Emergency Department, Weston General Hospital and the overall CQC Core Services and Well-Led Inspection. The progressing action plans for the first two were noted, and it was highlighted that the publication of the overall inspection was expected at the end of September. • The Maternity Perinatal Quality Surveillance Matrix was received by the Committee, alongside a contemporary updated flagging that while there had been little change since the previous month, the Trust had declared itself non-compliant with the CNST standards due to delayed reporting of a neonatal death. An action plan to address was in place. Staffing issues within NICU over the previous weekend were highlighted, as were the ongoing issues regarding backlog in induction of labour noted the month prior. This had since been escalated with the Clinical Commissioning Group and the Chief Regional Midwife. In addition to the matrix, the Committee also received the Antenatal and Newborn Screening annual report. The Committee were disappointed to hear that a capital bid for equipment had been turned down and the Head of Nursing for Midwifery and Women’s Services agreed to review the associated risk and submit to the next capital planning round. • It was highlighted that the 6-monthly Trust Board Safe Staffing Report would be delayed due to the recent further wave of the pandemic which had resulted in several ward movements. This was now scheduled for November. 	
Key Decisions and Actions	
N/A	
Date of next meeting:	24 September 2021

Meeting of the Board of Directors in Public – 30 September 2021

Reporting Committee	Quality & Outcomes Committee – meeting held on 24 September 2021
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Emma Redfern, Interim Medical Director

For Information
<p>The meeting considered a range of quality and access information and the following was highlighted and discussed:</p> <ul style="list-style-type: none"> • The Deputy Chief Operating Officer and the Interim Medical Director provided an organisational update informing the Committee that the Trust remained at internal critical incident status. This was thought to be appropriate due to the uncertainty around the level of COVID infections, though it was noted that at the time of the Committee COVID numbers had stabilised. The system was reported to be at Opel 3, one level below the highest level of escalation. There were significant ongoing bed pressures resulted in a need to cap elective admissions. There was significant pressure in medical teams with maintaining appropriate cover and as a result work was being undertaken to reconfigure medical wards to provide greater support. Staffing was a key challenge. • Staff groups were being affected by the very high rates of COVID infection in schools with isolation rules impacting rotas. The issue of ring-fencing beds for tertiary activity was mentioned. • The pressures at the front door of the hospital were discussed and NHS England's Urgent and Emergency Care Recovery 10 point plan was referred to and circulated to the Committee. • The Committee reviewed the Integrated Quality and Performance Report, with following noted: <ul style="list-style-type: none"> ○ The high level of minors attendances in the Emergency Department ○ The Referral to Treatment waiting list increasing at around 1500 patients per month ○ The constrained level of capacity due to staffing, physical space and infection control measures ○ The building pressure for cancer services ○ The elective challenges and the known and unknown issues ○ NHS England's intention to mandate the use of O Codes for outpatient pathways which would involve risk stratifying, described as an enormous task. ○ A planned eye diagnostic hub in the Education Centre to help with ophthalmology backlogs. ○ The regularity of primary cancer diagnoses being made in the Emergency Department, a result of patients delaying seeking treatment/advice. • The Deputy Chief Operating Officer updated the Committee on Restoration and Recovery and stated that the accelerator programme deadline had been extended until November. The Trust had 64 schemes approved for the programme and a health check

was being undertaken for the schemes to see what could be delivered or delayed. It was proposed that some of the schemes would be recycled to support winter pressures.

- The Interim Medical Director updated the Committee regarding the Harm Panel Process and that it was expected that these would resume imminently and it was emphasised that the Medical Director's Office would be prepared for this once the regional instruction was received.
- Chris Swonnell, Head of Quality and Patient Experience, presented the Patient Complaints Report Quarter 1 for review and the challenges with workload and lack of resources in the complaints team was acknowledged. There was a backlog of over 200 complaints awaiting a response and work was being undertaken to resolve this. An internal audit review was being undertaken to support the Weston Division with the complaints process.
- Chris Swonnell, Head of Quality and Patient Experience, presented the Patient Experience Report Quarter 1 for review. It was acknowledged that the vast majority of patient feedback was positive. Work was being undertaken regarding virtual clinics relating to demographic analysis and this would link in with a piece of work being commissioned through an external agency to carry out a baseline assessment of the Trust in terms of equality, diversity and inclusion from a patient care perspective.
- The Committee considered the monthly Root Cause Analysis report for assurance. The Root Cause Analysis Report highlighted the importance of staff feeling confident to escalate concerns when necessary. The new Patient Safety Incident Framework was mentioned and how this would require a completely different mindset of how learning is undertaken from incidents.
- The Committee considered the Monthly Nurse Safe Staffing Report for assurance. It was noted how the self-assessed standards had not been met in the last 12 months with the trajectory deteriorating. The Committee was asked to be clear with support for the Chief Nurse and Midwife regarding the red line boundary in relation to opening further capacity. The red line boundary was continually monitored and would not be changed without consultation with the Heads of Nursing. Concerns regarding the high level of Child and Adolescent Mental Health patients (CAMHS) being admitted was highlighted and how this was impacting nurse staffing ratios and the bed occupancy at the Bristol Royal Hospital for Children.
- The Maternity Perinatal Quality Surveillance Matrix Monthly update was provided and the Committee was informed of the staffing issues in neo natal unit, resulting in cots having to be closed for a short time. The induction of labour was an ongoing major issue and the team had visited Birmingham Hospital to look at their triage system; it had been decided to trial this system and the pilot had started this week to improve this.
- The Pharmacy and Medicines Optimisation Annual Report was presented to the Committee for information. It was noted that a report was not yet available from the Weston Division. The report showed a good level of performance and it was noted that some improvements to the pharmacy workforce had been made with a full-time pharmacist now working in the Emergency Department. The Director of Pharmacy, Jon Standing, was leading the work on the booster vaccine programme and attending various meetings across the system regarding this. Expressions of interest for the

Medical Lead in Pharmacy had been recently sent out and this would provide greater support for the pharmacy team. The EPMA roll-out date set for summer 2022 was mentioned and it was emphasised that the VTE compliance would not really improve until this was complete.

For Board Awareness, Action or Response

- The Winter Plan would be tabled at the next Quality and Outcomes Committee and this would highlight initiatives regarding SDEC (Same Day Emergency Care);

Key Decisions and Actions

N/A

Date of next meeting: 26 October 2021

Meeting of the Public Board of Directors on 30th September 2021

Report Title	Integrated Quality & Performance Report
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Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse and Midwife/ Emma Redfern, Interim Medical Director Workforce – Alex Nestor, Interim 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 <i>(Including decisions taken)</i>	
Please refer to Executive Summary for an overview.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
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 <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has previously been received.	
Quality and Outcomes Committee	24 September 2021
People Committee	28 September 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

Integrated Quality & Performance Report

September 2021

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Executive Summary



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Performance against NHS constitutional standards continues to remain extremely challenged, with the exceptional period of operational pressures reported during July continuing throughout much of August (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). COVID patients diagnosed following admission to hospital continued to increase with 88 reported during August, which was 5% higher than July and at the highest level since February 2021. Workforce related issues continued throughout the month with a higher than expected number of incidents where Wards were operating at below planned staffing levels. Short term financial incentives were introduced during August to reduce the impact of lost capacity and to support with elective recovery where possible, with the additional expenditure evident in the financial outturn for the month. Medium term strategies for reducing the registered nurse vacancies are also being implemented including the recruitment of 108 internationally educated nurses by March 2022.

In urgent care, Trust wide performance against the ED 4 hour standard reduced to 65.9%, with 257 trolley waits in excess of 12 hours and 46% of ambulance handovers delayed greater than 30 minutes. July and August were the most challenged periods for performance since January 2021. A&E attendances and emergency inpatient admissions have now normalised against levels experienced in the summer of 2019. Mitigations in place include extension of the Same Day Emergency Care service at the BRI, whilst pathway changes for minor attendances are being piloted in October with the objective of reducing attendances by up to 20%. In July, there were on average 164 beds occupied by patients medically fit for discharge. An additional 15 beds at South Bristol Community Hospital are expected to be available by October 2021 to help with alleviating community capacity constraints and a BNSSG review of domiciliary care provision has been commissioned to alleviate pressures in acute beds and discharge to assess pathways. Urgent care pressures continue to affect elective activity, with elective inpatient activity only at 76% of the monthly plan. The number of patients waiting greater than 52 weeks also increased for the first time in 4 months, with the list size increasing by 1% (32 patients from the previous month), which was expected due to the lower number of clock starts a year ago and ongoing clinical prioritisation. Outpatient activity remained on plan, but reduced for the fourth consecutive month as clinics have been cancelled to support urgent care pressures. Latent demand continues to pose a threat to future waiting list recovery. The impact of reduced clinics is shown in the number of overdue follow ups which is increasing at a rate of 9.5% per month. The status of waiting lists is as follows:

- Referral to Treatment patients waiting 52+ weeks. At the end of August there were 2,925 patients waiting over a year for the start of treatment. However, overall referral to treatment waiting list size increased 2.2% from July and is currently 14,152 patients higher at the end of August when compared to March 2020 (pre-pandemic). Patients waiting 104 weeks is also on an upwards trajectory with 120 patients waiting at the end of August (up by 30 from July), with a risk of deteriorating further as routine patients typically wait longer;
- Diagnostic waiting lists, where 63.1% 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, with unscheduled care also impacting on capacity for planned activity. Performance remains particularly challenged in endoscopy, CT Cardiac, MRI Cardiac, MRI Paediatrics and echocardiography, where elective recovery plans are in place;
- Outpatients, where 84,293 patients currently have a partial booking follow up status showing as overdue. This position deteriorated by a further 9.5% in August and the Trust has approved additional waiting list validation activity targeted at clinically higher risk areas to reduce delays and look for alternative methods of follow up under the Personalised Follow Up programme, including Patient Initiated follow up; and
- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month, and actions are underway to evaluate the colorectal pathway to improve accessibility to straight to test pathways.

the coming weeks attention will move towards management of potential future COVID surges, delivery of Winter plans, elective recovery delivery of multi-year recovery plan development. Eligibility requirements to access Elective Recovery Fund incentives continue to be achieved,

Reporting Month: August 2021

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none">• The NHS supply chain shortages of Becton Dickenson intravenous cannula has now resolved and central issuing by the stores teams will cease and return to ward based ordering week commencing 20th September 2021. Grateful thanks are expressed to the trust wide team who maintained stock levels over the period of shortage.• The Falls Care Plan, Falls Policy and e-learning modules have all been updated in the last month and there is now alignment across both sites of all of the falls documentation in use.	<ul style="list-style-type: none">• The alignment of low molecular weight heparin (LMWH) for VTE treatment and prophylaxis prescribing will be completed across the trust following the Trust wide launch of a new drug chart to be completed in November 2021.• VTE risk assessments at Weston will move to the Careflow Electronic patient record (EPR) system in November 2021 improving monitoring oversight.

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Safe

Caring

Opportunities	Risks & Threats
<ul style="list-style-type: none"> A Linet Dynamic Mattress trial will commencing 20th September on two high risk wards in Weston. A falls focus week is planned for week commencing 20th September, where ward based training will be provided by the Dementia, Delirium and Falls team across the BRI site to promote safe management of patients at risk of falls. A further business case has been approved for 108 internationally educated registered nurses to be recruited by March 2022. 	<ul style="list-style-type: none"> The ongoing impact of the pandemic and increased attendances over the past month has seen continued highly pressured demand on both emergency services and Inpatient areas across the Trust, which has required close management of safe staffing to be balanced against the risk of opening additional bed capacity along with patients waiting in ambulances to be admitted in the Emergency department. There has been a significant increase in the number of lower than expected staffing incidents reported which is reflective of the number of times staffing has been below the planned level and some ward areas have consistently worked at staffing levels below their agreed establishment. This has in part been mitigated by the use of education and specialist nursing team support. <p>Existing Known Risks:</p> <ul style="list-style-type: none"> Risk 5464 - Risk that a patient will not be able to have a blood test required for diagnosis or treatment. The national shortage of blood bottles continues particularly affecting the EDTA bottles. A reduction in non-essential blood sampling enabled by senior clinician triage of samples requested and a marked reduction in primary care sampling has ensured that supplies have been maintained. This shortage caused by the lack of raw components is expected to remain until end October 2021. Current Score -8 <p>Key new risks in the quality and patient safety domains:</p> <ul style="list-style-type: none"> Risk 5477 – Risk that Nurse Staffing levels will not be met. This risk reflects the potential negative impact on Patient Safety of insufficient substantive staffing levels on the wards. This is attributed to existing staff vacancies (July 17%), staff turnover (July 15.2%) and the ongoing impact of the pandemic on staff sickness/ self-isolation and wellbeing. This is further compounded by the inability to fill gaps with temporary bank and agency staff. Current Score -12

Reporting Month: August 2021

Responsive

Effective

Successes

- Achievement of the first appointment standard, subsequent oncology treatment standards, and both 28 day faster diagnosis standards, in July 2021.
- New patient initiated follow up (PIFU) standard operating procedure (SOP) circulated. First partial elective recovery outpatient collections (ERO) data return provided to NHSE for patients on discharged PIFU pathways. Plans in place to deliver the further pathways required by November.
- Diagnostic clinical prioritisation programme is progressing with around 70% of diagnostic wait list patients being reported according to the nationally defined priority categories.

Priorities

- Ensuring all cancer patients are treated in a clinically safe timescale during the ongoing emergency pressures and over winter, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account).
- The Community phlebotomy standard operating procedure (SOP) clinical review has been completed. The primary care SOP is expected to be available for clinical sign off later in September. A further deadline for deployment has been set for the 31st of Oct. The risk is being managed internally and with the BNSSG system. An updated paper detailing the risks associated with the programme will be shared with the BNSSG system (Datix Risk ID: 4715 Departmental). Since July, 2,062 delegated ICE requests have been sent to primary care following the new process.
- Careflow EPR (previously Medway) has been rolled out across the Trust, new functionality is currently disabled to allow testing during September/October for decisions to be made on what functions the Trust adopts. The first Careflow meeting is planned for 30th September to commence the process of aligning naming conventions and to review how the Trust intends rolling out the Partial booking and Outpatient Worklists to bring us in line with Weston.
- Focus is required across all division to eradicate the 104-week breaches by end of March 2022. Following the draft trajectory that has been shared with NHSE colleagues focus is now on which long-waiting patients can be transferred to the independent sector to support recovery.

Reporting Month: August 2021

Responsive

Effective

Opportunities

- A project has been initiated to improve the management of minor pathways in the adult Emergency Department and a business case to extend Discharge to Assess Capacity is to be reviewed again by the Healthier Together Executive in October.
- CT scanner “early adopter” agreed for Weston demountable scanner. The future location is to be confirmed, but thus is a capacity increase of around 500 additional scans per month.
- System level task and finish group being co-ordinated to review frailty and falls pathways. Aim is direct referrals into the Same Day Emergency Care (SDEC) service for rapid imaging and discharge home with support.
- Longer term project being established to review provision of domiciliary care across the system which is currently the cause of significant delays both out of acute beds and out of discharge to assess pathways.

Risks & Threats

- Trust (and large parts of system) remain in Internal Critical Incident, with demand for medical blue beds also continuing to put pressure on the Surgical bed base due to medical outliers.
- Should recent levels of emergency pressures and staff absences due to Covid isolation requirements persist or increase, there will be a detrimental effect on cancer waiting time standard compliance. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42)
- There is a risk that the RTT position will deteriorate further in Weston due to workforce caused by, lack of anaesthetic cover, insufficient nursing and therapies staff which is likely to result in further 104 week wait breaches. This is likely to also impact the trust objective to recover RTT performance to 65% against the 92% RTT standard by end of March 2022.
- Due to pressures from the urgent care response, outpatient clinics have been rescheduled to provide staffing support to Wards. The numbers of patients overdue follow up appointments continues to increase as a result of limited clinical capacity (Datix Risk ID: 2244).
- Non face to face activity continues to decline from 24% to 23% (Datix Risk ID: 5431 Departmental). Gate way criteria for ERF requires UHBW to deliver 25%. Risk raised with divisions through Outpatient Steering Group and tactical meetings.
- Continued pressure on Advice and Guidance services to be raised with BNSSG CCG. Decline in 7 day response times of 80.7% in July to 71.7% in August (Datix Risk ID: 5347 Departmental). Gate way criteria for ERF requires UHBW to deliver an increasing trajectory of A&G activity. Further requests for service closures and restrictions expected.

Reporting Month: August 2021

Well-Led

Successes	Priorities
<ul style="list-style-type: none"> • August 2021 overall compliance for Core Skills (mandatory/statutory) training increased compared with the previous month, at 85% overall across the eleven programmes. • Changes to the venue for Corporate Induction allows for a larger capacity intake for induction and update programmes such as Patient Safety and Fire Safety. • The Executive led ‘Thank you’ gifts, food delivery and all staff raffle in recognition of the extreme operational pressures continued throughout August. It is planned this will now be extended to March 2022. • The Trust’s network of nearly 300 Wellbeing Advocates are to be further supported by a new, introductory eLearning session developed by NHS England via the HEE website. • The management of Consultant leave has been transferred onto Health-roster in Weston, with training delivered to Service Managers, ready for go-live with this group. 	<ul style="list-style-type: none"> • Planning with key stakeholders for the implementation of a CESR pilot for the Emergency Department to support future Middle Grade and Consultant recruitment. Project Plan and oversight to go through appropriate governance channels such as the People and Education Group. • Ongoing scoping of options to support the accommodation needs for new starters particularly for international doctors, nurses and AHPs with provision critical to arrival, on-boarding and pastoral support. • Collating the findings from the 2021 Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) UHBW data collections exercise into an action plan for the presentation of the bi-annual report due at the end of September. • Ongoing engagement with staff to shape and test the new Trust values and leadership behaviours through online workshops in early September 2021. • Preparation for the launch of the national Staff Survey 2021 in October. • Launch of the Above & Beyond charity funded ‘Wellbeing Health Check and Smoking Cessation clinic’ in September 2021, in line with the UHBW Strategic Framework and NHS People Plan.

Reporting Month: August 2021

Well-Led

Opportunities	Risks & Threats
<ul style="list-style-type: none"> Trust participation in the NHSE/I sponsored International Nurse Refugee Pilot and the launch of the new Medical Support Worker role. The HR Services team received Resolution Culture Training ahead of the launch of the new Resolving Staff Conduct Concerns Policy. Managers will now be trained and the policy formally launched. There is an opportunity for the HR Services team to engage with the eForm redevelopment programme led by Finance, enabling a more agile process for the movement of staff. Developing the 2021 Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) action plans in partnership with the BAME staff network and ABLE Plus staff network respectively, provides an opportunity to re-invigorate both staff networks with greater reach and impact, supporting the delivery of the Diversity & Inclusion Strategy. With capital agreed, scoping is to commence to extend Sickness and Leave monitoring through Health-Roster (Allocate) to provide a single collection and reporting tool. 	<ul style="list-style-type: none"> Overall compliance for 'Remaining Essential Training' for Bristol and Weston reduced to 85% compared to 90% the previous month. This is impacted by compliance for 'Speak Up' Core Training for all staff now factoring into the Trust's overall compliance rate. At the end of August, compliance for 'Speak Up' eLearning is 36%. Ongoing significant use of high cost, non-framework nurse agency supply in light of operational pressures. The NMC's SLA of 10 days to return a PIN for overseas nurses is currently not being met with waits of over 30 days, following the successful completion of the nurse's OSCE examination, delaying practice as a UK registered nurse. Processes relating to Right to Work checks are not sufficiently robust in light of data integrity issues. A risk has been formally raised on to the Trust Risk Register, with mitigating actions and controls. Ongoing performance of appraisal compliance remains below target. The ongoing operational pressures are causing delays with the Allocate eRostering rollout for medical staff, creating risk to the implementation programme.

Dashboard



University Hospitals
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CQC Domain	Metric	Standard Achieved?	CQC Domain	Metric	Standard Achieved?	CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	Y	Responsive	Emergency Care - 4 Hour Standard	N	Well-Led	Bank & Agency Usage	N
	Infection Control (MRSA)	Y		Delayed Transfers of Care	N/A		Staffing Levels – Turnover	P
	Infection Control (E.Coli)	N/A		Referral To Treatment	N		Staffing Levels – Vacancies	N
	Serious Incidents	N/A		Referral to Treatment – 52 Weeks	N		Staff Sickiness	Y
	Patient Falls	P		Cancelled Operations	N		Staff Appraisal	N
	Pressure Injuries	P		Cancer Two Week Wait	N		Use of Resources	Average Length of Stay
	Medicines Management	Y		Cancer 62 Days	N	Performance to Plan		N/A
	Essential Training	N		Cancer 104 Days	N/A	Divisional Variance		N/A
	Nurse Staffing Levels	N/A		Diagnostic Waits	N	Savings		N/A
	VTE Risk Assessment	N		Outpatient Measures	N			
Caring	Patient Surveys (Bristol)	Y	Outpatient Overdue Follow-Ups	N				
	Patient Surveys (Weston)	P	Effective	Mortality (SHMI)	Y			
	Friends & Family Test	N/A		Mortality (HSMR)	Y			
	Patient Complaints	N		Fracture Neck of Femur	P			
30 Day Emergency Readmissions				P				

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

Infection Control – C.Difficile

August 2021

Y Achieved

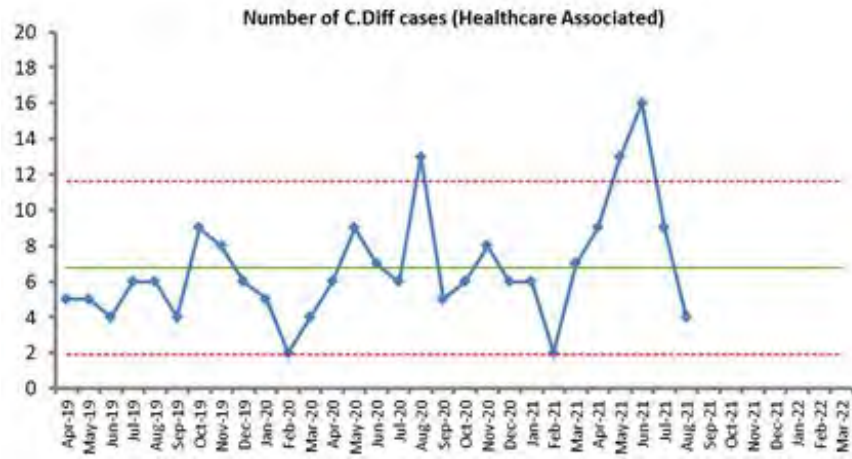
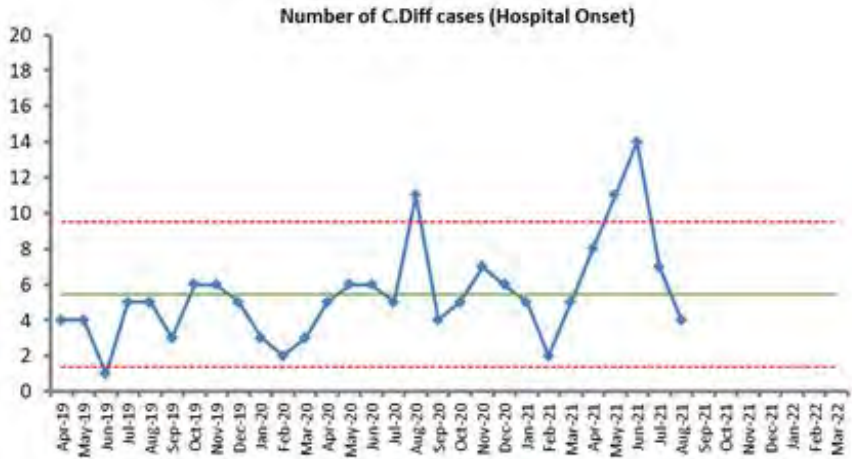
Standards:	A limit of cases for UHBW was not set for 2020/21 and has yet to be set for 2021/22. The limit is usually based on the previous financial year's outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases 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 4 cases of C. difficile which were HOHA have been identified in UHBW in August 2021, with no COHA cases reported. 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).
Commentary:	Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites. Actions taken: <ul style="list-style-type: none"> • A structured collaboration commenced in September 2021 across the BNSSG provider organisations, facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established. • Increased environmental auditing within areas of increased rates is taking place • Anti- microbial stewardship reviews led by Pharmacy/ Microbiology have now restarted which is focusing on areas where C difficile infection has been identified to improve compliance with guidance. • Microbiology weekly clinical reviews are focussing on C difficile patients in each division.
Ownership:	Chief Nurse

	Aug-21		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	2	2	15	15	25	24
Specialised Services	1	1	13	11	23	18
Surgery	1	1	6	6	11	11
Weston	0	0	12	9	12	8
Women's and Children's	0	0	3	3	7	6
Other (Bristol)	0	0	2	0	3	0
TOTAL	4	4	51	44	81	67

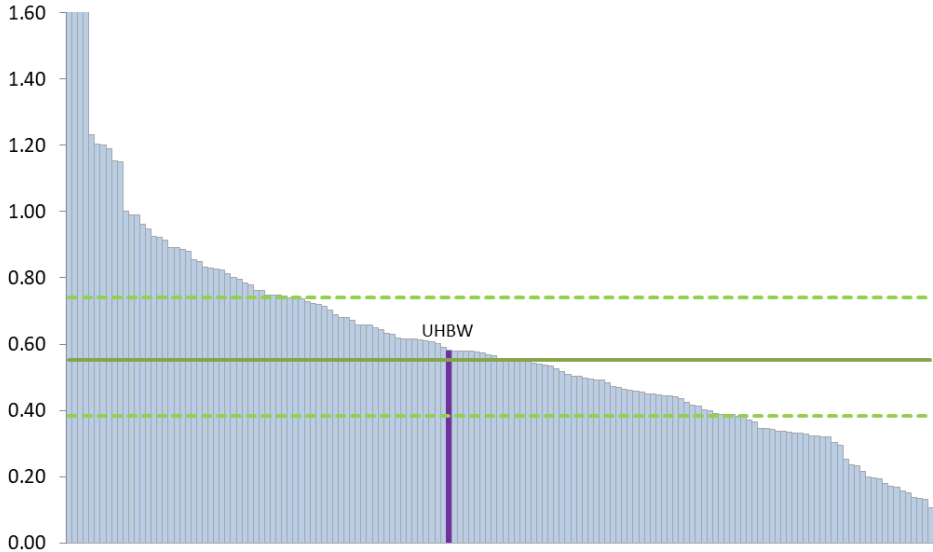
HA = Healthcare Associated, HO = Hospital Onset

Infection Control – C.Difficile

August 2021



Benchmarking - C.Diff Rate Per 1000 Beddays - Aug 20 to Jul 21



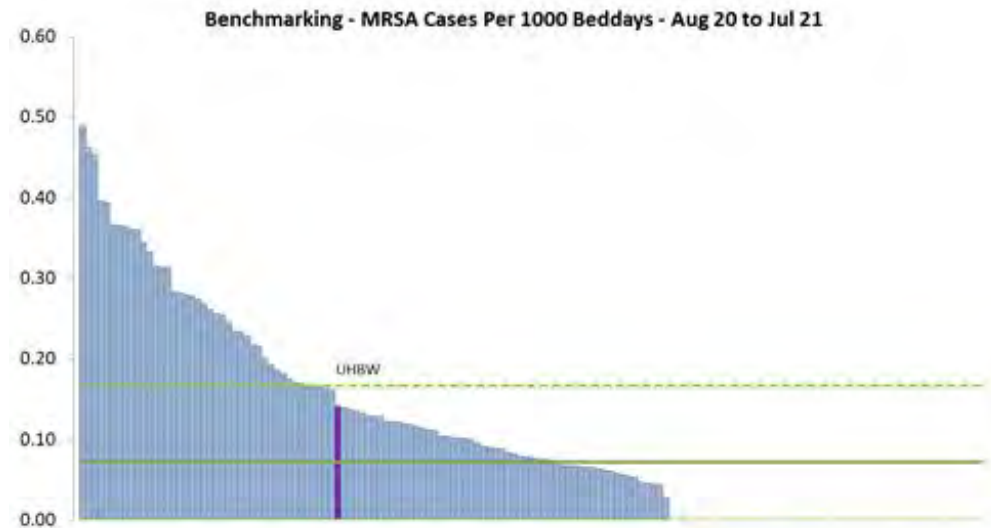
Infection Control - MRSA

August 2021

Y *Achieved*

Standards:	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There were no new cases of MRSA bacteraemia in UBHW in August 2021.
Commentary:	There has been one case this year (in July). The source of this bacteraemia is thought to be attributed to an intravenous line infection; the formal post infection review outcome is awaited.
Ownership:	Chief Nurse

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



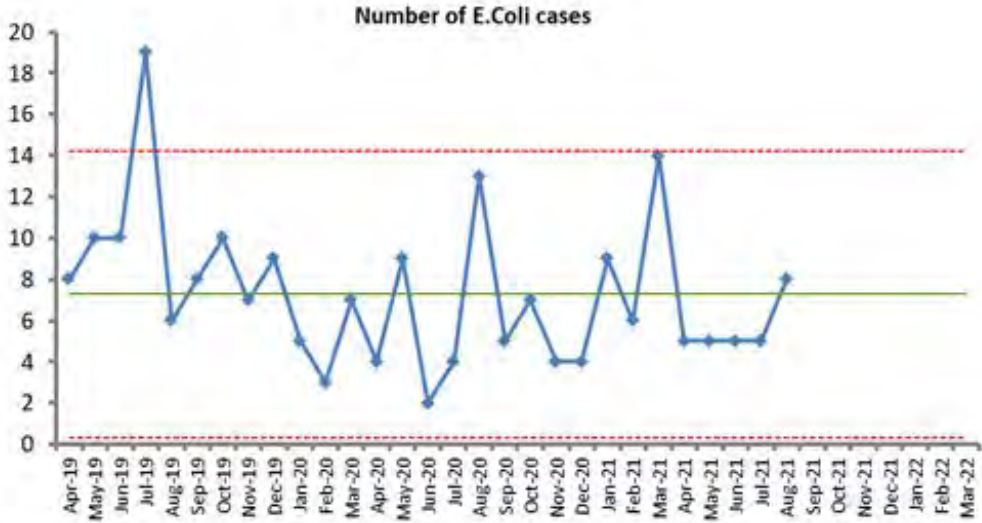
Infection Control – E. Coli

August 2021

N/A No Standard Defined

Standards:	Enhanced surveillance of <i>Escherichia coli (E.coli)</i> 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 <i>E.coli</i> bacteraemia rates, a more in-depth investigation into the source of the <i>E.coli</i> 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 eight Hospital Onset cases in August, giving 28 cases year-to-date.
Commentary:	The community prevalence of E.coli cases is increasing through this year. A Urinary tract infection was identified as the likely source of the E.coli bacteraemia in one of the five identified cases. The remaining cases the source of infection was not established. None of the cases were identified as urinary catheter related.
Ownership:	Chief Nurse

	Aug-21	2021/2022	2020/2021
Medicine	3	6	27
Specialised Services	2	8	17
Surgery	2	7	21
Weston	0	6	9
Women’s and Children’s	1	1	7
TOTAL	8	28	81



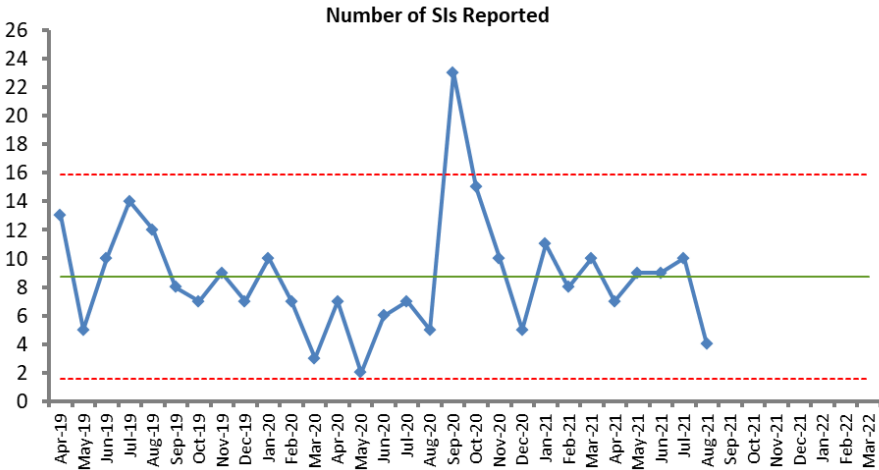
Serious Incidents (SI)

August 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:	Four serious incidents were reported in August 2021, two in the Division of Medicine, one in Women’s and Children’s Division and one in the Division of Weston. These SI’s comprise of: Two diagnostic incident including failure to act on test results meeting SI criteria, one pressure ulcer meeting SI criteria and one unsafe discharge . There were no Never Events reported in the month of August 2021.
Commentary:	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

	Aug-21	2021/2022	2020/2021
Medicine	2	12	31
Specialised Services	0	6	6
Surgery	0	6	13
Trust Services	0	0	1
Weston	1	6	50
Women's and Children's	1	9	8
TOTAL	4	39	109



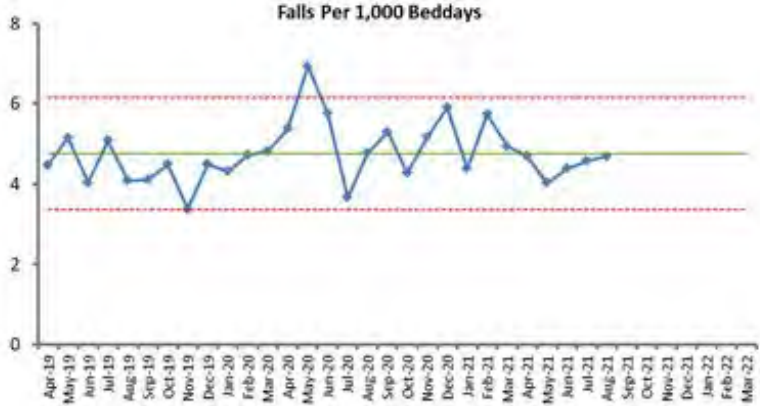
Harm Free Care – Inpatient Falls

August 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 August 2021, the rate of falls per 1,000 bed days was 4.68 across UHBW and remains within the statistical process control limits. Bristol rate was 4.62 and Weston rate was 4.88. There were 147 falls in total (111 in our Bristol Hospitals and 36 in the Division of Weston) . There were four falls with harm, two major that were fractured neck of femurs on each site, and two falls resulting in moderate harm within the Medicine division.
Commentary:	<p>There was a sustained increase in the number of falls and resulting harm throughout the trust during August, Approximately a fifth of the patients who fell had a cognitive impairment, such as dementia or delirium. There have been significant operational pressure and staff shortages across the Trust which has proved challenging with an increase in the numbers of patients requiring enhanced care observation. The Divisions continue to manage those patients at risk of falls and review and investigate these falls as timely as possible to ensure learning is obtained and shared.</p> <p>Actions:</p> <ul style="list-style-type: none"> • The Falls Care Plan, Falls Policy and e-learning modules have all been updated in the last month and there is now alignment across both sites of all of the falls documentation in use. • Weston Division has undertaken a deep dive analysis of falls in order to support some of their falls improvement work and are undertaking a review of Enhanced Care observation practice in place to ensure that this is in line with the Trust Policy. • A falls focus week is planned for week commencing 20th September, where ward based training will be provided by the Dementia, Delirium and Falls team across the BRI site to promote safe management of patients at risk of falls. • The Trust Falls lead visit to North Bristol Trust Falls Academy has generated some helpful shared learning which will be overseen via the work plan of the Falls steering group in the next few months.
Ownership:	Chief Nurse

	Aug-21	
	Falls	Per 1,000 Beddays
Diagnosics and Therapies	2	-
Medicine	59	6.60
Specialised Services	21	4.88
Surgery	22	6.00
Weston	36	4.88
Women's and Children's	7	0.99
TRUST TOTAL	147	4.68
<i>Bristol Subtotal</i>	<i>111</i>	<i>4.62</i>



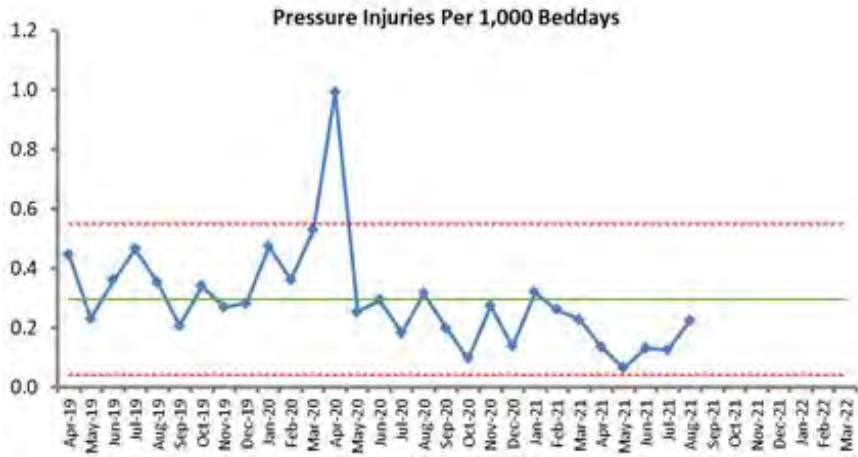
Harm Free Care – Pressure Injuries

August 2021

P Partially Achieved

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2,3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure.
Performance:	During August 2021, the rate of pressure injuries per 1,000 beddays was 0.22 across UHBW. There were a total of five category 2 pressure injuries, two in Weston Division (Heel and spine), one in Surgery Division (sacrum), one in Specialised Services (nostril, secondary to NG tube) and one in Women’s & Children’s (nasal septum). There were two category 3 (unstageable) injuries, one in Medicine Division (ischial tuberosity) which evolved from a deep tissue injury and one in Weston Division (sacrum). Investigations are underway for both unstageable pressure injuries.
Commentary:	<p>Actions:</p> <ul style="list-style-type: none"> • Monthly face to face pressure ulcer training open to all clinical staff to include increasing awareness about importance of accurate and timely completion of pressure ulcer, wound care and re-positioning documentation. • Cascading education for nursing staff via tissue viability connect page and monthly newsletter regarding use of the Careflow App for obtaining wound images to aid with validation and monitoring of injuries. • Key messages communicated to staff via the monthly training sessions and tissue viability newsletter including importance of preventative measures to reduce the risk of medical device related pressure injuries and the importance of regular re-positioning to manage pressure prevention care. • Re-introduction of face to face study days in Bristol and Weston planned from November 2021. • Linet Dynamic Mattress trial commencing 20th September on two high risk wards in Weston Division.
Ownership:	Chief Nurse

	Aug-21	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	1	0.11
Specialised Services	1	0.23
Surgery	1	0.27
Weston	3	0.41
Women's and Children's	1	0.14
TRUST TOTAL	7	0.223
<i>Bristol Subtotal</i>	<i>4</i>	<i>0.17</i>



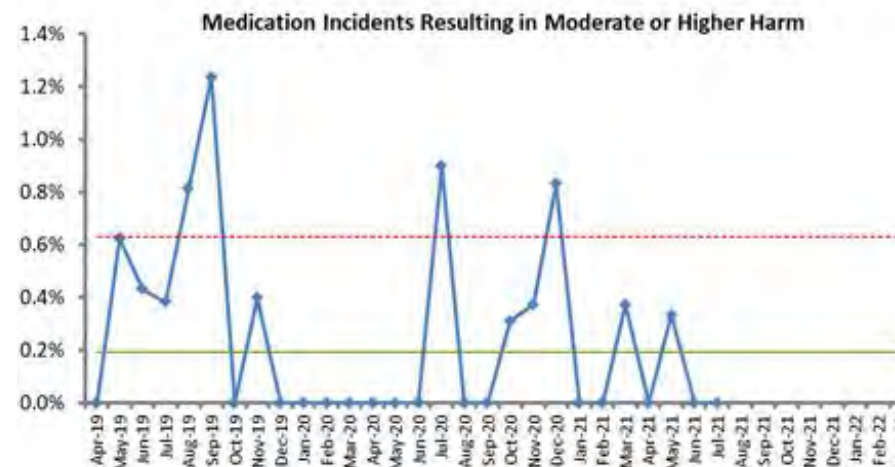
Medicines Management

July/August 2021

Y Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. 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 were no moderate harm incidents out of the 329 reported medication incidents in July. There was one omitted doses of critical medicine out of 265 patients audited in August (0.38%).
Commentary:	The omitted dose of critical medicine was an antibiotic that is not kept as stock on the wards. The dose was ordered by the pharmacist as an urgent medicine. A missed dose audit was undertaken at Weston: 31st August – 1 September 2021. The results and an improvement action plan will be discussed at the Medicines Management group, outcomes of which will be reported in next months report. Actions: <ul style="list-style-type: none"> Continue to publicise the Standard Operating Procedure (SOP) for preventing delayed and omitted doses of medicines.
Ownership:	Medical Director

	Jul-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	0	-
Medicine	0	79	0.00%
Specialised Services	0	64	0.00%
Surgery	0	32	0.00%
Weston	0	37	0.00%
Women's and Children's	0	61	0.00%
Other/Not Known	0	56	-
TRUST TOTAL	0	329	0.00%



Essential Training

August 2021

N Not 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 August 2021, Essential Training overall compliance increased to 85%, compared with 84% in the previous month (excluding Child Protection Level 3).
Commentary:	<p>August 2021 overall compliance for Core Skills (mandatory/statutory) training increased compared with the previous month, at 85% overall across the eleven programmes. Five of the eleven core skills programmes increased by one percentage point. There were reductions in one programme - Moving and Handling - by one percentage point. The remaining programmes remained static compared with the previous month. Overall compliance for 'Remaining Essential Training' for Bristol and Weston reduced to 85% compared to 90% the previous month.</p> <ul style="list-style-type: none"> • Resus remains the core skills programme with the lowest compliance at 66%, however there has been good improvement for Resus at Weston, with a 4% increase to 70% in the month of August. • The QI project related to Essential Training compliance is now focused on two themes; individual subject compliance rates and developing a culture of compliance. • The Corporate Education Team continues to develop more granular divisional Essential Training reports, based on compliance by staff group and department. The 'Managers' Forums' are scheduled for the year and provide a channel for managers' questions or comments on improvements and innovations to essential training compliance..
Ownership:	Director of People

Essential Training	Aug-21	KPI
Equality, Diversity and Human Rights	91%	90%
Fire Safety	81%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	84%	90%
Information Governance	80%	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	Aug-21	KPI
UHBW NHS Foundation Trust	85%	90%
Diagnostics & Therapies	88%	90%
Medicine	82%	90%
Specialised Services	84%	90%
Surgery	83%	90%
Women's & Children's	82%	90%
Trust Services	88%	90%
Facilities & Estates	91%	90%
Weston	84%	90%

Nurse Staffing Levels

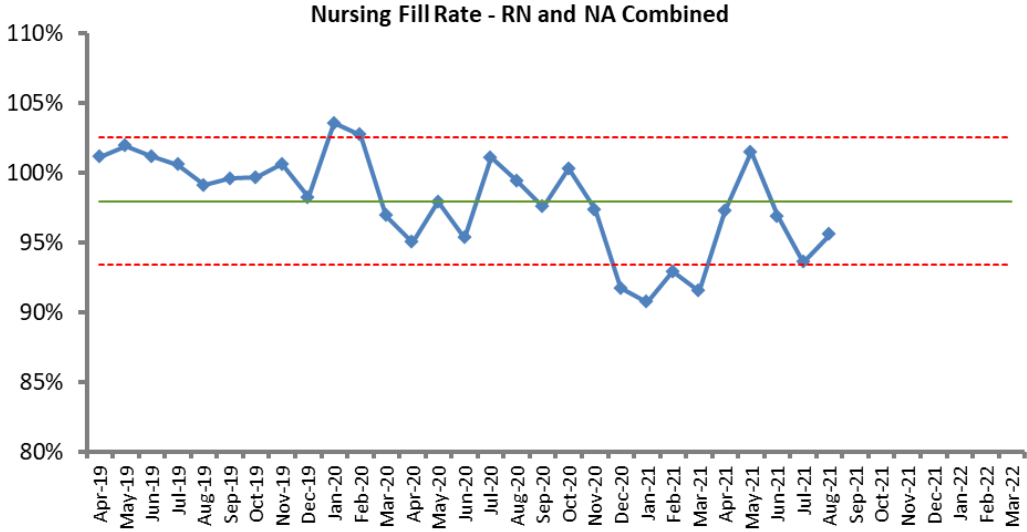
August 2021

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 July 2021 (for the combined inpatient wards) the Trust had rostered 302,404 expected nursing hours, against the number of actual hours worked of 288,962 giving an overall fill rate of 95.6%.
Commentary:	<p>Underlying issues:</p> <ul style="list-style-type: none"> • The ongoing impact of the pandemic and increased attendances over the past month has seen continued highly pressured demand on both emergency services and Inpatient areas across the Trust which has required close management of safe staffing to be balanced against the risk of opening additional bed capacity along with patients waiting to be admitted in the Emergency department. There has been a significant increase in the number of lower than expected staffing incidents reported which is reflective of the number of times staffing has been below the planned level; staff continue to be encouraged to report these incidents to ensure clear visibility. The correspondingly higher number of red flag incidents reported compared to previous months has continued in August as the impact of staff leave, sickness and COVID reason reduce the availability of staff. Each of these incidents are investigated and feedback provided by the head of nursing. • There are several wards who have consistently worked at staffing levels below their agreed establishment; In order to provide support to the wards, education and specialist teams have been providing additional cover and the well-being nurses are ensuring support and visibility and providing advice and guidance in order to enhance staff morale and sign post the wellbeing resources. • Due to the increased number of registered nurse vacancies in order to maintain safe staffing; the use of temporary agency staff has increased though all the agencies are also experiencing a reduction in staff availability. The Trust has been working closely with the neutral vendor to support an increase in fill rate; however with the current supply the use of non-framework agencies has continued to be required. <p>Actions:</p> <ul style="list-style-type: none"> • The international nurse recruitment and training programme is well underway with the first six cohorts of staff progressing through their OSCE examination and obtaining their professional registration. The pipeline of registered nurses both national and international due to start over the next 3 months will make significant progress and impact on the number of vacancies across the Trust. A further business case has been approved for 108 internationally educated registered nurses to be recruited by March 2022. • The monthly Non- Medical workforce meeting is in place to oversee the development of the workforce including Nursing Associates and Advanced Clinical Practitioners, recruitment strategies in place and retention initiatives for both registered and non-registered staff. • The addition of a nurse staffing escalation process to include an Executive led huddle has been put in place when low staffing mitigations are not able to be achieved at the twice daily staffing meetings, these have occurred on 2 occasions in August and generated support and enhanced cover at the time. • The short term system wide BNSSG financial incentive that was implemented on the 23rd July until 1st September for a variety of staff groups to enhance safe staffing; this was well received by staff and has had a modest actual impact on the staffing levels in many nursing areas. A full evaluation of this initiative will be released later this month.
Ownership:	Chief Nurse

Nurse Staffing Levels

August 2021



Staffing Fill Rates	Aug-21		
	Total	RN	NA
Medicine	104.1%	95.0%	115.4%
Specialised Services	100.2%	86.1%	142.7%
Surgery	95.5%	87.2%	116.0%
Weston	96.7%	83.7%	112.1%
Women's and Children's	87.4%	89.7%	76.3%
TRUST TOTAL	95.6%	88.7%	110.9%

Venous Thromboembolism (VTE) Risk Assessment

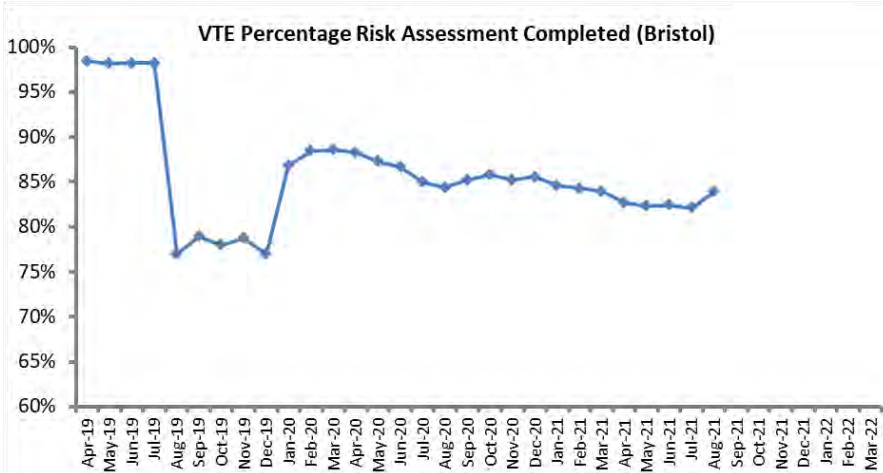
August 2021

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 was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	<p>In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for August 2021 is 83.9% which has remained fairly static throughout 2021/22. 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 achieve the expected compliance.</p> <p>In Weston General Hospital, VTE risk assessments are still completed on the paper drug chart and monitoring compliance is a challenge as it requires manual collection and review of charts. There have been 2 spot checks performed by the patient safety nurses, the most recent of which was in July 2021 demonstrated a 67% compliance with VTE risk assessment completion. The results highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target.</p>
Commentary:	<ul style="list-style-type: none"> • Weston and Bristol VTE leads are now collaborating to improve VTE compliance Trust wide and provide training for junior doctors. • In September (Bristol), November (Weston) 2021 –A new Trust wide drug chart is being rolled out. This will include additional prompts to undertake VTE risks assessments online, improved clarity of VTE treatment and prophylaxis prescriptions and will facilitate an alignment of low molecular weight heparin (LMWH) VTE prescribing across the trust. • VTE risk assessment will move to the Careflow electronic patient record (EPR) system at Weston in November 2021 facilitating increased reporting oversight. • The Patient Safety Improvement Nurses have commenced a Hospital acquired VTE analysis to give further insight into future action planning to improve VTE compliance across the trust.
Ownership:	Medical Director

Venous Thromboembolism Risk Assessment

August 2021



The table to the right shows August's Bristol 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	20	20	100.0%
Diagnostics and Therapies Total		22	22	100.0%
Medicine	Medicine	1,726	2,343	73.7%
Medicine Total		1,726	2,343	73.7%
Specialised Services	BHOC	2,033	2,136	95.2%
	Cardiac	301	438	68.7%
	Clinical Genetics	1	1	100.0%
Specialised Services Total		2,335	2,575	90.7%
Surgery	Adult ITU	3	3	100.0%
	Anaesthetics	15	15	100.0%
	Dental Services	113	132	85.6%
	ENT & Thoracics	171	268	63.8%
	GI Surgery	894	1,111	80.5%
	Ophthalmology	154	154	100.0%
	Trauma & Orthopaedics	147	156	94.2%
Surgery Total		1,497	1,839	81.4%
Women's and Children's	Children's Services	30	40	75.0%
	Women's Services	1,490	1,640	90.9%
Women's and Children's Total		1,520	1,680	90.5%
BRISTOL TOTAL		7,100	8,459	83.9%

Friends and Family Test (FFT)

August 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 classed 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 5,604 FFT responses in August 2021, which represents an 18% increase in the number of responses received in July 2021 (4,767). Please refer to the summary table on the next page for a breakdown of the FFT scores.
Commentary:	<p>Response Rates:</p> <ul style="list-style-type: none"> • Response rates have recovered in maternity care from 2.8% in July to 10.4% in August; • Response rates in Emergency Departments (ED) have increased in all departments and average 10% across the Trust; • Bristol Eye Hospital ED is now collecting FFT feedback following the successful launch of promoting FFT via text (SMS) messaging. <p>FFT performance:</p> <ul style="list-style-type: none"> • BRI ED FFT score has further deteriorated in August (continuing a trend for the past 5 months) which correlates to the surge in urgent care activity. The score for August is 76%. Benchmarking data from NHS England shows the average ED FFT score in July 2021 was 76% (a deterioration from 79% in June 2021) – this suggests that the profile locally at BRI ED reflects trends seen nationally; • Children’s Hospital ED FFT score has recovered in August to 89% (up from 79% in July). Improvement work has been taking place following patient feedback with actions including an improved cleaning regime, a focus on patient communication, staff attitude and ensuring staff feel supported, particularly during times of increased demand; • Weston ED FFT score has recovered in August to 85% (up from 79% in July). • FFT scores for maternity, day cases, inpatients and outpatients are extremely positive and consistent with July figures. <p>Actions:</p> <ul style="list-style-type: none"> • The Patient Experience Team have shared FFT Emergency Department trend data via the Heads of Nursing to ensure there is operational oversight on patient experience in the Trust’s EDs and to offer support in reviewing key themes.
Ownership:	Chief Nurse

Friends and Family Test (FFT)



University Hospitals
Bristol and Weston
NHS Foundation Trust

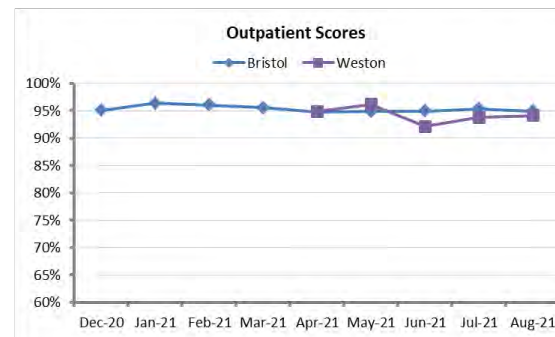
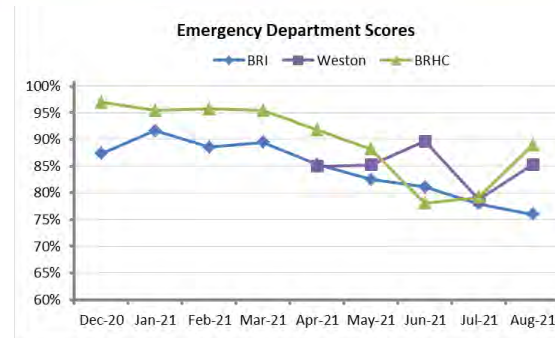
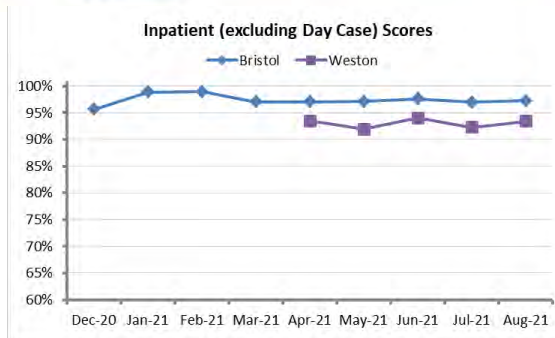
August 2021

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	747	768	2,556	97.3%	30.0%
	Weston	270	290	701	93.4%	41.4%
	UHBW	1,017	1,058	3,257	96.2%	32.5%
Day Cases	Bristol	324	326	2,003	99.4%	16.3%
	Weston	251	251	522	100.0%	48.1%
	UHBW	575	577	2,525	99.7%	22.9%
Outpatients	Bristol	2,299	2,443		94.9%	
	Weston	224	241		94.1%	
	UHBW	2,523	2,684		94.8%	

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	206	273	4,131	76.0%	6.6%
	BRHC	234	263	2,839	89.0%	9.3%
	BEH	153	157	1,898	97.5%	8.3%
	Weston	378	446	2,689	85.3%	16.6%
	UHBW	971	1,139	11,557	85.6%	9.9%
Maternity	Antenatal	34	34	279	100.0%	12.2%
	Birth	53	54	421	98.1%	12.8%
	Postnatal (ward)	44	44	418	100.0%	10.5%
	Postnatal (community)	14	14	281	100.0%	5.0%
	UHBW	145	146	1,399	99.3%	10.4%

TOTAL RESPONSES

5,604

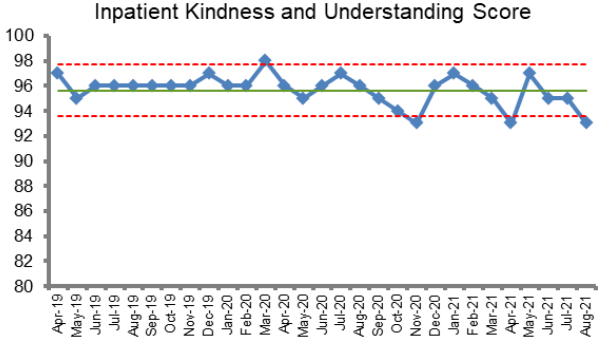
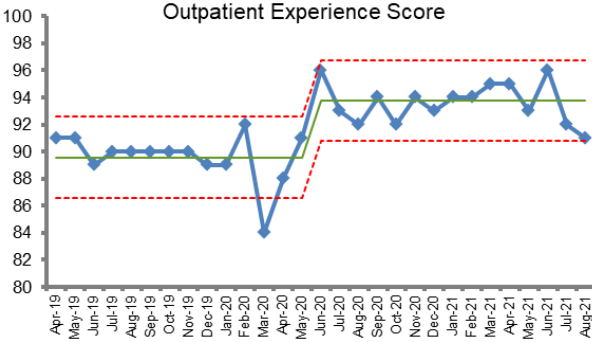
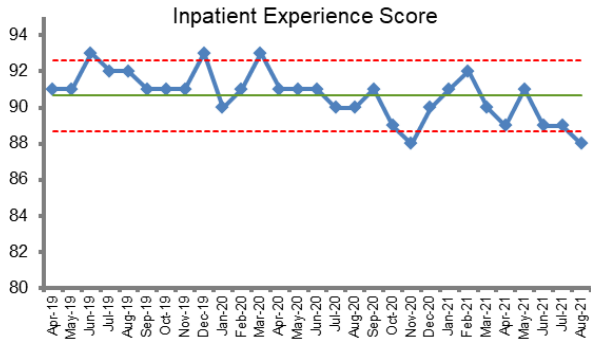


Patient Surveys (Bristol)

August 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 August 2021: <ul style="list-style-type: none"> Inpatient score was 88 (July was 89) Outpatient score was 91 (July was 92) Kindness and understanding score was 93 (July was 95)
Commentary:	The latest (August) data exceeded the target thresholds. There is a continued downward trend in the inpatient experience tracker score for Division of Medicine has below target since the start 2021/22. The August figure stands at 82. Ward-level analysis of patient feedback has been provided to the Head of Nursing to better understand what areas of experience of care are most affected and where, and to identify what can be done to improve the position.
Ownership:	Chief Nurse



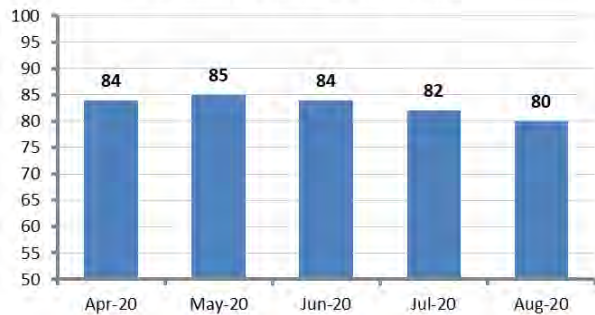
Patient Surveys (Weston)

August 2021

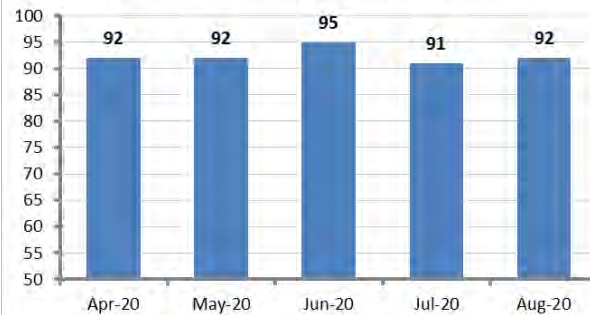
P Partially Achieved

Standards:	Please note this data relates to Division of Weston only. 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 August 2021: <ul style="list-style-type: none"> • Inpatient score was 80, which is below target (July was 82) • Outpatient score was 93 (July was 90) • Kindness and understanding score was 92 (July was 91)
Commentary:	Ward-level analysis of patient feedback will be prepared by the Patient Experience Manager and provided to the Head of Nursing to better understand what areas of experience of care are most affected and where, and to identify what can be done to improve the position.
Ownership:	Chief Nurse

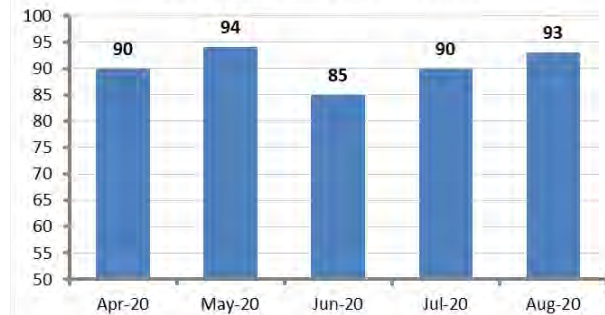
Inpatient Tracker Score (Weston)



Kindness & Understanding Score (Weston)



Outpatient Tracker Score (Weston)



Patient Complaints



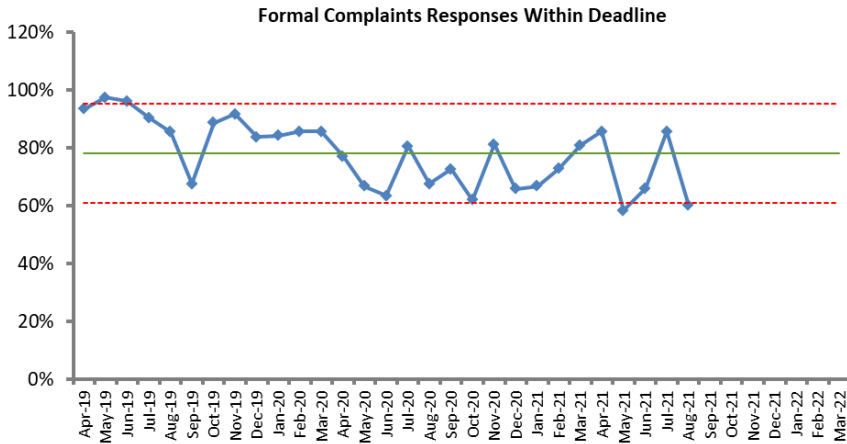
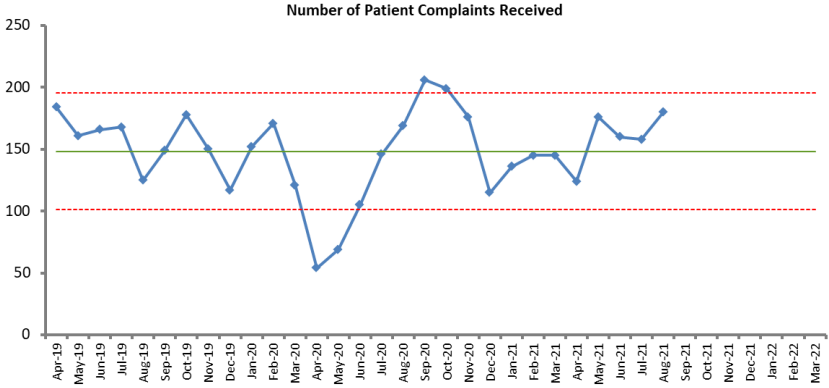
August 2021

N Not 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 August 2021: <ul style="list-style-type: none"> • 180 Complaints were received (43 Formal and 137 Informal). • 60% of formal complaints (51 out of 85) were responded to within the agreed timeframe • Divisions returned 71% (60 out of 85) of formal responses to the PSCT by the agreed deadline, compared with 77% in July and 73% in June - this is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. • 87% of informal complaints (52 of 60) were responded to within the agreed timeframe, compared with 93% in July and 88% in June. There were two breaches each for the Divisions of Medicine and Weston and one each for Specialised Services, Women & Children, Surgery and Trust Services. • There were nine complaints reported where the complainant was dissatisfied with our response, which represents 10.2% of the 88 first responses sent out in June 2021 (this measure is reported two months in arrears).
Commentary:	<p>The overall Response Rate of 60% for formal complaints is a notable deterioration on the 86% reported in July 2021 and significantly below the 95% target. 26 of the 34 breaches were attributable to delays within the divisions, with five due to delays during the Executive signing process and three due to a delay during the checking process by the Patient Support & Complaints Team (PSCT). There were 19 breaches for the Division of Weston, five each for the Divisions of Women & Children and Specialised Services, two each for the Divisions of Medicine and Surgery and one for Estates & Facilities. However, it should be noted that neither of the breaches for the Division of Surgery were attributable to delays within the Division. The Division of Diagnostics & Therapies had no breaches, with 100% of their responses being sent to complainants by the agreed date.</p> <p>The 10.2% performance for dissatisfied complainants is a deterioration when compared with the 9.7% reported in July 2021 for responses sent out in May 2021.</p> <p>NB: At the time of submitting this report, this data had not yet been validated by Divisions.</p>
Ownership:	Chief Nurse

Patient Complaints

August 2021



Complaints Received

	Aug-21	2021/2022	2020/2021
Diagnostics and Therapies	4	23	56
Medicine	41	161	385
Specialised Services	14	111	190
Surgery	47	187	406
Trust Services	0	11	56
Weston	27	109	250
Women's and Children's	45	174	273
Estates and Facilities	2	22	49
TOTAL	180	798	1665

Responses Within Deadline

	Aug-21	
	% Within Deadline	Total Responses
Diagnostics and Therapies	100.0%	3
Medicine	75.0%	8
Specialised Services	54.5%	11
Surgery	80.0%	10
Trust Services	0.0%	0
Weston	29.6%	27
Women's and Children's	79.2%	24
Estates and Facilities	50.0%	2
TOTAL	60.0%	85

Emergency Care – 4 Hour Standard

August 2021

N Not Achieved

<p>Standards:</p>	<p>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.</p>
<p>Performance:</p>	<p>Trust level 4 hour performance for August was 65.9% across all four Emergency Departments (15,901 attendances and 5,420 patients waiting over 4 hours). There were 257 patients who had a Trolley wait in excess of 12 hours (69 in Bristol and 188 at Weston). Between 1st July and 5th September 2021 there were 3,996 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 46% of all Handovers.</p>
<p>Commentary:</p>	<p>Bristol Royal Infirmary: Performance against the 4 hour standard was 50.0% in August. Attendances continued to average 215 per day which is unprecedented for this time of year (c.f. 179 per day in March). 12 hour trolley waits have also stayed static in Quarter 2 from 82 to 81 breaches reflecting the challenging situation with urgent care across the BNSSG System driven by high demand and workforce shortages. 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 Same Day Emergency Care (SDEC) unit was established in July to support admission avoidance and decompressing the emergency department. This followed a successful pilot in Spring which diverted an average of 13 patients and avoided 4.6 admissions per day. The Trust is actively recruiting to enable the unit to expand from a 5 day to a 7 day service and increase operating hours from 8 hours to 14 hours per day. Walk-in activity has remained high (peaking at 50+ in area) resulting in frequent overcrowding in the Fast Flow waiting area which is a known driver of violence and aggression and poor infection prevention and control. Strict redirection of minor illness/injury to appropriate alternative services such as Urgent Treatment Centres, GPs and pharmacy is embedded as business as usual. Further work is being done with System partners to reduce avoidable attendances to the ED through improving capacity, access and signposting to alternatives to ED.</p> <p>Urgent care flow challenges have been exacerbated by the following factors:</p> <ul style="list-style-type: none"> • Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not be staffed, leading to patients being delayed in exiting the ED. • Unprecedented queuing and high acuity in the ambulance bay with considerable waits for offload into Majors. An ambulance offload area has been opened in A307 • The delay in restoration of primary and community care services has driven an increase in activity to ED which is significantly above usual averages for Q2, as well as ability to discharge patients into the community once medically fit. • Medical and speciality expected patients are waiting prolonged periods of time in Fast Flow to be moved to a speciality bed. Excessive waits are adding to the overcrowding in ED and Fast Flow cubicles being blocked with DTAs.

Emergency Care – 4 Hour Standard

August 2021

Commentary:

Bristol Royal Hospital for Children:

4 hour performance was 78.0% in August with 3,657 attendances, compared with August 2020 - 94% with 2,537 attendances and 2019 - 95% with 2,992 attendances. Attendances continue to rise. In addition, there were seven 12 Hour Trolley breaches in August 2021.

The department has seen an increase in 4 hour breaches due to availability of beds. During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. The department continues to use outpatient areas where possible, but more patients are presenting with respiratory symptoms and are requiring cubicles. Patients requiring High Dependency beds has been impacting on flow in getting patients out of the emergency department. Nursing and Medical staffing throughout the hospital have experienced high levels of absences due to sickness and isolating.

Weston General Hospital:

The Weston Emergency Department's performance against the 4 hour standard has decreased at 65.6% during the month of August 2021. This is a reduction of 5.6% from the previous month at 71.2% which is a reflection of the pressures on the department and across the whole system.

Throughout August there was a significant increase in Ambulance handover delays, including an increase in 12 hour breaches of which 188 which shows the poor flow through the department. Although the conversion rate for admission was within target there was significant pressures with regular bedding of speciality patients overnight in the Emergency Department. There was a slight decrease in attendances overall, with GP referrals and ambulance conveyances remaining around the same from the previous month.

August has been a challenging month across the system and flow throughout the division has been difficult especially following our reduced bed base and managing blue capacity across sites. The Medically Fit for Discharge patients at Weston remains high and work continues with systems partners to try to reduce this. Streaming has continued in the Emergency Department to Clevedon Minor Injuries Unit (MIU), however on occasion this hasn't always been a streaming option that was available.

Emergency Care – 4 Hour Standard

August 2021

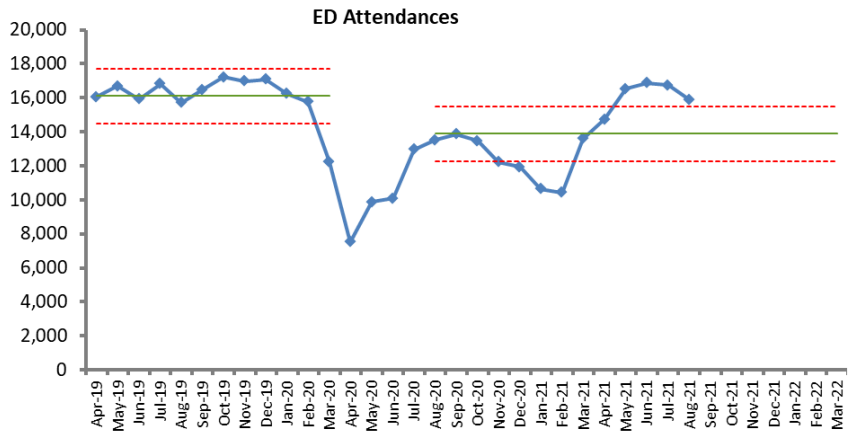
Commentary:	<p>Bristol Eye Hospital: Performance in August was 96.1% versus 98.0 % in July. Attendances slightly increased with 1903 in August compared with 1834 in July. There were 75 four hour breaches (a deterioration on the previous month). The performance deterioration on the previous month is driven by very significant staffing issues – this has been a combination of the impacts of changeover, sickness, vacancies and the impact of annual leave being taken during the summer months.</p> <p>Medical staffing has improved since August changeover, however these new staff do take time to familiarise themselves with departmental protocols, so a minor impact on performance at this time is anticipated. There are still a number of vacancies within medical staffing and the nursing establishment. As staffing improves, it is hoped that re-instating certain primary care clinics will provide additional will help support an improved performance within the department. The ED and management office teams continue to work together to flag issues impacting daily performance. Decisions are taken to cancel clinical commitments to provide additional support to the ED to ensure that safe and effective care can be provided, and to minimise waiting times.</p>
Ownership:	Chief Operating Officer

4 Hour Performance	Aug-21	2021/2022
Bristol Royal Infirmary	50.0%	54.6%
Bristol Children's Hospital	78.0%	82.4%
Bristol Eye Hospital	96.1%	97.6%
Weston General Hospital	65.6%	71.5%

Total Attendances	Aug-21	2021/2022
Bristol Royal Infirmary	6,328	32,190
Bristol Children's Hospital	3,657	19,276
Bristol Eye Hospital	1,903	9,265
Weston General Hospital	4,013	20,025

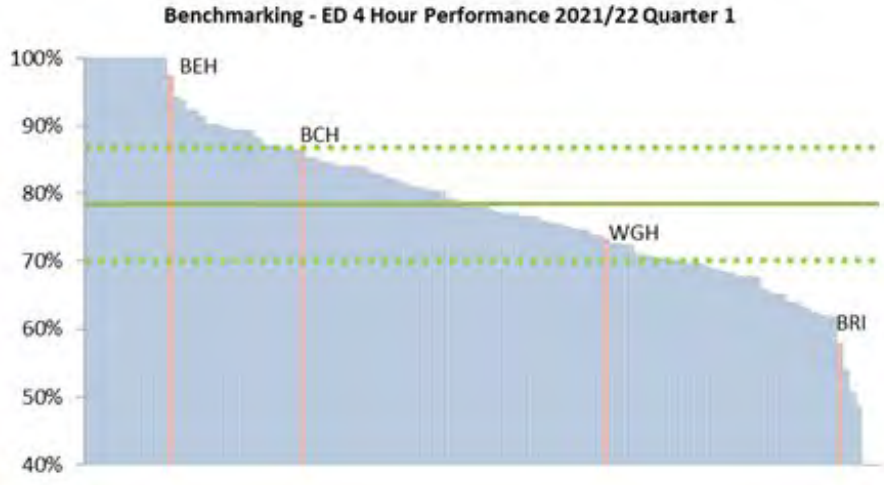
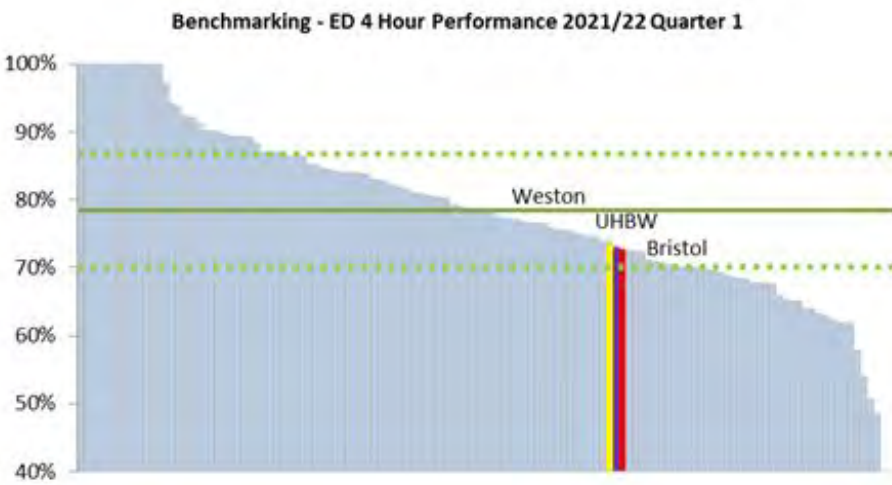
Emergency Care – 4 Hour Standard

August 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

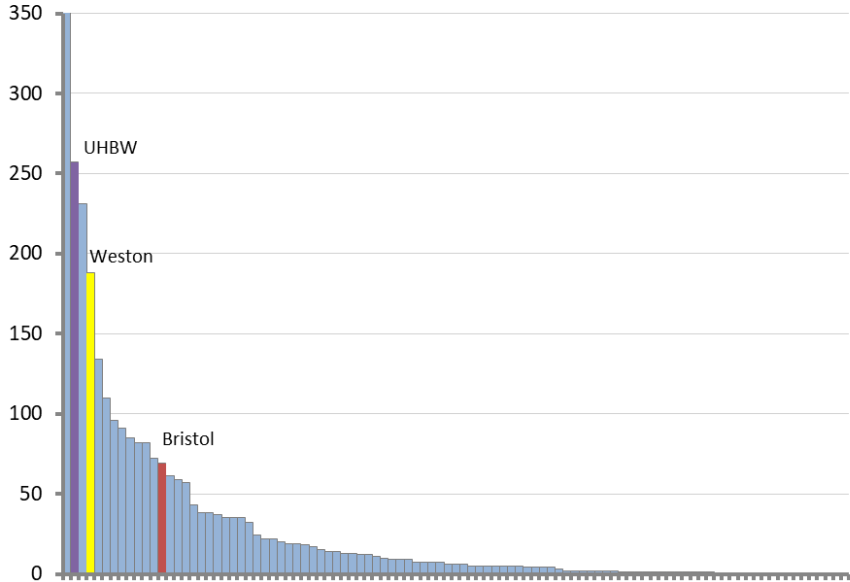
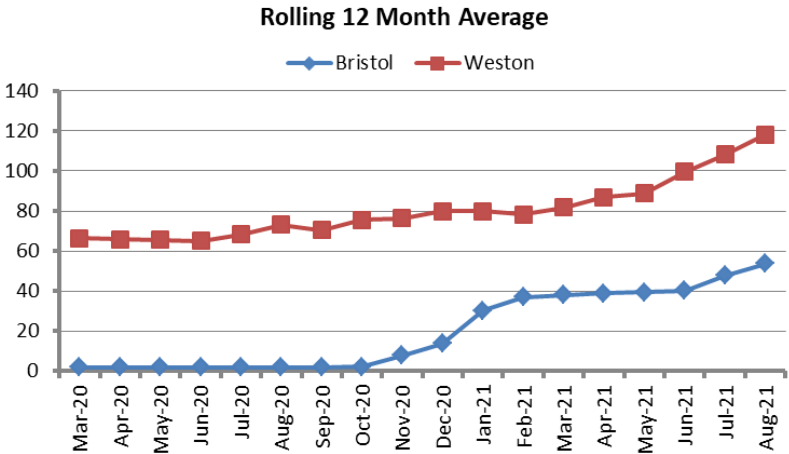
August 2021

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. Datix ID 5067 Risk that patients will come to harm when they wait over 12 hours to be admitted to an inpatient bed

	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	4	12	91	69							
Weston	0	1	7	58	68	6	84	135	168	257	113	84	62	24	134	164	188							
UHBW	0	1	7	58	68	6	87	201	247	468	195	102	71	28	146	255	257							

Benchmarking - 12 Hour Trolley Waits - August 2021

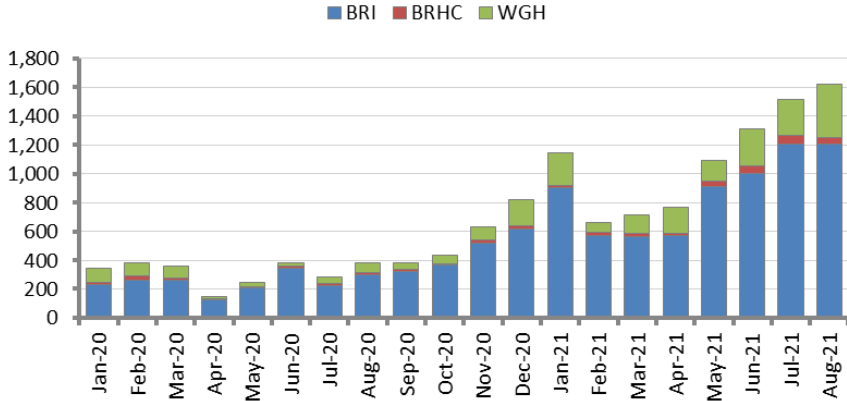


Emergency Care – Ambulance Handovers

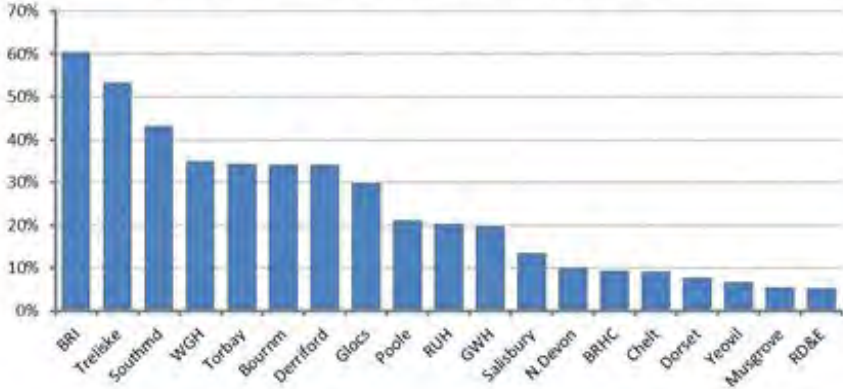
Quarter 2 2021/22

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.

UHBW Chargeable Ambulance Handovers In Excess of 30 Minutes



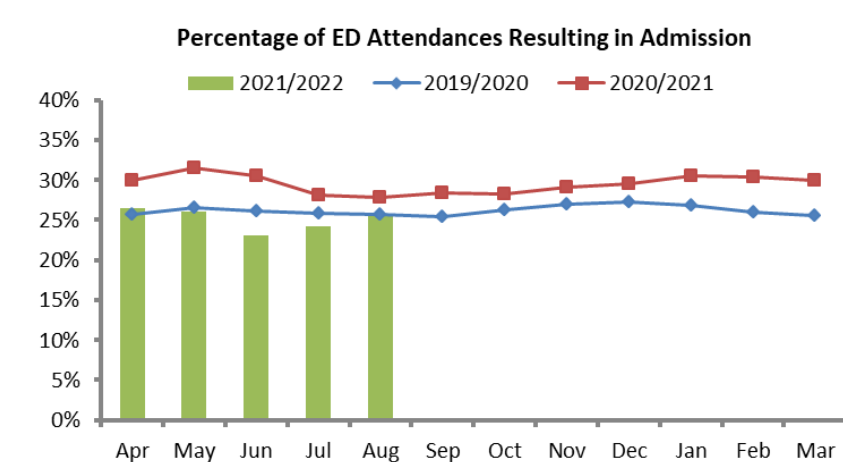
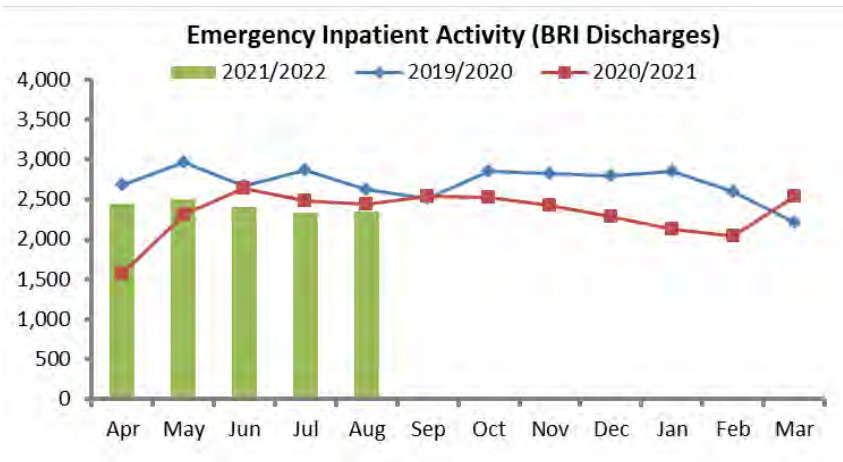
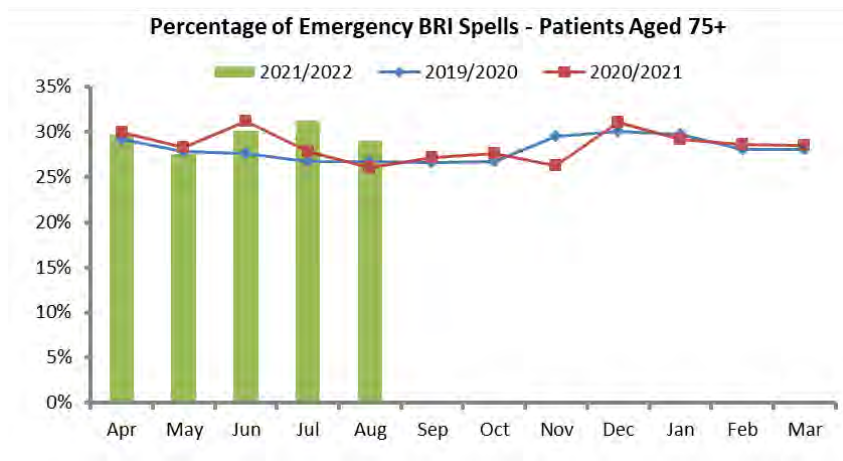
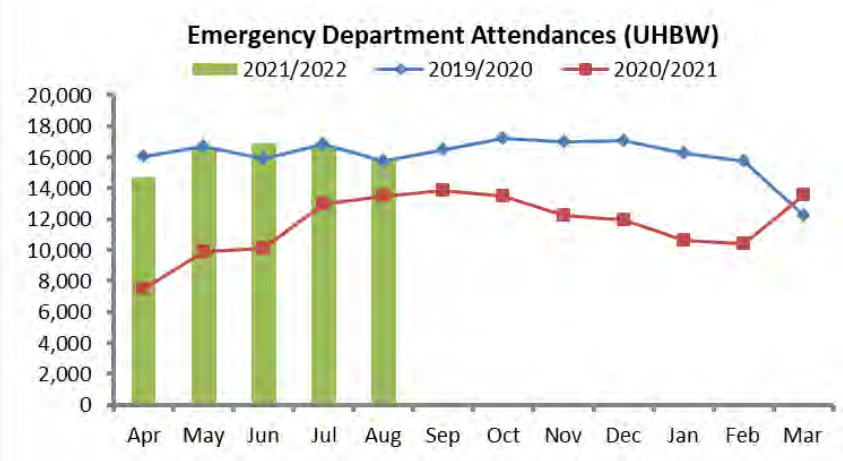
Percentage of Handovers Over 30 Minutes (1st July to 5th September)



Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	1,353	127	9%	12	3
BRISTOL ROYAL INFIRMARY	5,166	3,120	60%	2,135	1,206
CHELTENHAM GENERAL HOSPITAL	1,120	102	9%	10	1
DERRIFORD HOSPITAL	7,196	2,450	34%	1,370	680
DORSET COUNTY HOSPITAL	3,453	264	8%	87	17
GLOUCESTER ROYAL HOSPITAL	7,964	2,363	30%	1,136	386
GREAT WESTERN HOSPITAL	5,493	1,082	20%	435	114
MUSGROVE PARK HOSPITAL	5,402	297	5%	45	0
NORTH DEVON DISTRICT HOSPITAL	3,231	322	10%	36	1
POOLE HOSPITAL	4,545	955	21%	355	101
ROYAL BOURNEMOUTH HOSPITAL	4,846	1,650	34%	658	173
ROYAL DEVON AND EXETER WONFORD	6,908	365	5%	8	1
ROYAL UNITED HOSPITAL - BATH	5,967	1,204	20%	518	160
SALISBURY DISTRICT HOSPITAL	2,633	357	14%	114	15
SOUTHMEAD HOSPITAL	6,605	2,842	43%	1,619	760
TORBAY HOSPITAL	5,174	1,771	34%	953	429
TRELISKE HOSPITAL	7,485	3,976	53%	2,544	1,325
WESTON GENERAL HOSPITAL	2,143	749	35%	486	283
YEovil DISTRICT HOSPITAL	3,049	201	7%	21	1
All Hospitals Attended	89,733	24,197	27%	12,542	5,636

Emergency Care – Supporting Information

August 2021



Delayed Discharges

August 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 August there were 162 MFFD patients in hospital: 106 in Bristol hospitals and 56 at Weston. There were 5,093 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 164 beds were occupied per day by MFFD patients.
Commentary:	<p>In August 2021, the demand across all the pathways in Bristol and Weston continued to exceed capacity:</p> <ul style="list-style-type: none"> • Pathway 1: Demand for slots in the community remained high. At the end of August, there were 21 patients who did not meet the right to reside waiting for a P1 slot at the BRI. Average timeframes (BRI): 14.4 days from admission to SRF and 10.4 days from SRF decision to discharge. WGH: Pathway 1 turnover is consistent with 10 on the list and an average delay time of 7.7 nights. 1 outlier pulls this average up considerably. • Pathway 2: there were 15 patients waiting at the end of August at the BRI. Average timeframes: 13.1 days from admission to SRF and 15 days from SRF decision to discharge. It is anticipated that the remaining 15 beds at SBCH will re-open at the end October 2021 as Sirona’s extensive recruitment programme is underway. WGH: Longer waiting times persist due to low numbers of beds available. 23 on list with an average of 11 days delay. • Pathway 3: In August there were 23 patients waiting for a P3 Bed at the BRI. It took an average of 21.5 days from admission to SRF submission and 11.3 days from SRF decision to Discharge (BRI). New P3 contracts have been issued to care homes in Bristol (with particular focus on patients requiring complex dementia care) in an effort to meet demand. WGH: 14 delayed on the list with an average of 13.1 days delayed.
Ownership:	Chief Operating Officer

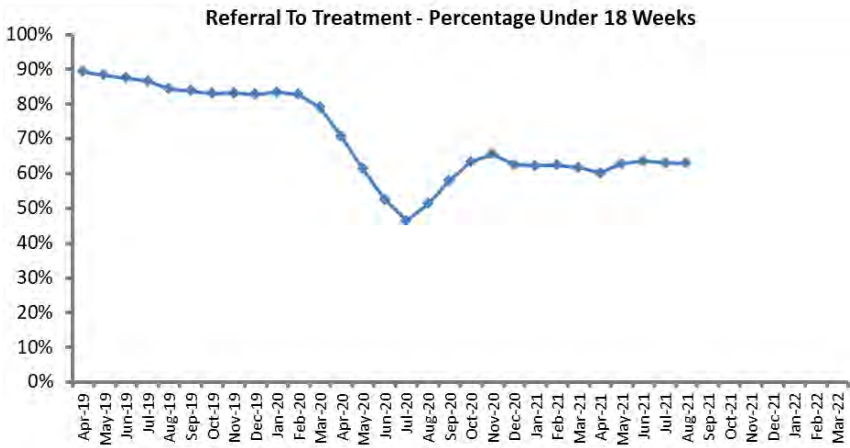


Referral To Treatment

August 2021

N Not Achieved

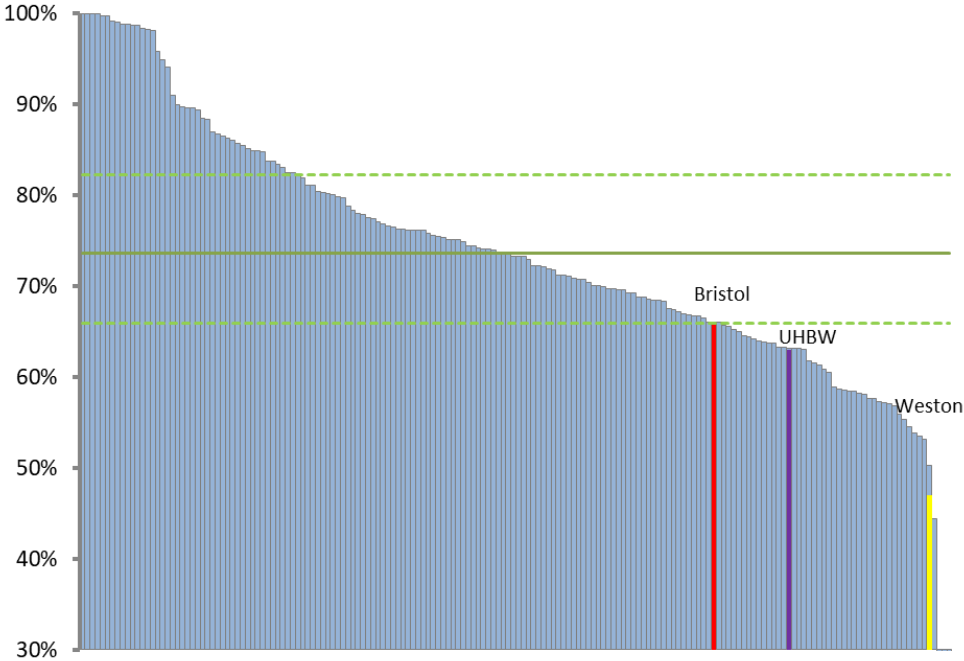
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks.
Performance:	At end of August, 63.0% of patients were waiting under 18 weeks. The total waiting list was 53,855 and the 18+ week backlog was 19,941. Comparing the end of March 2020 with the end of July 2021: <ul style="list-style-type: none"> the overall wait list has increased by 14,152 patients . This is an increase of 3%. the number of patients waiting 18+ weeks increased by 11,652 patients. This is an increase of 141%.
Commentary:	The focus of discussions with divisions and wider system partners is on restoring of activity and clinically prioritising 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. There has been an agreement regarding a system wide Waiting List Initiative (WLI) rate as part of the Elective Accelerator Programme and this will be reviewed again in September 2021. The largest Bristol increases in waiting list size , when compared with March 2020, are In Ophthalmology (4,949 increase, 119%), Adult ENT & Thoracics (1,934, 81%). The Weston list has increased by 1,731 over the same time period, a 25% increase. The largest Bristol volumes of 18 +week backlog patients at the end of August are in Dental (4,534 patients), Ophthalmology (2,649), ENT & Thoracics (1,833) and Paediatrics (1,907). Weston has 4,576 patients waiting 18+ weeks at the of August.
Ownership:	Chief Operating Officer



Referral To Treatment

July/August 2021

Benchmarking RTT Percentage Under 18 Weeks - July 2021



	Aug-21		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	293	298	98.3%
Medicine	4,291	5,278	81.3%
Specialised Services	3,508	4,962	70.7%
Surgery	16,514	27,200	60.7%
Weston	4,026	8,602	46.8%
Women's and Children's	5,282	7,515	70.3%
Other/Not Known	0	0	-
TRUST TOTAL	33,914	53,855	63.0%
<i>Bristol Subtotal</i>	<i>29,888</i>	<i>45,253</i>	<i>66.0%</i>

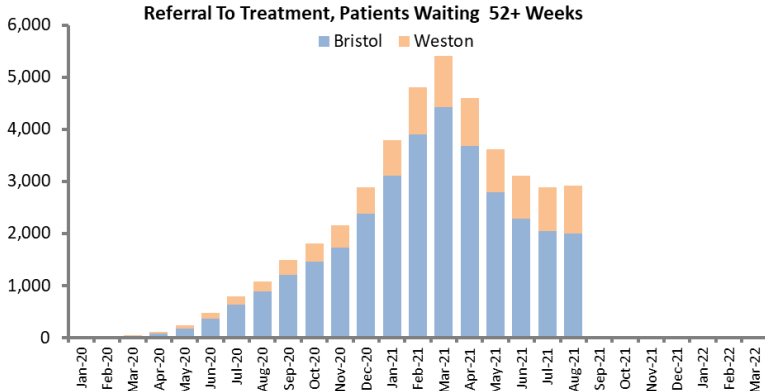
Referral To Treatment – 52 Weeks

August 2021

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of August 2,925 patients were waiting 52+ weeks; 1,999 across Bristol sites and 926 at Weston. This is an overall increase of 32 patients from the end of July position.
Commentary:	<p>Although the 52 week waiters has previously shown four months of reduction it is now showing a small increase. This is due to the volume of long waiters in the lower weeks wait cohort tipping into the 52+ week cohort whilst divisions try to date the longer waiting patients. It is still extremely difficult to date the longer waiting patients who are waiting for routine operations when there is a lack of capacity due to the continual high demand of emergency and cancer admissions. This has been further exacerbated by the critical incident position across the Trust. The demand and capacity modelling and trajectory setting for the next 6 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand.</p> <p>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 are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. There is an offer of increased capacity within the independent sector and work is underway to review our long waiting patients who meet the criteria to have a transfer of care to the IS. Previous challenges of theatre closures is becoming less of an issue as theatres are almost back to full capacity, however the challenge of anaesthetic cover, gaps in nursing and therapies staff, social distancing restrictions, the increases in Covid cases 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 eradicate 104-week breaches at the end of March 2022. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still outweigh the capacity we have available to be able to offer this cohort a TCI date which currently doesn’t give assurance that we will be able eradicate the 104-week breaches within this timescale.</p>
Ownership:	Chief Operating Officer

	Aug-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	34	9	0
Specialised Services	201	71	9
Surgery	1,350	596	42
Weston	926	389	63
Women's and Children's	414	152	6
TOTAL	2,925	1,217	120
<i>Bristol</i>	<i>1,999</i>	<i>828</i>	<i>57</i>



Elective Activity and Referral Volumes

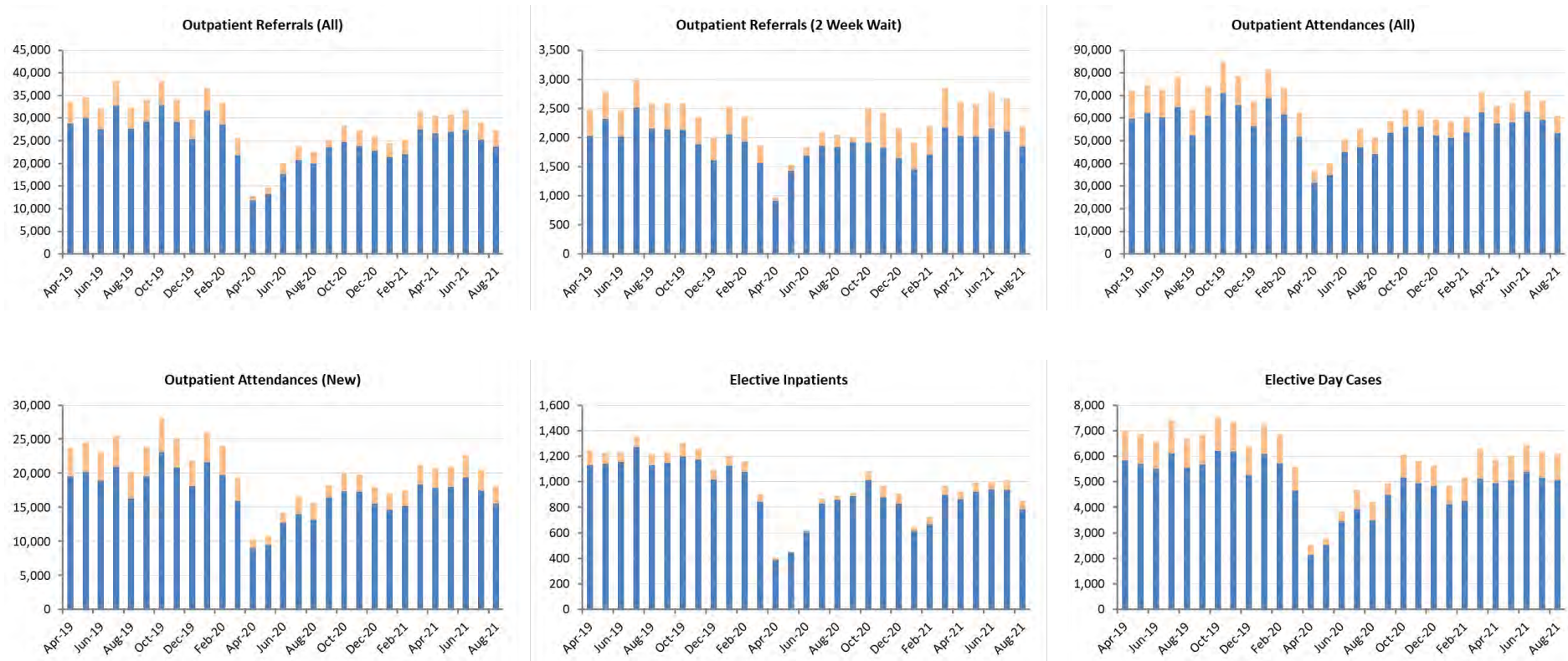


University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO JULY 2021

■ Bristol ■ Weston

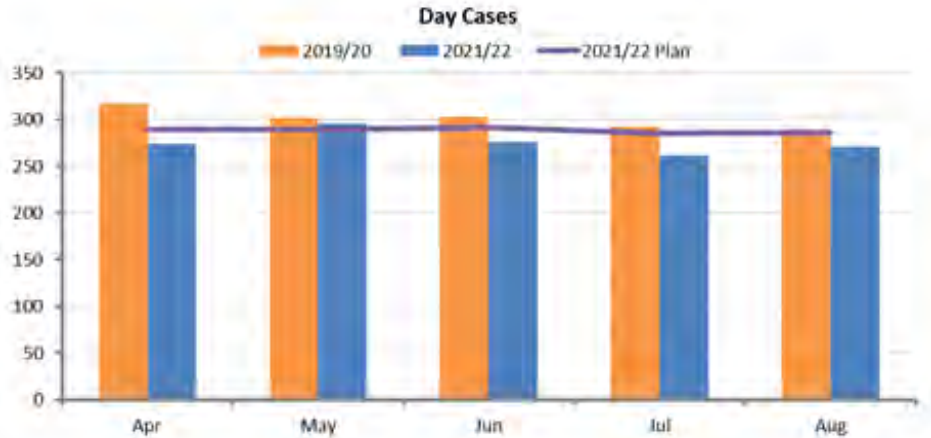
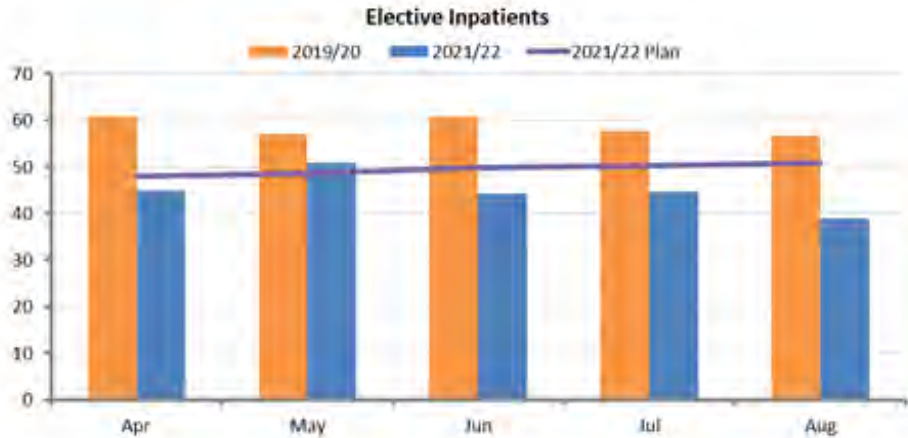


The above data is sourced from the Patient Administration Systems (PAS) and is not the final contracted activity that is used to assess restoration or Business As Usual (BAU) levels.

Elective Activity – Restoration

August 2021

Activity Per Day, By Month and Year



		Apr	May	Jun	Jul	Aug
2021/22	Actual Activity Per Day	45	51	44	45	39
	Planned Activity Per Day	48	49	50	50	51
2019/20	Actual Activity Per Day	61	57	61	58	57
2021/22 Activity: % of Plan		93%	105%	89%	89%	76%
2021/22 Activity: % of 2019/20		74%	89%	73%	78%	69%

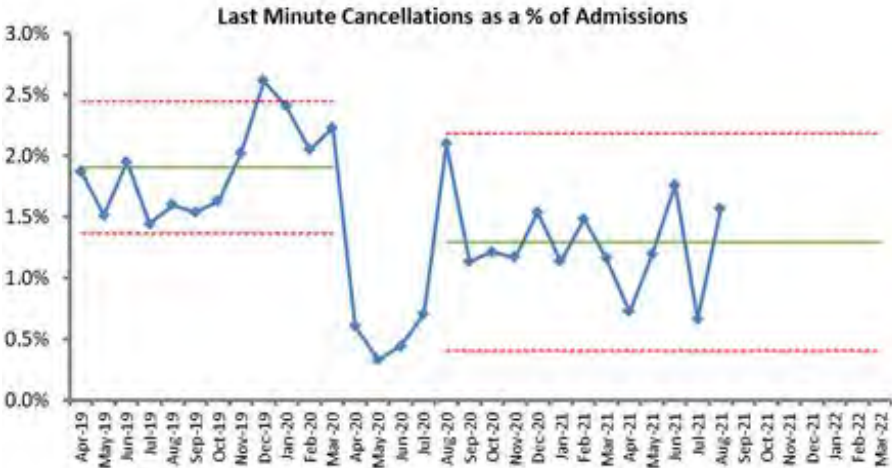
		Apr	May	Jun	Jul	Aug
2021/22	Actual Activity Per Day	275	296	276	262	271
	Planned Activity Per Day	289	289	291	286	286
2019/20	Actual Activity Per Day	318	302	303	292	286
2021/22 Activity: % of Plan		95%	102%	95%	92%	95%
2021/22 Activity: % of 2019/20		86%	98%	91%	90%	95%

Cancelled Operations

August 2021

N Not 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 August, there were 93 last minute cancellations, which was 1.6% of elective admissions. There were 81 cancellations at Bristol and 12 at Weston. Of the 31 cancelled in July, 22(77%) had been re-admitted within 28 days.
Commentary:	The most common cancellation reasons for August were “Other Emergency Patient Prioritised” (16), “Unavailability of Theatre Staff” (11), “No Critical Care Bed” (9), “No Ward Bed” (9) and “Rescheduled/Postponed” (9). The largest Bristol volumes were in Paediatrics (18), General Surgery (18), Cardiac (15) and Ophthalmology (14). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer



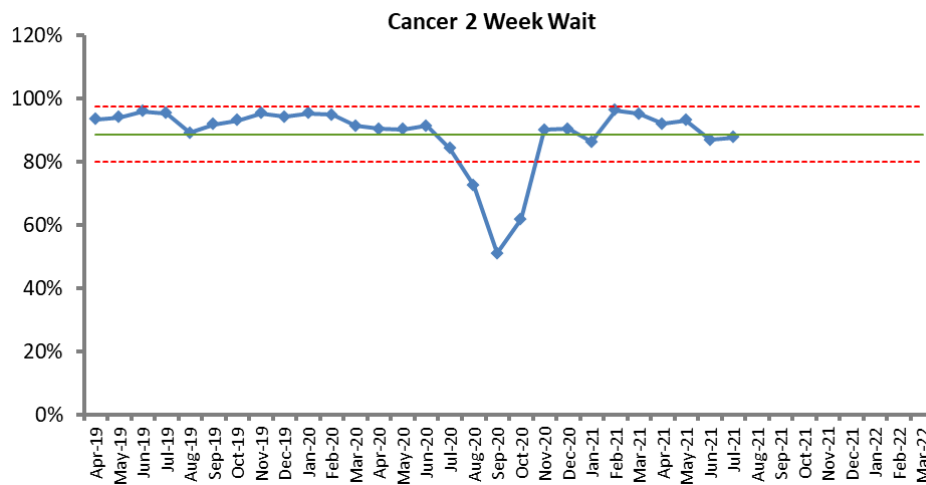
	Aug-21		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	1	0.16%	7	0.20%
Specialised Services	15	0.66%	83	0.74%
Surgery	46	2.59%	168	1.85%
Weston	12	3.21%	30	1.76%
Women's and Children's	19	2.24%	71	1.52%
Other/Not Known	0	-	0	-
TRUST TOTAL	93	1.57%	359	1.19%

Cancer Two Week Wait

July 2021

N Not 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 July, 87.7% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%.
Commentary:	The standard was non-compliant in July (87.7% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Capacity challenges have occurred in specific areas as a result of surges in demand, likely due to 'pent up' demand built during the lockdowns earlier in the year, and also due to the regional change to the colorectal pathway which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust is contributing to the regional evaluation of this pathway however that will not be complete until May 2022.
Ownership:	Chief Operating Officer



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	4	4	100.0%
Suspected children's cancer	12	12	100.0%
Suspected gynaecological cancers	162	175	92.6%
Suspected haematological malignancies	16	16	100.0%
Suspected head and neck cancers	417	450	92.7%
Suspected lower gastrointestinal cancers	158	274	57.7%
Suspected lung cancer	32	34	94.1%
Suspected skin cancers	640	670	95.5%
Suspected upper gastrointestinal cancers	135	163	82.8%
Suspected urological cancers excluding testicular	58	66	87.9%
Grand Total	1,634	1,864	87.7%

Cancer 62 Days

July 2021

N Not Achieved

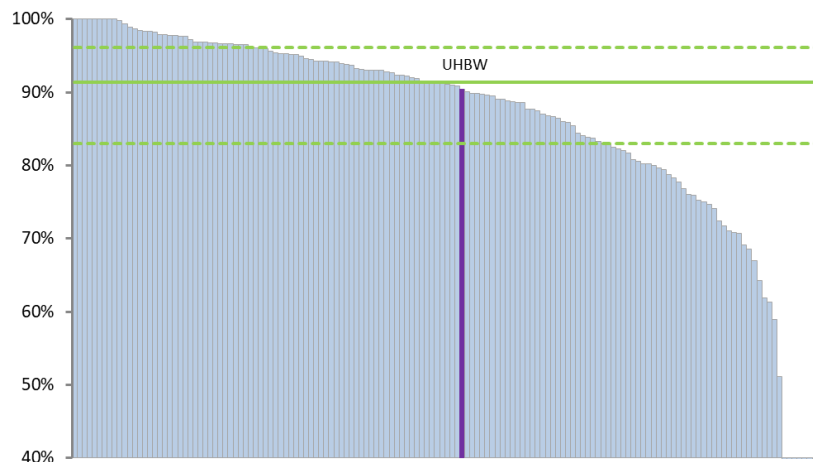
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes
Performance:	For July, 76.2% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%.
Commentary:	The standard was non-compliant in July (76.2% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and staff being obliged to isolate. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer



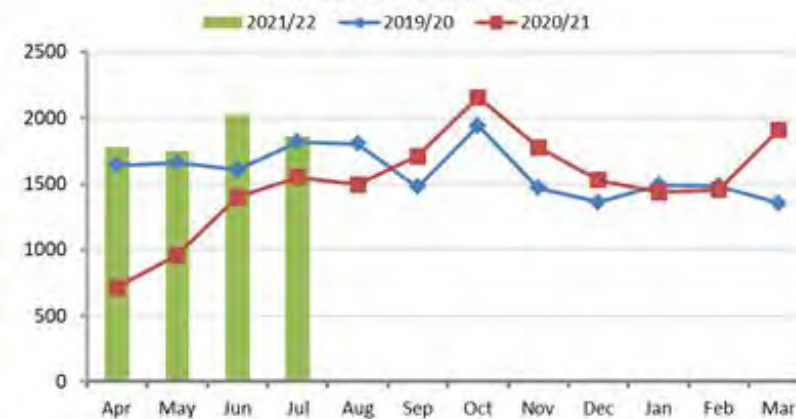
	Within Target	Total Pathways	Performance
Breast	2.5	2.5	100.0%
Gynaecological	7.5	14.0	53.6%
Haematological	8.0	11.0	72.7%
Head and Neck	8.5	14.5	58.6%
Lower Gastrointestinal	9.5	15.5	61.3%
Lung	12.5	14.5	86.2%
Other	1.5	1.5	100.0%
Sarcoma	1.0	1.0	100.0%
Skin	53.0	59.0	89.8%
Upper Gastrointestinal	10.5	14.0	75.0%
Urological	7.0	12.0	58.3%
Grand Total	121.5	159.5	76.2%

Cancer – Additional Information

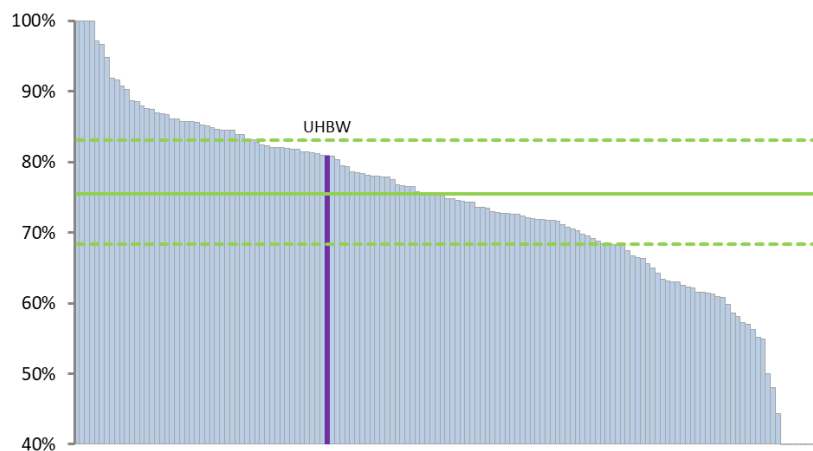
Benchmarking - 2 Week Wait Performance - 2021/22 Quarter 1



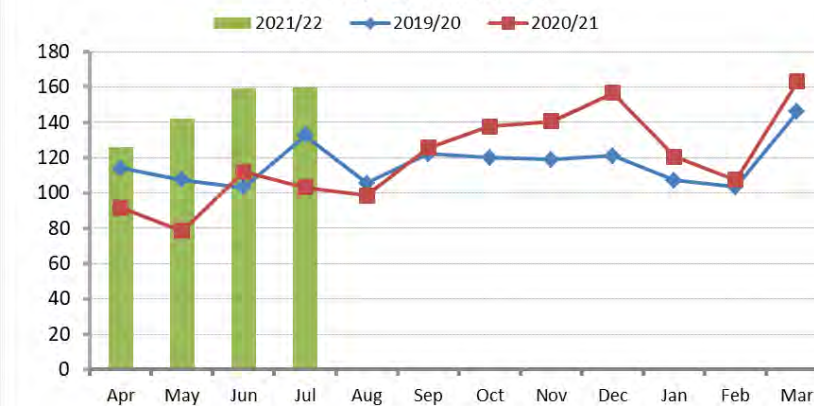
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2021/22 Quarter 1



62 Day - Patients Treated



Cancer 104 Days



Snapshot taken: 12th September 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 12 th September 2021 there were 6 such waiters. This compares to a peak of 53 such waiters in early July 2020.
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 below this threshold, but has started to rise as the impact of Covid isolation and high emergency demand since July starts to show in the figures. 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.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days



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Snapshot taken: 12th September 2021

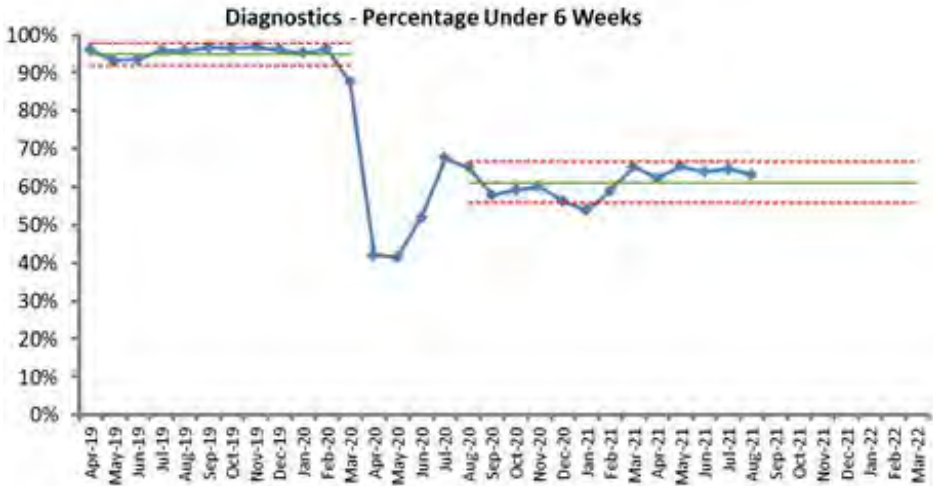
Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE ha asked Trusts to return to/remain below ‘pre-pandemic levels’. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based 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 12 th September the Trust had 203 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust had remained below the limit of the ‘pre-Covid’ baseline until the most recent reported week (snapshot 12 th September). An increase at this time of year is expected, due to increased patient choice over the summer holidays, and the increase in skin referrals over the summer. However there is also some impact from the ongoing capacity issues across all areas, due to the impact of the Covid pandemic, isolation requirements and the very high levels of emergency admissions to the Trust over the summer.
Ownership:	Chief Operating Officer

Diagnostic Waits

August 2021

N Not Achieved

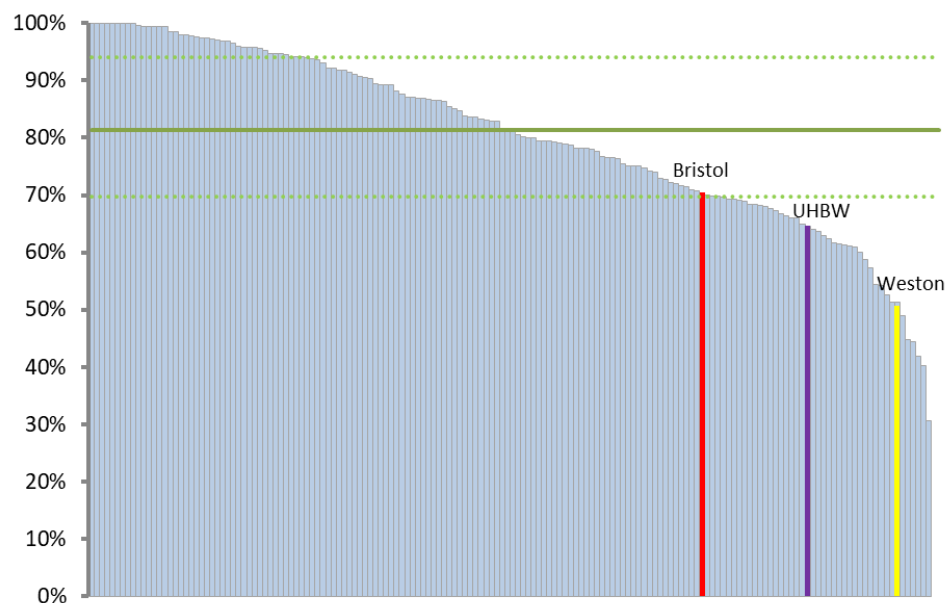
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of August, 63.1% of patients were waiting under 6 week, with 13,661 patients in total on the list. This is Bristol and Weston combined.
Commentary:	<ul style="list-style-type: none"> Diagnostic clinical prioritisation programme is progressing with diagnostic imaging modalities being reported according to the nationally defined categories. Further work required regarding non-CRIS specialties, and, in particular, endoscopy. Non obstetric ultrasound outsourced capacity procurement expecting to be awarded with additional activity mobilised by September. Case for further extension also underway to support reduction of North Bristol Trust (NBT) backlogs before March 2022. CT scanner “early adopter” agreed for Weston demountable scanner. This is a capacity increase although the future location is to be confirmed. This will deliver around 500 additional scans per month from August. Business case to extend Biobank imaging capacity to end of March 2021 underway.
Ownership:	Chief Operating Officer



	Aug-21		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	4,818	6,139	78.5%
Medicine	51	137	37.2%
Specialised Services	1,174	2,041	57.5%
Surgery	515	1,202	42.8%
Weston	1,863	3,902	47.7%
Women's and Children's	196	240	81.7%
Other/Not Known	0	0	-
TRUST TOTAL	8,617	13,661	63.1%
<i>Bristol Subtotal</i>	<i>6,754</i>	<i>9,759</i>	<i>69.2%</i>

Diagnostic Waits

Benchmarking - Percentage Under 6 Weeks - July 2021



WESTON			Total On	% Under 6
	6+ Weeks	13+ Weeks	List	Weeks
Audiology - Audiology Assessments	1	0	6	83.3%
Cardiology - echocardiography	995	741	1,242	19.9%
Colonoscopy	66	58	95	30.5%
Computed Tomography	4	1	247	98.4%
Cystoscopy	338	261	439	23.0%
DEXA Scan	296	145	428	30.8%
Flexi sigmoidoscopy	12	11	37	67.6%
Gastroscopy	44	31	84	47.6%
Magnetic Resonance Imaging	5	0	411	98.8%
Non-obstetric ultrasound	278	4	913	69.6%
Grand Total	2,039	1,252	3,902	47.7%

BRISTOL			Total On	% Under 6
	6+ Weeks	13+ Weeks	List	Weeks
Audiology - Audiology Assessments	7	0	374	98.1%
Cardiology - echocardiography	242	6	1,180	79.5%
Colonoscopy	344	261	543	36.6%
Computed Tomography	290	252	1,229	76.4%
Cystoscopy	6	3	10	40.0%
DEXA Scan	60	4	280	78.6%
Flexi sigmoidoscopy	133	113	205	35.1%
Gastroscopy	245	192	507	51.7%
Magnetic Resonance Imaging	847	533	2,299	63.2%
Non-obstetric ultrasound	805	134	2,975	72.9%
Respiratory physiology - sleep studies	26	26	45	42.2%
Grand Total	3,005	1,524	9,759	69.2%

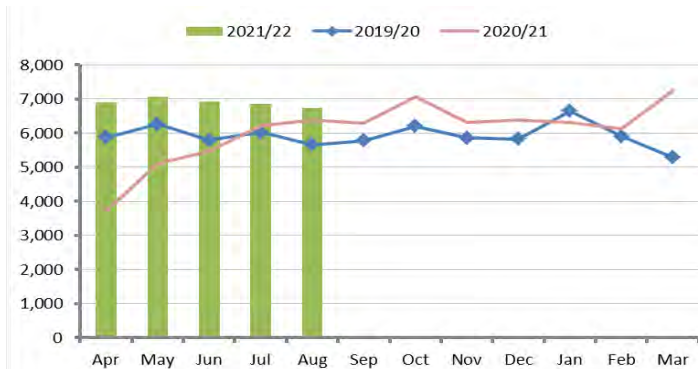
Diagnostic Activity – Restoration



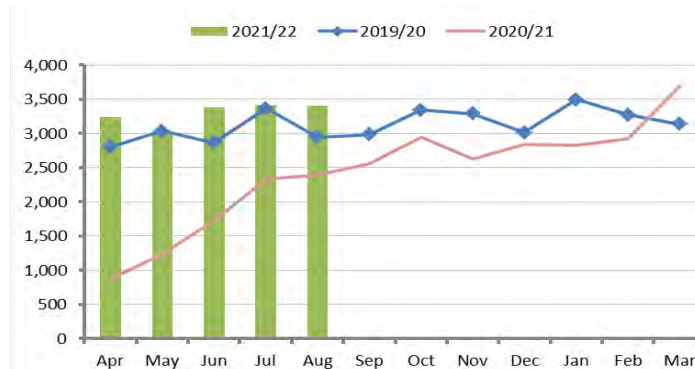
University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

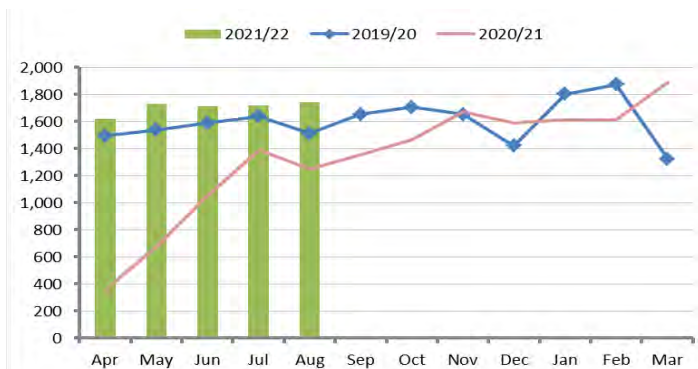
Computed Tomography (CT)



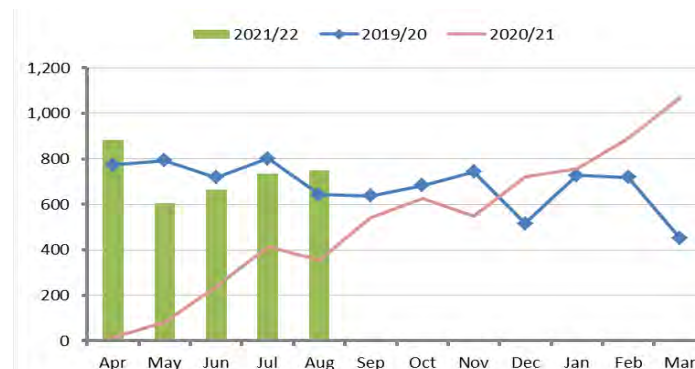
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy (Gastroscopy, Colonoscopy, Flexi Sig)



2021/22 as a Percentage of 2019/20

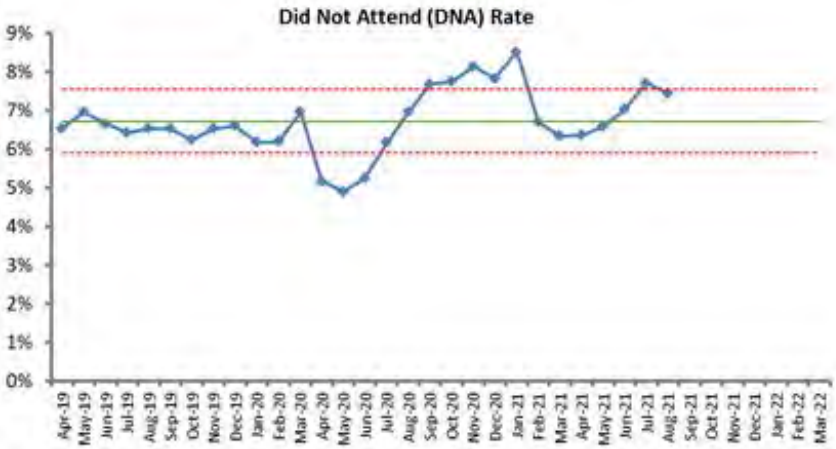
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%	120%	114%	119%							
Magnetic Resonance Imaging	115%	99%	118%	101%	116%							
Echocardiography	108%	113%	108%	105%	115%							
Endoscopy	114%	76%	92%	92%	116%							

Outpatient Measures

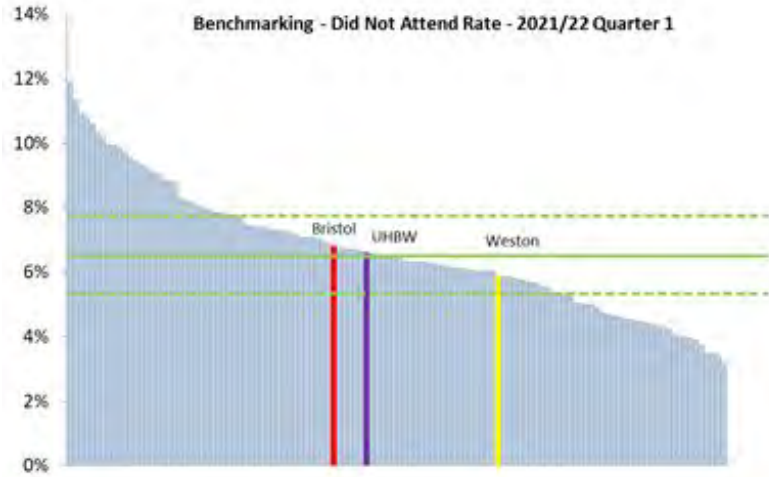
August 2021

N Not Achieved

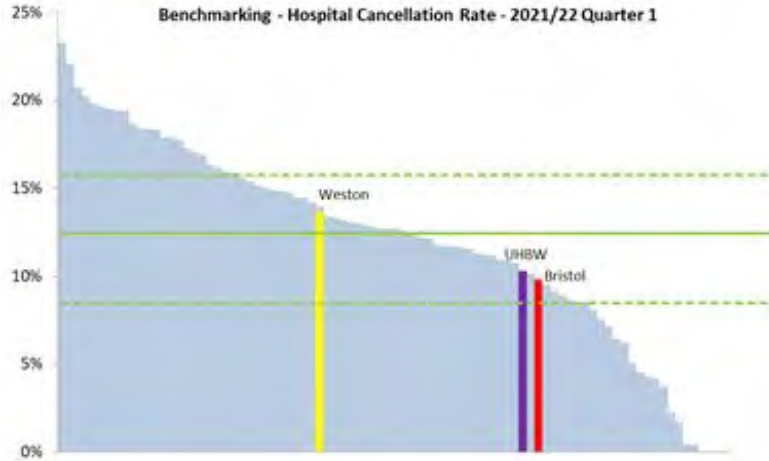
Standards:	<p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p>
Performance:	<p>In August, the DNA Rate was 7.4% across Bristol and Weston, with 4,837 DNA'ed appointments.</p> <p>The hospital cancellation rate was 11.4% with 10,674 cancelled appointments</p>
Commentary:	<ul style="list-style-type: none"> • Cancellation rates have continued to rise in August to 11.4% as a result of the sustained urgent care response June/July/August • DNA rates rose in June to 7.0%, this rose in July to 7.7% and has been sustained during August at 7.4%. This mirrors the urgent care response and the decline in non-face to face activity. • The appointment centre and the access team are putting plans in place increase resources to promote attendance and reduce last minute patient cancellations.
Ownership:	Chief Operating Officer



Outpatient Measures



	Aug-21	
	DNAs	DNA Rate
Diagnostics and Therapies	414	6.1%
Medicine	724	9.0%
Specialised Services	471	4.7%
Surgery	1,495	8.0%
Weston	569	7.4%
Women's and Children's	1,164	8.4%
Other/Not Known	0	-
TRUST TOTAL	4,837	7.4%
<i>Bristol Subtotal</i>	<i>4,268</i>	<i>7.4%</i>



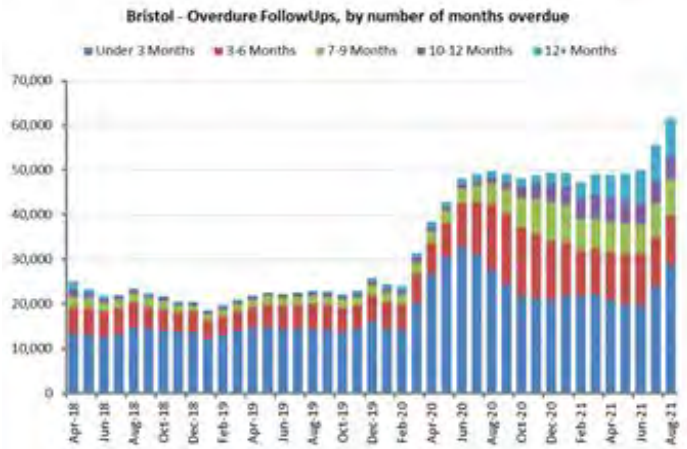
	Aug-21	
	Cancellations	Rate
Diagnostics and Therapies	438	5.4%
Medicine	1,402	12.9%
Specialised Services	2,424	16.1%
Surgery	2,571	9.7%
Weston	1,746	12.4%
Women's and Children's	2,093	11.0%
Other/Not Known	0	-
TRUST TOTAL	10,674	11.4%
<i>Bristol Subtotal</i>	<i>8,928</i>	<i>11.2%</i>

Outpatient Overdue Follow-Ups

August 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. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of August was 84,293 of which 23,994 (28%) 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. The findings from an independent review to support with risk stratifying the UHBW overdue follow up backlog and advise upon improvement priorities is currently being reviewed by the UHBW Planned Care Board.
Commentary:	<ul style="list-style-type: none"> Overdue follow up backlogs have continued to grow during August as a result of outpatient cancellations to support the urgent care response June/July/August (Datix ID 2244). Outpatient restoration activity has fallen below the 2021/22 plan delivering 92% during August this is 86% of 2019/20 activity. Clinical capacity is not 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. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422)
Ownership:	Chief Operating Officer



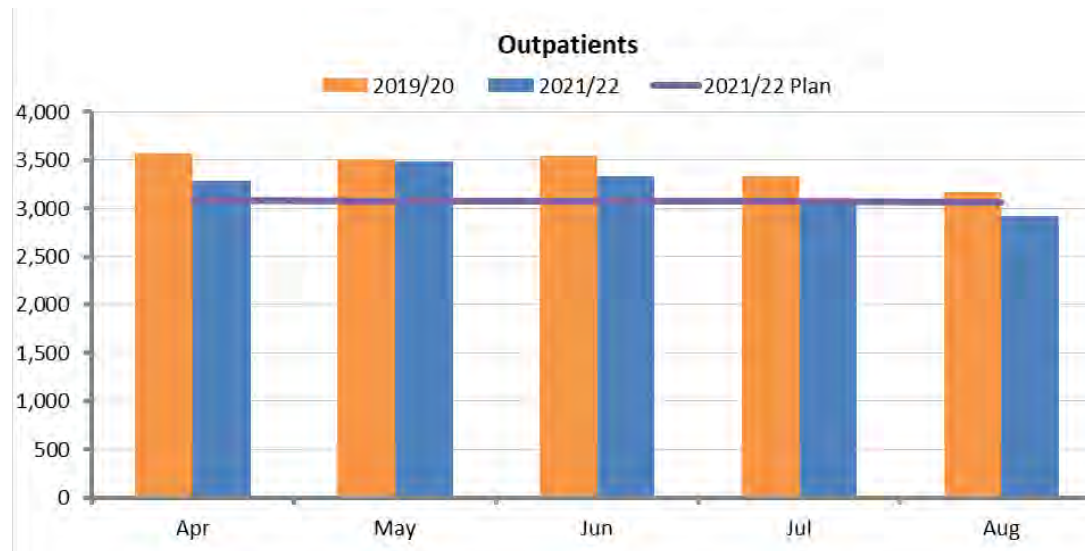
	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	3,695	54	20	3,769
Medicine	11,343	1,785	4,144	17,272
Specialised Services	6,012	351	472	6,835
Surgery	22,058	2,112	4,163	28,333
Weston	12,360	4,054	6,247	22,661
Women's and Children's	4,831	322	270	5,423
UHBW TOTAL	60,299	8,678	15,316	84,293
<i>Bristol Subtotal</i>	<i>47,939</i>	<i>4,624</i>	<i>9,069</i>	<i>61,632</i>

Outpatient Activity – Restoration



August 2021

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug
2021/22	Actual Activity Per Day	3,289	3,483	3,327	3,099	2,919
	Planned Activity Per Day	3,085	3,068	3,078	3,068	3,057
2019/20	Actual Activity Per Day	3,568	3,507	3,544	3,327	3,162
2021/22 Activity: % of Plan		107%	114%	108%	101%	95%
2021/22 Activity: % of 2019/20		92%	99%	94%	93%	92%

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

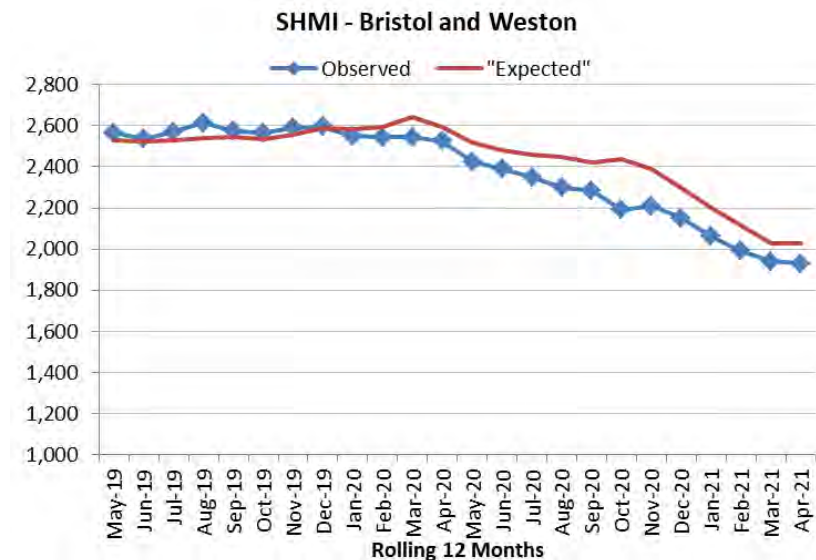
April 2021

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:	The Summary Hospital Mortality Indicator for UHBW for the 12 months to April 2021 and was 95.1 and in NHS Digital’s “as expected” category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	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

Rolling 12	UHBW		SHMI
	Observed	"Expected"	
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
Jan-21	2,060	2,200	93.6
Feb-21	1,990	2,115	94.1
Mar-21	1,940	2,030	95.6
Apr-21	1,930	2,030	95.1

Note: Jan-21 represents 12 month period Feb-20 to Jan-21



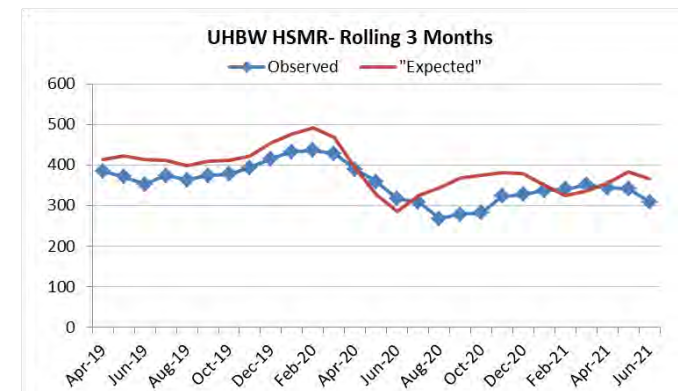
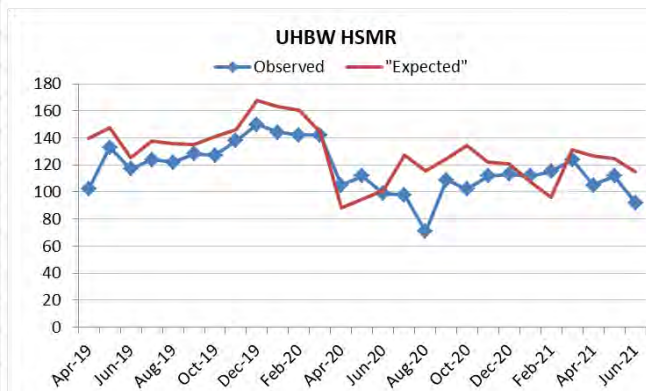
Mortality – HSMR (Hospital Standardised Mortality Ratio)

June 2021

A *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 June 2021 is 80, meaning there were fewer observed deaths (92) than the statistically calculated expected number of deaths (115). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. The HSMR for the 12 months to June 2021 for UHBW was 87.4 (National Peer: 89.7).
Commentary:	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	"Expected"	HSMR
Jul-20	98	128	76.8
Aug-20	71	115	61.6
Sep-20	109	124	87.6
Oct-20	102	135	75.7
Nov-20	112	122	91.5
Dec-20	113	121	93.5
Jan-21	112	108	103.9
Feb-21	115	96	119.4
Mar-21	124	131	94.6
Apr-21	105	127	83.0
May-21	112	125	89.6
Jun-21	92	115	80.0



Fractured Neck of Femur (NOF)

August 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 August 2021, there were 36 patients eligible for Best Practice Tariff (BPT) across UHBW (19 in Bristol and 17 in Weston). Overall Best Practice Tariff performance was achieved for 18 out of 36 patients (50%). <ul style="list-style-type: none"> For the 36 hour standard, 67% achieved the standard (24 out of 36 patients) For the 72 hour standard, 92% achieved the standard (33 out of 36 patients)
Commentary:	<p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> Continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity. Difficulty accessing theatres to ensure consistent Fracture NOF theatre The BRI is witnessing a sustained increase of demand on the trauma service as a result of national lockdowns being eased. Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the T&O wards. <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> Getting It Right First Time (GIRFT) review completed, awaiting feedback from the report. Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre as well as developing a complete staffing picture for the service to ensure we have staff to meet demand. Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons. Formal job planning completed and actioned to provide multi-specialist trauma cover each day. <p>Challenges to be addressed in Weston (August issues):</p> <ul style="list-style-type: none"> Four patients had delays to timely surgery because of their medical needs and requiring optimisation. One patient required specialist Orthopaedic surgeon so had to wait an extra day for this surgeon to be available. Three patients missed time to Physiotherapy assessment. This was due to no physiotherapist being available at the weekend. One patient missed the 4AT delirium score: reasons unknown One patient did not have a nutritional assessment completed (MUST) during their admission: reason unknown <p>Actions being taken in Weston</p> <ul style="list-style-type: none"> Use of emergency lists where possible for extra capacity when trauma lists are full or limited Appointment of a substantive Ortho-geriatrician complete. Awaiting confirmed start date. Monitoring outliers. All patients to be admitted to Hutton Orthopaedic ward following covid result. Monitoring timely start times in theatre. Datix incidents to be completed when a delayed start causes a patient's surgery to be cancelled.
Ownership:	Medical Director

Effective

Fractured Neck of Femur (NOF)

August 2021



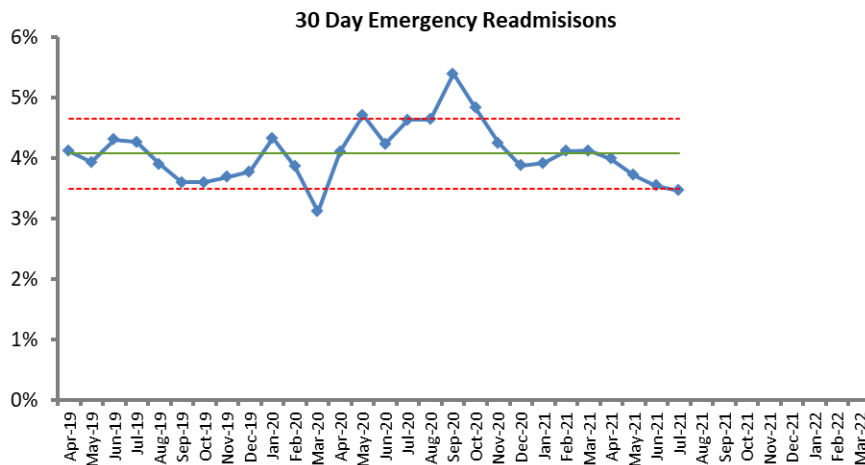
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	19	12	63%	18	95%
Weston	17	12	71%	15	88%
TOTAL	36	24	66.7%	33	91.7%

Readmissions

July 2021

P Partially 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 July, there were 13,893 discharges, of which 481 (3.5%) 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. However, during 2021/22 the aim is for Readmissions to be managed and reviewed as part of the "Proactive Hospital" group which is being established. The aim of the group is to "deliver timely emergency and elective care by the optimal specialty in the ideal clinical location. All treatments go ahead as planned; no patient will have to queue for a bed or stay in hospital longer than is right for them." There are four strands: 1) Efficient Arrival, 2) Swift Assessment, 3) Seamless Admission and Transfer, and 4) Prompt Discharge. Readmissions will be reviewed as part of a balancing measure to ensure discharges are safe and do not generate inappropriate readmissions.
Ownership:	Chief Operating Officer



	Jul-21		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	3	20	15.0%
Medicine	207	2,336	8.9%
Specialised Services	30	2,784	1.1%
Surgery	85	2,407	3.5%
Weston	90	2,022	4.5%
Women's and Children's	66	4,324	1.5%
Other/Not Known	0	0	-
TRUST TOTAL	481	13,893	3.5%
<i>Bristol Subtotal</i>	<i>391</i>	<i>11,871</i>	<i>3.3%</i>

Workforce – Bank and Agency Usage



August 2021

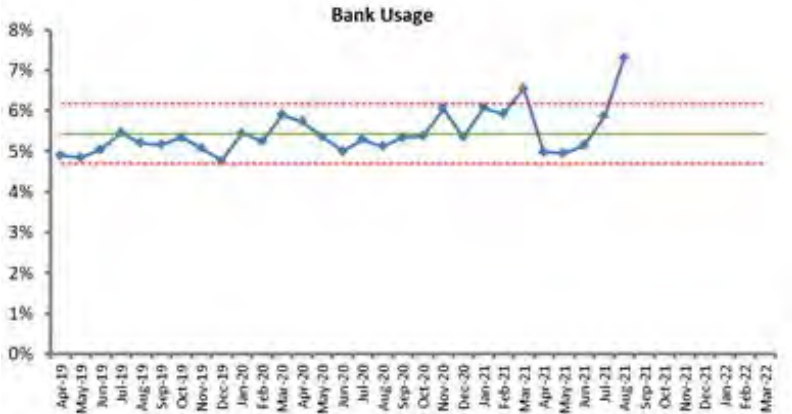
N Not Achieved

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 August 2021, total staffing was at 11,429 FTE. Of this, 7.3% was Bank (834 FTE) and 2.1% was Agency (239 FTE).
Commentary:	<p>Bank usage increased by 177.9 FTE. There were increases in seven divisions, with the largest increase seen in Weston, increasing to 159.4 FTE from 115.2 FTE in the previous month. There was one divisional reduction seen in Trust Services, reducing to 33.9 FTE from 35.4 FTE in the previous month.</p> <p>During the month of August, in light of the severe staffing pressures the decision was made across the BNSSG to temporarily widen the application of the accelerator rates previously only applied to work undertaken in the 'Accelerator Programme', to incentivise the delivery of specific additional activity to encourage the take up of Bank work in clinical areas, therefore prompting the large FTE increase. All other incentives were paused.</p> <p>Agency usage reduced by 12.8 FTE. There were increases in two divisions, with the largest increase seen in Trust Services, increasing to 14.4 FTE from 5.7 FTE in the previous month. There were reductions in five divisions, with the largest reduction seen in Specialised Services, reducing to 17.5 FTE from 24.5 FTE in the previous month.</p> <ul style="list-style-type: none"> • A further 61 appointments and reappointments have been made to the Trust Staff Bank across all staff groups. • Implementation of the new neutral vendor for agency medical locum supply to go live 13th September in an aim to deliver cost savings across the Trust. • In collaboration with BNSSG Partners, an evaluation of the accelerator rates in place across August, is taking place, together with a review of rates and future incentives ahead of winter pressures.
Ownership:	Director of People

Workforce – Bank and Agency Usage

August 2021

Bank	August FTE	August Actual %	KPI
UHBW NHS Foundation Trust	833.5	7.3%	5.6%
Diagnostics & Therapies	19.5	1.6%	2.0%
Medicine	172.1	11.7%	10.0%
Specialised Services	121.2	10.2%	6.0%
Surgery	129.8	6.7%	5.8%
Women's & Children's	83.4	3.7%	1.2%
Trust Services	33.9	2.9%	4.5%
Facilities & Estates	114.3	12.3%	8.0%
Weston	159.4	12.6%	10.0%



Agency	August FTE	August Actual %	KPI
UHBW NHS Foundation Trust	238.5	2.1%	1.7%
Diagnostics & Therapies	4.3	0.4%	0.9%
Medicine	71.7	4.9%	2.2%
Specialised Services	17.5	1.5%	1.0%
Surgery	29.7	1.5%	0.93%
Women's & Children's	22.4	1.0%	0.8%
Trust Services	14.4	1.2%	0.0%
Facilities & Estates	5.2	0.6%	3.9%
Weston	73.3	5.8%	5.2%



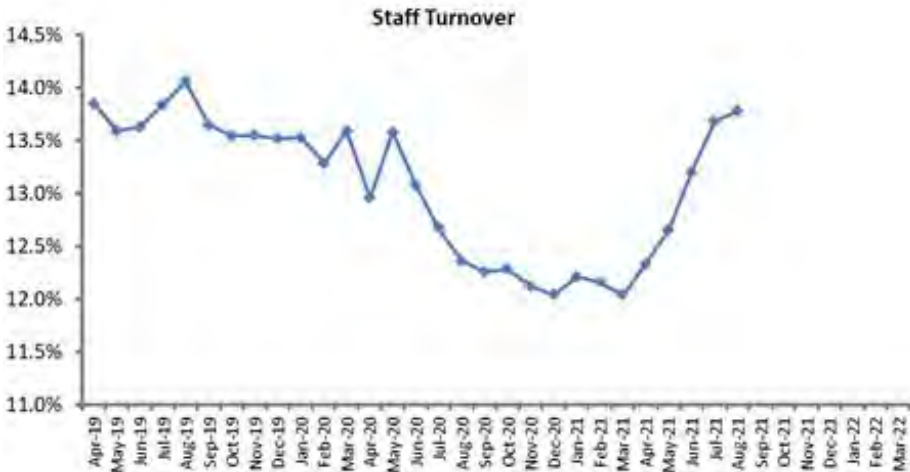
Workforce – Turnover

August 2021

N Not 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 August 2021, there had been 1197 leavers over the previous 12 months, with 8691 FTE staff in post on average over that period; giving a turnover of 1197 / 8691 = 13.8%.
Commentary:	<p>Turnover for the 12 month period increased to 13.8% in August 2021 compared with 13.7% in the previous month. Three divisions saw a reduction whilst four divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Specialised Services, where turnover reduced by 0.9 percentage points to 14.4% compared with 15.3% the previous month. Diagnostics and Therapies had the largest divisional increase, rising from 13.3% to 14.2%.</p> <ul style="list-style-type: none"> The Exit Process Review Group has met with key priorities identified including a launch of ‘Stay Conversations’, a reviewed KPI which measures questionnaires sent versus responses received and a renewed emphasis within line manager training emphasising the importance of conversing with the employee about an exit interview as soon as resignations are received. Trust Values: Stage 2 of the programme of work has been launched in August. Utilising the feedback from staff in Stage 1 of the project, the values will be formed refined and tested across the Trust providing an opportunity for more staff to have input into shaping the values and leadership behaviours via a series of workshops. These will conclude mid-September with the values and behaviours being ratified at Board in October.
Ownership:	Director of People

Turnover	Aug-21	KPI
UHBW NHS Foundation Trust	13.8%	12.5%
Diagnostics & Therapies	14.2%	11.2%
Medicine	18.7%	17.5%
Specialised Services	14.4%	13.5%
Surgery	13.6%	12.4%
Women's & Children's	11.5%	9.7%
Trust Services	10.0%	10.4%
Facilities & Estates	15.4%	13.2%
Weston	14.4%	14.3%



Workforce – Vacancies

August 2021

N Not 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 August 2021, funded establishment was 11,367 FTE, with 862 FTE as vacancies (7.7%).
Commentary:	<p>Overall vacancies reduced to 7.7% compared to 7.8% in the previous month. The largest divisional increase was seen in Facilities and Estates, where vacancies increased to 129.7 FTE from 113.5 FTE in the previous month. The largest divisional reduction was seen in Weston, where vacancies reduced to 165.5 FTE from 181.8 FTE the previous month.</p> <ul style="list-style-type: none"> • Further 18 international nurses arrived during August taking the total to 93. Plans in place to recruit a further 165 throughout the remainder of the financial year. • Robust recruitment plans in place for medical vacancies in the Weston Division, with 45 doctors currently going through the recruitment process. • Plans are in place to reduce the Nursing Assistant vacancy position ahead of seasonal pressures, with 93 candidates currently going through the recruitment process. • Newly qualified nurse recruitment campaign is live with an open day scheduled for October. • Launch of the Weston recruitment video to showcase medical roles in the Division is planned for October. • Launch of the Rent a Room scheme has proven successful with 10 offers to date of rooms across Bristol and Weston, supporting the arrival of overseas nurses.
Ownership:	Director of People

Vacancy	Jul-21	KPI
UHBW NHS Foundation Trust	7.7%	6.2%
Diagnostics & Therapies	2.3%	5.5%
Medicine	10.4%	6.5%
Specialised Services	9.9%	5.5%
Surgery	9.9%	4.5%
Women's & Children's	1.1%	5.0%
Trust Services	5.0%	4.9%
Facilities & Estates	13.8%	9.1%
Weston	13.8%	11.0%



Workforce – Staff Sickness

August 2021

A 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 August 2021, total available FTE days were 319,389 of which 12,478 (3.9%) were lost to staff sickness.
Commentary:	<p>Sickness absence reduced to 3.9% compared with 4.0% 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.</p> <p>There were increases within two divisions; the largest divisional increase was seen in Medicine, increasing by 0.5 percentage points to 4.6% from 4.1% the previous month. There were reductions within five divisions; the largest divisional reduction was seen in Specialised Services, reducing by 0.6 percentage points to 3.0% from 3.6% the previous month.</p> <p>Medical Suspension continues to be the method used to record short-term Covid absences. During August, 1.8% of available FTE was lost to Medical Suspension compared to 2.5% the previous month: 0.7% Covid Sickness, 1.1% Covid Isolation/Shielding. Long Covid accounts for 0.1% of the sickness absence.</p> <ul style="list-style-type: none"> • An approach for managing long term covid related absence is being developed in line with recommendations from NHS Employers; this includes potential redeployment and attendance management initiatives. • There is an opportunity to engage colleagues and enhance awareness of the wellbeing offer and self-care techniques through the introduction of a package of new eLearning successfully launched in August. • A Trust Wellbeing survey has been successfully delivered in August; the aim of which is to provide intelligence and a holistic review of the offer to help sustain the future wellbeing investment. The findings will be presented to Trust Board in September.
Ownership:	Director of People

Sickness	Aug-21	KPI
UHBW NHS Foundation Trust	3.9%	4.0%
Diagnostics & Therapies	2.86%	2.90%
Medicine	4.6%	4.4%
Specialised Services	3.0%	3.4%
Surgery	4.3%	4.0%
Women's & Children's	3.67%	3.70%
Trust Services	3.4%	3.5%
Facilities & Estates	5.0%	6.5%
Weston	4.8%	4.1%



Workforce – Appraisal Compliance

August 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 August 2021, 6,994 members of staff were compliant out of 10,223 (68.3%).
Commentary:	<p>Overall appraisal compliance reduced to 68.3% from 69.3% compared to the previous month. All divisions are non-compliant. There were increases in two divisions, and reductions in the remaining six divisions. The largest divisional increase was within Weston, increasing to 67.9% from 65.0% in the previous month. The largest divisional reduction was seen within Facilities and Estates where compliance reduced to 68.6% compared with 74.7% in the previous month.</p> <ul style="list-style-type: none"> Due to the continuing operational pressures in the Trust, a paper was submitted in August to the Senior Leadership Team outlining the risks to achieving the 85% appraisal compliance target by September 2021, which was set in May 2021. In response, it was agreed that each division would undertake a deep dive into their own divisional compliance position, noting concerns regarding the integrity of data. The target deadline for achieving 85% compliance has been extended to the end of December 2021.
Ownership:	Director of People

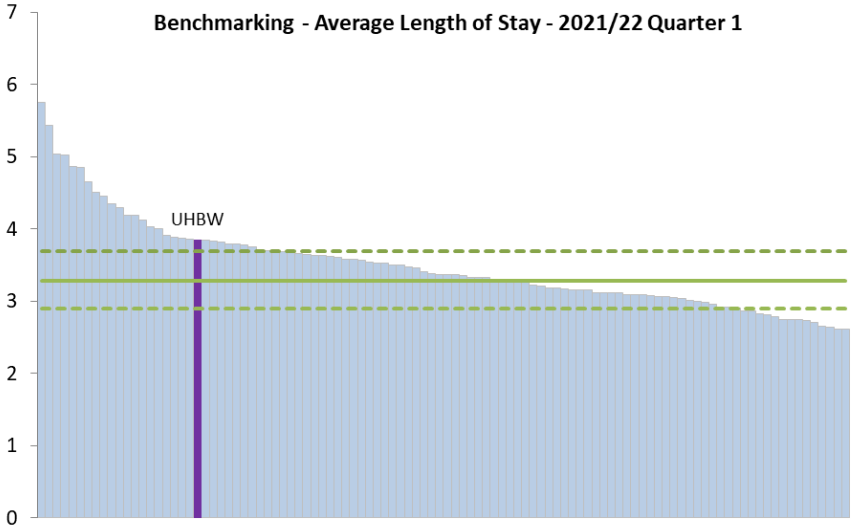
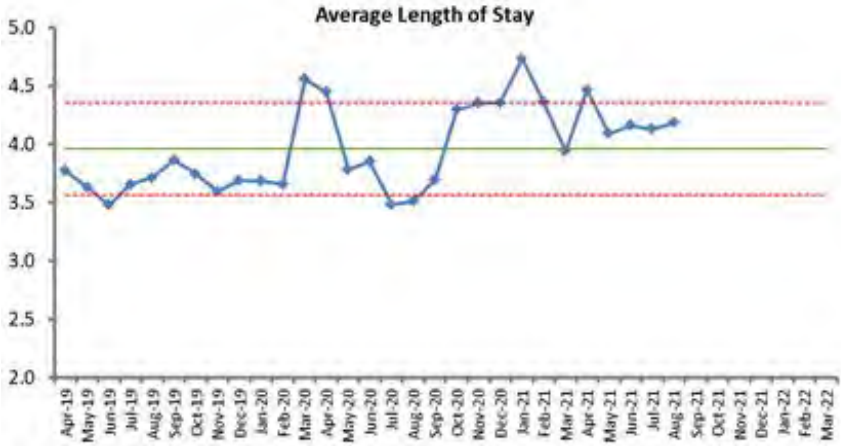
Appraisal (Non-Consultant)	Aug-21	Jul-21	KPI
UHBW NHS Foundation Trust	68.3%	69.3%	85.0%
Diagnostics & Therapies	74.4%	75.4%	85.0%
Medicine	59.7%	59.3%	85.0%
Specialised Services	78.2%	79.4%	85.0%
Surgery	54.7%	55.0%	85.0%
Women's & Children's	73.3%	73.6%	85.0%
Trust Services	72.8%	75.7%	85.0%
Facilities & Estates	68.6%	74.7%	85.0%
Weston	67.9%	65.0%	85.0%

Average Length of Stay

August 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 July there were 6,924 discharges at UHBW with an average length of stay of 4.18 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



	Aug-21
Medicine	4.4
Specialised Services	7.3
Surgery	4.0
Weston	7.2
Women's and Children's	2.3

Finance – Executive Summary

August 2021

YTD Income & Expenditure Position

- Net I&E surplus of £606k against a plan of break-even (excluding technical items).
- Total operating income is £168k favourable to plan due to higher than planned income from patient care activities of £5,161k (ERF and high cost drug over-performance), offset by lower than planned other operating income of £4,993k (relating to grant income).
- Operating expenses are £4,427k adverse to plan, an increase of £2,619k on last month primarily due to additional bank costs of £2,447k in August as a result of the system approved enhanced pay rates to secure additional workforce supply.

Key Financial Issues

- The Trust's financial position includes estimated ERF income and matching costs of £9,056k pending a system decision regarding the allocation of ERF at quarter 2. The Trust did not earn ERF in August due to challenges with bed availability impacting on elective activity delivery.
- Savings delivery of £3,512k or 60% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £5,904k. Although this will impact on the Trust's financial performance against plan it is not expected to lead to non-delivery of the break-even financial plan overall.

Strategic Risks

- Although the following items are not expected to have an impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate:
- The Trust and BNSSG STP/system underlying financial deficit going into 2022/23 – completed;
 - Agreeing an STP approach to future financial targets given UHBW's need to service past borrowing - pending;
 - Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – in-hand; and
 - Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime – pending.

Finance – Financial Performance



University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

Trust Year to Date Financial Position

	Month 5			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	75,925	77,403	1,477	378,798	383,959	5,161
Other Operating Income	11,606	10,997	(609)	57,411	52,418	(4,993)
Total Operating Income	87,531	88,400	869	436,209	436,377	168
Employee Expenses	(47,831)	(50,352)	(2,521)	(239,158)	(239,982)	(825)
Other Operating Expenses	(34,565)	(34,506)	59	(166,752)	(169,984)	(3,232)
Depreciation (owned & leased)	(1,079)	(1,236)	(157)	(10,939)	(11,309)	(370)
Total Operating Expenditure	(83,475)	(86,094)	(2,619)	(416,848)	(421,275)	(4,427)
PDC	(1,072)	(1,072)		(5,358)	(5,358)	0
Interest Payable	(191)	(166)	25	(952)	(890)	62
Interest Receivable	0	0	0	0	0	0
Other Gains/(Losses)	0	0	0	0	(12)	(12)
Net Surplus/(Deficit) inc technicals	2,793	1,068	(1,725)	13,051	8,842	(4,208)
Remove Capital Donations, Grants & donated asset depreciation	(2,794)	(1,081)	1,713	(13,051)	(8,238)	4,813
Net Surplus/(Deficit) exc technicals	(1)	(13)	(12)	(0)	606	606

See the Trust Finance Performance Report for full details on the Trust's financial performance.

Key Facts:

- The YTD net surplus is £606k (£617k last month) compared with the planned breakeven position.
- YTD pay expenditure is £2,950k higher in August and is now adverse to plan at £825k.
- Agency usage reduced by £319k in month but was offset by a significant increase in bank costs (up £2,447k or 118% to £4,517k YTD) as a result of the enhanced pay rates approved by the system. YTD agency expenditure is £12,084k, 5% of total pay costs.
- Elective inpatient and outpatient activity decreased in August by 13% and 6% respectively compared with July, whilst day case activity increased by 3%. Non-elective activity decreased from July. ED attendances reduced by 5%, emergency in-patients by 3% and non-elective inpatients is down 6%.
- Other operating income is adverse to plan by £4,993k YTD primarily due to reduced grant income relating to the Salix project.
- CIP achievement is 60%. £3,512k has been achieved against a target of £5,864k.
- Additional costs of Covid-19 are £4,712k YTD at the end of August, with an increase in month to £1,078k from £767k in July.

Care Quality Commission Rating - Bristol



University Hospitals
Bristol and Weston
NHS Foundation Trust

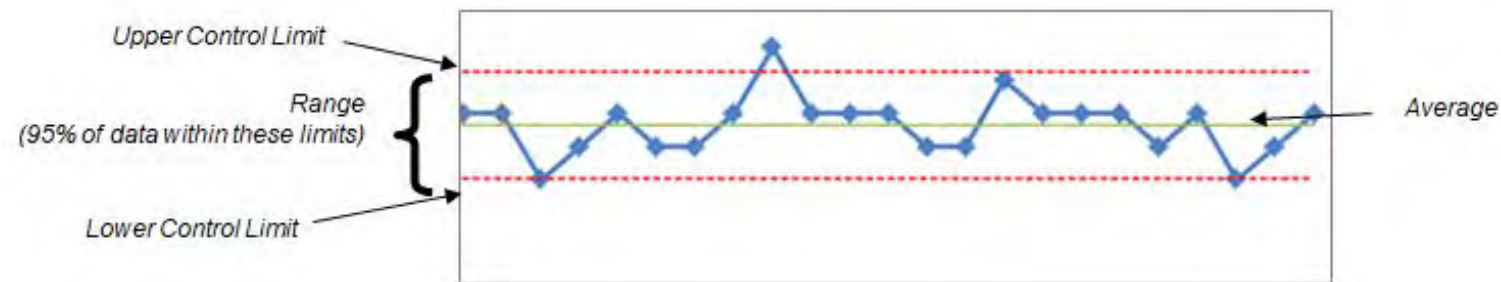
The Care Quality Commission (CQC) published their latest inspection report on 16th August 2019. Full details can be found here: <https://www.cqc.org.uk/provider/RA7>

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

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

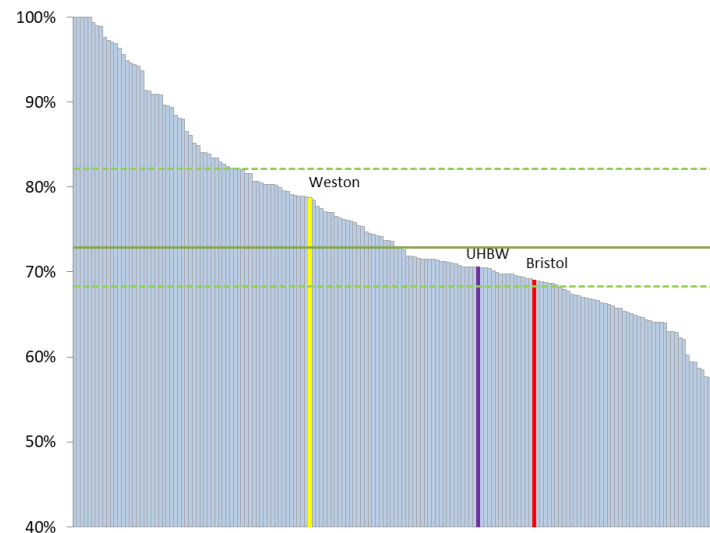


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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.

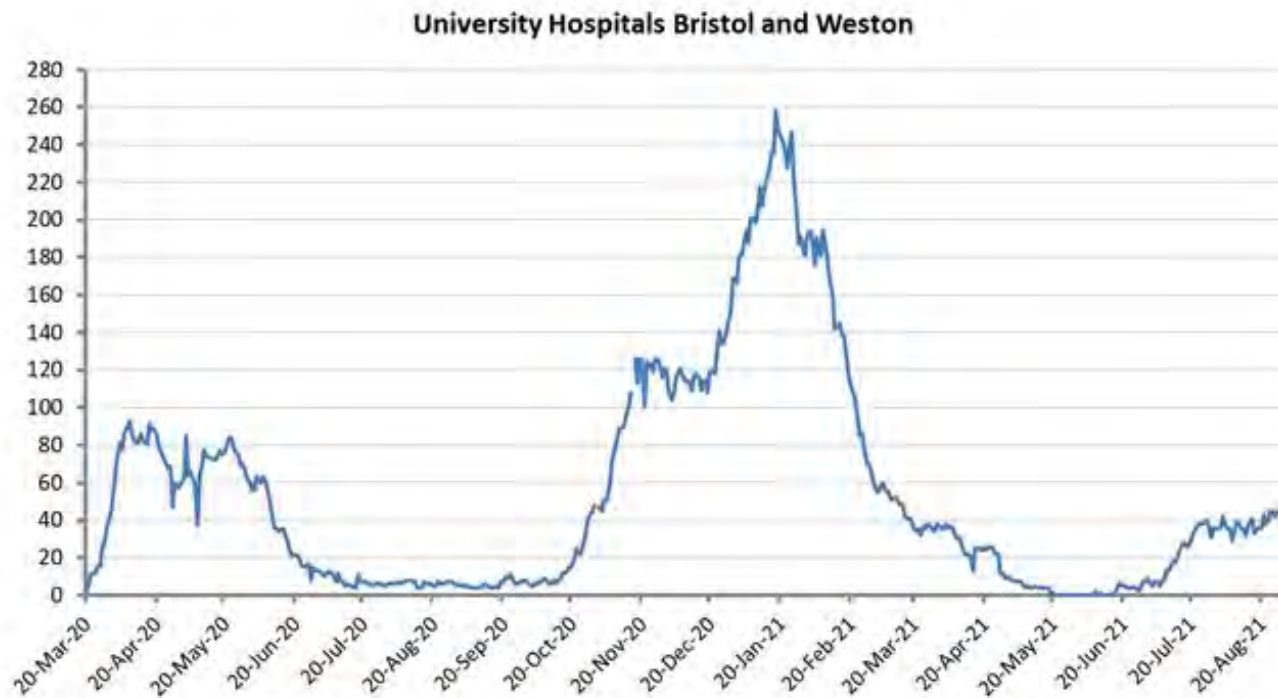
Appendix – Covid19 Summary



Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 9 th September 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 2nd September 2021.

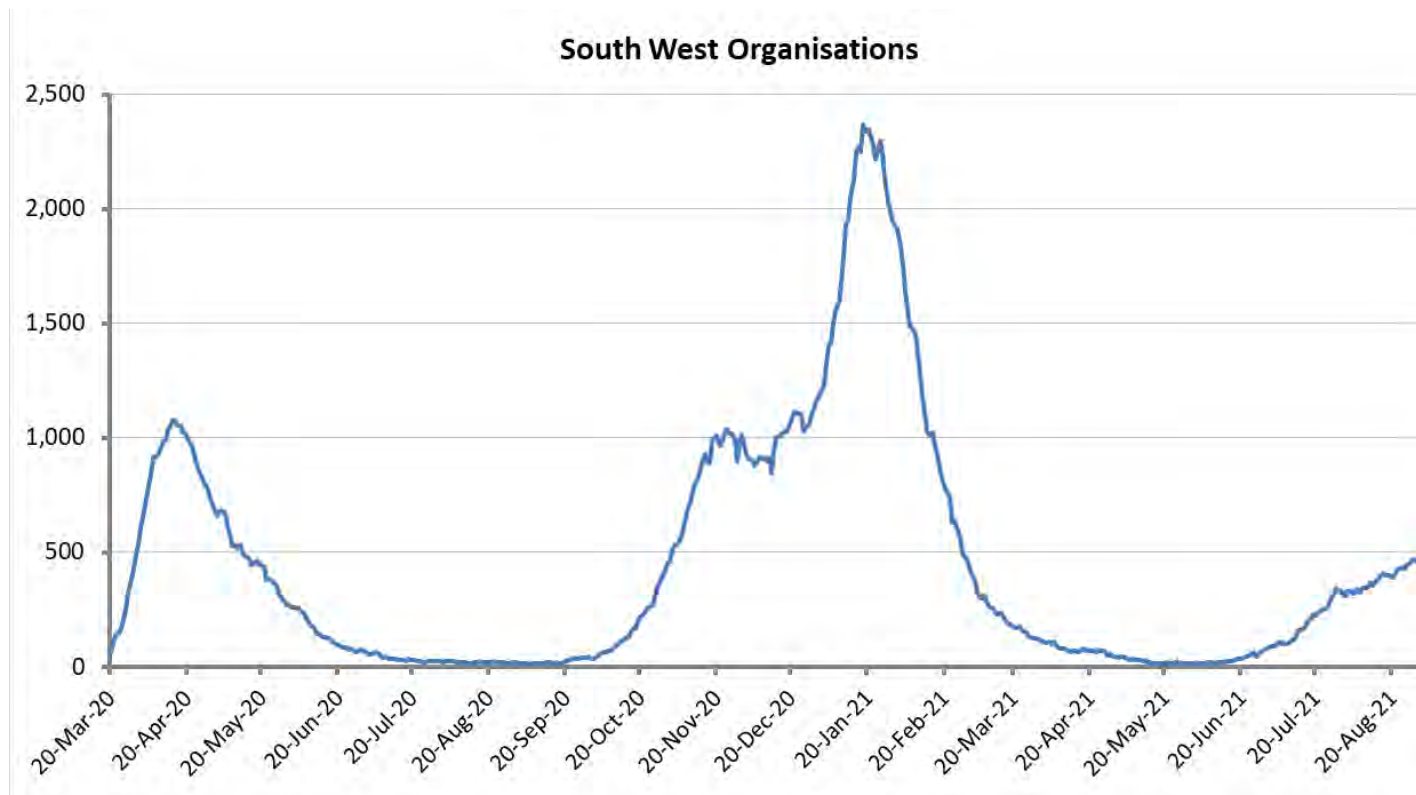


Appendix – Covid19 Summary



University Hospitals
Bristol and Weston
NHS Foundation Trust

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 9 th September 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer



Appendix – Covid19 Summary



Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 15 th September 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				TOTAL Diagnosed Following Admission
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	
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
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
	1,463					1,567

- 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



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS University Hospitals Bristol and Weston NHS Foundation Trust			
SAFE DOMAIN																				
ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Infection Control																				
DA01	MRSA Hospital Onset Cases	4	1	1	1	0	0	1	0	0	0	0	0	1	0	1	1	0	1	
DA02	MSSA Hospital Onset Cases	45	17	5	1	3	6	5	9	2	4	5	4	0	4	10	16	13	4	
DA03	CDiff Hospital Onset Cases	67	44	4	5	7	6	5	2	5	8	11	14	7	4	18	12	33	11	
DA03A	CDiff Healthcare Associated Cases	81	51	5	6	8	6	6	2	7	9	13	16	9	4	20	15	38	13	
DA06	EColi Hospital Onset Cases	81	28	5	7	4	4	9	6	14	5	5	5	5	8	15	29	15	13	
Patient Falls																				
AB01	Falls Per 1,000 Beddays	5.14	4.47	5.3	4.28	5.18	5.9	4.38	5.73	4.94	4.7	4.02	4.38	4.58	4.68	5.1	5	4.36	4.63	
	Numerator (Falls)	1698	690	160	134	151	171	124	154	152	139	126	134	144	147	456	430	399	291	
	Denominator (Beddays)	330253	154377	30205	31336	29161	28979	28301	26872	30746	29584	31351	30587	31475	31380	89476	85919	91522	62855	
AB06A	Total Number of Patient Falls Resulting in Harm	23	16	1	4	3	1	3	3	2	5	1	2	4	4	8	8	8	8	
Pressure Injuries																				
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.136	0.199	0.096	0.274	0.138	0.318	0.26	0.228	0.135	0.064	0.131	0.127	0.223	0.168	0.268	0.109	0.175	
	Numerator (Pressure Injuries)	92	21	6	3	8	4	9	7	7	4	2	4	4	7	15	23	10	11	
	Denominator (Beddays)	330253	154377	30205	31336	29161	28979	28301	26872	30746	29584	31351	30587	31475	31380	89476	85919	91522	62855	
DE02	Pressure Injuries - Grade 2	84	17	6	0	8	4	8	7	7	4	1	3	4	5	12	22	8	9	
DE03	Pressure Injuries - Grade 3	5	4	0	0	0	0	1	0	0	0	1	1	0	2	0	1	2	2	
DE04	Pressure Injuries - 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	39	23	15	10	5	11	8	10	7	9	9	10	4	30	29	25	14	
S01	Total Never Events	6	2	2	1	2	0	0	0	0	1	0	0	1	0	3	0	1	1	
Medication Errors																				
WA01	Medication Incidents Resulting in Harm	0.25%	0.08%	0%	0.31%	0.37%	0.83%	0%	0%	0.37%	0%	0.33%	0%	0%	-	0.48%	0.13%	0.11%	0%	
	Numerator (Incidents Resulting In Harm)	8	1	0	1	1	2	0	0	1	0	1	0	0	0	4	1	1	0	
	Denominator (Total Incidents)	3213	1209	284	323	269	241	257	229	268	293	301	286	329	0	833	754	880	329	
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medi	0.46%	0.19%	0.54%	0.63%	0.68%	0.36%	1.43%	0.19%	0.35%	0%	0%	0.6%	0%	0.38%	0.58%	0.46%	0.22%	0.14%	
	Numerator (Number of Incidents)	26	4	3	3	3	1	3	1	2	0	0	3	0	1	7	6	3	1	
	Denominator (Total Audited)	5638	2092	557	479	442	281	210	521	576	439	447	501	440	265	1202	1307	1387	705	

Omitted Doses is Bristol only

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	85.4%	82.7%	85.3%	85.8%	85.2%	85.5%	84.6%	84.3%	84%	82.7%	82.3%	82.5%	82.1%	83.9%	85.5%	84.3%	82.5%	83%
	Numerator (Number Risk Assessed)	77073	35692	7104	7525	7089	6925	6250	6217	7332	7012	7137	7251	7201	7091	21539	19799	21400	14292
	Denominator (Total Patients)	90252	43160	8333	8770	8317	8095	7386	7377	8732	8477	8671	8794	8769	8449	25182	23495	25942	17218
<i>VTE Data is Bristol only</i>																			
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	95.8%	96.9%	97.6%	100.3%	97.4%	91.7%	90.7%	92.9%	91.5%	97.2%	101.5%	96.9%	93.6%	95.6%	96.4%	91.7%	98.5%	94.6%
	Numerator (Hours Worked)	3472575	1443498	286125	306243	295331	294407	288541	266423	292106	283241	300816	284844	285636	288962	895982	847070	868901	574598
	Denominator (Hours Planned)	3623484	1489512	293298	305348	303349	321059	318057	286794	319187	291290	296455	294105	305258	302404	929756	924037	881850	607662
RP02	Staffing Fill Rate - RN Shifts	92.7%	91.8%	95.4%	98.6%	96.7%	89.4%	88.6%	89.9%	87.5%	92.4%	97.7%	92.7%	87.9%	88.7%	94.8%	88.6%	94.3%	88.3%
	Numerator (Hours Worked)	2310640	942423	191444	206329	200175	199025	194810	176959	192919	186768	199598	187080	184059	184918	605529	564687	573446	368977
	Denominator (Hours Planned)	2492525	1026216	200675	209358	207114	222595	219755	196821	220486	202050	204360	201866	209391	208549	639066	637062	608276	417940
RP03	Staffing Fill Rate - NA Shifts	102.7%	108.2%	102.2%	104.1%	98.9%	96.9%	95.3%	99.4%	100.5%	108.1%	109.9%	106%	106%	110.9%	99.9%	98.4%	108%	108.4%
	Numerator (Hours Worked)	1161934	501075	94680.3	99914.8	95156.2	95381.5	93731.3	89463.7	99187.8	96472.6	101218	97763.7	101576	104044	290452	282383	295454	205621
	Denominator (Hours Planned)	1130958	463295	92622.9	95990.9	96235.3	98464.4	98302.4	89972.7	98700.3	89240.1	92095	92238.5	95866.7	93855.2	290691	286975	273574	189722

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
Patient Surveys (Bristol)																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score			91	89	88	90	91	92	90	89	91	89	89	88	90	91	90	90
P01G	Patient Survey (Bristol) - Kindness and Understanding			95	94	93	96	97	96	95	93	97	95	95	93	94	96	95	94
P01H	Patient Survey (Bristol) - Outpatient Tracker Score			94	92	94	93	94	94	95	95	93	96	92	91	93	94	95	91
Patient Surveys (Weston)																			
P02D	Patient Survey (Weston) - Patient Experience Tracker Score											84	85	84	82	80		84	81
P02G	Patient Survey (Weston) - Kindness and Understanding											92	92	95	91	92		93	91
P02H	Patient Survey (Weston) - Outpatient Tracker Score											90	94	85	90	93		89	91
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1665	798	206	199	176	115	136	145	145	124	176	160	158	180	490	426	460	338
T01C	Patient Complaints - Formal	546	239	90	51	65	24	49	32	43	49	46	51	50	43	140	124	146	93
T01D	Patient Complaints - Informal	1119	559	116	148	111	91	87	113	102	75	130	109	108	137	350	302	314	245
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	70.5%	72.6%	61.9%	81%	65.8%	66.7%	72.7%	80.9%	85.5%	58.3%	65.9%	85.6%	60%	69.1%	72.5%	68.4%	73.1%
	<i>Numerator (Responses Within Timeframe)</i>	442	275	53	39	47	48	46	32	38	47	42	58	77	51	134	116	147	128
	<i>Denominator (Total Responses)</i>	618	390	73	63	58	73	69	44	47	55	72	88	90	85	194	160	215	175
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	74.1%	68.5%	71.4%	84.5%	67.1%	63.8%	77.3%	87.2%	92.7%	62.5%	72.7%	76.7%	70.6%	73.7%	74.4%	74.4%	73.7%
	<i>Numerator (Responses Within Timeframe)</i>	474	289	50	45	49	49	44	34	41	51	45	64	69	60	143	119	160	129
	<i>Denominator (Total Responses)</i>	618	390	73	63	58	73	69	44	47	55	72	88	90	85	194	160	215	175
T05A	Informal Complaints Responded To Within Trust Timeframe	93%	90.8%	90.9%	89.2%	93.9%	93.2%	97.6%	94.6%	88.7%	91.2%	94.4%	87.8%	92.9%	86.7%	92.1%	92.9%	91.5%	89.7%
	<i>Numerator (Responses Within Timeframe)</i>	686	266	70	74	92	55	40	35	55	52	67	43	52	52	221	130	162	104
	<i>Denominator (Total Responses)</i>	738	293	77	83	98	59	41	37	62	57	71	49	56	60	240	140	177	116
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	9.77%	9.59%	20.64%	1.72%	5.48%	2.9%	13.64%	2.13%	9.09%	9.72%	10.23%	-	-	9.28%	5.63%	9.77%	-
	<i>Numerator (Number Dissatisfied)</i>	44	21	7	13	1	4	2	6	1	5	7	9	0	0	18	9	21	0
	<i>Denominator (Total Responses)</i>	618	215	73	63	58	73	69	44	47	55	72	88	0	0	194	160	215	0

Appendix – Trust Scorecards



University Hospitals
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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																NHS University Hospitals Bristol and Weston NHS Foundation Trust			
CARING DOMAIN																			
ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	17%	28.8%	-	-	-	11.6%	15.4%	19.1%	21.5%	20.8%	32.2%	31%	31.2%	28.3%	11.6%	19%	28.1%	29.8%
	Numerator (Total FFT Responses)	3442	8617	0	0	0	620	662	913	1247	1222	1930	1960	1870	1635	620	2822	5112	3505
	Denominator (Total Eligible to Respond)	20211	29960	0	0	0	5330	4295	4790	5796	5863	5994	6332	5989	5782	5330	14881	18189	11771
P04A	Friends and Family Test Score - Inpatients/Day Cases	98.4%	97.6%	-	-	-	97.4%	99.1%	99.1%	98.1%	97.7%	97.7%	97.9%	97.2%	97.4%	97.4%	98.6%	97.8%	97.3%
	Numerator (Total "Positive" Responses)	3346	8374	0	0	0	592	648	895	1211	1182	1882	1917	1801	1592	592	2754	4981	3393
	Denominator (Total Responses)	3400	8581	0	0	0	608	654	903	1235	1210	1926	1959	1852	1634	608	2792	5095	3486
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.4%	7.6%	-	-	-	8.5%	6.6%	6.6%	7.8%	6.2%	6.5%	8.7%	6.3%	9.9%	8.5%	7.1%	7.3%	8%
	Numerator (Total FFT Responses)	1971	4318	0	0	0	572	407	401	591	537	774	1086	782	1139	572	1399	2397	1921
	Denominator (Total Eligible to Respond)	26539	56980	0	0	0	6760	6126	6034	7619	8598	11898	12542	12385	11557	6760	19779	33038	23942
P04B	Friends and Family Test Score - ED	92.4%	84.2%	-	-	-	91.9%	93.5%	92%	92.5%	88%	85.6%	83.7%	78.7%	85.6%	91.9%	92.7%	85.3%	82.8%
	Numerator (Total "Positive" Responses)	1811	3619	0	0	0	524	375	367	545	471	660	904	613	971	524	1287	2035	1584
	Denominator (Total Responses)	1959	4299	0	0	0	570	401	399	589	535	771	1080	779	1134	570	1389	2386	1913
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	15.8%	11.3%	-	-	-	5%	16.3%	31%	10.4%	7.4%	16.7%	20.8%	0%	12.8%	5%	19.1%	15%	6.2%
	Numerator (Total FFT Responses)	240	235	0	0	0	18	62	119	41	29	69	83	0	54	18	222	181	54
	Denominator (Total Eligible to Respond)	1523	2080	0	0	0	362	381	384	396	392	413	400	454	421	362	1161	1205	875
P04C	Friends and Family Test Score - Maternity	99%	98%	-	-	-	94.4%	97.4%	99.5%	100%	96.7%	96.4%	99.1%	95%	99.3%	94.4%	99.2%	97.8%	98.4%
	Numerator (Total "Positive" Responses)	381	590	0	0	0	17	74	205	85	59	133	215	38	145	17	364	407	183
	Denominator (Total Responses)	385	602	0	0	0	18	76	206	85	61	138	217	40	146	18	367	416	186
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.7%	94.9%	-	-	-	95.1%	96.4%	96%	95.6%	94.8%	95%	94.7%	95.2%	94.8%	95.1%	96%	94.8%	95%
	Numerator (Total FFT Responses)	8482	11670	0	0	0	2233	1701	2151	2397	2330	2549	2310	1958	2523	2233	6249	7189	4481
	Denominator (Total Eligible to Respond)	8861	12297	0	0	0	2349	1765	2240	2507	2458	2682	2440	2057	2660	2349	6512	7580	4717

Appendix – Trust Scorecards



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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS University Hospitals Bristol and Weston NHS Foundation Trust			
RESPONSIVE DOMAIN																				
ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Emergency Department Performance																				
B01	ED Total Time in Department - Under 4 Hours	80.09%	70.34%	81.24%	79.82%	75.84%	74.35%	69.72%	72.56%	76.27%	74.93%	74.2%	70.09%	66.93%	65.91%	76.79%	73.14%	72.98%	66.43%	
	<i>Numerator (Number Seen In Under 4 Hours)</i>	112178	56800	11253	10740	9263	8865	7413	7570	10364	11032	12260	11825	11202	10481	28868	25347	35117	21683	
	<i>Denominator (Total Attendances)</i>	140062	80756	13851	13455	12213	11924	10633	10433	13588	14723	16523	16871	16738	15901	37592	34654	48117	32639	
B06	ED 12 Hour Trolley Waits	1440	757	6	87	201	247	468	195	102	71	28	146	255	257	535	765	245	512	
Emergency Department Clinical Indicators																				
B02	ED Time to Initial Assessment - Under 15 Minutes	81.1%	87.6%	76.6%	73.6%	81.7%	78.7%	80.3%	82.2%	77.7%	88.8%	88.5%	88.1%	88.9%	83.4%	77.8%	79.9%	88.5%	86.2%	
	<i>Numerator (Number Assessed Within 15 Minutes)</i>	53673	17575	5014	4689	4748	4499	4167	4030	4838	3485	3920	3599	3407	3164	13936	13035	11004	6571	
	<i>Denominator (Total Attendances Needing Assessment)</i>	66150	20067	6543	6374	5814	5715	5190	4905	6227	3926	4430	4084	3834	3793	17903	16322	12440	7627	
B03	ED Time to Start of Treatment - Under 60 Minutes	68%	49%	58.3%	63.7%	70.1%	65.6%	68.5%	66.8%	64%	57.5%	52.4%	46.2%	43.6%	46%	66.4%	66.2%	51.8%	44.8%	
	<i>Numerator (Number Treated Within 60 Minutes)</i>	91353	38109	5861	8490	8455	7731	7158	6813	8507	8289	8389	7474	6928	7029	24676	22478	24152	13957	
	<i>Denominator (Total Attendances)</i>	134421	77754	10048	13319	12062	11776	10442	10203	13290	14409	16009	16179	15874	15283	37157	33935	46597	31157	
B04	ED Unplanned Re-attendance Rate	4.5%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	4.3%	4.6%	4.2%	4.7%	4.6%	4.3%	4%	4.9%	4.6%	4.5%	4.2%	
	<i>Numerator (Number Re-attending)</i>	6243	3523	612	609	654	565	525	448	630	619	773	772	726	633	1828	1603	2164	1359	
	<i>Denominator (Total Attendances)</i>	139970	80754	13973	13456	12216	11925	10636	10438	13592	14723	16523	16870	16738	15900	37597	34666	48116	32638	
B05	ED Left Without Being Seen Rate	1%	2.1%	1.3%	1.2%	1%	1.1%	1%	1%	1%	1.2%	1.5%	2.3%	2.8%	2.6%	1.1%	1%	1.7%	2.7%	
	<i>Numerator (Number Left Without Being Seen)</i>	1442	1694	174	161	121	135	103	104	140	181	244	393	470	406	417	347	818	876	
	<i>Denominator (Total Attendances)</i>	140062	80756	13851	13455	12213	11924	10633	10433	13588	14723	16523	16871	16738	15901	37592	34654	48117	32639	
Referral To Treatment Ongoing																				
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	58.1%	63.4%	65.6%	62.6%	62.3%	62.5%	61.7%	60.1%	62.8%	63.6%	63.1%	63%	-	-	-	-	
	<i>Numerator (Number Under 18 Weeks)</i>	0	0	23729	27022	27942	26416	26493	27685	28721	29401	31263	32579	33280	33914	0	0	0	0	
	<i>Denominator (Total Pathways)</i>	0	0	40827	42654	42624	42222	42523	44314	46538	48902	49791	51198	52718	53855	0	0	0	0	
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	1500	1809	2164	2891	3790	4807	5409	4598	3618	3114	2893	2925	-	-	-	-	
Referral To Treatment Activity																				
A01A	Referral To Treatment Number of Admitted Clock Stops	24175	11858	2605	6194	5930	4416	3028	3276	4166	4474	4658	5212	4928	4444	8270	5235	7172	4686	
A02A	Referral To Treatment Number of Non Admitted Clock Stops	79059	42865	6736	9106	9178	9730	8935	8583	10237	9802	10149	11045	9996	8069	24432	24559	27127	15738	
A09	Referral To Treatment Number of Clock Starts	116667	60342	11150	12913	11900	10997	10312	11047	12990	12311	12419	13311	12326	9975	35810	34349	38041	22301	
Diagnostic Waits																				
A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	57.78%	59.09%	60.08%	56.28%	53.65%	58.86%	65.15%	62.3%	65.34%	63.93%	64.61%	63.08%	-	-	-	-	
	<i>Numerator (Number Under 6 Weeks)</i>	0	0	8623	8628	8761	8563	7544	8388	9413	8738	9301	9197	9123	8617	0	0	0	0	
	<i>Denominator (Total Waiting)</i>	0	0	14925	14602	14582	15215	14062	14252	14448	14025	14234	14387	14119	13661	0	0	0	0	

Appendix – Trust Scorecards



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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	RESPONSIVE DOMAIN			
ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Cancer 2 Week Wait																				
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	89.7%	51.1%	61.8%	90%	90.2%	86.2%	96.2%	95.1%	91.9%	93%	86.8%	87.7%	-	78.9%	92.8%	90.4%	-	
	<i>Numerator (Number Seen Within 2 Weeks)</i>	14845	6652	873	1332	1601	1379	1238	1401	1820	1632	1631	1755	1634	0	4312	4459	5018	0	
	<i>Denominator (Total Seen)</i>	18125	7415	1709	2157	1778	1528	1437	1456	1913	1776	1753	2022	1864	0	5463	4806	5551	0	
Cancer 31 Day																				
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	95%	95.6%	97.8%	97%	95.5%	94%	92.2%	94%	89.9%	96.1%	96.2%	97.2%	-	96.7%	93.4%	94.2%	-	
	<i>Numerator (Number Treated Within 31 Days)</i>	2971	1173	262	270	260	298	249	259	328	258	274	330	311	0	828	836	862	0	
	<i>Denominator (Total Treated)</i>	3125	1235	274	276	268	312	265	281	349	287	285	343	320	0	856	895	915	0	
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	99.3%	98.5%	99.3%	99.2%	99.3%	99.2%	100%	100%	97.4%	100%	100%	99.4%	-	99.3%	99.8%	99.3%	-	
	<i>Numerator (Number Treated Within 31 Days)</i>	1516	581	128	140	129	151	124	137	158	112	155	157	157	0	420	419	424	0	
	<i>Denominator (Total Treated)</i>	1525	585	130	141	130	152	125	137	158	115	155	157	158	0	423	420	427	0	
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	89.2%	92.9%	91.5%	82.9%	80%	89.2%	64.6%	81.1%	78%	94%	91.2%	92.7%	-	85%	77.5%	87.9%	-	
	<i>Numerator (Number Treated Within 31 Days)</i>	492	189	52	43	34	36	33	31	43	39	47	52	51	0	113	107	138	0	
	<i>Denominator (Total Treated)</i>	585	212	56	47	41	45	37	48	53	50	50	57	55	0	133	138	157	0	
Cancer 62 Day																				
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	79.6%	78.5%	82.2%	76%	78.3%	77.8%	72.8%	75.4%	77.8%	84%	80.5%	76.2%	-	78.8%	75.4%	80.9%	-	
	<i>Numerator (Number Treated Within 62 Days)</i>	1136.5	470.5	98.5	113	107.5	122.5	94.5	79	124	100	121	128	121.5	0	343	297.5	349	0	
	<i>Denominator (Total Treated)</i>	1443.5	591	125.5	137.5	141.5	156.5	121.5	108.5	164.5	128.5	144	159	159.5	0	435.5	394.5	431.5	0	
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	60%	100%	100%	100%	27.3%	71.4%	28.6%	77.8%	52.9%	42.9%	57.9%	86.7%	-	60%	59%	52%	-	
	<i>Numerator (Number Treated Within 62 Days)</i>	22	19.5	0.5	1	3.5	1.5	2.5	2	7	4.5	3	5.5	6.5	0	6	11.5	13	0	
	<i>Denominator (Total Treated)</i>	38.5	32.5	0.5	1	3.5	5.5	3.5	7	9	8.5	7	9.5	7.5	0	10	19.5	25	0	
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	87.8%	90.4%	94%	88.2%	87.5%	80.7%	84.4%	76.7%	85.7%	91%	85.4%	89.7%	-	89.9%	80.2%	87.2%	-	
	<i>Numerator (Number Treated Within 62 Days)</i>	583.5	219.5	51.5	55	41	56	46	62	74	48	50.5	64.5	56.5	0	152	182	163	0	
	<i>Denominator (Total Treated)</i>	672.5	250	57	58.5	46.5	64	57	73.5	96.5	56	55.5	75.5	63	0	169	227	187	0	
Last Minute Cancelled Operations																				
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.15%	1.19%	1.13%	1.21%	1.17%	1.54%	1.13%	1.48%	1.16%	0.72%	1.19%	1.76%	0.66%	1.57%	1.3%	1.25%	1.24%	1.11%	
	<i>Numerator (Number of LMCs)</i>	637	359	59	72	66	84	53	74	70	42	72	112	40	93	222	197	226	133	
	<i>Denominator (Total Elective Admissions)</i>	55573	30205	5220	5951	5656	5463	4672	5001	6039	5803	6034	6376	6071	5921	17070	15712	18213	11992	
F02	Cancelled Operations Re-admitted Within 28 Days	83.4%	64.6%	98.8%	91.1%	93%	88.5%	83.1%	67.3%	81.5%	100%	97.5%	82.6%	19.4%	71%	91%	78.4%	92.3%	30.9%	
	<i>Numerator (Number Readmitted Within 28 Days)</i>	542	199	82	51	66	54	64	35	53	60	39	57	21	22	171	152	156	43	
	<i>Denominator (Total LMCs)</i>	650	308	83	56	71	61	77	52	65	60	40	69	108	31	188	194	169	139	

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	96	97	97	125	107	103	168	172	142	166	155	162	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	19	26	18	11	12	11	10	0	0	0	0	0	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	2973	3013	2745	3356	3572	3218	4540	5038	4384	4398	4687	5093	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	528	698	564	458	340	445	398	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	12.2%	10.7%	9.9%	10.3%	10.3%	11%	11.3%	10.6%	10%	10.1%	9.7%	11%	11.3%	11.4%	10.5%	10.6%	10.3%	11.3%
	<i>Numerator (Number of Hospital Cancellations)</i>	121436	51463	8785	9443	9607	9512	9866	9026	10100	9153	8877	11411	11339	10683	28562	28992	29441	22022
	<i>Denominator (Total Appointments)</i>	991907	480471	88393	91339	93649	86470	87155	85492	100767	90420	91369	104003	100720	93959	271458	273414	285792	194679
R05	Outpatient DNA Rate	6.9%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	6.7%	6.3%	6.4%	6.6%	7%	7.7%	7.4%	7.9%	7.1%	6.7%	7.6%
	<i>Numerator (Number of DNAs)</i>	49604	25319	4848	5292	5610	5029	5383	4295	4807	4441	4623	5429	5914	4912	15931	14485	14493	10826
	<i>Denominator (Total Attendances+DNAs)</i>	717015	360424	63156	68473	69071	64312	63319	64094	75903	69929	70359	77348	76769	66019	201856	203316	217636	142788
Overdue Partial Booking (Bristol)																			
R22N	Overdue Partial Booking Referrals	33.5%	35.8%	35.2%	34.7%	34.2%	35%	35.2%	34%	34.5%	34.2%	33.8%	33.9%	36.5%	40.4%	34.6%	34.6%	34%	38.5%
	<i>Numerator (Number Overdue)</i>	569656	265542	49068	48149	48773	49352	49499	47199	49054	49008	49340	49879	55683	61632	146274	145752	148227	117315
	<i>Denominator (Total Partial Booking)</i>	1698619	740998	139371	138847	142817	141025	140442	138821	142381	143376	145793	147031	152402	152396	422689	421644	436200	304798
R22R	Overdue Partial Bookings (9+ Months)	3.3%	8.2%	2.4%	3.1%	3.7%	4.6%	5.2%	5.8%	6.9%	7.3%	7.7%	8.2%	8.5%	9%	3.8%	6%	7.7%	8.8%
	<i>Numerator (Number Overdue 9+ Months)</i>	55930	60424	3318	4252	5274	6422	7365	8102	9799	10475	11206	12026	13024	13693	15948	25266	33707	26717
	<i>Denominator (Total Partial Booking)</i>	1698619	740998	139371	138847	142817	141025	140442	138821	142381	143376	145793	147031	152402	152396	422689	421644	436200	304798
R22H	Overdue Partial Bookings (12+ Months)	1.5%	4.9%	1.2%	1.3%	1.5%	1.8%	2.2%	2.6%	3.2%	3.6%	4.2%	4.9%	5.4%	6%	1.5%	2.7%	4.3%	5.7%
	<i>Numerator (Number Overdue 12+ Months)</i>	26161	35940	1710	1808	2086	2557	3154	3627	4532	5220	6170	7253	8228	9069	6451	11313	18643	17297
	<i>Denominator (Total Partial Booking)</i>	1698619	740998	139371	138847	142817	141025	140442	138821	142381	143376	145793	147031	152402	152396	422689	421644	436200	304798

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	95.1	94.4	89.8	92.5	93.5	93.6	94.1	95.6	95.1	-	-	-	-	91.9	94.4	95.1	-
	Numerator (Observed Deaths)	26815	1930	2285	2190	2210	2150	2060	1990	1940	1930	0	0	0	0	6550	5990	1930	0
	Denominator ("Expected" Deaths)	28400	2030	2420	2440	2390	2300	2200	2115	2030	2030	0	0	0	0	7130	6345	2030	0
X02	Hospital Standardised Mortality Ratio (HSMR)	93.2	84.3	87.6	75.7	91.5	93.5	103.9	119.4	94.6	83	89.6	80	-	-	86.5	104.7	84.3	-
	Numerator (Observed Deaths)	1272	309	109	102	112	113	112	115	124	105	112	92	0	0	327	351	309	0
	Denominator ("Expected" Deaths)	1365.5	366.5	124.4	134.7	122.4	120.9	107.8	96.3	131.1	126.5	125	115	0	0	378	335.2	366.5	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	68.1%	60.9%	64.6%	70.8%	65.1%	61.3%	63%	78%	64%	68.9%	70.5%	71.4%	66.7%	66.9%	69.1%	67.6%	69%
	Numerator (Treated Within 36 Hrs)	358	143	28	31	34	28	19	29	46	32	31	31	25	24	93	94	94	49
	Denominator (Total Patients)	542	210	46	48	48	43	31	46	59	50	45	44	35	36	139	136	139	71
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	92.1%	94.3%	97.8%	97.9%	97.9%	100%	93.5%	89.1%	94.9%	94%	93.3%	95.5%	97.1%	91.7%	98.6%	92.6%	94.2%	94.4%
	Numerator (Seen Within 72 Hrs)	499	198	45	47	47	43	29	41	56	47	42	42	34	33	137	126	131	67
	Denominator (Total Patients)	542	210	46	48	48	43	31	46	59	50	45	44	35	36	139	136	139	71
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	61.4%	52.2%	60.4%	64.6%	58.1%	61.3%	58.7%	69.5%	56%	66.7%	63.6%	71.4%	50%	61.2%	64%	61.9%	60.6%
	Numerator (Number achieved BPT)	320	129	24	29	31	25	19	27	41	28	30	28	25	18	85	87	86	43
	Denominator (Total Patients)	542	210	46	48	48	43	31	46	59	50	45	44	35	36	139	136	139	71
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.41%	3.71%	5.39%	4.82%	4.25%	3.87%	3.91%	4.11%	4.12%	3.98%	3.71%	3.54%	3.46%	-	4.33%	4.05%	3.74%	3.64%
	Numerator (Re-admitted in 30 Days)	6036	2100	688	658	545	477	427	471	565	523	507	491	481	0	1680	1463	1521	579
	Denominator (Total Discharges)	136869	56602	12766	13650	12830	12327	10908	11454	13727	13137	13667	13887	13893	0	38807	36089	40691	15911
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	56.4%	48.6%	67.7%	71.7%	74.2%	66.7%	56.5%	58.5%	56.1%	48.7%	64.3%	59.4%	-	71.3%	60.6%	55.6%	-
	Numerator (Achieved Target)	250	88	18	21	33	23	20	13	24	32	19	18	19	0	77	57	69	0
	Denominator (Total Patients)	410	156	37	31	46	31	30	23	41	57	39	28	32	0	108	94	124	0
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	63.3%	69.8%	75.6%	68.3%	64.6%	66.7%	54.5%	52.7%	58.9%	64%	68.8%	63.6%	-	69.3%	56.8%	63.2%	63.6%
	Numerator (Achieved Target)	393	143	37	34	41	31	20	18	29	43	32	33	35	0	106	67	108	35
	Denominator (Total Patients)	541	226	53	45	60	48	30	33	55	73	50	48	55	0	153	118	171	55

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN



University Hospitals
Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	5.35%	5.37%	6.05%	5.35%	6.07%	5.93%	6.55%	4.99%	4.95%	5.15%	5.86%	7.29%	-	-	-	-
	Numerator (Bank wte)	0	0	657.77	595.03	675.77	595.4	683.53	671.71	758.25	560	552.21	574.41	655.6	833.54	0	0	0	0
	Denominator (Total wte)	0	0	12298.9	11076.1	11165.2	11126.2	11253.9	11335.3	11582.2	11232	11160.6	11163.1	11189.7	11429.3	0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.75%	1.77%	1.95%	1.86%	1.97%	2.49%	2.66%	2.18%	2.63%	2.48%	2.25%	2.09%	-	-	-	-
	Numerator (Agency wte)	0	0	215.35	195.62	218.18	207.2	221.92	282.54	307.47	245.28	293.62	276.8	251.31	238.53	0	0	0	0
	Denominator (Total wte)	0	0	12298.9	11076.1	11165.2	11126.2	11253.9	11335.3	11582.2	11232	11160.6	11163.1	11189.7	11429.3	0	0	0	0
Turnover																			
AF10	Workforce Turnover Rate	-	-	12.3%	12.3%	12.1%	12%	12.2%	12.2%	12%	12.3%	12.7%	13.2%	13.7%	13.8%	-	-	-	-
	Numerator (Leavers in last 12 months)	0	0	1052.86	1060.04	1050.79	1043.85	1061.5	1061.77	1049.15	1071.79	1099.6	1145.43	1188.94	1197.31	0	0	0	0
	Denominator (Average Staff in Post)	0	0	8591.86	8634.62	8671.86	8670.64	8693.68	8731.51	8714.32	8692.17	8689.73	8678.28	8691.24	8690.78	0	0	0	0
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	3.6%	3.4%	4.1%	4.2%	4.1%	4.3%	3.5%	3.7%	4.9%	7.4%	7.8%	7.7%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	0	0	379.66	363.63	438.49	455.28	437.35	468.72	378.03	401.23	534.8	821.88	871.8	861.83	0	0	0	0
	Denominator (Actual WTE)	0	0	10616.2	10649.1	10709.8	10778.9	10785.8	10849.8	10894.5	10828	10849.6	11133.8	11154.6	11219.1	0	0	0	0
Staff Sickness																			
AF02	Sickness Rate	3.6%	3.8%	3.7%	3.7%	3.7%	4%	4%	3.4%	3.2%	3.5%	3.6%	3.9%	4%	3.9%	3.8%	3.6%	3.6%	3.9%
	Numerator (Total WTE Days Lost)	135412	59248.6	11363	11849.1	11466.5	12633.9	12941.5	10047.9	10396.8	10750.9	11403	11947.8	12669	12478	35949.4	33386.2	34101.6	25147
	Denominator (Total WTE Days)	3740392	1577607	305946	317549	307597	318980	319702	291312	324625	311261	319464	308612	318912	319358	944125	935639	939337	638270
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	65.5%	66.4%	67.2%	68.2%	66.4%	64.2%	64.9%	66.4%	69.1%	69.9%	69.3%	68.3%	-	-	-	-
	Numerator (In-Date Appraisals)	0	0	6637	6747	6891	7005	6859	6728	6823	6905	7106	7159	7091	6994	0	0	0	0
	Denominator (Total Staff)	0	0	10128	10167	10247	10277	10337	10477	10510	10392	10286	10248	10228	10233	0	0	0	0

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN



University Hospitals
Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.03	4.2	3.69	4.29	4.35	4.35	4.72	4.36	3.93	4.46	4.09	4.16	4.13	4.18	4.33	4.31	4.23	4.15
	Numerator (Total Beddays)	317717	150185	26723	31180	29087	28343	27360	26016	28069	31095	29921	29837	30376	28956	88610	81445	90853	59332
	Denominator (Total Discharges)	78741	35746	7234	7262	6690	6512	5793	5969	7134	6969	7324	7173	7358	6922	20464	18896	21466	14280

Meeting of the Board of Directors in Public on Thursday 30 September 2021

Report Title	Quarter 1 Patient Experience & Involvement Report
Author	Matthew Areskog, Patient Experience Manager
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary	
The Quarterly Patient Experience Report provides a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust.	
2. Key points to note <i>(Including decisions taken)</i>	
<p>At a Trust-wide level, both the inpatient tracker score and outpatient tracker score are above target. However, there is some evidence that the impact of sustained pressure arising from the pandemic on operational services, staffing levels, and staff morale is being reflected in patient feedback.</p> <ul style="list-style-type: none"> - The inpatient tracker scores for Division of Weston, Division of Medicine and the Bristol Haematology and Oncology Centre were below target for Quarter 1 2021/22. - BRI ED and BRCH ED Friends and Family Test (FFT) scores deteriorated during Quarter 1 which is reflected in the high volume of negative comments received during the period for these services. <p>Within Outpatient services, a significant proportion of patients continue to be seen via Virtual Clinics. Our survey data suggests that these changes continue to be received positively by many patients with the outpatient tracker score trending above its long-term average.</p> <p>There has been a significant improvement in the breadth and depth of patient feedback relating to the Division of Weston since the extension of the Trust's patient experience programme (postal survey and FFT).</p> <p>A key strength in relation to our Patient and Public Involvement (PPI) programme is that all Quality Improvement (QI) gold projects in the current cohort have a PPI element to their design and/or delivery.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Assurance. 	
5. History of the paper Please include details of where paper has previously been received.	
Patient Experience Group	19/8/21
Senior Leadership Team	22/9/21
Quality and Outcomes Committee	24/9/21

Quarterly Patient Experience and Involvement Report

Quarter 1 2021/22

Report date: 11th August 2021

Author:

Matthew Areskog, Patient Experience Manager

Contributors:

Anna Horton, Patient Experience and Regulatory Compliance Coordinator

Tony Watkin, Patient and Public Involvement Lead

Samantha Moxey, Patient Experience Support Office

1. Overview of patient-reported experience and involvement

Successes	Priorities
<p>At a Trust level, both the inpatient tracker score and outpatient tracker score are above target.</p> <p>A significant proportion of outpatients continue to be seen via Virtual Clinics. Our postal survey data suggests that these changes continue to be received positively by many patients.</p> <p>There has been a significant improvement in the breadth and depth of patient feedback relating to the Division of Weston since the extension of the Trust's patient experience programme (postal survey and FFT). This new dataset provides important insight for quality assurance and quality improvement purposes.</p> <p>All Quality Improvement (QI) gold projects in the current cohort have a Patient and Public Involvement (PPI) element to their design and/or delivery.</p>	<p>Understanding the experience of Cancer Services during the pandemic, involving local survey work and Patient and Public involvement activity (as detailed in the Patient Experience and Voluntary Services team work plan).</p> <p>Analysis of National Urgent and Emergency Care survey data for Bristol EDs following expected publication in September 2021.</p> <p>Commencement of 'My Journey' in Division of Weston which will support the Trust in further understanding experience of care at the hospital in a supportive and inclusive approach with the former Weston Patient Council.</p>
Risks & Threats	Opportunities
<p>There is some evidence that the impact of sustained pressure arising from the pandemic on operational services, staffing levels, and staff morale is being reflected in patient feedback.</p> <p>The inpatient tracker score for Division of Weston (85) is below target and lower than that of Bristol hospitals (90). However, this may be reflective of a longer-term trend based on National Inpatient Survey data from 2019 (see chart 9).</p> <p>The inpatient tracker scores for Division of Medicine and for Bristol Haematology and Oncology Centre (BHOC) are below target during Quarter 1. Commentary has been provided by Heads of Nursing for these areas within the body of this report; both areas have faced significant multi-faceted staffing challenges during the period.</p> <p>FFT scores for our Bristol based Emergency Departments have deteriorated over Quarter 1 and as at June 2021 were 81.1% for BRI ED and 78.1% at BRCH ED. This is reflected in the high volume of negative comments received during the period in relation to these urgent care services which primarily relate to waiting times, the environment (in particular in BRCH) and in attitude of staff (in particular reception staff).</p>	<p>The development of the Trust's Patient Experience Hub (IQVIA) which will ensure patient feedback is seen by teams and departments in a timely way which will support quality and service improvement activity. This approach is intended to engender a culture of transparency and local ownership. This work is expected to gather pace during Quarter 2.</p> <p>The independent baseline review of equality, diversity and inclusion for patients and communities (which will be overseen by the Patient Inclusion and Diversity Group) presents the Trust a unique opportunity to take stock and develop a set of strategic patient experience priorities at a time where health inequalities have been exacerbated by the Covid-19 pandemic. This work will help to ensure that the Trust is providing accessible and inclusive services for our patients and communities.</p> <p>Analysis of Virtual Clinic experience by demographic groups indicates some groups in the population (older people and people with a disability) require additional access support (for example help joining the appointment using technology) – there is an opportunity to develop digital support volunteer roles in relation to this which is an objective detailed in the Patient Experience and Voluntary Services Team workplan.</p>

2. About this report

This report provides an analysis of patient-reported experience and also summarises patient and public involvement activities being carried out at the Trust.

3. Patient and Public Involvement

The Trust's Patient and Public Involvement (PPI) programme is gaining momentum with the PPI Lead increasingly supporting both corporate and divisional initiatives, including:

- The design and delivery of the 'My Journey' patient experience evaluation model in the Division of Weston. The delivery of the "My Journey" patient experience evaluation model is aligned to the Volunteer Re-start programme. It is envisaged that activity will take place in Q2 in partnership with the Division of Weston patient focus group. Currently the group comprises of members of what was the Weston General Hospital Patient Council. Discussions with members have taken place throughout Q1 to realign their work as part of the corporate Patient Experience portfolio.
- Scoping a new model of family engagement in the SW Regional NICU Network that will offer transferable learning to other Trust hosted networks: The Patient and Public Involvement Lead led a scoping discussion with colleagues in the UHBW hosted SW Regional NICU Network to develop thinking and explore options in relation to family engagement in this new Network. This has informed the remit of the role of Engagement Manager to be recruited into the Network team to deliver this aspect of the Networks work. This is one of a number of initiatives in the trust where new approaches to the involvement of people and communities are being developed, including in the delivery of the National Patient Safety Strategy. A peer learning group to promote shared learning has been proposed and will be developed as part of this on-going work.
- Re-starting the process to recruit lay representatives to the Trust's Learning Disability Steering Group: In partnership with the Carers Support Centre, four people who have caring responsibilities for either children or young adults with learning disabilities have expressed an interest in joining the Trust's Learning Disability Steering Group. The process of recruiting them formally to the group is in hand for completion in Q2.
- Supporting the design and delivery of a Learning Disability Pride Health Matters event in June. This event was organised by the Learning Disabilities Liaison team and the Membership Team at UHBW, with additional support from the Patient Experience and Voluntary Services Team. It was an information-sharing event held as part of the Trust's activities to mark Learning Disabilities Awareness Week (w/c 14 June 2021). Chaired by Jayne Mee, this event was well attended by Trust staff, community partners and people with caring responsibilities. It offered an opportunity both to promote the work of the Learning Disability Team, the recruitment of lay representatives to the Trust's Learning Disability Steering Group and the work of the Hospital Carers Liaison Team.
- The Trust's Patient Inclusion and Diversity Group (PIDG) was re-launched in May 2021. As a sub-committee of Patient Experience Group it has both a compliance role in terms of Translation and Interpreting Services and the Accessible Information Standard and acts as a champion for change. A key focus of PIDG this year will be to oversee an independent review of our approach to Equality, Diversity and Inclusion for patients and communities.

- The Carers Strategy Steering Group was re-launched in April 2021 with the re-launch of the joint UHBW and NBT Carers Charter taking place during National Carers Week in June. In addition to ensuring compliance with the NICE Guidelines for Adult Carers the group's main focus will be to re-refresh the Trust's Carers Strategy and align it to the new BNSSG Carers Strategy due in Q3.
- Co-ordinating the re-start of the AccessAble Access Guide survey work at Bristol hospitals and its extension to Weston General Hospital. AccessAble re-commenced their survey work of locations in our Hospital's on 5th July. Surveying of the Bristol sites is now nearing completion with work at the Bristol Eye Hospital pending. Surveying at Weston General Hospital commences in August for approximately four weeks after which the survey team will survey UHBW services at South Bristol Community Hospital and the Central Health Clinic. The surveying of all sites is projected to end in September 2021 followed by a process of validation. Work on the communications plan and launch arrangements will commence towards the end of Q2.
- Fatigue in cancer care: A short series of patient focus groups was concluded which explored what new well-being resources patients experiencing fatigue as part of their cancer care might find beneficial.
- QI Gold: The art and science of patient involvement was featured in the QI Gold workshops resulting in all QI Gold projects having effective involvement as part of their work.
- Front entrance signage developments: The Transformation team worked with the Bristol Sight Loss Council to ensure the planned developments to front entrance signage in respect of Covid-19 was accessible.
- Same sex-accommodation policy: Work has commenced with the Lead Nurse for Quality to engage community partners in an equality impact assessment related to the trust's same sex accommodation policy.
- Haemoglobinopathy peer support: As a result of patient focus groups held with patients of our Haemoglobinopathy service the potential to develop peer support within the Sickle Cell patient cohort as part of a community based intervention is being explored with community partners.

4. Inpatient Experience

The charts in this section of the report show data from the Trust's postal survey programme across our hospitals. These surveys were extended to the Division of Weston from April 2021. For the purposes of reporting during 2021/22 and prior to clinical integration, data for Bristol Hospitals and Division of Weston are displayed as separate data on charts in any Trust-wide reporting.

The overall Trust inpatient tracker score for patients seen at Bristol hospitals (see Chart 2) remained above target during Quarter 1 2021/22, although there is variation at a Divisional level which is explored later in this report.

For the first time, we are able to report on our core patient experience metrics for the Division of Weston. The 'Kindness and Understanding' score for patients seen at Weston General Hospital was above target (see Chart 1), with an average score during the Quarter 1 of 94, compared to Bristol hospitals score of 95. However, the overall inpatient experience tracker score for Weston is below target at 85 for Quarter 1, which is also lower than the score of 90 reported for Bristol hospitals. This disparity in patient reported experience was also noted in the 2019 National Inpatient Survey (see chart 11), therefore it may reflect a longer term trend.

Chart 1: Inpatient Kindness & Understanding Score

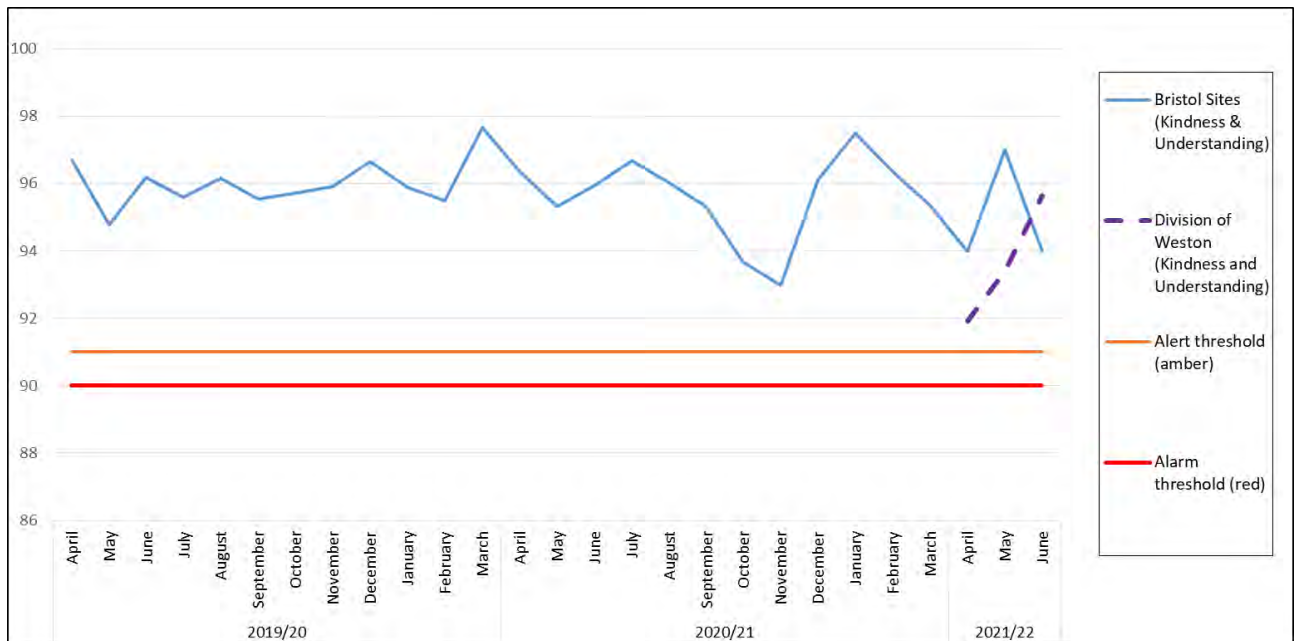
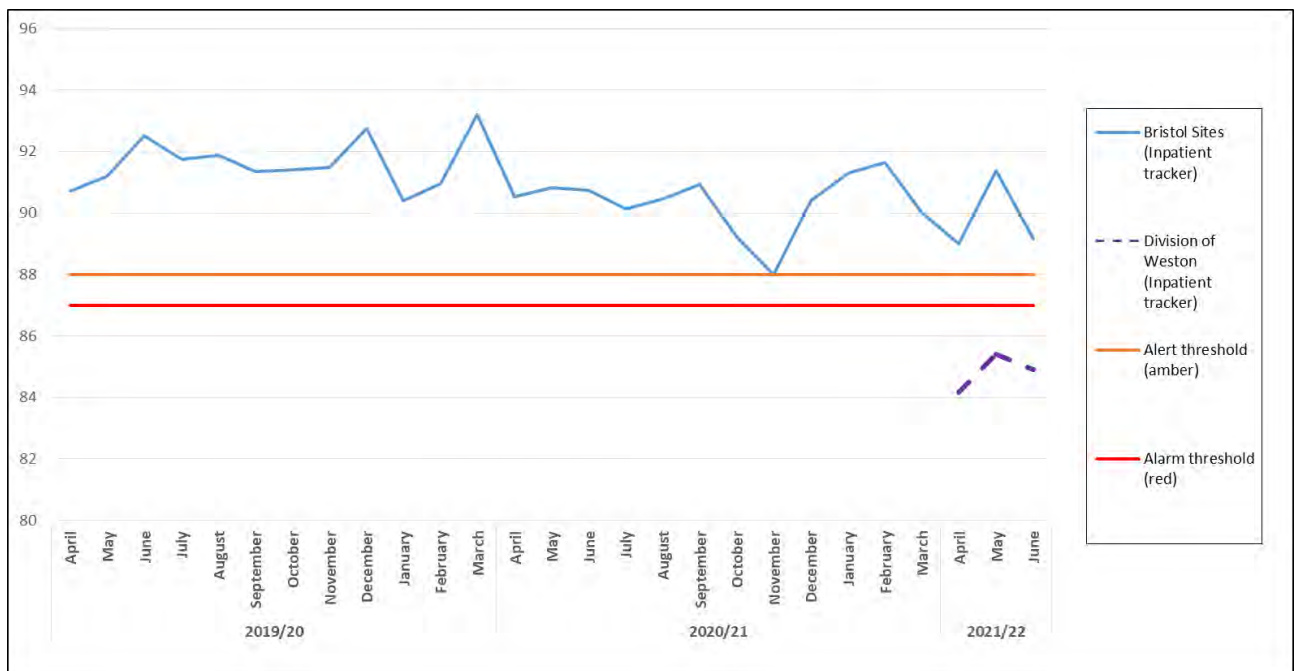


Chart 2: Inpatient Experience Tracker Score



Divisional analysis

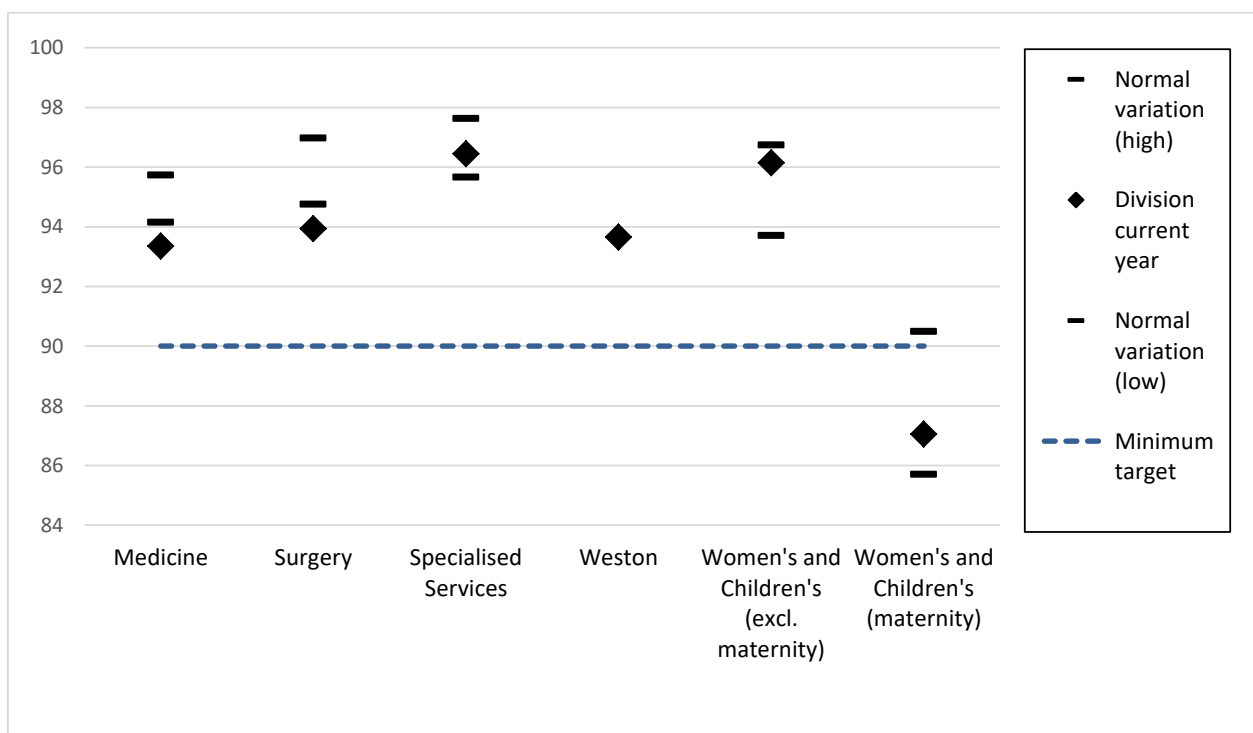
We are able to examine inpatient-reported experience at a Divisional-level by aggregating the data for 2021/22 Quarter 1 and comparing this to the long-term trend score (average of 2019/20 & 2020/21) for each Division (Charts 3 and 4). Please note that there is no long-term trend data for the Division of Weston as the postal survey programme was only extended on 1 April 2021.

At a Divisional level, the kindness and understanding scores for Quarter 1 are broadly comparable to 2020/21 out-turn. Whilst the kindness and understanding scores for Division of Medicine and Division of Surgery are slightly below the longer-term average, the differences are very small and both Divisions are well above the minimum target.

The kindness and understanding score for Division of Weston is above target and broadly comparable to the reported scores for Division of Medicine and Division of Surgery.

The kindness and understanding score (Chart 3) for Maternity was below the minimum target for Q1 2021/22; however, this score is in line with national norms for postnatal wards. The score tends to fluctuate around this level and is typically lower than other inpatient wards.

Chart 3: Divisional kindness and understanding scores April to June 2021/22. The year-to-date mean score for each Division is shown as a diamond, with two lines around this showing the historical variation in the score over time (the "standard deviation"); therefore you would expect the current score, represented by the diamond, to sit somewhere between these two dots.



Inpatient experience (based on the tracker score – see chart 4) during Quarter 1 in the Divisions of Surgery, Specialised Services and Women & Children’s (excl Maternity) were in line with their long-term averages.

The inpatient tracker score for Division of Weston is 85 (in line with the current score for Division of Medicine). As the postal survey only commenced from 1 April 2021 for patients seen at Weston General Hospital, there is no trend data to compare and therefore we will build a better understanding in time on whether this score is broadly reflective of inpatient experience at the hospital in the longer-term.

The inpatient tracker score relating to Maternity wards at is slightly lower than the long-term average but remains above the minimum target.

There has been a downward trend relating to inpatient reported experience in the Division of Medicine (see chart 4). The Quarter 1 inpatient tracker score for Division of Medicine was 85, which compares to the long-term mean of 88. Further analysis of the survey results at an individual question level (see Table 1 below) indicates a number of areas where patients have reported a poorer experience during the quarter when compared to the results from the previous 6 months (Oct 2020 to March 2021). These broadly fit under the themes of involvement in decisions about care and treatment, communication, planning for discharge and food.

Table 1: Division of Medicine inpatient postal survey data by question

Question	Oct 2020 – March 2021 average	Quarter 1 2021/22 average	Variation
11. When you had important questions to ask a nurse, did you get answers that you could understand?	86.9	82.8	-4.1
14. Were you involved as much as you wanted to be in decisions about your care and treatment?	80.8	74.7	-6.1
19. Did hospital staff keep you informed about what would happen next in your care during your stay?	80.8	74.4	-6.4
30. Did a member of staff tell you about medication side effects to watch for when you went home?	52.1	45.4	-6.7
2. How would you rate the hospital food?	64.5	56.2	-8.3
31. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	71.8	62.8	-8.9
25. During your hospital stay, were you ever asked to give your views on the quality of your care?	19.0	7.0	-12

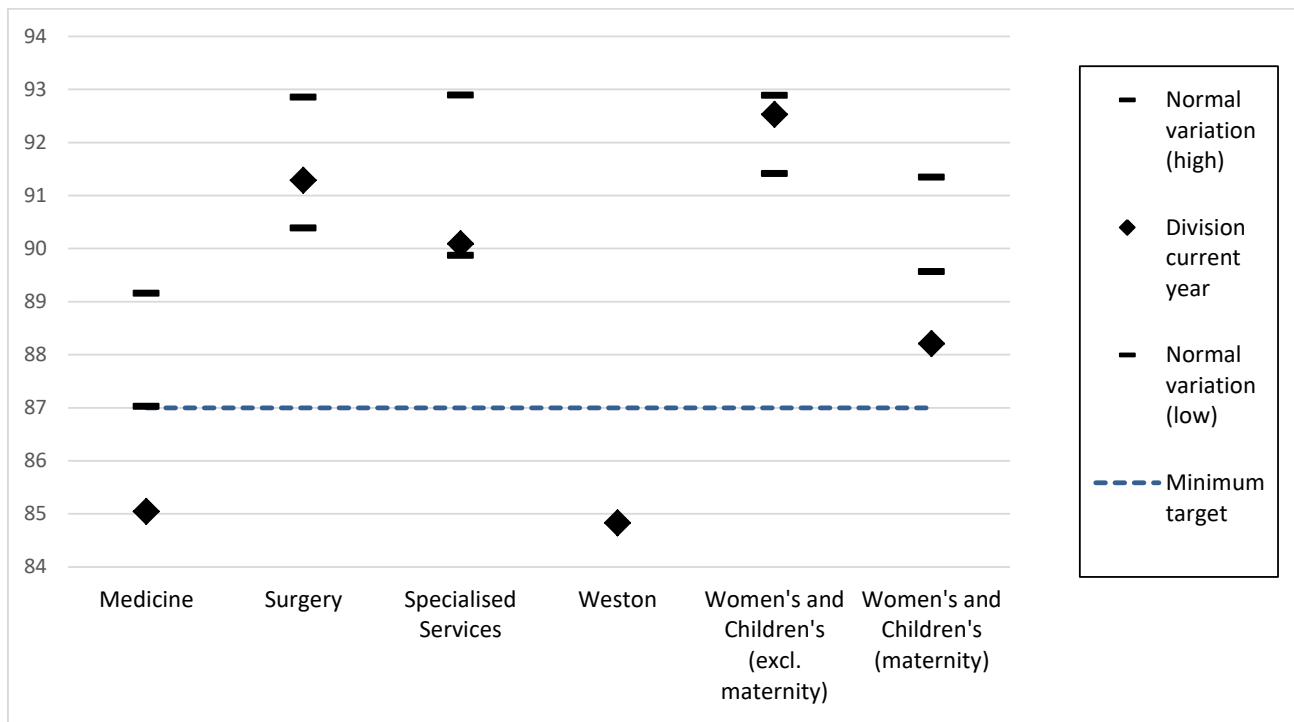
The analysis has been reviewed by Division of Medicine and the following response received:

This data is reflective of the staffing challenge on a daily basis for all of the inpatient wards in the Division of Medicine. The high levels of vacancies and fatigue in the workforce along with the requirement to move staff on a daily basis from ward to ward across the Trust to ensure patient safety have an impact on experience of care. Where there are instances of staff that are not familiar with either the patient group or the specialty, this ultimately will have had a negative impact on patient experience as cared for by staff that are less familiar with the ward and the patient group.

Ward reconfiguration will take place during September and this will begin the process of getting back our assessment units and the specialty wards and therefore staff and teams will be back in their familiar specialty. We anticipate will have a positive impact on the patient experience along with the increasing workforce for nursing in medicine and this should be represented in patient feedback received from September onwards.

Hayley Long, Head of Nursing, Division of Medicine.

Chart 4: Divisional inpatient experience tracker scores April to June 2021/22.



When the inpatient postal survey data is analysed at a hospital level, the following patterns become evident:

The 'Kindness and Understanding' score is above target in the majority of areas of the Trust (Chart 5) with the exception of St. Michael's hospital maternity services which remain in line with the longer-term average.

Within Specialised Services, inpatient reported experience at BHOC during Quarter 1 was 86, below the minimum target of 87 and below the long-term average for the hospital (91). There is some degree of fluctuation in inpatient tracker score at BHOC, which is indicated by the gap between the two dash lines on the Chart 6. Of the questions that are combined to produce the inpatient tracker score, 'communication with nurses', 'communication with doctors', and 'involvement in decisions' have all declined by 3 points or more when comparing Quarter 1 2021/22 with the outturn for 2020/21. The analysis has been reviewed by Specialised Services and the following response received:

Quarter 1 has seen significant pressures within BHOC. The TYA unit was only restored mid-way through the quarter having been repurposed during wave one as an all-age Covid facility. There were significant staffing challenges within the quarter, which were multi factorial. A number of actions have been put in place to support patients including reinstating the TYA, opening a day case trials area, opening new day case and OPD units. Staffing remains a challenge, with a number of vacancies being recruited to. The scoring will be discussed at the BHOC CG meeting. **Helen Bishop, Head of Nursing, Specialised Services.**

Chart 5: Hospital-level kindness and understanding scores April to June 2021/22.

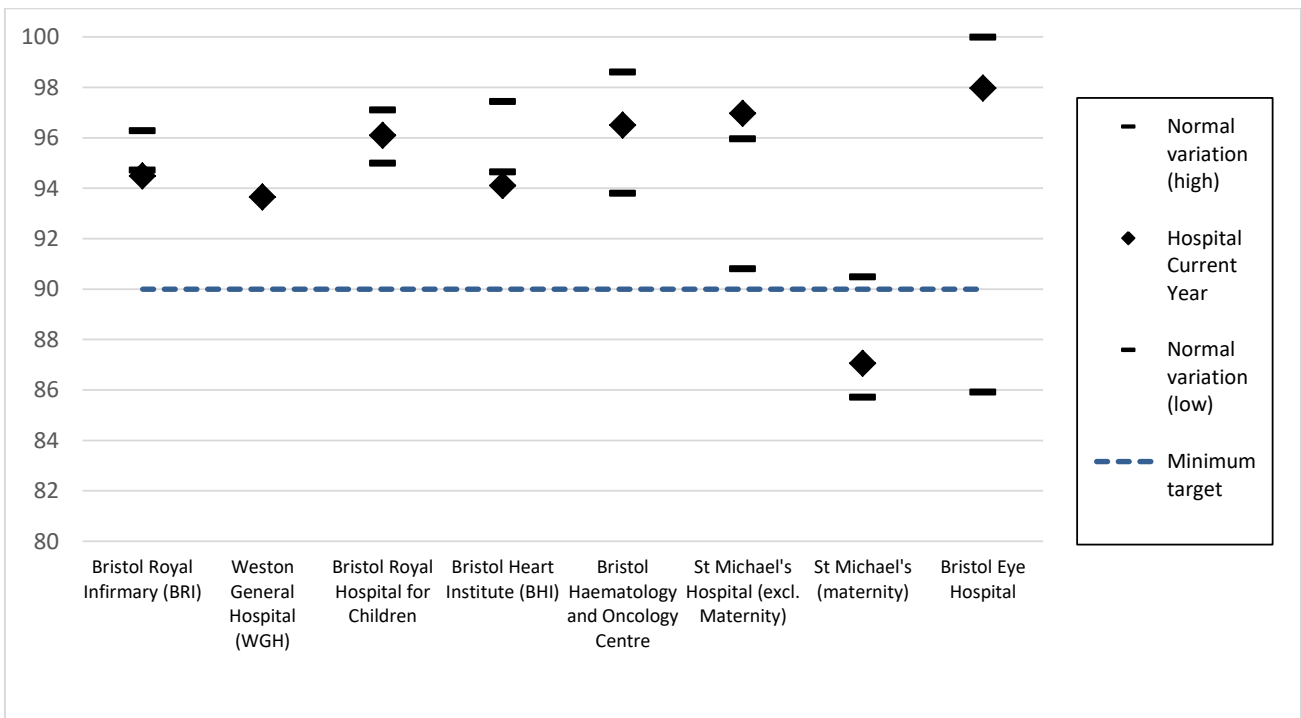


Chart 6: Hospital-level inpatient experience tracker scores April to June 2021/22.

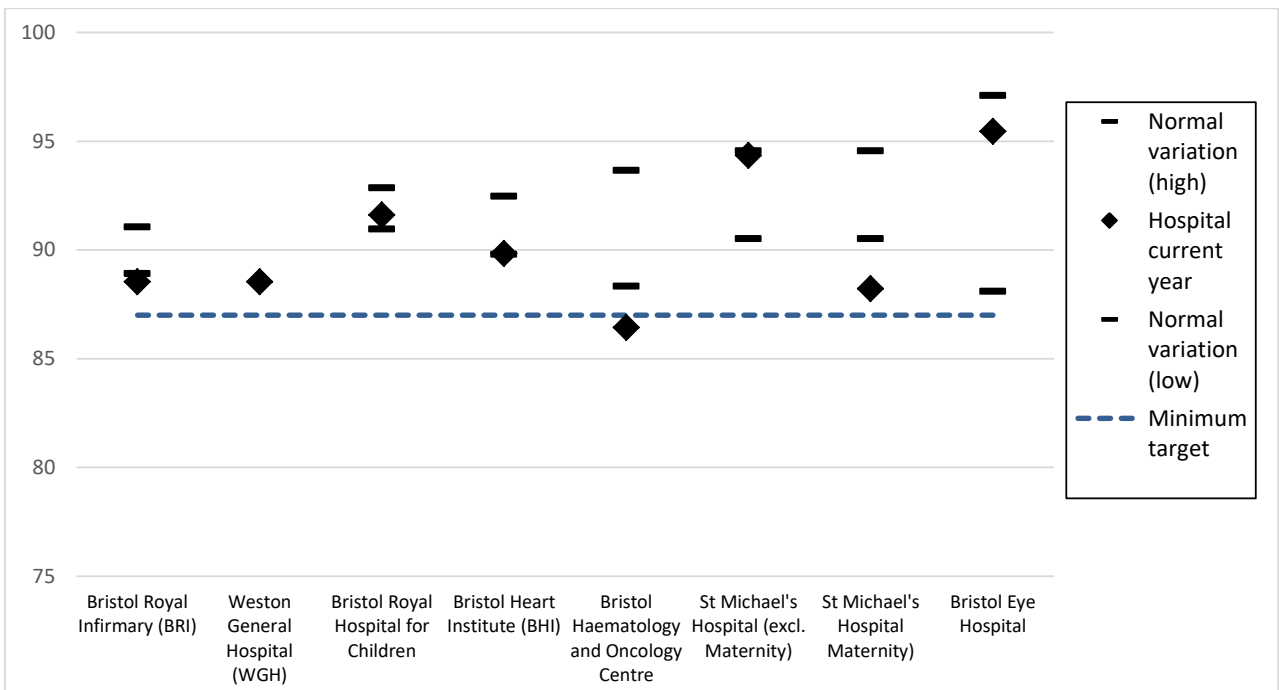


Table 2: Sample of positive inpatient feedback received via the postal survey in Quarter 1 2021/22

Division	Feedback
Medicine	I cannot speak highly enough about the staff (all grades). The doctors saved my life even though they said at one point "I was the sickest man in Bristol". The ICU nurses were very patient with me even though I was delirious which made me rude. Every single member of staff in the BRI that looked after me I'm forever in their debt. Thank you all. (Ward A800)
Surgery	I was impressed by the dedication of all the nurses and doctors I came in contact with. They were professional and gave me the highest quality of care. During my stay in hospital, I was kept updated about my progress and received plenty of encouragement which helped with my recovery. I am hugely grateful for the kindness shown to me by everyone during my stay. Particularly when you consider how stretched the NHS is during the Covid pandemic. (Ward C808)
Specialised Services	I consider myself infinitely fortunate to live in the UK and get such incredible care for free, and also to live in Bristol where the BHI is and gave me such amazing care. From walking into A&E right through to discharge some three weeks and two ops later I had first rate care the whole time, in all respects. Faultless care by people who at the moment of all times are being pushed to their limits. Big thanks to everyone at the BHI, you made a scary uncertain time much more easy and comfortable. (Ward C705)
Weston	I was very impressed by the emergency care that I received. The doctors and staff were very caring, efficient and professional, including ambulance crew. On the ward - the nurses worked extremely hard. Always very patient and kind. I don't understand why people complain. We have a 'brilliant' local hospital, I feel very grateful for the care I received. (Kewstoke ward)
W&C (Childrens)	On balance we were really happy with our experience of staying at hospital with our child. The staff were wonderful, and so friendly. We especially valued the play specialist Alex who came to our son's bedside to show him some origami - but we only knew of him because through a friend who worked in the hospital. We feel lots of children could benefit from meeting him! The surgeon, Mr Shafi Mussa, stood out with an exceptionally competent and personable manner. We felt that he gave us a clear outline of what was to happen, he listened to everything we asked and gave us answers that we could understand. We hugely appreciated him taking the time to contact us the moment surgery was finished, from the theatre itself, and this struck us as a very compassionate way to work. (Ward E600)
W&C (Maternity)	During our stay we were looked after on the midwife led unit, central delivery suite and then ward 73. All of the staff we encountered were kind and compassionate. Communication about what was happening, why and what our options were was brilliant throughout. Huge thanks to all the midwives, medical staff, theatre team and other hospital staff who cared for us - we felt in totally safe hands at all times. (Ward 73).

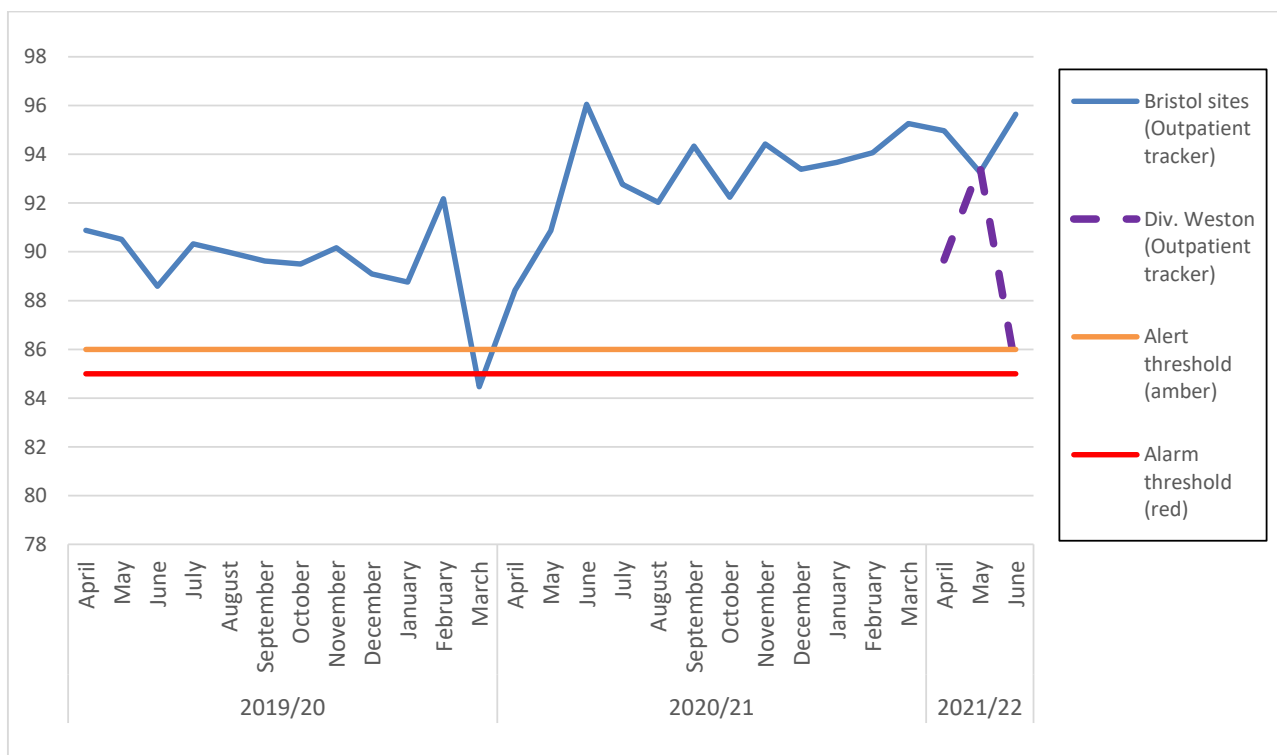
5. Outpatient Experience

The impact of the introduction of Virtual Clinics during 2020/21 as a result of the Trust’s rapid reconfiguration of Outpatient services in response to Covid-19 can be clearly seen in our Outpatient experience tracker score.

Since the introduction of Virtual Clinics, the outpatient experience tracker score for Bristol sites has continued to improve over subsequent months as staff and services adjusted to new ways of working. The score continues to trend above their long-term average (see chart 7). This is a considerable and sustained benefit in delivering Outpatient services as part of a new model which appears to be offering a very positive experience for a large cohort of patients.

The outpatient experience tracker score for Division of Weston for Quarter 1 2021/22 is 89 which is above target. Whilst the score for June 2021 (85) was at the alarm threshold, the sample sizes at a Division level for the survey are small, and therefore monthly fluctuation in the data is more evident.

Chart 7: Outpatient Experience Tracker Score



Patient Experience of ‘Virtual Clinics’

During the past year, there has been a growing body of local survey work taking place across the Trust to understand the quality and suitability of remote outpatient services, known as ‘Virtual Clinics’ in more depth. The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of Virtual Clinics; during Quarter 1 2021/22, there were 1,405 responses to this survey.

Patients are selected for virtual consultations by clinicians at the Trust based upon technical and clinical suitability to the electronic medium. Individuals are deselected if they are deemed to be lacking support to use the technology or if a detailed physical or otherwise intimate examination is required. Therefore this data is based on those who were able to access the service.

Some key headlines from this data are:

- 88% of respondents rated the process of booking the virtual clinic appointment as either very good or good.
- 92% of respondents accessed the virtual clinic appointment themselves, with 8% reporting they needed some help to set up the call.
- 21% of respondents did not know who to contact if they had a problem in accessing the video consultation (Note: Consistent with Q4 2020/21 performance – score of 20%).
- 98% of respondents felt they were able to have a suitable level of privacy for the video consultation.
- 44% of respondents found the virtual consultation less stressful than a face to face appointment, with 44% stating there was no difference between the two and 6% stating it was more stressful.
- 89% of respondents felt their concerns had been listened to during the appointment and 93% reported they felt involved in decisions about their care.
- 90% of respondents stated they would be happy to have their follow-up appointment virtually.

Evaluation of this large dataset of patient feedback suggests that for those who had experience of accessing virtual clinics during the past year, they generally welcomed the changes that the Trust has made to the delivery of outpatient services. There is variation across the Trust in the consistency of providing information to patients pre-appointment on who to contact if they encounter any difficulties.

Free text comments on the survey and feedback via other methods (for example via patient stories) indicates that patients have recognised many benefits of virtual appointments for example a feeling of safety in home environment, convenience, reduced travel time etc. Many also recognise that there are instances where it would be more appropriate for them to be seen in person, for example for diagnostics / testing and to discuss specific results in person. It is important to note that the Trust clearly states through its Standard Operating Procedure that the need and/or preference for a remote or hospital-based appointment will vary between individuals and situations.

Analysis by key demographic groups

Demographic questions were incorporated within the virtual clinics survey at the end of 2020/21. These questions allow for analysis on whether there were any differences in experience for specific cohorts of patients and in doing so, supporting the Trust in prioritising work to tackle any health inequalities that are evident.

An analysis of feedback data for Q1 2021/22 by demographic groups can be found below.

Age

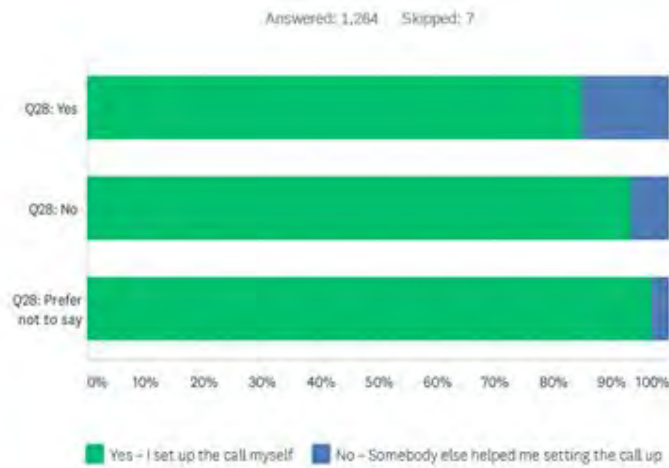
- 23% of respondents in the 65+ age category had help (via family / friends) in accessing the virtual clinic appointment, compared to <10% of respondents requiring help from other age categories. This disparity is consistent with the evidence that some people in older age groups may experience some degree of digital exclusion;
- 16% of 16 – 17 year olds found the virtual clinic more stressful than a face to face appointment which is more than any of the other age categories. Additionally, 9% of 16-17 year olds said they found virtual appointments worse or significantly worse than previous face to face appointments which again are more than other ages including 65+. Please note the number of 16-17 year old survey respondents is low.

- Overall, respondents in older age categories indicated they prefer the virtual clinic appointments over face to face appointments, however not all patients that were 65+ would have been included in this initial cohort if they were not deemed suitable to have a virtual clinic appointment due to access or other needs.

Disability

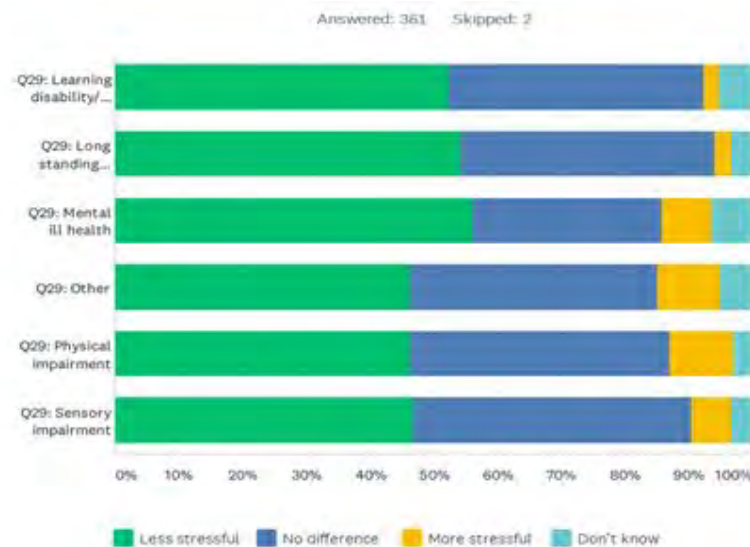
- 15% of patients who indicate they have a disability had someone help them set up the call compared to 6% of those who didn't have a disability (Chart 8). Of patients who had a disability, this was more prominent were in those with a Learning Disability or physical disability.

Chart 8: Were you able to access your virtual consultation yourself on your appointment day or did you need help to do it?



- Almost half (49%) of patients with a disability found the video consultation less stressful compared with their previous experience of a face to face appointment at the hospital (Chart 9). This pattern was most evident in patients with a mental health need. Patients with a physical disability were more likely to find the experience of a virtual clinic more stressful than face to face.

Chart 9: Compared with your previous experience of a face to face outpatient consultation at the hospital, did you find the video consultation more or less stressful?



- Where patients indicated they have a disability, some provided feedback that they had communication issues in relation to the virtual clinic. This was in particular around audio / hearing and challenges with IT that had a negative impact on communication during the appointment. 88% of patients with a disability did not report any communication issues.
- Overall, people with a physical disability seem to have reported a less favourable experience with the virtual clinics and more of a preference towards face to face appointments however the overwhelming majority of people in this category still rate the virtual clinic as positive.

Gender

- There were no significant differences noted in the experience of patients when analysed by gender.

Religious Belief

- Analysis of virtual clinic experience by religion/belief presents challenges due to the low number of patients from minority religious / belief groups who responded to the survey.
- Of those patients who identified as Muslim (14), 40% did not know who to call if they had issues accessing the consultation. This compares to a figure of 21% who did not know who to call in the whole survey cohort.

Ethnicity

- There were no significant differences noted in the experience of patients when analysed by ethnicity.
- Approximately 20% of patients did not know who to contact if they had a problem in accessing their virtual consultation which appears consistent when analysed by ethnic groups.

Sexual Orientation

- Patients who identify as gay were less likely to prefer a virtual clinic appointment as a follow-up (i.e. a slightly stronger preference towards face to face).
- There is a much higher volume of respondents who identify as heterosexual (1,094) compared to any other sexual orientation measured (<100), however there does not seem to be any large disparity in the overall experience of any of the measured categories.

Summary

Patient feedback reflects some of the anticipated benefits of virtual clinics in terms of providing home-based access to services where appropriate to do so, reducing stress for patients with a disability and money saved on travel / parking.

It is clear that more could be done to let people know who to contact before the appointment with approximately 1 in 5 patients not knowing who to contact.

Some patients (older people and those with a disability) may benefit from additional support in accessing the virtual clinic. The support in place for those responding has likely come via family / friends, but for those who do not have this circle of support; digital support volunteers could provide a beneficial service. This option is being explored with Outpatient Services as part of the Patient Experience and Voluntary Services workplan for 2021/22.

This data does not however account for all patients as there were some patients who were not suitable to attend virtual consultations. Additionally, some sample sizes of measured demographics were particularly small which could limit the extent to which the data is representative of future patients included in this cohort.

6. Patient surveys: Friends and Family Test

The Friends and Family Test (FFT) is a national patient survey mandated by NHS England. It asks the question: “Overall, how was your experience of our service?”. The Friends and Family Test (FFT) was relaunched nationally on 1st December 2020 having been paused since February 2020 due to the pandemic. Where possible, methods such as online, SMS or postal surveys are being prioritised to avoid unnecessary burden on staff.

During Quarter 1 we received 15,557 FFT responses which represents an increase of 39.3% (4,387 responses) since Quarter 4 2021/22. This substantial increase can largely be attributed to the extension of the FFT programme to Division of Weston which has resulted in improved response rates across inpatient care, outpatient services and Weston ED.

FFT data for Quarter 1 is shown below (Table 3). Overall, FFT scores are comparable to Quarter 4 2020/21; however, there has been deterioration in the FFT score in BRCH ED and BRI ED as shown in Chart 10 overleaf.

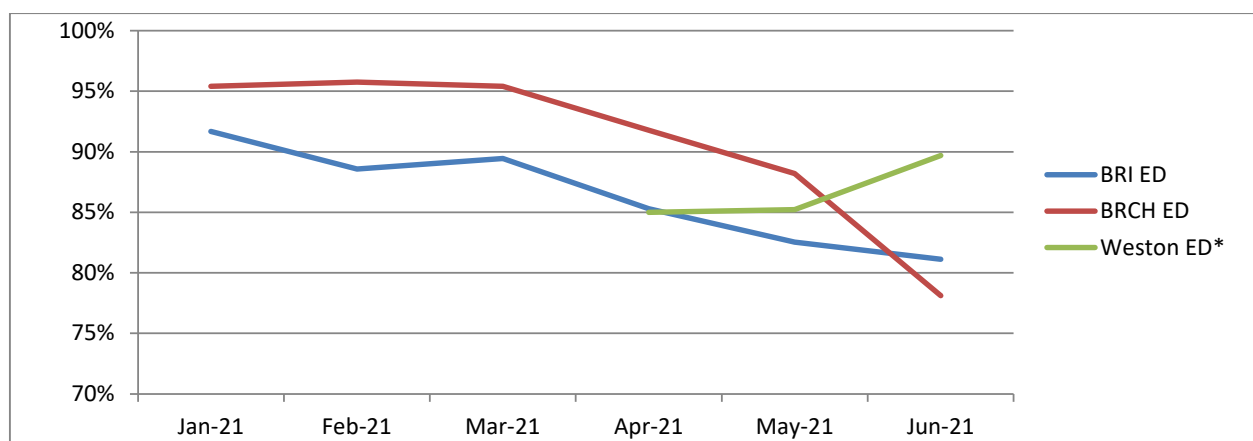
Please note that as this is a new question, it is not valid to compare results to data previously collected and therefore no historic data is shown in this report.

Table 3: Friends and Family Test Data – Quarter 1 2021/22

Attendance type by Division/Site	Response Rate		FFT Score ¹	
	Q4 2020/21	Q1 2021/22	Q4 2020/21	Q1 2021/22
Inpatients				
Medicine	12.8%	23.4%	94.7%	94.8%
Surgery	26.7%	29.7%	97.5%	97.3%
Specialised Services	25.1%	50.8%	95.5%	96.8%
Women's and Children's	29.8%	32.3%	96.9%	98%
Weston	2.7%	24.2%	100.0%	92.8%
Trust total	19.7%	31.3%	96%	96.3%
Emergency Department				
Bristol Royal Infirmary	8.1%	6.1%	89.8%	83%
Children's Hospital	12.9%	9.3%	95.5%	86%
Weston	No data	10%	No data	86.6%
Trust total	9.9%	7.2%	92.6%	85.8%
Outpatients				
Bristol	N/A	N/A	95.9%	94.9%
Weston	N/A	N/A	100.0%	95.4%
Trust total	N/A	N/A	96.0%	94.9%
Maternity				
St Michaels Hospital	10.1%	7.5%	96.5%	96%
Day case				
Bristol	13.1%	18.4%	99.0%	99.8%
Weston	32.7%	49%	100.0%	99.2%
Trust total	17%	33.7%	99.4%	99.5%

¹ The FFT score is calculated as those reporting their overall experience of care as ‘Very good’ or ‘Good’ divided by the total number of responses

Chart 10: Emergency Department FFT Scores January 2021 – June 2021



*Note: Prior to April 2021, response rates at Weston ED were too low to report a statistically valid FFT score

Specific issues raised via the Friends and Family Test

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 4 below provides a response from Divisions / services for the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment.

Table 4: Divisional response to specific issues raised via the Friends and Family Test, where respondents stated that they would not recommend UH Bristol and a specific / actionable reason was given.

Division	Area	Patient Comment	Response from ward / department
Medicine	ED	Nowhere near enough staff. Facilities were poor and unmaintained. Desperately need more professional doctors and nurses to handle the number of casualties.	The ED team has increased in size and we are looking at other shift patterns to cope with the demand at peak times. The facilities are gradually being upgraded with an extensive redevelopment plan that will improve the environment.
	ED	Have visited A&E 3 times in the last fortnight. Was advised to go either by 111 or my GP every time. Doctors were lovely, cannot stress this enough, but the attitude of your reception staff is horrendous. All 3 times I was made to feel like I was wasting time, had passive aggressive comments made when I advised why I was there and was told there was no record of either 111 or GP having contacted them, and was made to feel like a liar for advising I'd been told to attend. Your receptionists are not medical professionals; therefore please ask that they act as such.	We are sorry for this poor experience and we will feed this back to our reception team. The reception team work under extreme pressure and have to ask multiple questions in order to direct the patients to the correct team. However, we are sorry that this was not done with compassion on this occasion.

Specialised Services	BHOC – OP	<p>At my recent 12 month post treatment check-up, I had to wait 1hr 15mins which I found very stressful particularly as I wanted to be in a clinical environment for the minimum possible time. The nurses were unable to tell me what was going on or where the consultant was. When the consultant did appear he walked past me twice and saw me which would have been a good time to apologise and explain how much longer I might have to wait. Instead he failed to acknowledge me. This then happened a second time before I was finally called in. To summarise, I found the delays and poor communication damaging to my emotional wellbeing. One idea for improving things would be to keep the whiteboard used to indicate if appointments are running to time or not accurate as this is often not updated (consultant always showing as "green"). This doesn't help patients.</p>	<p>Throughout the pandemic, clinics have continued to run via telephone, if not face to face so although it may look as if clinic is empty, the same numbers of patients are having consultations during a clinic and this can lead to delays.</p> <p>The nursing team have been reminded to keep patients updated of any delays, including the use of the white boards.</p>
	Clinical Oncology OP	<p>Lack of access, no warning of local road closures, difficult and expensive parking, turned away by Covid police having had a slightly raised temperature having to sit outside in very hot sun.</p>	<p>The Covid screening desk was put in place at the start of the pandemic to try to ensure any patients and visitors with symptoms of Covid-19 do not come into the hospital, in order to keep our vulnerable patients safe. This involves anyone identified as symptomatic being asked to wait outside the building (if the weather allows) while a plan is identified for them.</p> <p>Staff have been reminded to ensure patients are not waiting outside in extreme weather conditions and as far as possible, have appropriate shelter.</p>
Surgery	Colorectal Surgery - OP	<p>The session with the consultant was very rushed with no attempt to put me at ease. I had a very perfunctory examination, after a very curt 'Do you want me to look at you then?' My queries were dismissed by the comment that I</p>	<p>We have fed back to the clinical teams the impact of the concern raised and reminding the teams of supportive behaviours, ensuring patients feel listened to and understood.</p>

		had been called back after to	
	ENT - OP	There were quite a few people who were not understanding of me being exempt from wearing a face covering despite me wearing my lanyard. The clinic receptionist shouted at me. The other receptionist ignored me. Some of the staff appeared to be unaware of my rights as someone who is exempt from wearing a face covering and I was put under undue pressure to wear something. I was told that a doctor may not see me if I did not wear the visor offered. No attempt was made to understand my issue and why I don't wear either. There were assumptions made that weren't true- that I was causing trouble. This wasn't true.	This feedback reflects a poor patient experience that is absolutely not what we would expect. ENT has been a challenging area for social distancing with complex ENT patients who may be unable to wear masks. This patient's experience was discussed with the outpatient team in the context of how to support patients attending and have explorative conversations around the wearing of masks so patients do not find it confrontational.
Women's and Children's	Gynaecology – OP	One consultant just wanted to fob me off with wrong diagnoses. I.e. Coeliac, IBS, constipation... I could prove I have endometriosis. The Covid cleanliness in the waiting area is non-existent. They make patients sit in the same chairs and they are not sanitised between each person, even in lockdown. They always run later than the times on the board. It's my worst hospital experience ever; I would never go back there.	Whilst chairs are not sanitised between use by patients, there is a regular cleaning that takes place within the hospital including the touch points and seating areas. Check lists and records are kept of this. There is a huge crossover with functional bowel disorder/IBS and endometriosis. We always explore bowel disorders/IBS at a new consultation and patients are provided with leaflets, often if treated endo symptoms improve. Endo clinics are offered 45 mins, sometimes it takes longer. We always apologise for delays.
	BRCH - ED	111 said they were sending an ambulance but then called to say one wasn't available. I then did a second assessment with 111 as I felt my daughter was improving and it wasn't necessary to go, but they said I still needed to go to A & E and made me feel that I would be irresponsible not to. At A & E we waited for 5 hours with my daughter on my lap. The nurse was lovely, however I felt the Dr treated us as if we were wasting her time and she was annoyed I hadn't	We are working closely with 111 to make pathways better for families and to ensure the patients are seen in the right place in a timely manner. There is a pathway for parents to collect a urine sample at home and not wait in the waiting room-this is then followed up in the community. The staff will be reminded of this pathway to ensure families are not waiting unnecessarily.

		<p>managed to get a urine sample in the waiting room when my daughter is still in nappies. I appreciate that you were very busy but 5 hours with a toddler on your lap is a big ask for any child especially when they're ill. I really feel there needs to be an out of hours service for less serious cases that need more than 111 but not A & E.</p>	
	BRCH - ED	<p>Waited for 6+ hours. Not enough seats for everyone, packed in with no social distancing. Everything was dirty. Felt very unsafe. However, doctor who saw my daughter was lovely and very good with her.</p>	<p>Crowding is an unfortunate problem in ED due to our geographical footprint. Extra cleaning is currently being sought for the waiting room. Infection control is an important factor and some segregation/streaming processes are in place to mitigate this. Staff and parents are being asked to wear masks and if they unable to, visors are being provided. Hand gel, masks, and visors are readily available at the ED entrance.</p>
<p>Diagnostics and Therapies</p>	<p>Audiology OP</p>	<p>I was attending for a hearing test and got told to wait in one of 2 chairs with DIY quality tape and a label, in the main reception facing the main doors, people coming & going, and in the wrong direction for when names are called.</p>	<p>Due to the refurbishment of Level B at St. Michael's Hospital we are currently working out of booths on level C. This means that we don't have a waiting area or reception to meet patients. Following discussions within our Division, it was agreed we could put a couple of chairs in the lobby at St Michael's. To identify these chairs we have marked them with tape and a notice as they are exclusively for the use of our patients. Patients are advised of the situation in their letters and directed to sit in the marked chairs. The chairs have been placed so as not to interrupt the footfall in the lobby and to allow for social distancing. The Audiology team come out from our booths and pass through the ENT waiting area and call patients in from the lobby. -Staff are aware that our patients have been instructed to sit in these particular chairs so generally make sure the patients are able to see them before they call a name.</p>

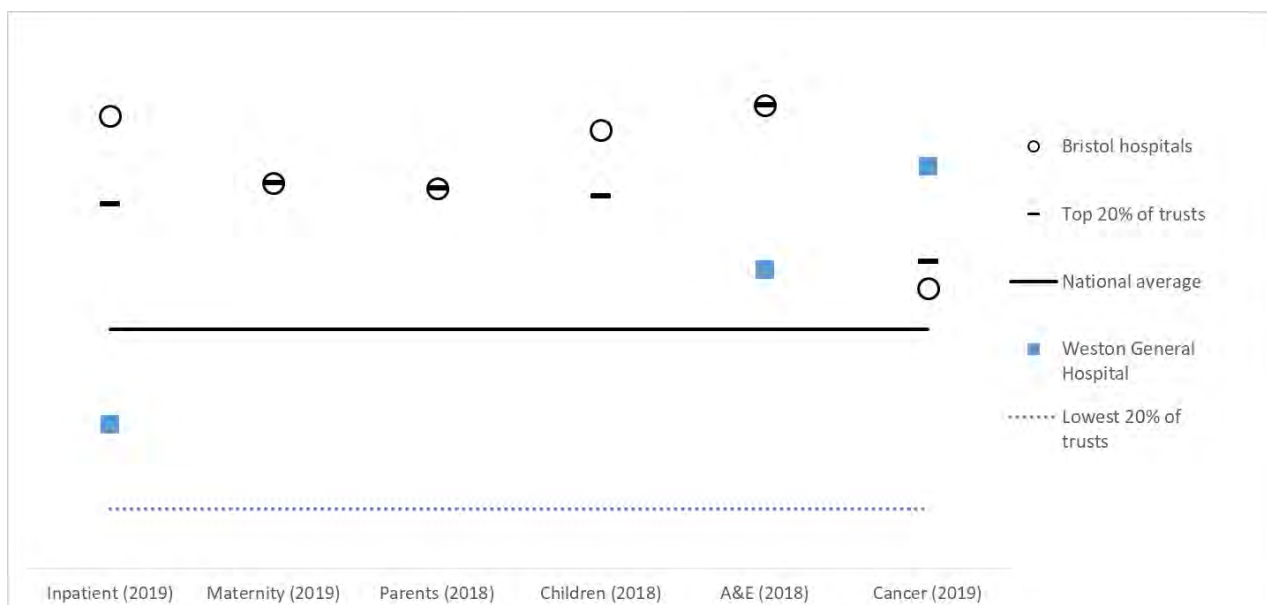
Weston	WGH ED	<p>I was admitted at 1pm on a Friday afternoon. I did not get a bed until 1am Saturday morning. I was not offered a drink or any food whilst sat there until 11.30pm where all they could give me was biscuits and a cup of tea. When ready to go up to a ward I then had to wait a further 10 minutes because I wasn't ready due to having no swabs done! How can I be sat there that long and not even be ready to go up too ward. I had a really poor experience.</p>	<p>At this time, when patients first began queueing in the department there were only ad-hoc arrangements for food. Housekeepers are now ensuring that our patients are given a hot meal at lunchtimes and we are stocked with adequate sandwiches for tea times.</p>
	WGH - ED	<p>I am pretty sure that my records were lost and my 2 and a half hour wait was not just because it was busy but more because my forms weren't in the queue.</p> <p>I had also mentioned that my reason for being there may only be a leg injury but also how I'm currently going through a miscarriage. I was hoping that would allow my husband to stay with me for support but he was still asked to leave. The whole experience for an infected shin was really challenging and I feel could have been avoided. I would hate for anyone else to have the same experience.</p>	<p>Tracker or 'Minor end co-ordinator' regularly checks through the Medway screen to ensure that patients are not being missed. If paperwork does, in a rare occasion, go missing then the patient would still be seen in order of attendance and a new case card printed.</p> <p>Although our guidelines do not mention providing support for patients who have are going through a miscarriage in general, staff have been made aware of the need for support for anyone going through this and family are being allowed to stay for this reason at the discretion of the nurse in charge.</p>
	WGH – Physiotherapy OP	<p>After being in pain and waiting 6 months for the appointment, the advice was to wait another 4 to 6 weeks. I was told I would be given some exercises to do. I have been doing advised exercises for 6 months so I fail to see why I need to wait another 4 weeks.</p>	<p>Following individual assessment, exercises are often the most appropriate physiotherapy treatment option. However, it is vital that any treatment options are discussed and agreed with patients. The outpatient physiotherapy team have been reminded of the importance of deciding treatment plans together with patients, ensuring clear communication at all times.</p>

7. Patient Surveys: national benchmarks

The Care Quality Commission’s national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England. The data currently available pre-dates the UH Bristol / Weston Area Health Trust merger. Chart 11 shows that UH Bristol (as-was) tended to perform around or above the top 20% of trusts nationally in these surveys; whilst Weston Area Health NHS Trust (WAHT) performed broadly in line with the national average. There were particularly strong performances for UH Bristol in the national inpatient and Children’s surveys, and for WAHT in the 2019 National Cancer Survey.

The results of each national survey, along with improvement actions / learning, are reviewed by the Trust’s Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

Chart 11: Overall experience relative to national benchmarks²



The following National Survey results are due to be published in line with the timescales indicated:

- **2020 Urgent and Emergency Care (Bristol sites only)** (publication estimated September 2021)
- **2020 Inpatients** (publication estimated October 2021)
- **2020 Children and Young People** (publication estimated December 2021)
- **2021 Maternity** (publication estimated January 2022)

..

² This is based on the national survey question that asks patients to rate their overall experience. We have indexed (=100) each score to the national average to ease comparability. This overall question is not included in the national maternity survey and so we have constructed this score based on a mean score across all of the survey questions. Weston Area Health Trust does not participate in the national children’s survey, national A&E survey, or the national maternity survey. Please note that the 2020 National Maternity Survey was cancelled for all Trusts by the CQC in response to the COVID-19 pandemic. UHBW chose not to participate in the voluntary 2020 National Cancer Patient Experience Survey (NCPES).

Meeting of the Board of Directors in Public on Thursday 30th September 2021

Report Title	Quarter 1 Complaints Report
Report Author	Tanya Tofts, Patient Support and Complaints Manager
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary		
	Q1	
Total complaints received	462	<input type="checkbox"/>
Complaints acknowledged within set timescale	83.1%	<input type="checkbox"/>
Complaints responded to within agreed timescale – formal investigation	68.4%	<input type="checkbox"/>
Complaints responded to within agreed timescale – informal investigation	91.5%	<input type="checkbox"/>
Proportion of complainants dissatisfied with our response (formal investigation)	8.2%	<input type="checkbox"/>
2. Key points to note <i>(Including decisions taken)</i>		
<p>Improvements:</p> <ul style="list-style-type: none"> In Q1 of 2021/22, the Divisions of Women & Children and Surgery continued to perform strongly in respect of meeting deadlines for complaint responses, both achieving over 90% of responses sent out by the agreed deadline. The majority of complaints in Q1 (73.8%) were dealt with informally, leading to quicker resolution. <p>However:</p> <ul style="list-style-type: none"> Due to the consistently high volume of enquiries being received by PSCT, along with continued staff sickness absence, the backlog of cases waiting to be assigned to Complaints Officers remains high. Additional resources are being identified to address this. In addition to the 462 complaints received by PSCT in Q1, the team also dealt with 375 other enquiries (including compliments, requests for information/advice, etc.). This represents a 25.8% increase on the 298 received in Q4. The team also received and logged 205 initial enquiries which did not then proceed (see section 5.1 for further details), compared with 137 in Q4 of 2020/21. The Division of Weston received 84 PALS concerns in Q1, a significant increase on the 29 recorded in Q4. In Q1, the Division of Weston continued to experience significant delays in responding to formal complaints, with only 10% (3 of 30) responses being sent to complainants by the agreed deadline. The Division of Medicine also continued to struggle in Q1, reporting 21 breaches of response deadlines from the 61 formal responses sent out during the quarter. Figures 7 (complaints about communication with patient/relative) and 14 (complaints about the Bristol Royal Infirmary Emergency Department) both show signs of a negative step-change since the start of the COVID-19 pandemic in 2020. 		

3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
Risk 2680 - Risk that delays to complaints caseworkers contacting patients causes complainant dissatisfaction	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for ASSURANCE 	
5. History of the paper Please include details of where paper has previously been received.	
Senior Leadership Team	22/9/21
Quality and Outcomes Committee	24/9/21



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

Complaints Report

Quarter 1, 2021/2022

(1 April 2021 to 30 June 2021)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 1 Executive summary and overview

	Q1	
Total complaints received	462	↑
Complaints acknowledged within set timescale	83.1%	↑
Complaints responded to within agreed timescale – formal investigation	68.4%	↓
Complaints responded to within agreed timescale – informal investigation	91.5%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.2%	↑

Successes	Risks & Threats
<ul style="list-style-type: none"> In Q1 of 2021/22, the Divisions of Women & Children and Surgery continued to perform strongly in respect of meeting deadlines for complaint responses, both achieving over 90% of responses sent out by the agreed deadline. The majority of complaints (73.8%) were dealt with informally, leading to quicker resolution. 	<ul style="list-style-type: none"> Due to the consistently high volume of enquiries being received by PSCT, along with continued staff sickness absence, the backlog of cases waiting to be assigned to Complaints Officers remains high. Additional resources are being identified to address this. In addition to the 462 complaints received by PSCT in Q1, the team also dealt with 375 other enquiries (including compliments, requests for information/advice, etc.). This represents a 25.8% increase on the 298 received in Q4. The team also received and logged 205 initial enquiries which did not then proceed (see section 5.1 for further details), compared with 137 in Q4 of 2020/21. The Division of Weston received 84 PALS concerns in Q1, a significant increase on the 29 recorded in Q4. In Q1, the Division of Weston continued to experience significant delays in responding to formal complaints, with only 10% (3 of 30) responses being sent to complainants by the agreed deadline. The Division of Medicine also continued to struggle in Q1, reporting 21 breaches of response deadlines from the 61 formal responses sent out during the quarter. The resignation of the interim PALS/Complaints/Bereavement Manager for the Division of Weston. Figures 7 (complaints about communication with patient/relative) and 14 (complaints about the Bristol Royal Infirmary Emergency Department) both show signs of a negative step-change since the start of the COVID-19 pandemic in 2020. This data will be subject to further analysis during Q3.
Priorities	
<ul style="list-style-type: none"> To review the complaints service in Weston Division, to ensure that it is adequately resourced and supported in achieving targets for the timely response to complaints. To continue to support all divisions in returning to their pre-pandemic levels of performance in sending out complaint responses by the deadlines agreed with complainants. 	
Opportunities	
<ul style="list-style-type: none"> A range of service improvement opportunities have previously been identified, for example, through self-assessment against CQC Regulation 16 and the Good Governance Institute's complaints maturity matrix, however the Trust's complaints service remains in 'recovery' mode, with significant backlogs of cases waiting for caseworker follow-up by the corporate team, and continued delays to complaints investigations in the divisions of Medicine and Weston. 	

1. Complaints performance – Trust overview

The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

During Quarter 1 (Q1) of 2021/22, the Trust received 462 complaints, an 8.5% increase on the 426 received in Q4 of 2020/21. The Patient Support and Complaints service has remained very busy, receiving 372 other enquiries in addition to the 462 complaints.

1.1 Total complaints received

The Trust received 462 complaints in Q1. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month.

In figures 1 to 5, the point at which Weston Area Health NHS Trust (WAHT) merged with University Hospitals Bristol NHS Foundation Trust (UH Bristol) is indicated by a green diamond-shaped marker.

Figure 1: Number of complaints received



¹ Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Figure 2: Numbers of formal v informal complaints

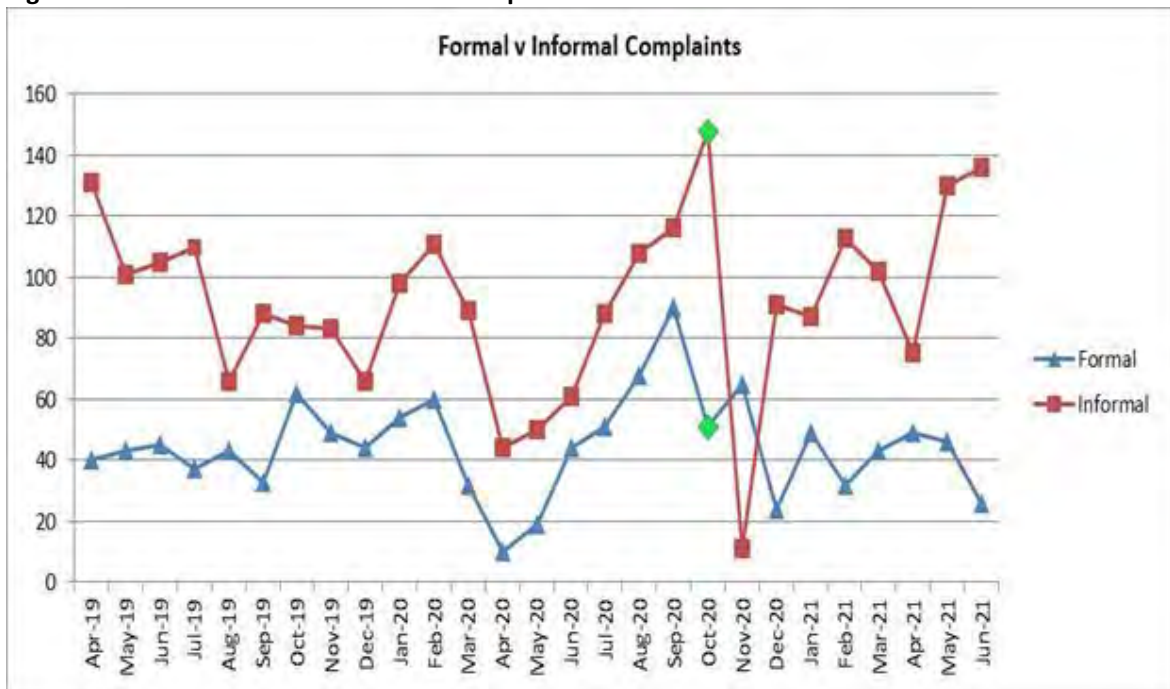


Figure 2 (above) shows complaints dealt with via the formal investigation process (121 in Q1) compared with those dealt with via the informal investigation process (341 in Q1), over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the speciality managers responsible for the service involved.

1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

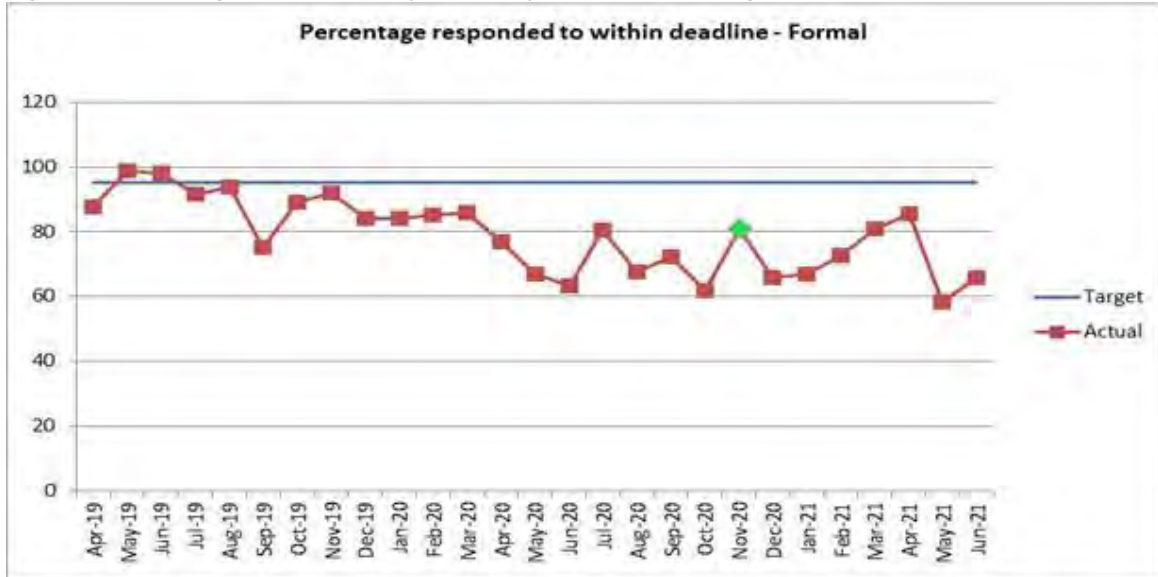
1.2.1 Formal Investigations

The Trust’s target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant. In Q1 of 2021/22, 68.4% of responses were sent to complainants within the agreed timescale. This represents 68 breaches out of the 215 formal complaint responses which were sent out during the quarter². This is a further deterioration on the 72.5% reported in Q4 of and 69.1% in Q3 of 2020/21, and is still significantly below the Trust target of 95%.

² Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

Figure 3 shows the Trust’s performance in responding to complaints since April 2019. Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

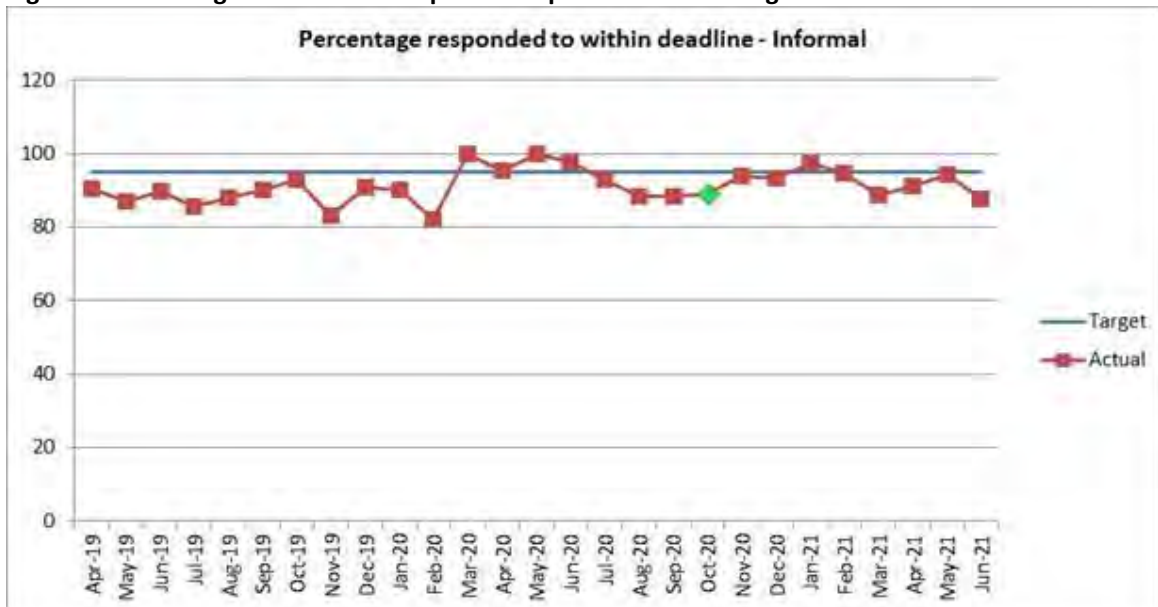
Figure 3: Percentage of formal complaints responded to within agreed timescale



1.2.2 Informal Investigations

In Q1 2021/22, the Trust received 341 complaints that were investigated via the informal process. During this period, the Trust responded to 177 complaints via the informal complaints route and 91.5% (162) of these were responded to by the agreed deadline, a slight deterioration on the 92.9% reported in Q4 and 92.1% in Q3 2020/21. Figure 4 (below) shows performance since April 2019, for comparison with formal complaints.

Figure 4: Percentage of informal complaints responded to within agreed timescale



1.3 Dissatisfied complainants

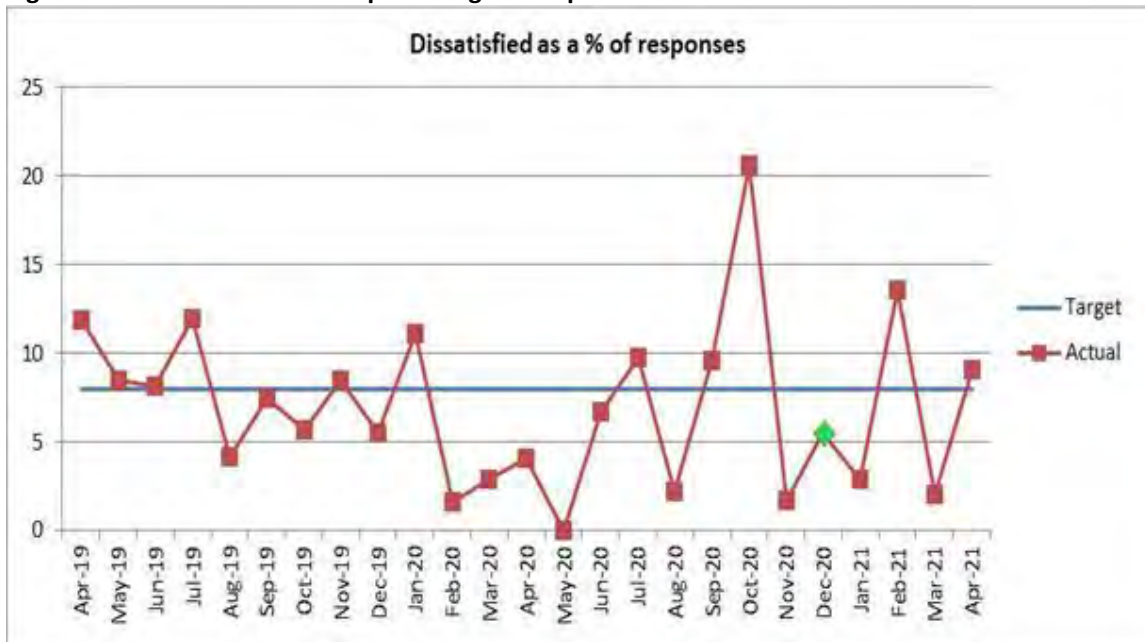
The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q1 of 2021/22, we are able to report dissatisfied data for February, March and April 2021. Of the 146 complainants who received a first response from the Trust during those months, 12 have since contacted us to say they were dissatisfied. This represents 8.2% of the 146 first responses sent out during that period, an increase on the 3.5% reported in Q4 of 2020/21.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2019. This data includes dissatisfied cases for the Division of Weston since June 2020, relating to responses sent out in April 2020, as this is reported two months in arrears.

Figure 5: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q1 2021/22 compared with Q4 of 2020/21.

Complaints decreased in half of the categories in Q1, with the top three categories consistently remaining as 'clinical care', 'attitude and communication' and 'appointments and admissions'. These three accounted for 80.3% (371/462) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2021/22)	Number of complaints received in Q4 (2020/21)
Clinical Care	141 (30.5% of total complaints) ↑	122 (28.6% of total complaints) ↓
Attitude & Communication	117 (25.3%) ↑	113 (26.5%) ↓
Appointments & Admissions	113 (24.5%) ↑	79 (18.5%) ↓
Information & Support	37 (8%) ↓	45 (10.6%) ↑
Facilities & Environment	29 (6.3%) ↓	33 (7.8%) ↑
Discharge/Transfer/Transport	13 (2.8%) ↓	17 (4%) =
Access	8 (1.7%) ↑	6 (1.4%) ↓
Documentation	4 (0.9%) ↓	11 (2.6%) ↓
Total	462	426

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 77.1% of the complaints received in Q1 (356/462).

There are notable increases in several sub-categories, including complaints about ‘appointment administrations issues’ and ‘cancelled/delayed appointments and operations’. In Q4 of 2020/21, the largest decrease was in the sub-category of ‘clinical care (nursing/midwifery)’, which conversely saw a 30% increase in Q1 of 2021/22. Where themes or trends have been identified in these areas, the appropriate divisions have been asked to comment in section 3 of this report.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2021/22)	Q4 (2020/21)	Q3 (2020/21)	Q2 (2020/21)
Cancelled/delayed appointments and operations	84 (21.7% increase compared with Q4) ↑	69	77	93
Clinical care (Medical/Surgical)	77 (13.2% increase) ↑	68	74	115
Communication with patient/relative	43 (2.4% increase) ↑	42	40	34
Clinical care (Nursing/Midwifery)	26 (30% increase) ↑	20	33	29
Appointment administration issues	24 (242.9% increase) ↑	7	23	20
Attitude of medical staff	17 (6.3% increase) ↑	16	17	17
Failure to answer phones / failure to respond	16 (6.7% increase) ↑	15	20	14
Lost personal property	15 (28.6% decrease) ↓	21	9	10
Lost/misplaced/delayed test results	13 (333.3% increase) ↑	3	11	6
Attitude of Nursing/Midwifery	12 (14.3% decrease) ↓	14	17	17
Discharge arrangements	10 (33.3% decrease) ↓	15	12	19
Clinical information request	10 (23.1% decrease) ↓	13	8	7
Attitude of A&C staff	9 (350% increase) ↑	2	11	11

Figures 6-9 (below) show the longer term pattern of complaints received since April 2019 for a number of the complaints categories and sub-categories reported in Tables 1 and 2.

Figure 6 shows that complaints about ‘cancelled/delayed appointments and operations’ began to climb significantly from May 2020. This spike was largely due to the volume of appointments being necessarily cancelled at the start of the Covid-19 pandemic and followed this trajectory until there was a significant reduction in the latter part of Q3 of 2020/21. However, complaints in this sub-category increased again in Q4 of 2020/21 and this has continued in Q1 of 2021/22.

Figures 7 and 8 show an increase in complaints about ‘attitude and communication’, which peaked in November 2020. After this was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee, a detailed review was carried out by the Patient Support & Complaints Manager. This review concluded that there were no particular themes or trends in respect of the departments, divisions or staff groups receiving these complaints. However, data has continued to be closely monitored and, whilst complaints in this category were particularly high in February and May 2021, they had started to decrease again towards the end of Q1.

The Divisions of Medicine and Women & Children have the highest numbers of ‘attitude and communication’ complaints overall, with 26 complaints each in Q1. For Women & Children, 19 of these complaints were for Bristol Royal Hospital for Children and seven were for St Michael’s Hospital. However, as a percentage of each division’s own complaints, Estates & Facilities had the highest percentage in this category at 46.2% (6 of 13) of all complaints they received, of which five were in respect of security staff. Also of note, were the 11 complaints in this category for the Bristol Heart Institute Outpatients Department.

In Q1, 52 of the 117 complaints received in this category were for outpatient services, with 40 complaints from inpatients.

Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 6: Cancelled or delayed appointments and operations

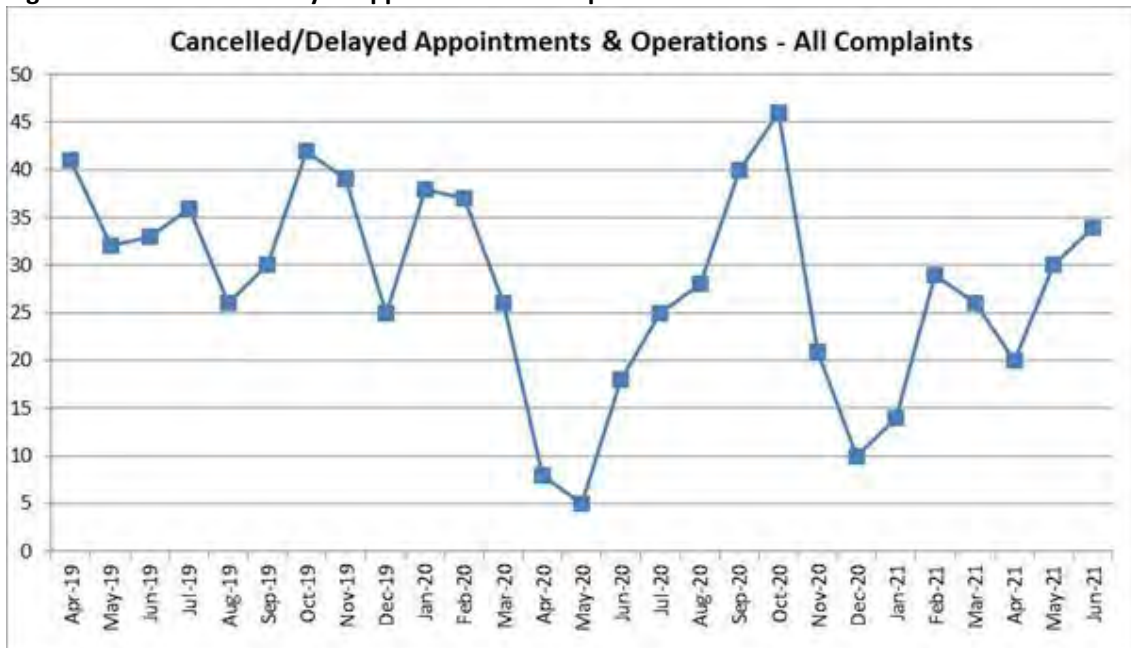


Figure 7: Communication with patient/relative

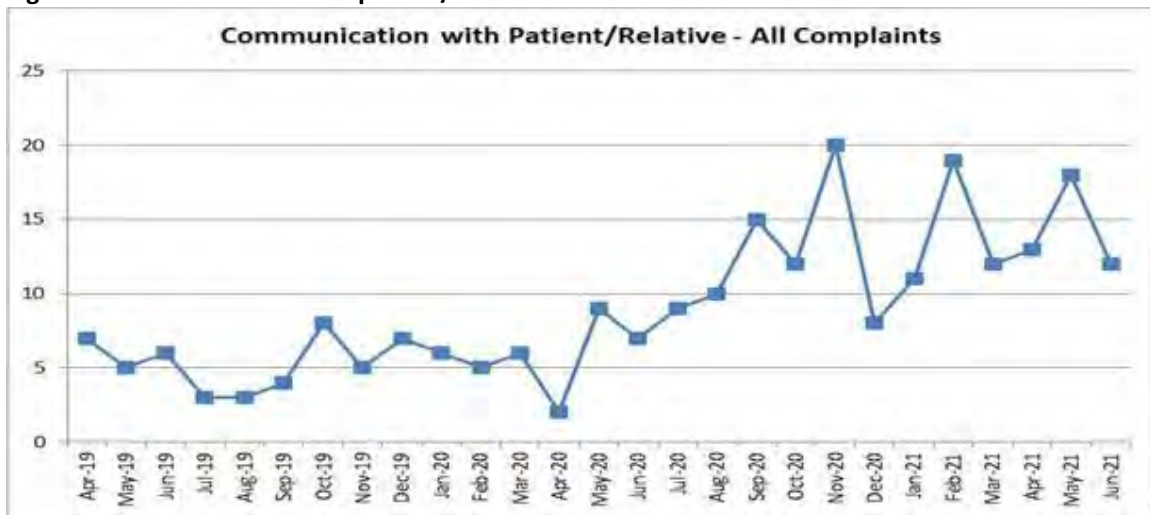


Figure 8: Attitude and Communication

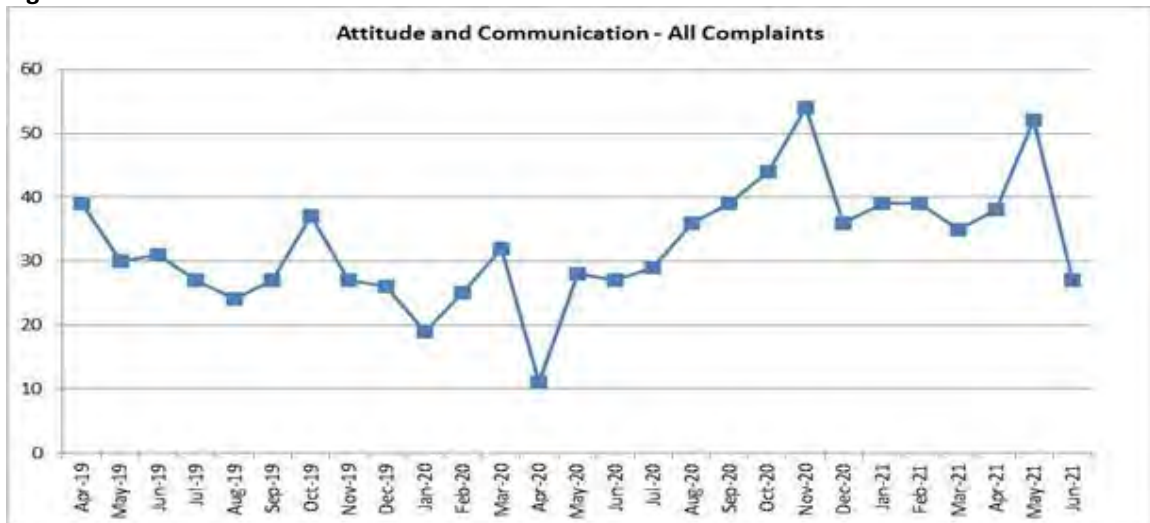
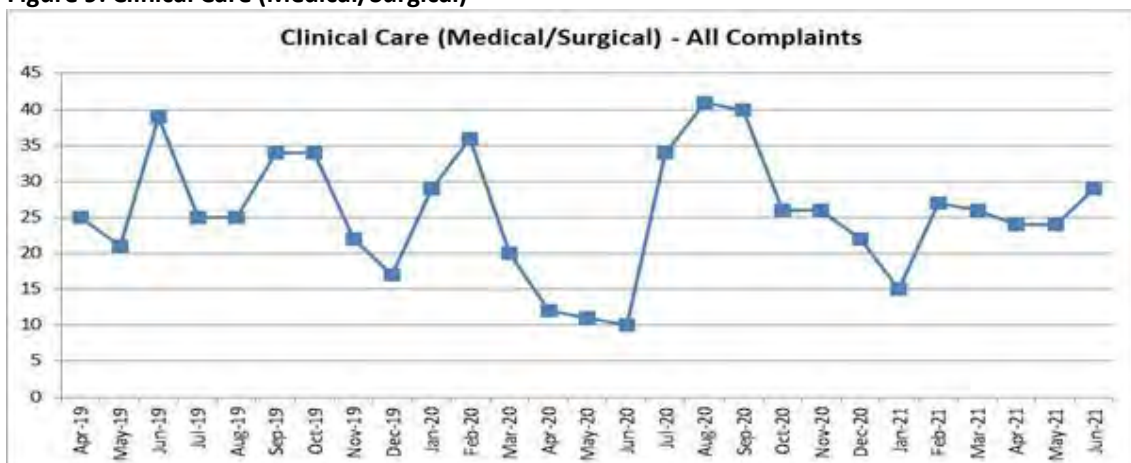


Figure 9: Clinical Care (Medical/Surgical)



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services (24 complaints) is not included in this table but is summarised in section 3.1.7 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q1	111 (108) ↑	92 (103) ↓	76 (48) ↑	88 (73) ↑	17 (8) ↑	51 (65) ↓
Number of complaints about appointments and admissions	40 (41) ↓	12 (7) ↑	25 (11) ↑	16 (8) ↑	6 (2) ↑	11 (10) ↑
Number of complaints about staff attitude and communication	25 (29) ↓	26 (27) ↓	20 (14) ↑	26 (17) ↑	4 (1) ↑	10 (18) ↓
Number of complaints about clinical care	24 (21) ↑	31 (30) ↑	23 (14) ↑	38 (38) =	4 (2) ↑	19 (20) ↓
Area where the most complaints have been received in Q1	Bristol Dental Hospital (BDH) – 22 (29) Bristol Eye Hospital (BEH) – 20 (23) ENT – 13 (8) Oral & MaxFax Surgery – 13 (10) Queens Day Unit (Endoscopy) – 5 (8)	Emergency Department (BRI) (inc. A413 EMU) – 40 (37) Dermatology – 12 (7) Respiratory Dept – 5 (3) Unity Sexual Health – 4 (6)	BHI (all) – 58 (34) BHOC (all) – 14 (10) (plus three for Clinical Genetics and one for Clinical Trials Unit) BHI Outpatients (inc. Outpatient Echo)– 41 (12) BHOC Outpatients & Chemo Day Unit – 9 (6) Ward C805 – 5 (3)	BRHC (all) – 63 (42) Children’s ED – 13 (6) Paediatric Neurology / Neurosurgery – 8 (7) Bluebell Ward – 6 (1) Carousel Outpatients – 5 (4) StMH (all) – 21 (31) (plus two for Weston Maternity and two for Community Midwifery) Gynae Outpatients – 6 (6) Ward 73 – 5 (1)	Radiology – 10 (5)	Accident & Emergency – 11 (18) Outpatients – Trauma & Orthopaedics – 5 (3) Outpatients – Quantock – 5 (4) Berrow Ward – 4 (3) Harptree Ward – 4 (4)
Notable deteriorations compared with Q4	ENT – 13 (8) Oral & MaxFax Surgery – 13 (10)	Dermatology – 12 (7)	BHI Outpatients – 41 (12)	Children’s ED – 13 (6) Bluebell Ward – 6 (1) Ward 73 – 5 (1)	Radiology – 10 (5)	Accident & Emergency – 11 (18)
Notable improvements compared with Q4	Bristol Dental Hospital (BDH) – 22 (29)	No notable improvements	No notable improvements	No notable improvements	No notable improvements	No notable improvements

3.1.1 Division of Surgery

The Division of Surgery received 111 new complaints in Q1 2021/22; a marginal increase on the 108 received in Q4 of 2020/21. Of these 111 complaints, 56 were in respect of inpatient services and 46 were about outpatient services. The largest number of complaints received by the Division was again recorded under the category of ‘appointments and admissions’ (36.1%), with the majority (31 of 40) being about cancelled or delayed appointments and operations. Although the number of complaints was low, the most noticeable increase was in complaints about ‘facilities and environment’, with four of the five complaints received being about patients’ lost personal property.

The Division achieved 93.3% against its target for responding to formal complaints within the agreed timescale in Q1, compared with 96.8% in Q4 and 90.2% in Q3. 96.4% of informal complaints were responded to within the agreed timescale, compared with 97.1% reported in Q4 and Q3. It should be noted that none of the three breaches of deadline for the division in respect of formal complaints in Q1 were attributable to delays in the division. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Appointments & Admissions	40 (36.1% of total complaints) ↓	41 (38% of total complaints) ↓
Attitude & Communication	25 (22.5%) ↓	29 (26.9%) ↓
Clinical Care	24 (21.6%) ↑	21 (19.4%) ↓
Information & Support	12 (10.8%) ↓	15 (13.9%) ↑
Discharge/Transfer/Transport	5 (4.5%) ↓	1 (0.9%) ↓
Facilities & Environment	5 (4.5%) ↑	0 (0%) ↓
Access	0 (0%) ↓	1 (0.9%) ↓
Documentation	0 (0%) =	0 (0%) ↓
Total	111	108

Table 5: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Cancelled or delayed appointments and operations	31 ↓	33 ↓
Clinical/hospital/patient information	12 ↓	14 ↑
Clinical care (medical/surgical)	13 ↑	11 ↓
Communication with patient/relative	10 ↑	7 =
Appointment administration issues	7 ↑	6 ↓
Attitude of medical staff	5 =	5 ↓
Clinical care (dental)	4 ↓	5 =
Lost personal property	4 ↑	0 ↓

Table 6: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>Complaints for Oral and Maxillofacial Surgery (OMFS) at Bristol Dental Hospital (BDH) continue to increase, with 13 complaints received in Q1, accounting for just under 60% of all complaints for the BDH.</p> <p>Of these 13 complaints, almost half (6/13) were about cancelled or delayed appointments and surgery.</p> <p>Four complaints were in respect of 'clinical care'.</p>	<p>Delayed appointments/surgery: Due to bed capacity and difficult staffing issues at the BRI, the service is facing challenges in elective restoration, with inpatients more frequently awaiting surgery at the BRI.</p> <p>Clinical prioritisation takes place and the clinicians are currently prioritising P2 patients. This means that there is a large backlog of P3 and P4 patients who are awaiting surgery.</p> <p>During the winter period, the BDH teams were unable to provide AGP (aerosol generated procedures) due to the open environment; they were therefore unable to run their clinics at full capacity and this has impacted on the number of appointments now available.</p>	<p>This issue is currently recorded on the risk register.</p> <p>The possibility of outsourcing to the Nuffield Hospital is being explored.</p> <p>Saturday waiting list initiatives are being explored, but cautiously, given the current staffing issues within the BRI site. The position is to be discussed at the weekly theatre scheduling meeting.</p> <p>OMFS outpatient capacity is back at 120% capacity compared to 2019/20 numbers. Saturday waiting lists are taking place as well as clinical validation of patients.</p> <p>Shared learning of clinical care complaints takes place at the OMFS weekly meetings.</p>
<p>Complaints received about the ENT Outpatient Clinic at St Michael's Hospital (StMH) are consistently high compared with other departments/ services in the division.</p> <p>In Q1, seven of the 13 complaints for the service were about cancelled or delayed appointments and operations, with four complaints about 'attitude and communication', two related to 'clinical care' and one where an ENT patient was asking for someone to consider all of her symptoms together rather than in isolation of each other.</p>	<p>Cancelled or Delayed Appointments: The service is currently limited by its waiting room capacity to ensure adequate social distancing.</p> <p>Prioritisation of these clinics has been for Head & Neck and two week wait (2WW) referrals as well as urgent and follow-up appointments. This has meant there are increased backlogs of referrals and delayed appointments.</p> <p>North Bristol NHS Trust (NBT) clinic services have also been limited and there have been issues raised around the decontamination of scopes, which has now been resolved. Sickness and other staffing issues have created a lack of</p>	<p>The StMH Outpatient Department is under review between the Nurse in Charge and Infection Prevention & Control (IP&C) to see if any other capacity can safely be gained through the use of clear separating boards.</p> <p>Instructions are awaited on the validation of non-admitted waiting lists.</p> <p>NBT clinics are agreed to start as of 04/10/2021 to create further capacity.</p> <p>Tristel wipes are to be used on scopes (agreed with NBT IP&C).</p> <p>Telephone appointments are being used where possible /appropriate.</p>

	<p>WTE capacity within the outpatient team, causing delays in administering clinics.</p> <p>Delayed Operations: Operations have been impacted by bed and theatre capacity. Clinical prioritisation has taken place to ensure prioritisation by clinical urgency, meaning there is a large waiting list of routine patients who still require operations.</p> <p>Attitude & Communication of staff: Some complaints refer to the attitude and communication of nursing and medical teams. These included a patient not feeling that they were listened to. Another felt that nurses on the ward were staring at them.</p>	<p>Members of staff have now returned to post. An additional WTE has been put into the department to provide additional support and assist with avoiding delays to patient appointments.</p> <p>Clinical prioritisation of patients has taken place.</p> <p>Additional activity picked up where possible, including in-week vacant session uncovered by other specialties.</p> <p>Doctors have been made aware of issues and meetings with supervisors have taken place to ensure learning is shared.</p> <p>Appropriate immediate actions took place including moving patient to areas where they did not feel anxious.</p>
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Figure 10: Surgery – formal and informal complaints received

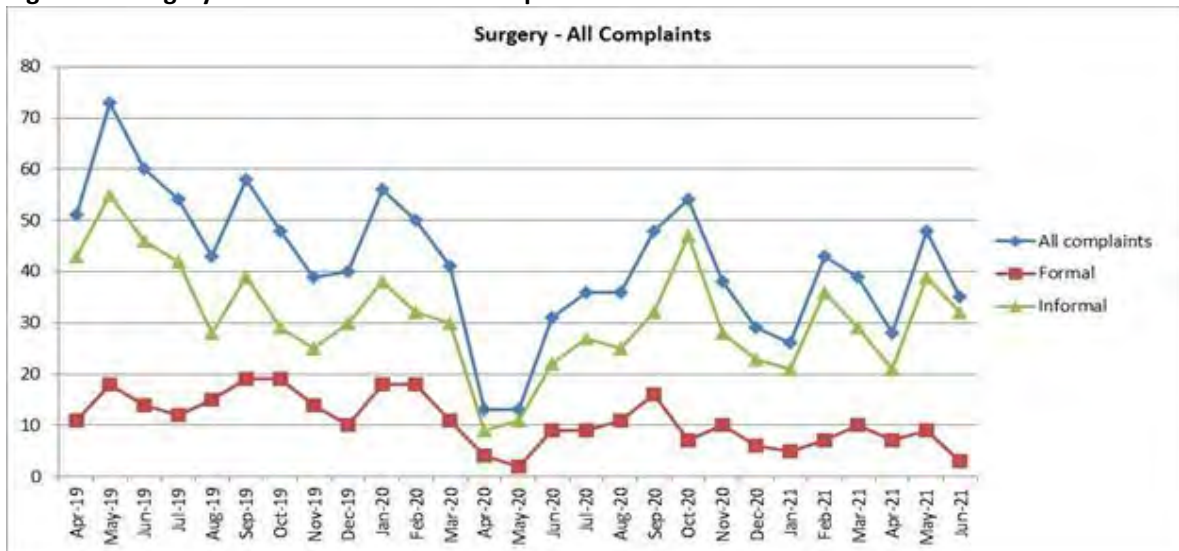


Figure 11: Surgery – Appointments and admissions



3.1.2 Division of Medicine

The Division of Medicine received 92 new complaints in Q1 of 2021/22; a reduction on the 103 received in Q4 of 2020/21 and the lowest number since the height of the Covid-19 pandemic in Q1 of 2020/21. The largest number of complaints received by the Division is consistently in the category of ‘clinical care’ and this remained the case in Q1, accounting for a third of all complaints received by the division, with 64.5% of these being about ‘clinical care (medical/surgical)’. Complaints about cancelled or delayed appointments/operations increased slightly after a notable decrease the previous quarter. There was a small decrease in complaints about lost patient property compared with the highest number on record being reported for the previous quarter.

The Division achieved 65.6% against its target for responding to formal complaints within the agreed timescale in Q1, a similar percentage as reported in Q4 (64.3%). For informal complaints, the Division achieved 90.9% for responding within the agreed timescale; a small improvement on the 88.9% reported in Q4. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Clinical Care	31 (33.7% of total complaints) ↑	30 (29.1% of total complaints) ↓
Attitude & Communication	26 (28.3%) ↓	27 (26.2%) ↓
Facilities & Environment	12 (13%) ↑	11 (10.7%) ↑
Appointments & Admissions	12 (13%) ↑	7 (6.8%) ↓
Information & Support	5 (5.4%) ↓	14 (13.6%) ↑
Discharge/Transfer/Transport	3 (3.3%) ↓	10 (9.7%) ↑
Documentation	2 (2.2%) ↓	4 (3.9%) ↓
Access	1 (1.1%) ↑	0 (0%) ↓
Total	92	103

Table 8: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Clinical care (medical/surgical)	20 ↑	16 ↓
Communication with patient/relative	9 ↑	8 ↑
Lost personal property	7 ↓	9 ↑
Appointment administration issues	6 ↑	4 =
Clinical care (nursing/midwifery)	6 ↓	7 ↓
Failure to answer phone/failure to respond	5 ↑	3 ↓
Cancelled or delayed appointments and operations	4 ↓	7 ↓
Attitude of administrative staff	4 ↑	1 ↓

Table 9: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>As in Q4 of 2020/21, there continued to be a high number of complaints received for the Bristol Royal Infirmary Emergency Department (BRI ED) in Q1 of 2021/22.</p> <p>The department received 43.5% of all complaints for the division (40 of 92) in Q1, with 19 of the 40 being about 'clinical care'; 10 were recorded in the category of 'facilities and environment'; and six were about 'attitude and communication'</p> <p>The majority of the clinical care complaints (14 of 19) were recorded in the sub-category of 'clinical care (medical/surgical)'.</p> <p>The 'facilities and environment' complaints included seven complaints about lost patient property, which was highlighted as a concern in Q4 2020/21. At that</p>	<p>ED continue to be under enormous pressure with an unrelenting high volume of attendances and long waits to be seen and to be admitted, due to the large number of patients medically fit for discharge.</p> <p>As above, the ED team continues to be under extreme pressure and is struggling to cope with the amount of patients who are in ED at any one time.</p> <p>Due to the pressure that the hospital is under, patients are waiting for inpatient beds for extended periods of time.</p> <p>Patients are currently waiting for extended periods of time to be seen in 'fast flow', as patients are triaged and seen in priority order with regards to their clinical care requirements, with other groups of less urgent patients having to wait for</p>	<p>The ED Senior Team has re-instated the monthly governance meeting with the divisional triumvirate, who review patient experience reports and learning.</p> <p>Along with the improvement of the waiting area in ED, the remaining facilities will improve once the building work has been completed, to include an increase in the size of the waiting area and associated facilities.</p> <p>The ED nursing team is working with the staff at the reception desk to support their wellbeing as they continue to see high volumes of patients.</p> <p>The ED team is looking at ways to keep the patients up to date with delays and communicate that the sickest patient will be seen first and that at peak times this will cause delays.</p> <p>ED is also carrying out a targeted</p>

<p>time, the division planned to review processes for managing patient property and sharing a poster to highlight the issue.</p>	<p>extended periods of time.</p>	<p>response to the loss of patient property and has the senior band 7 staff presenting a month's safety brief message about the property process in ED, along with ideas to improve and change the existing process where necessary.</p> <p>As reported in Q4 of 2020/21, a reminder about the division's patient property process has been circulated to all staff in the division and sent to the Heads of Nursing as a reminder for all teams/divisions Trustwide.</p>
<p>Following a concerted effort by the division, there was a significant reduction in complaints received by the dermatology service in Q4. However, these have started to increase again, with 12 complaints received in Q1.</p> <p>There were eight complaints about cancelled/delayed appointments and appointment administration issues; three complaints about not answering telephones and one about communication with the patient's GP about which blood tests were needed before the next appointment.</p>	<p>Following a high number of complaints, the dermatology team has re-introduced the 'Phonership' project for answering telephone calls. The outpatient team dedicate a member of staff each day and additional staff at peak times.</p> <p>Appointment letters were reviewed to ensure correct contact numbers shown with the Appointment Centre listed as the first point of contact for general queries. This leaves dermatology staff available to answer more urgent or complex enquires.</p> <p>An increased number of patient complaints were received due to the wrong location being added to letters following short notice changes.</p> <p>The service is restricted in the number of face to face appointments they can offer and have introduced telephone appointments for the majority of patients, whilst recognizing that this may not be suitable for all patients.</p>	<p>Ongoing focus on telephone answering across all remaining dermatology departments in the surgery and fast track teams.</p> <p>The team is looking at alternative methods of communication for patients e.g. web form or email.</p> <p>A patient survey is being developed with Patient Experience team, with support from the Transformation team.</p> <p>The services continue to work with the Careflow (Medway) Support team to ensure appointment letter accuracy. However, response times can be slower than optimum for these small but essential changes, due to high demand across the Trust. Contact is made by telephone wherever possible, in order to mitigate against these delays.</p> <p>The clinical team regularly reviews the waiting lists to ensure patients are clinically prioritised for face to face appointments. Some consultants and CNSs have also been providing additional face to face clinics in an attempt to manage the backlog.</p>

<p>The Division continues to struggle with providing timely responses to formal complaints, with 21 breaches of deadlines in Q1.</p>	<p>This has been caused by the increased volume of complaints received, in tandem with the large number of patients being seen and operational pressures on the teams involved.</p>	<p>The Patient Support & Complaints Manager is working closely with the Head of Nursing and divisional team to offer support and assistance with this issue, including reviewing all overdue responses and assessing whether extended timescales might be necessary, particularly in respect of complaints for the BRI Emergency Department.</p>
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Current divisional priorities for improving how complaints are handled and resolved:

The Division continues to strive to improve on the timeliness of complaints and is actively trying to resolve complaints informally where possible.

Priority issues we are seeking to address based on learning from complaints.

- Staff attitude – increased psychological support is being provided for staff in the ED that are on the front line of the increased and unrelenting pressure.
- Clinical care – reconfiguration of the wards in the Division of Medicine will improve getting “the right patient, in the right ward at the right time”, which will ultimately result in an improved patient experience.

Figure 12: Medicine – formal and informal complaints received

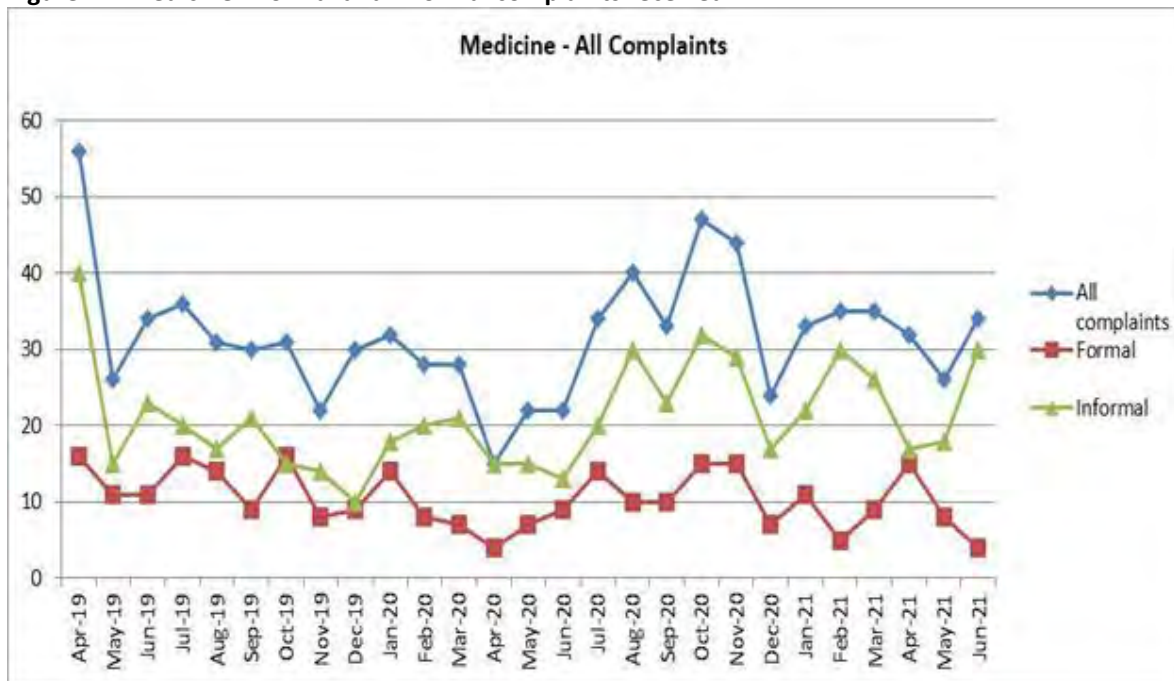


Figure 13: Medicine – All clinical care complaints

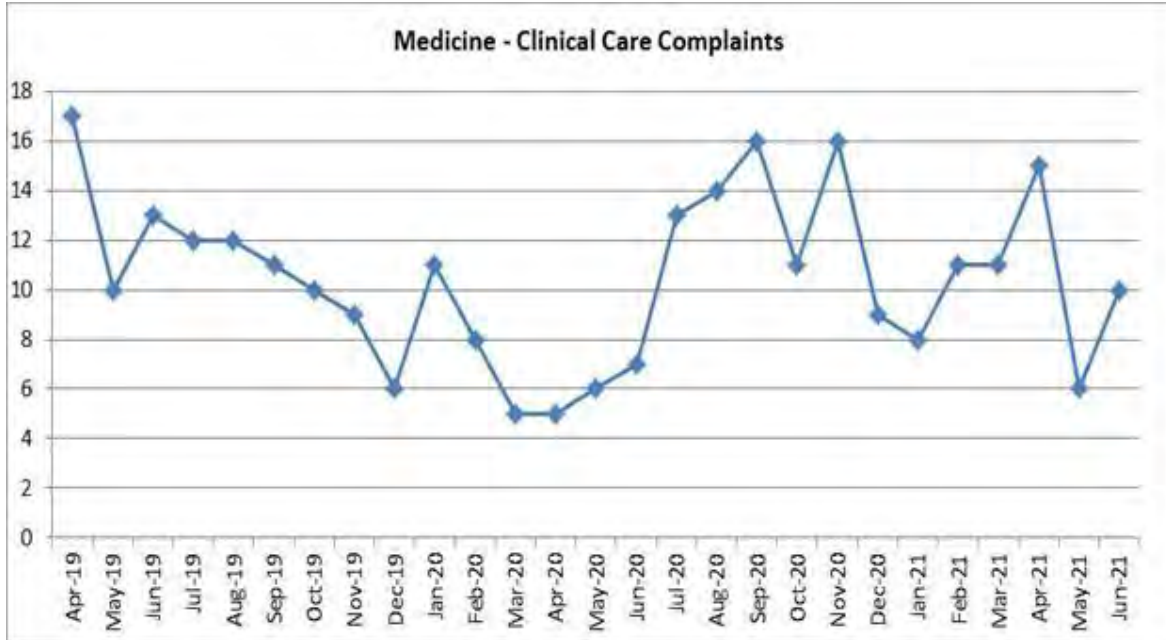
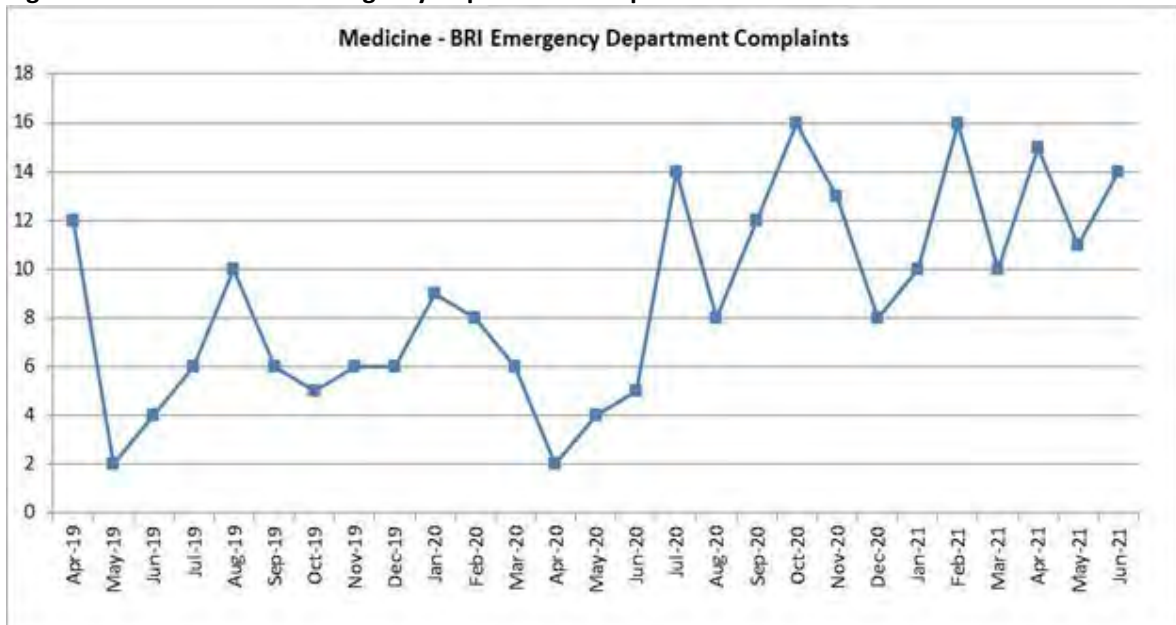


Figure 14: Medicine – BRI Emergency Department complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 79 new complaints in Q1; a notable increase on the 48 received in Q4 of 2020/21. Of these complaints, 58 were for the Bristol Heart Institute (BHI), compared with 35 in Q4; and 17 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 10 in Q4. In addition, there were three complaints for Clinical Genetics and one for the Clinical Trials Unit.

Following the noticeable decrease reported in Q4, the largest number of complaints received by the Division in Q1 was recorded under the category of ‘appointments and admissions’ (34.2%), with the majority (22 of 26) being in respect of cancelled/delayed appointments or operations. There were also notable increases in complaints about ‘clinical care’ and ‘attitude and communication’. In a similar vein, following a large reduction in Q4, there was a significant (241.7%) increase in complaints received for BHI Outpatients, from 12 in Q4 to 41 in Q1.

The Division achieved 72% against its target for responding to formal complaints within the agreed timescale in Q1, a deterioration compared with 77.8% in Q4, and 86.5% for informal complaints, compared with 100% in Q4. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Appointments & Admissions	26 (32.8% of total complaints) ↑	11 (22.9% of total complaints) ↓
Clinical Care	24 (30.4%) ↑	11 (22.9%) ↓
Attitude & Communication	20 (25.3%) ↑	14 (29.2%) ↓
Documentation	4 (5.1%) ↑	3 (6.3%) ↑
Access	2 (2.5%) ↑	0 (0%) =
Information & Support	1 (1.3%) ↓	4 (8.3%) ↑
Facilities & Environment	1 (1.3%) =	1 (2.1%) ↓
Discharge/Transfer/Transport	1 (1.3%) ↓	4 (8.3%) ↑
Total	79	48

Table 11: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Cancelled or delayed appointments and operations	22 ↑	11 ↓
Clinical care (medical/surgical)	10 ↑	8 ↓
Lost/misplaced/delayed test results	8 ↑	2 ↓
Communication with patient/relative	7 =	7 =
Failure to answer phone / failure to respond	7 ↑	4 ↓
Appointment administration issues	5 ↑	0 ↓

Table 12: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The division saw an overall 58.3% increase in complaints received in Q1, compared with Q4, with significant increases in the 'top three' categories.</p> <p>In particular, a large number of complaints (26) were received about 'appointments and admissions', with the majority (22) being in respect of cancelled or delayed appointments and operations. 18 of the 22 complaints were about appointment cancellations and delays in the Bristol Heart Institute (BHI) Outpatients Department.</p>	<p>It should be noted that the risk associated with delays in the Division of Specialised Services caused by the Covid pandemic, is currently rated as '20' on the divisional risk register.</p> <p>Of these complaints for BHI, all but two were resolved via the informal complaints process.</p> <p>Four of the complaints involved patients chasing scans and tests. However, two of these did not need to be investigated by the division as they had already been resolved.</p> <p>There were 10 complaints about delayed cardiology follow up appointments. However, two of these did not reach the division as had received appointment dates since submitting their complaints. In addition, there were two complaints each for cardiac surgery follow-up and procedure dates for GUCH patients.</p> <p>There were issues with the Waiting List Office phone lines.</p> <p>Capacity issues were identified within the Cardiology Registrar Team, with one registrar covering both on-call and clinic, another working from home.</p>	<p>Appointments were subsequently made for all of these patients.</p> <p>The issue with the phone lines in the Waiting List Office has been resolved.</p> <p>Recruitment of registrars has been undertaken; however there have been some delays to start dated due to Covid-19 travel restrictions.</p>
<p>Of the 76 complaints received by the Division, 41 of these were received by BHI Outpatients (including Outpatient Echo).</p> <p>As noted above, 18 of these complaints were in respect of cancelled and delayed appointments.</p>	<p>Please see above for BHI Outpatients (including Outpatient Echo).</p> <p>As above.</p>	

<p>There were also 11 complaints about 'attitude and communication' and 10 in respect of 'clinical care'.</p>	<p>Five of the 'attitude and communication' complaints were in respect of the issues with the phone lines in the Admissions/Waiting List Office.</p> <p>Due to a backlog in the Patient Support & Complaints Team, some of these complaints had not yet reached the division for investigation at the time of this report. Once such complaint related to an information request regarding Mycobacterium Chymeria.</p> <p>Two complaints were received in respect of communication with patients and their next of kin.</p>	<p>The issue with the phones lines has now been resolved.</p> <p>An RCA had been completed and a robust action plan put in place for patients with Mycobacterium.</p> <p>The issue of communication with patients and their next of kin has been highlighted in the divisional newsletter.</p>
<p>At Bristol Haematology & Oncology Centre, nine of the 14 complaints received were for outpatient services, including the Outpatient Department (D501) and the Chemotherapy Day Unit (D502). The complaints received were in a variety of categories.</p>	<p>Four of the complaints received related to 'appointments and admissions'. Another four were received in respect of delayed scan results and follow-up appointments.</p> <p>Two complaints were about 'attitude and communication', including the abrupt and dismissive attitude of a consultant and a letter being sent to the wrong GP and address.</p> <p>There were three complaints received about 'clinical care' and one complaint, being led by NBT, about the communication of a poor prognosis to the patient's next of kin.</p>	<p>New colleagues have been appointed to the BHOC administrative team. including a new Performance & Operations Manager to support the booking processes.</p> <p>A review of administration systems is on the current work plan for the BHOC team.</p>

Current divisional priorities for improving how complaints are handled and resolved:

Currently the division are working hard to maintain a timely response rate, given the pressures on the clinical teams during the pandemic response and the resultant internal critical issues.

Priority issues we are seeking to address based on learning from complaints.

Staff communication with patients and their family members, making sure communication is clear and understood. Also that communication styles are highlighted especially highlighting the need to be aware of how we portray ourselves and being mindful of unconscious bias.

Figure 15: Specialised Services – formal and informal complaints received



Figure 16: Complaints received by Bristol Heart Institute



Figure 17: Complaints received by Bristol Haematology & Oncology Centre

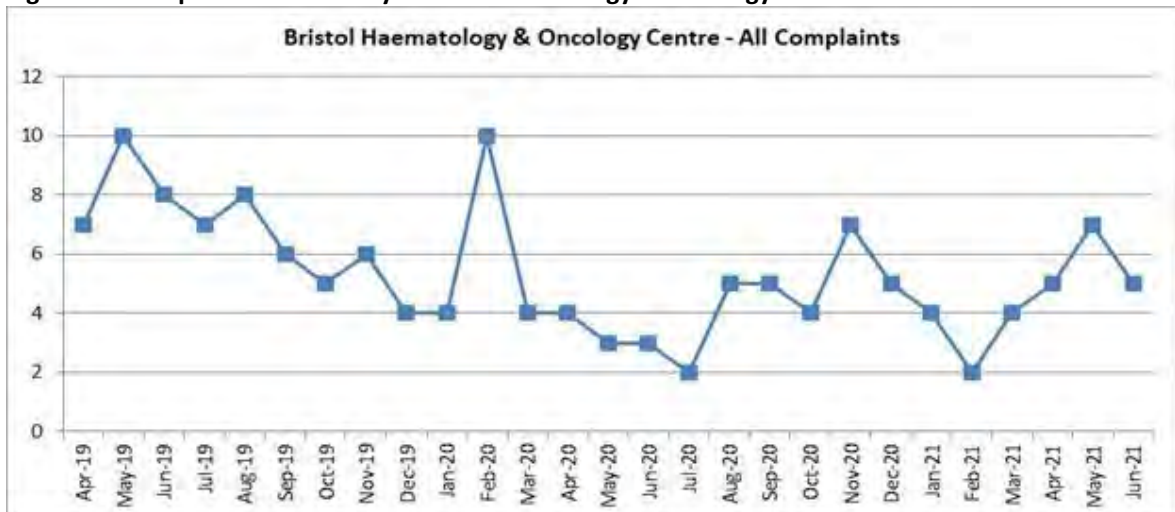
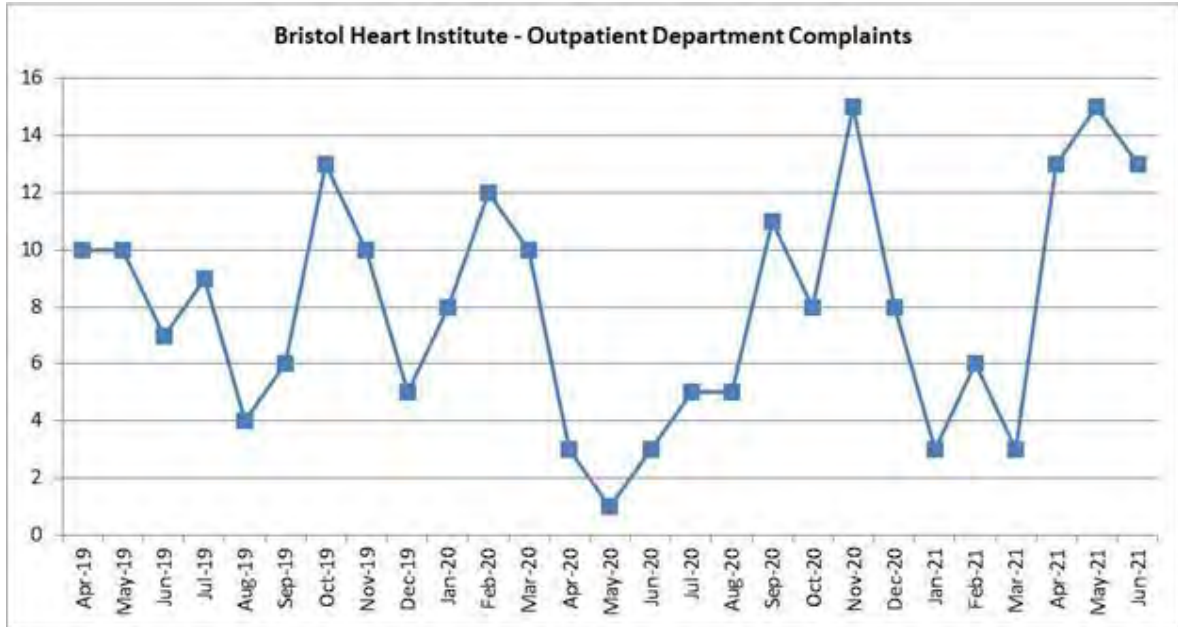


Figure 18: Specialised Services – BHI Outpatient Department complaints



3.1.4 Division of Women’s and Children’s Services

The Division of Women & Children received 88 new complaints in Q1 of 2021/22; an increase on the 73 received in Q4 of 2020/21. Of these complaints, 63 were for Bristol Royal Hospital for Children (BRHC), compared with 42 in Q4; and 21 were for St Michael’s Hospital (StMH), compared with 31 in Q3. There were also two complaints for Community Midwifery and two for Weston Maternity.

Complaints recorded under the primary category of ‘clinical care’ accounted for almost half of all complaints received by the Division in Q1 (38 of 88). Complaints in this category are consistently the highest for the division. There were also significant increases in complaints about ‘attitude and communication’ and ‘appointments and admissions’. Numbers of complaints in all other categories remained similar to the previous quarter.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) were in the category of ‘clinical care’(26), followed by ‘attitude and communication (19) and ‘appointments and admissions’ (12). For St Michael’s Hospital, the highest number of complaints (received in Q1 (10 of 21) were in respect of ‘clinical care’, whilst ‘attitude and communication’ and ‘appointments and admissions’ accounted for six and four complaints respectively.

The Division achieved 90.5% against its target for responding to formal complaints within the agreed timescale in Q1, compared with 92.5% in Q4, and 100% for informal complaints for the third consecutive quarter. It should be noted that only one of the four breaches of deadline in respect of formal complaints were due to a delay by the division. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Clinical Care	39 (43.8% of total complaints) =	38 (52.1% of total complaints) ↑
Attitude & Communication	26 (29.9%) ↑	17 (23.3%) ↑
Appointments & Admissions	16 (18.4%) ↑	8 (11%) ↓
Access	3 (3.4%) ↓	4 (5.5%) ↓
Information & Support	3 (3.4%) ↑	2 (2.6%) ↓
Documentation	1 (1.1%) ↓	4 (5.5%) ↑
Discharge/Transfer/ Transport	0 (0%) =	0 (0%) ↓
Facilities & Environment	0 (0%) =	0 (0%) ↓
Total	88	73

Table 14: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Clinical care (medical/surgical)	22 ↑	21 ↑
Cancelled or delayed appointments and operations	15 ↑	7 ↑
Clinical care (nursing/midwifery)	12 ↑	9 ↓
Communication with patient/relative	10 ↑	5 ↓
Attitude of nursing/midwifery staff	6 ↑	4 ↑
Attitude of medical staff	5 ↑	4 ↑
Confidentiality	3 ↑	2 ↑

Table 15: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>BRHC</p> <p>Whilst complaints relating to ‘clinical care’ have remained consistently high for the hospital, there has been a notable increase in Q1 of complaints about ‘attitude and communication’, with 19 complaints in this category in Q1.</p> <p>In Q1, there were four complaints in this category for Carousel Outpatients; and three each for the Children’s Emergency Department and Paediatric Neurology/Neurosurgery.</p>	<p>BRHC</p> <p>The Division recognises that 19 complaints is a high number. The majority of these complaints are more about communication than attitude.</p> <p>The four complaints pertaining to Carousel Outpatients were relating to different specialties and there were no common themes between the issues raised.</p> <p>The three complaints for the Children’s ED were unfortunate and related to the attitude of an agency nurse, the application of a chaperone policy, and the third complaint did not reach the division.</p> <p>The three neurology complaints related to a breach of confidentiality which was being taken forward by the</p>	<p>BRHC</p> <p>The Division continues to review complaints data on a monthly and quarterly basis, and where trends are identified, these are followed up with the relevant Manager / Team to determine any actions to be taken.</p>

	Quality and Patient Safety team; there was an issue raised about delayed test results which did not reach the Division, and there was an issue with poor communication for which information from the complainant is still awaited.	
<p>Complaints received for the Children's Emergency Department more than doubled in Q1 compared with Q4.</p> <p>Of the 13 complaints received, 10 were about 'clinical care' and the remaining three were recorded with a primary category of 'attitude and communication'.</p>	<p>The increased number of complaints may be reflective of the increased number of patients currently being seen and treated in the Children's Emergency Department at the current time. It should be noted that 2 of the 10 complaints about clinical care did not reach the division.</p> <p>Not all complaints that were investigated were upheld, although the Division still tried to ensure learning from these regardless. On some occasions it was a lack of understanding, despite extensive discussions and explanations being given, that led to the complaint being made. However, for all complaints received a thorough investigation was undertaken and actions were taken where necessary. This included additional training for staff and staff members reflecting on the feedback with their managers to ensure learning going forward.</p>	<p>The CED governance group has reviewed the complaints received during Q1 but aside from the categorisation, there were no wider themes or trends that could be identified.</p> <p>Complaints relating to the CED will continue to be monitored at Divisional level by the Complaints Coordinator and Deputy Head of Nursing, in conjunction with the CED Governance Group, and wider actions will be taken where necessary.</p>
<p>Six complaints were received for Bluebell Ward (E500) in Q1. Whilst not a high number, this is a noticeable increase on the single complaint reported in Q4 and no complaints in Q3 of 2020/21</p> <p>Four of the six complaints received in Q1 were about 'clinical care'.</p>	<p>Having reviewed the six cases attributable to Bluebell Ward, 4 of the complaints were closed due to insufficient information before the Division had a chance to investigate these.</p>	<p>The Division will monitor the feedback received relating to Bluebell Ward and will take action where required.</p>
<p>StMH In Q1, five complaints were received about Ward 73 (Maternity). Whilst this is a low number, it is a noticeable increase from the single complaint received for this ward in Q4 of 2020/21.</p> <p>Three of the five complaints</p>	<p>StMH No themes emerging from these complaints. Varying factors leading to the complaints.</p>	<p>StMH All complaints reviewed for themes and where actions can be taken to prevent further adverse patient experience.</p>

related to 'clinical care' and two were about 'attitude and communication'.		
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Current divisional priorities for improving how complaints are handled and resolved:

BRHC

Update the Divisional Standard Operating Procedure to reflect current processes.
Continue to review emerging themes and trends.

StMH

Aim to resolve complaints before formal process required by Matron and senior midwives/nurses being visible in clinical areas.

Priority issues we are seeking to address based on learning from complaints.

BRHC

There are no specific priority issues, but the Division is currently considering how learning can be better shared across the Division, and not just within the area to which it relates. This will enable other teams to reflect on the learning implemented, and to consider whether the actions taken would also be beneficial for them to consider in their own area of work.

StMH

- Patient Experience has been added to the daily safety briefing and 'Close Encounters' monthly newsletter.
- Patient story (anonymised) to be added to in-house suturing workshop.
- Availability of a more appropriate specialist scan couch in gynaecology outpatients to be explored. Junior doctors to be reminded to tell patients how to obtain more Clexane in the ante natal period when prescribed, to inform the GP and add to the Maternal Medicine continuation sheet.

Figure 19: Women & Children – formal and informal complaints received

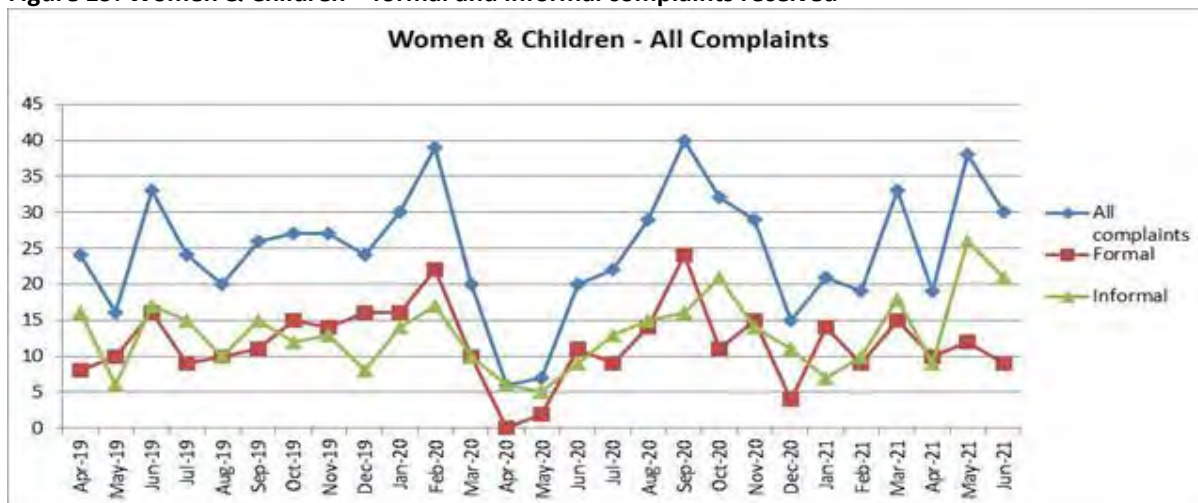


Figure 20: Complaints received by Bristol Royal Hospital for Children

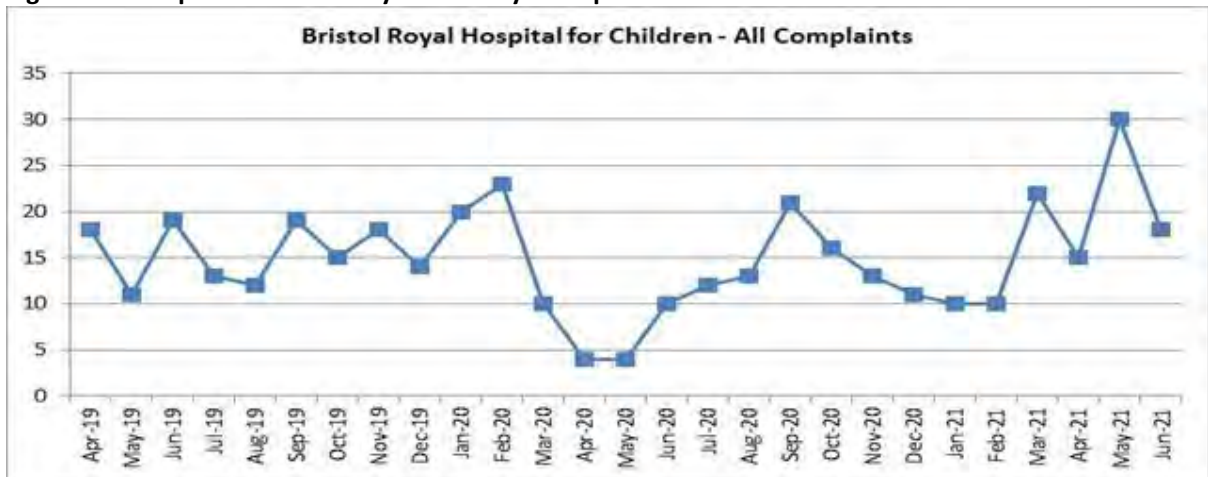


Figure 21: Complaints received by St Michael's Hospital



Figure 22: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 17 new complaints in Q1; more than double the number (eight) received in Q4 and with a steep rise at the end of the quarter.

The Division achieved 66.7% against its target for responding to formal complaints within the agreed timescale in Q1; compared with its usual 100%. However, it should be noted that, due to the division only sending out three formal responses in Q1, this represents only one breach of deadline, which was for a complex dissatisfied response. The division achieved 100% for informal complaints responded to by the agreed deadline in Q1, as they did for Q4 of 2020/21.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Appointments & Admissions	6 (35.3% of total complaints) ↑	2 (25% of total complaints) ↓
Clinical Care	4 (23.5%) ↑	2 (25%) ↓
Attitude & Communication	4 (23.5%) ↑	1 (12.5%) ↓
Information & Support	1 (5.9%) ↓	2 (25%) ↓
Facilities & Environment	1 (5.9%) =	1 (12.5%) =
Access	1 (5.9%) ↑	0 (0%) ↓
Discharge/Transfer/ Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) ↓
Total	17	8

Table 17: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
<p>The number of complaints received by radiology services doubled from five in Q4 to 10 in Q1.</p> <p>Of the 10 complaints received, there were four about 'appointments and admissions'; three in respect of 'clinical care'; two related to 'attitude and communication' and one about 'facilities and environment'.</p>	<p>Of the complaints categorised as 'appointments and admissions', two related to patients chasing their appointments. One of these patients received their appointment letter shortly after making their complaint before it had been investigated, and the other had been misinformed that they would be given a date for a second injection. The patient was informed that if they required another injection they would need to get a referral for this. There was no theme across the other complaints in this category.</p> <p>There was a trend in the category relating to 'clinical care' of either a breakdown of, or poor communication with, patients during their scans.</p>	<p>To address the theme in clinical care complaints, the radiographers who had been involved in the complaints were asked to complete a reflective exercise around communication with patients. In addition, all staff in Radiology were reminded to explain to patients all medications and treatments they are receiving, and why.</p>

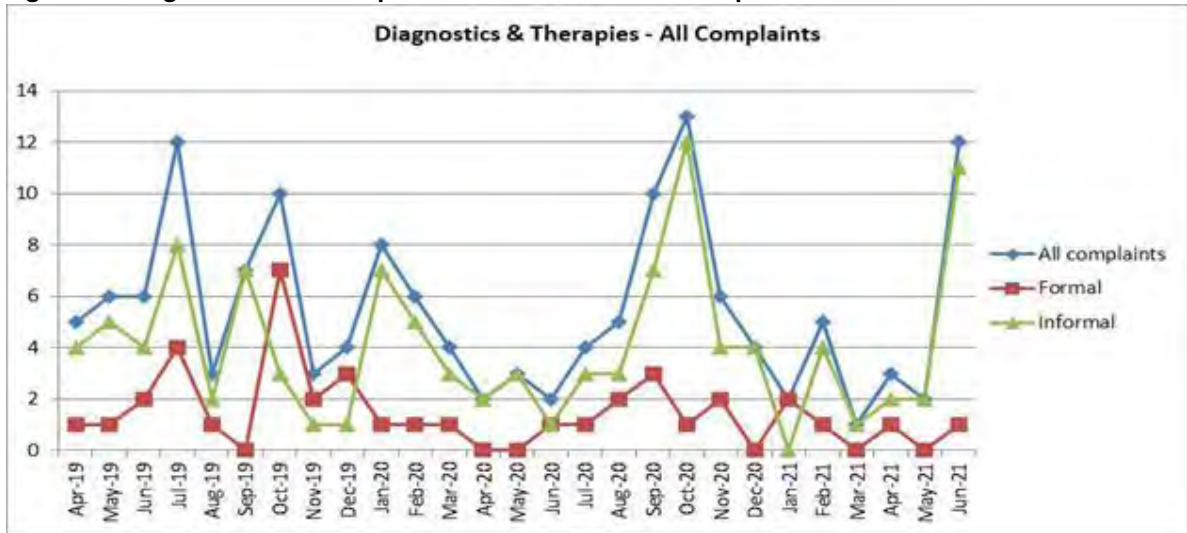
Current divisional priorities for improving how complaints are handled and resolved:

With the exception of a complex dissatisfied response which required collaboration with another division, the Division has continued to respond to complaints within the timeframe and are working to ensure that this standard is maintained.

Priority issues we are seeking to address based on learning from complaints:

Clear communication with patients regarding medication and treatment even if a patient has had the medication before.

Figure 23: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

The Division of Weston received 51 new complaints in Q1 of 2021/22; a decrease on the 65 received in Q4 of 2020/21.

The highest number of complaints received were those recorded under the category of ‘clinical care’ (19), followed by ‘appointments and admissions’ (11). Complaints about ‘attitude and communication’ decreased from 18 in Q4 to 10 in Q1. The most significant reduction was in complaints about ‘facilities and environment’, which decreased by 66.7% compared with Q4.

The largest number of complaints received by one department was 12 for the Accident & Emergency Department, representing almost a quarter (23.5%) of all complaints received by the division. The marked increase in complaints received about ‘lost personal property’ in Q4 of 2020/21 reduced to two complaints in Q1 of 2021/22. Following three successive quarterly reductions, complaints about ‘clinical care (medical/surgical)’ increased marginally in Q1.

The Division achieved just 10% (three of 30 responses) against its target for responding to formal complaints within the agreed timescale in Q1, compared with 31.3% in Q4 and 30% in Q3. This is the lowest percentage against target ever recorded for any division. 75% of informal complaints were responded to within the agreed timescale in Q1, compared with 82.4% in Q4 and 86.7% in Q3. Please see section 3.3 Table 22 for details of where in the process any delays occurred.

Table 17: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Clinical Care	19 (37.3% of total complaints) ↓	20 (30.8% of total complaints) ↓
Appointments & Admissions	11 (21.6%) ↑	10 (15.4%) ↑
Attitude & Communication	10 (19.6%) ↓	18 (27.7%) ↓
Facilities & Environment	4 (7.8%) ↓	12 (18.5%) ↑
Information & Support	4 (7.8%) ↑	2 (3.1%) =
Discharge/Transfer/Transport	3 (5.9%) ↑	2 (3.1%) ↓
Access	0 (0%) ↓	1 (1.4%) =
Documentation	0 (0%) =	0 (0%) ↓
Total	51	65

Table 18: Top sub-categories

Category	Number of complaints received – Q1 2021/22	Number of complaints received – Q4 2020/21
Clinical care (medical/surgical)	12 ↑	11 ↓
Communication with patient/relative	7 ↓	13 ↑
Cancelled or delayed appointments and operations	7 ↓	10 ↑
Clinical care (nursing/midwifery)	5 ↑	3 =
Attitude of medical staff	3 =	3
Discharge arrangements	3 ↑	2 ↓

Table 19: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
<p>The Accident & Emergency Department continued to receive the highest number of complaints for the division (almost a quarter of all complaints received).</p> <p>The majority of these complaints were in the primary category of ‘clinical care’.</p>	<p>The division has experienced complaints in ED regarding clinical care, communication and lost property. Some clinical care and communication complaints have been upheld and related to one particular doctor who has since left the trust. Other communication-related complaints were linked to patients being advised they couldn’t bring someone in with them, and felt reception staff were rude.</p> <p>Medically expected patients have not anticipated a wait and go through the same triage process.</p>	<p>The Division continues to review complaints data on a monthly and quarterly basis, and where trends are identified, these are followed up with the relevant Manager / Team to determine any actions to be taken.</p> <p>Medically expected patients are given a leaflet explaining the process once they have checked in to ED reception, however this relies on the patient telling the</p>

		reception staff they are medically expected.
<p>Only 10% of formal complaint responses were sent out by the deadline agreed with the complainant in Q1. This is the lowest ever reported for any division.</p> <p>In Q4 of 2020/21, the divisional plan to clear the backlog of approximately 45 long overdue cases was reported. As this was not entirely successful, a temporary agency complaints professional has now been appointed to work alongside the current Complaints / PALS / Bereavement Coordinator to clear this backlog.</p> <p>Performance against target for informal complaints also fell in Q1, with 75% of cases being responded to within the agreed timescale; compared with 80%+ in all previous quarters since April 2020.</p>	<p>A new staff member started in post at the beginning of the quarter and received no formal handover, due to the previous agency professional leaving. She inherited 67 outstanding complaints from 2020-21 and continued to receive new formal complaints. This hindered the flow of complaints responses due to the volume involved.</p>	<p>The initial plan to help process the long outstanding cases did not address the backlog sufficiently and therefore a temporary agency professional has been employed and is currently working successfully alongside the substantive team.</p>

Current divisional priorities for improving how complaints are handled and resolved:

The processing of all new complaints for the division is considered a priority and is managed in a timely manner with open communication between the complaints co-ordinator and the investigators, to ensure the flow of information is accurate, supportive and within given timescales.

When complaints are received from the Patient Support and Complaints Team in Bristol, they are processed on the day of receipt to ensure the time allowed for investigation is at a premium. The investigating manager is given a timeframe to work to and the divisional complaints team makes contact with the manager before the deadline to ensure the investigation is progressing as anticipated.

Priority issues we are seeking to address based on learning from complaints:

- Monitor complaints about the attitude, empathy and listening skills of doctors about whom complaints are received;
- Improve communication between staff and patients/relatives/carers in order to meet patients' expectations; suggested action for ED for posters displayed explaining simply, possibly using a flow diagram with easy to understand artwork and language: the reasons for attending ED and the reasons not to attend, the

pathway through ED, admittance or discharge home with follow-up from a patient's GP. Suggested action for to display posters alerting patients and their relatives to leave valuables at home, including bank cards and cash, and bringing only essentials onto the ward, and if brought in at any point, to complete and sign the Disclaimer Form.

- Improve lost property processes, to include training of staff regarding property disclaimers where necessary.

Figure 24: Division of Weston - formal and informal complaints received

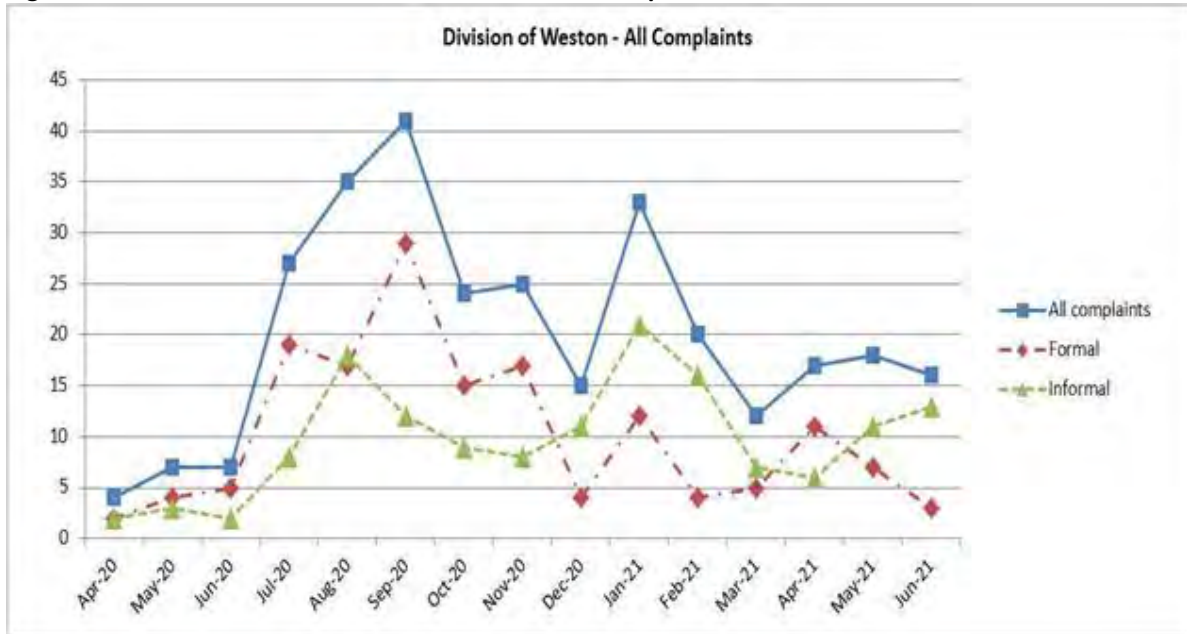
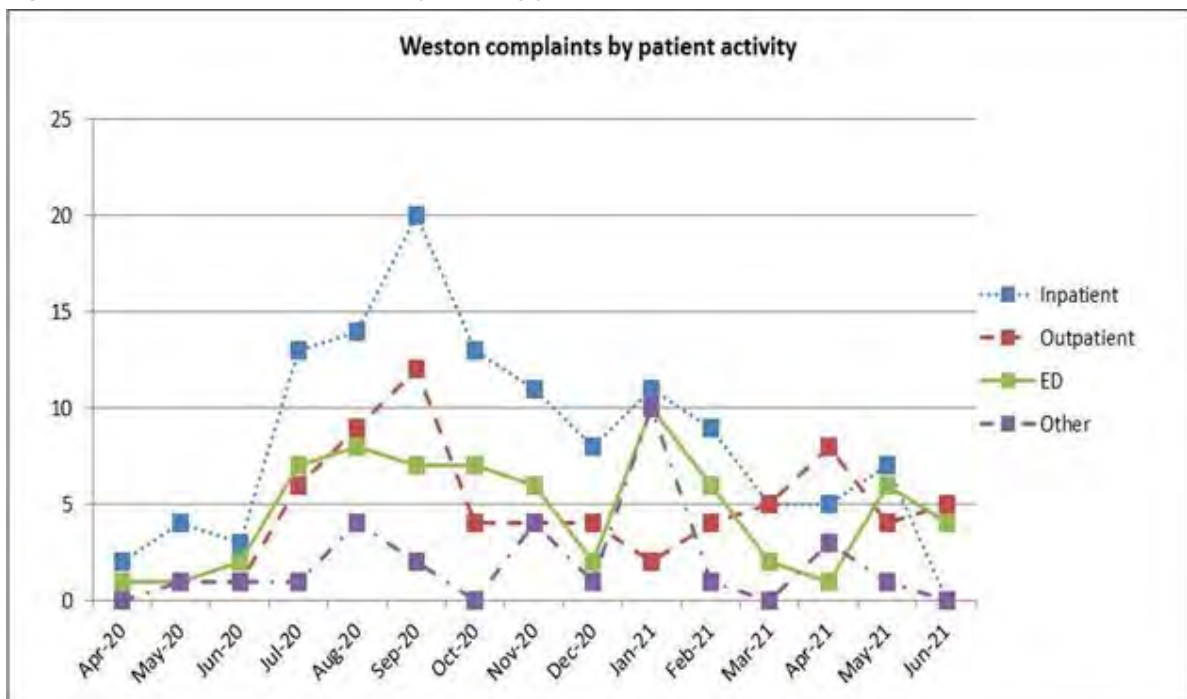


Figure 25: Division of Weston – complaints by patient area



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 24 new complaints in Q1; a slight increase on the 21 received in Q4.

The largest number of complaints received by the Division was recorded under the category of 'information and support' (33.3%), with complaints split between the Private & Overseas Patients Team, Finance/Cashiers, Communications and StMH Reception.

The Division achieved 44.4% against its target for responding to formal complaints within the agreed timescale in Q1, compared with 42.9% in Q4 and 71.4% in Q3 of 2020/21. They achieved 91.7% for informal complaints; an improvement on the 89.5% achieved in Q4. Please see section 3.3 Table 21 for details of where in the process any delays occurred.

Table 20: Complaints by category type

Category Type	Number and % of complaints received – Q1 2021/22	Number and % of complaints received – Q4 2020/21
Information & Support	8 ↑	6 (28.6%) ↑
Facilities & Environment	6 ↓	8 (38.1% of total complaints) ↓
Attitude & Communication	6 ↓	7 (33.3%) ↓
Appointments & Admissions	2 ↑	0 (0%) ↓
Access	1 ↑	0 (0%) =
Clinical Care	1 ↑	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Total	24	21

Figure 26: Trust Services – all complaints received



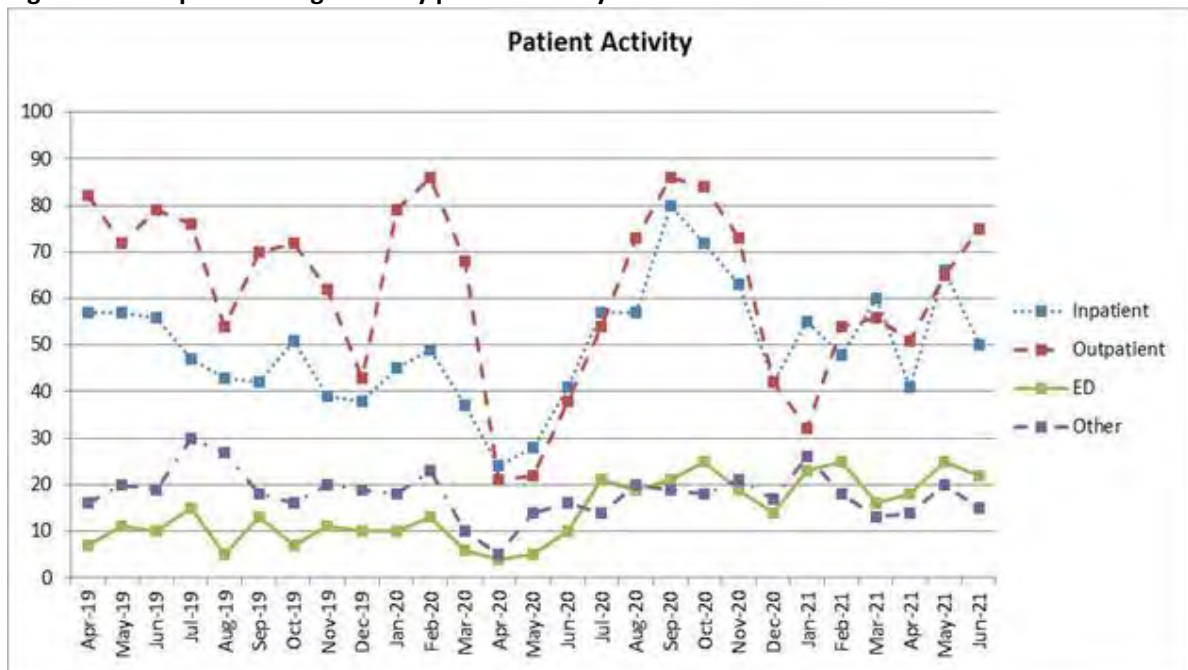
With effect from May 2020, Estates & Facilities complaints have been reported separately, as well as being included in the data produced for Trust Services. Figure 23 above shows all complaints received for Trust Services, including Estates & Facilities.

3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 24 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q1, 41.3% (*33.3%) of complaints received were about outpatient services, 34% (38.3%) related to inpatient care, 14.1% (15%) were about emergency patients; and 10.6% (13.4%) were in the category of 'other' (as explained above). * Q4 percentages are shown in brackets for comparison.

Figure 27: Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions reported breaches of formal complaint deadlines in Q1, with a total of 68 breaches reported Trustwide. This is a further deterioration on the 44 breaches reported in Q4 and 60 in Q3. This is the highest number of breaches recorded since this report commenced.

The Division of Weston reported 27 breaches of deadline, Medicine reported 21, there were seven for Specialised Services, five for Trust Services (including two for Estates & Facilities), Women & Children had four breaches, Surgery had three and Diagnostics & Therapies had just one. It should be noted that none of the breaches for the Division of Surgery were due to delays within the Division. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q1, the Trust responded to 215 complaints via the formal complaints route and 78.9% (147) of these were responded to by the agreed deadline, against a target of 95%, compared with 72.5% in Q4 and 69.1% in Q3.

Table 21: Breakdown of breached deadlines – Formal

Division	Q1 2021/22	Q4 2020/21	Q3 2020/21	Q2 2020/21
----------	------------	------------	------------	------------

Weston	27 (90%)	22 (68.8%)	28 (70%)	19 (55.9%)
Medicine	21 (34.4%)	10 (35.7%)	20 (60.6%)	14 (36.8%)
Specialised Services	7 (28%)	4 (22.2%)	3 (21.4%)	0 (0%)
Trust Services	5 (55.6%)	4 (57.1%)	2 (28.6%)	1 (14.3%)
Women & Children	4 (9.5%)	3 (7.5%)	3 (5.6%)	2 (6.5%)
Surgery	3 (6.7%)	1 (3.2%)	4 (9.8%)	9 (23.1%)
Diagnostics & Therapies	1 (33.3%)	0 (0%)	0 (0%)	0 (0%)
All	68 breaches	44 breaches	60 breaches	45 breaches

(So, as an example, there were 27 breaches of timescale in the Division of Weston in Q1, which constituted 90% of the 30 complaint responses which were sent out by that division in Q1).

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 16 shows a breakdown of where the delays occurred in Q1. During this period, 54 breaches were attributable to the Divisions, three were caused by delays in the Patient Support & Complaints Team, two occurred during the Executive sign-off process and one was due to a delay in another Trust providing input for a response.

Table 22: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	0	18	5	1	1	5	27	57
PSCT	1	2	1	1	0	0	0	5
Execs/sign-off	2	1	1	2	0	0	0	6
Other Trust	0	0	0	0	0	0	0	0
All	3	19	7	4	1	5	27	68

3.3.1 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are attributable to the Divisions, as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q1, the Trust responded to 177 complaints via the informal complaints route (compared with 140 in Q4) and 91.5% of these were responded to by the agreed deadline; a marginal decrease on the 92.9% reported in Q4.

Table 23: Breakdown of breached deadlines - Informal

Division	Q1 2021/22	Q4 2020/21	Q3 2020/21	Q2 2020/21
Specialised Services	5 (13.5%)	0 (0%)	2 (5%)	0 (0%)
Weston	4 (25%)	3 (17.6%)	2 (13.3%)	2 (6.1%)
Medicine	3 (9.1%)	4 (11.1%)	1 (11.1%)	11 (22.9%)
Surgery	2 (3.6%)	1 (2.9%)	2 (2.9%)	3 (4.2%)
Trust Services	1 (8.3%)	2 (10.5%)	4 (20%)	3 (20%)
Diagnostics & Therapies	0 (0%)	0 (0%)	1 (5%)	0 (0%)
Women & Children	0 (0%)	0 (0%)	0 (0%)	0 (0%)
All	15	10	12	19

4. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made. Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitor progress.

Below are some examples of actions taken by the Trust in response to complaints during Q1 2021/22.

- A patient was admitted to the Bristol Royal Infirmary with a Deep Vein Thrombosis (DVT) and during the medication round, was given the wrong medication for his renal impairment. Following a thorough investigation, it was ascertained that he had been given medication from another drug with a similar name and packaging, during a very busy time on the ward with the dispensing nurse experiencing many interruptions. The patient was reassured that the drug he was given had not affected his kidney function or caused him any harm. The Ward Manager has confirmed that nursing staff will be given protected time during medication rounds, in order to prevent interruptions during such an important task. Nurses will now also wear red tabards whilst doing medication rounds, to highlight to other staff that they are not to be interrupted. The Trust has also appointed Practice Development Nurses, who will be working closely with the Pharmacy team to review the safe management and distribution of medication to prevent similar errors in future. The Ward Manager also raised the complaint at the Acute Medicine Governance meeting, to highlight the importance of protected time for nursing staff during medication rounds. (Medicine)
- A seven year old patient was brought to the Children's Emergency Department (ED) at Bristol Royal Hospital for Children (BRHC) following a fall in which he injured his arm. A fracture was diagnosed and the parents were asked to be ready to bring their son back into the hospital for surgery first thing the following morning and to keep him 'nil by mouth' from 22:00hrs the night before. When no phone call was received, his parents brought him back to the hospital later that morning, only to be told they were very busy and he would not be having surgery that day. He was admitted to a ward to wait and eventually had to be treated for low blood sugar levels after being kept nil by mouth for so long and becoming thirsty, tired, dizzy and dehydrated. As a result of the complaint, the Paediatric Orthopaedic Team has created a patient information leaflet to explain the trauma pathway, timelines, and relevant contact numbers to ensure two-way communication. The orthopaedic team training has also been reviewed to ensure the team understand how to clearly and consistently communicate the urgency of the treatment that is required to patients and their parents. In addition, the ward team will now undertake a further set of observations four hours after the first set and this has been included in the daily safety brief. (Women & Children)
- A complaint was received from a patient in respect of her colonoscopy procedure as she could not get through to the number provided to her in advance of the procedure as instructed. She tried the number several times on consecutive days without success and was also told when ringing the Queen's Day Unit, that the pre-assessment nurse was not there but would ring her back, but this did not happen. The patient then received conflicting advice from two different sources. As a result of this complaint, the endoscopy pre-assessment workforce has been increased to ensure timely responses to patient queries. In addition, alternative numbers have been added to the patient information leaflets, and the patient letter has been amended so that patients are advised that if they suffer with particular conditions or take certain medications, they will be contacted seven days prior to their procedure to advise of any changes needed. It will also be made clear that if no changes are required, they will not be contacted. (Surgery)

5. Patient Support & Complaints Team activity

5.1 Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team are also responsible for providing patients, relatives and carers with help and support. A total of 375 enquiries were received in Q1, a 25.8% increase on the 298 received in Q4. This figure includes 84 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a significant increase on the 29 recorded in Q4.

The Patient Support and Complaints Team also recorded and acknowledged 54 compliments received during Q1 (included in the 375 noted above) and shared these with the staff involved and their Divisional teams. This is a reduction on the 83 compliments reported in Q4, but does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints Team recorded 205 enquiries that did not proceed, compared with 137 in Q4. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team continues to deal with an increasingly high volume of activity, with a total of 1,042 separate **new** enquiries in Q1 of 2021/22, compared with 944 in Q4 of 2020/21, representing a 10% increase. In addition, the Division of Weston directly recorded 84 concerns as noted above.

5.2 Acknowledgement of complaints by the Patient Support and Complaints Team

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q1, 254 complaints were received in writing (222 by email, 13 via website feedback and 19 letters) and 198 were received verbally by telephone. 10 complaints were also received in Q1 via the Trust's 'real-time feedback' service. Of the 462 complaints received in Q1, 83.1% (384/462) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This improvement, compared with the 73.5% reported in Q4 was due to a concerted effort by the Patient Support and Complaints Team to catch up with the backlog of enquiries coming into the service, which had been further exacerbated by the long-term sickness absence of a key member of the team. A recovery plan was agreed in Q4 and implemented in Q1, which has seen normal levels of performance returning (98%+) from July 2021 onwards.

5.3 PHSO (Ombudsman) cases

During Q1, the PHSO notified the Trust of its interest in two new complaints, for which copies of the complaint file and medical records were sent to them. With both of these new cases, the PHSO

came back to us within Q1 to advise that they would be taking no further action and did not intend to carry out a full investigation, as there were no signs of any failings on the part of the Trust.

Two further cases were closed by the PHSO during Q1, both of which were closed as requiring no further action and without them carrying out a full investigation.

There are currently eight cases that are open with the PHSO whilst they decide whether or not to carry out a full investigation or for which a decision is awaited following their investigation.

6. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e. organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e. Trusts who receive high levels of low level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends what the complaint is about. A practical example of each of these categories is shown in Table 24 below.

As we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

Table 24: Examples of severity rating of complaints

	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
Management problems	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Relationship problems	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
Relationship problems	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

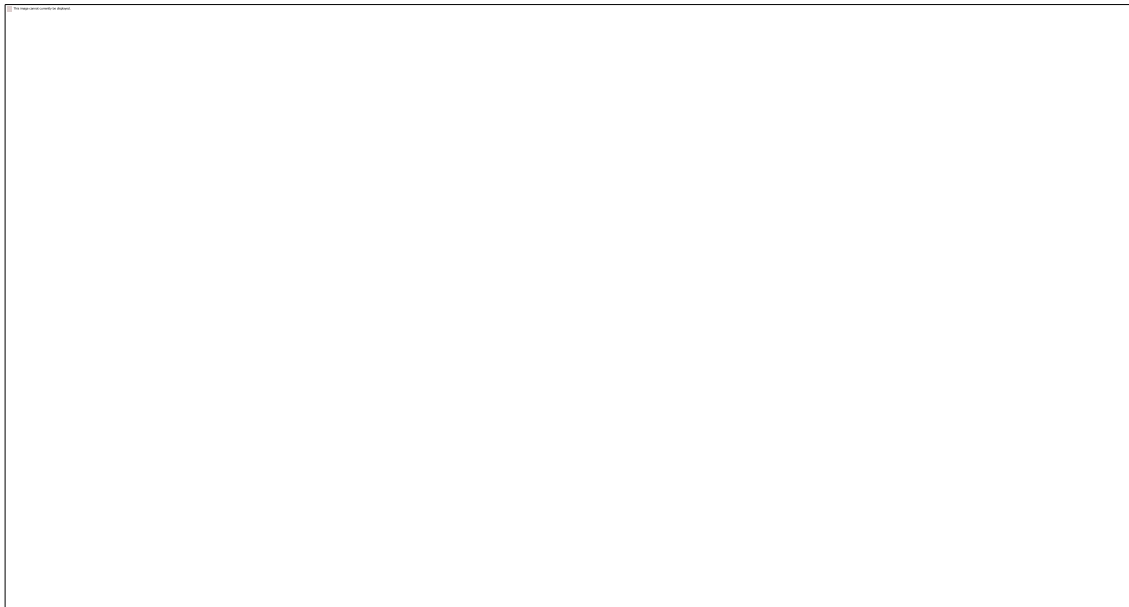
In Q1, the Trust received 462 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 462 complaints, 220 were rated as being low severity, 211 as medium and 31 as high.

Figure 25 below shows a breakdown of these severity ratings by month since April 2019. The significant drop shown for April and May 2020 reflects the much lower numbers of complaints (50 and 53 respectively) received during those months due to the Covid-19 pandemic.

In July 2020, the corporate Patient Support and Complaints Team commenced the management of

complaints for the Division of Weston and therefore started recording the severity of their complaints at the same time. Figure 25 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards, indicated by the larger triangular markers.

Figure 28: Severity rating of complaints



Since recording of the severity of complaints commenced in April 2019, the number of complaints received by severity is shown below, with the average per month across that period shown in brackets:

- High severity – 232 (av. 9)
- Medium severity – 1,531 (av. 57)
- Low severity – 2,129 (av. 79)

A breakdown by Division is shown in Table 25 below.

Table 25: Severity rating of complaints by Division (all complaints received in Q1 2021/22)

Division	High Severity	Medium Severity	Low Severity	Totals
Specialised Services	5 (6.3%)	45 (57%)	29 (36.7%)	79
Women & Children	7 (8%)	41 (46.6%)	40 (45.4%)	88
Medicine	5 (5.4%)	47 (51.1%)	40 (43.5%)	92
Weston	8 (15.7%)	25 (49%)	18 (35.3%)	51
Surgery	4 (3.6%)	37 (33.3%)	70 (63.1%)	111
Trust Services	1 (4.2%)	7 (29.2%)	16 (66.6%)	24
Diagnostics & Therapies	1 (5.9%)	9 (52.9%)	7 (41.2%)	17
Totals	31 (6.7%)	211 (45.7%)	220 (47.6%)	462

*i.e. 15.7% of complaints received by the Division of Weston in Q1 of 2021/22 were rated as high severity – this compares, for example, with 3.6% of complaints about the Division of Surgery.

Meeting of the Board of Directors in Public on Thursday 30 September 2021

Report Title	Annual Complaints Report
Report Author	Tanya Tofts, Patient Support and Complaints Manager
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

1. Report Summary
<p>In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol NHS Foundation Trust (UH Bristol) in 2020/21. The report also records other support provided by the Trust's Patient Support and Complaints Team during the year.</p>
2. Key points to note <i>(Including decisions taken)</i>
<ul style="list-style-type: none"> • 1,665 complaints were received by the Trust in the year 2020/21, averaging 139 per month. Of these, 546 were managed via the formal investigation process and 1,119 through the informal investigation process. This is a very similar number to the 1,674 complaints received in 2019/20. • In addition, the Patient Support and Complaints Team dealt with 1,419 other enquiries, including compliments, requests for support and requests for information and advice; this represents a significant 57.1% increase on the 903 enquiries dealt with in 2019/20. The team also received and recorded an additional 502 enquiries which did not proceed after being recorded (a decrease on the 618 reported in 2019/20). In total, the team received 3,586 separate new enquiries into the service in 2020/21; an increase of 12.3% on the 3,195 reported the previous year. • In 2020/21, the Trust had nine complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further 35.7% decrease on the 14 cases referred the previous year; which was in itself a 54.8% decrease on the 31 cases reported in 2018/19. During the same period, five cases were closed by the PHSO and at the end of the year 2020/21, 13 cases remained under investigation by the PHSO. • 617 complaints were responded to via the formal complaints process in 2020/21 and 71.5 per cent of these (441) were responded to within the agreed timescale. This is a significant deterioration on the 88 per cent achieved in 2019/20, and does not meet the Trust target of 95 per cent. A total of 739 complaints were responded to in 2020/21 via the informal complaints process and 92.7 per cent of these (685) were responded to within the agreed timescale, an improvement on the 89.3 per cent achieved the previous year. • The Trust continues to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved. • At the end of the reporting year, 6.1 per cent of complainants had expressed dissatisfaction with the formal response they had received. This represents a total

of 40 of the 653 first formal responses sent out during the reporting period and compares favourably with 9.1 percent in 2019/20 and 9.5 per cent in 2018/19.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
2680 - Risk that delays to complaints caseworkers contacting patients causes complainant dissatisfaction	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for ASSURANCE 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Senior Leadership Team	23/6/21



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

ANNUAL COMPLAINTS REPORT 2020/2021



Author: Tanya Tofts, Patient Support and Complaints Manager – June 2021

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Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol NHS Foundation Trust (UH Bristol) in 2020/21. The report also records other support provided by the Trust's Patient Support and Complaints Team during the year.

In summary:

- 1,665 complaints were received by the Trust in the year 2020/21, averaging 139 per month. Of these, 546 were managed via the formal investigation process and 1,119 through the informal investigation process. This is a very similar number to the 1,674 complaints received in 2019/20.
- In addition, the Patient Support and Complaints Team dealt with 1,419 other enquiries, including compliments, requests for support and requests for information and advice; this represents a significant 57.1% increase on the 903 enquiries dealt with in 2019/20. The team also received and recorded an additional 502 enquiries which did not proceed after being recorded (a decrease on the 618 reported in 2019/20). In total, the team received 3,586 separate new enquiries into the service in 2020/21; an increase of 12.3% on the 3,195 reported the previous year.
- In 2020/21, the Trust had nine complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further 35.7% decrease on the 14 cases referred the previous year; which was in itself a 54.8% decrease on the 31 cases reported in 2018/19. During the same period, five cases were closed by the PHSO and at the end of the year 2020/21, 13 cases remained under investigation by the PHSO.
- 617 complaints were responded to via the formal complaints process in 2020/21 and 71.5 per cent of these (441) were responded to within the agreed timescale. This is a significant deterioration on the 88 per cent achieved in 2019/20, and does not meet the Trust target of 95 per cent. A total of 739 complaints were responded to in 2019/20 via the informal complaints process and 92.7 per cent of these (685) were responded to within the agreed timescale, an improvement on the 89.3 per cent achieved the previous year.
- The Trust continues to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.
- At the end of the reporting year, 6.1 per cent of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 40 of the 653 first formal responses sent out during the reporting period and compares favourably with 9.1 per cent in 2019/20 and 9.5 per cent in 2018/19.

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints. The Chief Executive delegates responsibility for the management of complaints to the Chief Nurse.

The Trust's Patient Support and Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint, in line with the complainant's wishes;
- All formal complaints receive a comprehensive written response from the Chief Executive or his nominated deputy, or a local resolution meeting with a senior clinician and senior member of the divisional management team;
- Complaints are resolved within the timescale agreed with each complainant at a local level wherever possible;
- Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant; and
- When a complainant requests a review by the Parliamentary and Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative and open manner.

The Patient Support and Complaints Manager line manages a team which consists of one full-time Deputy Manager (Band 6); six part-time complaints officers/caseworkers (Band 5) and two part-time administrators (Band 3). The total team resource, including the manager, is currently 8.12 WTE.

2. Complaints reporting

Each month, the Patient Support and Complaints Manager reports the following information to the Trust Board:

- Total number of complaints received
- Percentage of complaints responded to within the agreed timescale (formal and informal)
- Percentage of cases where the complainant is dissatisfied with the original response

In addition, the following information is reported to the Patient Experience Group, which meets every three months:

- Validated complaints data for the Trust as a whole and also for each Division
- Quarterly Complaints Report, identifying themes and trends
- Annual Complaints Report (which is also received by the Board).

The Quarterly Complaints Report provides an overview of the numbers and types of complaints received, including any trends or themes that may have arisen, including analysis by Division and information about how the Trust is responding. The Quarterly Complaints Report is also reported to the Trust Board and is published on the Trust's website.

3. Total complaints received in 2020/21

The total number of complaints received during the year was 1,665, a marginal decrease on the 1,674¹ complaints received the previous year. Of these, 546 (32.8%) were managed through the formal investigation process and 1,119 (67.2%) through the informal investigation process; this compares with 542 (32.4%) complaints managed formally in 2019/20 and 1,132 (67.6%) managed informally.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. A senior manager is appointed to carry out the investigation and gather statements from the appropriate staff. These statements are then used as the basis for either a written response to, or a meeting with, the complainant. The method of feedback is agreed with the complainant and is their choice. The Trust's target is that this process should take no more than 30 working days in total.

An informal complaint is one where the issues raised can usually be addressed quickly by means of an investigation by the divisional management team and a telephone call to the complainant. The Trust's target is that this process should take no more than 10 working days in total.

Figure 1 provides the annual view of complaints received per month that were dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. The figures below do not include informal concerns which are dealt with directly by staff in our Divisions.

Figure 1 – Numbers of formal v informal complaints



¹ Please note that a figure of 1,785 was reported in the Annual Report 2019/20. This difference is due to a change in the way that complaints data was gathered during 2019/20, to exclude cases that did not proceed *after* the monthly data had been finalised. Data throughout this report has been adjusted to reflect this change.

Table 1 below shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

Table 1 - Breakdown of complaints by Division

Division	Informal complaints 2020/21	Informal complaints 2019/20	Formal complaints 2020/21	Formal complaints 2019/20	Divisional total 2020/21	Divisional total 2019/20
Surgery	310 ↓	415	96 ↓	165	406 ↓	580
Medicine	264 ↑	209	120 ↓	127	384 ↑	336
Specialised Services	150 ↓	210	40 ↓	65	190 ↓	275
Women & Children	145 ↑	143	128 ↓	146	273 ↓	289
Diagnostics & Therapies	44 ↓	52	13 ↓	19	57 ↓	71
Weston	117	N/A	133	N/A	250	N/A
Trust Services (inc. Estates & Facilities)	89 ↓	103	16 ↓	20	105 ↓	123
TOTAL	1,119 ↓	1,132	546 ↑	542	1,665 ↓	1,674

Table 1 shows that most Divisions recorded an increase in the number of complaints managed via the informal complaints process. The Divisions of Medicine and Women & Children managed a higher number of complaints via the formal process than in the previous year.

The overall percentage of complaints managed both formally and informally, remained similar to 2019/20 with 30.9% dealt with via the formal process (32.3% last year) and 69.1% via the informal process (67.7% last year).

4. Complaint themes

The Trust records all complaints under one or more of eight high-level reporting themes, depending upon the nature and complexity of the complaint. This data helps us to identify whether any trends or themes are developing when matched against hospital sites, departments, clinics and wards.

Table 2 shows complaints received in 2020/21 by theme, compared with 2019/20 and 2018/19.

Table 2 - Complaint themes – Trust totals

Complaint Theme	Total Complaints 2020/21	Total Complaints 2019/20	Total Complaints 2018/19
Appointments and Admissions	347 ↓	581 ↑	571 ↑
Clinical Care	501 ↑	492 ↓	519 ↑
Attitude and Communication	417 ↑	312 ↓	384 ↓
Facilities and Environment	120 ↓	122 ↓	176 ↑
Information and Support	137 ↑	82 ↓	107 ↓
Discharge/Transfer/Transport	67 ↑	40 ↑	36 ↓
Documentation	43 ↑	41 =	41 ↑
Access	33 ↑	4 ↓	11 ↓
TOTAL	1,665 ↓	1,674 ↓	1,845 ↑

In 2020/21, both the number and nature of the complaints received was influenced by the Covid-19 pandemic. There were increases in all categories, with the exception of ‘appointments and admissions’, for which there was a 40.3% decrease compared with the previous year. This significant decrease is at least partly explained by the impact of the Covid-19 pandemic, when all but urgent appointments and procedures were cancelled and/or delayed nationwide, and the majority of patients understood the reason for this so did not seek to complain about it. There was also a slight decrease in complaints recorded under the category of ‘facilities and environment’.

The largest increases were in complaints recorded under the categories of ‘attitude and communication’ and ‘information and support’. During the pandemic, complaints received in both of these categories were largely in respect of the failure of staff to communicate with families whilst their loved ones were in hospital, coupled with the impact of visiting restrictions; and a lack of information provided to patients whose appointments and operations were delayed, i.e. they did not complain about the cancellations, but did complain about not being informed when their appointment would be rescheduled.

The category of ‘access’ includes complaints about visiting hours. The increase of complaints in this category compared with previous years was due to the visiting restrictions implemented during the Covid-19 pandemic.

5. Performance in responding to complaints

In addition to monitoring the volume of complaints received, the Trust also measures its performance in responding to complainants within agreed timescales, and the number of complainants who are dissatisfied with responses.

5.1 Percentage of complaints responded to within timescale

The Trust’s expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written

enquiries. In 2020/21, 87.8% (1,462 of 1,665) of complaints were acknowledged within these timescales, compared with 99.7% in 2019/20. This deterioration in the timeliness of acknowledging complaints was due to a combination of the overall increase in new enquiries into the Patient Support and Complaints Team (see Section 7 below), together with significant episodes of staff sickness absence.

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days. When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

The Trust's target is to respond to at least 95% of complaints within the agreed timescale and this applies to both formal and informal complaints.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, together with guidance from the Parliamentary and Health Service Ombudsman, indicate that the Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.' When a response is not possible within the agreed timescale, the Trust must inform the complainant of the reason for the delay and agree a new date by which the response will be sent.

The Trust captures data about the numbers of complaints responded to within the agreed timescale. The Trust's performance target continues to be 95% compliance, for both formal and informal complaints.

Over the course of the year 2020/21, 71.5% of formal responses were responded to within the agreed timescale (441 of 617), compared with 88% in 2019/20 and 87% in 2018/19. Of the 739 complaints responded to via the informal complaint process in 2020/21, 92.7% (685) were responded to within the agreed timescale, an improvement on the 89.3% reported the previous year.

Two main factors contributed to the deterioration in performance in respect of formal complaints responses. The first factor was the capacity for operational staff to investigate and respond to complaints during a national pandemic. The second factor has been the merger with Weston Area Health NHS Trust and a necessary review of the complaints structure and processes at Weston General Hospital. A plan has now been put in place to address the backlog of complaint responses, by allocating each overdue case to a senior manager in the Division of Weston, who will be responsible for contacting the complainant and ensuring a suitable response is provided to them within a newly agreed timescale. The new Complaints Coordinator for the Division will therefore be able to concentrate on ensuring that all new complaints received by the Division are responded to in a timely manner.

Figure 3. Percentage of formal complaints responded to within agreed timescale

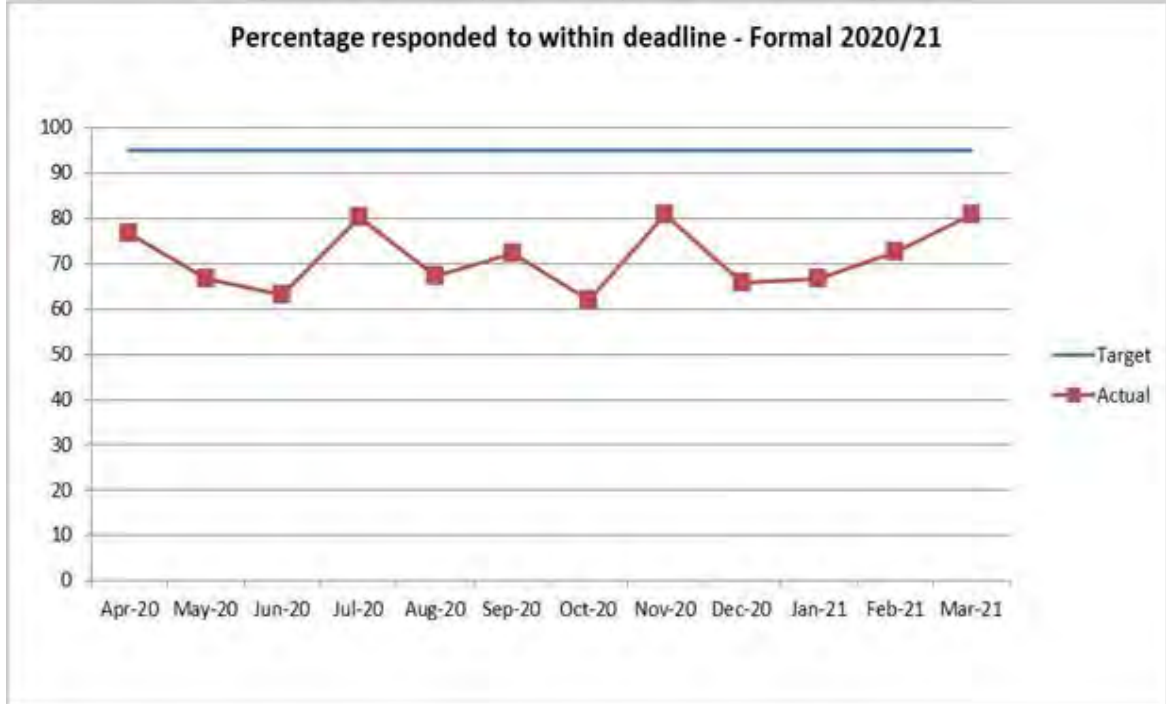
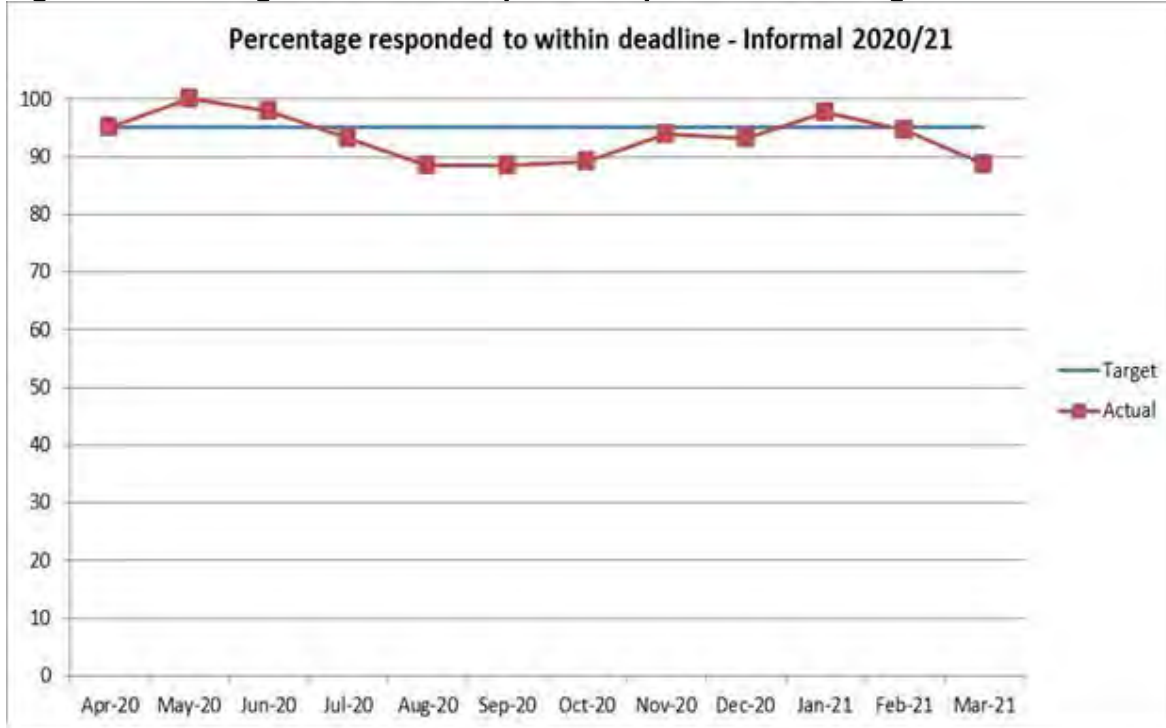


Figure 4. Percentage of informal complaints responded to within agreed timescale



5.2 Numbers of complainants who are dissatisfied with our response

The Trust also measures performance in respect of the number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate (which we differentiate from follow-up enquiries where a complainant raises additional questions).

At the end of the reporting year, 6.1% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 40 of the 653 first formal responses sent out during the reporting period and compares favourably with 9.1% in 2019/20 and 9.5% in 2018/19.

6. Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is unhappy with the way in which their complaint has been dealt with by the Trust and feels that local resolution of their complaint has not been satisfactory, they have the option of asking the PHSO to carry out an independent review of their complaint.

In 2020/21, the Trust had nine complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further decrease of 35.7% compared with the 14 cases referred in 2019/20 and 31 in 2018/19.

During the same period, five cases were closed by the PHSO. Of these five cases, none were 'upheld' or 'partly upheld'; one was 'not upheld' following a full investigation; three fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'. The final case was closed without a full investigation, with the sum of £200 paid to the complainant to cover the cost of some scans carried out on a private basis, at the suggestion of the PHSO as a "quick resolution". At the end of the year 2020/21, 13 cases remained under investigation by the PHSO.

7. Information, advice and support

In addition to managing complaints, the Patient Support and Complaints Team also deal with compliments and with requests for advice, information and support. The team also records a number of enquiries which did not proceed after being recorded, either due to insufficient information or withdrawal of the complaint/enquiry.

The total number of enquiries received during 2020/21 is shown below, together with figures from 2019/20 and 2018/19 for comparative purposes:

Table 3:

Type of enquiry	Total received 2020/21	Total received 2019/20	Total received 2018/19
Request for information/advice/support	1,149 ↑	732 ↓	780 ↑
Compliments	270 ↑	171 ↓	185 ↑
Did not proceed	502 ↓	618 =	618 ↑
Total	1,921 ↑	1,521 ↓	1,583 ↑

8. Learning from complaints

The Trust continues to be proactive in its management of complaints and enquiries, recognising that the way we respond to concerns and complaints is part of our commitment to excellence in customer service and acknowledging that all complaints are a valuable source of learning.

Learning from complaints can be measured by the actions taken as a result of the complaints received. Some examples of actions completed in 2020/21 are as follows:

- Following the discharge of a patient from the Bristol Heart Institute (BHI), her daughter went through the paperwork her mother had been sent home with and discovered a completed ReSPECT form. The form included a statement that the patient did not want to be resuscitated and included DNR and DNACPR orders. Despite the form stating that this had been discussed with the patient by a doctor, this took the family completely by surprise. As a result of this complaint, the Head of Nursing discussed this with the staff involved on this occasion to ensure that they understood the correct process for completing the ReSPECT form. In addition, an article was published in the divisional Patient Safety, Governance and Complaints Newsletter and on the Bristol and Weston intranet pages, reminding all staff of the correct process. (Specialised Services)
- A number of actions were identified and actioned following a complaint from a patient's daughter following her mother-in-law's numerous admissions to Weston General Hospital. These actions included the implementation of a checklist to ensure patient allergies are recorded on their drug chart and the patient is wearing a red wristband to denote that they have an allergy; a change of process to ensure that contact with the patient's next of kin in respect of the discharge arrangements is clearly documented; and 'Focus of the Month' posters are clearly displayed to remind staff of the importance of the correct handling of patient data and information. (Weston Division)
- As a result of a complaint regarding a midwife contacting a patient, not knowing that she had experienced a miscarriage, a daily transfer of information to the Community Midwifery team was implemented regarding confirmed or possible miscarriages. This simple and prompt action will prevent additional upset and anxiety for future patients at such a difficult time. (Women & Children)
- A patient who has contact lenses supplied by Bristol Eye Hospital (BEH) made a complaint following confusion over what was included in her annual payment. She had previously been told that the annual payment covered any replacement lenses but when she was due to make a new payment, she was told that replacement lenses were not included and she was left without any lenses whilst this was resolved. As a result of this complaint, the Service Lead Optometrist developed a new patient information leaflet providing clarity for users of the contact lens service. The leaflet explains the contact lens purchase process, including eligibility criteria, trial lenses, payment details, how the department manages patient enquiries and a list of FAQs. (Surgery)

9. Looking ahead

Looking ahead to 2021/22, the Patient Support and Complaints Team's focus will be on working with all Divisions to improve performance in responding to complaints within the timescale agreed with complainants, maintaining the low numbers of complainants who are dissatisfied with our response to their concerns and sharing learning from complaints with staff Trustwide. Our aim is to provide an exemplary integrated complaints service across all locations, including the newly formed and restructured service at Weston General Hospital, to ensure our complaints service is easily accessible to all of our patients and their families.



Meeting of the Board of Directors in Public – 30 September 2021

Reporting Committee	People Committee – meeting held on 28 September 2021
Chaired By	Bernard Galton, Non-Executive Director
Executive Lead	Alex Nestor, Interim Director of People

For Information
<p>The meeting considered a range of people and organisational development reports and the following were highlighted and discussed:</p> <ul style="list-style-type: none"> • Several future actions arose prompted by the Committees action log. It was agreed that further review of exit interview data and the process behind it would be received by the next Committee, as well as a deep dive on strategic recruitment. The Committee agreed to discuss recruitment as a standing item at each meeting. • Concerns were raised regarding performance in Estates and Facilities and as a result investigatory work would be undertaken to understand potential causes and themes. • The Committee received an update on progress against the People Strategy but acknowledged that this had not been reviewed in over a year and required refresh. It was agreed that this would be taken forward as part of the next quarterly review and would include involvement with the Quality Team to incorporate Care Quality Commission action plans. • The Healthier Together Support Network was highlighted to have secured funding for two new projects to support staff in the local health and social care system. The Committee would receive a full update that the next meeting. • An update on the Education Strategy was received, and it was emphasised and acknowledged by the Committee that whilst education was recognised as a core component of the Trust’s strategy, ongoing, constant workforce pressures were continuing to place education in a complex position. With limited available options, staff development was sometimes deemed as non-critical. Within the complex relationship of workforce, patient safety and placing staff first; staff development would need careful consideration, though essential training would remain a priority that needed to be prioritised within Internal Critical Incident to ensure staff could deliver safe care. • An update on the Leadership and Management Development Review was received, alongside confirmation that while the interim offer of management training was not mandatory (though expected), the new offer would be. Challenges to the timeline for delivery were however acknowledged, relating to team departures and the recruitment of new individuals to lead the work.

- The Committee’s Terms of Reference were received as part of an annual review, and while approved it was agreed that the quorum of the Committee would be re-evaluated.
- Newly emerging workforce risks were presented to the Committee, alongside acknowledgement that these had largely been addressed by the Committee throughout the agenda. Moving forward the Risk Team would be greater involved in agenda setting to ensure this continued.
- The People Committee Work Plan was presented for information.

For Board Awareness, Action or Response

- The Committee were provided with a verbal strategic update which highlighted a Workforce Summit scheduled for 6 October, updates on the Trust’s Campaign Plan following a recent Board Seminar, and the final stage in the Trust’s new values testing. **An update from Blue Goose would be received by the Board in October.**
- The Integrated Quality and Performance Report was received and the Committee discussed the update on the recruitment of international nurses. The Committee acknowledged the positive impact that this would have on the Trust, but on the other side of the coin recognised that overall establishment could change due to demand, and that the Trust needed to ensure pastoral support to guarantee successful careers for these nurses. **The limited resource to support this pastoral care at present was highlighted.** The Committee would receive a full trajectory on international recruitment at the next meeting alongside an insight into the experience of a new international nurse. As mentioned at the last Committee, the decreasing number of attendances at resuscitation training continued and therefore this would be further investigated. Appraisal compliance was discussed, and executives confirmed that staff were aware of a simplified appraisal form that was available to managers if helpful.
- The framework to support valuation of the Trust’s Health and Wellbeing offer was received with the Committee emphasising the importance in quickly investing in greater support, clearer articulation of the wellbeing offer and evaluation of the costs per year. **It was agreed that an update on the wellbeing offer would be included in a broader cultural update at the October Board meeting.**

Key Decisions and Actions

N/A

Date of next meeting:	26 November 2021
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Meeting of the Board of Directors in Public on Thursday 30 September 2021

Report Title	Guardian Annual Report ANNUAL REPORT ON ROTA GAPS, VACANCIES AND EXCEPTION REPORTING: DOCTORS AND DENTISTS IN TRAINING 2020 / 21
Report Author	Dr Alistair Johnstone
Executive Lead	Dr Emma Redfern, Interim Medical Director

1. Report Summary	
All junior doctors across the Trust, including locally employed doctors, are now employed on the 2016 Junior Doctor contract. One of the major concerns raised by doctors during the original negotiations for the new contract were the impact that rota gaps had on a Junior Doctors workload and ability to access the educational elements of their post. As a result this annual report summarises the current rota gaps across the Trust to highlight areas of potential concern.	
2. Key points to note <i>(Including decisions taken)</i>	
<ol style="list-style-type: none"> 1. Overall the Trust is in a better position with rota gaps than in previous years. There are still a few areas with significant gaps as we go into autumn and winter – especially medical registrar rotas and radiology. 2. The coronavirus pandemic has altered exception reporting patterns for a variety of reasons discussed in the report but this is on a background of gradually reducing numbers of reports each year. 3. There are some changes in contractual arrangements which may impact the amount of clinical time each doctor can provide 4. There is an ongoing need to roll out an eRostering system which would also help with processing of internal locum activity 	
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 <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[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 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.

ANNUAL REPORT ON ROTA GAPS, VACANCIES AND EXCEPTION REPORTING: DOCTORS AND DENTISTS IN TRAINING 2020 / 21

Executive summary

All junior doctors across the Trust, including locally employed doctors, are now employed on the 2016 Junior Doctor contract. One of the major concerns raised by doctors during the original negotiations for the new contract were the impact that rota gaps had on a Junior Doctors workload and ability to access the educational elements of their post. As a result this annual report summarises the current rota gaps across the Trust to highlight areas of potential concern. This report will be presented to the public Trust Board and will be available on the Trust external website. It is also likely to be reviewed as part of future CQC inspections.

Introduction

The nature of medical training means that rota gaps are a complex problem. They are partly the result of fluctuations in the numbers of trainees sent from the Trust from the Deanery and intermittent difficulty recruiting to locally appointed posts, especially in smaller subspecialist areas. The coronavirus pandemic has reinforced the importance of having a resilient workforce that is able to respond to changes in demand and sufficient numbers of doctors to allow education and training necessary for doctors to progress in their careers to continue despite increases in clinical workload. It has been a particularly challenging time for junior medical staff but they have risen to the challenge of coronavirus and gone above and beyond to help the Trust through a difficult period.

Changes made over the last few years, especially in rota design within departments and recruitment of Locally Employed Doctors have helped address some of the areas where longer standing rota gaps caused particular challenge but, as we go into the Autumn and Winter, it is clear that the demand on medical staff is increasing again. There are likely to be particularly challenging months ahead.

High level data

Number of doctors / dentists in training (WTE):	597
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Amount of job-planned time for educational supervisors:	0.125 PA per trainee. This is now in line with local comparator Trusts

The trust currently has two Guardians of Safe working – one covering the Weston site and one covering the Bristol hospitals. Work is ongoing to determine how best to amalgamate these roles as part of the recent merger whilst retaining the unique advantage that local knowledge brings to the role. Whilst the longer term plan is that there will be a single report covering all the sites this report currently only covers the Bristol site and is appended with a report from the Weston Guardian describing the situation there.

Current Rota Gaps Summary by Division

The data below shows the rota gaps across the Trust for the last 3 months. For a significant majority of posts which rotate in August the gaps in the August column will reflect likely ongoing gaps as we go into winter. Medical HR and Divisional teams continue to make attempts to fill vacant posts and advertise jobs which can attract suitable candidates to work in the Trust.

The reasons for rota gaps are complex and can be due to a number of factors, including:

- Fluctuation in numbers of trainees being sent to the Trust for reasons such as sickness, pregnancy, time out of training, changing to LTFT working, moving out of region
- Fluctuations in Locally employed doctors for reasons including sickness, pregnancy, promotion or obtaining a training post
- Changed training requirements following an end of year review (ARCP)
- Concerns around coronavirus requiring the doctor to shield or have adjustments made to their working environment

In the following tables a negative number reflects the fact that the rota has more than the funded complement of doctors and is running at a temporary cost pressure within a division. This often provides flexibility and additional resource to cover short notice sickness or other absence. It again reflects the natural fluctuation in training requirements from the Deanery over time.

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Jun-21	Jul-21	Aug-21	Comments: was the gap covered and how?
Medicine	General Medicine F1 (including Cardiology)	10 WTE	6 Deanery Funded (3 x F2's, 3 x CT1/2)	6 Trust Funded (4 x Clinical Fellows, 2 x ACF)	7	0 gaps	0 gaps	0 gaps	
Medicine	General Medicine SHO	8	8	0 WTE	7	0 gaps	0 gaps	0 gaps	
Medicine	General Medicine Higher	5 WTE	5 Deanery Funded (5 x GPVTs)	0 WTE	6	2 gaps	2 gaps	3 gaps	Registrars are undertaking additional locum shifts to help fill gaps in the short term
Medicine	ED SHO	5 WTE		5 Trust Funded (3 x Clinical fellows, 1 x ACF)	4	0	0	0	
Medicine	ED Middle Grade	7 WTE	7 Deanery Funded	0 WTE	6	0 gaps	0 gaps	0 gaps	
Medicine	Dermatology	2 WTE	2 Deanery Funded	0 WTE	2	0 gaps	0 gaps	0 gaps	
Medicine	GUM	6 WTE	6 Deanery Funded	0 WTE	6.4	1.4 gap	0 gaps	1.2 gap	

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Jun-21	Jul-21	Aug-21	Comments: was the gap covered and how?
Surgery	OMFS	3 WTE	2 Deanery Funded	0 WTE	6.6	0 gaps	0 gaps	0 gaps	
Surgery	DCT OMFS	10 WTE	4 Deanery Funded	6 Trust funded (specialty doctors & fellows)	17.6	0 gaps	0 gaps	0 gaps	
Surgery	F1 General Surgery	8 (2xF2 / 6xCMT) +1/2 CF	8 WTE	1 from Dec 19/ 2 from April 20	10 (2xF2 / 6xCMT /2xCF)	2 gaps	2 gaps	2 gaps	June - CMT Gaps filled by CF's / 1 CF finishing early so 1 gap unfilled / CMT gaps filled by CF's
Surgery	F2 General Surgery	17 WTE	9	8	9	1.8 gaps	1.8 gaps	1.8 gaps	All filled by CF's
Surgery	ST3-8 General Surgery	13 WTE	7	6	13	3 gaps	3 gaps	1 gap	All gaps filled by CF's
Surgery	F2 & CT1/2 T&O	3	1	2	3	1 gap	1 gap	1 gap	
Surgery	ST3-8 T&O	21 WTE	21	0 WTE	20	0	0	0	Filling gap with Locum (from Dec 2018 - advert pulled)
Surgery	GP ENT	31 WTE	28	2 WTE		4	4	0	
Surgery	ST1-2 ENT	18	13	5 WTE	14		4	0	Funded establishment changes from August as there are new IMT3 posts. Current gaps due to maternity leave, acting up and a doctor not able to work on-calls
Surgery	ST3-8 ENT	14 WTE	2 ACCS / 4 GPVTS / 1 Deanery /	7 WTE	12.15	0	0	0	Recruitment underway. Rota written to accommodate gaps

			1 Military						
Surgery	GP Ophthalmology	10 WTE	6 wte	4 wte	8.1	0	0	0	Recruitment underway. Rota written to accommodate gaps
Surgery	ST3-8 Ophthalmology 1st on-call	6	4.6 wte	2 wte	5.6	0	0	0	Gaps managed by re-writing rota. New recruitment episodes for 2 CFs from August 2018.
Surgery	ST3-8 Ophthalmology 2nd on-call	0	1 wte	0 wte	1	0	0	0	No on-call rota
Surgery	ST3-8 General Anaesthesia 1st on-call	11	12 WTE	0 WTE	10.8		-0.4	-0.4	
Surgery	ST3-8 General Anaesthesia 2nd on-call	9	6 WTE	3.6 WTE	9		0	0	
Surgery	ST3-8 Obstetrics Anaesthesia	9	7.2 WTE	3.4 WTE	9		0	0	
Surgery	ST3-8 Cardiac Anaesthesia	18	10.5	9 WTE	12.4		-5.6	-4.8	
Surgery	ST3-8 Intensive Care Advanced	3	0 WTE	3 WTE	4.2		1.2	0.2	
Surgery	ST3-4 Intensive Care/CT1/2 Intensive Care	6	0 WTE	3 WTE	6		0	0	

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Jun-21	Jul-21	Aug-21	Comments: was the gap covered and how?
W&C	ST3-8 Paediatric Anaesthesia	9	4 wte	4 wte	7.2		-1.8	-0.8	
W&C	O&G FY2 & ST1-2	9	7 wte	3 wte	9		0	0	
W&C	O&G ST3-5	9	7.2 wte	1.7 wte	10.2		1.2	1.2	
W&C	O&G ST6+	6	3 wte	3 wte	7.4		1.4	1.4	
W&C	PICU ST3-8	8	5.6 wte	3 wte (1 CF st1-2, 2 ST3-8)	5		-3	1	
W&C	Paeds Cardiac Surgery	6	6 WTE 3 F2 / 3 GPVTS	0 wte	6		0	0	
W&C	Paeds Neurosurgery	13 wte	13 wte (2 ED F2s / 10.8 ST1-3)	0 wte	11.6		-0.8	0.2	
W&C	Paeds Surgery FY2 & ST1-2	27 WTE	25 wte	4 wte	24.7		-2.3	-2.3	
W&C	Paeds Surgery ST3+	5	5	0	5.6		0.6	1	
W&C	NICU ST1-3	2	2	0	2		0	0	
W&C	NICU ST4+	11	11	0	10.2		-0.8	1.4	
W&C	Paediatric Oncology ST6-8	5	5	0	5		0	0	

W&C	Paediatric Cardiology ST3-8	6	6	0	6	0	0	0	
W&C	General Paeds F2 & GPVTS	9	9	0	7	0	1	0	July Gap - Mat Leave
W&C	General Paeds ST1-3	1	1	0	0				No trainee, deanery aware and trying to find resolution
W&C	General Paeds ST4+	2	2	0	2	1	1	0	1 trainee transferred in March - no replacement until Aug
W&C	Paeds ED FY2 & GPVTS	5	5 - Funding sits with NBT for these posts	0	5				Honorary contracts for these trainees as NBT pays the salaries
W&C	Paeds ED GPVTS Community	8.5	8.5	0	6.5	0	0	0	
W&C	Paeds ED ST1-3	11	11	0	10	0	0	0	
W&C	Paeds T&O	2	2	0	1.6	0.4	0.4	0.4	Both trainees on 0.8

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Jun-21	Jul-21	Aug-21	Comments: was the gap covered and how?
D&T	Radiology ST1	6	5	2		2 gaps	2 gaps	3 gaps	
D&T	Radiology ST2-5	8	8	0 although 3 clinical fellows		3 gaps	3 gaps	3 gaps	
D&T	Pediatric Perinatal Pathology	15 WTE	15 - Deanery Funded	0 WTE		0 gaps	0 gaps	0 gaps	
D&T	Chemical Pathology	11 WTE	11 Deanery Funded (4 x F2's, 5 x CT1/2).	2 Trust Funded posts (1 x Clinical Fellow, 1 x ACF)		0 gaps	0 gaps	0 gaps	
D&T	Microbiology	13 WTE	8 Deanery Funded (7 x Deanery ST3-8, 1 ACF)	4 Trust funded Fellows	13.5	1 gap	1 gap	4 gaps	Department to extend fellow contracts from August
TS	Occupational Health	5	1 F2 / 1 ST1-2	3 CF	6		1	-1	

Internal Locum Utilisation

Even during “normal” times the Trust consistently employs junior doctors to carry out between 4,000 and 5,000 hours of internal locum activity every month. This is equivalent to the work of additional 30 – 37 whole time equivalent staff.

During the coronavirus pandemic the Trust has relied heavily on junior doctors undertaking additional clinical shifts to cover sickness or isolation and to help in areas where the clinical workload was particularly high.

This increased demand revealed significant weaknesses in the processes for monitoring and paying for additional shifts. There were often long delays in payment for work due to the paper process breaking down. As I have previously reported there is a need to review our processes for managing additional locum work – this review is now being led by senior members of the corporate team with a focus on moving to a fully electronic system to manage, monitor and pay for this activity promptly.

Exception reporting trends and the effect of coronavirus

There was a significant drop in the number of exception reports submitted during the COVID pandemic. Reporting dropped to around 20 reports per month during the pandemic months but has been increasing slowly during the summer months when more normal activity was resumed across the Trust.

It is likely that the drop in reporting during covid was caused by:

- Improved staffing in acute areas due to redeployment of staff to assist
- Better staffing due to increased internal locum use
- Increased focus on ensuring doctors finished on time during COVID surges
- Reduction in elective work (such as clinics) which are more likely to run late

When the contract was introduced it was intended that the exception reporting system would help the Trust identify areas of concern and ensure that resources were focused on ensuring these areas were supported through rota redesign and increased staff numbers. As was hoped we have seen a gradual decrease in the number of reports each year reflecting the significant work that has been undertaken by divisional and educational teams to address long standing issues. Whilst there are still departments which are more challenged – especially cardiology, haematology and some of the smaller surgical specialities – there are action plans in place in these areas (and significant time has been invested by senior clinicians) to improve the situation for the future.

In my conversations with junior doctors does also appear to be some “exception reporting fatigue” developing. This was also seen with the previous system which exception reporting replaced. Some of this is as a result of the system we use for reporting (which, as a national system, is slow to develop and change) but there are measures – such as streamlining the HR processes and improving visibility of the system and changes that occur as a result of reporting – which we will continue to work on over the coming months.

Sum of No. episodes	Column Labels												Grand Total	
Row Labels	J	F	M	A	M	J	J	A	S	O	N	D	Grand Total	
2018	176	97	80	82	51	60	68	3	0	94	5	73	1199	
Medicine Specialised Services	35	25	39	22	5	9	1	14	21	32	11	15	229	
Surgery Women's and Children's Unstated	22	1	1	12	14	23	15	13	10	11	22	13	25	159
	14	69	40	35	20	20	11	0	5	35	87	22	588	
	105	2		13	8	8	41	9	3	5	14	11	219	
					4								4	
2019	71	36	50	52	31	63	36	71	86	77	64	47	684	
Medicine Specialised Services	15	13	11	11	5	11	10	39	37	31	30	17	230	
Surgery Women's and Children's	22	11	23	10	8	13	4	6	17	21	8	6	149	
	30	11	13	25	14	10	17	15	25	15	19	7	201	
	4	1	3	6	4	29	5	11	7	10	7	17	104	
2020	51	62	39	28	11	8	10	27	54	73	34	22	419	
Medicine Specialised Services	26	28	6	1		3	5	10	10	27	16	6	138	
Surgery Women's and Children's Diagnostic and Therapies	1	14						6	23	2	5	2	53	
	21	17	32	27	11	1	2	11	15	43	7	4	191	
	3	3	1			4	2		6	1	6	10	36	
							1						1	
2021	22	23	59	44	30	33	38	38	16				303	
Medicine Specialised Services	8	10	29	12	8	16	16	8	7				114	
Surgery Women's and Children's Unstated	4	2	7	1	3	2	6	2					27	
	2	4	9	12	4	9	9	19	9				77	
	8	7	13	19	15	5	7	8					82	
						1		1					2	
				1									1	
Grand Total	320	8	8	6	3	4	2	9	6	4	3	2	2605	

Discussion of issues arising

As already stated the reasons for rota gaps and the potential solutions for them are complex. It is clear that the coronavirus pandemic has had a significant impact on exception reporting and the working patterns of junior doctors. There are a few key points of note that I wish to highlight:

- There are new changes to the junior doctor contract which have been recently agreed that, whilst they are very welcome from the point of view of improving training and wellbeing, have the potential to worsen rota gaps in the coming year. Two changes are of particular note as they reduce the amount of clinical time each trainee will provide the Trust. These will require urgent attention from divisions as it is unlikely that there will be additional trainees sent from the Deanery to make up this additional non clinical time:
 - a. A requirement to provide non clinical study time of up to 8 hours per week (depending on seniority) is being rolled out for all Deanery trainees and has already been introduced for Foundation doctors
 - b. Less Than Full Time Category 3 arrangements allowing juniors to elect to work on 80% contracts for a period of up to a year
- The Trust has very little control over the number of trainees being sent by the Deanery. Whilst the significant increase in the number of Locally Employed Doctor (Trust grade) posts over the past couple of years has helped reduce the impact of these fluctuations it seems likely that there is scope for expanding this workforce further (as seen, for example, in the ongoing requirement for internal locum activity even during normal times). However, there is intense competition from other Trusts and a limited pool of suitable trainees nationally which makes recruitment difficult. We have had posts which has remained unfilled despite repeated advertising cycles.
- The recent innovation of developing physicians associate and other allied health professional advanced practitioner roles has been extremely successful and warmly welcomed by junior doctors in the Trust. I hope that these roles can be further developed and encouraged in the future.
- Brexit and the global pandemic have impacted on the number of international medical graduates the Trust has been able to attract and employ. As restrictions ease I hope that the Trust can renew their efforts to attract these doctors to work with us – anecdotally there does appear to be demand for jobs in Bristol from doctors in countries with well established health systems and excellent standards of medical training.
- The Trust is still making slow progress in implementing a truly digital eRostering solution despite some positive moves over the last few months. This remains a significant barrier to effective real time monitoring of safe working rules and to the management of additional internal locum activity. This continues to be an area which requires focused, senior level attention.
- The coronavirus pandemic and the required social distancing rules have highlighted a real need to focus on improving staff facilities and rest areas such as outside spaces and break rooms. These are significantly limited compared to those of more recently built hospitals. I would ask that the Board continue to ensure the Trust focuses on this during any future building developments.

Summary

It has been an extraordinary year for everyone working in the NHS. Junior doctors have risen to the challenge and helped the Trust keep patients safe. They have gone above and beyond and I'm sure

the Board will join me in passing on the thanks of the senior medical staff and all of the executive team for their efforts.

It is likely that there will be very difficult months ahead and this will be particularly challenging in certain areas of the Trust. I will continue to monitor the situation and report to the Board on a regular basis.

Dr Alistair Johnstone

Guardian of Safe Working

September 2021

Meeting of the Board of Directors in Public on 30th September 2021

Report Title	Weston General Hospital Guardian of Safe Working Annual Report July 2020 – July 2021
Report Author	John L Probert (JLP) Weston Guardian of Safe Working & Consultant Urologist
Executive Lead	Dr Emma Redfern, Interim Medical Director

1. Report Summary	
The purpose of this report is to update the Board as to the working patterns and challenges faced by Doctors in Training at Weston General Hospital and those who supervise & support them.	
2. Key points to note	
a) 10 F1s attached to medicine were redeployed to the BRI following the outcome of a visit from the GMC / HEE on 7.4.21. As of 30.09.21 those 10 posts will remain at Bristol, two further training posts (IMTs) are being moved to Bristol and 4 are being deployed to different specialties on the Weston site. b) Main outputs from the Weston JDF meetings for the year are included as an attachment c) The Guardian role was filled in November 2020 by JLP. Merging of the Weston Urology Dept with NBT apparently means JLP cannot continue in the post and therefore a new UHBW-employed Guardian will take up post on 01.10.21	
3. Risks	
If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include:	
Potential risks to rota compliance and safe working hours caused by redeployment Risks to recruitment as potential staff aware of current issues regarding redeployment	
4. Advice and Recommendations	
<i>(Support and Board/Committee decisions requested):</i>	
Members of the Trust Board are asked to continue to support both the Guardian role and the role of the Director of Medical Education so that working conditions can continue to be improved – which will in turn improve the trusts reputation and outcomes.	
It has been requested of both the CQC and HEE that any further proposed radical alterations to the junior doctor training structure at Weston such as have been witnessed this year, and however temporary, be implemented with sufficient notice given to senior medical staff and all others involved with junior doctor supervision and rota construction. This to avoid potential catastrophes in rota coverage.	
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 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.

WESTON GUARDIAN OF SAFE WORKING ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

August 2020 – August 2021

Executive summary

This has been a challenging year for Weston, both for the junior doctors and the staff who support and supervise them. Weston General Hospital has seen a number of changes implemented as a result of visits by HEE and the CQC and the effect of these is ongoing and still transitory, with a permanent outcome regarding formal staffing levels of junior doctors at Weston awaited.

Introduction

Following a visit by the GMC / HEE on 7.4.21, 10 F1s attached to medicine were redeployed to the BRI. The vacant positions have been filled by locums. HEE has informed the Trust that, as of 4.08.21 those 10 posts will remain at Bristol, two further training posts (IMTs) are being moved to Bristol and 4 are being deployed to different specialties on the Weston site. Obviously this may have huge implications for rotas. Posts are being filled by locums and for the last two months very few exception reports have been filed by the junior doctors who remain at Weston, which is reassuring.

High Level Data

Number of doctors / dentists in training (total):	59
Number of doctors / dentists in training on 2016 TCS (total):	59
Annual vacancy rate among this staff group:	Unknown

Annual Data Summary / Trainees Within the Trust

See table on next page

Specialty	Grade	Aug 20 - Dec 20	Dec 20 - Apr 21	Apr 21 - Aug 21	Total gaps (average WTE)	Number of shifts uncovered (over the year)	Average no. of shifts uncovered (per week)
Anaesthetics	CT1-2	3	4	2	2		
Emergency Medicine	F2	6	6	6	0		
Emergency Medicine	CT1-2	3	2	3	1		
General Medicine	F1	14	14	5	11		
General Medicine	F2	9	9	10	1		
General Medicine	CT1-2	7	7	7	0		
General Medicine	ST3-8	4	5	5	1		
General Surgery	F1	7	7	7	0		
General Surgery	F2	2	2	2	0		
General Surgery	ST3-8	1	1	1	1		
Obs & Gynae	CT1-2	2	1	2	1		
Paediatrics	CT1-2	1	1	1	0		
T&O	F2	5	5	5	0		
T&O	ST3-8	2	2	2	0		
Urology	ST3-8	0	2	1	1		
Total		66	68	59	19	0	0

Actions taken to resolve issues

Considerable effort was made by Weston staff, including Alison Edwards and others, to recruit locums to fill the gaps left by the redeployment of the F1s in April. This has proved challenging, not just in terms of recruitment but in some doctors who were recruited being ones working in the UK for the first time, meaning they needed extra support at a time when senior staffing levels in the relevant departments was already stressed.

Summary

Weston General Hospital has faced significant challenges this year. While issues of educational supervision are addressed and F1s in the relevant departments remain redeployed, senior staff have coped very admirably indeed with the major upheaval this has caused. It is very much hoped that the supervision issues will be resolved to HEEs satisfaction so that the redeployed F1s can be returned to Weston and enjoy an environment that is safe for them to both work and learn in.

Questions for consideration

While the reasons for the redeployment of junior staff is understood, it has been requested of both the CQC and HEE by the Guardian that any further proposed radical alterations to the junior doctor training structure at Weston such as have been witnessed this year, and however temporary, be

implemented with sufficient notice given to senior medical staff and all others involved with junior doctor supervision and rota construction. This to avoid potential catastrophes in rota coverage.

As an adjunct to the above Members of the Trust Board are asked to continue to support both the Guardian role and the role of the Director of Medical Education so that working conditions can continue to be improved – which will in turn improve the trusts reputation and outcomes.

Appendices

This concludes the formal Guardian Annual Report for Weston. There now follows a brief summary of outcomes from the Junior Doctors' Forum Meetings held since the appointment of the new Guardian of Safe Working:

Appendix One: Junior Doctors' Forum (Main) Outputs for 2020 – 2021 House

The New Weston Guardian of Safe Working took up post in November 2020, therefore summary outputs are from December 2020 onwards.

December 2020

Significant concerns aired at December 2020 meeting regarding medical and surgical rota cover, the main being the juniors felt there was an imbalance between cover on the medical wards, which were perceived to be busier, than the surgical wards. Concern that a single on-call medical registrar has to cover both Blue and non-Blue wards. This situation did improve following a meeting of lead consultants and the implementation of regular weekly meetings to address rota requirements such that this issue was not of as great concern by the January 2021 JDF meeting.

January 2021

New SOP constructed for Interventional Radiology (IR) cases that come into the Day Case unit for procedures.

The account containing the remainder of the Fatigue & Facilities charter money supplied to WGH Doctors' Mess by the BMA has finally been located after it was misplaced during the merger

Mark Price (Digital lead) delivered a talk on completing digital discharge forms, emphasising how to avoid errors that have picked up in the process so far.

February 2021

Weekly rota huddles are taking place and the situation seems much improved since Xmas

Since HEE's visit two weeks ago a number of steps are in the process of being taken following the GMC's advisory letter to the Trust.

March 2021

The CQC visited yesterday and met with JLP. The only issue raised was that some F1s had mentioned that if there were gaps in their rotas they were expected to identify and fill them. Max Rubin (chief registrar) said this is likely an uncommon and mainly weekend issue. Backed this up by juniors present who said no-one named had come forward to claim this was an issue.

Question raised that juniors don't get paid for breaks on locum shifts which can lead them to not wanting to take breaks, which in turn can be a safety issue. There was also the question of if a locum is holding a bleep and wants to take a break who would then hold it.

MR stated that following the CQC visit yesterday the CQC asked for there to be another registrar on the night shift.

April 2021

As everyone is now aware 10 F1s attached to medicine have been moved elsewhere after a visit by HEE. This has left ten vacant posts to be filled. Seven locum doctors have already started with another two due to start next Monday. There are some issues with rota gaps this

weekend and attempts are being made to fill these. After this coming weekend rota problems should hopefully be minimal.

Raed Shakman, General Surgery SpR, has highlighted the difficulties and concerns of overseas doctors with regards to annual leave. Alison Edwards responded that any decision regarding this will need to be Trustwide and needs to be the same for other staffing groups as well as doctors – nurses, radiographers etc – otherwise it would be seen to be unfair. Issue to be raised with HR business partners

May 2021

UHBW HR response to special leave for overseas doctors: “There doesn’t appear to be any push from the other divisions at the moment to change the current Trust guidance on how the quarantine period after overseas travel should be covered. Any offers of special leave would need to be offered fairly across all staff groups and this isn’t something the Trust is in a position to accommodate.”

Kaye Hyde’s response about policy regarding breaks and bleep holding during locum shifts: “The Junior doctor’s contract requires us to pay the contracted junior doctors for their breaks, and they have to take them in line with WTD requirements. With bank shifts this is a different contract, the Trust are not obliged to pay for breaks. The way the shifts are set up on Tempore I believe automatically deducts breaks, Tara can confirm whether this is correct. In terms of who to hand the bleeps to, this would be an department / team responsibility, they would need to ask the Registrars who would be appropriate to hold the bleep I think.”

Katy Richards, Transformation team Improvement Lead gave a presentation about CIP (cost improvement programme), incorporating details of the structure of the Transformation team and improvement leads.

June 2021

A video has been forward to JLP from the Elective Directorate of a mouse in the kitchen part of the doctors’ mess. Estates has been contacted. JLP spoke to them and apparently this has been an intermittently recurring problem over the years and is no doubt due to food being left out. The junior doctors were gently reminded that leaving food out and the doors to the outside open in warm weather in a hospital that is essentially rural will result in this sort of problem and that it is an much (if not more) the fault of the juniors rather than the local murine population.

July 2021

JLP has received a request for a new TV for the mess to be paid for out of the BMA F&F charter money. Progress is being made on accessing the funds for this.

The exterminators have assured JLP that the mess is now mouse and rat free. Juniors urged to be vigilant.

There has been some confusion as to who pays for the mess water cooler. Apparently this was provided by charitable sources to the entirety of the hospital but this funding source has now dried up. It may therefore be that in the future to keep the water cooler in the mess replenished it will have to come out of mess funds.

John L Probert as Weston Guardian of Safe Working September 2021

Meeting of the Board of Directors on 30 September 2021

Reporting Committee	Finance and Digital Committee
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information
<p><u>Digital</u></p> <p>The Committee received an updated Digital Services Report to the meeting which highlighted that further clinical areas (Gynaecology) had moved to electronic noting with significant reductions in the use of paper, though implementation in the Children’s Emergency Department had been delayed due to operational pressures.</p> <p>Department activity and customer service remained impacted by continued staff shortages in the network team as a result of long term sickness and sustained increased workload for the team. Incident themes and SPORT reports (Successes, Priorities, Opportunities, Risks and Threats) were noted, showing that a high level of activity had been sustained across all teams, with the Network, Support Services and Operational Teams continuing to work under particular pressure.</p> <p>Non-Executive Directors challenged whether the scheduling for electronic prescribing system (ePMA) implementation was appropriate and articulated the journey ahead or whether too much was being attempted at once. This resulted in reflections on the constraints caused by capacity. It was agreed that a substantive item on EPMA would be received by the next Committee.</p> <p>The Committee also received an update on the Digital Services Strategy, and while the Committee supported its intentions, concerns were raised regarding the possibility of an understatement of resource requirements and the digital skills of staff. It was agreed that the Strategy would return to the Committee in November, and then progress onto Trust Board.</p> <p><u>Finance</u></p> <p>The Committee received the finance report and it was noted that a net surplus of £0.606m was being reported against a plan of break-even at the end of month 5.. The Committee acknowledged the scale of cost improvement programme challenge that faced the Trust and the importance of delivering as much as possible on a recurrent basis.</p> <p>The Committee was kept updated on the Capital Programme through reporting of the minutes of the recent Capital Programme Steering Group,</p> <p>The Deputy Director of Finance updated the Committee on recovery of Trust Payment Performance Information, highlighting that NHSEngland/Improvement (NHSE/I) had increased their focus on monitoring creditor payment performance against the Better Payment Practice Code (BPPC). An improvement plan was shared with the Committee.</p>

For Board Awareness, Action or Response	
<p>In terms of the System, an update was received by the Committee on the medium term financial plan refresh. A paper previously shared with the Healthier Together Executive Group was relayed to the Committee and sought to provide the medium term financial context to enable a clear financial direction to be given to system partners and to ensure that system partners did not inadvertently further deteriorate the financial position of the system, thereby making the challenge of achieving financial sustainability of the system harder.</p> <p>The Committee received a Managed Services Equipment Business Case for approval. This business case was endorsed and would be escalated to the Trust's Board meeting in private for approval (due to the commercially sensitive nature).</p> <p>The Committee also received an outline business case to deliver additional adult general ward beds for the Trust. The Committee endorsed the approval of the outline business case as well as its progression to a full business case. This would be escalated to the Trust's Board meeting in public for approval.</p>	
Key Decisions and Actions	
No key decisions or actions to report.	
Additional Chair Comments	
Date of next meeting:	26 November 2021

Meeting of the Board of Directors in Public on Thursday 30 September 2021

Report Title	Trust Finance Performance Report
Report Author	Jeremy Spearing, Deputy Director of Finance
Executive Lead	Neil Kemsley, Director of Finance and Information

1. Report Summary	
The purpose of this report is to inform the Board of the financial position of the Trust for the period 1st April 2021 to 31 st August 2021.	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The Trust's year to date net income and expenditure performance, excluding technical items, is a net surplus of £606k compared with a plan of break-even. The overall position continues to be driven by slower than planned pick up in costs linked to the Trust's approved 2021/22 investments and elective recovery offset by the shortfall in savings delivery to date.</p> <p>The Trust has delivered savings of £3,512k to date or 60% the plan to date.</p> <p>The Trust has invested capital of £24,032k to date.</p> <p>The Trust's cash balance was £161,901k as at 31st August 2021.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
<p>The risks associated with this report include the following strategic financial risks. Although the following items are not expected to have an impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate:</p> <ul style="list-style-type: none"> • The Trust and BNSSG STP/system underlying financial deficit going into 2022/23 – completed; • Agreeing an STP approach to future financial targets given UHBW's need to service past borrowing - pending; • Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – in-hand; and • Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime – pending. 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Information. 	
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 & Digital Committee	28th September 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

Trust Finance Performance Report

Reporting Month: August 2021

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Reporting Month: August 2021

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The Finance Performance Report replaces the Finance Director's Report. It considers best practice in presenting a transparent account of the Trust's current financial position and will shift the emphasis into future performance over the coming months as we develop the report. To ensure the report contains all of the relevant information necessary for the Finance & Digital Committee to understand the Trust's financial performance, the report will undergo periodic review at each quarter end. Actions to drive improved performance are detailed in Appendix 1.

Reporting Month: August 2021

YTD Income & Expenditure Position

- Net I&E surplus of £606k against a plan of break-even (excluding technical items).
- Total operating income is £168k favourable to plan due to higher than planned income from patient care activities of £5,161k (ERF and high cost drug over-performance), offset by lower than planned other operating income of £4,993k (relating to grant income).
- Operating expenses are £4,427k adverse to plan, an increase of £2,619k on last month primarily due to additional bank costs of £2,447k in August as a result of the system approved enhanced pay rates to secure additional workforce supply.

Key Financial Issues

- The Trust's financial position includes estimated ERF income and matching costs of £9,056k pending a system decision regarding the allocation of ERF at quarter 2. The Trust did not earn ERF in August due to challenges with bed availability impacting on elective activity delivery.
- Savings delivery of £3,512k or 60% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £5,904k. Although this will impact on the Trust's financial performance against plan it is not expected to lead to non-delivery of the break-even financial plan overall.

Strategic Risks

- Although the following items are not expected to have an impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate:
- The Trust and BNSSG STP/system underlying financial deficit going into 2022/23 – completed;
 - Agreeing an STP approach to future financial targets given UHBW's need to service past borrowing - pending;
 - Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – in-hand; and
 - Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime – pending.

Reporting Month: August 2021

Successes	Priorities
<ul style="list-style-type: none"> • Recovery of elective activity delivery beyond the thresholds set by NHSEI of 70% in April, 75% in May and 80% in June. • Delivery of ERF income in quarter 1 of £9,056k, £2,325k ahead of plan to date. • Divisions are operating with immaterial variances to budget at no more than 2% following the reset of budgets. • Delivery of capital investment of £24,032k in the period 1st April 2021 to 31st August 2021. 	<ul style="list-style-type: none"> • Working with system partners, the Trust must urgently develop a short and medium term workforce strategy with a focus on retention and recruitment. • The Bristol Heart Institute (BHI) Ward Beds Outline Business Case to increase adult inpatient bed capacity is seeking Trust Board approval this month. • The Trust and system partners will complete the system prioritisation of the system CDEL compliant five year capital plan in September ready for Healthier Together Executive Group approval on 7th October 2021 and subsequent submission to NHSEI on 15th October 2021. • The Trust will need to understand the implications of the 2021/22 H2 financial regime and the impact upon the Trust's 2021/22 annual plan to break-even.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • The Trust/system position in 2021/22 may allow for some non-recurrent flexibility that could help set stronger operational and financial foundations for 2022/23. • Significant opportunity to align the productivity improvements being driven by the Accelerator Programme and the Restoration Oversight Group. 	<ul style="list-style-type: none"> • Workforce supply challenges to fill existing and new vacant posts continues to impact on the Trust's ability to meet emergency demand. • Workforce availability and system challenges with patient flow continue to undermine elective activity recovery plans. • Continuing use of enhanced/premium pay rates plus expensive (Tier 4) agency staffing may have a material adverse impact on the achievement of Trust's break-even financial plan. • CDEL and the underlying revenue financial position of the system will constrain the Trust's strategic capital plans over the next five years.

Financial Performance – Income & Expenditure



University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

Trust Year to Date Financial Position

	Month 5			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	75,925	77,403	1,477	378,798	383,959	5,161
Other Operating Income	11,606	10,997	(609)	57,411	52,418	(4,993)
Total Operating Income	87,531	88,400	869	436,209	436,377	168
Employee Expenses	(47,831)	(50,352)	(2,521)	(239,158)	(239,982)	(825)
Other Operating Expenses	(34,565)	(34,506)	59	(166,752)	(169,984)	(3,232)
Depreciation (owned & leased)	(1,079)	(1,236)	(157)	(10,939)	(11,309)	(370)
Total Operating Expenditure	(83,475)	(86,094)	(2,619)	(416,848)	(421,275)	(4,427)
PDC	(1,072)	(1,072)		(5,358)	(5,358)	0
Interest Payable	(191)	(166)	25	(952)	(890)	62
Interest Receivable	0	0	0	0	0	0
Other Gains/(Losses)	0	0	0	0	(12)	(12)
Net Surplus/(Deficit) inc technicals	2,793	1,068	(1,725)	13,051	8,842	(4,208)
Remove Capital Donations, Grants & donated asset depreciation	(2,794)	(1,081)	1,713	(13,051)	(8,238)	4,813
Net Surplus/(Deficit) exc technicals	(1)	(13)	(12)	(0)	606	606

Key Facts:

- The YTD net surplus is £606k (£617k last month) compared with the planned breakeven position.
- YTD pay expenditure is £2,950k higher in August and is now adverse to plan at £825k.
- Agency usage reduced by £319k in month but was offset by a significant increase in bank costs (up £2,447k or 118% to £4,517k YTD) as a result of the enhanced pay rates approved by the system. YTD agency expenditure is £12,084k, 5% of total pay costs.
- Elective inpatient and outpatient activity decreased in August by 13% and 6% respectively compared with July, whilst day case activity increased by 3%. Non-elective activity decreased from July. ED attendances reduced by 5%, emergency in-patients by 3% and non-elective inpatients is down 6%.
- Other operating income is adverse to plan by £4,993k YTD primarily due to reduced grant income relating to the Salix project.
- CIP achievement is 60%. £3,512k has been achieved against a target of £5,864k.
- Additional costs of Covid-19 are £4,712k YTD at the end of August, with an increase in month to £1,078k from £767k in July.

Actual Financial Position – Clinical Activity Volumes



University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

Accident & Emergency



Emergency Inpatients



Non-Elective Inpatients



Key Points

- We use calendar days to calculate the volume per day for non-elective points of delivery.
- Accident and emergency attendances per day were 5% lower in August compared with July. The position by hospital site is very different. This is demonstrated in Appendix 2.
- Emergency inpatient spells have remained fairly static over recent months.
- Non-elective inpatient spells per day were 6% lower in August compared with July. Non-elective inpatients included maternity and non-emergency transfers.

Year To Date Volume

Board POD	Total Volume Per Day	Total Volume Per Day 2YAgo	Total Planned Volume Per Day	Total Volume Per Day CY/Plan %	Total Volume Per Day CY/2YAgo %
Accident & Emergency	2,665	2,695	2,631	101%	99%
Emergency Inpatients	748	845	816	92%	89%
Non-Elective Inpatients	313	285	291	107%	110%

Current Month Volume

Board POD	Total Volume Per Day	Total Volume Per Day 2YAgo	Total Planned Volume Per Day	Total Volume Per Day CY/Plan %	Total Volume Per Day CY/2YAgo %
Accident & Emergency	518	515	525	99%	101%
Emergency Inpatients	144	160	158	91%	90%
Non-Elective Inpatients	63	55	58	108%	114%

Actual Financial Position – Clinical Activity Volumes



University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

Day Cases



Elective Inpatients



Outpatients



Key Points

- We use working days to calculate the volume per day for elective points of delivery.
- Day cases per day were 3% higher in August compared with July. However, elective inpatients and outpatient attendances per day were 13% and 6% lower, respectively.
- In general, elective volumes have fallen during quarter 2 following good progress in quarter 1. Elective inpatient volumes per day to date are only 76% compared with the same period two years ago. This comes at a time when we would have expected to increase our elective activity in line with the accelerator programme.

Year To Date Volume

Board POD	Total Volume Per Day	Total Volume Per Day 2Yago	Total Planned Volume Per Day	Total Volume Per Day CY/Plan %	Total Volume Per Day CY/2Yago %
Day Cases	1,379	1,501	1,442	96%	92%
Elective Inpatients	223	293	247	90%	76%
Outpatients	16,116	17,108	15,355	105%	94%

Current Month Volume

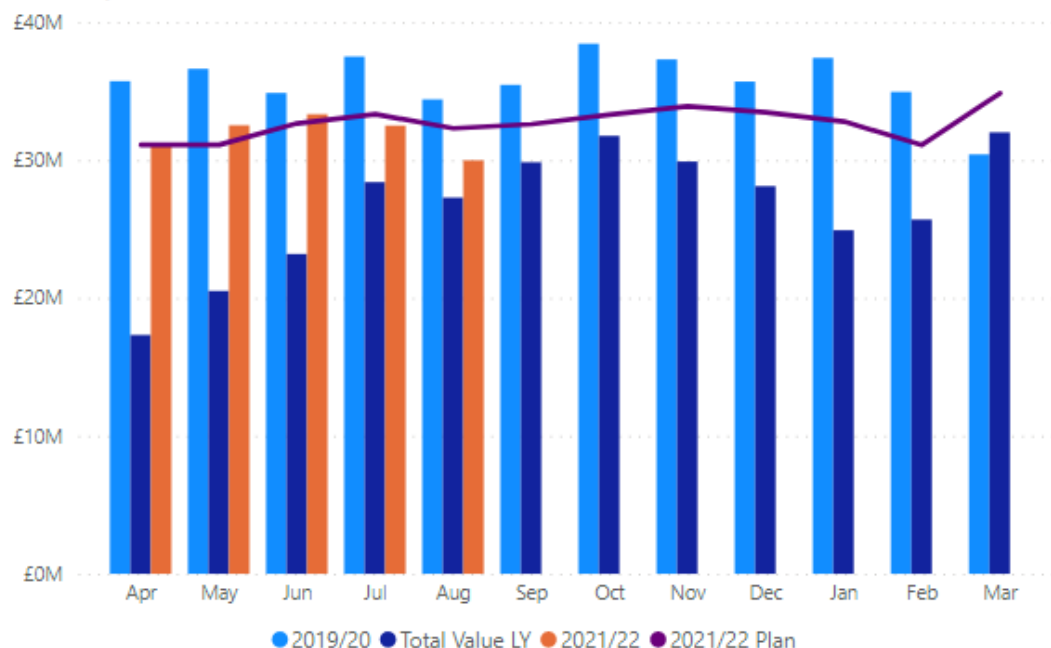
Board POD	Total Volume Per Day	Total Volume Per Day 2Yago	Total Planned Volume Per Day	Total Volume Per Day CY/Plan %	Total Volume Per Day CY/2Yago %
Day Cases	271	286	286	95%	95%
Elective Inpatients	39	57	51	76%	69%
Outpatients	2,919	3,162	3,057	95%	92%

Actual Financial Position – Clinical Income



August 2021

Value By Financial Month And Financial Year



Key Points

- Payment by results has been suspended during the pandemic. To give a sense of casemix we have valued the activity we have delivered using the national tariffs.
- The value of activity for the main points of delivery in August was £30.0m compared with £31.5m in July.
- The value of elective activity (inpatients spells, day cases and outpatients) in August was £13.3m compared with £14.6m in July.
- The value of non-elective activity (emergency inpatients and accident and emergency attendances) in August was £16.7m compared to £17.9m in July.

Year To Date Value

Board POD	Total Value (£'000)	Total Value 2YAgO (£'000)	Total Planned Value (£'000)	Total Value CY/2YAgO %	Total Value CY/Plan %
Accident & Emergency	13,494	13,701	13,293	98%	102%
Day Cases	18,542	21,291	18,975	87%	98%
Elective Inpatients	21,208	26,200	21,393	81%	99%
Emergency Inpatients	58,181	61,774	58,425	94%	100%
Non-Elective Inpatients	15,179	16,030	15,107	95%	100%
Outpatients	32,871	40,123	33,305	82%	99%
Total	159,475	179,119	160,498	89%	99%

Current Month Value

Board POD	Total Value (£'000)	Total Value 2YAgO (£'000)	Total Planned Value (£'000)	Total Value CY/2YAgO %	Total Value CY/Plan %
Accident & Emergency	2,637	2,655	2,685	99%	98%
Day Cases	3,611	4,118	3,823	88%	94%
Elective Inpatients	3,629	4,974	4,672	73%	78%
Emergency Inpatients	11,147	11,841	11,446	94%	97%
Non-Elective Inpatients	2,880	3,368	2,984	86%	97%
Outpatients	6,081	7,446	6,689	82%	91%
Total	29,983	34,402	32,300	87%	93%

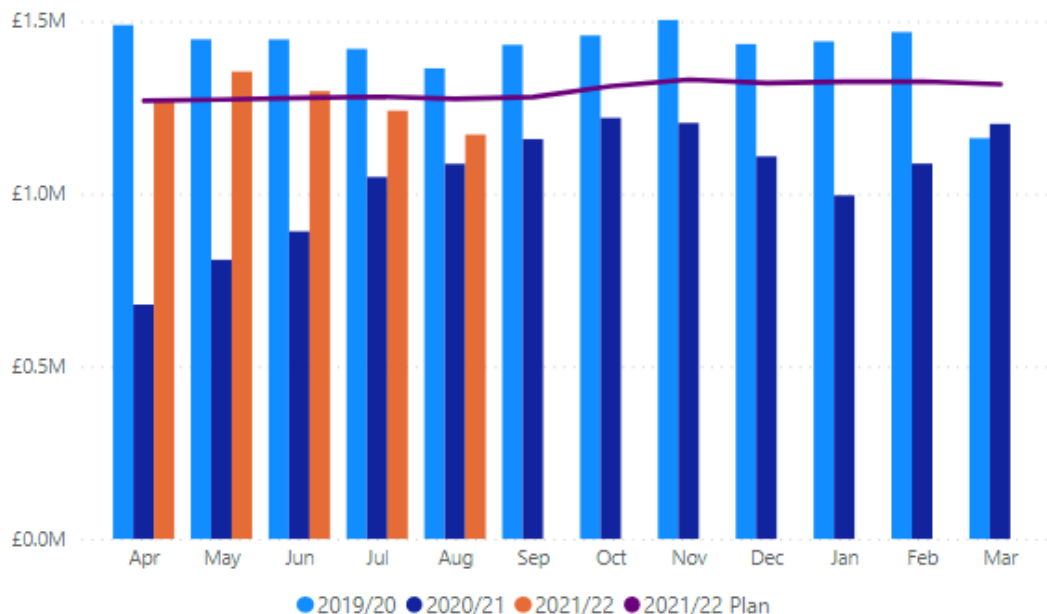
Actual Financial Position – Clinical Income



University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

Value Per Day By Financial Month And Financial Year



Key Points

- The value of elective activity per working day in August was 4% lower than July.
- The value of emergency activity per working day in August was 7% lower than July.
- Feedback from Divisions suggests that elective activity was relatively low because of capacity constraints. High staff absence, due to sickness and isolation, has been cited as a key factor, as has high levels of emergency outliers. There are also significant difficulties discharging patients into community bed provision.
- It is expected that these factors will also continue to affect September's elective performance.

Year To Date Value

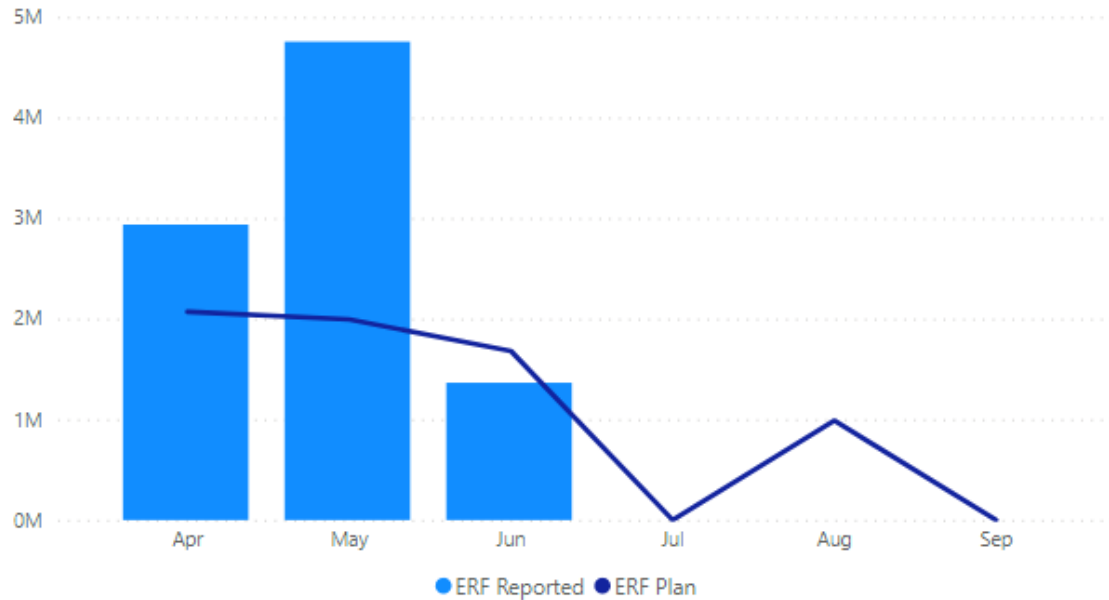
board_pod	Total Value Per Day (£'000)	Total Value Per Day 2YAg0 (£'000)	Total Planned Value Per Day (£'000)	Total Value Per Day CY/2YAg0 %	Total Value Per Day CY/Plan %
Accident & Emergency	441	448	434	98%	102%
Day Cases	894	1,015	912	88%	98%
Elective Inpatients	1,025	1,250	1,027	82%	100%
Emergency Inpatients	1,902	2,019	1,909	94%	100%
Non-Elective Inpatients	496	524	494	95%	100%
Outpatients	1,583	1,912	1,601	83%	99%
Total	6,341	7,168	6,378	88%	99%

Current Month Value

Board POD	Total Value Per Day (£'000)	Total Value Per Day 2YAg0 (£'000)	Total Planned Value Per Day (£'000)	Total Value Per Day CY/2YAg0 %	Total Value Per Day CY/Plan %
Accident & Emergency	85	86	87	99%	98%
Day Cases	172	196	182	88%	94%
Elective Inpatients	173	237	222	73%	78%
Emergency Inpatients	360	382	369	94%	97%
Non-Elective Inpatients	93	109	96	86%	97%
Outpatients	290	355	319	82%	91%
Total	1,172	1,364	1,275	86%	92%

Actual Financial Position – Clinical Income

August 2021



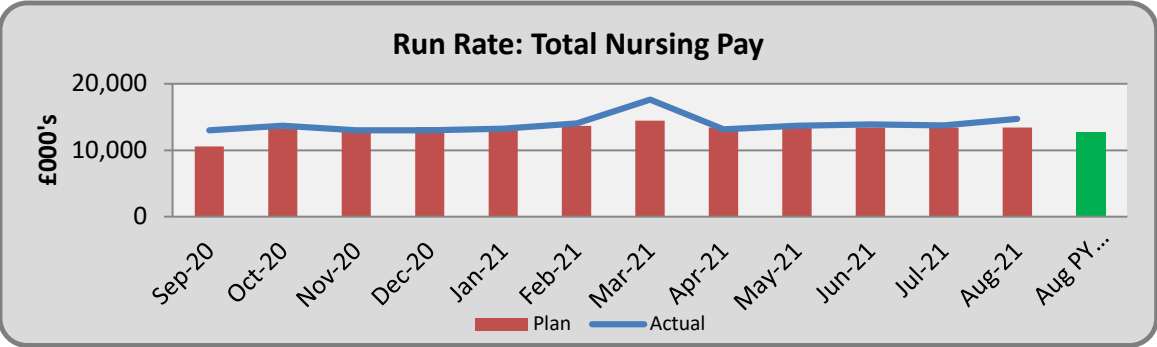
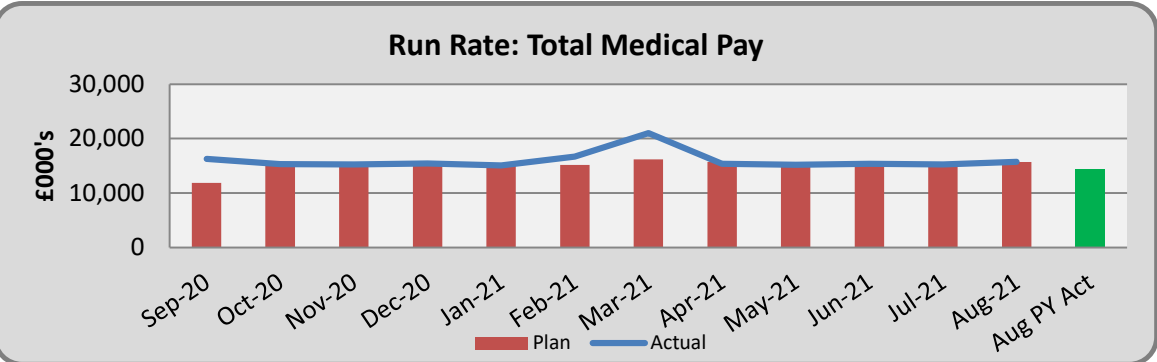
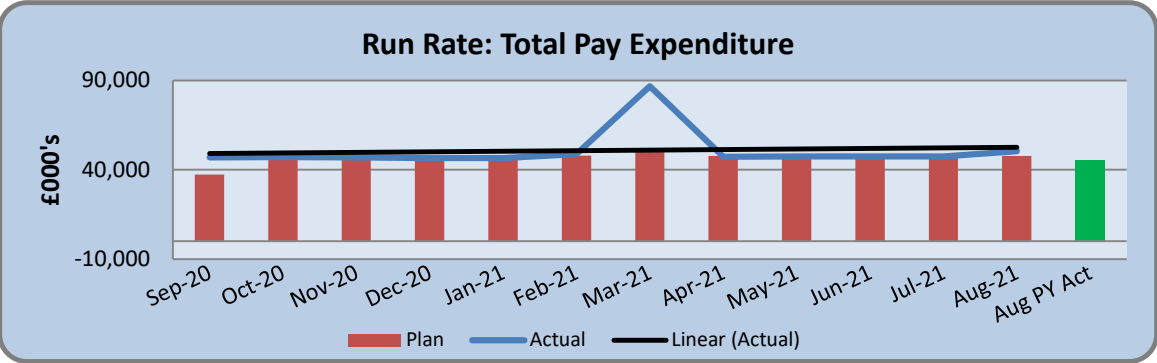
Month	Lower Threshold	Upper Threshold	Plan (£'000)	Estimate, Based on SLAM (£'000)	Actual, Based on SUS (£'000)	Reported, Based on SUS/SLAM (£'000)
April	70%	85%	2,071	2,800	2,937	2,937
May	75%	85%	1,995	4,263	4,755	4,755
June	80%	85%	1,679	1,365		1,365
July	95%	100%	0	0		0
August	95%	100%	987	0		0
September	95%	100%	0			
Total	85%	93%	6,731	8,428	7,691	9,056

Key Points

- The thresholds for earning ERF have increased to 95% of 19/20 activity, from 1 July. ERF will be paid at 100% above the 95% threshold and 120% above the 120% threshold.
- In August, the low elective activity volumes means the Trust earned nil ERF compared with the plan of £987k.
- The Trust's ERF earnings are £9,056k for the YTD position, £2,325k ahead of plan.
- NHSE\I have now calculated the May's ERF payment to the system. This was higher than the Trust's estimate, hence the increase from last months reported ERF of £8,659k. The detail accounting for the increase is being worked through with NHSEI.

Financial Performance – Workforce Expenditure

August 2021



Key Points:

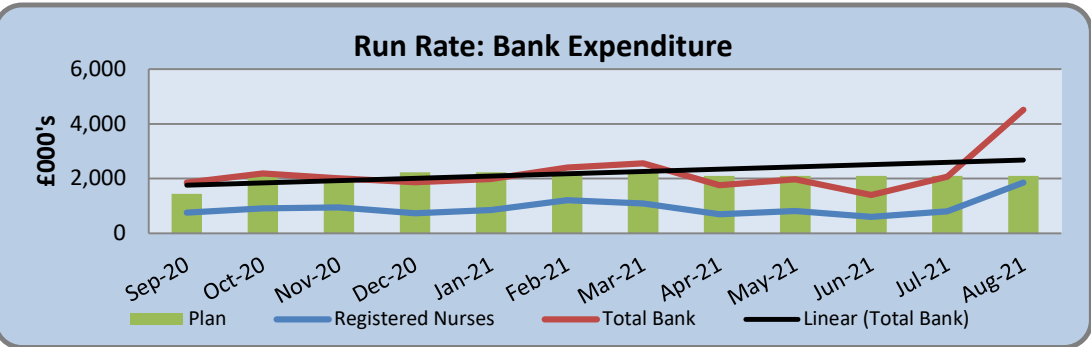
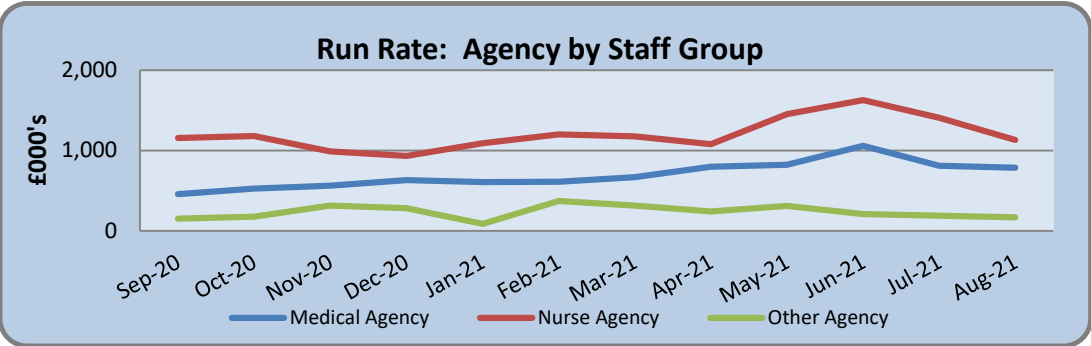
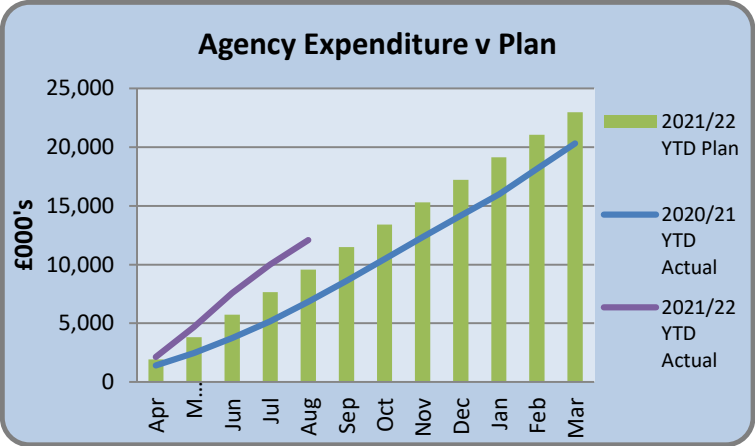
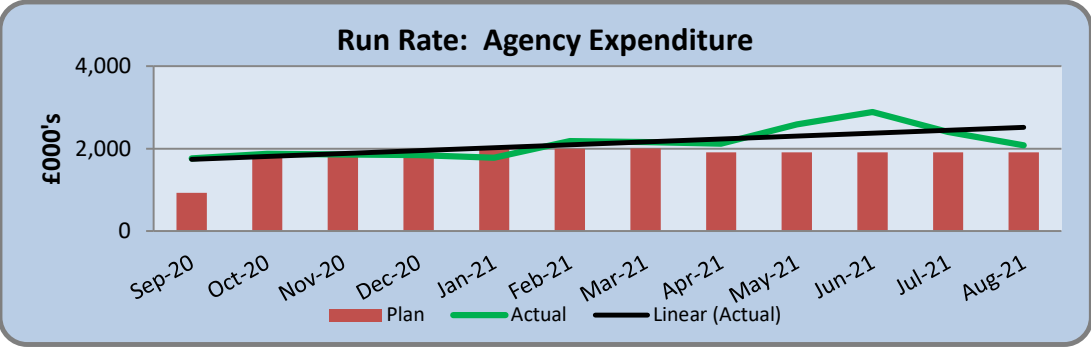
- Total pay expenditure in August is £50,352k, £2,521k adverse to plan, a deterioration from the previous month (£430k favourable).
- Pay costs increased by £2,950k in August largely due to the enhanced bank pay rates agreed by the system for 5 weeks, ending in August, in support of operational pressures.
- YTD pay expenditure is £825k adverse to plan, a movement from £1,697k favourable in July.
- Agency expenditure in August was £2,084k compared with £2,404k in July and £2,891k in June. Nursing and Medical agency spend decreased in the month as a result of the enhanced payments offered for bank shifts.
- Bank expenditure is £4,517k in August, £2,447k higher than July.

Recovery Actions:

- The Trust will need to ensure that extending its recruitment campaign of overseas nurses is delivered alongside retention initiatives.
- The Trust will evaluate the success of the enhanced rates initiative upon workforce supply in terms of improved quality, safety, and value for money as evidence to support or otherwise further enhanced pay schemes. Given the scale of the cost this needs to be addressed with urgency.

Financial Performance – Bank & Agency

August 2021

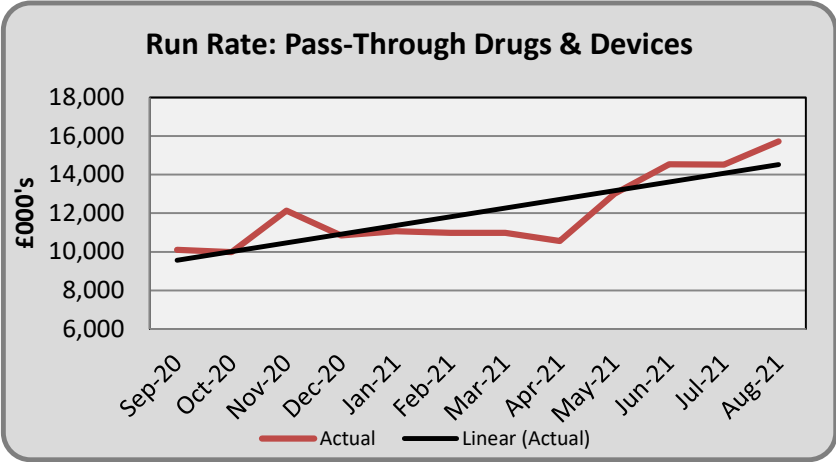
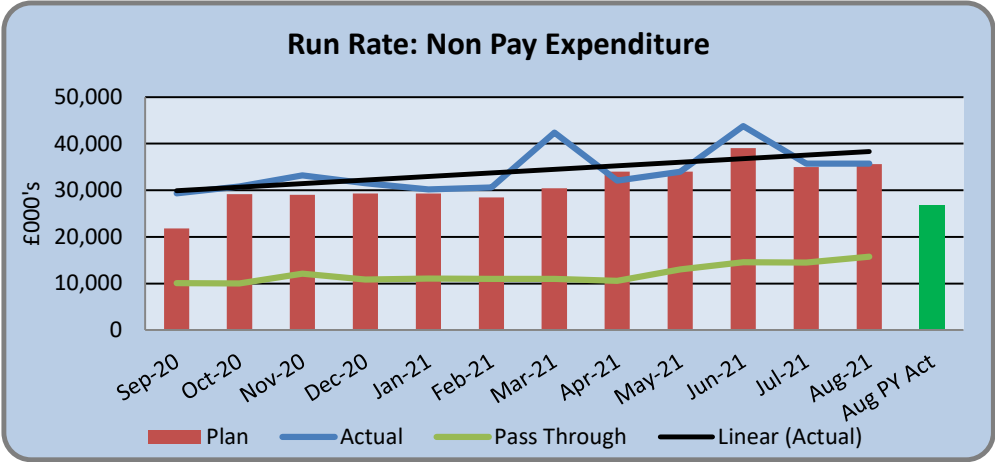


Key Points:

- Agency expenditure for August was £2,084k, £170k higher than plan and a reduction of £320k from July.
- YTD agency expenditure exceeds plan by £2,515k.
- Agency usage continues to be driven by vacancies across nursing and medical staffing. Sickness and the use of mental health nurses are also key drivers.
- Nurse agency shifts decreased by 548 or 19% compared with July. Tier 4 shifts have fallen by 18%.
- Medical agency spend has decreased by £23k to £787k in August.
- Bank costs increased in August by £2,447k to £4,517k, driven by the enhanced rates of pay and a 28% increase in hours compared with July.
- See Appendix 3 and 4 for further details on agency usage.

Financial Performance – Non Pay Expenditure

August 2021



Top 5 Favourable Variances	CURRENT YEAR			PRIOR YEAR		
	YTD Plan (£000's)	YTD Expenditure (£000's)	Variance (£000's)	YTD Plan (£000's)	YTD Expenditure (£000's)	Variance (£000's)
Clinical Supplies and services	36,925	33,279	3,646	32,662	25,671	(6,991)
Transport	2,031	1,256	775	1,250	1,469	219
Purchase of healthcare from non-NHS bodies	4,278	3,745	533	2,295	2,306	11
Establishment	7,065	6,673	392	4,245	6,103	1,858
Education and training - non-staff	1,450	1,140	310	1,730	654	(1,076)
Total	51,749	46,094	5,655	42,182	36,203	5,979

Top 5 Adverse Variances	CURRENT YEAR			PRIOR YEAR		
	YTD Plan (£000's)	YTD Expenditure (£000's)	Variance (£000's)	YTD Plan (£000's)	YTD Expenditure (£000's)	Variance (£000's)
Drugs	62,029	68,150	(6,121)	45,365	44,925	(440)
Operating lease expenditure	2,784	3,081	(297)	3,180	3,146	(34)
Purchase of healthcare from NHS bodies	4,148	4,419	(271)	7,380	2,965	(4,415)
Consultancy	174	311	(137)	370	302	(68)
Premises - other	5,495	5,534	(39)	7,765	6,171	(1,594)
Total	74,629	81,495	6,865	64,060	57,509	(6,551)

Key Points:

- YTD non-pay expenditure of £169,948k is £3,232k or c2% higher than plan. This is primarily due to the shortfall in savings delivery and expected costs associated with ERF.
- The run rate of pass-through drugs and devices has increased in August with three patients being treated with Zolgensma in August compared with one patient in July.
- Clinical supplies and services is £3,646k favourable to plan and reflects lower than planned elective activity levels.

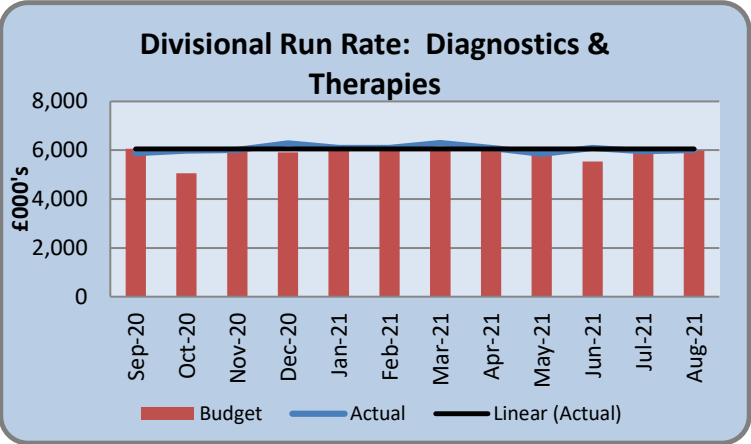
Recovery Actions:

- Assessment of costs associated with the delivery of ERF income will be completed in Q2 in line with system timescales.

Financial Performance – Divisional Position

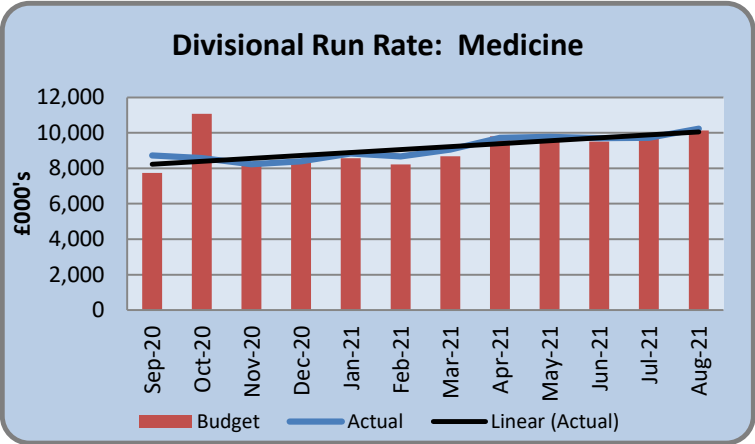
August 2021

	Diagnostics & Therapies		
	Plan	Actual	Variance
	£000's	£000's	Favourable /(Adverse) £000's
Activity Based Income SLA	61	59	(2)
Other Activity Based Income	26	36	10
Other Operating Income	1,909	2,176	267
Total Operating Income	1,996	2,271	275
Nursing and Midwifery	(570)	(556)	14
Medical Staff - Consultants	(2,312)	(2,279)	33
Medical Staff - Others	(432)	(529)	(97)
Other Clinical Staff	(17,709)	(17,728)	(19)
Non Clinical Staff	(1,870)	(1,864)	6
Other Pay	(58)	0	58
Total Employee Expenses	(22,951)	(22,956)	(5)
Drugs	(2,552)	(2,894)	(342)
Clinical Supplies	(3,956)	(4,086)	(130)
Support Funding	0	0	0
Other Non Pay	(2,053)	(2,315)	(262)
Total Other Operating Expenses	(8,561)	(9,295)	(734)
Net Surplus/(Deficit)	(29,516)	(29,980)	(464)



Diagnostics & Therapies:

- Adverse variance £464k year to date.
- Favourable variance on income from operations due to increased commercial trial income, clinical engineering income and additional income in radio pharmacy supporting other trusts.
- Adverse variance on drugs due to high tech homecare previously pass through.
- Adverse variance on cell path recharges due to higher than planned activity, also increased haematology activity driven and increased PHE costs £130k.



Medicine:

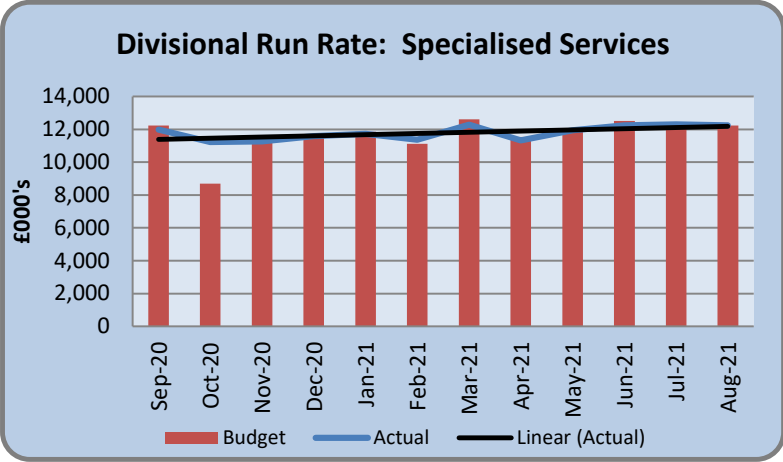
- Adverse variance £183k year to date.
- Savings programme shortfall of £242k.
- Adverse variance on medical staff of £752k mainly due to Weston F1 pressures and premium payments for medical Consultants including support for outlier patients.
- Favourable variance on other clinical staff due to vacancies, particularly Physicians associates.
- Favourable variance on non-pay due to lower than planned sleep devices expenditure and non pass through drugs.
- Increasing run rate trend on nursing as Covid costs are now charged to Divisions.
- Increased pay run rate in month due to the increased temporary pay rates for bank staff in August particularly relating to nursing staff.

	Medicine		
	Plan	Actual	Variance
	£000's	£000's	Favourable /(Adverse) £000's
Activity Based Income SLA	967	924	(43)
Other Activity Based Income	8	9	1
Other Operating Income	797	795	(2)
Total Operating Income	1,772	1,728	(44)
Nursing and Midwifery	(16,034)	(16,191)	(157)
Medical Staff - Consultants	(5,671)	(5,953)	(282)
Medical Staff - Others	(4,814)	(5,284)	(470)
Other Clinical Staff	(933)	(803)	130
Non Clinical Staff	(2,882)	(3,009)	(127)
Other Pay	0	0	0
Total Employee Expenses	(30,334)	(31,240)	(906)
Drugs	(14,670)	(14,413)	257
Clinical Supplies	(2,764)	(1,899)	865
Support Funding	0	0	0
Other Non Pay	(2,986)	(3,341)	(355)
Total Other Operating Expenses	(20,420)	(19,653)	767
Net Surplus/(Deficit)	(48,982)	(49,165)	(183)

Financial Performance – Divisional Position

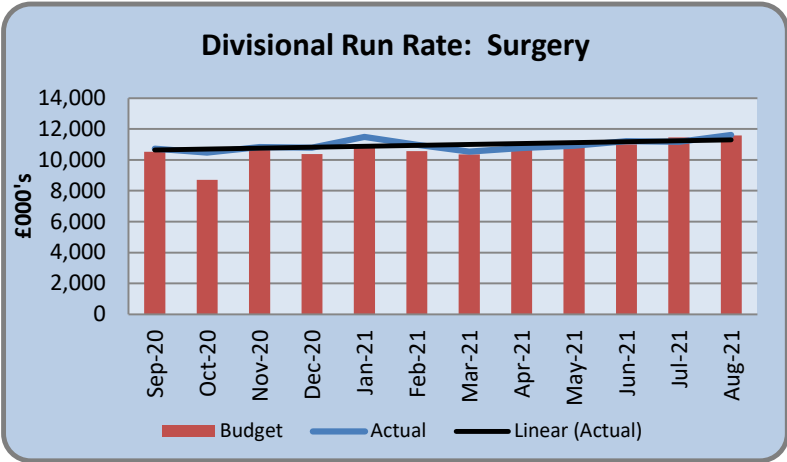
August 2021

	Specialised Services		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	1,371	1,371	0
Other Activity Based Income	481	147	(334)
Other Operating Income	1,224	1,365	141
Total Operating Income	3,076	2,883	(193)
Nursing and Midwifery	(10,840)	(11,232)	(392)
Medical Staff - Consultants	(6,121)	(5,963)	158
Medical Staff - Others	(3,392)	(3,454)	(62)
Other Clinical Staff	(3,100)	(3,131)	(31)
Non Clinical Staff	(2,612)	(2,542)	70
Other Pay	0	0	0
Total Employee Expenses	(26,065)	(26,322)	(257)
Drugs	(20,109)	(20,122)	(13)
Clinical Supplies	(10,176)	(9,676)	500
Support Funding	0	0	0
Other Non Pay	(7,336)	(6,809)	527
Total Other Operating Expenses	(37,621)	(36,607)	1,014
Net Surplus/(Deficit)	(60,610)	(60,046)	564



Specialised Services:

- Favourable variance to date £564k.
- Significant favourable variance on clinical supplies, partly due to lower levels of activity this year compared with 2019/20 which continued in August.
- Adverse variance on other activity related income due to lower than planned private and overseas income.
- Nursing run rate increasing as new ward beds have opened and impact of temporary increased pay rates in August for bank staff.
- Non pay run rate variable due to variability of pass through blood, drug and devices expenditure.



Surgery:

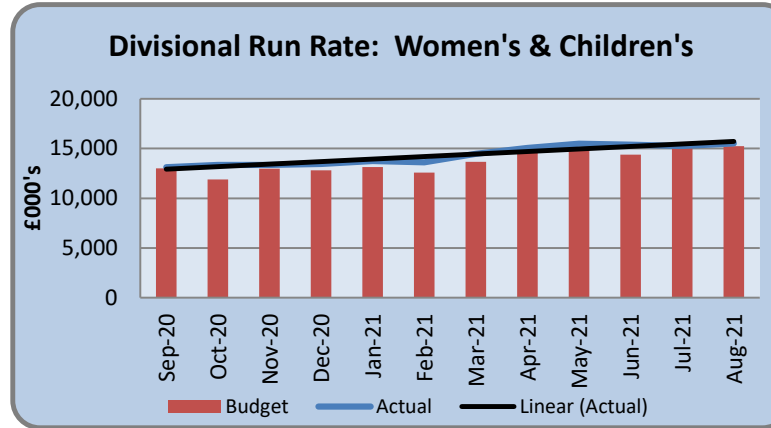
- Favourable variance to date £494k.
- Shortfall on savings programme to date of £695k.
- Adverse variance on operating income including lower BEH research activity and also recharges.
- Pay favourable due to vacancies and delay in recruitment to developments.
- Nursing run rate increasing over 2020/21 as ITU expansion now charged to the Division. High levels of vacancies being filled by agency staff and high levels of 1-1 care. Also impact of increased bank pay rates in August.
- Non pay run rate increasing and above 2020/21 rates as activity increases. However, elective activity is down in July and August compared to the earlier months of the year.

	Surgery		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	17	(48)	(65)
Other Activity Based Income	25	30	5
Other Operating Income	1,542	1,123	(420)
Total Operating Income	1,585	1,105	(479)
Nursing and Midwifery	(14,459)	(14,452)	7
Medical Staff - Consultants	(10,091)	(10,081)	10
Medical Staff - Others	(8,213)	(8,096)	117
Other Clinical Staff	(4,838)	(4,334)	504
Non Clinical Staff	(5,144)	(4,916)	228
Other Pay	15	0	(15)
Total Employee Expenses	(42,729)	(41,878)	851
Drugs	(5,406)	(5,559)	(153)
Clinical Supplies	(7,127)	(6,317)	810
Support Funding	0	0	0
Other Non Pay	(2,533)	(3,069)	(535)
Total Other Operating Expenses	(15,066)	(14,945)	122
Net Surplus/(Deficit)	(56,211)	(55,717)	494

Financial Performance – Divisional Position

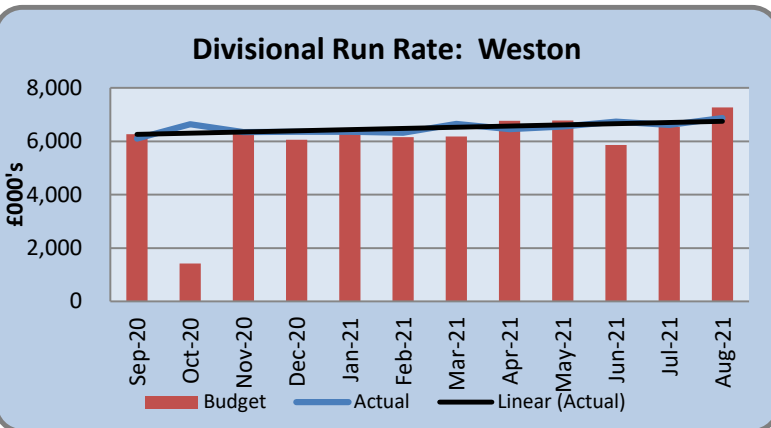
August 2021

Women's & Children's			
	Plan	Actual	Variance
	£000's	£000's	Favourable / (Adverse) £000's
Activity Based Income SLA	3,003	3,079	76
Other Activity Based Income	0	0	0
Other Operating Income	2,254	1,842	(412)
Total Operating Income	5,257	4,921	(336)
Nursing and Midwifery	(24,179)	(24,703)	(524)
Medical Staff - Consultants	(13,160)	(12,569)	591
Medical Staff - Others	(7,562)	(8,267)	(705)
Other Clinical Staff	(3,705)	(3,864)	(159)
Non Clinical Staff	(3,631)	(3,605)	26
Other Pay	364	0	(364)
Total Employee Expenses	(51,873)	(53,008)	(1,135)
Drugs	(19,261)	(19,435)	(174)
Clinical Supplies	(5,203)	(5,041)	162
Support Funding			0
Other Non Pay	(4,139)	(4,150)	(11)
Total Other Operating Expenses	(28,603)	(28,626)	(23)
Net Surplus/(Deficit)	(75,219)	(76,713)	(1,494)



Women's & Children's:

- Adverse variance of £1,494k, an in month deterioration of £400k caused mainly by increased bank pay rates.
- Income adverse £336k including reduced research income.
- Savings programme shortfall £359k.
- Significant pay overspend for nursing including in PICU and ED with high levels of RMN expenditure support to mental health patients. Adverse variance in month of £161k due to temporary increased bank rates.
- Pay run rate had been consistent over past four months but is significantly higher than in the early months of 2020/21 and 2019/20.
- Non pay run rate variable and affected by number of Zolgensma patients.



Weston:

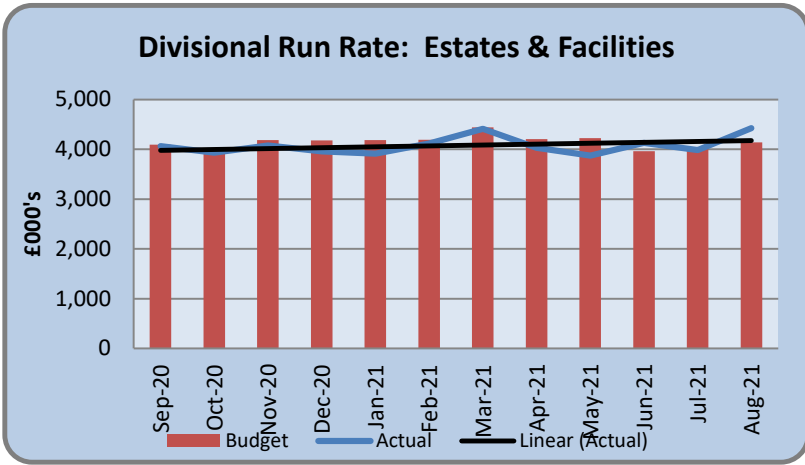
- Adverse variance to date of £31k, an improvement of £413k from month 4. This is mainly due to an adjustment to the Division's savings target for merger mitigations which has been reduced by £1.5 million (full year). This target has been transferred to corporate services.
- Shortfall on savings programme to date of £478k including the target reduction.
- Significant pressure on other medical staff budgets due to the on-going staffing issues resulting in agency usage.
- Adverse variance on consultants due to premium payments and shortfall on merger savings plans.
- Pay run rate increasing partly due to medical staff pressures above.

Weston			
	Plan	Actual	Variance
	£000's	£000's	Favourable / (Adverse) £000's
Activity Based Income SLA	(15)	353	368
Other Activity Based Income	66	(5)	(71)
Other Operating Income	940	817	(122)
Total Operating Income	990	1,166	175
Nursing and Midwifery	(12,990)	(12,408)	581
Medical Staff - Consultants	(5,269)	(5,765)	(496)
Medical Staff - Others	(4,784)	(5,323)	(539)
Other Clinical Staff	(1,605)	(1,723)	(117)
Non Clinical Staff	(2,628)	(2,268)	359
Other Pay	112	0	(112)
Total Employee Expenses	(27,163)	(27,487)	(324)
Drugs	(3,744)	(3,845)	(100)
Clinical Supplies	(1,835)	(1,941)	(107)
Support Funding	0	0	0
Other Non Pay	(1,461)	(1,137)	324
Total Other Operating Expenses	(7,040)	(6,922)	117
Net Surplus/(Deficit)	(33,212)	(33,244)	(31)

Financial Performance – Divisional Position

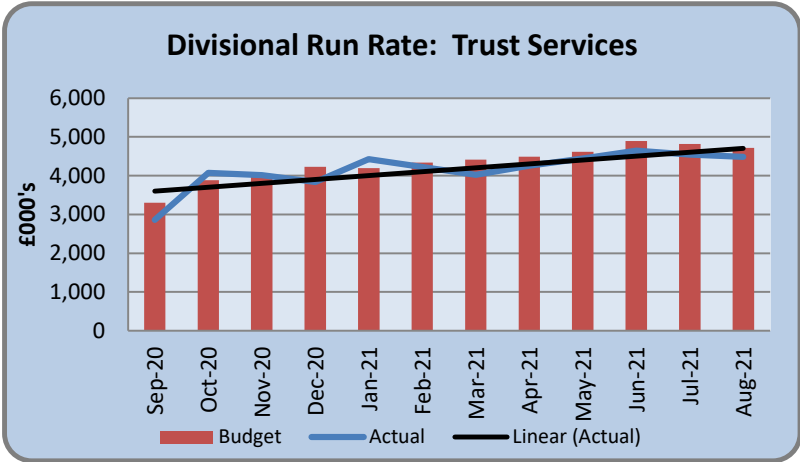
August 2021

	Estates & Facilities		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	1,815	1,811	(4)
Total Operating Income	1,815	1,811	(4)
Nursing and Midwifery	(1)	(3)	(2)
Medical Staff - Consultants	0	0	0
Medical Staff - Others	0	0	0
Other Clinical Staff	(3)	(1)	2
Non Clinical Staff	(11,878)	(12,070)	(192)
Other Pay	0	0	0
Total Employee Expenses	(11,882)	(12,074)	(192)
Drugs	0	(3)	(3)
Clinical Supplies	(161)	(159)	2
Support Funding	0	0	0
Other Non Pay	(10,326)	(10,026)	300
Total Other Operating Expenses	(10,487)	(10,188)	299
Net Surplus/(Deficit)	(20,554)	(20,451)	103



Estates & Facilities:

- Favourable variance to date of £103k.
- Significant favourable variance on energy costs due to the impact of the CHP programme.
- Significant number of vacancies for non clinical staff have been driving favourable pay variances to month 4. Enhanced bank pay rates in Month 5 (£280k) has resulted in an adverse variance to date of £192k.
- Favourable variance on savings programme of £91k.
- Pay and non pay run rates show minor variation in first four months, however there has been an increase in the pay run rate in month 5 due to the effect of temporary increased bank pay rates.



Trust Services:

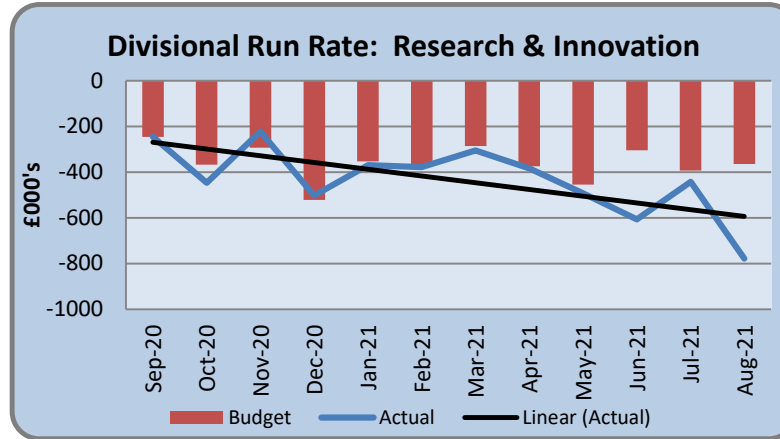
- Favourable variance to date 272k.
- Main driver for favourable variance is the number of vacancies in Finance and Digital services.
- Shortfall on savings programme of £259k.
- Increase in non pay run rate due to immigration surcharges and education costs.
- Pay run rate increasing due to additional cost of management support for the Weston Division.

	Trust Services		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	2,019	1,976	(43)
Total Operating Income	2,019	1,976	(43)
Nursing and Midwifery	(2,846)	(2,789)	57
Medical Staff - Consultants	(670)	(697)	(27)
Medical Staff - Others	(494)	(485)	9
Other Clinical Staff	(351)	(368)	(17)
Non Clinical Staff	(14,136)	(13,816)	320
Other Pay	(32)	0	32
Total Employee Expenses	(18,529)	(18,155)	374
Drugs	(28)	(18)	10
Clinical Supplies	(252)	(68)	184
Support Funding	0	0	0
Other Non Pay	(5,855)	(6,108)	(253)
Total Other Operating Expenses	(6,135)	(6,194)	(59)
Net Surplus/(Deficit)	(22,645)	(22,373)	272

Financial Performance – Divisional Position

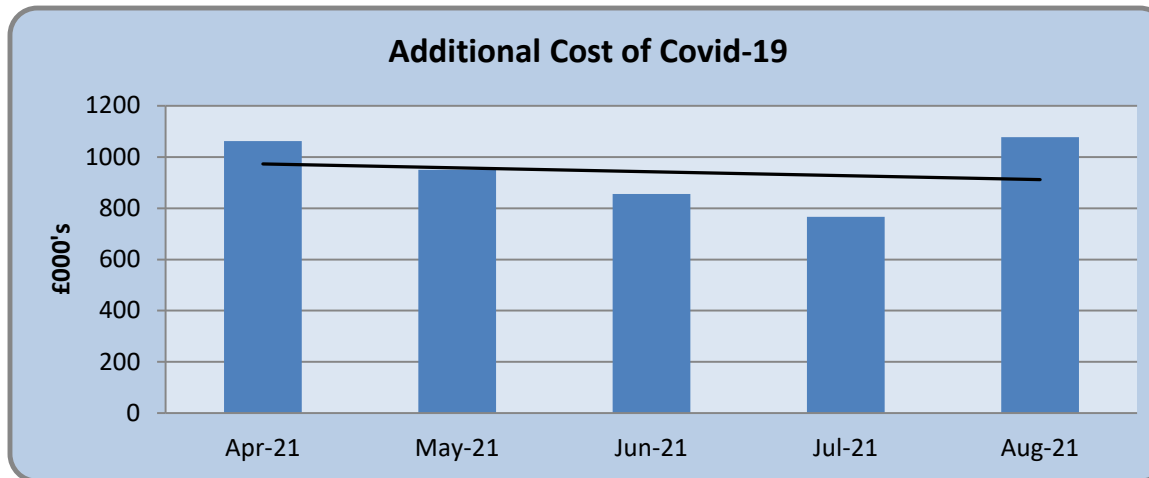
August 2021

Research & Innovation			
	Plan	Actual	Variance
	£000's	£000's	Favourable / (Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	13,623	13,280	(343)
Total Operating Income	13,623	13,280	(343)
Nursing and Midwifery	(568)	(450)	118
Medical Staff - Consultants	(285)	(182)	103
Medical Staff - Others	(54)	(38)	16
Other Clinical Staff	(52)	(22)	30
Non Clinical Staff	(1,395)	(1,414)	(19)
Other Pay	1	0	(1)
Total Employee Expenses	(2,353)	(2,107)	245
Drugs	0	(0)	(0)
Clinical Supplies	(598)	(9)	589
Support Funding	0	0	0
Other Non Pay	(8,781)	(8,495)	286
Total Other Operating Expenses	(9,379)	(8,503)	875
Net Surplus/(Deficit)	1,891	2,669	778



Research & Innovation:

- Favourable variance to date £778k.
- The net surplus to date is due to the contribution from commercial research into Covid-19.

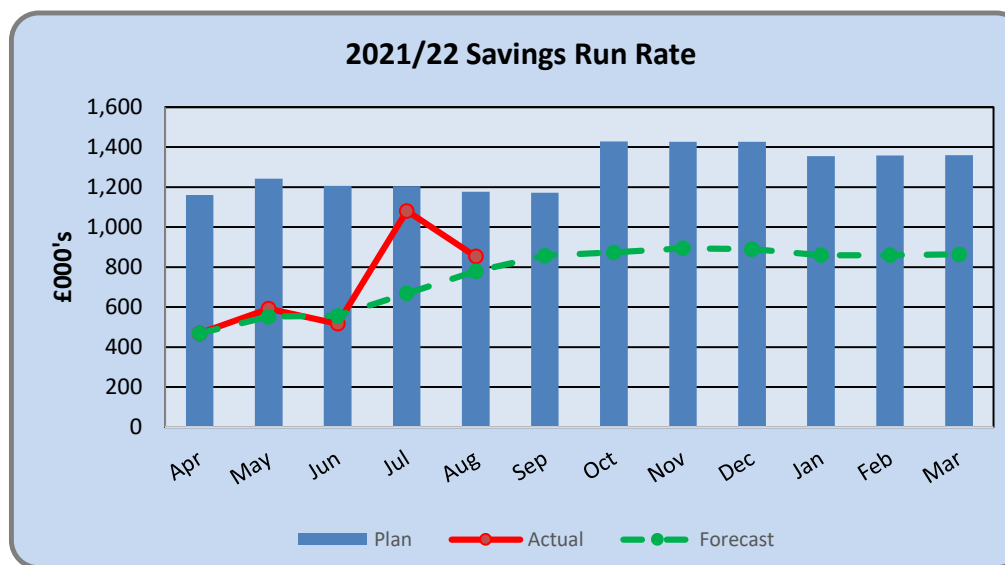
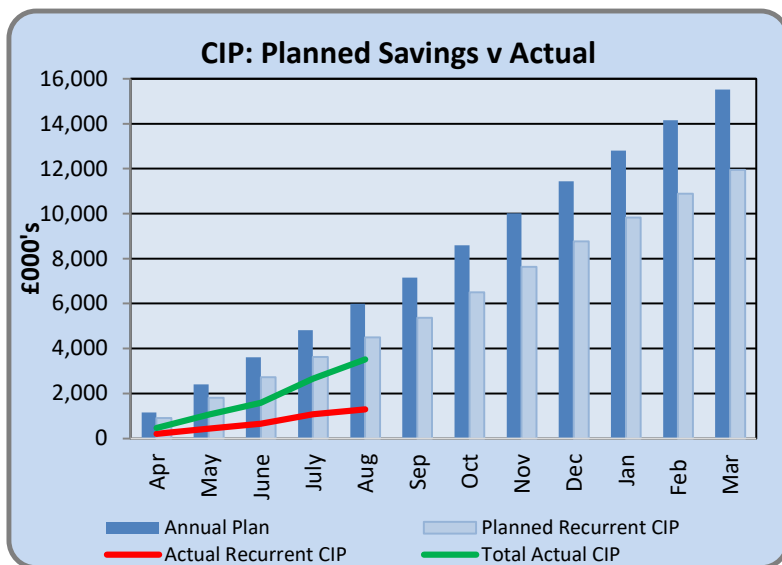


Covid-19 Expenditure:

- Expenditure related to Covid-19 was £1,078k in August, against a forecast of c£1,000k.
- In comparison with previous months, there has been an increase in costs driven by additional Covid-19 testing.
- The expenditure is largely driven by non-pay costs including the provision of the vaccination hub.

Savings – Cost Improvement Programme

August 2021



Workstream	2021/22 Annual Target £000's	M5 Year to Date			Forecast Outturn £000's
		Plan £000's	Actual £000's	Variance Fav/ £000's	
Nursing Pay	200	83	45	(38)	100
Medical Pay	65	37	29	(8)	45
Non-Pay & Procurement	3,890	1,665	2,554	889	6,558
Productivity	50	13	13	-	50
HR Pay and Productivity	18	7	-	(7)	14
Income, Fines and External	35	15	42	27	100
Medicines	499	200	243	43	675
Allied Healthcare Professionals	24	10	11	1	25
Estates & Facilities	805	421	421	-	805
Trust Services	364	155	154	(1)	364
Weston Merger	2,500	1,042	-	(1,042)	875
Plans to be developed from Pipeline	7,065	2,341	-	(2,341)	-
Total	15,515	5,989	3,512	(2,477)	9,611

Key Points:

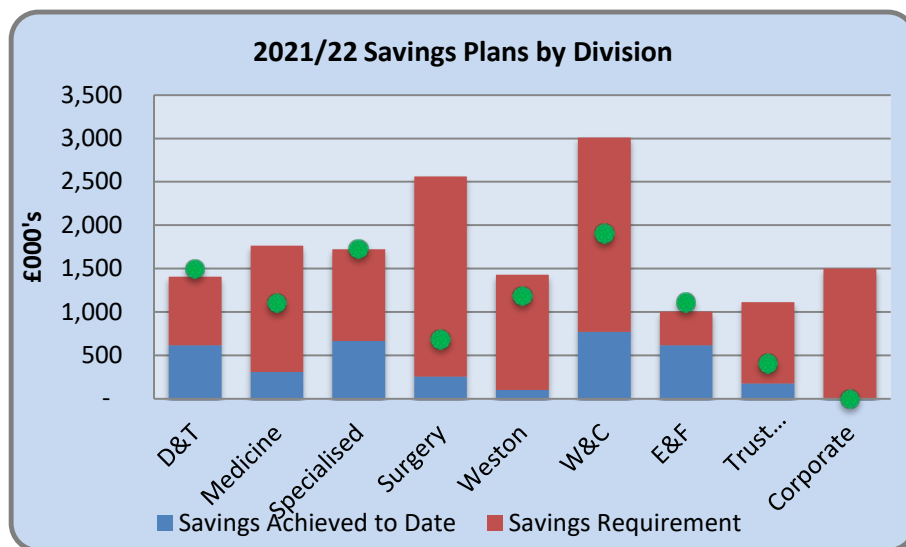
- The Trust's 2021/22 savings target is £15,515k.
- At the end of August, the Trust had achieved savings of £3,512k against a plan of £5,989k, a shortfall of £2,477k.
- Divisions behind plan include Surgery (£695k), Corporate (£625k), Weston (£478k), Women's and Children's (£359k), Medicine (£242k) and Trust Services (£258k). Estates & Facilities and Diagnostics & Therapies both have favourable variances of £91k and Specialised Services is on plan.
- Of the £2,477k savings shortfall, £2,341k relates to plans to be developed from the savings pipeline and £136k is slippage on identified schemes.
- The full year forecast is £9,611k or 62%, of plan, a shortfall of £5,904k against the plan of £15,515k. Only £4,036k of the full year forecast is recurrent.
- Work is underway to identify additional projects which will deliver the required level of savings on a recurrent basis.

Savings – Divisional Position

August 2021

Division	2021/22 Annual Target £000's	M5 Year to Date			Forecast Outturn £000's
		Plan £000's	Actual £000's	Variance Fav/ (Adv) £000's	
Diagnostics & Therapies	1,408	526	617	91	1,493
Medicine	1,765	551	309	(242)	1,102
Specialised Services	1,724	665	665	-	1,725
Surgery	2,561	950	255	(695)	685
Weston	1,430	580	101	(479)	1,184
Women's & Children's	3,009	1,131	772	(359)	1,904
Estates & Facilities	1,004	525	616	91	1,110
Finance	202	78	39	(39)	84
Human Resources	232	86	39	(47)	92
Trust Headquarters	387	144	46	(98)	115
Digital Services	292	128	53	(75)	109
Misc Support Services	-	-	-	-	8
Corporate	1,500	625	-	(625)	-
Total	15,515	5,989	3,512	(2,477)	9,611

Division	2021/22 Annual Target £000's	Forecast Outturn		
		Recurring £000's	Non Recurring £000's	Total £000's
Diagnostics & Therapies	1,408	25	1,468	1,493
Medicine	1,765	647	455	1,102
Specialised Services	1,724	174	1,551	1,725
Surgery	2,561	178	507	685
Weston	1,430	1,039	145	1,184
Women's & Children's	3,009	841	1,063	1,904
Estates & Facilities	1,004	1,031	79	1,110
Finance	202	31	53	84
Human Resources	232	20	72	92
Trust Headquarters	387	11	104	115
Digital Services	292	31	78	109
Misc Support Services	-	8	-	8
Corporate	1,500	-	-	0
Total	15,515	4,036	5,575	9,611

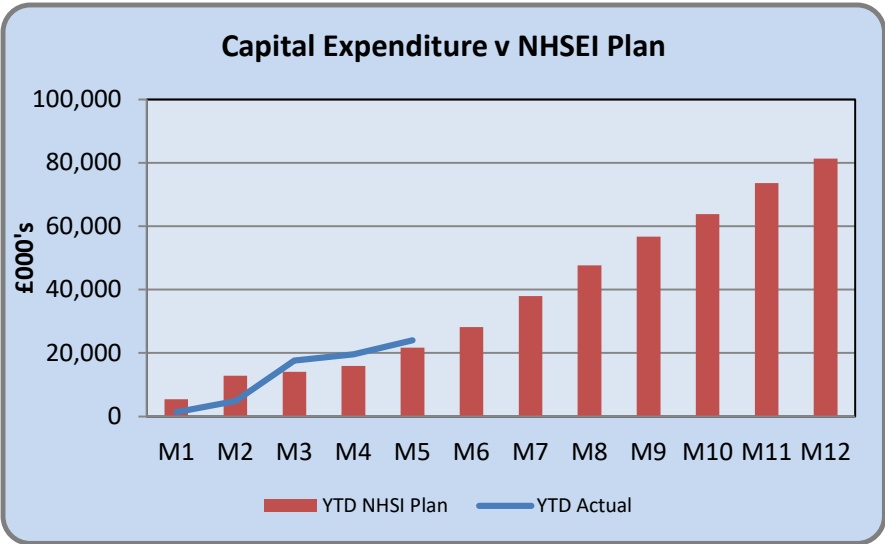


Recovery Actions:

- The current financial regime means the focus must shift to cost reduction and removal of unwarranted variation.
- Urgent requirement to re-engage operational and clinical staff in delivering the Trust's required efficiency target of £15,515k.
- Greater accountability for the delivery of savings is required through the following groups: Cost Savings Delivery Board; regular Divisional Savings Reviews; Working Smarter Forums; Drugs and Pharmacy Group; Medical Staffing and GIRFT.
- Developing transformation projects which will deliver recurrent savings, possibly using capital investment to pump-prime.
- Re-establish the Trust's Non Pay and Task & Finish groups.
- Medical agency staff tender: Started September 2021, work ongoing by Task & Finish Group to improve controls and deliver genuine cost reduction.

Capital – Capital Programme Summary

August 2021



Capital Plan 2021/22	FOT £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
Inside STP Envelope:				
UHBW Funded	53,913	12,484	12,961	477
PDC Funded	3,149	500	1,159	659
Total Inside Envelope	57,062	12,984	14,120	1,136
Outside STP Envelope:				
PDC Funded	9,893	2,308	759	(1,549)
Grants/Donations	17,339	6,382	9,153	2,771
Total Outside Envelope	27,232	8,690	9,912	1,222
Total Capital Programme	84,294	21,674	24,032	2,358

Key Points:

- Internal plan of £84,294k recently agreed at SLT is compliant with the Trust’s CDEL, or capital envelope. Delivery summits are due to take place with the delivery partner leads to help inform a forecast outturn at month 6.
- YTD expenditure at the end of August is £24,032k, £2,358k ahead of the revised NHSEI plan. The variance is primarily due to the Salix Decarbonisation project being ahead of plan.
- PDC funded schemes outside the STP envelope are behind plan due to delays in the Urgent and Emergency Care (UEC) project. The Trust’s Estates, Finance and Operational leads are due to meet with the NHSEI UEC team at the end of September to discuss progress of the scheme.

Five Year Plan:

- The Trust has to submit a five year capital plan that is prioritised by the system before submission to NHSEI in mid-October.
- Discussions are underway with system partners to agree capital investment priorities, however, the current STP position exceeds the CDEL.
- The five year plan will reflect the Trust’s Medium Term Capital Programme. The current draft plan exceeds the Trust’s CDEL (and therefore the system CDEL) as a result of the Trust’s strategic capital investment plans. Further work is required to ensure the Trust submits a CDEL compliant capital plan.

Capital Plan 2021/22	2021/22 FOT £000's	2021/22 NHSEI YTD Plan £000's	2021/22 YTD Actuals £000's	2021/22 YTD Variance £000's
Strategic Schemes	18,190	2,707	2,046	(661)
Medical Equipment	15,315	2,632	3,606	974
Operational Capital	41,894	11,081	13,355	2,274
Fire Improvement	4,626	742	644	(98)
Digital Services	8,347	1,995	1,354	(641)
Estates Replacement	9,988	1,813	2,456	643
Weston	2,126	704	571	(133)
Over-programming	(16,192)	-	-	-
Total Capital Applications	84,294	21,674	24,032	2,358

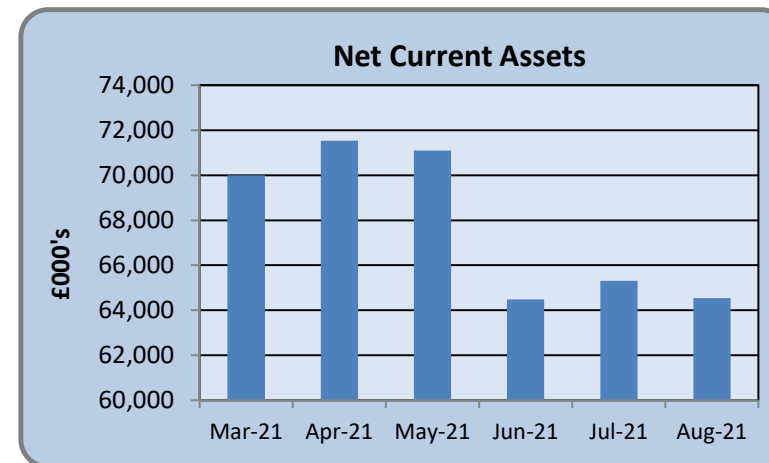
Financial Position – Statement of Financial Position



University Hospitals
Bristol and Weston
NHS Foundation Trust

August 2021

As at 31 March 2021 £000's		Actual Apr 2021 £000's	Actual May 2021 £000's	Actual Jun 2021 £000's	Actual July 2021 £000's	Actual Aug 2021 £000's	YTD Movement £000's
	Non-Current Assets						
514,070	Property, Plant and Equipment	513,253	514,544	525,102	524,703	526,788	12,718
12,617	Intangible Assets	12,271	11,977	11,715	11,513	11,241	(1,376)
1,802	Receivables	1,802	1,802	1,802	1,802	1,802	-
528,489	Total Non-Current Assets	527,327	528,323	538,619	538,018	539,831	11,342
	Current Assets						
12,638	Inventories	12,396	12,036	12,118	12,583	12,486	(152)
32,845	Trade and Other Receivables	31,955	36,371	56,694	50,497	48,559	15,714
2,074	PDC Dividend Receivable	2,074	2,074	2,074	2,074	2,074	-
169,644	Cash	173,967	167,366	160,856	166,232	161,901	(7,743)
217,201	Total Current Assets	220,392	217,846	231,741	231,386	225,020	7,819
	Current Liabilities						
(126,680)	Trade and Other Payables	(124,094)	(125,191)	(148,211)	(140,579)	(140,494)	(13,814)
(6,818)	Borrowings	(6,923)	(7,093)	(6,283)	(6,452)	(6,603)	215
(853)	Provisions	(842)	(838)	(841)	(841)	(841)	12
(12,854)	Other Liabilities	(17,006)	(13,627)	(11,917)	(18,197)	(12,543)	311
(147,205)	Total Current Liabilities	(148,865)	(146,749)	(167,251)	(166,068)	(160,481)	(13,276)
69,996	NET CURRENT ASSETS (LIABILITIES)	71,527	71,097	64,490	65,318	64,539	(5,457)
598,485	TOTAL ASSETS LESS CURRENT LIABILITIES	598,854	599,420	603,110	603,336	604,370	5,885
	Non-Current Liabilities						
(56,097)	Borrowings	(56,125)	(56,093)	(53,268)	(53,235)	(53,201)	2,896
(4,325)	Provisions	(4,314)	(4,301)	(4,289)	(4,276)	(4,264)	61
(60,422)	Total Non-Current Liabilities	(60,439)	(60,394)	(57,557)	(57,511)	(57,465)	2,957
538,063	TOTAL ASSETS EMPLOYED	538,415	539,026	545,553	545,825	546,905	8,842
312,135	Public Dividend Capital	312,135	312,135	312,135	312,135	312,135	-
150,139	Retained Earnings	150,682	151,474	158,188	158,642	159,906	9,767
75,704	Revaluation reserve	75,513	75,332	75,145	74,964	74,779	(925)
85	Other Reserves	85	85	85	85	85	-
538,063	Total Taxpayers' Equity	538,415	539,026	545,553	545,825	546,905	8,842



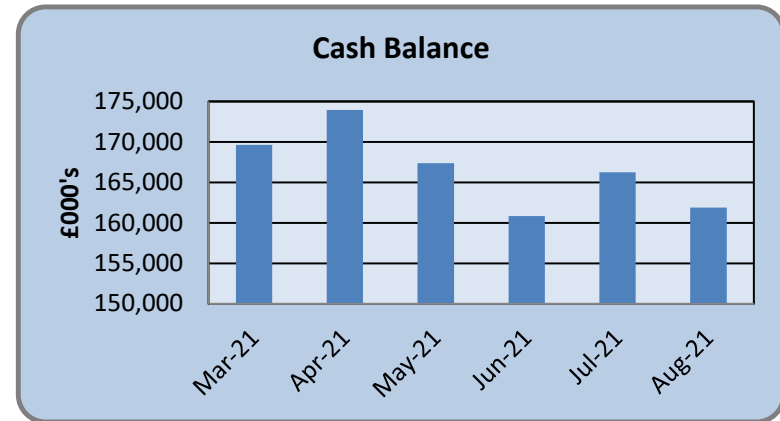
Key Points:

- Net current assets as at 31 August were £64,539k, £779k lower than July and £5,457k lower than the closing year end position.
- The net current asset decrease is primarily driven by the reduction in cash, offset by the movement in trade receivables of £15,714k and trade payables of £13,814k.
- The movement in trade receivables primarily relates to the year end invoice for the annual leave accrual remaining outstanding, delays in receiving income for maternity pathways from NBT and an increase in contract income accruals with local authorities and territorial bodies.
- Total Taxpayer's Equity has increased by £8,842k, in line with the year to date net income and expenditure surplus (including technical items).

Financial Position – Cash Flow

August 2021

Statement of Cash Flows	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	YTD Movement
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Cashflows from Operating Activities							
Operating Surplus/(Deficit)	13,229	363	3,484	11,257	12,784	15,090	1,861
Depreciation and Amortisation	30,988	2,334	5,058	7,556	10,074	12,673	(18,315)
Impairments and Reversals	2,269	-	-	-	-	-	(2,269)
Losses on Disposals	-	-	-	12	12	12	12
Income from Donations	(4,093)	(10)	(1,023)	(7,670)	(7,898)	(9,165)	(5,072)
(Increase)/Decrease in Assets	27,926	2,131	(2,924)	(23,329)	(17,597)	(15,561)	(43,487)
Increase/(Decrease) in Liabilities	28,779	4,318	2,737	17,622	19,641	12,184	(16,595)
Net Cash Generated from/(used in) Operations	99,098	9,136	7,332	5,448	17,016	15,233	(83,865)
Cash Flows from Investing Activities							
Purchase of Assets	(67,047)	(4,775)	(10,537)	(18,002)	(24,373)	(28,140)	38,907
Receipt of Cash to Purchase Donated Assets	1,582	10	1,023	7,670	7,898	9,165	7,583
Net Cash Generated from / (used in) Investing Activities	(65,465)	(4,765)	(9,514)	(10,332)	(16,475)	(18,975)	46,490
Cash Flows from Financing Activities							
Public Dividend Capital - Received	79,506	-	-	-	-	-	(79,506)
Loans	(63,416)	-	-	(2,787)	(2,787)	(2,787)	60,629
Interest Paid	(2,323)	(32)	-	(1,016)	(974)	(974)	1,349
Finance Lease	(563)	(16)	(96)	(101)	(192)	(240)	323
Public Dividend Capital - Paid	(11,426)	-	-	-	-	-	11,426
Net Cash Generated from/(used in) Financing Activities	1,778	(48)	(96)	(3,904)	(3,953)	(4,001)	(5,779)
INCREASE/(DECREASE) IN CASH & CASH EQUIVALENTS	35,411	4,323	(2,278)	(8,788)	(3,412)	(7,743)	(43,154)
Cash at the Start of the Year	134,233	169,644	169,644	169,644	169,644	169,644	-
CASH & CASH EQUIVALENTS AT THE END OF THE PERIOD	169,644	173,967	167,366	160,856	166,232	161,901	(43,154)



Liquidity ratios	Acid test	Liquidity days
Draft target	2:1	30
Mar-21	1.4:1	23
Apr-21	1.4:1	23
May-21	1.4:1	23
Jun-21	1.3:1	19
Jul-21	1.3:1	20
Aug-21	1.3:1	19

Acid test - ability to meet short term debt

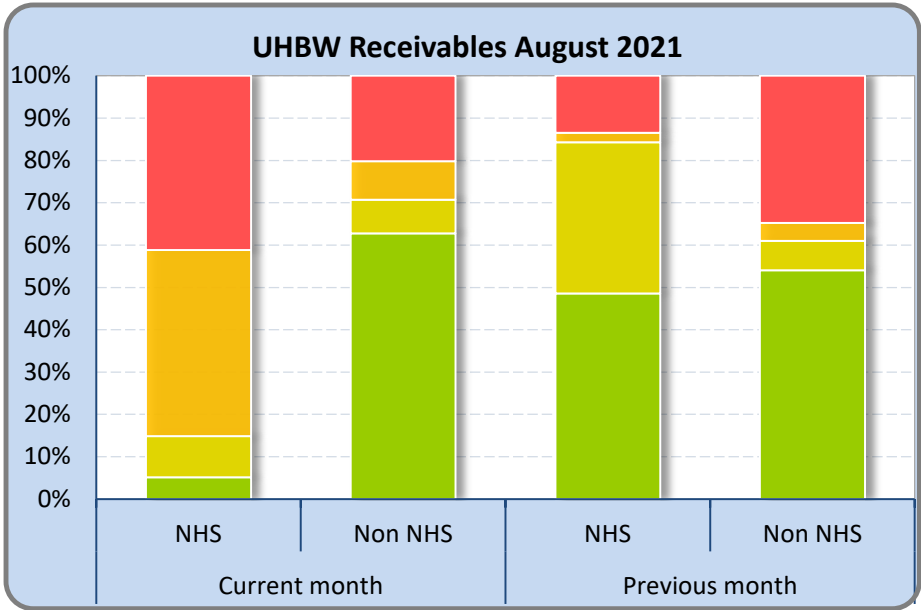
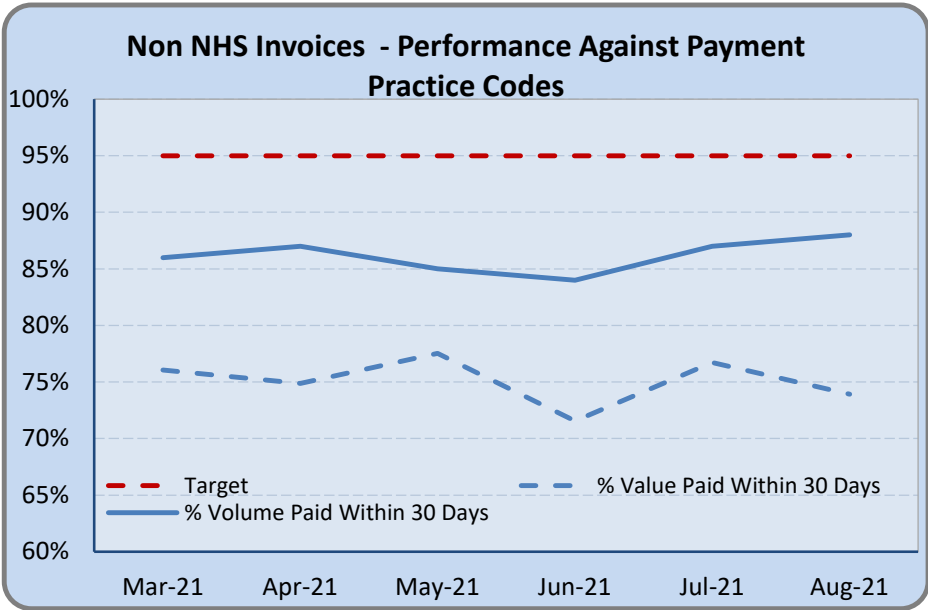
Liquidity days - no. days operating costs covered by cash reserves

Key Points:

- The cash balance at the end of August was £161,901k, £4,331k lower than the previous month and £7,743k lower than the opening balance.
- The month on month movement is primarily attributable to the utilisation of the quarter 2 HEE income received in full in July, working capital movement relating to the payment of NHS invoices and timing of Non NHS payments, and capital expenditure.
- The liquidity ratios show that although the Trust has a high cash balance, the Trust's ability to meet short term debt and the number of liquidity days are below the draft target. The draft target for liquidity days and the acid test will need further consideration in due course against the NHSEI liquidity metrics.

Financial Position - Payment Performance

August 2021



Key Points:

- In August, 88% of invoices by volume and 74% by value were paid within the 30 day target of the Better Payment Practice Code.
- The Trust currently pays all invoices on authorisation, regardless of payment terms.
- In response to the NHSEI letter, the Trust has produced an action plan to improve payment performance against the Better Payment Practice Code.
- The plan includes,
 - Trust wide communications on the importance of goods receipting orders and authorising invoices on a timely basis,
 - reporting the divisional performance of outstanding invoices to SLTDG, and
 - liaising with good practice Trust's in the region.

Days	Current Month (£000's)			Previous Month (£000's)			Movement (£000's)		
	NHS	Non NHS	Total	NHS	Non NHS	Total	NHS	Non NHS	Total
90+	4,571	1,344	5,915	2,047	2,235	4,282	2,523	(0,891)	1,632
60-90	4,880	0,607	5,486	0,345	0,272	0,617	4,534	0,335	4,869
30-60	1,075	0,526	1,601	5,443	0,447	5,891	(4,368)	0,078	(4,290)
0-30	0,573	4,181	4,754	7,405	3,475	10,880	(6,832)	0,706	(6,126)
Total	11,098	6,657	17,756	15,241	6,429	21,670	(4,143)	0,228	(3,915)

Recovery Actions:

- Implementation of the recovery plan for improving payment performance.

Appendix 1 – Action Log & Developments



Ref	Date	Description of Action	Action Owner	Date Due	Committee Month	Date Close	Status	Revised date	Update
004	Jun-21	The Trust continues to implement plans to sustain medical staffing gaps in the Weston Division	DoFI	Aug-21	September	Aug-21	Closed		Recruitment programme now in place
005	Jun-21	Assessment of costs associated with the delivery of ERF income will be undertaken in month 4.	DDoF(SPP)	Jul-21	October		Open	Sep-21	Revised system timescales. To be completed by end of Q2.
006	Jun-21	Urgent requirement to re-engage operational and clinical staff in delivering the Trust's required efficiency target of £15,515k.	HoFM&I	Aug-21	November		Open	Oct-21	System is developing over-arching approach to long term recovery. Divisional savings pipeline will be reviewed in September Quarterly Review meeting.
007	Jun-21	Establish greater accountability for the delivery of savings is required through the following groups: Cost Savings Delivery Board, Regular Divisional Savings Reviews, Working Smarter Forums, Drugs and Pharmacy Group, Medical Staffing and GIRFT.	HoFM&I	Sep-21	October		Open		
008	Jun-21	Develop transformation projects which will deliver recurrent savings.	HoFM&I	Jan-22	February		Open		PMO to be established linked with COO team to address elective restoration and linked productivity efficiency in clinical areas.
011	Jun-21	The Trust will need to produce an action plan to recover payment performance above 85% against the Better Payment Practice Code as required by NHSEI	HoFS	Sep-21	October		Open		Action plan developed. Implementation to commence.
013	Jun-21	Reassess the financial implications of the financial arrangements relating to the merger.	DDoF(SPP)	Oct-21	November		Open		
014	Jun-21	Present the Trust Five Year Financial Strategy	DDoF(SPP)	Oct-21	November		Open	Feb-22	Timescales revised due to delayed national guidance.
015	Jul-21	Assessment of productivity by speciality	DDoF(SPP)	Oct-21	November		Open		
016	Aug-21	Review of the cost/benefit of the enhanced rates.	DDoF(PG)	Sep-21	October		Open		
017	Aug-21	Revision of the 5 Year Capital Plan to ensure compliance with the system CDEL	DDoFI	Oct-21	November		Open		

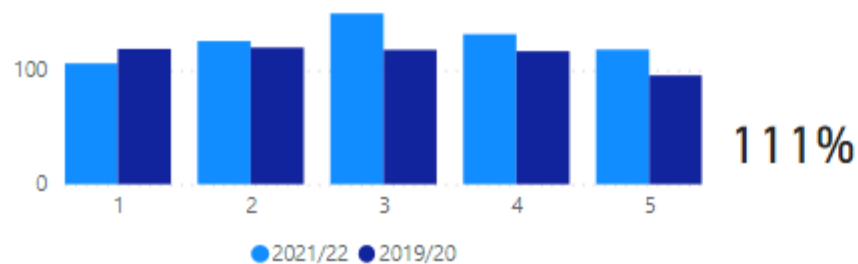
Ref	Date	Description of Development	Action Owner	Committee Month
1	Jun-21	Inclusion of cashflow statement	HoFS	Aug-21
2	Jun-21	Further data on reason for agency cover and Tier 4 agency usage	ADFSC&I	Aug-21
3	Jun-21	Inclusion of a summary of the STP financial position	ADFSC&I	Oct-21

Key:

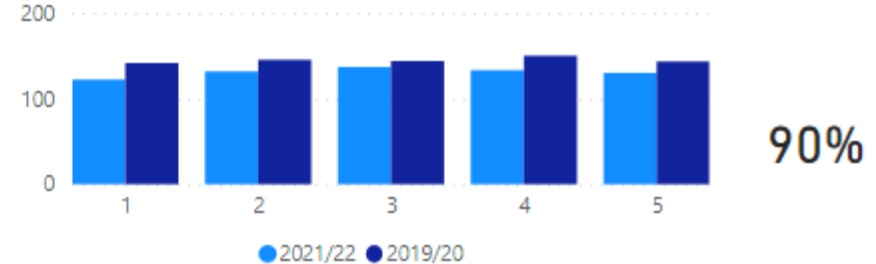
Role	Description	Name
DoFI	Director of Finance & Information	Neil Kemsley
DDoF(SPP)	Deputy Director of Finance - Strategy, Planning & Performance	Jeremy Spearing
DDoF(PG)	Deputy Director of Finance - People & Governance	Kate Parraman
HoFM&I	Head of Financial Management & Improvement	Dean Bodill
ADFSC&I	Associate Director of Finance - Strategic Change & Innovation	Kate Herrick
HoFS	Head of Financial Services	Catherine Cookson

Appendix 2 – ED Activity by Site

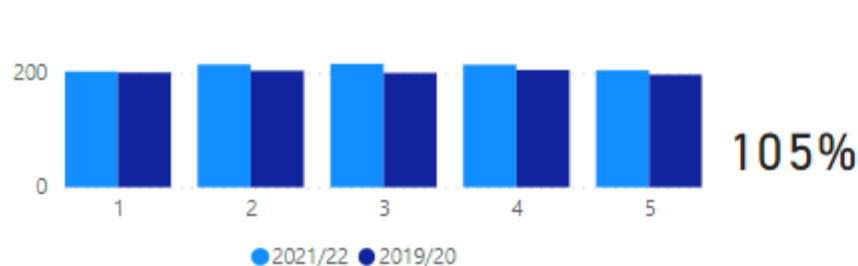
BCH Accident & Emergency Volume Per Day



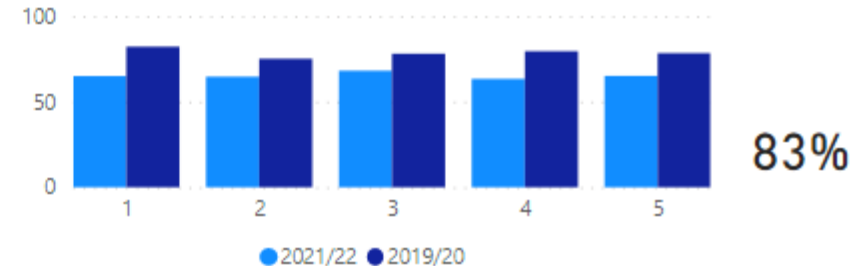
WGH Accident & Emergency Volume Per Day



BRI Accident & Emergency Volume Per Day

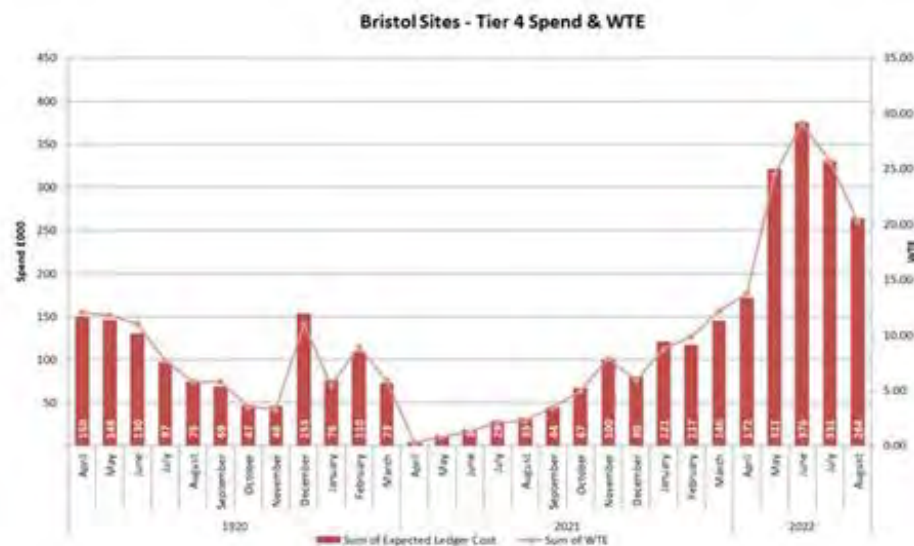


BEH Accident & Emergency Volume Per Day

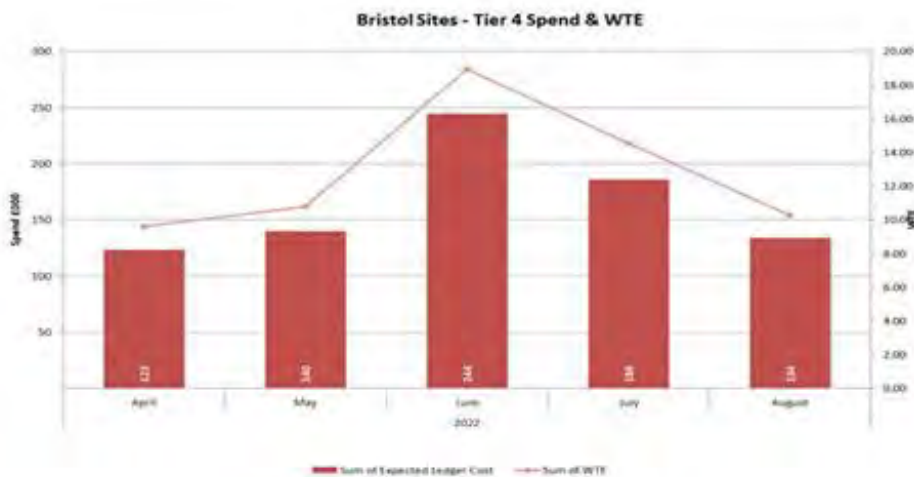


- The charts above indicate that the percentage of Accident and Emergency Attendances in 2021/22, compared to 2019/20, varies between hospitals. In both the Bristol Royal Infirmary and the Bristol Royal Hospital for Children, the number of attendances in 2021/22 is higher than the number in 2019/20 and 105% and 111% respectively. In contrast, the Bristol Eye Hospital has seen a 17% reduction in ED attendances and the Weston General Hospital site has seen a 10% reduction. Further analysis is required to understand the very challenging operational environment, such as demand surge within the reported position.

Appendix 3 – Nurse Agency - Tier 4



The graph shows the use of Tier 4 staff at the Bristol sites since the start of 19/20. Across the Trust the cost of Tier 4 staff increased significantly in M2 and M3 from £172k (13.71wte) in Apr-21 to £321k (24.51wte) in May-21, and further increase in Jun-21 to £376k (29.08wte). There was a slight decrease in July-21 down to £331k (25.70wte) with a further decrease in Aug-21 to £264k (20.27wte).



The graph shows the use of Tier 4 staff at the Weston site since the start of this financial year. The use of Tier 4 staff in April was £123k (9.63wte), with an increase in May to £140k (10.80wte). In June Tier 4 usage almost doubled from April up to £244k (18.93wte). There was a reduction in July down to £186k (14.56wte) with a further reduction in Aug-21 to £134k (10.28wte).

Appendix 4 – Reasons for Agency Usage



Top 10 Reasons for Agency Requests - Number of Shifts

Staff Group	Request Reason	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Total
Admin & Clerical	A&C Workload Need						1	1
	Additional Cover					1	13	14
	Staff Vacancy	5			6	12		23
Admin & Clerical Total		5			6	13	14	38
AHP	Additional Cover	15			4	37	27	83
	AHP/HCST/Med Staff Out of Hours	61	90	65	7	74	99	396
	Increased Acuity/Dependancy	43	54					97
	Sickness Long Term Planned				7	14	12	33
	Sickness Short Term Unplanned	3					12	15
	Staff Vacancy	73	38	105	204	91	128	639
	Vacancy	39	12	12				63
AHP Total		234	194	182	222	216	278	1,326
Facilities	Additional Cover	419	171	204		115	226	1,135
Facilities Total		419	171	204		115	226	1,135
Medic	Additional Cover	5			14	44	95	158
	AHP/HCST/Med Staff Out of Hours		4		3			7
	Compassionate Leave				7			7
	Extra Clinics			1	5			6
	Parental Leave			15	4			19
	Sickness Long Term Planned		4	14		3		21
	Sickness Short Term Unplanned	5	4	11	9	5	2	36
	Staff Vacancy	96	79	90	113	111	67	556
Medic Total		106	91	131	155	163	164	810
Nursing	Covid UHBW	115	31	5	28	65	31	275
	ECO4 Psych NA	71	64	104	78	43	26	386
	ECO4 RMN	255	220	338	345	142	142	1,442
	Extra Capacity Beds	62	91	180	40	96	51	520
	Increased Acuity/Dependancy	211	106	81	111	72	94	675
	RMN Required	167	156	179	268	184	184	1,138
	Sickness Long Term Planned	34	13	21	63	82	41	254
	Sickness Short Term Unplanned	483	477	432	505	287	257	2,441
	Supernumerary to Cover New Starters	148	71	135	134	103	40	631
	Vacancy	991	1,229	1,427	1,454	1,641	1,429	8,171
Nursing Total		2,537	2,458	2,902	3,026	2,715	2,295	15,933
Grand Total		3,301	2,914	3,419	3,409	3,222	2,977	19,242

Meeting of the Board of Directors in Public – 30 September 2021

Reporting Committee	Charity Committee – meeting held on 15 September 2021
Chaired By	Jayne Mee, Interim Chair
Executive Lead	Paula Clarke, Director of Strategy and Transformation Neil Kemsley, Director of Finance and Information

For Information	
<p>The Committee approved the Annual Report and Accounts 2020/21. The accounts had not been prepared on a Going Concern basis due to the planned merger on 1 October 2021. Key points highlighted were that:</p> <ul style="list-style-type: none"> • One controlled finding was noted in the report and this related to the differences between the internal valuations team and the third party team used by the Trust. • At the end of August the Charity Expenditure funds had decreased; • The lifting of restrictions on endowments had taken place (as discussed at the previous Committee meeting); • In terms of cash flow, the forecast at the end of September had been updated for when the funds would be transferred to Above and Beyond, with an estimate of the amount that would be transferred. <p>The Committee agreed that the accounts would be received by the Trust Board in Quarter 4.</p> <p>The Committee requested that the Board was kept updated regarding any communications sent to staff and fund holders regarding the Charity Merger.</p>	
For Board Awareness, Action or Response	
<p>The Deed of Transfer and Memorandum of Understanding had been signed and sealed by Robert Woolley, Chief Executive, and Neil Kemsley, Director of Finance and Information, and were with Above and Beyond for completion. Once undertaken, the provisional date for transfer of 1 October 2021 would be confirmed. Above and Beyond had requested liquidation of the investment assets into cash and this would incur an estimated charge of £3,940. The Committee agreed to note and approve the proposed date for the transfer of 1 October 2021 as well as the liquidation of the investment assets.</p>	
Key Decisions and Actions	
N/A	
Date of next meeting:	N/A

Meeting of the Board of Directors in Public on Thursday 30 September 2021

Report Title	South West and South Wales Congenital Heart Disease Network Annual Report 2020/21
Report Author	John Mills, SWSWCHD Network Manager Andy Tometzki, SWSWCHD Clinical Director Jessica Hughes, SWSWCHD Lead Nurse Rachel Burrows, SWSWCHD Network Support Manager
Executive Lead	Interim Medical Director

1. Report Summary	
<p>The South West and South Wales Congenital Heart Disease Network Annual Report 2020/21 sets out the key achievements of the network in its fifth year of operation, the key priorities for future years, and identifies risks to the delivery of NHS England's Congenital Heart Disease (CHD) standards (2015/16).</p> <p>Background: The SWSWCHD Network was established in April 2016 initially funded and delivered by UHBristol. The network now functions as an operational delivery network, hosted by UHBW and funded by NHS England. The network reports quarterly to the Senior Leadership Team and W&C Divisional Board within UHBW. In addition, it reports formally to NHS England and NHS Welsh Health Specialised Services Committee (WHSSC) on a quarterly basis.</p>	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> • Significant progress made against agreed work plan despite pandemic • Flexibility required to support COVID recovery efforts and facilitate continued care 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
<p>The risks associated with this report include:</p> <ul style="list-style-type: none"> • None relevant for UHBW – risks detailed on page 20 are regional 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Information. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
UHBW Senior Leadership Team	August 2021
SWSWCHD Network Board	September 2021



South Wales and South West
**Congenital Heart
Disease Network**

South Wales and South West Congenital Heart Disease Operational Delivery Network

Annual Report 2020/2021



GIG
CYMRU
NHS
WALES



England



Document Control

Document Control	
Document Type	Annual Report
Document Status	DRAFT
Document Owner(s)	South Wales and South West CHD Network Board
Document Authors(s)	CHD Network Team: Cat McElvaney, <i>Network Manager</i> (until June 2021) John Mills, <i>Network Manager</i> (from June 2021) Andy Tometzki, <i>Network Clinical Director</i> Sheena Vernon, <i>Network Lead Nurse</i> Jess Hughes, <i>Network Lead Nurse</i> Rachel Burrows, <i>Network Support Manager</i>
Document Approval	William Oldfield, <i>Medical Director</i> , University Hospitals Bristol and Weston Foundation NHS Foundation Trust

Document Abstract	
<p>This annual report for the South Wales and South West CHD Network outlines the background to the network, its vision and key objectives, achievements and challenges, and key updates for the period from April 2020 to March 2021. It also looks to the future, providing an overview of plans from April 2021 onwards.</p>	

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
13/05/21 – 03/06/21	0.1 – 0.4	Cat McElvaney / Rachel Burrows	Content	Draft all sections
29/06/21 – 12/07/21	0.5 – 0.8	John Mills / Rachel Burrows	Content and formatting	Updated all sections
13/07/21	0.9	Andy Tometzki	Content	Foreword written
13/07/21	1.0	John Mills	Content and formatting	Research and audit – content. Proofed and finalised all sections
06/08/21	1.1 – 1.2	Rachel Burrows	Content	Minor corrections/adjustments to text



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Foreword

I am delighted to present the 2020/21 South Wales and South West CHD Network Annual Report. This report shares our achievements within the Network over the past year, and reflects on the work programme going forward. This has been a most difficult period of time for our stakeholders, especially those patients and families we serve.



We've all been affected in one way or another, personally and professionally. Our lead nurses were redeployed to adult and paediatric intensive care units at a time when our paediatric inpatient service was extremely busy and much of our adult service moved to virtual clinics. We now face the daunting task of restoration back to normality as national lockdown measures ease.

Despite this we report continued growth and development within our network. Indeed we formed and hosted a national network of CHD networks forum to share issues and mitigation plans with NHSE commissioning groups on COVID related topics.

Our core network team has seen some important changes. Lead nurse Sheena Vernon, who has been with the SWSW CHD network since its inception in 2016, has partially retired and has now been joined by Jess Hughes, who brings a wealth of experience from her paediatric cardiac clinical nurse specialist background, particularly with regard to transition care to adult services. I would like to thank Prof David Mabin who stood down in March after four successful years as the inaugural Chair of the Network Board. We now welcome Dr Dirk Wilson as his successor, who many of you will recognise as a senior paediatric cardiologist in Cardiff.

Sadly, our Network Manager, Cat McElvaney, leaves us as she takes on a new post in the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group. I would like to thank her for guiding the whole team and wider network with superb leadership. Cat has much to be proud of. John Mills joins us for 2021/22 and has a hard act to follow!

A handwritten signature in blue ink, appearing to read 'A Tometzki'.

Dr Andrew J P Tometzki

Clinical Director

South Wales and South West Congenital Heart Disease Operational Delivery Network



About Us

History and geography

The South Wales and South West Congenital Heart Disease Operational Delivery Network (SWSW CHD) was officially formed in April 2016, following the publication of the national CHD standards. This followed on from a long established informal clinical network in South Wales and the South West of England, and a formal partnership agreement with South Wales signed in 2001.

The network brings together clinicians, managers, patient and family representatives, and commissioners from across these regions to work together supporting patients with congenital and paediatric acquired heart disease and their families. It is funded by NHS England and hosted by University Hospitals Bristol and Weston NHS Foundation Trust.

The network covers a broad geographical area of South Wales and South West of England (Aberystwyth to the Isles of Scilly), with a population of approximately 5.5 million people, caring for over 6,500 children and 8,000 adults with congenital heart conditions. This network is accountable to NHS England and works closely with the Welsh Health Specialised Services Committee to improve the quality and equity of care for CHD across the region.

Our Vision

- #1 Patients have **equitable access** to services regardless of geography
- #2 **Care is provided seamlessly** across the network and its various stages of transition (between locations, services and where there are co-morbidities)
- #3 **High quality care** is delivered, and participating centres meet national standards of CHD care
- #4 The provision of **high quality information** for patients, families, staff and commissioners is supported
- #5 There is a strong and **collective voice** for network stakeholders
- #6 There is a strong culture of collaboration and action to **continually improve** services
- #7 To ensure it can **demonstrate the value** of the network and its activities



Network Objectives



To ensure it can demonstrate the value of the network and its activities



To support the delivery of equitable, timely access for patients



To support improvements in patients and family experience



To support the education, training and development of the workforce within the network



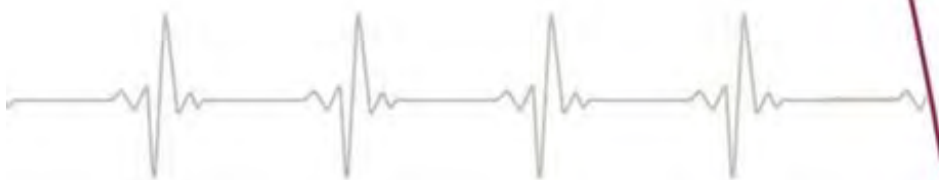
To be a central point of information and communication for network stakeholders



To provide strategic direction for CHD care across South Wales and the South West

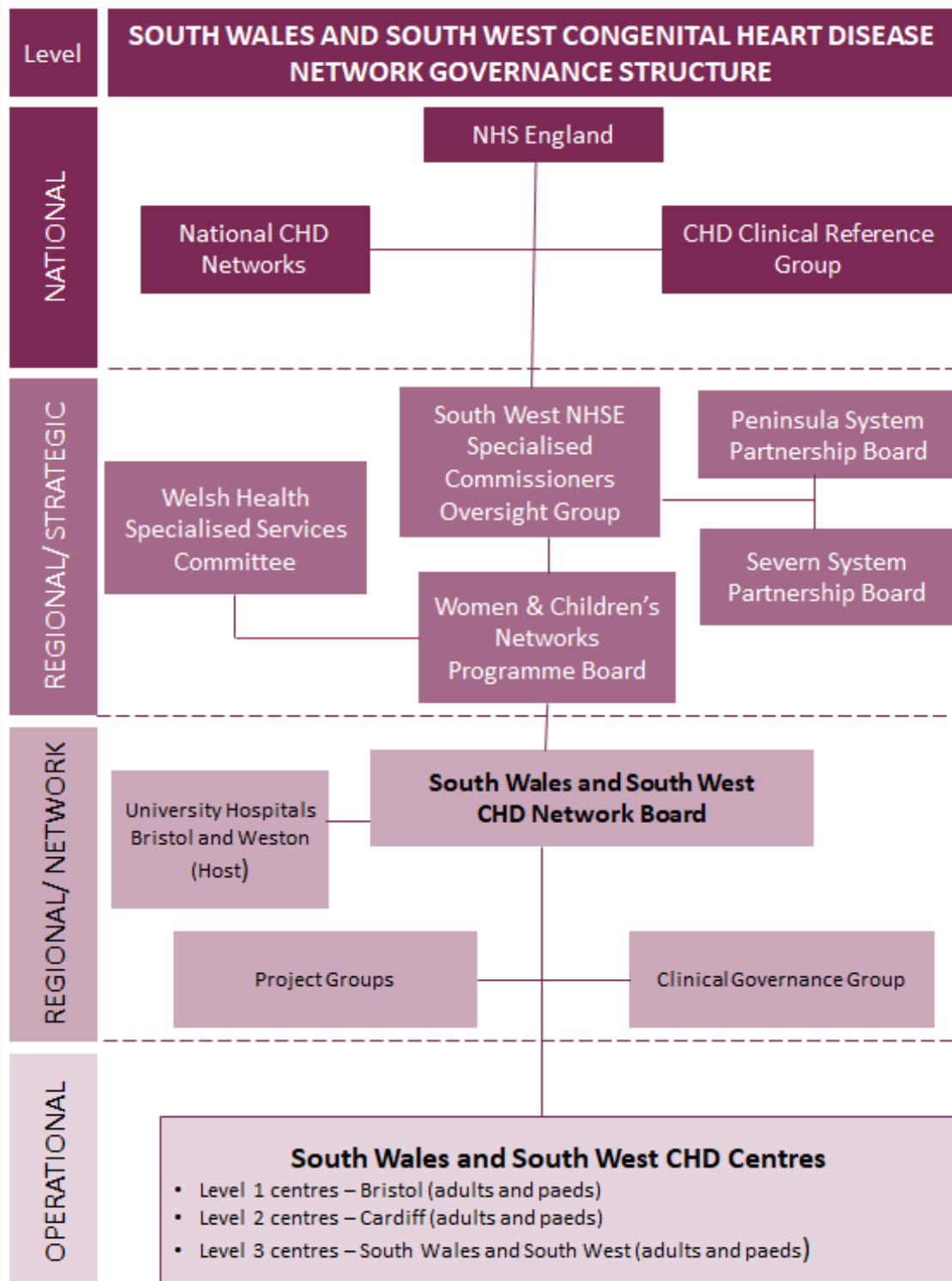


To monitor and drive improvements in quality of care



Network Governance

The oversight of the SWSW CHD ODN is through the SWSW CHD Network Board, with an established clinical governance group and ad hoc project groups feeding into the priorities and planning. The operational and governance structure is illustrated through the diagram below:



Meet the Network Team (2020/21)



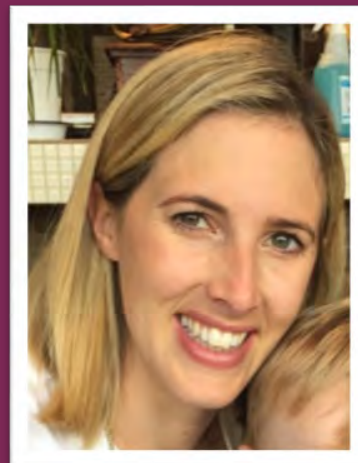
Cat McElvaney
Network Manager



Andy Tometzki
Clinical Director



Sheena Vernon
Lead Nurse



Jess Hughes
Lead Nurse



Ness Garratt
Lead Clinical Psychologist



Rachel Burrows
Network Support Manager



Our Network in Numbers 2020/21

CLINICAL CARE



317

Heart operations



547

Cardiac catheters



c. 14,000

Clinic attendances
(level 1 and 2 only)



1,145

Psychology contacts

OUR NETWORK



Consultants including:

4 Cardiac surgeons

16 Paediatric cardiologists

9 Consultants in adult congenital heart disease

31 Paediatricians with expertise in cardiology (PECs)

16 Adult cardiologists with specialist congenital interest

18 Adult and 19 Paediatric centres

Covering level 1 (specialist surgical), level 2 (specialist medical), and level 3 (local centre) services



Nursing staff including:

17 Clinical nurse specialists

68 Link nurses in Level 1 (12), Level 2 (7) and Level 3 centres (49)



Allied Health Professionals staff: c. 100

COMMUNICATION AND ENGAGEMENT



9

Webinars



8

Virtual Study Days



17,654 (↑ 11,640)
Website users



390 (↑ 192)
Twitter followers

Visit us: www.swswchdco.uk

Follow Us: [@CHDNetworkSWSW](https://twitter.com/CHDNetworkSWSW)



Key achievements, developments and highlights from 2020/21

COVID-19 Response, Restoration and Recuperation

The escalating SARS-CoV-2 coronavirus pandemic necessitated a dramatic change in the network workplan and priorities at the start of 2020/21, focusing on whatever could be done to assist the local, regional and national NHS response. At times of greatest need, this included redeployment of our network lead nurses to support adult and paediatric intensive care services. Thankfully, as a network we were able to support the continuation of CHD services throughout this difficult year.

Collectively, the SWSW CHD network led and supported a number of COVID-19 initiatives as the year progressed:

- Established and led a national 'network of CHD networks' weekly calls to disseminate information rapidly and coordinate response across the UK, and advise NHS England;
- Shared vital information, discussion of clinical cases and learning regionally and nationally;
- Developed regional triage guidance to support decision-making in tertiary clinics;
- Published a COVID-19 information page on the SWSWCHD website to direct patients, families and professionals towards the latest guidance, including wellbeing support;
- Contributed to the development of paediatric inflammatory multisystem syndrome disease specification and treatment strategies.
- Collaborated with the British Congenital Cardiac Association, Clinical Reference Group, Royal College of Paediatrics and Child Health and other stakeholders to develop guidance / FAQ's for CHD patients during the pandemic;
- Supported the Paediatric Critical Care network with winter planning for the South West region;
- Supported regional centres with recovery plans and monitoring of patient backlogs.

Digital working

The pandemic required a rapid acceleration in digital working, and our network was no exception. We adapted quickly to virtual communication platforms and off-site working in order to continue delivering much of our core network activities. Our planned face to face events were necessarily cancelled but many of these were successfully moved online, to become virtual study days and webinars. We adjusted our website and launched an additional space using the FutureNHS Collaboration Platform to provide access to resources for CHD professionals across the region.



Our move to virtual communication platforms enabled wider access to the level 1 paediatric CHD joint cardiac conference (multi-disciplinary team meeting), since clinicians across the region could join more conveniently. Similarly, this change has improved access to our key network meetings, including Clinical Governance and the Network Board. Despite the COVID-19 restrictions, the SWSW CHD network was able to adapt effectively and will likely keep some of these changes going forward.



Standardising and improving care across the network

The SWSW CHD network plays a key role in improving quality and equity of access to CHD care in the region. In 2020/21 the network supported WHSSC to develop a CHD service specification for Wales, and formed plans to enable Welsh centres to adopt the NHSE CHD standards, which will continue in 2021/22. A number of guidelines, pathways and protocols were developed within the region, including a *retrieval, transfer and repatriation protocol* for neonates, children and young people with suspected or confirmed congenital heart abnormality ; a *pregnancy pathway* for pregnant women with CHD; and a relaunch of a dental pathway for patients requiring cardiac surgery, in a project which increased awareness, identified gaps and implemented improvements. Further work was begun to revise paediatric guidelines for *Fontan circulation*, *coarctation of the aorta* and *inherited cardiac conditions*.

A number of improvements to clinical services also launched in 2020/21. Referral criteria was developed for the paediatric clinical nurse specialist services and shared across the region. ACHD nurse specialists in Bristol began an *Advanced Care clinic* for patients with complex CHD, with a future evaluation of this service planned for 2021/22. A cardiac physiology-led ECHO clinic launched in Truro, with a similar service being planned in Bristol.

A network of paediatric pharmacist contacts has also been generated across the region to make it easier for pharmacists to communicate, feed into network agendas and get advice and guidance from level 1 and 2 centres when necessary. This should improve awareness and access to guidelines that have been developed to aid seamless care of our patients across the Network.

Spotlight on Psychology

Whilst cardiac care and the surgical program continued during the pandemic, lifespan psychology services needed to adapt to provide continued inpatient and critical care support but also remote support for clinics and outpatients services not able to be delivered in the hospital. The service has remained full, service orders continued to increase and activity remained high.



Key adaptations and developments to enable the service to continue included:

- Converted to virtual platform for individual and multidisciplinary consultations
- Produced four webinars: (1) Coming into hospital (for parents to support selves and children); (2) Preparing for surgery; (3) Supporting siblings; (4) Managing stress (for parents)
- Delivered a training day for all psychologists providing psychological care to paediatric or adult CHD patients in the South West or South Wales.
- Scoped and mapped a four tiered model of psychological skills training for network clinicians, with plans to pilot this training in 2021/22
- Delivered a regional online public engagement event to answer families' questions concerns around service adaptations during COVID and to understand information and support needs.
- Launched a network wide social media '*my question*' campaign to raise awareness of psychology toolkits and resources to support families
- Developed a network patient and public involvement program of engagement and support for key programs of work, including the promotion of the SWSW CHD network website, sources of support, and guiding the network social media strategy



Expanded Adult CHD services across the network



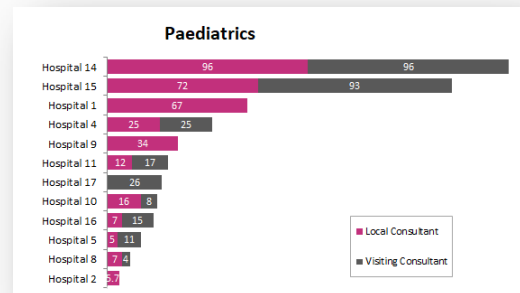
The SWSW CHD network celebrated the appointment of Dr Georgina Ooues to The Royal Cornwall Hospitals NHS Trust, which became the first Level 3 centre in the country to have a dedicated ACHD Consultant, improving access to CHD expertise for adult patients in the South West peninsula.

We also supported WHSSC to develop a proposal and 'Phase 2' business case to increase ACHD capacity in South Wales. Funding received so far has enabled the expansion of the ACHD service in South Wales with the recruitment of several new clinical and support posts. This will lead to increased tertiary service capacity across South and West Wales, and, once Covid-19 restrictions start to ease, will lead to a reduction in waiting times for CHD patients, along with an expanded range of dedicated services available, including psychology. .

Enhanced performance reporting

The Network Board has a role in monitoring the performance of centres within the network, with a particular focus on reducing variation in quality and access. The performance report is used to provide assurance to the board and highlight any areas that are performing well or areas that may need support.

The board can then identify and share good practice or take supportive action. In early 2021, we launched an enhanced set of templates and dashboards to make it easier for services to report on their performance and to improve the quality and relevance of reports. We are developing and assessing a graphical dashboard, enabling a quick visual way to notice trends, hot spots and areas of best practice. This will improve our ability to benchmark services within the network.



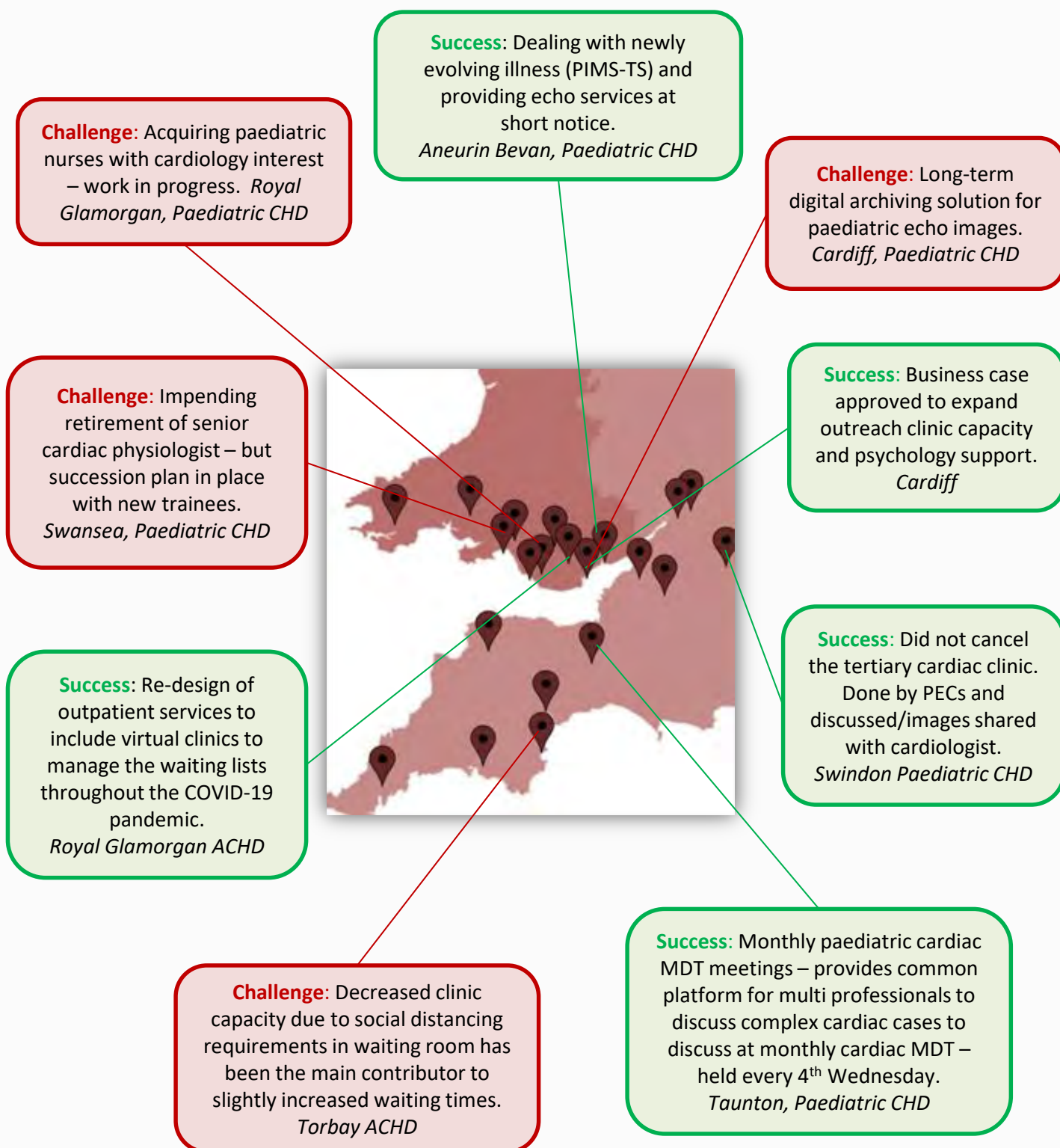
Opportunities for networked working

Use of virtual platforms has increased the opportunities for collaboration and joint working across our region, overcoming geographical barriers. In addition to the virtual network teaching/training sessions and board meetings, this included virtual project groups; facilitating virtual 'Meet and Greet' sessions for cardiac physiologists and CHD link nurses across the region, promoting networking, broadening contacts and sharing perspectives. The network team also supported joint meetings between Fetal Cardiology teams in South Wales and the South West to improve understanding and increase collaboration between centres. Level 1 (Bristol) multidisciplinary team meetings were held virtually, which enabled clinicians from across the network to join the meeting, including both the Bristol and Cardiff Clinical Nurse Specialist teams. This is strengthening working relationships, improving communication and continuity for patients. In quarter 4, the network developed and launched a collaboration space for Paediatricians with expertise in cardiology (PECs) on its FutureNHS Platform, designed as a central platform for regional PECs to share resources and information, alongside a discussion forum and events calendar. The SWSW CHD network manager also established an informal forum with other South West Operational Delivery Networks (such as Surgery in Children and Paediatric Critical Care) to facilitate shared learning, improved communication and efficient use of NHS resources.



Successes and challenges from around the region

We asked our network members for their top successes (green) and challenges (red) from 2020/21. Here are a few things they highlighted to us.



Education, Training and Audit

Education and training

A core objective of the network is to support and promote training and education opportunities for our healthcare professionals. The past year has brought with it unprecedented challenges with the COVID-19 pandemic affecting all aspects of our clinical services. In response to the pressures of COVID-19, the network shifted to delivering a variety of programmes of education and training online. This new way of learning has enabled a significant increase in network participation in events as this overcomes the constraints of geographical distance.

Some highlights include:

- 18th Annual ACHD study day held virtually in October- with over 90 delegates from across the region
- Psychology training days and webinars
- Level 1 and 2 Clinical Nurse Specialist meeting
- Fetal cardiology webinar series – these popular recordings are stored on our network NHS Future Platform and attracted international interest with over 200 delegates registered – email SWalesSWCHD-manager@future.nhs.uk for access!
- Cardiac physiology meet and greet sessions with excellent engagement across the region
- ‘Lesion of the month’ – bitesize education for CHD nurses and training pack for link nurses
- Virtual sonographer training session for district general hospitals delivered by the fetal cardiology team to help improve rates of antenatal detection of CHD
- Network wide annual Mortality and Morbidity session; well attended and positively evaluated
- Paediatrician with Expertise in Cardiology (PEC) study day
- PEC platform created on the network NHS Future Platform as a virtual space for regional PECs to share useful resources and information, plus a discussion forum and events calendar



For more information on training, education days, and useful resources, please visit www.swswchd.co.uk

Audit

The network audit programme is an important component of the network's portfolio, coordinated by Dr Helen Wallis, Network Audit Lead and ACHD Consultant in South Wales. The SWSW CHD network aims to facilitate the presentation of 2 to 3 audits biannually at the network Clinical Governance Group. Although audit was deprioritised for much of 2020, as services adjusted to 'living with COVID-19', existing audits started to be progressed and new ones were designed. This year, two network-wide audit sessions were held virtually with audits presented by different staff from across the network. This provided a great opportunity to share learning and best practice.

In 2020/21, the following audits were presented:

- Neonatal Ectopic Beat Management (Cardiff Paediatrics)
- Transfer and Transition (Taunton)
- Dental Care Access in Cornwall (Truro)
- Patient experience feedback survey on telephone consultations (Cardiff Adults)



Feedback on our training events

Through a mixture of surveys, email and debrief conversations, the SWSW CHD network routinely collected feedback from events throughout the year to ensure they continue to meet the needs of CHD staff and services in the region. Our virtual events have been generally very well received, but the limitations of virtual settings was also noted and the lack of informal networking opportunities was a loss compared with previous years.

“The cases were really thought provoking and the audit was a perfect example of a standard that was assessed and found to be lacking... and improvements made.” *M+M Sep 2020*

“Attending virtually worked really well. The link to attend was easy to follow and the video stream also worked well. I could hear the presenters clearly and the slides were good.”

Psychology day Feb 2021

“I have had a look at these webinars and they are brilliant. I would really like to share them with the other teams in our East Midlands Network. Well done! Really good!”

Fetal Webinar series (summer 2020)

“Excellent virtual meeting. Missed the networking but I found it easier to take notes and photos of slides which consolidated my learning”

ACHD day Oct 2020

“I learned more about ACHD. There were very good presentations. **Very well put together.** Delivered by **experts** in their fields.”

ACHD day October 2020

“Generally a fantastic experience. You definitely feel as though you are at a meeting and can interact. The obvious disadvantage is that you are speaking to a screen of initials rather than actual faces, which is slightly off putting as you cannot get any facial clues from your audience as to whether they are following you or have switched off.. “ *‘M+M Sep 2020*

“Attending online is so much easier as it saves time, travel and money.”

Cardiac Physiologist, Dec 2020



Research update

Research in the network

Enhancing patient care through research is a key objective of the many studies being conducted within the South Wales and the South West Congenital Heart Disease Network. It is widely accepted that a research active culture can bring a host of benefits for patients, clinicians and the NHS. Research drives innovations, enables better and more cost-effective treatments and creates opportunities for staff and patients. In 2020/21 there were a large number of publications within our region, including a Cochrane systematic review of [physical activity interventions for people with CHD](#), and papers on [genetic counselling in inherited cardiomyopathy](#) and [implantable cardioverter-defibrillator devices in paediatric hypertrophic cardiomyopathy](#). Active research fellows led projects such as exercise prescription in teenagers and human-computer interaction in patient self-monitoring. Other new and ongoing research programmes included an evaluation of sudden cardiac death victims, funded by the *British Heart Foundation*, and a study of aortopathy and exercise, funded by *Above and Beyond*. The CHD research community in the SWSW region continues to be very active and there is much more planned for 2021/22!

Research update from the Paediatric Cardiac Research Team

The pandemic brought with it many changes and we needed to find different ways of working, balancing the need for research recruitment against valuable PPE. By collaborating with clinical staff already on the paediatric intensive care unit, patients could be informed about and recruited to studies without using additional PPE. We managed to continue recruiting to the OMACp (Outcome Monitoring after Cardiac Procedure) study during the pandemic. The study went on pretty much undisturbed, recruiting between 40-60 patients/parents a month. This gathered data and samples from cardiac patients during normal clinical care to improve our knowledge of risk stratification and patient outcomes.



The research team also received update training and were on standby to support front-line services, and later assisted as vaccinators on adult and paediatric COVID vaccine trials. Later in the year, the research team was able to finish the set up of a commercial study, CARDIOCEL, which looks at long-term follow up of CARDIOCEL products used to close holes in the heart. This was done quickly and Bristol became the first UK site in this study to open.

It is fair to say that we have all had our difficult moments during the pandemic, but it has shown just what a bedrock of clinical care research is and how impressive teams have been collaborating, using transferable skills and pushing boundaries to help us all through the past 12 months. Whatever the future brings it will, as always, have the singular aim of improving outcomes for our patients and their families.

*Karen Sheehan RGN RSCN MSc
Cardiac Research Sister at Bristol Royal Hospital for Children*

For more details on our research strategy and research in the network please visit www.swswhd.co.uk



Communication and Engagement

Network communication

The network acts as a central point of communication and information for network stakeholders. With well-established communication channels, we have been able to support our network members and wider teams with rapid and effective communication particularly in response to COVID-19.

Highlights include:

- Enhancing the COVID-19 webpages on the network website with resources for patients, families and staff. This includes general advice, CHD specific advice and useful resources for wellbeing and mental health.
- Led the establishment of a national network of CHD networks COVID-19 response forum which has continued to run throughout the year with our admin support and our Clinical Director co-chairing this. Weekly reporting to Specialist Commissioners and involvement in several regional calls.
- Biannual CHD network newsletters published and distributed to network members.
- Trial online 'listening event' in Gloucester supported by the network.
- Survey of patient experiences of virtual appointments.
- Patient and family support webinars facilitated by the Level 1 centre psychology team.
- Working in collaboration with support groups and charities to raise awareness of the network and signpost to website resources.
- Patient stories presented at the Network Board.
- Patient representative survey presented to the Network Board members and patient representatives.
- Increased engagement with patient representatives with a virtual pre-meet before the network board, as well as debriefs. The patient representatives have discussed their specific areas of interest and have supported various network projects promoting the guiding principle that if a project is about a patient, a patient representative should be involved.



Patient representatives update

The Patient/Parent rep team are made up of both adults with CHD and parents of children with CHD, and we work closely with the network team to feedback our views on various aspects of the service that we receive in both the paediatric and adult CHD services. We are made to feel very included and our views are taken seriously resulting in closer working relationships between clinicians and the patient reps. Through regular briefing meetings before and after the Network Board Meetings we are able to share our views and thoughts and we have developed a strap line:

'If a patient is involved, discussions should include a Patient/Parent rep'



*Nicola Morris (right)
with Calum Morris, 15*

As Patient/Parent reps we are working on a range of different projects including promotion of the network through social media and mental health support. It is great to feel our views are valued and that the Network is responsive to our suggestions working with us to make changes to improve the support patients and families receive on their CHD journey.

Nicola Morris, Parent Representative

Increasing patient involvement in the Network Board

The network team were keen to understand the perception of the role of the patient and family representatives' contribution to the Network Board and so conducted a survey in March 2020. The aim was to identify what further work needed to be done around the role. Sheena Vernon presented the key messages from the 19 board member and 4 patient representative responses to the June 2020 Network Board. Overall, the results indicated the work with lay representatives has started well and there is a common commitment to fully realise their benefits, provide training and support, and enhance joint working and involvement of patient representatives in projects within the network. Recommendations included further training and development for the patient representatives but also for the board. Support was provided to patient representatives on how to introduce themselves at the board meetings, and they are encouraged to flag any abbreviations, jargon or terminology that they don't understand or feel is insensitive.

Work with charity partners

The SWSW CHD Network collaborates frequently with local charities in the interests of CHD patients in the region. We are grateful to our charity and support group partners for their support and for promoting the CHD website and resources. In 2020/21, charity partners were invited to include updates in our network newsletter and a charity and support page was further developed on the SWSW CHD network website - www.swswchd.co.uk/en/page/charities - to direct patients and families to further sources of support. The network team and partners regularly support one another on Twitter to raise awareness of CHD and the support available.

In 2020/21 the network promoted the Children's Heart Federation 'Think Heart' campaign, the Youth at Heart provision of youth worker support for 15-25 year olds, the Heart Heroes support hubs across the SWSW region, and much more. Several representatives of charity partners have fed into the network's 'My Question' campaign (where we posted answers to frequently asked questions), and have volunteered their expertise to support the network in improving its website and social media strategy, in order to engage and inform more patients across the region.



Financial Report

The SWSW CHD network is funded by NHS England and was allocated an annual budget of £186,304 in 2020/21, after overhead contributions to University Hospitals Bristol and Weston NHS Foundation Trust as the host organisation.

The end of year statement for the network is shown in the table below. The SWSW CHD network closed the financial year with an underspend of just over £18,000. There was a small underspend in the pay budget related to a short gap in our lead nurse establishment, ahead of Jess Hughes starting in post. However, the underspend was largely driven by a reduction in non-pay spend, owing to COVID-19 restrictions preventing travel and face to face network events.

This small saving goes a little way to mitigating the huge costs to the wider NHS in this unprecedented year.

Network funding		2020/21	
	Expenditure	Budget	Variance
Pay			
Total	£ 167,072	£ 169,736	£ 2,664
Non-Pay			
<i>IT (inc. website), office</i>	£ 3,709	-	
<i>Travel</i>	£ 10	-	
<i>Training/events</i>	£ 1,195	-	
<i>Miscellaneous</i>	£ 100	-	
<i>Refunds/income</i>	£ -3,895	-	
Total	£ 1,119	£ 16,568	£ 15,449
Total			
	£ 168,191	£ 186,304	£ 18,113



Risks and Challenges

The top risks/challenges for the CHD network are highlighted below. All our network risks are monitored through the SWSW CHD network board. Further details are available on request. Undoubtedly one of the biggest challenges for CHD in 2020/21 has been outpatient follow up backlogs, which was amplified by the disruption caused by COVID-19. A main focus for centres within the network continues to be on addressing these backlogs and mitigating risks associated with increased waiting times for CHD patients in our network.

Top Risks for South Wales and South West CHD Operational Delivery Network			
Risk / Challenge	Score (1-25)	Owner	Mitigation
Risk that CHD patients come to harm because of delays to appointments and procedures across the network caused by COVID-19 and subsequent backlogs.	15	Provider Trusts	Network members are to escalate any significant clinical risks to the network and within their organisations. All centres have been requested to regularly review and triage their waiting lists. Continued development of restoration plans for CHD activity – linking in with PIC plans.
Risk that CHD patients in South Wales are not having the same standards of care because the NHSE CHD standards are not currently adopted by services in Wales.	9	WHSSC	South Wales centres form part of network and report into the network board on performance, escalating any issues. Network has met with WHSSC and Health Boards to progress discussion on Wales adopting the CHD standards. Phase II business case approved to increase ACHD services in South Wales.
Risk that network centres will be unable to identify or fund link nurses, reducing quality of service to patients (Note: link nurses may be named but without funded time to deliver the role)	8	Provider Trusts	The network team has met with managers, clinicians and/or senior nurses in each hospital to explore the local options. A link nurse development programme has been put in place. Plans are under way to increase access to level 1 and 2 Clinical Nurse Specialist for those patients in greatest need of support.
Risk that adult CHD service provision will be compromised across the network due to recruitment and retention of specialist ACHD medical workforce	Under review	Provider Trusts	Concern escalated to Clinical Reference Group for Congenital Heart Services and the British Congenital Cardiac Association, to be considered and addressed nationally. Meeting set up in July 2021 with key Network stakeholders to explore regional risk and mitigation strategies, such as use of different staff groups.



Our Focus for 2021/22

To ensure the continued development and delivery of CHD services across the South Wales and South West, we will be focusing on the following priorities in 2021/22 (in addition to our core 'business as usual' activities, such as education and engagement):

<p>#1 Post-COVID restoration and recuperation</p>	<p>Continue to monitor CHD activity across the region and work to improve equity of access. Support the restoration and recovery of CHD activity. Signpost access to resources and support for staff wellbeing.</p>
<p>#2 CHD standards in Wales</p>	<p>Support the adoption of NHSE national standards for CHD across Wales by:</p> <ul style="list-style-type: none"> - Developing a standard process for self-assessment against these standards - Completing a gap analysis of Welsh CHD services against these standards - Support the progression of business cases to attain these standards
<p>#3 Transition between paediatric and adult services</p>	<p>Pilot project has begun to implement transition clinics in some peripheral centres with Level 1 Cardiac Nurse Specialist support. Transition taskforce formed in order to support the Level 1 centre in this project and take it forward.</p>
<p>#4 Peripheral clinics</p>	<p>Produce standardised protocol for the governance of tertiary CHD clinics in Level 3 centres and support the Level 1 centre to roll this out across the region.</p>
<p>#5 Adult CHD workforce</p>	<p>Work with Clinical Reference Group for Congenital Heart Services and local CHD centres to develop a workforce strategy for ACHD services, to ensure the continuity of adult services across the region. Continue to develop and support Level 3 nursing services clinically and with ongoing education.</p>



Looking to the future



Introducing... John Mills

The SWSW CHD Network will see a few changes going into 2021/22. After more than two years as Network Manager for CHD in the South West and South Wales, Cat has accepted a secondment to a different challenge, and a promotion to Head of Locality within the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group, at least for the next 12 months. It is clear to me, even from a few weeks in post, what a positive, driving force Cat has been within this network. I joined the network in June 2021 and very much hope to live up to Cat's legacy!

I am not the only new face for 2021/22, at the start of the year the network appointed Dr Dirk Wilson, Paediatric Cardiologist in Cardiff, as the new Chair of the Network Board. As a core network team, we look forward to working closely with Dirk to ensure that our network continues to deliver value and improvement for CHD services and patients across the region.

'Meet' Dirk Wilson!
www.swswhd.co.uk/en/staff/30

What next?

For me, working on this annual report has really emphasised the tremendous amount of work that the SWSW CHD Network has achieved in the last year, having an impact nationally as well as locally. It has also highlighted the fantastic passion and dedication of individuals and teams across the region, who make up the network itself, and who are determined to make CHD care in the South West and South Wales the best it can be.

My own priority for the next year is to keep this momentum and continue the great work that has already begun, while making the most of new ideas and new ways of working open to us. Our workplan for 2021/22 is ambitious, but it needs to be if we want to tackle the big challenges facing CHD services. After the lessons of 2020, we recognise we may also need to be flexible in our priorities to respond to the unpredictable, ensuring that the health and wellbeing of our patients and services comes first. All this will not be easy, but this network is well-placed to deliver this valuable work.

Digital working is here to stay. For now, this will be the primary mode of delivery for our network activities, including the excellent education and training programme in our network. However, we hope that some return to in-person events may be possible before the year is out. I look forward to meeting you then.



Congratulations, Cat
You will be missed!



Dr John G. Mills
Network Manager, SWSW CHD ODN





How to get involved

There are many ways to get involved with the network:

Professionals can:

- Express interest in becoming a board member
- Attend one of our training events
- Take part in our virtual annual morbidity and mortality meeting in September 2021
- Come to our stakeholder day – date tbc.

Patients and families can:

- Visit our website (www.swswchd.co.uk)
- Sign-up to our newsletter mailing list
- Become a patient or parent representative for the network
- Attend one of our engagement events
- Come to our stakeholder day – date tbc.

For more information, please:

Visit our website: www.swswchd.co.uk

Follow us on twitter: @CHDNetworkSWSW

Email: rachel.burrows2@uhbw.nhs.uk.



South Wales and South West
**Congenital Heart
Disease Network**



Meeting of the Board of Directors in Private on Thursday 30 September 2021

Report Title	Appointment of a Responsible Officer
Report Author	Eric Sanders, Director of Corporate Governance
Executive Lead	Robert Woolley, Chief Executive

1. Report Summary	
This report seeks approval from the Board for the appointment of Emma Redfern, Interim Medical Director, to the role of Responsible Officer.	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> • The Medical Profession (Responsible Officer) Regulations came into force on 1 January 2011 and were amended on 1 April 2013 (The Medical Profession (Responsible Officers) (Amendment) Regulations 2013). The regulations require all designated bodies to nominate or appoint a responsible officer (RO). • The Medical Director, William Oldfield, has been the Trust's RO until his resignation from the Trust. • The Regulations specify the requirements for who can hold the post of RO and this includes being a medical practitioner and that they must, at the time of appointment, have been a medical practitioner throughout the previous 5 years. The RO must then continue to be a medical practitioner in order to remain as a RO. • The RO is also required to undertake specific training provided by NHS England. • Emma Redfern, Interim Medical Director, meets the requirements for appointment to the role of Responsible Officer and will undertake the necessary training. 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
<p>The risks associated with this report include:</p> <p>If the Trust does not appoint a Responsible Officer then the Trust will not be compliant with the Regulations and doctors working for the Trust will not be able to revalidate.</p>	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<p>This report is for Approval.</p> <p>The Board is asked to approve the appointment of Emma Redfern, Interim Medical Director, as the Trust's Responsible Officer.</p>	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	

Meeting of the Board of Directors in Public on Thursday 30 September 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	
<p>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.</p>	
2. Key points to note <i>(Including decisions taken)</i>	
<p>Since the last public Board of Directors meeting in July, four items have been added to the Governors' Log by governors, one of which has received a response so far. The new questions relate to partnership working during the pandemic, and the Trust's strategy in relation to climate change preparation, flooding prevention, and recycling.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
n/a	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Information. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
n/a	

ID **Governor Name**

257 Charles Bolton

Theme: Flooding**Source:** Governor Direct

Query 14/09/2021

Noting the steep slope the hospitals are on (or at least some of them), and noting the fact that other hospitals flooded, is the trust confident that of its measures to prevent flooding?

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 12/10/2021**Response****Status:** Assigned to Executive Lead

ID **Governor Name**

256 Charles Bolton

Theme: Climate Change

Source: Governor Direct

Query 14/09/2021

'Where is the trust at as regards to Climate Change adaptation?'

Is there a strategy? If so, what status does it has and how is it being progressed? Are there any blocks to its progress?

The classic example of climate change is the year (2003 I think) where a heatwave killed thousands of people in France. The point being that come 2050, this will be an average summer. If you think back to the summer here, there was a week or so when it was so hot that people struggled to sleep. In that week, some of the clinic rooms where I work were unpleasantly hot.

I believe the response in France was to increase the tree cover (which has a cooling effect). Is the trust contributing to a city –wide strategy ?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 12/10/2021

Response

Status: Assigned to Executive Lead

ID **Governor Name**
255 Sofia Cuevas-Asturias

Theme: Recycling

Source: Governor Direct

Query **08/09/2021**

1. What are we doing as a trust to increase our recycling of goods?
2. Will we have any initiatives for inhalers to be recycled as per new guidance (https://psnc.org.uk/our-news/pqs-quality-criterion-starting-from-1st-september-2021/?fbclid=IwAR1j5nBHlr6KmyK9-M8mePPH9UI0AJ1_ICwrrriXuWA-mtzas74kFQVECE)

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 06/10/2021

Response

Status: Assigned to Executive Lead

ID **Governor Name**

representatives in this group.

For noting, the Trust's Director for Infection prevention and control is linked into the national infection prevention and control team meetings for horizon scanning and updates which are brought back to the Trust via the Bronze IPC group feeding into the Trust's COVID19 incident response group currently meeting daily with the information flowchart [shared with the governor who raised the question] demonstrating the process for connecting joint working from internal to external partners.

In addition to the above the Trust has been represented directly by the CEO, DCEO&COO and the resilience manager in the multi-agency Strategic (SCG) and Tactical (TCG) co-coordinating group of the Local Resilience Forum.

The Trust would ordinarily be represented by proxy through regional NHSE/I partners or the CCG. However, in the response to Covid this was agreed as a local approach for all health partners and gave the Trust not only a direct line of communication to local multiagency partners but sight to risks, issues and solutions and joint working in the wider arena. The UK Government's Resilience and Emergencies Division (RED) is also represented at this group providing a direct line of communication to the Cabinet Office as a 2 way process: not just from Department of Health and Social Care (DHSC) but connecting the Trust with the Ministry for Housing, Communities and Local Government (MHCLG) directly.

Status: *Closed*
