NHS

**University Hospitals
Bristol and Weston**

NHS Foundation Trust

Public Trust Board Meeting Papers

Date: Friday 27 November 2020

Time: 11.00 – 13.30

Venue: Video Conference

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Conference Room, Trust HQ, Marlborough St, Bristol, BS13NU

Board of Directors (in Public)

Meeting of the Board of Directors to be held in Public on
Friday 27 November 2020 at 11.00 – 13.30 Video Conference
AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence – *Verbal update*	Information	Chair	11.00
2.	Declarations of Interest – *Verbal update*	Information	Chair	
3.	Patient Story	Information	Chief Nurse	11.05
4.	Minutes of the Last Meeting • **29 September 2020**	Approval	Chair	11.25
5.	Matters Arising and Action Log	Approval	Chair	11.27
6.	Chief Executive's Report	Information	Chief Executive	11.40
Strategic				
7.	Covid-19 Update	Assurance	Deputy Chief Executive and Chief Operating Officer	11.50
8.	UH Bristol/WAHT Integration Update	Assurance	Director of Strategy and Transformation	12.05
9.	Healthier Together Sustainability and Transformation Partnership Update	Assurance	Chief Executive	12.15
10.	Maternity Provider Annual Report	Assurance	Chief Nurse	12.25
Quality and Performance				
11.	Integrated Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director	12.30

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
			of People	
12.	Committee Chair's Reports • ASR Programme Board • Finance & Digital • People • Quality and Outcome	Assurance	Chairs of the Committees	12.45 To follow
13.	Finance Report	Assurance	Director of Finance and Information	12.55
People Management				
14.	Flu Vaccination Programme	Assurance	Director of People	13.05
Governance				
15.	Review of Committee Terms of Reference: • Audit • Quality & Outcomes • People	Approval	Director of Corporate Governance	13.15
16.	Register of Seals – Q2 Update	Assurance	Director of Corporate Governance	13.20
17.	Governors' Log of Communications	Information	Director of Corporate Governance	13.25
Concluding Business				
18.	Any other urgent business	Information	Chair	
19.	Date of next meeting: **28 January 2021**	Information	Chair	

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Meeting of the Board of Directors in Public on Friday 27th November 2020

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

1. Report Summary
Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.   The purpose of presenting a patient story to Board members is: • To set a patient-focussed context for the meeting.   • For Board members to understand the impact of the lived experience for this patient and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.
2. Key points to note   *(Including decisions taken)*
In this patient story we will share a video from Laura, a patient who gave birth at St Michael's Hospital during the current Covid-19 pandemic. Although Laura's birth didn't go quite the way she had planned, and she was super anxious given the current circumstances, she says the staff were phenomenal, supportive, really friendly and that she felt she was in really safe hands.   Laura will join the meeting and talk in more detail about what really mattered about her care and what thoughts she has on how the experience can be made even better for mums in the future.   Here is a link to Laura's video: http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/st-michaels-hospital/covid-19-update/patient-story/
3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*
4. Advice and Recommendations   *(Support and Board/Committee decisions requested)***:**
• This report is for **INFORMATION**   • The Board is asked to **NOTE** the report

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
[Name of Committee/Group/Board]	*[Insert Date paper was received]*
N/A	

University Hospitals Bristol and Weston
NHS Foundation Trust

Minutes of the Board of Directors Meeting held in Public

Tuesday 29 September 2020, 11:00-13:00, by videoconference

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

Present

Board Members

Name	Job Title/Position
Jeff Farrar	Chair of the Board
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Bernard Galton	Non-Executive Director
Kam Govind	Non-Executive Director (Associate)
Matt Joint	Director of People
Neil Kemsley	Director of Finance and Information
Carolyn Mills	Chief Nurse
William Oldfield	Medical Director
Guy Orpen	Non-Executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Steve West	Non-Executive Director

In Attendance

Name	Job Title/Position
Mark Pender	Head of Corporate Governance
Martin	Patient (for Item 3)
Alistair Johnstone	Guardian of Safe Working Hours (for Item 17)
Sarah Murch	Acting Membership Manager (minutes)

The Chair opened the Meeting at 11:00

01/09/20	**Welcome and Introductions/Apologies for Absence**	
	The Chair welcomed everyone to the meeting especially those members of the public who were viewing the meeting live via YouTube.	
	It was noted that recording of the meeting was not permitted.	
	The Board noted apologies from Jayne Mee, Non-Executive Director	

	and Eric Sanders, Director of Corporate Governance.	
02/09/20	**Declarations of Interest**	
	Members of the Board noted the following interests:	
	- Guy Orpen and Steve West, Non-Executive Directors, held senior positions at the University of Bristol and the University of the West of England respectively. - William Oldfield, Medical Director, was a Trustee of Above and Beyond. - Paula Clarke, Director of Strategy and Transformation, was also the Chief Officer for the Nightingale Hospital Bristol hosted by North Bristol NHS Trust (one day per week). - Kam Govind, Non-Executive Director (Associate) was an employee of Bristol City Council.	
03/09/20	**What Matters To Me – A Patient Story**	
	The meeting began with a story from a patient, Martin, who was a long-standing patient of the Bristol Eye Hospital. Martin described his experience of the hospital over more than 30 years of treatment and emphasised that he had found it a very caring service and one that he had benefitted from greatly in enabling him to maintain his sight. He suggested improvements that could be made to enhance patient experience and to give patients greater confidence in the service. He also commented on how the restrictions put in place as a result of the Covid-19 pandemic had impacted on his experience of care. In particular, as a patient it felt as though even some months into the pandemic, there seemed to have been confusion among staff about the measures that they needed to take, for example, whether they needed to wear masks, and where the chairs should be placed in waiting areas. Carolyn Mills, Chief Nurse, responded that the Trust's leadership and Eye Hospital management would take Martin's comments on board. In terms of the apparent confusion around Covid measures within the hospitals, she commented that directives from government had been changing rapidly in the first months of the pandemic, but the Trust had worked hard to ensure compliance. Martin also raised a question about his patient pathway, in that he had been asked to attend a clinic in Swindon for part of his treatment instead of Bristol, which had been particularly inconvenient due to the fact that the effect of the treatment had meant that he could not drive. Mark Smith, Deputy Chief Executive and Chief Operating Officer, offered to look into this issue. **Action: Deputy CE/COO to look into care pathways to establish why Eye Hospital patients may be sent to Swindon for treatment.** The Chair thanked Martin for attending and he left the meeting.	Deputy CE/COO

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	Martin Sykes, Non-Executive Directors noted that while it was useful to hear the views of experienced patients, it would also be interesting to hear a patient story from a first-time patient. **Action: Chief Nurse to look at bringing in patient stories from new users.**	Chief Nurse
04/09/20	**Minutes of the previous meeting**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust held in public on 28 May 2020. **Members of the Board resolved to approve as a true and accurate record the above minutes.**	
05/09/20	**Matters arising and action log**	
	Board Members received and reviewed the action log as follows: **03/07/20: What Matters To Me – A Patient Story** **Details of the patient pathway relating to the Patient Story to be obtained for the Chair to write a letter to individual staff members involved with this successful story.** Mark Smith, Deputy Chief Executive and Chief Operating Officer, would provide details of the patient pathway. **Action ongoing.** **07b/07/20: Board Assurance Framework – Corporate Risk Register** **Director of Corporate Governance to review how the corporate objectives were reviewed at Committee level to minimise duplication.** Mark Pender, Head of Corporate Governance, confirmed that a proposal had been drafted and would be circulated to Committee Chairs in due course once it had been reviewed by the Executive Team. **Action ongoing.** **07b/07/20: Board Assurance Framework – Corporate Risk Register** **The risk in relation to constitutional standards would be reviewed to reflect mitigations against the waiting list size.** Mark Smith, Deputy Chief Executive and Chief Operating Officer, confirmed that this risk had been reviewed to incorporate national guidance and clinical oversight of long waiters. **Action closed.** **11/07/20: Strategic Capital Update** **Chief Executive to review the strategic capital connection to the wider STP.** The Board noted that there was an internal review of strategic capital priorities in progress pending clarification of the new NHS funding regime and the strategic investment plans of the BNSSG system and wider region. Robert Woolley, Chief Executive, further added that the	

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Trust was reconfiguring its Executive management meeting structure in order to ensure that it was still furthering its strategic objectives at same time as managing the pandemic and preparing for winter. **Action ongoing.**

12/07/2020: Integrated Performance Report

The Board requested a future discussion on the increased amount of violence being experienced by staff from patients. The Director of People to bring a report to the Board.

Matt Joint, Director of People, reported that a 'Managing Violence and Aggression Steering Group' had now been established to facilitate collaboration, sharing of best practice and prioritisation of resources.

The group included representation from Divisional Directors, Clinical Chairs and a Heads of Nursing. A programme of activities would follow. **Action ongoing.**

14/07/20: Finance Committee Chair's Report

Board to send comments on the revised Finance and Digital Committee Terms of Reference to the Director of Corporate Governance.

This had been completed since the last meeting and the Terms of Reference had been updated accordingly. **Action closed**.

17/07/20: Emergency Preparedness Annual Report

Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.

Mark Pender, Head of Corporate Governance, reported that the review was ongoing and that this would return to the Board in October. **Action ongoing.**

12/06/20: Freedom to Speak Up Annual Report

Analysis of FTSU cases by gender and ethnicity to be investigated.

This would be included in the next report to Board in October. **Action ongoing.**

10/01/20: Strategic Capital update

Trust's strategic capital programme to be included in regional system discussions

This duplicated Action no. 11/07/20 and could be closed on that basis. **Action closed.**

84/09/2019: Chief Executive's Report

Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.

An update to Board on the new model of delivery at SBCH would be

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	provided in October or November. **Action ongoing.**	
	99/09/2019 Any Other Urgent Business **i.** **Consideration to be given as to whether members of the Board or governors could attend staff training sessions on transgender awareness.** **ii.** **Guide for healthcare workers in relation to transgender issues to be circulated to the Board once finalised** **iii.** **Board to write to national commissioners to seek assurance on the availability of transition services and demand and supply issues in this area.** A letter had been sent to commissioners. Transgender awareness training was now available. The delivery of guidance had been delayed by Covid-19. **Action closed.** **Members resolved to:** • **Approve** the action log.	
06/09/20	**Chief Executive's Report**	
	Chief Executive Robert Woolley gave a verbal update on the following key issues: • There was a significant amount of work going on at the Trust to plan for winter while taking into account the protective measures that needed to remain in place to manage the pandemic. • The rate of community infection in the area was increasing though there were currently only 8 confirmed inpatients with Covid-19 (3 in Bristol and 5 in Weston). • The Trust had undertaken a thorough investigation into the Covid-19 outbreak that had occurred at Weston General Hospital in May. The findings and recommendations had been published this month and had identified that there had been 18 patients who had probably or definitely caught Covid-19 in the hospital and whose deaths may have been contributed to by that hospital-acquired infection. The Trust had been open with the families involved and was undertaking individual investigations into each of those 18 deaths and these would be reported back to the Board in due course. Support had been offered to the families and a helpline had been established for anyone who had questions or concerns about their relatives at Weston during the pandemic. The Trust had reported the findings and its actions to the Health Overview and Scrutiny Panel for North Somerset Council. At the same time, an independent 'lessons-learned' review had been carried out by the regional Outbreak Control Team, and the report from this was expected in the coming weeks. The Trust was now investigating hospital-acquired infections across all its hospitals. On a Trust-wide basis, since the start of March to the end of July, it was emerging that 150 inpatients had probably or	

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	definitely caught Covid-19 while they were in our hospitals and 51 of those had died, though Covid-19 may not have been the main cause of death. Further investigations would be reported to the Board in due course. He emphasised that this would be an issue that many Trusts would need to face, and it underlined the importance of UHBW's work with its regional partners to only bring people into hospital when necessary and to support patient care outside hospital.	
	• The Care Quality Commission had published a report this month on its inspection of the Emergency Department at Weston General Hospital. They had found a number of improvements since their last visit, particularly around governance, training and support for nursing staff, but they had identified a number of further areas for improvement, including clinical leadership and appropriate consultant support, which the Trust would now act upon.	
	• Above and Beyond had named one of its hospital buses 'Tiny' in recognition of Carlton Moyston, nicknamed Tiny, who had been a driver of the hospital bus, and who had sadly died from coronavirus in the summer.	
	• Above and Beyond had also launched a £2m fundraising campaign for Bristol against Cancer to raise money for cancer services across the Trust.	
	• Finally, Robert Woolley reported that Carolyn Mills, Chief Nurse, had been successfully appointed as Chief Nurse for a combined acute and community trust in Devon. He acknowledged Carolyn's contribution to the Trust over the last six years and noted that the Trust would be starting a recruitment process for a new Chief Nurse shortly.	
	Julian Dennis, Non-Executive Director, enquired about the nature of the testing put in place following the Weston outbreak. Robert Woolley responded that the Trust had needed to ensure as much testing as possible with a rapid turnaround though it recognised that no tests were 100% accurate and that new tests were developing all the time. In response to the recommendations from the Weston outbreak investigation, the Trust was testing all patients on admission right across the Trust and was also routinely swabbing every patient every week. So far there had been no incidence of hospital-acquired infection since the re-opening of Weston General Hospital in June.	
	Members resolved to:	
	• **Receive the Chief Executive's Report for information.**	
Strategic Items		
07/09/20	**Covid-19 Update**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented a report that provided an update on the Trust's response to Covid-19 and the recovery actions being taken to re-establish normal business. The following points were highlighted to the Board:	
	• The potential of a second wave was putting pressure on elective restoration. The Trust was working with its partners in the region and had submitted capital bids to try to plan for this.	

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	• There had been an increase in Covid-19 infection locally but not to the extent seen nationally. The Trust had learned lessons from the first wave, not least the extent of asymptomatic transmission, and the patterns of the disease. • Out of 28 beds which had been removed from the bed-base at Weston General Hospital as infection prevention and control measures following the Covid outbreak, 24 had now been reinstated. At the Bristol Royal Infirmary, measures were being taken to try to avoid ambulance queuing. Discharging patients was running smoother. • In terms of restoration of elective services, there had already been a marked improvement, particularly ophthalmology and dental outpatients and the re-opening of theatres. Guy Orpen, Non-Executive Director, enquired as to the bed occupancy at the present time and the plans for the second wave. Mark Smith, responded that bed occupancy was modelled on 92% occupancy and was currently in the high eighties, so there was a small margin. It was not intended to empty the hospitals during the second wave to the extent that the Trust had done in the first. In response to a question from Steve West, Non-Executive Director, about whether the Bristol Nightingale Hospital might need to be brought back into use, Paula Clarke, Director of Strategy and Transformation, confirmed that the Trust was actively in discussions with a number of services including the Eye Hospital and Paediatrics to establish if they could make good use of the Nightingale in the interim, with the understanding that they would be stood down if the Nightingale needed to be re-opened for critical care. Sue Balcombe, Non-Executive Director, noted that the Trust's discussion around winter preparations and the second wave of Covid was predicated around diverting patients from Emergency Department and enquired how confident the Trust was that primary care had sufficient capacity to deal with this. Mark Smith responded that there would be a national 'Talk before you Walk' campaign for NHS111 to deflect people from ED unless necessary, and that there was considerably more collaboration within the system about the approach to winter than in previous years. **Members resolved to:** • **Receive the Covid-19 Update for assurance.**	
08/09/20	**UHBW Integration Update**	
	Paula Clarke, Director of Strategy and Transformation, introduced a report which provided an update on service integration following the Trust's merger on 1 April 2020. She highlighted that good progress was being made to bring staff and services at Weston General Hospital together with the services across the wider University Hospitals Bristol and Weston NHS Foundation Trust. Clinical services integration was gaining momentum with five services now in advanced discussions: adult therapies, lab services, sexual health, gynaecology and pharmacy. A further nine clinical specialties were beginning the process of creating	

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	single service arrangements this month. The merger of the patient administration systems had now taken place. The report also detailed progress around corporate services integration, recruitment and retention planning, research and development, and critical care services. Members of the Board discussed the report and noted the importance of clear ownership and visibility of the integration dashboard in tracking progress on merger implementation. Paula Clarke explained that oversight of the dashboard was provided by the Programme Management Board and that Trust Board members received quarterly updates, but added that further discussion would be welcomed to improve its visibility. **Members resolved to:** • **Receive the UH Bristol/Weston Integration Update report for assurance.**	
09/09/20	**Transforming Care Programme Board Report**	
	Paula Clarke, Director of Strategy and Transformation, introduced a report which provided an update on the key transformation and improvement work that had progressed during quarter 2 (July-September 2020). She highlighted that additional priorities had been added with a focus on system partnership working locally and regionally. Internally, the Trust had run a 'Bright Ideas' competition on innovations since Covid, and had received 25 entries from staff. A diagnostic survey had been launched for Trust staff to share how they felt about making improvements at work. The results would be used to inform developments required to embed a quality improvement culture across the Trust. The Board welcomed the news that the Trust had been selected to deliver a training session on their improvement approach at the Institute of Health Improvement (IHI) annual conference in December 2020. **After further discussion, the Board resolved to:** • **Receive the Transforming Care Programme Board Report for assurance.**	
10/09/20	**Sustainable Development Annual Report**	
	Paula Clarke, Director of Strategy and Transformation, introduced a report which provided the Board with assurance on the progress of the Trust's Sustainable Development Strategy. Governance and resources had been strengthened over the past year and the Trust showed continued progress towards sustainability targets and objectives. Greenhouse gases continued to come down, and recycling had been increased by 40%. Non-Executive Directors welcomed the report and the team's ambition and achievements so far. Bernard Galton, Non-Executive Director,	

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	enquired whether the targets were still achievable and realistic in the light of Covid, for example in relation to increasing staff usage of car-sharing and public transport. Paula Clarke agreed that the targets would be reviewed although noted that the car usage aspect had been offset by the increase in working from home. Robert Woolley noted that he Trust had taken part with North Bristol NHS Trust recently in a discussion group as part of the NHS net-0 programme in advance of a new national NHS sustainability strategy which was expected in the next few weeks. **After further discussion the Board resolved to:** • **Receive the Sustainable Development Annual Report for assurance.**	
11/09/20	**Review and Refresh of Trust Strategic Priorities and Objectives**	
	Paula Clarke, Director of Strategy and Transformation, introduced a report which summarised the results of a recent exercise to review and refresh the Trust's Strategy, with the aim of ensuring that it was fit for purpose in the context of the Covid-19 pandemic. The review was now complete and it had been concluded that the Trust's strategic priorities and overall direction was still fit for purpose, but a number of the objectives below these had been reprioritised or changed. The Board noted and supported the proposed changes and the revisions to the strategic governance structure to oversee the strategy implementation. **The Board resolved to:** • Note the process which had been undertaken to test the relevance of UHBW's Embracing Change, Proud to Care 2025 Trust strategy against the changing operating context associated with the Covid-19 pandemic; • Approve the addition of the matrix attached as Appendix 2 to the report as an addendum to the Embracing Change, Proud to Care 2025 Trust strategy to demonstrate how the Trust's strategic objectives have been prioritised in response to the changes in the operating and planning context; • Approve the revised strategic objectives as detailed in appendix 3 to the report. These to be added as an addendum to the Trust's strategy and used as the framework for annual planning.	
Integrated Performance Report		
12/09/20	**Integrated Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced the report reviewing the Trust's performance on Quality, Workforce and Access standards. The following points were highlighted to the Board:	

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Access Indicators:

- Performance continued to be significantly impacted by the pandemic, with lower levels of activity and lengthening waiting times.
- Elective activity volumes were demonstrating some recovery but considerable capacity constraints remained.
- There were a number of significant backlogs that had developed which had affected the Trust's referral-to-treatment waiting times.
- Emergency Department attendances were back up to pre-Covid levels and this was providing a challenge.
- Performance against the 62-day GP referral cancer waiting time standard was however holding up.
- He discussed some of the measures to flex capacity and the remaining challenges.

Quality Indicators:

Carolyn Mills, Chief Nurse reported that Clostridium Difficile figures appeared high because they remained subject to validation by commissioners which had been delayed by the Covid pandemic. Patient complaints were back up to business-as-usual levels, though there was an underperformance in complaints responded to within timescales for the Weston Division and the Medicine Division.

William Oldfield, Medical Director reported that performance in relation to Venous Thromboembolism was challenged and the Trust was implementing changes to the oversight of this. The Trust continued to review its mortality figures though he noted that the parameters were not designed for a pandemic. The management teams covering Trauma and Orthopaedics for Weston and Bristol were looking at how they could best work together for Fractured Neck of Femur patients.

Quality and Outcome Committee Chair's Report: Julian Dennis, Chair of the Quality and Outcomes Committee reported the key issues from the committee's September meeting.

- The Committee had discussed Covid-19 measures and the Trust's recovery plans and the Integrated Performance Report
- The Committee had received a report on the Trust's work on pharmacy integration on the Bristol and Weston sites.
- The Annual Learning from Deaths report had been received and progress welcomed.
- The Committee had received the Annual Infection Prevention and Control report for Weston and had discussed the Care Quality Commission report on their inspection of Weston Emergency Department.

Sue Balcombe, Non-Executive Director, enquired whether there were any measures that the Trust could take in relation to the increase in patients attending the Emergency Department in mental health crisis in advance of the winter. Mark Smith responded that the Trust was

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	working with Avon and Wiltshire Mental Health Partnership NHS Trust to establish whether a mental health ED could be set up and was looking at ways to support ED staff in the meantime.	
	Workforce Indicators: Matt Joint, Director of People, reported that turnover had reduced to 12% and vacancies were currently at 2.7%. Staff sickness was relatively low at 3.6%. However, essential training had dropped to 86% and appraisal compliance was still too low. The staff survey was due to open in October and several new training programmes had been set up to address challenges between colleagues, bullying and poor behaviours. The Trust was accelerating its medical e-rostering roll-out. The Trust had also appointed a new Diversity and Inclusion manager, who would start in December.	
	People Committee Chair's Report: Bernard Galton, Chair of the People Committee, reported the key issues from his committee including: • The Committee had received a strategic update from the Director of People. • The Committee had welcomed an update on progress on the Trust's Arts strategy during Covid. • There had been discussions on recruitment and welcoming people to the organisation, and assurance sought that staff would not be required to take annual leave or unpaid leave if quarantining. • The Committee had received a report from the Safe Working Hours Guardian and the Freedom to Speak Up Guardian. • The Committee had approved the Annual Education report and had received updates on organisational development. • The Committee had discussed support for Staff Forums, progress on diversity and inclusion, and measures taken against violence and aggression experienced by staff. David Armstrong, Non-Executive Director, enquired as to Matt Joint's view on the progress of the planned integration of technologies to support key management processes, for example e-appraisals and e-rostering. Matt Joint responded that there had been concerns about these but that he was hopeful that the imminent implementation of Microsoft 365 across the Trust would help to resolve technology issues. **Members resolved to:** • **Receive the Integrated Performance Report and Committee Chairs' reports for assurance.**	
13/09/20	**Finance Report**	
	Neil Kemsley, Director of Finance and Information, presented the monthly Finance Report and highlighted the following: • The financial regime for the first six months of the year had been a very different one due to the pandemic, with block payments from commissioners replacing payment-by-results. In this	

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arrangement, the shortfall between the block and top up payments and actual expenditure was then covered through additional true-up payments from NHS England/Improvement to enable all Trusts to break even each month.

- Expenditure directly related to Covid reduced from £4.1m in June to £2.9m in July and £2.2m in August. This had reduced the amount of true-up funding that the Trust had required to break even, which was £0.9m in August, compared with £3.3m in July and £3.8m in June.
- For the year to date the Trust had spent £14.5m directly on Covid-related costs.
- The focus in terms of internal financial performance had been on the run rate and expenditure in the year to date. There was still a close control of costs across the organisation despite the challenging operating environment. In aggregate terms pay costs remained in line with those in 2019/20 and non-pay costs were lower.
- With regard to capital plans, a significant level of change had been required to prioritise schemes to support restoration and safe practice in the new operating environment.
- He drew the Board's attention to the need to review the financial risks in light of the incoming financial regime for the second half of the year, and also the coming merger of the financial ledgers for Bristol and Weston.

Finance Committee Chair's Report
Martin Sykes, Chair of the Finance Committee, reported the key areas of focus from his committee including:

- The Committee had discussed the new financial regime for the second half of the financial year and the risks involved.
- The Committee had supported the Finance Director in ensuring that the funding agreed as part of the Trust merger would not be lost in any changes to the financial regime.
- The Committee had reviewed the Standing Financial Instructions, Scheme of Delegation and the Treasury Management Policy.
- In relation to capital bids, the Committee had asked that business cases were still subject to the usual governance routes, despite the need to put them together quickly, so that the costs of these could be fully understood.

It was noted that this agenda item should be renamed to reflect the changed focus of this committee to Finance and Digital.

Action: Agenda item to be changed to reflect additional focus on the digital agenda

Director of Corporate Governance

Members resolved to:

- **Receive the Finance Report and the Finance Committee Chair's Reports for information.**

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14/09/20	**Committee Chair Reports**	
	Acute Services Review Board Martin Sykes, Non-Executive Director, reported from the first meeting of a new committee-in-common for UHBW and North Bristol NHS Trust which aimed to look at closer working and opportunities for collaboration between the two organisations The terms of reference and the scope of the review had been approved. Both organisations were keen to ensure that the scope of the projects was not just limited to acute providers so that whole patient pathways would be considered. It was highlighted that both organisations should liaise when considering informatics projects going forward to ensure alignment. Board members welcomed the positive engagement from both organisations in this venture and highlighted the need for good clinical leadership on both sides. **Charity Committee Chair's Report** Jeff Farrar, Chair, introduced the Chair's Report for the Charity Committee for Weston General Hospital, which summarised the money coming in and the expenditure. **Members resolved to:** • **Receive the Committee Chair reports for information.**	
15/09/20	**Learning from Deaths Annual Report**	
	William Oldfield, Medical Director, introduced the annual report for the Learning from Deaths process for 2019/20. The report demonstrated a similar number of adult deaths within the organisation as the previous two years with no avoidable deaths identified for 2019/20. Since then however, the pandemic had changed ways of working considerably, and there had been a significant number of case-note reviews looking at people who had died from Covid. He highlighted the introduction of the medical examiner system – a new system of overseeing the method of certification of death, which would enable the move to a seven-day service for death certification in the area. Board members heard that a new Lead Medical Examiner for the Bristol and Weston area, Dr David Crossley, had been appointed in May. **Members resolved to:** • **Receive the Learning from Deaths report for assurance.**	
16/09/20	**Infection Prevention and Control Annual Report 2019/20**	
	Carolyn Mills, Chief Nurse, introduced the annual report of Infection Prevention and Control for Weston Area Health NHS Trust. The Board noted that the annual report for University Hospitals Bristol NHS Foundation Trust would be presented to the next Board meeting. The report summarised the key achievements in 2019/20 and progress	

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	against performance targets. Carolyn Mills highlighted that the main risk identified within the report of norovirus or influenza outbreaks impacting on the organisation had now been transferred to the UHBW risk register to ensure continued oversight.	
	The Board noted that infection prevention and control was a service that had been integrated across the organisation on Day 1 post-merger.	
	Members resolved to:	
	• **Receive the Infection Prevention and Control Annual Report 2019/20 for assurance.**	
17/09/20	**Safe Working Hours Guardian Report**	
	Dr Alistair Johnstone, Guardian of Safe Working Hours, presented the annual report of safe working hours and rota gaps in relation to junior doctors working at the Bristol hospitals. He also highlighted the extraordinary efforts of junior doctors across the whole Trust in the first wave of the pandemic. The medical workforce had needed to be greatly flexible to cope with the rapidly escalating numbers of patients with coronavirus infection. He asked the Board to note that the pandemic had significantly impacted training opportunities available for doctors in training posts which could be a problem in a second wave. Also, he asked that adequate rest spaces for staff were prioritised in future hospital building developments. He voiced gratitude on behalf of all junior doctors for the support that they had received from the public and from other staff and teams in the Trust.	
	Board members thanked Alistair Johnstone for his report, for his leadership during the pandemic and for the flexibility that junior doctors had shown. They discussed the report and suggested that it could be augmented with a SPORT report (successes, priorities, opportunities, risks and threats). David Armstrong, Non-Executive Director, expressed doubt that there was sufficient energy behind the roll-out of e-rostering at the Trust and requested sight of an implementation programme with a timeframe.	
	Action: Implementation programme for the roll-out of e-rostering to be provided to the Board including timeframe.	Director of People
	In response to a question from Steve West, Non-Executive Director about new roles beyond the traditional medical workforce, Alistair Johnstone commented that the physician associate role had been successfully introduced and that they were useful in providing support to the junior doctors.	
	Members resolved to:	
	• **Receive the Safe Working Hours Guardian's report for assurance.**	
18/09/20	**Six-Monthly Staffing Report**	
	Carolyn Mills, Chief Nurse, introduced the six-monthly report of safe staffing of nurses, allied health professionals and medical staff. This	

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	covered the period from February to July and was the first report for UHBW. There had been no significant staffing issues though it had been an unusual time for the organisation. Areas for improvement had been identified at Weston in terms of effective and efficient use of nursing and Allied Health Professionals staffing. **Members resolved to:** - **Receive the Six-Monthly Staffing Report for assurance.**	
19/09/20	**Quarterly Patient Complaints and Experience Reports**	
	Carolyn Mills, Chief Nurse, introduced the Patient Complaints Report and the Patient Experience Report for Quarter 1. Both papers had previously been discussed by the Board in the Quality and Outcomes Committee. The content of the reports reflected the challenges faced by the Trust in April, May and June. **Members resolved to:** - **Receive the Quarter 1 Patient Experience and Patient Complaints Reports for assurance.**	
20/09/20	**2019 National Inpatient Survey results** **2019 National Maternity Survey results** **2019 National Cancer Patient Experience Survey results** All three reports had previously been received by the Board in their Quality and Outcomes Committee. Board members welcomed the positive sets of results for the Trust particularly in the face of the challenges of the past year. **Members resolved to:** - **Receive the 2019 National Inpatient Survey results, National Maternity Survey results and the National Cancer Patient Experience Survey results for assurance.**	
21/09/20	**Clinical Research Network West of England (CRN) Annual Report 2019/20**	
	William Oldfield, Medical Director, introduced the Clinical Research Network Annual Report 2019/20 which provided a summary of the performance of the CRN against high level objectives and its response to Covid-19. He highlighted the strong performance of the CRN over the year which had continued in recent months despite the challenges of the pandemic. There had been particular success in recruiting patients to studies, such as the Oxford Covid-19 Vaccine study. The focus going forward would be to restart all studies put on hold as a consequence of the pandemic. **Members resolved to:** - **Receive the Clinical Research Network West of England (CRN) Annual Report 2019/20 for assurance.**	

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22/09/20	**CHD Network Annual Report**	
	William Oldfield, Medical Director, introduced the Congenital Heart Disease Network Annual Report 2019/20 which set out the key achievements of the network in its fourth year of operation and the key priorities for future years. Successes in the year included the recruitment of a fourth congenital paediatric cardiac surgeon and the opening of virtual clinics due to Covid which would improve access to services for the whole catchment area. **Members resolved to:** • **Approve the CHD Network Annual Report 2019/20.**	
23/09/20	**Education Annual Report**	
	Matt Joint, Director of People, introduced the annual report showing progress against the Trust's Education Strategy. Highlights from 2019/20 included a review of educational provision, the development of a business case to secure investment and the impact of the Trust merger. The onset of Covid in March had accelerated a move towards digital solutions and a focus on upskilling staff to deal with the pandemic. Non-Executive Directors welcomed the dynamism evident in the report and looked forward to seeing evidence of even more progress in the coming year. They asked that their appreciation be made known to Sarah Green, Director of Education. **Action: Appreciation to be communicated to Sarah Green, Director of Education, for Education Annual Report** **The Board resolved to** • **Receive the Education Annual Report for assurance.**	Director of People
24/09/20	**Treasury Management Policy**	
	Neil Kemsley, Director of Finance and Information, introduced the annual review of the Treasury Management Policy. The policy had been reviewed by the Finance Committee prior to Trust Board approval. Minor changes were noted. **The Board resolved to** • **Approve the Treasury Management Policy**	
25/09/20	**25. Standing Financial Instructions**	
	Neil Kemsley, Director of Finance and Information, asked the Board to note that the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) were required to be reviewed on an annual basis and that following a thorough review, the proposed changes were relatively minor. David Armstrong, Non-Executive Director, noted that amendments requested in relation to the responsibilities of the Audit Committee and the Finance Committee had not been included in the relevant section. While he agreed to approve the document, he asked for the changes to be made soon as possible and that consideration be	

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	given as to how changes agreed at Board Committee level could be incorporated more quickly into documents going forward. **Action: Board committee changes to the Standing Financial Instructions to be addressed** **Members resolved to:** • **Approve the Standing Financial Instructions.**	Director of Finance and Information
26/09/20	**Updated Corporate Governance Statement**	
	Mark Pender, Head of Corporate Governance, advised that to comply with the merger transaction guidance, NHS England/Improvement required the Board to receive and approve an update of the Corporate Governance Statement within six months following completion of the transaction. The Board noted that the statement had been reviewed and updated. **Members resolved to:** • **Approve the Corporate Governance Statement.**	
27/09/20	**Governors' Log of Communications**	
	The Board noted the most recent questions and responses raised by governors via the Governors' Log of Communications. **Members resolved to:** • **Receive the Governors' Log of Communications for information.**	
Concluding Business		
28/09/20	**Any other urgent business**	
	David Armstrong, Non-Executive Director, requested an update on the revisions to the Board's annual business cycle that had been agreed. **Action**: **Update on Board annual business cycle to be provided.** There were no further items of business to be discussed.	Director of Corporate Governance
29/09/20	**Date of next meeting**: 27 November 2020 by video conference.	

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Public Trust Board of Directors Meeting
27 November 2020
Action Log

Outstanding actions from the meeting held on 29 September 2020					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	13/09/20	**Finance Report** Agenda item to be changed to reflect additional focus on the digital agenda.	Director of Corporate Governance	November 2020	**Completed since last meeting** Agenda item updated accordingly.
2.	17/09/20	**Safe Working Hours Guardian Report** Implementation programme for the roll-out of e-rostering to be provided to the Board including timeframe.	Director of People	November 2020	**Work in Progress** Verbal update to be given
3.	23/09/20	**Education Annual Report** Appreciation to be communicated to Sarah Green, Director of Education, for Education Annual Report.	Director of People	November 2020	**Work in Progress** Verbal update to be given
4.	25/09/20	**Standing Financial Instructions** Board committee changes to the Standing Financial Instructions to be addressed.	Director of Finance and Information	November 2020	**Completed since last meeting** Changes had been made to the document - any outstanding issues to be picked up at the next review in 2021/22.
5.	28/09/20	**Any other urgent business** Update on Board annual business cycle to be provided.	Director of Corporate Governance	November 2020	**Work in Progress** Verbal update to be given
6.	03/07/20	**What Matters To Me – A Patient Story** Details of the patient pathway relating to the Patient Story to be obtained for the Chair to write a letter to	Deputy CE/COO	September 2020	**Completed since last meeting** Completed in October.

		individual staff members involved with this successful story.			
7.	07b/07/20	**Board Assurance Framework – Corporate Risk Register** Director of Corporate Governance to review how the corporate objectives were reviewed at Committee level to minimise duplication.	Director of Corporate Governance	September 2020	**Work in Progress** Proposal drafted which will be discussed by the Executive Team this week and then will share with the Committee chairs.
8.	11/07/20	**Strategic Capital Update** Chief Executive to review the strategic capital connection to the wider STP.	Chief Executive	January 2021	**Paused** Action paused pending issue of national guidance about the capital funding regime for 2020/21 and future framework for system capital planning. Review in January 2021.
9.	12/07/2020	**Integrated Performance Report** The Board requested a future discussion on the increased amount of violence being experienced within the Trust. The Director of People to bring a report to the Board.	Director of People	September 2020	**Work in Progress** The Managing Violence and Aggression Steering Group now established to facilitate collaboration, sharing of best practice and prioritisation of resources. The group includes representation from Divisional Directors, Clinical Chairs and a Heads of Nursing. A programme of activities would follow.
10.	17/07/20	**Emergency Preparedness Annual Report** Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.	Director of Corporate Governance	September 2020	**Work in Progress** Verbal update to be given
11.	84/09/2019	**Chief Executive's Report** Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.	Director of Strategy and Transformation and Director of Corporate Governance	July 2020	**Work in Progress** An update to Board on the new model of delivery at SBCH would be provided in October or November.
Closed actions from the meeting held on 29 September 2020					

No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	07b/07/20	**Board Assurance Framework – Corporate Risk Register** The risk in relation to constitutional standards would be reviewed to reflect mitigations against the waiting list size.	Deputy CE/COO	September 2020	**Completed** Risk had been reviewed to incorporate national guidance and clinical oversight of long waiters
2.	14/07/20	**Finance Committee Chair's Report** Board to send comments on the revised Finance and Digital Committee Terms of Reference to the Director of Corporate Governance.	Director of Corporate Governance	September 2020	**Completed** Terms of Reference updated.
3.	10/01/20	**Strategic Capital update** Trust's strategic capital programme to be included in regional system discussions	Chair and Chief Executive	July 2020	**Completed** This duplicated Action no. 11/07/20 and could be closed on that basis.
4.	99/09/2019	**Any Other Urgent Business** i. Consideration to be given as to whether members of the Board or governors could attend staff training sessions on transgender awareness. ii. Guide for healthcare workers in relation to transgender issues to be circulated to the Board once finalised iii. Board to write to national commissioners to seek assurance on the availability of transition services and demand and supply issues in this area.	Chief Nurse Chief Nurse Chair	July 2020	**Completed** A letter had been sent to commissioners. Transgender awareness training was now available. The delivery of guidance had been delayed by Covid-19

Meeting of the Board of Directors in Public on Friday 27 November 2020

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

1. Report Summary
To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team.

2. Key points to note
(Including decisions taken)
The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in October and November 2020.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include:
N/A

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**
• This report is for **Information.**   • The Board is asked to **NOTE** the report

5. History of the paper	
Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	**[Insert Date paper was received]**
N/A	

<u>SENIOR LEADERSHIP TEAM</u>

<u>REPORT TO TRUST BOARD – NOVEMBER 2020</u>

1. <u>INTRODUCTION</u>

This report summarises the key business issues addressed by the Senior Leadership Team in October and November 2020.

2. <u>QUALITY, PERFORMANCE AND COMPLIANCE</u>

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

The group **received** updates on the Covid-19 pandemic.

3. <u>STRATEGY AND BUSINESS PLANNING</u>

The group received an update on the next steps in relation to Phase 3 planning and **approved** the schedule of divisional mitigations to deliver additional activity to enable the achievement of the Phase 3 requirements.

The group **received** an update on work to support winter planning, including mitigations and investment.

The group **approved** the approach to be adopted for the Pharmacy Case investment at Weston General Hospital.

The group **approved** a Job Planning Policy, noting decisions around implementation were yet to be finalised.

The group **received** updates on the Weston Integration Programme.

The group received and **approved** an updated Car Parking Policy to bring the Trust in line with national schemes, but requested a staged implementation plan be developed.

The group **received** an update on the transfer of 60 beds at South Bristol Community Hospital to Sirona and the staff consultation, which commenced on 9 November 2020.

The group **received** an update on the development of the South West Critical Care Network Adult Retrieval Service and confirmed the governance arrangements for sign off of standard operating procedures and structures.

The group **received** an update on the future of the Clinical Research Imaging Centre and proposals for the return of the facility and its space to UHBW from 1 January 2021.

The group **approved** recommendations for the proposed investments for the national Health Education England CPD allocation.

The group **confirmed** its support for the establishment of and commitment to participate in a South West 2 imaging network (in the North of the Region).

The group **approved** the submission to participate in the Genomic Medicine Services Alliance Provider Selection Process.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on the financial position 2020/21 and budget setting for the remainder of the year.

The group **received** an update on the status of completion of actions with 'must do' requirements arising from the Care Quality Commission core services inspection at Weston Area Health Trust in 2019.

The group **received** an update on the progress against delivery of the recommendations from the Weston RCA investigation into the outbreak of Covid-19 at Weston General Hospital in May 2020.

The group **approved** the Cancer Mutual Aid Policy for University Hospitals Bristol and Weston NHS Foundation Trust as part of the South West Alliance Group.

The group **approved** a proposal for parking at Cabot Circus for staff.

The group **approved** revised Terms of Reference for the Senior Leadership Team Delivery Group and monthly and quarterly Divisional Reviews.

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

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

The group **received** final internal audit reports, one with a satisfactory assurance rating (Risk Management Divisions) and three further reports (Covid-19 Core Governance Review, Financial Governance Review and Data Security Protection Toolkit) that had a positive outcome.

The group **received to note** definitions of standby, float and locum shifts and approved rates of pay in terms of locum rates for payment as opposed to standard contractual rules for junior doctors and locums.

The group **received** the quarterly Corporate Objectives and Corporate Quality Objectives update reports prior to submission to the Trust Board.

The group **received** an update from the Patient Safety Programme Board prior to submission to the Trust Board.

The group **received** the Health and Safety, Infection Control and Prevention Annual Reports and the Congenital Heart Disease Network quarterly report prior to submission to Trust Board.

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

The group **received** Divisional Management Board minutes from the Divisions of Weston, and Estates and Facilities 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
November 2020

Meeting of the Board of Directors in Public on Friday 27 November 2020

Report Title	Organisational Response to Novel Coronavirus (Covid-19) Pandemic and Recovery
Report Author	Lucy Parsons and Philip Kiely – Deputy Chief Operating Officers – Urgent and Planned Care
Executive Lead	Dr Mark Smith, Deputy Chief Executive and Chief Operating Officer

1. Report Summary
To update the Trust Board on the Trust's ongoing arrangements to manage the implications of the novel coronavirus (COVID-19) outbreak and the recovery actions being taken to re-establish normal business.

2. Key points to note
(Including decisions taken)

- In response to the growing number of inpatients in hospitals with Covid-19, a national lockdown in England has commenced at midnight 4th November and is planned to last until 2nd December.

- Bristol's rate of infection per 100,000 was 394 (at 31 October 2020), an increase of 371.1 from the previous month. The age range of people testing positive is still largely in the younger adults 20-29 years old (around 50%), but there is now an increase in the positivity rates of those aged over 60 years. The number of Covid-19 confirmed cases across the Trust's sites has continued to increase.

- In response to the increasing pressure on Trust services, an internal critical incident was declared on Monday 26th October. A number of changes have been made internally to address the increasing incidence of Covid-19 and these are set out in this report.

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

- Risk 800

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

- This report is for **Assurance.**

5. History of the paper
Please include details of where paper has <u>previously</u> been received.

Senior Leadership Team	18 November 2020

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Organisational Response to Novel Coronavirus (COVID-19) Pandemic and Recovery – November 2020 Update

Part 1 – Incident Management & Response

1) Purpose

To update the Trust Board on the ongoing response to the Covid-19 outbreak, and the actions that are being undertaken to restore business as usual activity.

2) National and Local Context

In response to the growing number of inpatients in hospitals with Covid-19, a national lockdown in England has commenced at midnight 4th November and is planned to last until 2nd December.

The NHSE/I incident response team led have moved the national incident level from 3 (meaning regional co-ordination) to a level 4 Incident (providing National Co-ordination). This move allows greater access to mutual aid beyond the region and the ability to access national assets to support the NHS.

Bristol's rate of infection per 100,000 was 394 (at 31 October 2020), an increase of 371.1 from the previous month. The age range of people testing positive is still largely in the younger adults 20-29 years old (around 50%), but there is now an increase in the positivity rates of those aged over 60 years.

The number of Covid-19 confirmed cases across the Trust's sites has continued to increase. The following graph provides the total number of UHBW beds occupied by confirmed Covid-19 patients.
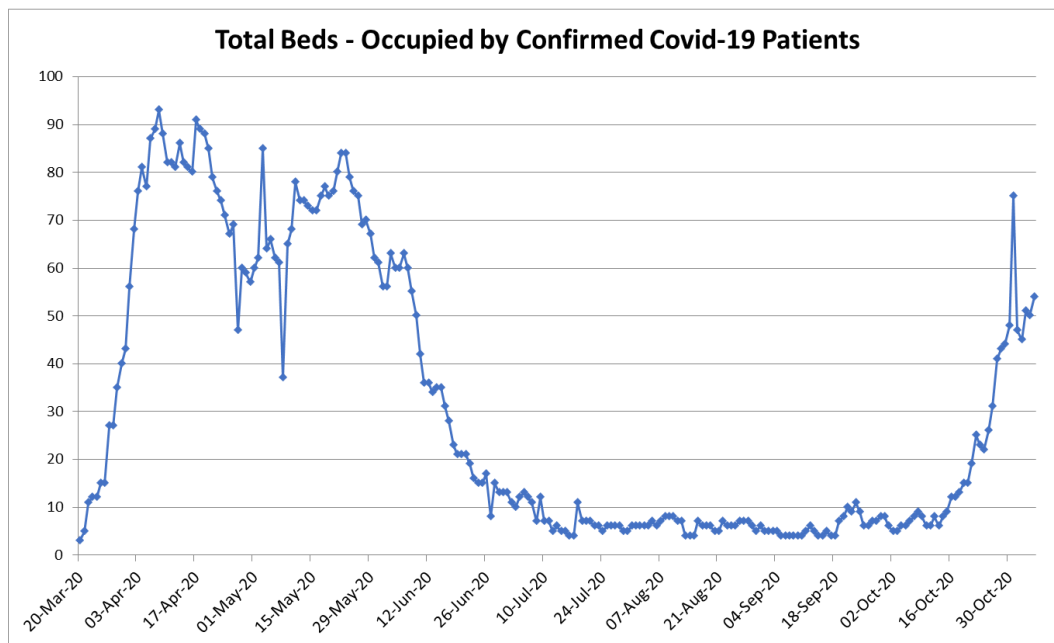
Total Beds - Occupied by Confirmed Covid-19 Patients

1

In response to the increasing pressure on Trust services, an internal critical incident was declared on Monday 26th October. Actions as part of this declaration involved the stepping up of the frequency of the ongoing command and control meetings from weekly to a daily Tactical (Silver) and increased meetings with system partners through the local health economy to mitigate the increased pressure.

The table below outlines the current schedule of meetings and the purpose.

Frequency	Group	Purpose
Mon, Wed , Fri	Internal Gold (CEO)	Strategic coordination of UHBW's response
Daily 7 days per week	Internal Silver (COO) Via Flow meetings at weekends	Co-ordinating the actions required to implement the strategic plan from Gold, and overseeing operational plans from the subgroup structure.
Tues, Fri	BNSSG CCG Gold (CEO)	Strategic coordination of BNSSG system response
Mon, Wed, Fri.	BNSSG CCG Silver (COO)	Co-ordinating the system response and identifying the actions required to deliver that response.
Daily 7 days per week	BNSSG CCG Bronze (deputy COO) (on call managers weekends)	Co-ordination and delivery on the actions of the CCG silver group.

3) Internal Response

A number of changes have been made internally to address the increasing incidence of Covid-19 which includes the following:

i) Standard operating procedure (SOP) for the movement of temporary (bank and agency) staff between wards and departments during the Covid-19 outbreak

Silver has approved the SOP for minimising the movement of temporary staff (agency and bank staff) during the Covid-19 outbreak, as much as possible, to prevent the potential transmission of infection.

This includes the use of block bookings to cover vacancies to ensure that there is both continuity of care and a reduction in the movement of temporary staff on a daily basis.

Where staff would need to move to provide a safe staffed ward / department, set criteria applies to reduce risk of transmissions.

ii) Proposal for the management of space during Covid-19 recovery

As part of the recovery plans, many clinical services within the Trust are increasing their patient activity back to normal levels. With the additional restrictions on physical space and

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social distancing that the pandemic has required, it is crucial that services find additional space, or new methods of working through this transition period.

A process is being developed to manage and prioritise requests for additional space to support recovery plans.

ii) Covid Second Wave Plan

The Trust has a second wave escalation plan, developed by the cross-divisional Bed Model Testing Group that was approved at Silver. The delivery of the actions included within the plan will be monitored by relevant local operational delivery groups.

iii) Proactive Hospital

The Proactive Hospital programme of works continues. To meet the objectives of the programme, in the context of the current operational pressures, we are employing a rapid response approach, including:

- Focussing on fewer working groups to make the most impact (ED Redirection and Streaming, Specialty Pathways, Inpatient Admissions and Transfers and Discharge)
- Supporting the divisions to deliver improvements through trusted methodology with the help of an Improvement Lead (and Proactive Hospital Coach)
- Building capability through training and coaching in improvement methods will commence following winter
- High level benefits have been identified, with work commencing soon on establishing a Proactive Hospital dashboard to track key metrics

4) System Response and Preparation for Winter

i) Front Door Streaming / Redirection

In order to reduce crowding and to support changes to workflows within the ED departments, UHBW and NBT are working with BNSSG CCG to modify the Directory of Service in order that ED dispositions for minor illness / injury are effectively switched off.

This will mean patients calling 111 would receive an alternative disposition, such as an Urgent Treatment Centre or GP appointment. Coupled with this, we are working through a plan with BRI ED to start streaming patients after they have arrived at the department to alternative providers.

ii) Support to Discharge

As part of the BNSSG system approach to managing risk over the coming weeks, work has been ongoing to describe the risks and put in place robust mitigations relating to the management of hospital discharge.

During COVID the BNSSG system has increased the community capacity in discharge to assess (D2A) pathways from 150 beds to 303 beds. Recruitment is ongoing to increase, in particular, therapy input in order to reduce length of stay.

3

Further actions are being implemented to support timely hospital discharge including the purchase of additional D2A pathway 2 and 3 beds, the establishment of a Covid-19 virtual ward using home monitoring / pulse oximetry, relatives being asked to support care of patients at home, and an increase in domiciliary care hours.

Part 2 – Restoration and Recovery

The Trust is undertaking a number of programmes of work in order to plan for the restoration of services, including the following:

5) Outpatient Redesign

The Outpatient redesign programme was launched with divisional representatives at the outpatient steering group meeting on the 10th of September.

The overall aim of the programme is to delivering high quality outpatient care to our population by:

- Ensuring patients are part of decisions relating to their care
- Developing efficient system pathways by working with our partners
- Embracing innovative delivery methods
- Creating sustainable services for all patients

This programme provides a consolidation of the priorities of the NHS Long Term Plan, Adopt and Adapt high impact interventions, and BNSSG Outpatients Healthier Together strategic principles in to a redesign programme to support divisions in achieving their Phase 3 plans.

The approach to redesigning outpatient care is a three stage process. Firstly, all divisions have been asked to engage in self-assessment with the aim to test the specialities alignment to the strategic themes and supported by data identify the key high impact outpatient redesign priorities. Secondly, the allocation transformation lead for each division engages with the senior leadership about opportunities to add value for patients. Finally, the outputs are incorporated within a 3 month action plan.

In order to support this process, toolkits have been developed and through this process will be iterated to support rapid roll out of redesign priorities across the trust.

6) Adopt and Adapt for Outpatients

The Adopt and Adapt programme has identified a number of interventions concerning a redesign of outpatient care to support recovery plans, including:

- Clinical validation of existing referrals and follow ups
- Advice and Guidance

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- Patient initiated follow ups
- First Contact Practitioners

The focus of the work is to identify areas of good practice to develop toolkits to support the rapid adoption of change across the system. Advice and guidance / referral optimisation is being led by the BNSSG CCG and the Referral Support Service, Patient Initiated follow up led by NBT, and Clinical Validation of existing referral waiting lists led by UHBW.

At Trust level, we have made an assessment of the specialties that would most likely benefit from adopting the interventions outlined by the Adopt and Adapt programme.

The progress of this programme is being closely monitored by NHSE and BNSSG CCG/Healthier Together. At Trust level, progress is being monitored by the monthly Outpatient Steering Group meeting.

7) Clinical Prioritisation and Validation of Elective Waiting Lists

A task and finish group has been established with clinical representatives to provide a clinical perspective on our plans for responding to this national initiative.

Letters are in the process of being sent to all patients over 52 weeks without a planned procedure date. These letters are nationally defined, and ask patients to confirm whether they wish to remain on a waiting list, to be removed from a waiting list, or would like the option to discuss their treatment plan and likely timescales with a member of the clinical team. The expectation from NHSE is that letters are sent out to all patients on our admitted waiting list by December. We are prioritising sending letters to the longest waiting patients.

One of the key requirements of this national programme is to be able to provide NHSE with an extract of our waiting list data documenting the Royal College of Surgeons (RCS) clinical priority status, their waiting list status (i.e. whether they have elected to defer their treatment, but would like to remain on a waiting list), and the patient's suitability for a procedure in the Independent Sector.

At present, there is no facility on the Medway PAS to capture the RCS priority status. The task and finish group has developed an outline plan to develop a workaround to capture the priority status of patients to satisfy the requirements of the national clinical prioritisation and validation programme, but also to better inform decision making at a Trust and system level.

8) Recommendations

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

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Friday 27 November 2020

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

1. Report Summary
This report provides an update to the Board on the progress of the Trust's Integration Programme.

2. Key points to note *(Including decisions taken)*
Board members should note: • The early benefits of integration for staff and patients

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
Corporate risk, 4539 that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Assurance**

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	

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

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Recognising success
Working together
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Meeting of Board of Directors in Public
November 2020

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

1. Introduction

Good progress continues to be made, to bring the staff and services together across University Hospitals Bristol and Weston NHS Foundation Trust. This remains a key priority for the Trust and significant work is continuing to move forward whilst managing the second phase of Covid-19 and respond to the annual increased demands of winter.

2. Clinical services update

The first phase of bringing together clinical services across Bristol and Weston is almost complete and has been led by services leads working together across sites. Adult Therapies, Laboratory Services and Sexual Health completed integration on 2nd November; with Gynaecology and Pharmacy the next services to integrate.

The second phase of service integrations is underway, with the aim of completion in the spring / summer of 2021.

- Care of the Elderly
- Stroke
- Palliative Care
- Resuscitation
- Audiology
- Critical Care and Anaesthesia
- Paediatrics
- Gastroenterology and Endoscopy
- Emergency Department
- Patient Flow and Integrated Discharge

3. Corporate Trust Services integration

From 1st April 2020, interim arrangements have been in place to ensure that corporate services across Bristol and Weston had single leadership arrangements. Through the course of the year, work has continued to formally bring together corporate services across the Trust to form single teams to reduce duplication, improve organisational resilience, share best practice and ensure that there is a common approach across the organisation. Out of a total of 21 areas, over 90% of services are due to have completed this process on target by April 2021, with the remaining two services completing by 1st July 21.

1

4. Digital Convergence

A significant step forward was taken in September with the successful first phase implementation of the Medway patient administration system within Weston. This is the first stage in the process of establishing a common system across the Trust by September 2021.Work has also continued with the integration of corporate IM&T systems, for example the a single financial ledger and single risk management system.

5. Managing the Risks to integration

The Integration team through the governance of the Integration Programme Board (IPB) provide active management of risk. Risks are managed on an on-going basis and progress is reported quarterly to the IPB, the Trust's Risk Management Group and Audit and Finance Committees. This provides assurance that a process is in place to actively identify, quantify, manage and eliminate risks to the integration process. Key risks at the moment relate largely to the pressure on the integration programme timeline presented by the demands of managing the on-going COVID-19 pandemic and the pressures this presents. Weston Hospital service specific risks are managed separately through the divisional management governance structure and at a Trust level through the corporate risk register.

6. Monitoring patient experience and the impact of the merger

Impact on patient experience post-integration will be tested using the established Trust measures of Friends and Family test, patient surveys and patient complaints data. Comparisons of data collected pre-merger with post-merger performance will provide useful indicators of what has gone well and what improvements need to be made. This data is presented to Trust Board routinely as part of the Integrated Performance Report. In addition, increased executive presence, with frequent floor walking and direct contact with patients where this is possible also provides valuable first hand feedback on experiences. The Weston divisional management team also consider patient stories at their Board, providing a further source of information.

7. One team, one vision - #TeamUHBW
To ensure that UHBW will continue to be a diverse and inclusive place to work that attracts, develops and retains exceptional people, we are building and developing a shared vision and values across our Bristol and Weston sites. This crucial programme of work will be supported by an external specialist partner following the completion of the procurement process.

8. Early benefits of integration
It has been just over six months since merger. It was always the intention to maintain safe and secure services for our patients at the point of merger and so in many ways patients and carers should not have seen significant differences to services, particularly at Weston General Hospital.

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As the merger happened within the first few weeks of a global pandemic, staff across the newly merged trust have rightly been focussed on, and working exceptionally hard in responding to the pandemic. Inevitably the covid19 response has impacted upon the timelines for delivery of integration actions, but despite this, good progress has been made in combining our organisations.

A range of benefits expected to be realised over time from the merger were set out within the Transaction Business Case (TBC):

➤ **Critical mass** – creating a larger organisation increases both the resilience of Weston General Hospital (WGH) and the scale and influence of the new Trust as a leading acute provider in the south-west and beyond

➤ **Recruitment and retention** – providing a strengthened workforce with improved flexibility, career opportunities, recruitment and retention through maximising the opportunity of UH Bristol's reputation and brand.

➤ **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.

➤ **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.

➤ Addressing in a controlled manner the current known **risks to the resilience of acute clinical services** across Bristol and North Somerset.

➤ 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**.

➤ **Supporting staff to access a greater range of training and development,** education, training and research opportunities across a wider organisation. Establishing WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education.

➤ **Sharing learning across both organisations** to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care

➤ **Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals**

➤ **Corporate synergies** – realising efficiencies in shared corporate services

➤ **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

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Whilst more quality and service related benefits will flow from bringing together clinical and corporate services in the longer term, there are already benefits of operating as a single organisation since April with examples of this set out below.

Critical mass

WAHT was the smallest non-specialist acute trust nationally. The opportunity to operate as part of a larger organisation is starting to allow services to be planned and developed across a much larger template, and offer stronger support to underpin services at Weston Hospital.

This has been particularly beneficial in managing the impact of covid19 providing the opportunity to transfer patients across our hospitals to comply with infection prevention and control requirements. An additional CT scanner has also been brought into operation at WGH, supported by the radiography teams working together and enabling patients requiring planned scans to have more timely access than would have been possible, under two separate Trusts.

Weston General Hospital has also benefitted from access to remote working and remote consultation technologies, with the successful introduction of on-line outpatient consultations across Bristol and Weston. The roll out of remote working applications and laptops to keep staff safe whilst home working, with the ability to access to the Trusts extensive on-line training and information resource, has also been enabled with the support of a larger scale digital team.

Recruitment and retention

Making improvements to the recruitment and retention of medical, nursing / allied health professionals and administrative posts at Weston, is a key part of our plans to address the long standing and systemic workforce issues at Weston. We know this will take time and resources which is why a five year programme of support has been put in place with specific recruitment activity in Weston, enabled through the integration recruitment taskforce. This includes:

Nursing

- An EU Nurse Recruitment campaign has been successful with four overseas nurses being offered posts at Weston.

- The addition of a Divisional Nurse Recruitment Lead in Weston is also starting to provide a focussed oversight of nurse recruitment, mirroring the success of this role in the clinical divisions in Bristol.

- A monthly registered nurse virtual open day is proving popular, show-casing Weston Hospital alongside our other divisions.

- Joint bank staff recruitment campaign, delivered via social media, Spotify and internal publicity.

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Medical

- As a merged Trust, Weston General Hospital now has access to a wider range of dedicated recruitment experts and expertise. For example, the Trusts Head of Resourcing, working with the Weston Senior Leadership team and Medical Recruitment Sub Group, has developed a medical vacancies tracker in Weston, providing weekly review and oversight of all medical recruitment hot spots and progress with filling vacancies

- To encourage cross site working between Bristol and Weston, all job descriptions for new UHBW consultant appointments expect doctors to undertake a minimum of 2 clinical sessions on both the Bristol and Weston campuses

- A campaign to recruit ED Consultants and Middle Grade doctors via head-hunters and multimedia routes has resulted in some positive appointments

Allied Health Professionals

- The international recruitment of radiographers has commenced as part of the 'Adopt & Adapt' workforce regional plan to support the recovery and expansion of the diagnostic radiography workforce across the South West.

Pace and impact

Whilst services continue to be delivered from Weston as they are now, bringing the organisation of clinical services together across the Trust brings a number of benefits such as offering more resilience and cross cover, the sharing of best practice and the removal of barriers to delivering a wider range of clinical services to the patients of Weston. The work of integrating all clinical services over the first two years as a combined Trust has been provided in section 2 above.

As a specific example of the benefits to be secured, Adult Therapies have identified that service integration will improve workforce sharing and cross-site rotations to cover vacancies or gaps, better cross sites data review and audit to improve service quality and delivery, enabled by a common patient care system (Medway).

Clinical alignment, reduction in service variation and risks

Before the merger, both Trusts were already collaborating to develop new models of care designed to reduce variation in the delivery of services and to help drive up quality, reduce risk and improve productivity. A good example of this is Critical Care, where services are being re-shaped in line with the Healthy Weston model.

The future model of Critical Care for people at Weston General Hospital is based upon closer working with the Bristol Royal Infirmary (BRI) and patients seamlessly accessing specialist clinical services as part of their treatment plan. This is enabled through a number of changes and innovations including a dedicated transfer service between Weston and Bristol (ambulance with consultant led transfer team), in addition to the new regional 'Retrieve' service, hosted by the Trust. Furthermore, work is in an advanced stage, to roll out

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a single ITU clinical system, providing a digital link to the Bristol Royal Infirmary to provide joint oversight and central monitoring of patient care. Bringing on-stream additional ITU beds at the BRI in spring 21 will enable the vision for Healthy Weston and critical care to be realised.

Covid-19 planning has also provided a stimulus to accelerate team collaboration in critical care, leading to:

- Improved rapid transfer of patients from WGH and BRI to the regional haematology service and more seamless repatriation of patients to Weston who no longer required specialist care.

- Bristol consultants working on the Weston Intensive Care Unit (ITU) daily and weekend rotas, to provide additional capacity and to promote common working practices

- Strong collaboration between the two services on the planning for the future in the context of the continuing challenges presented by Covid-19 and particularly in relation to the need to expand critical care capacity across the region

Staff training and education will be enhanced

Enhanced training and development programmes for new and existing staff are beginning to be rolled out, with new roles now featuring more cross-site working for both Bristol and Weston based staff. This is helping the process of 'cross-fertilisation' of good practice throughout the trust and it's anticipated that this will continue for the long-term.

The Trust continues to build a number of strategic partnerships with education providers in the region, including the University of Bristol, University of the West of England (UWE), City of Bristol College and Weston College. Through increased development of local partnerships, the Trust is seeking to position itself as an 'anchor institution' in North Somerset with a reputation for providing great training and education to the benefit of existing staff and prospective employees. The aim is to ultimately support improvements at Weston with recruitment and retention as well enabling the support and development of new healthcare roles.

There are a number of areas of mutual interest that the Trust has worked with Weston College on. These include the development of joint provision of apprenticeships and traineeship programmes, working together on an outreach event for local communities offering information on health careers available at UHBW, and supporting the college in its NMC approval event with UWE to offer Trainee Nursing Associate apprenticeships.

Sharing learning to improve access and quality of services

Although the onset of the pandemic has limited the extent to which progress has been possible, there are still tangible examples of where the merger has helped facilitate robust responses to service challenges. The Integration Team provided support for the rapid deployment of an Ambulatory Emergency Care (AEC) model within WGH, designed to free up bed capacity during the first wave of the pandemic.

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Making best use of available capacity

The trust is continuing its development of a revised single estates strategy for the expanded trust 'footprint' the objective will be to provide an estate that will enable the configuration of services that will allow greatest access to patients and the maximum capacity for the trust to develop key services in the most appropriate locations. The onset of the pandemic has delayed this process to some degree but it is anticipated that the revised estates strategy will be completed by March 2021.

Corporate synergies and digital capability

Progress with corporate integration is detailed earlier in this report. Once this process is complete, the focus of the integration programme will be on driving out further efficiencies over and above those realised from the rationalisation of trust boards from two to one. Introduction of standard working practices and elimination of process duplication across the trust's corporate services are areas of particular focus. Integration of IM&T systems in corporate services will help in this.

Successful implementation of the Medway PAS system in Weston means that the whole trust operates using this same system, which is an important first step in establishing a baseline to further develop digital innovation going forward.

Improving financial sustainability

A number of financial mitigation savings were set out as part of the financial plan post-merger. Although it has been possible to make progress with some of these, for example the costs associated with operating a single trust board, others have inevitably been delayed due to the demands of managing the pandemic. Financial savings anticipated in the Transaction Business Case are monitored via the Integration Programme Board and the Finance Committee.

Members are asked to:
- Note developments with Weston integration programme

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Meeting of the Board of Directors in Public on Friday 27 November 2020

Report Title	Healthier Together STP update
Report Author	Sebastian Habibi, Healthier Together Programme Director
Executive Lead	Robert Woolley, Chief Executive

1. Report Summary
This report considers six critical topics for the Healthier Together partnership as we enter the winter period. These are: covid escalation, winter planning, staff testing, mass vaccination, the Healthier Together programme, and Integrated Care System status.

2. Key points to note *(Including decisions taken)*
1. Wave 2 of the Covid-19 pandemic is resulting in significant increased pressure throughout the BNSSG system and across primary and community care, mental health, acute hospital and social care settings. 2. We are implementing an extended Flu vaccination campaign. 3. Front-line patient facing staff are being offered a new swab test so individuals can test themselves, twice per week. 4. Preparations are well underway locally for a mass vaccination programme. 5. All Healthier Together programmes have been assessed with some accelerated or paused according to Phase 3 response requirements. 6. Integrated Care System designation as a maturing system is expected shortly.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: **n/a**

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Information.**

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
[Name of Committee/Group/Board]	[Insert Date paper was received]
Healthier Together Partnership Board	23 November 2020 (covid escalation, winter planning, staff testing, mass vaccination)
Bristol North Somerset and South Gloucestershire (BNSSG) - Joint Health Oversight and Scrutiny Committee	October 2020 (ICS update)

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Public Meeting of the Board of Directors

Healthier Together STP Update
Friday 27 November 2020

A. Introduction

This board report considers a series of topics which are central to the ongoing work of the Healthier Together partnership, namely:

- Covid escalation: current position, system response, and performance
- Winter planning: specifically in relation to the annual flu campaign
- Staff testing: swab tests and antibody tests
- Mass vaccination: NBT in oversight role
- The Healthier Together programme: delivery update and programme review
- Integrated Care System: designation by the end of 2020

Each topic is described separately with the latest available information, recognising that Covid data including statistics and planned responses are being updated on a daily basis.

B. Covid escalation

Current position

Wave 2 of the Covid-19 pandemic is resulting in significant increased pressure throughout BNSSG the system and across primary and community care, mental health, acute hospital and social care settings. As of w/e 13 November Bristol was in the top 20 areas in England for Covid-19 infections and in the top 5 most pressured systems in terms of General and Acute bed availability.

There were >240 General and Acute Hospital beds occupied by Covid-19 patients at w/e 20 November, exceeding the level seen during the peak of Wave 1 of the pandemic. Pressure on critical care beds has remained lower than the Wave 1 peak. Significant and increasing operational pressures resulting from delayed discharges, outbreaks, and staff absences have triggered escalation actions to mitigate risk of a forecast c.200 bed equivalent system capacity gap over the next two weeks. The system reached OPEL 4 level trigger w/e 20 November and escalation plans are being implemented.

System response

In agreeing the actions in response to System pressures our decisions were based on the following principles:

- Preventing the spread of the virus in the community and avoiding acute hospital or long-term care home admission
- Optimising the way we manage the virus across our system
- Minimising harm for people with non-Covid needs

- Protecting our staff

Wherever possible these escalation actions are focused on optimising patient flows, increasing capacity and on mutual aid. Escalation actions will result in some cancellations of routine outpatient clinics and non-urgent surgery and in reductions in routine primary care. We expect that escalation actions will need to remain in place for at least two more weeks until we are past the peak of Covid-19 activity, based on the latest modelling data.

Performance against trajectory

System performance against Phase 3 recovery plans had held up reasonably well up to w/e 8 November.

For planned care:
Recovery of non-Covid outpatients and elective activity was above plan, including for cancer treatments, and growth in waiting lists/times was lower than plan. Some significant challenges remained in access to imaging, however, with MRI activity c.15% below plan.

For mental health:
Children and Young People continue to wait longer than the national standard for specialist eating disorder support, although the proportion seen within one week is worse than benchmarks, the number seen within four weeks is better. The latest official reporting of performance on Improving Access to Psychological Therapies (IAPT) was effected by the impact of the pandemic, with access wait times extending due to capacity affected by sickness. However recovery rates did improve. Out of Area Placements remains a key area of challenge and although capacity to support acute adults has increased as a result of reopening Cherry Ward we continue to face significant challenges with Psychiatric Intensive Care Unit capacity.

For primary care:
- NHS 111 Direct Booking/111 First: All practices are configured and receiving direct bookings from CCAS and 111. Weekly monitoring is in place to ensure configuration continues to be in place correctly and to monitor utilisation of the 1 per 500 population contractually required allocation.
- Risk stratification/vulnerable groups: Developed a pragmatic approach to identifying and risk stratification of QOF domain and populations to prioritise work in general practices. This is based upon the Alama tool and will calculate covid age for patients to give those at higher risk of worse outcomes. This has been supplemented by local indicators of deprivation. A system-wide approach to supporting increased levels of ethnicity coding has been developed. An ethnicity coding template has been released to practices. Testing of approach has happened with small group of practices and due for release next week
- Covid virtual ward: Clinical model developed with initial deployment in care homes to be followed by deployment in the community. Use of pulse oximetry to monitor those more at risk of worse outcomes.

C. Winter planning

Confirmed diagnoses of Flu hospital admissions rates for Flu remain relatively low in the South West and England although cases are gradually rising.

Ahead of the Winter, we are focusing on an extended Flu vaccination campaign and offering vaccinations free of charge to +65s (being extended to +50s), 2-3 year olds and frontline health and care staff. Care home residents have been prioritised. Uptake rates for Flu vaccinations are generally higher than this time last year and on target.

Variations in uptake have been identified between GP practices and have been correlated with Indices of Multiple Deprivation. The data shows that uptake has been significantly lower in the most deprived areas (c38%) compared with the least deprived areas (c52%.)   Actions to address this and increase uptake include:

- System-wide working to support national and local communications. Media press releases have included work with ITV, BBC & Radio Ujima
- Learning Disability (LD) related communications have been shared with LD practice champions. Two short videos to support uptake in this group have been issued by NHS England to highlight the importance of vaccination in this group.
- Targeted communications to support the Black, Asian and Minority Ethnic (BAME) population. A short myth-busting flu video jointly produced with Healthier Together partners promoting the importance of the flu vaccine for BAME communities has been released along with multilingual translations.
- Working with the Bristol Muslim Strategic Leadership Group in Bristol Inner City & East to increase uptake.
- SMS messaging pilot planned with some GP practices in Bristol Inner City & East locality to support vaccine uptake working with the insights team at UWE.
- System working to support and increase vaccine uptake in the homeless population.

D. Staff testing

Swab tests

To date BNSSG staff have been tested using the same PCR (polymerase chain reaction) swab tests that are used for the general public.

Front-line patient facing staff are now being offered a new test; lateral flow (LF) antigen test; which is a swab test that individuals can test themselves, twice per week. The accuracy; specificity and sensitivity is reported to be lower than a PCR swab test, however the pilot sites indicate that this is mitigated by the frequency of the test. Those who test positive are immediately advised to isolate and arrange for a confirmatory PCR test.

- It is expected that between 2 – 7% staff members tested will report a positive lateral flow test and of those 40% will be positive on a confirmatory PCR test. This is likely to put pressure on delivering frontline services and on the testing programme itself. Plans are being put in place to recognise and mitigate for this.
- Currently Sirona CIC have been identified as part of the next phase of roll out for the LF Tests (Phase 3) which could mean that they are being treated unequally to the rest of the frontline workforce AND risk of putting their patients at risk. This has been escalated to the Regional team.
- Phase 3 will also include primary care, independent sector providers and possibly Hospices. However, we do not have a supply date for the delivery of these tests yet.

Antibody testing

All NHS and Social Care staff were offered an antibody test over the summer, arranged through either the LCC or Primary Care (Social care staff). This offer has now closed. However, an at home finger prick antibody testing provision is still available for Social Care staff using a designated online portal on the Gov.UK website.

E. Mass vaccination

We are mobilising in order to be prepared to deliver a BNSSG mass vaccinations programme. This will form part of the national and regional level programmes. We expect that this programme will be delivered in three phases. NBT will act as Lead Provider and the governance of the programme will facilitate oversight by the BNSSG EPPR command and the NHSEI SW Region.

Key points to note:
- National plan to deliver through mass vaccination centres (MVC), community sites and 'roving' model for care homes and housebound
- Phase 1 is >80s, care home residents & staff, health & social care workers
- NBT Lead Provider role now expanded to act as 'Management & Co-ordination Organisation' (MCO) overseeing all aspects
- Regional modelling assumption of 75,000-110,000 vaccinations delivered to BNSSG population weekly from 7 December – 5 April 2021
- Services expected to operate 12 hours / day & 7 days / week
- Financial allocation (£2.3m) issued last week to support workforce & estates
- Complex and evolving programme – cannot define, test & agree entire clinical model before launch. Will need to be phased agreement of delivery models, iterating as vaccines emerge & uptake / acceptability of different models are tested
- Potential large scale site identified by PHE / local team / NHSEI SW – Ashton Gate Stadium
- Community centre model to be offered
- Mass vaccination enhanced service announced for general practice

F. Healthier Together programme status

Delivery update

The system Planning and Oversight Group (formerly SDOG) is maintaining delivery oversight of the Phase 3 Plan which covers the period October 2020 to March 2021.

In addition the System Planners and Deputy Directors of Finance are meeting weekly to progress development of the planning process which will cover the period April 2021 to March 2022. Whilst the approach to be taken is in the early stages of development we recognise there are significant challenges for the upcoming planning period including the need to balance tackling ongoing and potential future Covid-19 outbreaks with service recovery, delivering a mass vaccination plan for our staff and population, and the need to ensure our plans address significant health concerns such as health inequalities (including those directly relating to Covid-19) and the impact of delayed diagnoses and treatment for patients.

We will ensure key messages, timelines and actions required are communicated over the coming weeks and months as planning progresses.

Healthier Together programme review

On 3rd November 2020, BNSSG Gold command agreed an action for Healthier Together Steering Group chairs to review BAU programme activities and meeting schedules. The objective of this review is to provide assurance that business critical work will continue where necessary and that the number of programme meetings will be reduced wherever possible to support the system pressure during the second wave of Covid-19.

Steering group chairs were asked to confirm which programme activities must continue as normal, continue at a slower pace, accelerate or pause to enable the Phase 3 response to Covid-19 and to deliver on key priorities for 2021/22, including their programme governance meetings where appropriate.

A suggested criteria to help guide on decision making were provided, including questions such as the urgency of the programme to enable Phase 3 system plan (responding to winter and Covid pressures, enabling recovery) and delivery of LTP or other strategic priorities in the next 12-18 months.

Healthier Together programme managers and CCG transformation leads have been asked to support facilitation of these decisions and the outcome of this review is presented below.

Acute Care Collaboration Steering Group			
Programme	**Status**	**Meetings**	**Comments**
Planned Care Programme	Continuing	Continuing, considering	Initial focus on Covid recovery.

		reduced times	
MSK Programme	Continuing	Continuing, considering reduced times	Continuing to develop T&O case with no change in focus.
Outpatient Transformation	Continuing with some elements paused	Weekly ops continues but Board stood down	Re-focused on those elements that will keep activity going – e.g. non-F2F, PIFU and A&G
Maternity Programme	Continuing with some elements at slower pace	We will continue to hold monthly LMS Delivery Board meetings and monthly core meeting group – these groups will now have standing Covid-19 agenda item. Other project work is done in an agile way and meetings are on a needs basis.	Continue work on BAME and deprived populations, Co-production work for comms messaging to BAME women and BAME action plan, Continuity of carer (CoC) planning around BAME and deprived women, Digital antenatal, CoC roll out and planning continue, Safer Care SBLCB v2 including smoking cessation programme key element of SBLCB v2. Slower all other elements of MTP e.g. postnatal care, personalisation and choice work.
Stroke Programme	Continuing	Continuing, considering reduced times	Continuing to finalise PCBC and begin consultation with no change in focus.
Cancer Programme	Continuing	Continuing, considering reduced times	With focus on Covid recovery.
Neonatal Intensive Care Unit (NICU)	Continuing	Continuing, considering reduced times	Continuing to finalise FBC with no change in focus
Medicine Optimisation Programme	Continuing	Continuing, considering reduced times	Reduced scope and renewed focus on work that will support COVID operational response.
Diagnostics Programme	Continuing	Continuing, considering reduced times	With a focus on Adopt & Adapt work that will support COVID operational response
Cardiovascular (CVD)	Paused	N/A	Remains paused

Integrated Care Steering Group Steering Group		
Programme Name	**Status**	**Comments**

Diabetes Programme	Continuing	We recognise the need to push ahead with improvements in care for patients Diabetes and believe that the benefits of this work are key to the system. We however, acknowledge the emerging capacity issues, and at the next Diabete Programme Board we will define a set of Trigger Points to identify when we w have to stand working groups down - currently there is support to continue the work. Many of the key deliverables and programme activities address inequal in existing diabetes care – access to and attendance at Structured Education, support for people whose first language isn't English, diabetes care for people a learning disability, addressing achievement of diabetes treatment targets in of deprivation. Additionally we have submitted a bid to NHSE for funding for th next 4 years and the Programme Board will be instrumental in making decisions/governance around this funding. Frequency of Board meetings to be reduced.
Frailty Programme	Paused (wider programme)	First meeting of reinstated Frailty Programme Board planned for 24 Novembe no longer go ahead; meeting to be used to explore opportunities to accelerate support, together with scope for existing C19 cells to take these forward.
	Continuing (Sirona transformation work streams)	LARC Chairs, LARC Domiciliary, Frailty Hubs and Practice based Integrated l MDTs
Primary Care Strategy Programme	Accelerating	Primary Care Cell re-instated to twice weekly. Primary Care Digital Group we Primary Care Strategy Board monthly. We are actively reviewing our meetings work prioritisation, decisions to be made in the next week.
Localities Programme	Continuing	Integrated Localities & Locality OD, Community Mental Health Framework, Population Health Management, Strategic estates and Primary Care resilienc
	Accelerating	Refresh Integrated Locality CV19 resilience plans (Face to Face appointment including hot / cold sites, Home visiting including shielded patients and Care Homes support).
Respiratory Programme	Accelerating	Programme Board to revert temporarily to C19 cell.
End of Life Care Programme	Accelerating	Workshop held on 10 November with senior representatives from across the system to discuss future work programme, re-focused on Covid response nov under development.
Care Provision Programme	Continuing	C19 care provider cell focused on operational response reports into Programm Board. Board members include Directors of Adult Social Services. Programm arrangements created this way to ensure we have a continued forum to unblo any issues. We acknowledge the current capacity issues, and have agreed to define a set of Trigger Points to identify when we will have to stand working g down Training and support group and an Enhanced Health in Care Homes wo group. In addition we are looking to create two more sub groups which is bein paused for now.
Integrated Care Partnership Programme	Continuing	Recommended that discovery phase is completed in order to run ICPs in shac form to support delivery of the community MH framework to which money is attached. ICPs are a cornerstone of the Healthier Together system, designed deliver a new integrated model of care which is preventative, personalised an proactive, making the community the default setting for care. As such, it will underpin: Specifically, ICPs are to take on the provision of joined up communi mental health by April 2022 and so this work is time critical. This can be quite meeting-light with research carried out in-between at behest of the group. Th group does not anticipate having sub groups.

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Building Healthier Communities Together	Accelerating	Given the importance of the VCSE in our support for people and connection w local communities this work will continue. The VCSE cell has continued to run has transitioned into the BHC delivery group. The programme Plan is still bei developed however there are a series of key critical aspects that are importan continue and potentially accelerate. Urgent meeting of VCSE was stood up on Nov now progressing to more frequent meetings
Long Covid Pathway	Accelerating	Linkage with respiratory programme under discussion

Urgent Care Steering Group Steering Group		
Programme Name	**Status**	**Comments**
Integrated Urgent Care (IUC) and Ambulance Service Development	Continuing	The IUC/Ambulance project is continuing to support the COVID response. (Eg improving Handover delays, increasing hear and treat, reducing ED conveyances through alternative destinations etc)
High Impact Users	Continuing	The HIU project is progressing as a pilot in North Somerset.
Implementation of NHS 111 First	Continuing	Bring forward to support COVID response
Implement and Maintain Discharge to Assess Services (D2A)	Continuing	Key to delivering long term COVID response
Review of Minor Injury Unit (MIU) and City Centre UTC	Continuing	Need to deliver work programme to ensure operational impact next year
Urgent Care - SDEC	Paused	Expanding and maximising use of SDEC is key to providers phase 3 delivery. A programme across the system is not required at this point but the urgent care performance team will work to support implementation and share information where this is required.
Mental Health alternatives to ED	Continuing	This is progressing with James Eldred and Jane Rowland (AWP) leading. Crisis bid being pulled together – submission deadline 18th November. Impact of MH programme for urgent care – see MH and LD and Autism steering group
Urgent Care - Children	Continuing	Impact of Children and Families programme for urgent care – being progressed through the 'new models of care' programme.

Children and Families Steering Group		
Programme	**Status**	**Comments**
Children and Families Programme-Wide	Continuing	The Children and Families Steering
Achieving Excellence in SEND	Continuing	continue progressing all programm the next wave of Covid-19.
Joint Commissioning	Continuing	The Overall Programme meetings
Addressing Inequalities	Continuing	reset exercise to ensure they are o progressing delivery and therefore
Supporting Children's Palliative and End of Life	Continuing	proposal to reduce frequency in 20

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Care	Continuing	
Delivering new models of care, closer to home / pathways to adulthood	Continuing	

Mental Health and LD & Autism Steering Group and Programmes		
Programme	**Status**	**Projects**
Mental Health	Accelerated	**Perinatal & Children and Young People's (CYP) MH:** Increase in CAHMS access **Prevention and Health Inequalities:** Thriving with Nature, MH and Wellbeing Hubs, Preventing Suicide. **Primary MH:** Community MH Framework, Physical Health Check (or SMI). **Secondary MH:** Assertive Outreach, PD pathway, Individual Placement Support (IPS), Crisis Care, Change for Good (My team around me, rough sleepers bid) **BAU**: WSOG, Business Case implementation and evaluation, Trauma Informed Approach, Equality and Inclusion, Data & Modelling, Comms
	Continuing	**Perinatal, CYP:** Mental Health Support Teams, Primary Mental Health Specialists, CYP Crisis phone line and Eating disorders. **Prevention and Health Inequalities:** Thriving Communities, Thrive at work, Self-harm, Race & MH, Alcohol & MH. **Primary MH:** IAPT, Business Case projects, Safe Haven Café, Refuges and Dementia projects, Bereavement capacity, Counselling Support **Secondary MH:** Locked Rehab (improve step down), EIP
	Continuing at slower pace	**Perinatal, CYP:** Maternal MH, BAME CYP. **Prevention and Health Inequalities:** Debt & MH, LGBTQ + MH. **Primary MH:** Bereavement Model and Domestic Abuse. **BAU:** Co-production
	Paused	**Perinatal, CYP:** Long Term Student MH transformation. **Primary MH:** Premature mortality (prioritise clinical waiting list), 24/7 helpline impact evaluation. **BAU:** Contract Monitoring, Integration with key HT Programmes.
Learning Disabilities (LD) & Autism	Continuing	New BNSSG SROs in place for Learning Disabilities (Hugh Evans, BCC) and Autism (Liz Williams, AWP) and work underway to develop system-wide approach to improve care and outcomes. The LD and Autism Cell is moving from fortnightly to monthly, with the ability to reconvene quickly if required (due to COVID-19). Given that needs of people may increase, priorities around ensuring quality care are to remain. Work to undertake system-wide transformation may require longer.

Population Health, Prevention & Inequalities Steering Group Programmes		
Programme Name	**Status**	**Comments**
Prevention Programme	Paused	Although will be included within PHPI workplan and action taken under this programme of work where appropriate

Population Health Management	Continuing	All meetings will continue as PHM development is key in our response to Covid, phase 3 planning, the LTP and ICS development. The NHSE/I PHM Development Programme is being reviewed and elements of this may be paused or delayed if interfering with clinical needs.
Health Inequalities Programme	Continuing	It is essential to understand and act on the impact of Covid, among other factors, on the health inequalities within our population.

Estates Steering Group / Programme	
Status	**Comments**
Paused	The majority of the Estates deliverables were placed on hold due to COVID-19.

Digital Steering Group (Board) Programmes	
Status	**Workstreams**
Accelerated	111First - Integrated Care Bureau – Phase 2 (Digitisation) - Virtual Ward Oximetry @ Home - Procure & Implement Community Social Prescribing Platform - Care home digital interventions - Project initiated in response to Covid - digital maturity assessment underway. - System Wide Messaging Tool (Careflow Connect) - Enabling Improved Care Planning
Continuing	- NHS 111 Direct Booking into primary care - Convergence Of Community Children's EPR - Convergence of Community Adult EPR - System-wide Cyber Leadership and Security strategy - Digital Patient – linked to Patient Reported Outcome Measures (PROMS) - Primary Care E-Consultations - Mental Health Skype Consultations – to be Integrated into digital patient project - Assistive Technology Pilots – Projects identified: Acoustic monitoring and Hydration continue. - Population Health Management – Significant advancements - Improved UX and Functionality – UX methodology agreed and integrated into key interventions
Continue at slower pace	- System Wide Shared Network Infrastructure - Single Infection, Prevention & Control System
Paused Delayed or on hold due to Covid-19.	- Alignment of Key Acute Operating Systems - Implement E Rosters - Alignment of Order Comms/ Single Catalogue - One Active Directory across STP, Social Care & Mental Health - System Wide Clinical Decision Support Tool – On hold due to Covid - due to be re initiated once resources are identified - Medicines Optimisation - Convergence Of Medication Records - Digital Communication Platform - Scope to be clarified and need to identify

Healthier **Together**

pg. 10

	resources for leadership and delivery
   	

People Steering Group Programmes		
Programme Name	**Status**	**Comments**
Overall People Steering Group	Continuing	Reduced meetings for HRDs and senior leaders, project managers continue to meet, PSG meeting alternate months.
Community, Social Care and Primary Care Workforce Development	Continuing	**PCN workforce development/reimbursable roles, community bank pilot, domiciliary care workforce –** all continue but pace may be slower – focus on achieving flow in the out of hospital sector.
Learning Academy	Continuing	**Learning Academy** meetings reduced to alternate months **Procurement of Learning Management System** – time critical due to contractual issues. **Working Together on CPD £1k/per head –** funding to be spent by year end. **Clinical placement capacity** – time critical due to contractual issues. **Apprenticeship collaboration and young persons pathway –** key to supply.
	Paused	**Visioning and strategic direction** – workshops on hold.
Supply and Demand	Continuing at slower pace	Continue but with reduced interface with managers: •NHSI/E funded Retention pathfinder including flexible working /EVP/Recruitment – reduced meetings and actions involving managers •Nurse Supply project – reduced time of (clinical) project manager •Integrated Voluntary Project – continued, focus on NHSVR
Workforce Planning and Modelling	Continuing	**Workforce planning** (now to focus on Covid, Healthier Together Workforce lead to link with Finance/Analytics).
	Under review	**ACP** Project manager under review, clinical project manager returning to role.
OD and Engagement	Continuing	**EDI analysis, planning and collaboration** – reduced impact on managers. **EDI –** Focus initially on risk assessments/Covid.
	Paused	**High potential talent** – pause development programme. **OD Plan – continued to be developed,** but **implementation** and staff engagement paused.
Workforce Cell	Accelerate	Meet every two weeks, focus on People resource mobilisation and optimisation for COVID, rotating HRD chair, standard agenda, 2 Sub groups; •Terms and conditions best practice related to Covid; •EDI risk assessments, support related to Covid.

G. ICS designation

We established Healthier Together as a partnership to improve services, outcomes and experiences for the people we serve across BNSSG by better joining up what we do. In essence this is a simple concept. It means that our organisations are

committed to working together as a system to deliver integrated care - an integrated care system.

NHS England and Improvement (NHSEI) published guidance in 2019 included a maturity matrix that described the core capabilities expected of an ICS at different stages of a development journey. The guidance set out an ambition for all health and care systems in England to be 'maturing' by April 2021.

We have submitted a draft self-assessment to NHSEI setting out the progress we have made on our ICS development journey in BNSSG. We believe that this demonstrates that BNSSG meets the minimum operating requirements to be designated as a 'maturing' ICS in line with the NHSEI guidance.

If and when BNSSG is designated as a 'maturing' ICS this would be a recognition of the progress we have made in developing the core capabilities that NHSEI expects of us. ICS designation would not impact upon the organisational form or contractual status of our partnership.

We are looking forward to discussing our self-assessment with the NHSEI South West regional team and expect that BNSSG will be designated as a 'maturing' ICS by the end of 2020.

Sebastian Habibi

Programme Director, Healthier Together STP for Bristol, North Somerset and South Gloucestershire

Meeting of the Board of Directors in Public on Friday 27 November 2020

Report Title	Integrated Quality & Performance Report
Report Author	**James Rabbitts, Head of Performance Reporting** **Philip Kiely, Deputy Chief Operating Officer** **Anne Reader, Head of Quality (Patient Safety)** **Deborah Tunnell, Associate Director of HR Operations**
Executive Lead	**Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Quality – Carolyn Mills, Chief Nurse/ William Oldfield, Medical Director** **Workforce – Matt Joint, Director of People**

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

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

3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
 • This report is for **Assurance.**

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Quality and Outcomes Committee	24 November 2020
People Committee	26 November 2020

Integrated Quality & Performance Report

November 2020

Contents – Headline Indicators

Reporting Month: October 2020

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Success, Priorities, Opportunities, Risks and Threats (SPORT)	4
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Executive Summary

Reporting Month: October 2020

Performance continues to be significantly impacted by the Covid outbreak, especially when activity levels are compared to same point in the previous year. However, elective activity continued to improve in October and in all points of delivery was above the UHBW recovery trajectory submitted as part of the Phase 3 NHS recovery plan. Future recovery remains challenging due to the considerable constraints on outpatient, diagnostic and theatre capacity, related primarily to social distancing and staffing, which is adversely affecting scheduling and productivity.

The number of attendances in the Emergency Departments has stabilised during the past three months and remains lower than both the recovery trajectory and the activity levels from the same time last year, with current attendances at 82% of the 2019 monthly average. However, Trust level performance was below the NHS constitutional standard for 4 hour waits at 79.8% in September, reflecting ongoing challenges due to capacity, flow and reconfigured ED footprints in light of COVID. Non elective admissions remain below the same point from last year, but spells for patients aged 75+ remain on trend and conversion to admission is slightly up on previous years.

There are a number of significant backlogs that have developed during the Covid outbreak and the resulting reduction in activity. These include:
- Referral to Treatment patients waiting 52+ weeks. At the end of October there were 1,809 patients waiting over a year for the start of treatment, significantly above the 52 patients reported at the end of March 2020 and 3.4% above the Phase 3 recovery trajectory for October. Mitigations are in place including waiting list initiatives on evenings and weekends, use of the independent sector capacity for suitable patients, mobilisation of mobile dental units (for Dental specialties where the majority of breaches reside) and further sweating of existing assets. The overall Referral to Treatment waiting list size continues to increase and at the end of October was at 42,654, up by 4.5% from the previous month. However, performance within 18 weeks improved for a third month in a row to 63.4%.
- Diagnostic waiting lists where 59.1% 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 which is growing in areas such as endoscopy. Further validation of diagnostic waiting lists and prioritisation of patients is also anticipated as part of a nationally mandated exercise in the coming months.

During October the Trust declared an internal critical incident in response to Wave 2 of the COVID pandemic and this clearly presents a risk to further recovery during the Winter. Only 1.2% of elective admissions were cancelled in September with 91% (51 out of 56) of last minute cancellations readmitted within 28 days during October, but the impact of Wave 2 COVID bed pressures on non urgent general surgery cancellations is anticipated over the coming months. Cancer patients continue to be prioritised to minimise risk of harm and 2 week wait performance is expected to improve in November following the resolution of capacity issues relating to skin procedures.

A final priority area for focus in the coming months is to secure ongoing independent sector capacity following the termination of the national contract in December. This will be replaced with local call off arrangements from a nationally procured framework of IS providers where healthcare systems will be required to negotiate arrangements for priority patients. This will be important for sustaining the Trust elective recovery effort as part of the anticipated NHS Phase 4 recovery plans in 2021.

SPORT

Safe	Caring

Successes	Priorities
• No grade 2 or above pressure ulcers in October 2020 in our Bristol hospitals.	• To complete the individual investigations for the 7 patients who likely died from hospital acquired COVID 19 in the Bristol Royal Infirmary by January 2021. • To address the current lack of VTE risk assessment data collection in Weston General Hospital post-merger and post-Covid pandemic.
Opportunities	**Risks & Threats**
	• One element of improvement work to reduce the risk of harm to patients has been delayed. The transfer of falls and pressure injury risk assessments to a digital format in Medway has been delayed pending a system fix to ensure accurate calculation of scores. • Data quality of the quality metrics from Weston site included in this report. Planned work to address risks to data quality through due diligence process has been delayed due to COVID 19 and operational priorities.

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SPORT

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Responsive	Effective

Successes

- Patients waiting over 104 days on a GP referred suspected cancer pathway for reasons other than patient choice, clinical reasons or late referral has been sustained at zero patients throughout September and October.
- The 31 day first definitive treatment, 31 day subsequent chemotherapy and 31 day subsequent radiotherapy cancer standards were all achieved in Quarter 2.
- A clinical review of all of our long waiting patients is under way. This is to ensure that the length of the patient wait has not changed the prioritisation assessment for patient treatment. All of these patients will receive a letter regarding their delay commencing on 23rd October and will start with the longest waiting patients or those who are deemed clinically urgent.

Priorities

- Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons.
- In response to the Covid second wave there is an increasing need for patients to access community phlebotomy services at hubs and GP practices, with revised pathways currently being implemented.
- Due to limitations in outpatient capacity and Covid backlogs, the new patient slot capacity in outpatients has not been meeting demand resulting in increasing numbers of ASI's and requirement for validation of 180 day drop off lists and partial booking lists.
- Weekly reporting to NHSE/I of patients waiting 78+ weeks and 104+ weeks and plans for management, alongside the existing 52+ week focus for Referral To Treatment patients.
- Ensure no RTT patients exceed 104 weeks (2 years) as part of post-Covid elective recovery.

Opportunities

- Integration of the Bristol and Weston cancer registers. This will improve efficiency and enable more time for managing pathways.
- Further roll out of telephone clinics and Attend Anywhere contacts to further improve non face to face activity.
- The COO Performance team are working close with the Business Intelligence team in Digital Services to refine our patient tracking lists for RTT patients. This will allow reporting direct from the Patient Administration System (PAS), giving staff more real-time access to the data and allowing future integration with Weston.

Risks & Threats

- An internal Critical Incident was declared on 26th October. This is related to increasing Covid admissions and the need to ensure appropriate streaming and isolation of patients depending on their Covid status.
- The impact of the 'second wave' of Covid-19 is expected to increase the number of patients waiting on cancer pathways, largely through patient choice. The priority remains to ensure all waiting cancer patients are safe and treated within clinically appropriate timescales.
- Reduction in outpatient activity as a result of response to second wave of Covid-19
- There are risks to recovery of the over 52 week breach position for RTT: 1) Prioritising of cancer and urgent work over routine cases, 2) Redevelopment work will result in closure of some dental capacity over November/December, and 3) limited take up of Waiting List Initiatives (WLIs) in some specialties 4) routine cancellations due to 2nd wave of Covid, with the main impact expected in the November reported outturn.

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SPORT

Well-Led

Successes

- The use of eLearning for the provision of 2-yearly face-to-face Fire Safety sessions for clinical staff who may be involved in evacuations, has continued to foster an increase in compliance from 65% at beginning of September to 77% by end October.
- Agenda for change matching has positively progressed with increased capacity both internally and externally, confirmed training and a process review underway.
- Successful bids for funding from NHSE/I to support specific elements of international nurse recruitment.
- The rollout of new medical locum pay rates to support operational delivery and recovery during the second Covid wave.

Priorities

- Delivery of the Staff Survey 2020 campaign to maximise the opportunity to respond, sharing staff experience at work and help shape the future Trust and local people plans.
- Continuation of the peer flu vaccination programme to achieve maximum uptake of Frontline HealthCare Workers by 31st December in response to a revised CCG requirement.
- Establishing the Junior Doctor Hub with sufficient clinical oversight in response to the operational demands of Covid.
- Accelerating Junior Doctor rotas on Allocate's HealthRoster in conjunction with wider workforce Covid planning in adult bed divisions.
- Commencing planning for the Allocate system merge in spring 2021 with the go live delayed for November 2020 due to operational pressures.
- Revising the funding bid to NHSE/i for cohort nurse recruitment.

Opportunities

- A new manager e-learning session, 'Supporting wellbeing in your teams' has been finalised and launched, to enhance manager confidence and competence in supporting wellbeing in teams.
- The HR & Resourcing Consultation has now concluded. A high level of engagement was seen throughout with some very helpful feedback. There is now an opportunity to remodel the HR services in order to provide integrated and robust support across the core workforce disciplines.
- Approval of a Recruitment and Retention Premia (RRP) of up to £15,000 to help tackle all hard-to-fill consultant posts in both Weston and Bristol, agreed until the end of April 2021. In addition, the approval of a Recruitment and Retention Premia (RRP) of up to £5,000 to help recruit to Weston Emergency Department ST3+ positions, also agreed until the end of April 2021.
- The ongoing development of new financial wellbeing initiatives and other benefits, including investigating options for allowing substantive and bank staff to access a portion of earnings before payday.

Risks & Threats

- Appraisal compliance continues to be below target across all Divisions.
- The National Staff Survey response rate is low year on year and UHBW remains below the national average at this point in the campaign.
- There is a significant lack of investigator capacity and capability across the organisation, resulting in delays to employee relations cases and increasing levels of risk.
- The ability for overseas recruits to travel and relocate in the UK to work at UHBW remains a threat in light of Covid. EU countries being added and then removed from the quarantine list gives uncertainty.
- Lack of accommodation provision for overseas candidates continues to place the Trust at a disadvantage when compared against other Trusts in the region.

Dashboard

Reporting Month: October 2020

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

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

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

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

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Infection Control – C.Difficile

October 2020

Y *Achieved*

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol and 15 cases for Weston. The limit for UHBW has not yet been set for 2020/21 as it will be a based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases (57 plus 15) for UHBW as a whole for 2020/21 would give a trajectory of 6 cases a month.
Performance:	There were five cases of hospital-onset, healthcare associated (HOHA) C. Difficile in October 2020, three in the Bristol Divisions and two in Weston Division. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. HOHA C.Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission.) The benchmarking data of cases per 1,000 beddays in the twelve months to August 2020 shows UBHW to be just above the median.
Commentary:	There has been no commissioner review of C.Difficile cases during the Covid pandemic.
Ownership:	Chief Nurse

Number of C.Diff cases

Benchmarking - C.Diff Rate Per 1000 Beddays - September 2019 to August 2020

	Oct-20	2020/2021
Medicine	1	12
Specialised Services	1	9
Surgery	1	10
Weston	2	9
Women's and Children's	0	6
TOTAL	**5**	**46**

Safe

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Infection Control - MRSA

N *Not Achieved*

Standards:	No Trust Apportioned MRSA cases.
Performance:	There was one MRSA bacteraemia cases in UBHW in October 2020, giving three cases to date for 2020/21.
Commentary:	The MRSA case for October occurred in the Weston Division. A post infection review has identified that the patient was colonised with MRSA on admission. The source of eth MRSA bacteraemia was identified as a peripheral vascular cannula (PVC). Sub-optimal PVC care is being addressed within the Division with spot check audits and visual reminders. There was a slight delay in commencing decolonisation treatment.
Ownership:	Chief Nurse

	Oct-20	2020/2021
Medicine	0	0
Specialised Services	0	1
Surgery	0	0
Weston	1	1
Women's and Children's	0	1
TOTAL	**1**	**3**

Benchmarking - MRSA Cases Per 1000 Beddays - September 2019 to August 2020

Safe
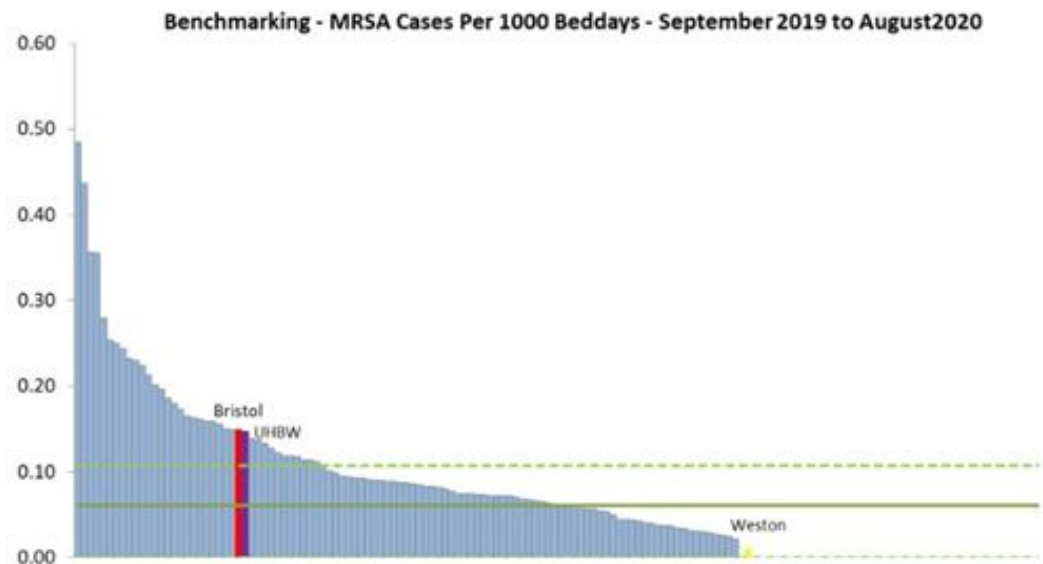
Serious Incidents

October 2020

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 NHS providers following learning from early adopters in 2020.
Latest Data:	Fifteen serious incidents were reported in October, including one Never Event. Seven of these involved patients who likely died from hospital acquired COVID 19 in the Bristol Royal Infirmary identified following a harm panel review process. Of the remaining eight serious incidents, seven occurred on Bristol sites comprising four falls, two treatment delays and one delayed diagnosis. In Weston, the other reported serious incident was a wrong site block never event in theatres.
Commentary:	The number of reported serious incidents is showing special cause variation in September, this is due to the eighteen serious incidents involving patients who likely died from hospital acquired COVID 19 in Weston General Hospital. Individual investigations for each incident are underway to identify any further learning in addition to that identified by the Trust's overarching investigation into an outbreak of Covid at Weston General Hospital in May 2020. The outcomes of these investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Oct-20	2020/2021
Medicine	9	15
Specialised Services	2	2
Surgery	1	8
Trust Services	0	1
Weston	1	34
Women's and Children's	2	5
TOTAL	**15**	**65**

Number of SIs Reported
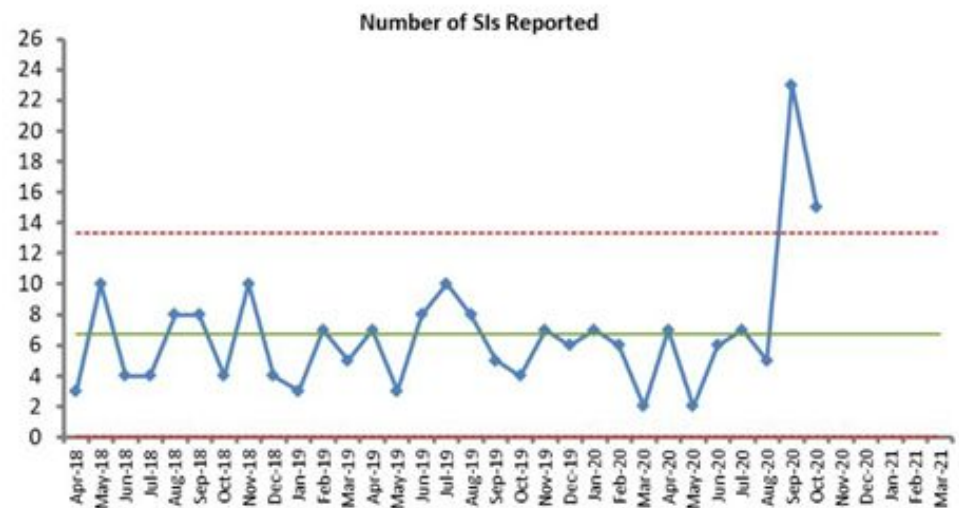
Harm Free Care – Inpatient Falls

Y *Achieved*

Standards:	To reduce and sustain the number of falls per 1,000 beddays below the national benchmark of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month.
Performance:	In October, the rate of falls per 1,000 beddays was 4.28 across UHBW (4.54 in our Bristol hospitals and 3.35 in Weston General Hospital. There were 134 falls in total across UHBW in October, four of which resulted in moderate or higher level of harm. Three of the four falls with harm have been identified as serious incidents and are subject to root cause analysis investigations. There are no key immediate themes identified although two of the incidents occurred overnight.
Commentary:	• The Trust Falls Steering Group met In October and are reviewing a variety of methods of delivering both falls and simulation training within the challenges of training due to Covid -19 constrictions. Bespoke training has been provided by the falls team where possible. The new in post Falls Lead is now reviewing the on line falls prevention training in order to further enhance the content and opportunities for increased education. • The Manual Handling Team have delivered training on post falls care and have planned further sessions for key staff at Weston General Hospital.
Ownership:	Chief Nurse

Falls Per 1,000 Beddays
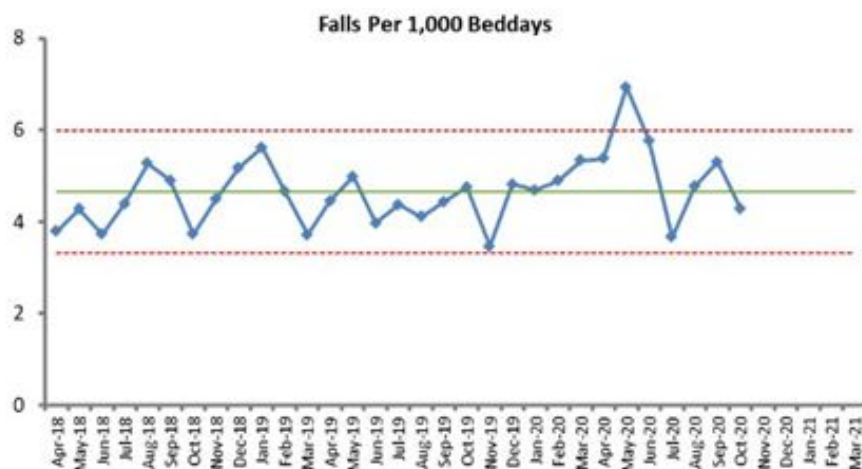
	Oct-20	
	Falls	**Per 1,000 Beddays**
Diagnostics and Therapies	1	-
Medicine	60	6.75
Specialised Services	27	5.97
Surgery	19	4.87
Trust Services/Trustwide	1	-
Weston	23	3.35
Women's and Children's	3	0.42
TRUST TOTAL	**134**	**4.28**

Harm Free Care – Pressure Injuries

NHS

University Hospitals Bristol and Weston
NHS Foundation Trust

September 2020

Y *Achieved*

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	In October, the rate of pressure injuries per 1,000 beddays was 0.096 across UHBW. There were three pressure injuries in total, all category 2 (three in Weston and zero in Bristol). There were no category 3 or 4 pressure injuries.
Commentary:	A review of processes across all divisions around access and care of dynamic mattresses has been completed to ensure provision in a timely manner. Actions, all sites: • Implementation of Paediatric and Neonatal specific wound management flow charts. • Implementation of plaster cast daily nursing care plan - to reduce risk of cast related injuries. • Implementation of the Tissue Viability Connect Page – work ongoing to ensure a more user friendly version • Engage with TV champions across divisions to support good practice locally Weston specific actions: • Staff training on pressure prevention, with current focus on the lower limb / heel and protective measures required. • Implementation of care log documentation and pressure injury risk assessment used on Bristol sites.
Ownership:	Chief Nurse

	Oct-20	
	Pressure Injuries	Per 1000 Beddays
Medicine	0	0.27
Specialised Services	0	0.08
Surgery	0	0.42
Weston	3	0.44
Women's and Children's	0	0.05
TOTAL	**3**	**0.10**

Pressure Injuries Per 1,000 Beddays

Safe

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Medicines Management

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Sep/Oct 2020

Y *Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were no moderate harm incidents out of 248 medication incidents reported in our Bristol hospitals in September. There were also no moderate harm incidents out of 36 incidents reported in Weston General Hospital. Three omitted doses of critical medicines were identified in 479 patients audited in our Bristol hospitals in October (0.63%).
Commentary:	The omitted doses involved a dose of Parkinson's disease medication and antiepileptic medication that was not available on the ward. In both cases, the medicines could have been sourced from other wards that kept them, identified using drug finder. They were both ordered urgently by the pharmacist. The third omitted dose related to a dose of antiretroviral which is only kept in pharmacy, which was ordered urgently on identification of omission. In Weston General Hospital data on omitted doses has not been collected since the suspension of the National NHS Medicines Safety Thermometer data collection in March 2020. Actions: • To continue to promote the availability of the 'drug finder' on the intranet which details which wards keep stocks of any medicine entered into the search field. • Plans are being developed to restart local medicines safety audits in Weston General Hospital using the Perfect Ward App which has been procured and for which implementation plans are underway.
Ownership:	Medical Director

Sep-20			
	Moderate or Higher Harm Incidents	Total Audited	Percentage
Bristol	0	248	0.00%
Weston	0	36	0.00%
TOTAL	**0**	**284**	**0.00%**

Medication Incidents Resulting in Moderate or Higher Harm

Safe

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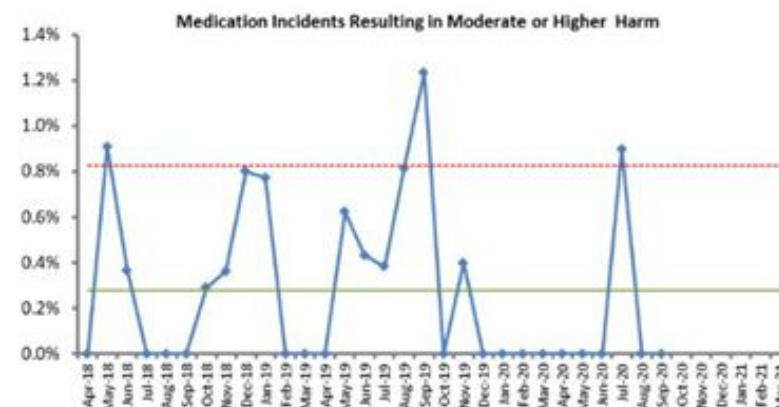
Essential Training

October 2020

P *Partially 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 October 2020, Essential Training overall compliance remained static at 86% compared to the previous month (excluding Child Protection Level 3).
Commentary:	October 2020 compliance for Core Skills (mandatory/statutory) training remained static at 86% overall across the eleven programmes. There were reductions in three of the programmes, the largest reduction was seen within Resuscitation, reducing to 70% from 73%. There were increases in three of the programmes, the largest increase was seen within Fire Safety, increasing to 83% from 80% the previous month. Five programmes remained static in comparison to the previous month. Overall compliance for 'Remaining Essential Training' remained static at 91%. This figure continues to exclude Weston data.
Ownership:	Director of People

Essential Training	Oct-20	KPI
Equality, Diversity and Human Rights	91%	90%
Fire Safety	83%	90%
Health, Safety and Welfare (formerly Health & Safety)	92%	90%
Infection Prevention and Control	85%	90%
Information Governance	83%	95%
Moving and Handling (formerly Manual Handling)	85%	90%
NHS Conflict Resolution Training	88%	90%
Preventing Radicalisation	90%	90%
Resuscitation	70%	90%
Safeguarding Adults	89%	90%
Safeguarding Children	89%	90%

Essential Training	Oct-20	KPI
UHBW NHS Foundation Trust	86%	90%
Diagnostics & Therapies	91%	90%
Medicine	83%	90%
Specialised Services	86%	90%
Surgery	85%	90%
Women's & Children's	83%	90%
Trust Services	88%	90%
Facilities & Estates	92%	90%
Weston	86%	90%

Safe

Nurse Staffing Levels

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.
Performance:	The report shows that in October, UHBW had rostered 305,348 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 306,243. This gave an overall fill rate of 100.3% for UHBW.
Commentary:	Overall for October 2020, the trust had 98% cover for RN's on days and 99% RN cover for nights. The unregistered level of 98% for days and 110% for nights reflects the activity seen in October 2020. This was due primarily to the COVID reconfiguration on wards and NA specialist assignments to safely care for confused or mentally unwell patients in adults at night.
Ownership:	Chief Nurse

Staffing Fill Rates: **Oct-20**

	Total	RNs	NAs
Medicine	103.9%	102.8%	105.2%
Specialised Services	103.1%	98.2%	117.1%
Surgery	103.0%	101.1%	107.7%
Weston	104.5%	98.5%	108.9%
Women's and Children's	92.4%	95.4%	78.3%
Bristol Divisions	*99.3%*	*98.6%*	*101.3%*
TRUST TOTAL	**100.3%**	**98.6%**	**103.0%**

Nursing Fill Rate - RN and NA Combined
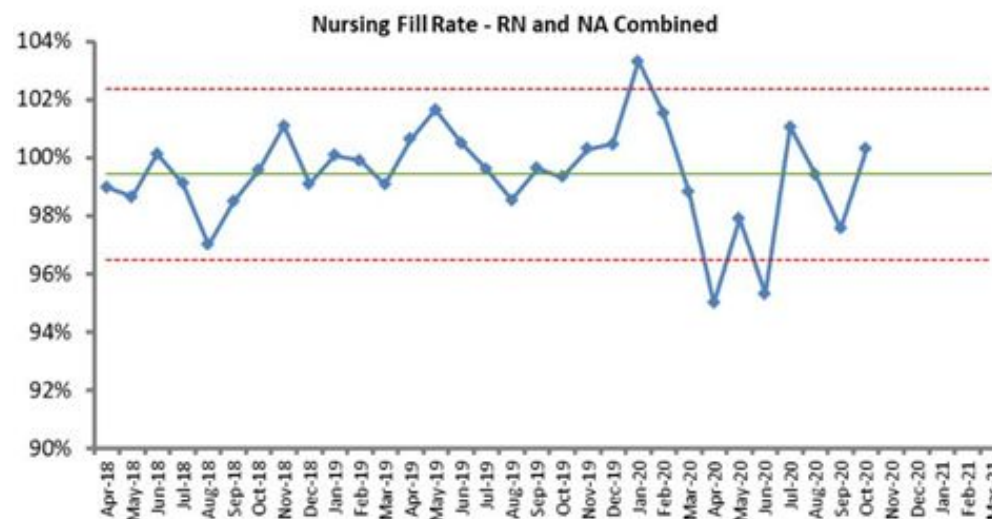
Venous Thromboembolism Risk Assessment

October 2020

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 thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system. For October, Bristol achieved 85.8%. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. Alternative interim sample audits are planned, potentially via the Perfect Ward App, pending a longer term digital solution to capture data for all relevant patients.
Commentary:	• Following a pause during the Covid pandemic, the VTE Group has restarted and has is refocussing on improving VTE risk assessment in Bristol and has identified a need for support in Weston General Hospital to recommence data collection to inform further action. • When electronic medicines prescribing and administration is implemented, there could be an opportunity to include a force function for completion of VTE risk assessment.
Ownership:	Medical Director

Bristol - VTE Risk Assessment Performance

	Oct-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	26	26	100.0%
Medicine	1,972	2,594	76.0%
Specialised Services	2,279	2,468	92.3%
Surgery	1,823	2,154	84.6%
Women's and Children's	1,425	1,528	93.3%
TOTAL	**7,525**	**8,770**	**85.8%**

VTE Risk Assessment Completed - BRISTOL

Safe
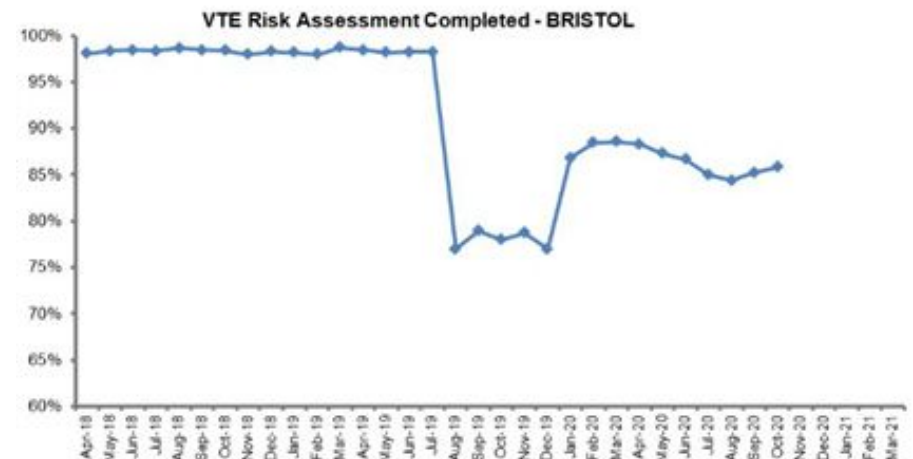
Venous Thromboembolism Risk Assessment

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

		Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	1	1	100.0%
	Radiology	25	25	100.0%
Diagnostics and Therapies Total		**26**	**26**	**100.0%**
Medicine	Medicine	1,972	2,594	76.0%
Medicine Total		**1,972**	**2,594**	**76.0%**
Specialised Services	BHOC	1,869	1,945	96.1%
	Cardiac	410	523	78.4%
Specialised Services Total		**2,279**	**2,468**	**92.3%**
Surgery	Anaesthetics	5	5	100.0%
	Dental Services	97	119	81.5%
	ENT & Thoracics	185	300	61.7%
	GI Surgery	1,100	1,245	88.4%
	Ophthalmology	305	322	94.7%
	Trauma & Orthopaedics	131	163	80.4%
Surgery Total		**1,823**	**2,154**	**84.6%**
Women's and Children's	Children's Services	28	36	77.8%
	Women's Services	1,397	1,492	93.6%
Women's and Children's Total		**1,425**	**1,528**	**93.3%**
Grand Total		**7,525**	**8,770**	**85.8%**

Friends and Family Test

Reporting Month: February 2020

Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	Nationally the Friends and Family Test has been suspended during the Covid-19 pandemic. The last data reported was February 2020, and the data and charts below show the Bristol data up to that point.
Commentary:	Nationally the Friends and Family Test has been suspended during Covid-19.
Ownership:	Chief Nurse

FFT Inpatient Score

FFT Maternity Score

FFT ED Score
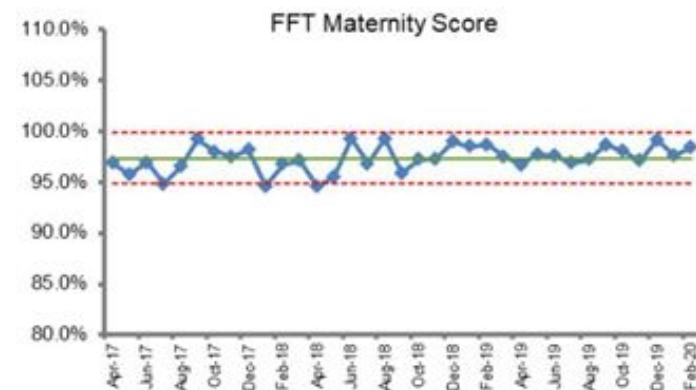
	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	33.1%	35.5%	99.2%	98.7%
Emergency Department				
Bristol Royal Infirmary	6.9%	10.8%	78.8%	69.1%
Children's Hospital	16.4%	16.8%	81.6%	83.3%
Eye Hospital	30.8%	27.2%	96.8%	95.9%
TOTAL	15.4%	16.6%	88.1%	84.0%
Maternity				
TOTAL	21.8%	26.5%	98.4%	97.6%

Caring

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Patient Surveys

Y *Achieved*

|	
Standards:	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 October 2020, the inpatient score was 90/100, for outpatients it was 93. For the kindness and understanding question it was 94. This is data for Bristol hospitals only, as the survey has not yet been implemented at Weston General Hospital
Commentary:	Inpatient and outpatient headline measures exceeded their minimum target levels, indicating the continued provision of a positive inpatient experience at the Trust's Bristol hospital sites. A detailed analysis of themes arising from patient feedback is reviewed in the Trust's Patient Experience Group and any improvement actions agreed with divisions. The suspension of the Friends and Family Test by NHS England during the Covid-19 pandemic has meant that Weston General Hospital does not currently have any regular, hospital-wide patient survey programme. The Friends and Family Test at Weston for in-patients and the emergency department was restarted in September but there is currently an issue with accessing the data which is being resolved. Actions: • The extension of the Bristol postal survey programme to Weston General Hospital is currently being discussed with the IM&T Department. This will require a new process will need to be developed to draw survey samples from the Weston Medway system once implemented later in 2020.
Ownership:	Chief Nurse

Inpatient Experience Score

Outpatient Experience Score

Inpatient Kindness and Understanding Score

Patient Complaints

P *Partially Achieved*

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In October, 61.9% of formal complaints (39 out of 63) were responded to within timeframe. There was one complaint where the complainant was dissatisfied with our response in October which represents 1.6% of the 61 first responses sent out in August 2020 (this measure is reported two months in arrears).
Commentary:	Twenty of the 24 breaches of the response time standard were attributable to delays within the divisions, three were caused by delays in the Patient Support & Complaints Team (PSCT) and one was due to a delay receiving input from another Trust. Divisions returned 71% of formal responses to the PSCT by the agreed deadline, compared with 68% in August 2020 - this is the deadline for responses to be returned to PSCT seven working days prior to the deadline agreed with the complainant. 89% of informal complaints were responded to within the agreed timeframe in October 2020, compared with 91% in September 2020. There was one complaint reported in October 2020 where the complainant was dissatisfied with our response, which represents 2% of first responses sent out in August 2020 (this measure is reported two months in arrears). This compares with 8% reported in September for responses sent out in July 2020.
Ownership:	Chief Nurse

Number of Patient Complaints

Complaints Responded To In Timeframe

Caring

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Emergency Care – 4 Hour Standard

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for October was 79.8% across all four Emergency Departments (13,455 attendances and 2,715 patients waiting over 4 hours).
Commentary:	**Bristol Royal Infirmary** There has been further deterioration in month of the four hour emergency access standard for the BRI ED to 70.8%. The situation has been very challenging as represented by the tip into Internal Critical Incident on 26th October. This is related to increasing covid admissions and the need to ensure appropriate streaming and isolation of patients depending on their covid status. There has been some in month increase in fast flow performance to 94.6% with attendances remaining stable from September and still significantly lower than the same period last year. Mental health related attendances continue to increase often requiring onward admission for MH beds, delays in accessing these impact on the Trust's bed capacity. Challenges remain with the ability to safely socially distance patients in the ED waiting room with the risk associated to this heightened by the increased prevalence of Covid within the Bristol community, now well above the national average. Efforts to mitigate this continue through the use of the old observation unit footprint and a focus on capital design works to expand the waiting area. System work continues on identifying redirection opportunities from the ED. There has been some in month improvement in majors performance up to 65% despite an in month increase in attendances and continued staffing challenges particularly in the nursing tier. The main area of challenge remains inpatient performance related to bed capacity. Covid related ward configurations have significantly reduced the overall assessment capacity and there have been several recent instances where wards have been closed due to covid with empty beds unable to be accessed. Work continues to try to best model the available bedbase to meet demand and to be able to respond flexibly to the increasing need for blue (Covid) capacity whilst also looking at capital opportunities to increase overall capacity. Poor flow and bed demand has led to a continuation of ambulance queuing outside the ED.

Emergency Care – 4 Hour Standard

October 2020

| Commentary:	**Bristol Royal Hospital for Children:**
	Attendances continue to rise but are still low compared to the previous year. 4 hour performance remains high with 92% of patients managed within 4 hours. The use of Sunflower Ward as an observation unit continues to work well. As pressure on the hospital bed base has been increasing, cubicles are becoming more scarce and the inability to get Cepheid test results back in a timely fashion means children can't be placed into bays. There is a plan to have Covid Nudges introduced to CED, which will enable BRHC to process up to 18 rapid Covid tests in CED which may speed up the process. These are due to be installed and commence end of November. There has also been an increase in mental health presentations to ED. With increase of attendances, at times it has been challenging to manage the waiting area to main social distancing
	The department are running an east and west side and continue to stream paediatric patients through the creation of the separate waiting areas, to maintain social distancing. ED are also running an area in Carousel (Outpatients) as part of winter plans. At times children are having to come through to the main Children's hospital entrance due to ambulance queuing into adults.
	ED are working with commissioners to help consider other options to reduce the number of attendances. ED have created 2 new pathways for Eye and teeth to enable patients to go to the right place first time. Discussions are continuing to discuss replacement of tubes in the community.
	ED are working on plans to start the ED redirection 111 service planned to start in December. This will help patients being seen in the right place by the right person and manage our flow within the ED department.
	Children's ED will be supporting the BRI ED with nurses to assist them during this challenging time. This is due to start first week of November. We continue to monitor and review our winter pressures model in line with current ED numbers. We are piloting a mental health practitioner in CED (for 3 shifts in November) with a plan for assessment of patients for MH whilst in ED to improve their pathway/journey; and with a view to provide feedback which will form part of the business case going forward.
	Bristol Eye Hospital:
	In October, ED attendances decreased by 1% on September attendances and breaches decreased by 60%. The total number of breaches improved on the previous month, decreasing from 38 in September 23 in October (98.61%).
	The vast majority of BEH ED breaches are due to patients receiving treatment within the department or awaiting investigations (Bloods and Imaging) at the BRI and are not due to patient flow, hence the relative stability of the 4hr benchmark. The average time in department for October is 1hr 21mins. The Eye Hospital ED continues to offer a telephone advice line to patients and referrers to minimise attendances to the department, but nursing staffing gaps do mean that it is not fully staffed. We are actively capturing this data to potentially make a formal case for long term funding of this phone line to ensure staffing for the future.

Emergency Care – 4 Hour Standard

October 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Commentary:	**Weston General Hospital:**
	Through October 2020 the attendances fluctuated daily with the usual peaks in the late afternoon/evening, for the month we saw 3370 patients, 895 less than the comparable month last year. The department recognises that the patients attending are of high acuity which has influenced the high conversion rates throughout the last few months which is continuing. October conversion rate was 29.29% . 4 hour performance at WGH was 75.40%, a reduction of 9.10% on the previous month. This decrease in performance has been mainly attributed to reduced flow – there were 450 breaches for beds in October against 237 in September.
	Adhering to the national guidance for COVID19 a review of the inpatient bed base was conducted in June 2020 where 43 beds were removed from use. This was further reviewed in August and 24 beds were put back into the wards. Following this increase Weston is still 19 beds down on last year which means that flow has been challenging and led to patients remaining bedded within the Emergency Department overnight. There were 86 12 hour breaches that occurred in October. When patients are bedded in the ED overnight this contributes to a poor patient journey and flow is restricted within the ED following day because of limited space to see the new patients.
	In comparison to the previous month we have received around the same number of ambulance conveyances (average 1020) to the department which are now at pre-covid numbers. We continue to have surges throughout the day with a large proportion of conveyances being in the late afternoon. The regular meetings with SWAST have now commenced, these are with the view to review the past monthly issues, and align where possible new pathways and on-going redirection work.
Ownership:	Chief Operating Officer

4 Hour Performance	Oct-20	2020/2021
Bristol Royal Infirmary	70.8%	77.3%
Bristol Children's Hospital	91.9%	92.4%
Bristol Eye Hospital	98.6%	98.7%
Weston General Hospital	75.3%	83.2%

Total Attendances	Oct-20	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	5,583	27,015	6,190
Bristol Children's Hospital	2,838	15,165	3,849
Bristol Eye Hospital	1,659	10,308	2,095
Weston General Hospital	3,375	19,483	4,258

Emergency Care – 4 Hour Standard

ED 4 Hour Performance

ED Attendances
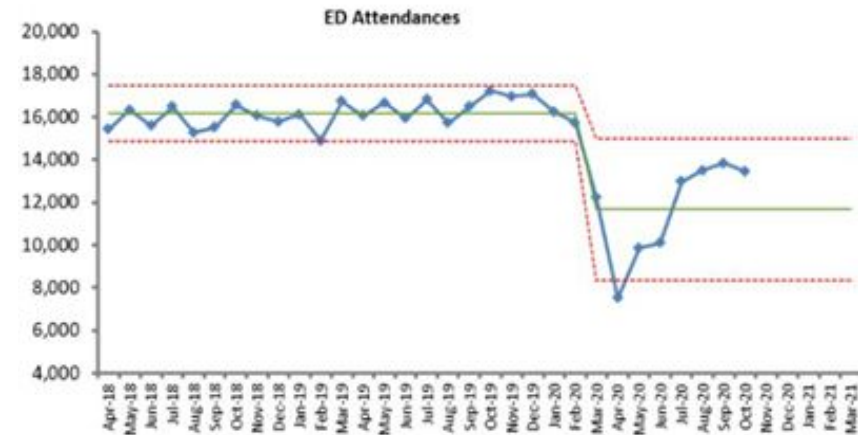
Note:

Until last month, the above charts were Bristol data only up to March 2020 and then Weston was included from April; which was the month of the merger. However to make the trend data more meaningful, the above charts are now Bristol and Weston data for all months.

Benchmarking - ED 4 Hour Performance 2020/21 Quarter 2
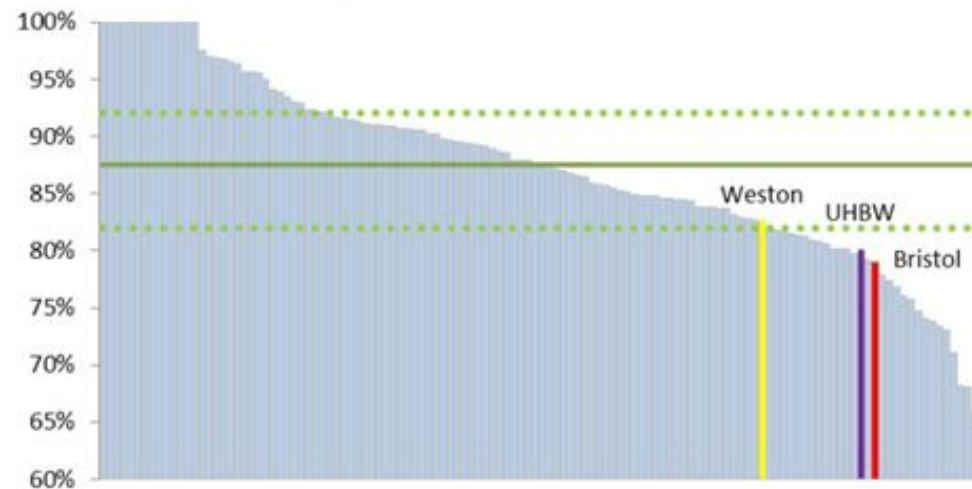
Emergency Care – Supporting Information

Percentage of Emergency BRI Spells - Patients Aged 75+
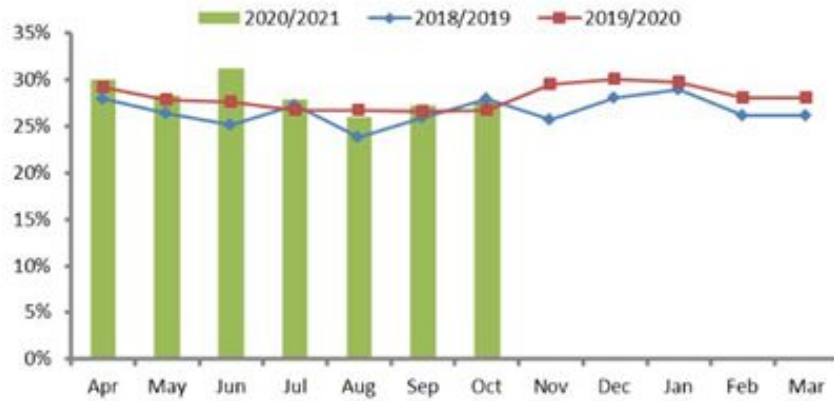
Emergency Department Attendances (UHBW)
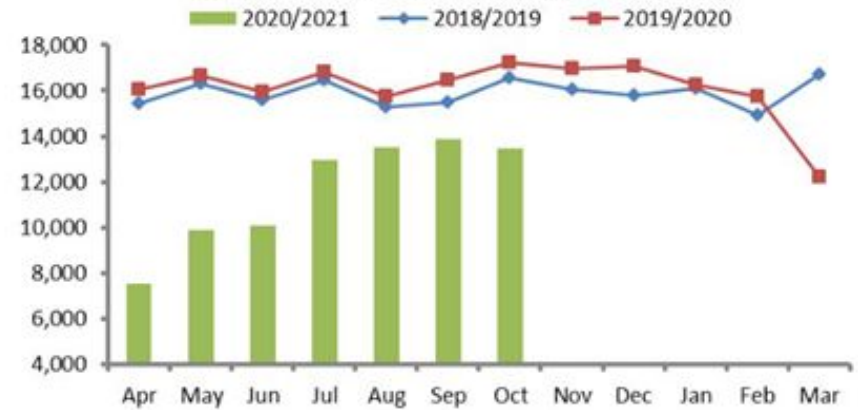
Emergency Inpatient Activity (BRI Discharges)
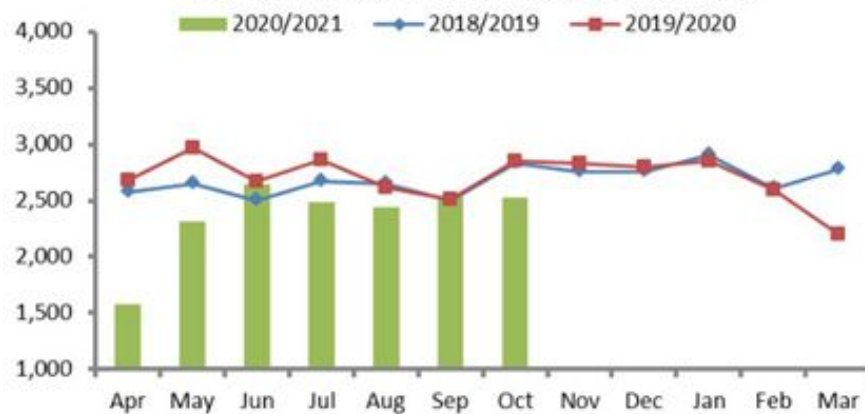
Percentage of ED Attendances Resulting in Admission

Delayed Discharges

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

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 "Green To Go" list. 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. These are referred to as Medically Fit For Discharge (MFFD).
Performance:	At the end of October, there were 83 Green To Go patients (including 26 at South Bristol, referred to as "Non Acute" in the charts below). During October there were 2,600 beddays occupied by Green To Go patients, which averages to 84 beds occupied per day.
Commentary:	392 referrals were managed by the Integrated Discharge Service (IDS) in October 2020- 52 more than in September 2020. 121 referrals for Pathway 1/HomeFirst, 56 for Pathway 2 (including SBCH), 53 for Pathway 3 and 12 for other (including BIRU). 106 referrals were managed from other commissioners. The IDS completed 37 Continuing Health Care Fast track Assessments (CHCFT). Care Home Selection (CHS) have taken on a patient liaison service in an attempt to keep a bed available for patients admitted through ED from a care/nursing home when they are ready to be discharged from hospital. The collation, quality checking and submission of the daily COVID discharge SitRep continues with the addition of a weekly submission (Thursdays) for patients with a length of stay of over14 days.
Ownership:	Chief Operating Officer

Number of Patients, as at last Thursday in Month

Beddays "Lost" each month

Referral To Treatment

October 2020

N *Not Achieved*

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of October, 63.4% of patients were waiting under 18 weeks. The total waiting list was 42,654. Note that the charts below are Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	The focus of discussions with divisions and wider system partners is on restoring of activity through the Phase 3 planning process. 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. The largest increases in waiting list size, when comparing 31-Mar-20 to 30-Oct-20, are in Ophthalmology (2,852 increase), Adult General Surgery (566) and Adult Trauma & Orthopaedics (604 increase). There has also a reduction in the Dental list of 441 cases and 337 in Adult ENT. The largest volumes of 18 week backlog patients are in Bristol Dental (4,799 patients), Bristol Ophthalmology (2,222) and Bristol Paediatrics (1,837). Weston has 2,132 in the 18+ week backlog, which represents 14% of the overall UHBW 18+ week backlog.
Ownership:	Chief Operating Officer

Referral To Treatment, Percentage Under 18 Weeks

Referral To Treatment, Total on Waiting List

Responsive

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Referral To Treatment

Benchmarking RTT Percentage Under 18 Weeks - September 2020

	Oct-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	66	66	100.0%
Medicine	3,592	4,037	89.0%
Specialised Services	2,740	4,234	64.7%
Surgery	11,924	21,445	55.6%
Weston	3,985	6,117	65.1%
Women's and Children's	4,717	6,759	69.8%
TOTAL	**27,024**	**42,658**	**63.4%**

Referral To Treatment – 52 Weeks

October 2020

N *Not Achieved*

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of October, 1809 patients were waiting 52+ weeks.
Commentary:	The majority of the potential 52 week breach patients that were dated prior to the Covid-19 pandemic were cancelled due to the need to free-up capacity for Covid patients. With these cancellations and those patients that continue to wait to be dated this has resulted in an unprecedented number of breaches; and continues to grow. The current RTT Waiting List (as at 17th November 2020) shows 1,843 patients who will breach 52+ weeks by the end of November if they are not treated in the remainder of the month. This is against a divisional recovery trajectory of a maximum of 2,066 exceeding 52 weeks by end of November. The largest Bristol volumes are in Dental (511 patients), Paediatrics (217), Cardiac (200). Weston reported 355 at the end of October. Clinical prioritisation of patients within this long waiting cohort has commenced, and patients will be offered dates based in order of priority. Offers of dates will be made for treatment in the independent sector or the additional capacity in place for the waiting list initiatives. NHS England, and local commissioners, have started to focus on patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list.
Ownership:	Chief Operating Officer

	Oct-20
Diagnostics and Therapies	0
Medicine	14
Specialised Services	247
Surgery	956
Weston	355
Women's and Children's	237
TOTAL	**1809**

Referral To Treatment, Patients Waiting 52+ Weeks
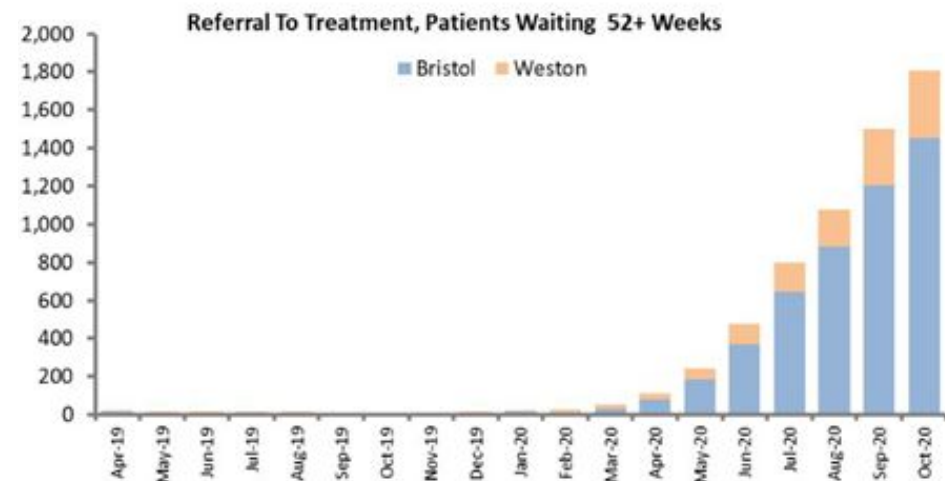
Elective Activity and Referral Volumes

BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO OCTOBER 2020

Elective Activity – Restoration

October 2020

As part of the Phase 3 planning process, NHS England are measuring "Business As Usual" percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity.

Business As Usual (BAU) Percentages.

Responsive   **Page 31**

Elective Activity – Restoration

October 2020

As part of the Phase 3 planning process, NHS England are measuring "Business As Usual" percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity.

Business As Usual (BAU) Percentages.

Cancelled Operations

October 2020

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 October, there were 72 last minute cancellations, which was 1.2% of elective admissions. Of the 56 cancelled in September, 51 (91%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August onwards has seen an increase. The most common cancellation reasons for September were "Other Emergency Patient Prioritised" (13), "No Beds Available" (12) and "Surgeon Unavailable (8). The Trust achieved 91% of last month's LMCs being re-admitted within 28 days in October. National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer

Last Minute Cancellations as % of Admissions

LAST MINUTE CANCELLATIONS	Oct-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	0	6
Specialised Services	23	91
Surgery	38	123
Weston	1	10
Women's and Children's	10	60
TRUST TOTAL	**72**	**290**

Cancelled Operations

Bristol data only

Cancer Two Week Wait

September 2020

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 September, 51.1% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard remains non-compliant due to the impact of the Covid-19 outbreak and the ongoing precautions to reduce the risk of infection. Compliance is forecast to remain at similar levels in October and to improve in November, as the dermatology capacity problems have been fully resolved. With the new national lockdown, patient choice is rising again and the necessity of introducing longer pre-procedure isolation periods will also continue to impact the standard. It is unlikely compliance with the standard will be regained until all social distancing and Covid related restrictions are lifted.
Ownership:	Chief Operating Officer

Cancer 2 Week Wait
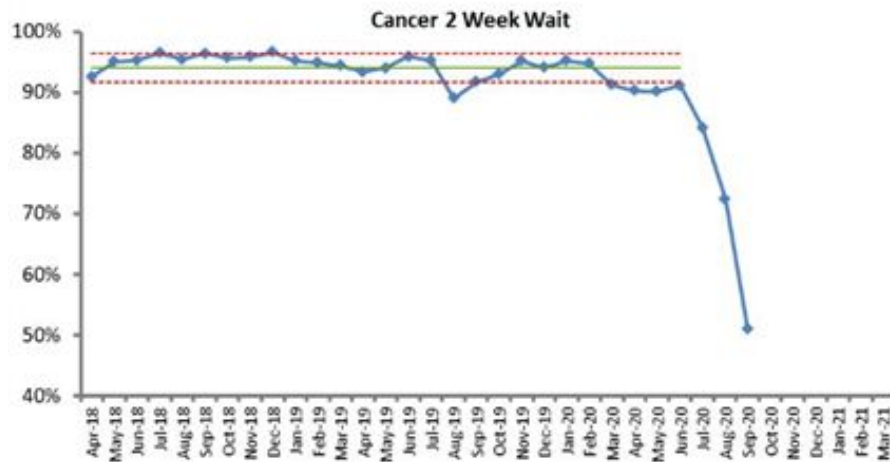
	Under 2 Weeks	Total Pathways	Performance
Suspected children's cancer	8	8	100.0%
Suspected gynaecological cancers	148	166	89.2%
Suspected haematological malignancies excluding	17	17	100.0%
Suspected head and neck cancers	415	457	90.8%
Suspected lower gastrointestinal cancers	79	292	27.1%
Suspected lung cancer	40	42	95.2%
Suspected skin cancers	45	494	9.1%
Suspected testicular cancer	0	1	0.0%
Suspected upper gastrointestinal cancers	84	190	44.2%
Suspected urological cancers (excluding testicular	37	42	88.1%
Grand Total	**873**	**1,709**	**51.1%**

Cancer 62 Days

September 2020

N *Not Achieved*

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For September, 78.5% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in September (78.5% against an 85% standard). All breaches for reasons within the Trust's control were due to the impact of the Covid pandemic, and several of those due to late referrals from other providers and patient choice will also have been affected by the outbreak. Surgical diagnostic delays were the most significant 'potentially avoidable' reason for breaches, due to the isolation periods required before tests as well as the impact on capacity and productivity of the measures to reduce risk of Covid transmission. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

Cancer 62 Day GP Referrals

	Within Target	Total Pathways	Performance
Breast	4.0	4.5	88.9%
Gynaecological	7.5	13.5	55.6%
Haematological	9.0	9.0	100.0%
Head and Neck	7.0	9.0	77.8%
Lower Gastrointestinal	8.5	18.0	47.2%
Lung	8.5	11.5	73.9%
Sarcoma	0.5	0.5	100.0%
Skin	35.5	38.0	93.4%
Upper Gastrointestinal	11.5	15.0	76.7%
Urological	6.5	6.5	100.0%
Grand Total	**98.5**	**125.5**	**78.5%**

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

September 2020

Benchmarking - 2 Week Wait Performance - 2020/21 Quarter 1
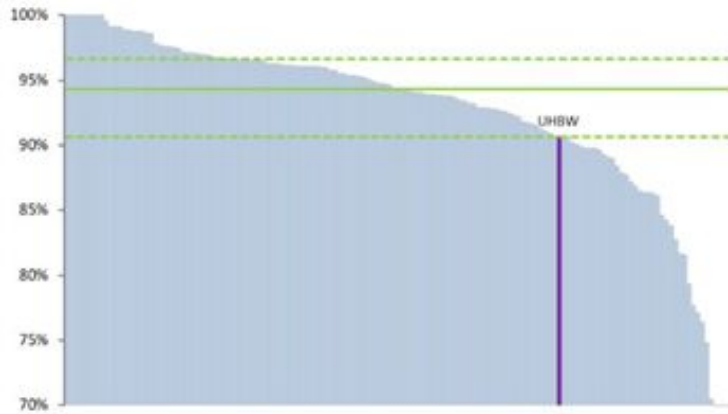
2 Week Wait - Patients Seen
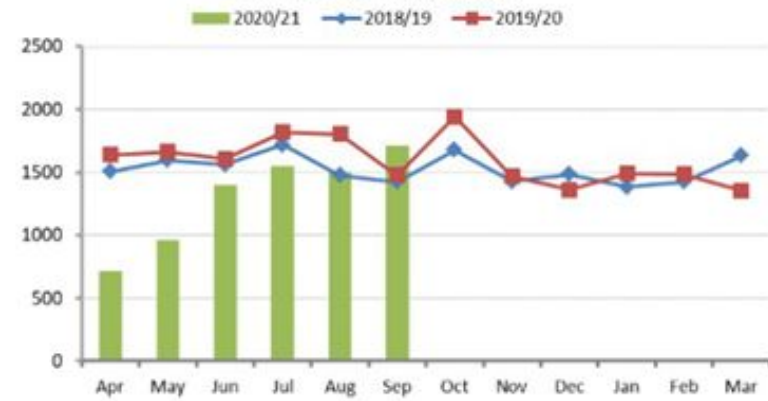
Cancer 62 Day Performance - 2020/21 Quarter 1
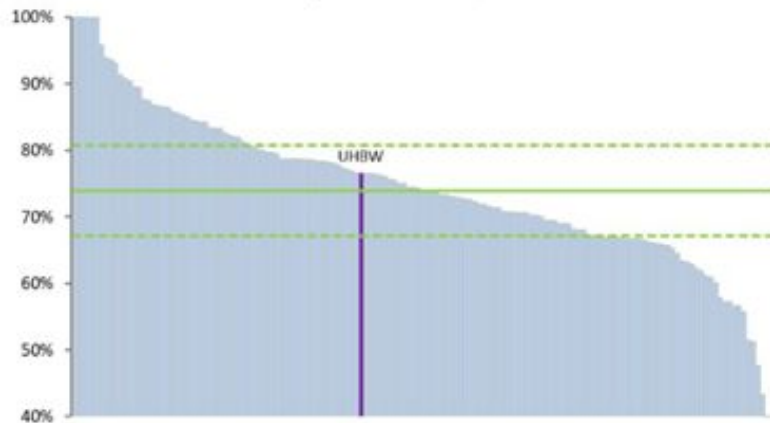
62 Day - Patients Treated
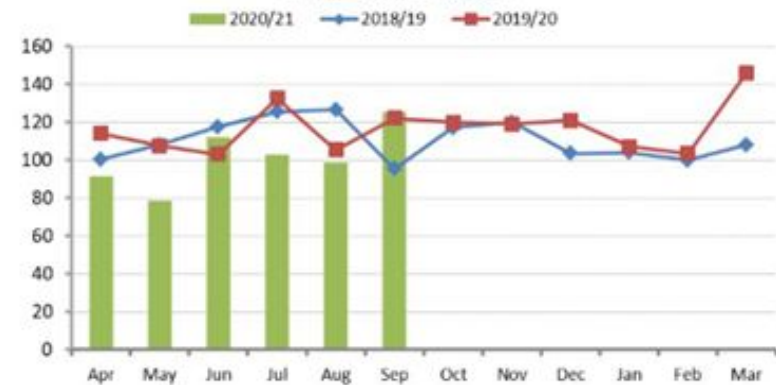
Cancer 104 Days

Snapshot taken 8th November 2020

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).
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 8th November 2020 there were zero such waiters. This fell from a peak of 53 such waiters in early July. Total numbers of 104 day waiters have also continued to fall.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The 'second wave' and its impact may make this more challenging. It is likely that total numbers of waiters over 104 days (for any reason) will remain higher than pre-pandemic whilst national precautions against the virus remain, due to higher levels of patient choice. It is expected the total number of waiters will rise due to the impact of the 'second wave', particularly on patient choice. Avoiding harm from any long waits remains a top priority and is closely monitored.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. The exact measurement for this baseline has not been agreed by NHSE therefore the Trust is using the average weekly figures for February 2020 for internal monitoring . 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:	During February 2020 the Trust had an average of 141 patients waiting >62 days on a GP suspected cancer pathway. As at snapshot date, this figure was 215. The Trust committed to maintaining the figures at or below 235, provided a 'second wave' of Covid with a significant impact on restrictions and services did not occur. As this second wave has occurred with a new national lockdown and increased pressure on the hospital, an increase above 235 is likely to be seen, largely due to increased levels of patient choice.
Commentary:	It is important to note that the majority of patients on a '62 day cancer pathway' (93%) will eventually have cancer ruled out. A greater proportion of patients waiting for longer periods will be non-cancer patients, as patients with greater clinical urgency will be prioritised and patients whose symptoms are mild (or have gone) are more likely to choose to wait. As such the number of waiters in this category is not necessarily an indicator of a significant problem with waiting times for cancer patients. The priority remains to ensure all patients waiting are safe and that avoidable delays (i.e. for capacity) are kept to a minimum.
Ownership:	Chief Operating Officer

Responsive

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Diagnostic Waits

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 October, 59.1% of patients were waiting under 6 week, with 14,601 patients in total on the list. This is Bristol and Weston combined.
Commentary:	Weston performance was 65% in August and then fell to 41% in September and 35% in October. This was due to data quality issues following migration to the new Patient Administration System. Some records on the inpatient and outpatient waiting lists are missing key data that allows the Trust to identify the subset of patients that are diagnostic, as opposed to therapeutic. A decision was taken to over-report the diagnostic waiting list so patients are not missed, but for a period of time this will include patient who are not diagnostic. Weston's newly-established data Quality Improvement Group will resolve outstanding issues like this arising from the implementation of the new PAS. The Bristol position was saw the percentage under 6 weeks rise from 66% at end of September, to 71% at the end of October. As part of the "Phase 3" planning round with commissioners and NHS England, Trusts have to develop plans to bring diagnostic activity back to 2019 levels ("Business As Usual") in four key diagnostic modalities: MRI, CT, Ultrasound and Endoscopy. As at October, CT is at 114%, MRI at 88%, Ultrasound at 67%, Ultrasound at 90% and Endoscopy at 92% of "Business As Usual" levels. Please refer to Page 32 for the summary.
Ownership:	Chief Operating Officer

Diagnostic Percentage Under 6 Weeks

	Oct-20		
	Under 6 Wks	**Total Pathways**	**Performance**
Diagnostics and Therapies	4,869	5,606	86.9%
Medicine	93	149	62.4%
Specialised Services	1,409	2,612	53.9%
Surgery	484	1,402	34.5%
Weston	1,609	4,645	34.6%
Women's and Children's	234	323	72.4%

Responsive

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Diagnostic Waits

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Benchmarking - Percentage Under 6 Weeks - September 2020
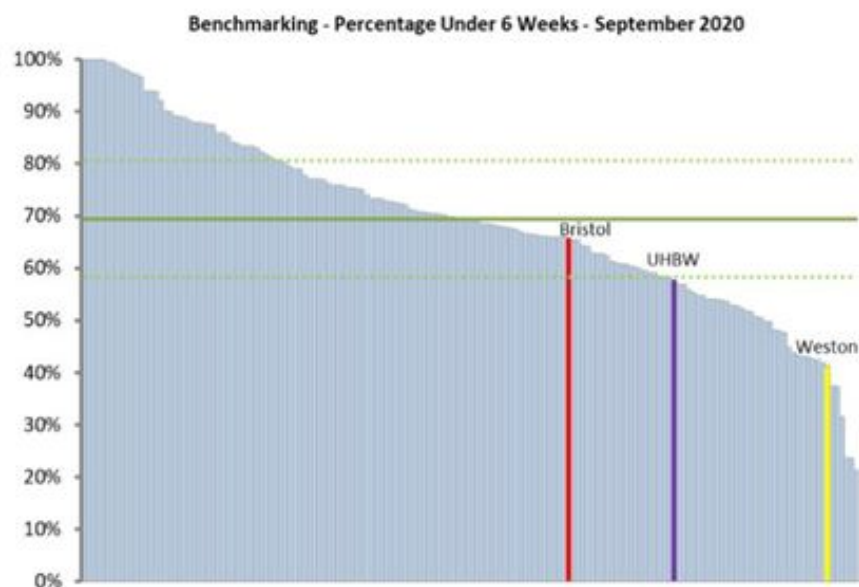
	Under 6 Weeks	Total On List	% Under 6 Weeks
Audiology	302	320	**94%**
Colonoscopy	279	1624	**17%**
CT	1256	1476	**85%**
Cystoscopy	63	326	**19%**
DEXA Scan	311	701	**44%**
Echocardiography	1070	1748	**61%**
Flexi Sigmoidoscopy	111	466	**24%**
Gastroscopy	374	1451	**26%**
MRI	1897	2700	**70%**
Neurophysiology	96	96	**100%**
Sleep Studies	24	24	-
Ultrasound	2845	3669	**78%**
TOTAL	**8,628**	**14,601**	**59.1%**

Bristol	7,019	9,956	70.5%
Weston	1,609	4,645	34.6%

Outpatient Measures

October 2020

N *Not Achieved*

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In October the DNA Rate was 7.7% across Bristol and Weston, with 5292 DNA'ed appointments. The hospital cancellation rate was 10.3% with 9,443 hospital cancelled appointments
Commentary:	The exceptional Hospital Cancellation rate in May and June reflects the impact of the Covid-19 pandemic, as significant numbers of appointments were cancelled or re-arranged to free staff capacity and resources for the expected Covid cases. In Sept (8.9%) Hospital Cancellation rates returned to pre-covid levels in October (9.5%) this trend can be seen to continue. September saw DNA Rates exceed normal limits 7.2% this trend continues in to Oct increasing to 8.9%. The largest volumes were in Ophthalmology (881 DNAs, 9.8%) and Paediatrics (644 DNAs, 7.8%). Ophthalmology averaged 6% and Paediatrics averaged 7% pre-Covid. This will be monitored through Outpatient Steering Group to see changes in future months and assess causes.
Ownership:	Chief Operating Officer

Did Not Attend (DNA) Rate

Benchmarking - Did Not Attend Rate - 2020/21 Quarter 1

	Oct-20	
	DNAs	DNA Rate
Diagnostics and Therapies	497	6.8%
Medicine	726	9.3%
Specialised Services	577	5.1%
Surgery	1,948	9.5%
Weston	535	6.6%
Women's and Children's	1,009	7.5%

Responsive

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Outpatient Measures

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Hospital Cancellation Rate

Benchmarking - Hospital Cancellation Rate - 2020/21 Quarter 1

	Oct-20	
	Cancellations	Rate
Diagnostics and Therapies	442	5.0%
Medicine	1,095	10.8%
Specialised Services	2,388	15.2%
Surgery	2,023	7.3%
Weston	1,792	16.1%
Women's and Children's	1,703	9.5%

Outpatient Overdue Follow-Ups

October 2020

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List" at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported.
Performance:	Data for Bristol: Total overdue at end of October was 48,149, of which 4,252 were overdue by 9+ months.
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has increased to 84% of pre-covid levels, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases. The number of overdue follow-up patients at Bristol has risen by around 25,000 since January . That increase is predominantly in three specialties: 13,000 of that increase is in Ophthalmology, with 5,000 in Dental Services and 7,000 in Respiratory/Sleep Studies,
Ownership:	Chief Operating Officer

Referrals on Partial Booking - Total Overdue (Bristol)
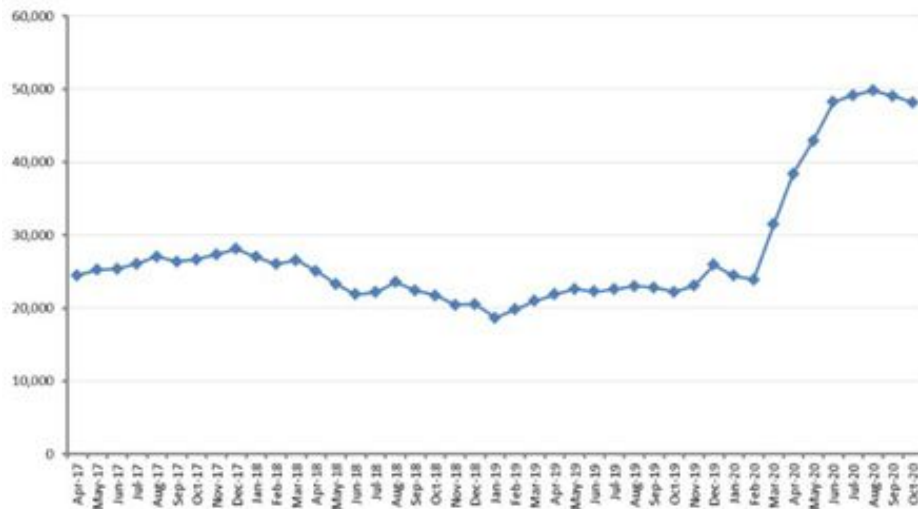
		Bristol						
		Apr-19	**Jul-19**	**Oct-19**	**Jan-20**	**Apr-20**	**Jul-20**	**Oct-20**
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	0	0	0	3	3
	Medicine	4	4	5	27	208	162	976
	Specialised Services	181	323	503	619	555	293	373
	Surgery	264	450	630	1,052	1,371	1,805	2,713
	Women's and Children's	349	111	62	63	67	94	187
	TRUST TOTAL 9+ months	**798**	**888**	**1200**	**1761**	**2201**	**2357**	**4252**

Mortality - SHMI

June 2020

A *Achieved*

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. Each publication covers a rolling 12 months. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for 12 months to June 2020 was 96.4. This is in NHS Digital's "as expected" category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Month SHMI

	UHBW			Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Apr-19	2,525	2,520	100.2	1,750	1,645	106.4	775	875	88.6
May-19	2,565	2,530	101.4	1,755	1,650	106.4	810	880	92.0
Jun-19	2,535	2,525	100.4	1,730	1,650	104.8	805	875	92.0
Jul-19	2,570	2,530	101.6	1,755	1,655	106.0	815	875	93.1
Aug-19	2,615	2,540	103.0	1,765	1,660	106.3	850	880	96.6
Sep-19	2,585	2,545	101.6	1,720	1,670	103.0	865	875	98.9
Oct-19	2,565	2,535	101.2	1,705	1,665	102.4	860	870	98.9
Nov-19	2,590	2,555	101.4	1,720	1,690	101.8	870	865	100.6
Dec-19	2,595	2,590	100.2	1,720	1,715	100.3	875	875	100.0
Jan-20	2,550	2,585	98.6	1,685	1,715	98.3	865	870	99.4
Feb-20	2,545	2,595	98.1	1,665	1,720	96.8	880	875	100.6
Mar-20	2,545	2,645	96.2						
Apr-20	2,525	2,595	97.3						
May-20	2,425	2,520	96.2						
Jun-20	2,390	2,480	96.4						

SHMI - Bristol and Weston

Effective

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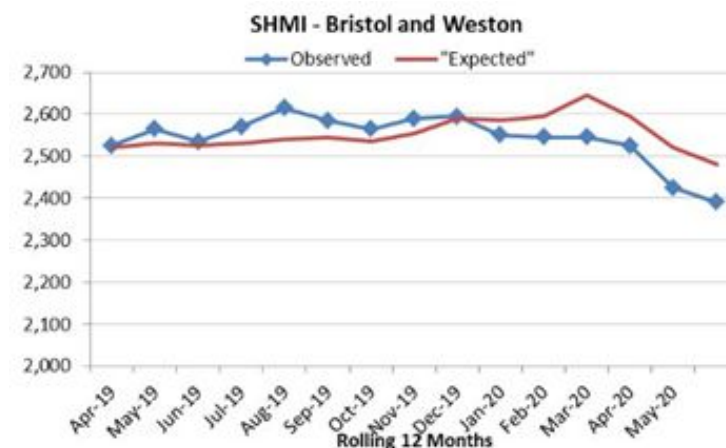
Mortality - HSMR

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 for UHBW for the month of July 2020 is 76.2. This is a reduction on the figure of 98.4 for June and well below the comparative national peer value.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
	Observed	**"Expected"**	**HSMR**
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.4
Feb-20	143	160	89.5
Mar-20	142	144	98.6
Apr-20	105	88	119.1
May-20	110	95	116.3
Jun-20	100	102	98.4
Jul-20	97	127	76.2

UHBW HSMR
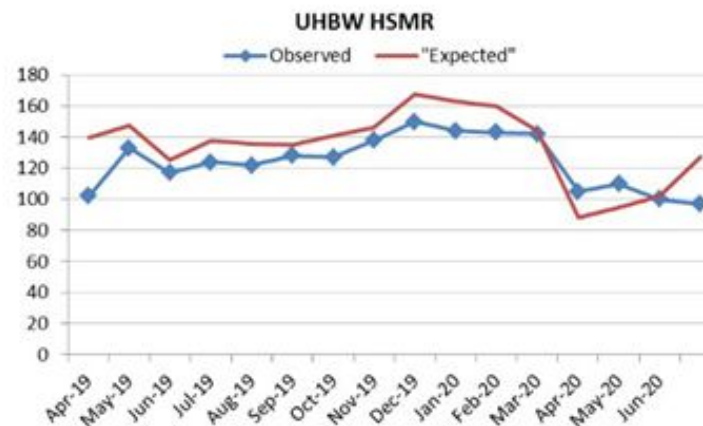
Fractured Neck of Femur (NOF)

October 2020

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.
Performance:	In October, there were 48 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston (23 at Bristol and 25 at Weston). For the 36 hour target, 65% (31 patients) were seen with target. For the 72 hour target, 98% (47 patients) were seen within target.
Commentary:	One of the key enablers for improvement is recruitment of consultants to support the provision of more timely surgery. During COVID-19, recruitment to consultant posts continued at a delayed rate. Three locum Trauma and Orthopaedic consultants have been successfully interviewed and recruited to on the 15th July 2020. This is a significant step in moving towards a more robust service. All new consultants have now started and a job planning round has been completed in order to change how we approach providing ward rounds, theatre sessions, fracture clinics and on call work. Actions: • The management teams covering Trauma and Orthopaedics for Weston and Bristol have agreed to set up a small working group to investigate how the two sites can work more closely together. • New "team" approach to on call has been implemented in September. This allows multi-specialism teams of consultants to be able to cover theatre, furthering our ability to complete fractured neck of femur surgery daily.
Ownership:	Medical Director

		36 Hours		**72 Hours**	
	Total Patients	**Seen In Target**	**Percentage**	**Seen In Target**	**Percentage**
Bristol	23	11	48%	23	100%
Weston	25	20	80%	24	96%
TOTAL	**48**	**31**	**65%**	**47**	**98%**

Effective

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Readmissions

September 2020

N *Not Achieved*

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. 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 September, there were 12,035 discharges, of which 505 (4.2%) had an emergency re-admission within 30 days. From April this is Bristol and Weston combined.
Commentary:	Weston's readmission data dipped in September; 33 readmissions in September down from 107 in August. The impact of the implementation of the new Patient Administration System (PAS) has impacted on this measure as new data feeds are being set-up and tested. This will be reviewed in future months and any historic data updated.
Ownership:	Chief Operating Officer

30 Day Emergency Readmissions - UHBW
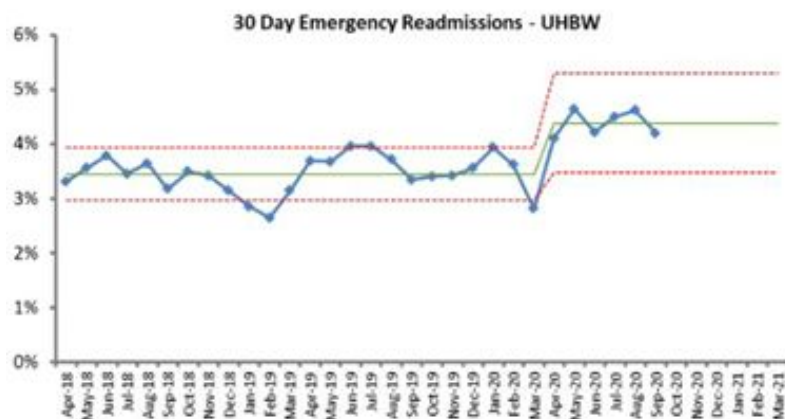
	Sep-20		
	Readmissions	**Total Discharges**	**% Readmissions**
Diagnostics and Therapies	0	25	0.0%
Medicine	276	2,474	11.2%
Specialised Services	30	2,457	1.2%
Surgery	106	2,224	4.8%
Weston	33	1,244	2.7%
Women's and Children's	60	3,611	1.7%
TOTAL	**505**	**12,035**	**4.2%**

Workforce – Bank and Agency Usage

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

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 October 2020 total staffing was at 11109 FTE. Of this, 5.7% was Bank (628 FTE) and 1.8% was Agency (196 FTE).
Commentary:	**Bank usage** increased by 25.9 FTE There were reductions in one division, Facilities and Estates, reducing to 86.9 FTE compared to 93.4 FTE in the previous month. Increases were seen in all other divisions, with the largest divisional increase seen in Weston, increasing to 126.7 FTE compared to 113.7 FTE in the previous month. **Agency usage** increased by 20.1 FTE There were increases in six divisions. The largest divisional increase was seen in Weston, increasing to 72.6 FTE compared to 61.4 in the previous month. Only one divisional reduction was seen, in Medicine, where usage reduced to 66.5 FTE from 69.9 FTE the previous month. • The development of a large-scale recruitment campaign for the Bank across both Weston and Bristol is underway to go live in December. • A further 37 appointments and reappointments have been made to the Trust Staff Bank in October across all staff groups, which will support a reduction in agency supply. • High cost non framework nurse agency supply increased further during October, due to a significant increase in operational pressures. Increased use of Tier 1 agency supply has also been seen in the last month. • Agreement has been given to introduce an RRP on to Bank rates for nursing in Adult critical care and Adult respiratory high care in Weston and Bristol, through to the end of March 2021. The existing Allocate on Arrival RRP has also been extended to the end of March 2021 for Bank registered nurses and nursing assistants.
Ownership:	Director of People

Efficient

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Workforce – Bank and Agency Usage

October 2020

Bank Usage
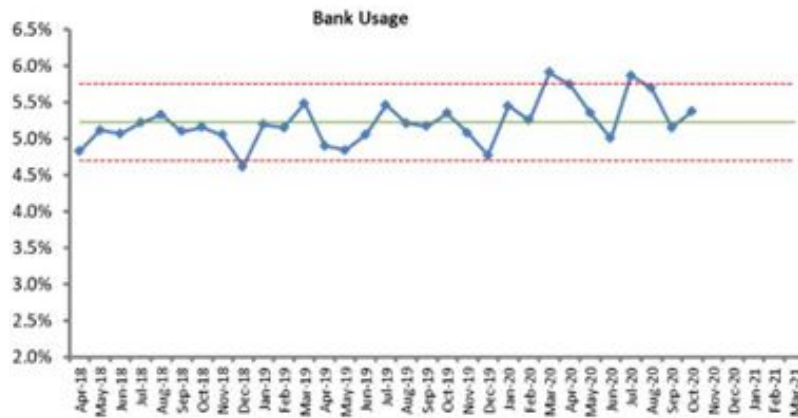
Bank	October FTE	October Actual %	KPI
UHBW NHS Foundation Trust	627.7	5.7%	4.9%
Diagnostics & Therapies	23.0	2.1%	1.2%
Medicine	152.7	10.6%	9.3%
Specialised Services	64.0	5.8%	6.5%
Surgery	83.7	4.5%	5.1%
Women's & Children's	61.9	2.9%	1.9%
Trust Services	28.8	2.7%	3.2%
Facilities & Estates	86.9	9.7%	6.7%
Weston	126.7	8.9%	6.1%

Agency Usage

Agency	October FTE	October Actual %	KPI
UHBW NHS Foundation Trust	195.6	1.8%	1.6%
Diagnostics & Therapies	1.1	0.1%	0.9%
Medicine	66.5	4.6%	2.5%
Specialised Services	11.0	1.0%	0.7%
Surgery	21.3	1.1%	1.1%
Women's & Children's	13.3	0.6%	0.9%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	9.9	1.1%	0.2%
Weston	72.6	5.1%	5.14%

Efficient

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Workforce – Turnover

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

October 2020

Y *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 October 2020, there had been 1050 leavers over the previous 12 months, with 8635 FTE staff in post on average over that period; giving a turnover of 1050/ 8635 = 12.2%.
Commentary:	Turnover remained static at 12.2% compared with the previous month. Five divisions saw reductions whilst two divisions saw increases in turnover in comparison to the previous month, Surgery remained static. The largest divisional reduction was seen within Medicine, reducing to 14.0% from 14.5% the previous month. Specialised Services had the largest divisional increasing, rising from 12.0% to 12.6%. • The Exit Questionnaire process continues to be sent to staff members who have left or are imminently leaving the organisation. The response rate is not improving significantly and therefore thought will be turned to engaging with leavers differently. Post lockdown/consultation in HR a project will commence to review this in conjunction with stakeholders in the organisation. • A Healthier Together STP led event is being planned for the beginning of December to focus on staff turnover and improving retention. This will be followed by an ongoing group looking at staff retention with a collaborative shared approach across the System being developed.
Ownership:	Director of People

Staff Turnover

Turnover	Oct-20	KPI
UHBW NHS Foundation Trust	12.2%	**13.1%**
Diagnostics & Therapies	9.4%	12.4%
Medicine	14.0%	15.0%
Specialised Services	12.6%	13.4%
Surgery	11.4%	13.3%
Women's & Children's	10.4%	10.6%
Trust Services	8.3%	12.6%
Facilities & Estates	13.9%	12.9%
Weston	18.9%	15.3%

Efficient

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Workforce – Vacancies

October 2020

Y *Achieved*

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In October 2020, funded establishment was 10,649 FTE, with 364 FTE as vacancies (3.4%).
Commentary:	Overall vacancies reduced to 3.4% compared to 3.6% in the previous month. The largest divisional reduction was seen in Weston, where vacancies reduced to 120.6 FTE from 149.6 FTE the previous month. The largest divisional increase was seen in Women's and Children's, where vacancies increased to -51.1 FTE from -66.1 FTE the previous month, therefore reducing the divisional over-establishment. The over-establishment within the division of Women's and Children's has the effect of lowering the overall total vacancy position for the Trust. - A number of hard-to-fill medical vacancies now have offers in place across a number of Consultant positions in Bristol; including Care of the Elderly, Acute Medicine, General Medicine and Dermatology. Recruitment checks have started and candidates are likely to arrive approx. Feb 2021. - Development of a business case for funding for the recruitment of a cohort of 50 international nurses is underway to support the NHSE funding bid. - Deployment of the recently agreed RRP for consultant recruitment Trust-wide will commence. - A focus and significant increase in NA recruitment to meet demand in the Divisions of Medicine & Surgery.
Ownership:	Director of People

Staff Vacancy

Vacancy	Oct-20	KPI
UHBW NHS Foundation Trust	3.4%	5.6%
Diagnostics & Therapies	2.6%	5.5%
Medicine	3.8%	6.5%
Specialised Services	2.8%	5.5%
Surgery	4.4%	4.5%
Women's & Children's	-2.5%	1.0%
Trust Services	0.4%	4.9%
Facilities & Estates	10.9%	9.1%
Weston	9.0%	10.9%

Efficient

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Workforce – Staff Sickness

October 2020

Y *Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In October 2020, total available FTE days were 317,662 of which 11,883 (3.7%) were lost to staff sickness.
Commentary:	Sickness absence remained static at 3.7% compared with the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting. There were increases within four divisions. The largest divisional increase was seen within Trust Services, increasing by 0.4 percentage points to 2.8% from 2.4% the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Facilities and Estates, reducing to 5.2% from 6.0% the previous month. Medical Suspension continues to be the method used to record Covid-19 absences. During October, 1.6% of available FTE was lost to Medical Suspension compared to 1.4% the previous month: 0.5% Covid-19 Sickness, 1.1% Covid-19 Isolation/Shielding. • The guide 'Our wellbeing during COVID-19' has been updated to include all elements of the extensive wellbeing support offer. • The Supporting Positive Behaviours programme of work was launched in October. This work will continue to ensure the tools are embedded across the Trust to help reduce incidents of bullying & harassment amongst staff and reduce the impact this has on staff attendance. • The format for a new 'Wellbeing bi-annual report' was approved by the Workplace Wellbeing Steering Group, ahead of the first report being due in December, aiming to triangulate all data across a multitude of stakeholders and to develop targeted solutions. • As at 10th November, 5,380 (64%) Frontline HealthCare Workers (FHCW) and 533 (14%) non-FHCW's (47.8% staff overall) received a flu vaccination at week 7/23. • HR Tactical Group has taken proactive steps to clarify the pay and sickness management of staff who are suffering from Covid-19, in support of the workforce wellbeing agenda.
Ownership:	Director of People

Staff Sickness

Sickness	Oct-20	KPI
UHBW NHS Foundation Trust	3.7%	4.1%
Diagnostics & Therapies	3.3%	3.2%
Medicine	4.2%	4.5%
Specialised Services	3.1%	3.3%
Surgery	4.1%	4.0%
Women's & Children's	3.3%	3.9%
Trust Services	2.8%	4.0%
Facilities & Estates	5.2%	6.8%
Weston	4.2%	4.1%

Efficient

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Workforce – Appraisal Compliance

October 2020

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 October 2020, 6,747 members of staff were compliant out of 10,167 (66.4%).
Commentary:	Overall appraisal compliance increased to 66.4% from 65.5% compared to the previous month. All divisions are non-compliant. There were increases in six divisions, the largest increase seen within Diagnostics and Therapies, increasing to 70.0% from 66.2% the previous month. The largest divisional reduction was seen within Weston, reducing to 78.0% from 79.2% the previous month. The appraisal recovery plan focuses on the following: • The development of a new online appraisal form to improve the quality of appraisal conversations, responding to feedback for a more streamlined process. • Working in partnership with CQC and Occupational Health to review the Appraisal Health Form, ensuring a greater emphasis is on staff conversations about health & wellbeing. • Online appraisal training has been reviewed and updated with a new offer of webex training in November. • Programme of bitesize videos to support appraisal conversations are being implemented in December. • Alignment of appraisal programmes between Bristol and Weston to ensure the experience for staff is consistent and reporting streamlined. • A focus on local recovery plans through divisional reviews.
Ownership:	Director of People

Appraisal (Non-Consultant)	Oct-20	Sep-20	KPI
UHBW NHS Foundation Trust	66.4%	65.5%	85.0%
Diagnostics & Therapies	70.0%	66.2%	85.0%
Medicine	55.1%	54.3%	85.0%
Specialised Services	81.5%	81.4%	85.0%
Surgery	49.3%	50.4%	85.0%
Women's & Children's	66.8%	64.9%	85.0%
Trust Services	67.7%	67.7%	85.0%
Facilities & Estates	70.9%	68.9%	85.0%
Weston	78.0%	79.2%	85.0%

Efficient

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Average Length of Stay

October 2020

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 October there were 7,261 discharges at UHBW with an average length of stay of 4.30 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

Average Length of Stay
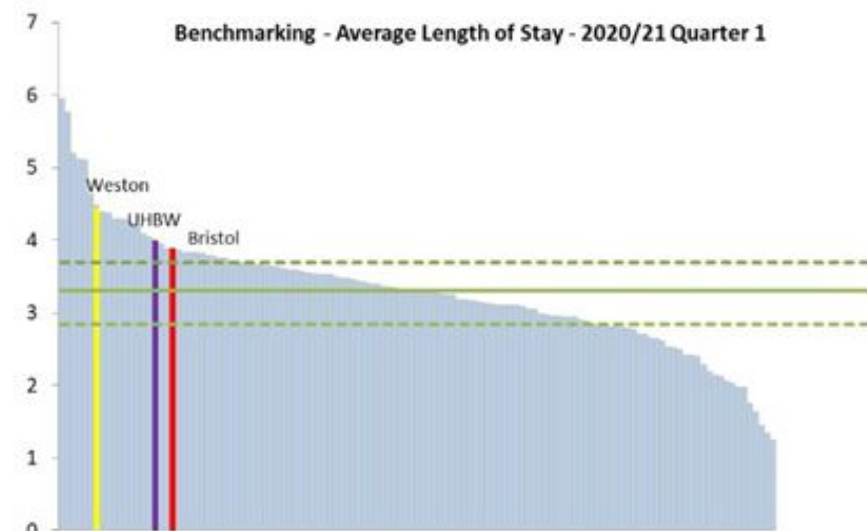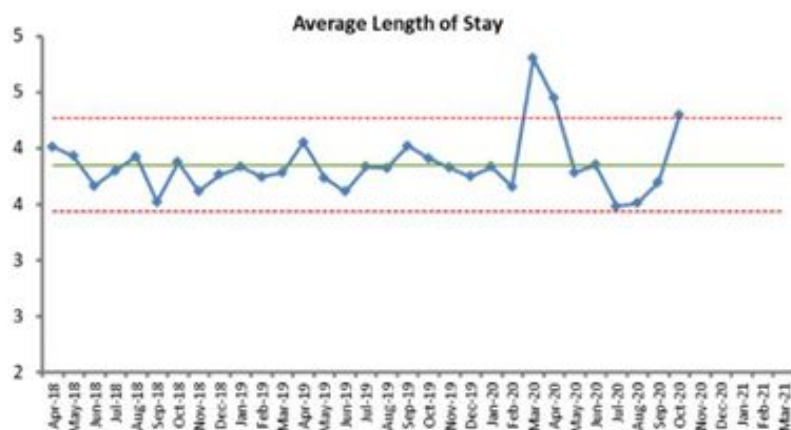
	Oct-20
Medicine	4.58
Specialised Services	6.92
Surgery	3.51
Weston	5.80
Women's and Children's	3.02

Benchmarking - Average Length of Stay - 2020/21 Quarter 1

Use of Resources   **Page 55**

Finance – Performance to Plan

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	439.067	440.637	1.570
Income from Operations	80.049	80.092	0.043
Employee Expenses	(319.824)	(320.042)	(0.218)
Other Operating Expenses	(175.552)	(176.880)	(1.328)
Depreciation (owned & leased)	(16.610)	(16.591)	0.019
PDC	(6.858)	(6.858)	0.000
Interest Payable	(1.374)	(1.369)	0.005
Interest Receivable	0.001	0.001	0.000
Reported Financial performance	**(1.101)**	**(1.010)**	**0.091**
Depreciation (donated)	(1.099)	(1.100)	(0.001)
Donated Income	0.227	0.216	(0.011)
Surplus/(deficit)	**(1.973)**	**(1.894)**	**0.079**

Finance – Divisional Variance

September/October 2020

Bugdets are being adjusted from month 7 to take account of the new financial regime and plan submitted for the reminder of the year.
This work is ongoing and so Divisional variance is not reported at month 7.. Table below is Month 6, from last month's report

Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	142	(1,530)	166	72	2,302	(54)	(0)	(46)	(4,872)	**(3,820)**
Medical & Dental Pay	121	(906)	(150)	(458)	265	(690)	0	(39)	(5,067)	**(6,923)**
Other Pay	185	(138)	(121)	(39)	9	(254)	239	416	(1,177)	**(880)**
Non Pay	371	(464)	2,495	2,344	2,273	1,435	(21)	(329)	(9,692)	**(1,589)**
Income from Activities	(20)	3	108	(188)	(80)	(85)	0	0	2,089	**1,828**
Income from Operations	0	69	86	(308)	(201)	65	(31)	(83)	(4,205)	**(4,607)**
Total	**799**	**(2,966)**	**2,584**	**1,423**	**4,569**	**418**	**187**	**(81)**	**(22,924)**	**(15,991)**

Year to Date Variance £'000 (Fav/(Adv))

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

Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(6)	(1,921)	(454)	(585)	(782)	(1,215)	0	(110)	(471)	**(5,544)**
Medical & Dental Pay	(11)	(704)	(265)	(1,025)	(445)	(673)	0	(112)	(86)	**(3,321)**
Other Pay	(346)	(58)	(106)	(63)	(234)	(67)	(281)	(167)	(10)	**(1,332)**
Non Pay	(314)	(1,969)	(293)	(1,114)	(1,020)	(123)	949	(2,880)	(7)	**(8,669)**
Income from Activities	0	0	0	0	0	(213)	0	0	(13)	**(226)**
Income from Operations	(39)	0	(126)	0	(539)	0	(962)	(140)	0	**(1,806)**
Total	**(715)**	**(4,652)**	**(1,245)**	**(2,787)**	**(3,020)**	**(2,291)**	**(2,192)**	**(3,407)**	**(587)**	**(20,895)**

Year to Date COVID Spend/ Income Loss £'000

Use of Resources

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Finance – Savings
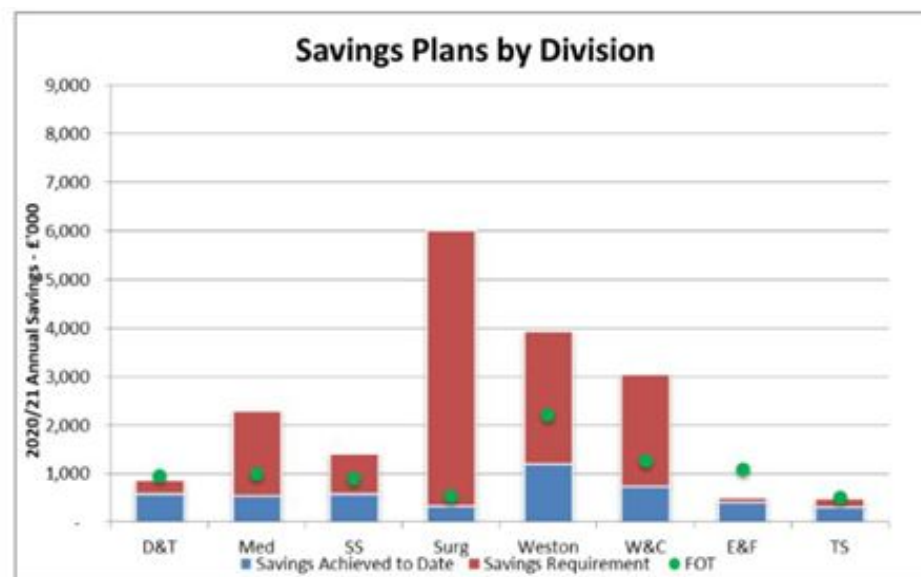
Care Quality Commission Rating - Bristol

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

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Care Quality Commission Rating - Weston

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

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

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

Ratings for Weston General Hospital

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

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

Explanation of SPC Charts

In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below
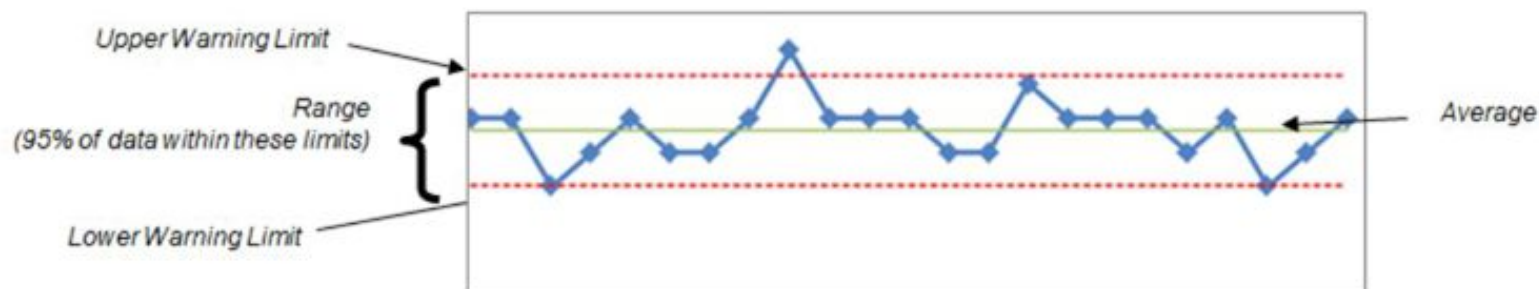
The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all 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; 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:
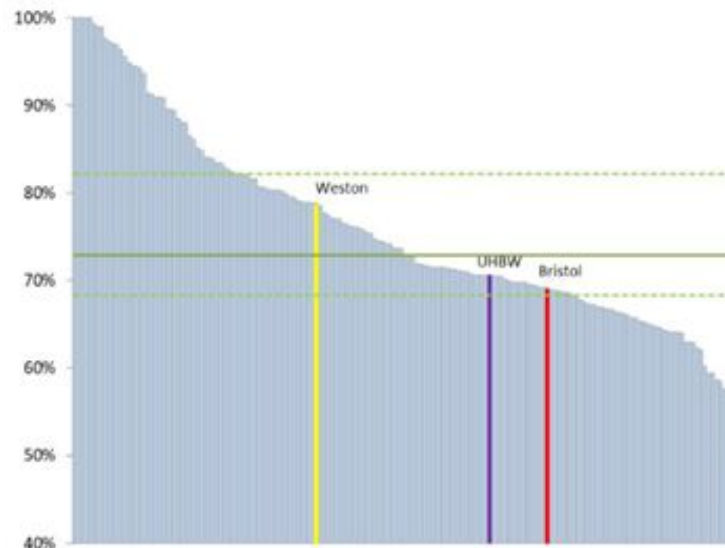
Each vertical, light-blue bar represents one of the (approx.) 140 acute Trusts in England.

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.

Patient Safety

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Infections	DA01	MRSA Trust Apportioned Cases	4	2	0	0	2	0	1	1	0	0	0	0	1	0	3	1	1	0
	DA02	MSSA Trust Apportioned Cases	48	14	3	3	5	2	1	0	4	2	3	1	3	1	8	6	7	1
	DA03	CDiff Trust Apportioned Cases	41	37	5	4	2	1	3	5	6	6	4	9	4	3	6	17	17	3
	DA06	EColi Trust Apportioned Cases	80	39	6	9	4	3	4	4	9	2	4	11	5	4	11	15	20	4
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	97.9%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	98.1%	97.8%	97.8%	98.1%	96.7%	97.6%	98.3%	97.9%	96.7%
	DB02	Antibiotic Compliance	77.9%	77.5%	73.8%	71.8%	74.9%	80.8%	88.7%	-	-	-	78.7%	86.5%	77.3%	69.6%	79.1%	-	79.1%	69.6%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	98%	97%	92%	-	-	-	98%	91%	95%	91%	94%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	99%	99%	98%	-	-	-	99%	96%	98%	97%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	98%	98%	97%	-	-	-	99%	97%	97%	95%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	31	7	6	7	6	2	3	1	3	3	4	3	14	15	7	10	14
	S02a	Number of Confirmed Serious Incidents	68	9	6	5	7	6	2	2	1	3	3	-	-	-	15	6	3	-
	S02b	Number of Serious Incidents Still Open	4	22	0	1	0	0	0	1	0	0	0	4	3	14	0	1	7	14
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	95.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	66.7%	100%	100%	100%	100%	75%	71.4%	33.3%	100%	50%	50%	100%	100%	92.3%	60%	71.4%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	0	1	1	2	2	-	-	-	-	-	-	-	5	-	-	-
Never Events	S01	Total Never Events	4	1	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	5.33	3.46	4.82	4.68	4.89	5.33	5.59	7.1	6.26	3.73	5.02	5.62	4.54	4.95	6.35	4.82	4.54
	AB06a	Total Number of Patient Falls Resulting in Harm	26	7	1	2	7	4	1	1	0	0	0	1	1	4	12	1	2	4
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.193	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.202	0.187	0.269	0.085	0	0.251	0.3	0.178	0
	DE02	Pressure Ulcers - Grade 2	49	27	6	2	9	2	7	11	1	3	4	6	2	0	18	15	12	0
	DE04A	Pressure Ulcers - Grade 3 or 4	8	1	0	0	0	1	0	0	0	1	0	0	0	0	1	1	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	85.9%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	85.8%	87.9%	87.3%	84.9%	85.8%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	0	3	0	8	-	-	-	-	-	-	-	-	8	-	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	0	0	0	0	-	-	-	-	-	-	-	-	0	-	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	0	2	0	8	-	-	-	-	-	-	-	-	8	-	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	-	87.9%	-	-	88.2%	-	-	-	-	-	-	-	88.2%	-	-	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	99.9%	100%	99.9%	100%	99.9%	99.9%	99.9%	100%	99.9%
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	0.14%	0.4%	0%	0%	0%	0%	0%	0%	0%	0.68%	0%	0%	-	0%	0%	0.25%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.44%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.92%	0.47%	0.39%	0.63%

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7.8%	8.7%	7%	9.2%	8.2%	8.2%	8.1%	7.8%	9.9%	9.3%	7.8%	9%	8.6%	8.2%	8.2%	9.1%	8.5%	8.2%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.8%	20.1%	23.3%	22.4%	24%	22.8%	21.8%	21.1%	18.5%	20%	22%	19.7%	18.5%	20.8%	22.9%	19.8%	20%	20.8%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9211	3594	873	781	850	731	611	356	394	511	626	537	535	635	2192	1261	1698	635
Staffing Levels	RP01	Staffing Fill Rate - Combined	100.3%	98.2%	100.3%	100.5%	103.3%	101.5%	98.8%	94.2%	98.4%	100.4%	100.4%	98.2%	96.4%	99.3%	101.2%	97.7%	98.3%	99.3%

Clinical Effectiveness

Topic	ID	Title	19/20	20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	96.6	101.8	100.3	98.3	96.8	96.2	97.3	96.2	96.4	-	-	-	-	97	96.6	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	90	100.1	94.4	89.4	88.4	89.5	98.6	119.1	116.3	98.4	76.2	-	-	-	91.9	110.8	76.2	-
Readmissions	C01	Emergency Readmissions Percentage	3.6%	4.26%	3.42%	3.55%	3.93%	3.62%	2.81%	3.82%	4.71%	4.21%	4%	4.36%	4.37%	-	3.5%	4.27%	4.25%	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	50%	26.7%	43.5%	44.8%	41.7%	50%	68.8%	41.2%	41.9%	66.7%	52.2%	33.3%	47.8%	45.9%	48.4%	51.9%	47.8%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	84.8%	100%	100%	96.6%	91.7%	84.4%	62.5%	47.1%	80.6%	93.3%	91.3%	100%	100%	90.6%	67.2%	94.8%	100%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	40.2%	26.7%	43.5%	44.8%	33.3%	37.5%	37.5%	17.6%	29%	60%	52.2%	33.3%	43.5%	38.8%	28.1%	49.4%	43.5%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	55.8%	52.6%	51.3%	57.1%	69.7%	60.5%	57.6%	54.1%	71.4%	51.4%	46.2%	48.6%	-	63.5%	61.8%	49%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	86.1%	68.4%	69.2%	78.6%	75.8%	65.8%	81.8%	85.7%	88.1%	94.3%	92.3%	75.7%	-	71.8%	85.5%	86.7%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60.8%	68.2%	55.6%	71.4%	58.8%	33.3%	37.5%	77.8%	50%	64.3%	100%	57.1%	-	-	47.1%	64.5%	76.9%	-
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83.2%	56.2%	84.8%	79.6%	77.6%	78.6%	72.3%	49.4%	-	-	57.5%	60.8%	-	-	76.3%	49.4%	59%	-
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	89.6%	85.7%	88.1%	86.5%	86.1%	88.9%	97.2%	92%	-	-	75%	89.3%	-	-	90.7%	92%	82.7%	-
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.2%	100%	100%	100%	-	100%	100%	-	-	-	100%	100%	-	-	100%	-	100%	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9692	10682	633	1164	1423	699	911	1752	1722	1775	1731	1953	842	907	3033	5249	4526	907

Patient Experience

Topic	ID	Title	19/20	20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	93	90	91	93	91	91	91	90	90	91	90	91	91	90	90
	P01g	Patient Survey - Kindness and Understanding	-	-	96	97	96	96	98	96	95	96	97	96	95	94	96	96	96	94
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	89	89	92	84	88	91	96	93	92	94	93	90	91	93	93
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	-	31%	35.3%	32.3%	33.1%	-	-	-	-	-	-	-	-	32.7%	-	-	-
	P03b	Friends and Family Test ED Coverage	16.6%	-	15.8%	16.6%	16.7%	15.4%	-	-	-	-	-	-	-	-	16%	-	-	-
	P03c	Friends and Family Test MAT Coverage	26.5%	-	36.1%	26.8%	28.2%	21.8%	-	-	-	-	-	-	-	-	25.3%	-	-	-
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.7%	-	98.7%	98.6%	98.7%	99.2%	-	-	-	-	-	-	-	-	98.9%	-	-	-
	P04b	Friends and Family Test Score - ED	84%	-	83.8%	84.6%	86.9%	88.1%	-	-	-	-	-	-	-	-	87.5%	-	-	-
	P04c	Friends and Family Test Score - Maternity	97.6%	-	97.1%	99.1%	97.7%	98.4%	-	-	-	-	-	-	-	-	98%	-	-	-
Patient Complaints	T01	Number of Patient Complaints	1842	803	150	117	152	171	121	50	62	98	119	134	165	175	444	210	418	175
	T03a	Formal Complaints Responded To Within Trust Timeframe	88%	76%	91.5%	83.6%	84.1%	85.5%	85.5%	75.5%	70%	65.5%	80.5%	72.5%	87.3%	70.2%	85%	71.6%	80.9%	70.2%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	91%	84.5%	95.8%	83.6%	86.6%	90.3%	91.3%	85.7%	70%	96.6%	90.2%	77.5%	83.6%	80.9%	89.2%	87.5%	83.8%	80.9%
	T05A	Informal Complaints Responded To Within Trust Timeframe	89.5%	93.1%	83.3%	91.2%	92.4%	82.4%	100%	95.2%	100%	100%	93.9%	88.5%	90%	89.5%	91.9%	98.5%	90.9%	89.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	7.51%	2.58%	8.45%	5.46%	10.98%	1.61%	2.9%	4.08%	0%	3.45%	0%	0%	-	-	5.63%	3.41%	2.94%	0%

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	83%	82.5%	83.2%	82.4%	78.3%	69.1%	59.6%	51.6%	45.8%	51.5%	58.4%	63%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	5903	6028	5745	6223	7134	9489	11983	15242	17877	17113	14995	13502	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	4818	5	10	15	11	30	78	184	372	643	883	1204	1454	56	634	2730	1454
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	219	282	305	315	411	772	1242	1832	2774	3811	4636	5070	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	77.3%	95.2%	94.1%	95.2%	94.7%	91.2%	90.3%	90.2%	91.2%	84.2%	72.5%	51.1%	-	93.8%	90.7%	68.6%	-
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	29.1%	37.8%	35.1%	49.7%	24.3%	18.8%	59.6%	45.9%	36.2%	20.5%	21.7%	17.1%	-	31.2%	44.7%	19.6%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	95.1%	97%	95.7%	92.3%	96.1%	97.4%	94.5%	89.8%	95%	96%	98.4%	95.6%	-	95.4%	93.3%	96.7%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	99.3%	99.2%	100%	98%	100%	99.1%	100%	100%	99.2%	100%	98.8%	98.5%	-	99%	99.6%	99%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	86.6%	92.3%	93.5%	94.5%	92.7%	92.5%	83.3%	90.2%	72.7%	89.1%	92.3%	92.9%	-	93.2%	81.9%	91.6%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	98.2%	96.8%	94.3%	94.5%	98.5%	99.5%	98%	97.1%	99.4%	97.1%	98.7%	99.4%	-	97.4%	98.2%	98.2%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	80.9%	87%	83.9%	80.8%	82.1%	91.1%	76.2%	72.6%	83.5%	89.3%	83.2%	78.5%	-	85.4%	78.1%	83.3%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	50%	53.8%	33.3%	36.4%	33.3%	81.8%	100%	-	0%	0%	85.7%	100%	-	51.6%	25%	70%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	90.2%	84%	89.2%	86.3%	83.9%	91.2%	84.5%	91.3%	93.2%	89.4%	92.4%	90.4%	-	87%	89.4%	90.8%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	14.5	4.5	2	4	3	0.5	0	0	0	2	3.5	9	-	7.5	0	14.5	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	0.99%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	0.33%	0.45%	0.69%	2.04%	1.1%	1.22%	2.06%	0.44%	1.25%	1.22%
	F01a	Number of Last Minute Cancelled Operations	1394	280	137	153	140	128	115	13	9	17	31	83	56	71	383	39	170	71
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	83.3%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	69.2%	88.9%	76.5%	96.8%	98.8%	91.1%	91.7%	68.6%	95.4%	91.1%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.52%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	0%	0%	0%	2.51%	0.75%	0%	2.41%	0.08%	1.03%	0%
	F07a	Number of Admissions Cancelled Day Before	1625	147	138	135	122	120	207	7	0	0	0	102	38	0	449	7	140	0
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	61.7%	67.1%	68.4%	59%	64.1%	48.6%	53.8%	63.4%	62.9%	67.6%	71.7%	-	-	-	55.8%	64.6%	71.7%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	84.6%	85%	94.7%	84.6%	92.3%	68.6%	66.7%	80.5%	91.4%	89.2%	81.7%	-	-	-	76.1%	86.7%	81.7%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	39.22%	47.02%	64.18%	65.11%	65.75%	70.24%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	12%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	13.5%	10.5%	9.7%	9.9%	8.9%	9.5%	13.3%	16.1%	9.4%	9.5%
	R05	Outpatient DNA Rate	6.6%	6.6%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	5.1%	5.3%	6.4%	7.2%	7.8%	7.9%	6.5%	5.3%	7.2%	7.9%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.41	2.15	2.11	2.17	2.12	2.26	2.52	2.72	2.62	2.4	2.37	2.25	2.25	2.18	2.62	2.33	2.25
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	13.8%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	14.9%	-	-	-	-	-	19.4%	13.8%	-	-
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	33	19	21	27	29	21	9	10	5	4	4	1	-	77	24	9	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	5	8	11	13	7	9	7	1	0	1	-	-	31	17	1	-
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	1036	590	731	713	790	962	278	238	198	131	143	48	-	2465	714	322	-
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	521	298	220	212	217	249	201	150	88	32	40	10	-	678	439	82	-

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	69	75	95	107	87	32	46	39	46	64	51	57	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	20	27	26	30	36	21	18	12	8	22	19	26	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	2388	2398	3166	2751	3110	1253	1450	1367	1437	1730	1788	1902	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	812	784	776	907	1002	871	531	403	588	464	528	698	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	3.78	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.6	3.74	4.01	4.05	3.89	3.61	4.01
	J04D	Percentage Length of Stay 14+ Days	6.7%	6.5%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	5.2%	5.8%	6.5%	6.2%	6.9%	7.2%	7.1%	6.1%	6.5%	7.2%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	3.78	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.6	3.74	4.01	4.05	3.89	3.61	4.01

Emergency Department Indicators

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	84.95%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	81.85%	80.02%	81.32%	80.36%	90.05%	82.36%	81.32%

This is measured against the national standard of 95%

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	80.44%	84.95%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	81.85%	80.02%	81.32%	80.36%	90.05%	82.36%	81.32%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	77.33%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	89.84%	81.18%	76.81%	71.67%	69.12%	70.79%	68.25%	86.61%	72.47%	70.79%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	92.38%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	90.27%	94.09%	95.1%	93.83%	90.66%	91.93%	90.76%	91.75%	93.01%	91.93%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	98.74%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	99.31%	98.52%	99.25%	98.82%	97.73%	98.61%	97.91%	98.97%	98.6%	98.61%

This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Trolley Waits	B06	ED 12 Hour Trolley Waits	25	3	0	8	11	1	5	0	0	0	0	0	0	3	17	0	0	3
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	96.3%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.6%	95.8%	97.4%	95.5%	92.7%	97%	95.3%	97.4%	95.2%	97%
	B02b	ED Time to Initial Assessment - Data Completness	96.9%	97.1%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.4%	96.6%	97.4%	95.7%	97.2%	98.2%	96.2%	97.1%	96.8%	98.2%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	66.9%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	78.6%	65.7%	63.1%	59.4%	58.3%	65.2%	54.7%	76.4%	60.2%	65.2%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	98.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	99%	98.3%	98.1%	97.4%	98.1%	98.7%	97.2%	98.9%	97.9%	98.7%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.2%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	2.9%	3.5%	3.4%	2.9%	3.2%	3.8%	3.2%	3.3%	3.2%
	B05	ED Left Without Being Seen Rate	1.6%	1%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	0.7%	1%	1.2%	1.3%	1.3%	1%	1.4%	0.8%	1.3%	1%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	352	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
SAFE	CDiff Trust Apportioned Cases	14	9	0	2	0	2	2	1	2	2	9	9	
	MRSA Trust Apportioned Cases	2	1	0	0	0	0	0	0	1	-	1	1	
	Falls per 1,000 Beddays	4.13	4.19	4.82	6.36	3.41	3.40	3.85	4.18	3.35	4.99	4.19	4.08	
	Numerator	396	172	28	35	14	20	24	28	23	77	172	144	
	Denominator	95807	41091	5813	5506	4103	5879	6229	6697	6864	15422	41091	35278	
	Falls Resulting in Harm	8	3	1	0	1	1	0	0	0	2	3	2	
	Pressure Ulcers per 1,000 Beddays	0.93	0.71	1.72	0.91	0.73	0.17	0.48	0.60	0.44	1.17	0.71	0.54	
	Numerator	89	29	10	5	3	1	3	4	3	18	29	19	
	Denominator	95807	41091	5813	5506	4103	5879	6229	6697	6864	15422	41091	35278	
	Number of Category 2 Ulcers	79	26	9	4	2	1	3	4	3	15	26	17	
	Number of Category 3 Ulcers	10	3	1	1	1	0	0	0	0	3	3	2	
	Number of Category 4 Ulcers	1	0	0	0	0	0	0	0	0	-	-	-	
	Medication Incidents Resulting in Harm	n/a	0.61%	0.00%	0.00%	0.00%	2.38%	0.00%	0.00%	-	0.00%	0.61%	0.69%	
	Numerator		1	0	0	0	1	0	0	-	0	1	1	
	Denominator		163	18	25	20	42	22	36	-	63	163	145	
	Non-Purposeful Omitted Doses of the Listed Critical Medication	n/a	0.00%	-	-	-	-	-	-	-	-	-	-	
	Numerator	n/a	0	-	-	-	-	-	-	-	-	-	-	
	Denominator	n/a	0	-	-	-	-	-	-	-	-	-	-	
	Nurse Staffing Levels	101.63%	97.71%	98.88%	96.03%	72.32%	104.18%	105.10%	102.70%	104.48%	89.19%	97.71%	97.53%	
	Numerator	637802	372262	50670	56675	38566	55970	56332	55038	59011	145911	372262	321592	
	Denominator	627603	380982	51241	59021	53325	53723	53601	53589	56482	163587	380982	329741	
	Nurse Staffing Levels (RN)	94.19%	87.21%	82.83%	79.52%	64.09%	97.16%	98.61%	92.42%	98.46%	75.57%	87.21%	87.94%	
	Numerator	327860	179579	24263	26823	19306	27562	28361	23046	30218	70392	179579	155316	
	Denominator	348101	205907	29293	33732	30125	28368	28762	24937	30690	93150	205907	176614	
	Nurse Staffing Levels (NA)	110.89%	109.35%	120.31%	118.04%	83.01%	112.04%	112.61%	109.89%	108.92%	107.21%	109.35%	######	
	Numerator	309942	174330	26406	29852	19259	28407	27971	20550	21885	75517	174330	147924	
	Denominator	279502	159424	21948	25289	23200	25355	24839	18701	20092	70437	159424	137476	
CARING	Patient Survey - Patient Experience Tracker Score	-	n/a	-	-	-	-	-	-	-	-	-	-	
	Patient Survey - Kindness and Understanding	-	n/a	-	-	-	-	-	-	-	-	-	-	
	Patient Survey - Outpatient Tracker Score	-	n/a	-	-	-	-	-	-	-	-	-	-	
	Number of Complaints Received	219	133	4	1	1	27	35	41	24	6	133	129	
	Number of Complaints Received (Formal)	0	91	2	4	5	19	17	29	15	11	91	89	
	Number of Complaints Received (Informal)	0	54	2	3	2	8	18	12	9	7	54	52	
	Formal Complaints Responded To Within Trust Timeframe	n/a	34%	100%	50%	0%	80%	21%	5%	38%	67%	34%	31%	
	Numerator		22	3	1	0	8	3	1	6	4	22	19	
	Denominator		65	3	2	1	10	14	19	16	6	65	62	

Appendix – Weston Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
CARING (cont)	Formal Complaints Responded To Within Divisional Timeframe	n/a	50.00%	100%	100%	100%	90%	33%	5%	44%	100%	50.00%	46.81%	
	Numerator	n/a	25	3	2	1	9	2	1	7	6	25	22	
	Denominator	n/a	50	3	2	1	10	6	19	9	6	50	47	
	Formal Complaint Response Time Breaches Attributable to Division	n/a	16	0	1	0	0	4	1	10	1	16	16	
	Percentage of Responses where Complainant is Dissatisfied	n/a	0.00%	0.00%	-	-	-	-	-	-	-	-	-	
	Numerator	n/a	0	0	-	-	-	-	-	-	-	-	-	
	Denominator	n/a	4	4	-	-	-	-	-	-	4	4	-	
RESPONSIVE	ED 4 Hour Performance	74.44%	83.23%	93.24%	87.44%	86.97%	80.34%	82.73%	84.72%	75.35%	89.48%	83.23%	82.10%	
	Numerator	37389	16215	1835	1831	1081	2819	3046	3060	2543	4747	16215	14380	
	Denominator	50228	19483	1968	2094	1243	3509	3682	3612	3375	5305	19483	17515	
	RTT 18 Week Performance	85.52%	62.89%	78.72%	72.30%	59.79%	51.67%	49.99%	56.00%	65.15%	70.97%	62.89%	59.85%	
	Numerator	63283	21417	4314	3570	2621	2217	2033	2677	3985	10505	21417	17103	
	Denominator	74002	34057	5480	4938	4384	4291	4067	4780	6117	14802	34057	28577	
	52+ Week Breaches	79	1198	36	61	103	153	194	296	355	200	1198	1162	
	Diagnostic 6 Week Wait	96.19%	53.75%	64.16%	64.96%	81.01%	79.94%	65.02%	41.01%	34.63%	73.62%	53.75%	53.46%	
	Numerator	24817	9351	299	482	1186	2016	1786	1973	1609	1967	9351	9052	
	Denominator	25799	17398	466	742	1464	2522	2747	4811	4646	2672	17398	16932	
	LMCs as Percentage of Admissions	3.50%	2.01%	2.63%	0.00%	0.00%	1.27%	4.17%	2.54%	0.76%	1.39%	2.01%	1.96%	
	Numerator	173	10	1	0	0	1	4	3	1	1	10	9	
	Denominator	4947	497	38	24	10	79	96	118	132	72	497	459	
	28 Day Readmissions	93.33%	-	-	-	-	-	-	-		-	-	-	
	Numerator	70	0	-	-	-	-	-	-		-	-	-	
	Denominator	75	0	-	-	-	-	-	-		-	-	-	
	Acute Delayed Transfers of Care - Patients	92	27	0	0	9	9	6	3	0	9	27	27	
	Non-Acute Delayed Transfers of Care - Patients	0	0	-	-	-	-	-	-	-	-	-	-	
	Acute Delayed Transfers of Care - Beddays	2888	866	0	0	198	219	192	203	54	198	866	866	
	Non-Acute Delayed Transfers of Care - Beddays	0	0	-	-	-	-	-	-	-	-	-	-	
	Outpatient Hospital Cancellation Rate	16.21%	23.40%	37.29%	27.76%	23.51%	21.67%	21.08%	16.58%	16.13%	30.41%	23.40%	20.72%	
	Numerator	35462	17460	4513	2397	2058	2492	2240	1968	1792	8968	17460	12947	
	Denominator	218805	74602	12104	8636	8755	11499	10626	11870	11112	29495	74602	62498	
	Outpatient DNA Rate	6.15%	5.17%	3.81%	3.56%	4.68%	4.84%	5.58%	6.75%	6.64%	4.05%	5.17%	5.38%	
	Numerator	9816	2575	252	194	315	437	453	389	535	761	2575	2323	
	Denominator	159556	49789	6622	5457	6734	9038	8121	5759	8058	18813	49789	43167	

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NHS University Hospitals Bristol and Weston NHS Foundation Trust

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFECTIVE	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	859	555	152.70	135.15	103.72	58.15	46.19	58.90	-				
	Numerator	616	235	65	59	24	39	27	21	-				
	Denominator	890	271	43	44	23	67	58	36	-				
	Hospital Standardised Mortality Ratio (HSMR)	1032	0	-	-	-	-	-	-	-	-	-	-	
	Numerator	543	0	-	-	-	-	-	-	-	-	-	-	
	Denominator	631	0	-	-	-	-	-	-	-	-	-	-	
	Fracture Neck of Femur Patients Treated Within 36 Hours	82.35%	79.47%	80.00%	75.00%	64.29%	82.61%	77.78%	90.91%	80.00%	74.60%	79.47%	79.37%	
	Numerator	224	120	20	18	9	19	14	20	20	47	120	100	
	Denominator	272	151	25	24	14	23	18	22	25	63	151	126	
	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97.79%	95.36%	92.00%	91.67%	92.86%	100.00%	100.00%	95.45%	96.00%	92.06%	95.36%	96.03%	
	Numerator	266	144	23	22	13	23	18	21	24	58	144	121	
	Denominator	272	151	25	24	14	23	18	22	25	63	151	126	
	Fracture Neck of Femur Patients Achieving Best Practice Tariff	72.43%	73.51%	0.76	0.67	0.64	0.83	0.72	0.73	0.76	69.84%	73.51%	73.02%	
	Numerator	197	111	19	16	9	19	13	16	19	44	111	92	
	Denominator	272	151	25	24	14	23	18	22	25	63	151	126	
	Ward Outliers - Beddays Spent Outlying.	0	2104	175	294	79	437	518	340	261	548	2104	1929	
	30 Day Emergency Readmissions	5.29%	5.81%	5.56%	4.15%	4.24%	7.15%	5.98%	2.65%	7.98%	4.74%	5.81%	5.85%	
	Numerator	1579	578	68	43	33	134	107	33	160	144	578	510	
	Denominator	29825	9948	1223	1035	778	1875	1789	1244	2004	3036	9948	8725	
EFFICIENT	Staff Sickness	4.13%	3.99%	3.73%	3.59%	3.54%	3.99%	4.53%	4.34%	4.25%	3.62%	3.99%	4.04%	
	Numerator	21990	10211	1606	1285	1245	1431	1612	1506	1527	4136	10211	8605	
	Denominator	533060	256227	43100	35802	35214	35901	35574	34677	35959	114116	256227	213127	
	Appraisal Compliance	71.37%	71.71%	63.58%	60.38%	61.78%	81.87%	78.93%	79.16%	78.03%	61.91%	71.71%	73.08%	
	Numerator	11223	6013	770	730	797	944	914	938	920	2297	6013	5243	
	Denominator	15724	8385	1211	1209	1290	1153	1158	1185	1179	3710	8385	7174	
	Workforce Bank Usage	n/a	9.15%	9.82%	9.07%	6.52%	11.05%	10.46%	8.33%	8.93%	8.50%	9.15%	9.02%	
	Numerator	n/a	963	162	151	103	157	150	114	127	415	963	801	
	Denominator	n/a	10526	1649	1662	1574	1422	1436	1364	1419	4885	10526	8876	
	Workforce Agency Usage	n/a	3.90%	4.57%	3.54%	2.00%	4.01%	3.77%	4.50%	5.12%	3.39%	3.90%	3.78%	
	Numerator	n/a	411	75	59	31	57	54	61	73	166	411	335	
	Denominator	n/a	10526	1649	1662	1574	1422	1436	1364	1419	4885	10526	8876	

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Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFICIENT (cont.)	Workforce Turnover Rate	14.91%	18.90%	12.84%	21.21%	21.30%	21.10%	20.08%	18.71%	18.86%	17.94%	18.90%	20.20%	
	Numerator	2546	1334	160	203	205	202	195	184	186	567	1334	1174	
	Denominator	17073	7059	1244	956	960	957	969	984	989	3160	7059	5815	
	Workforce Vacancy Rate	12.64%	9.24%	11.19%	8.68%	9.53%	8.28%	6.48%	11.17%	9.00%	9.80%	9.24%	8.88%	
	Numerator	2571	932	178	138	152	109	85	150	121	468	932	754	
	Denominator	20334	10084	1590	1590	1592	1317	1317	1339	1340	4772	10084	8494	
	Average Length of Stay	3.34	4.06	3.70	5.40	4.50	3.50	3.20	3.50	5.80	4.49	4.06	4.11	
	Numerator	99654	36847	4561	5585	3497	6501	5748	4347	6608	13643	36847	32286	
	Denominator	29825	9084	1223	1035	778	1882	1789	1244	1133	3036	9084	7861	
ACCESS	ED 12 Hour Trolley Waits	796	224	0	1	7	58	68	6	84	8	224	224	
	ED Time to Initial Assessment - Under 15 Minutes	2	68.11%	1	1	1	1	1	1	1	79.94%	68.11%	66.13%	
	Numerator	5750	13270	1687	1643	911	2456	2496	2297	1780	4241	13270	11583	
	Denominator	10984	19483	1968	2094	1243	3509	3682	3612	3375	5305	19483	17515	
	ED Time to Start of Treatment - Under 60 Minutes	57.96%	61.83%	99.64%	87.92%	84.79%	71.42%	72.68%	0.00%	59.53%	91.54%	61.83%	57.58%	
	Numerator	6366	12047	1961	1841	1054	2506	2676	-	2009	4856	12047	10086	
	Denominator	10984	19483	1968	2094	1243	3509	3682	3612	3375	5305	19483	17515	
	ED Unplanned Re-attendance Rate	6.19%	7.39%	6.59%	6.71%	6.31%	7.03%	6.90%	8.33%	8.47%	6.58%	7.39%	7.48%	
	Numerator	3122	1431	130	144	68	238	254	311	286	342	1431	1301	
	Denominator	50459	19375	1972	2146	1078	3387	3682	3734	3376	5196	19375	17403	
	ED Left Without Being Seen Rate	2.29%	1.03%	0.20%	0.62%	0.48%	1.14%	0.92%	1.11%	1.90%	0.43%	1.03%	1.12%	
	Numerator	1148	201	4	13	6	40	34	40	64	23	201	197	
	Denominator	50228	19483	1968	2094	1243	3509	3682	3612	3375	5305	19483	17515	
QUALITY	MSSA Trust Apportioned Cases	5	4	0	1	0	0	1	2	0	1	4	4	
	Number of Serious Incidents Reported	32	34	4	1	3	4	1	20	1	8	34	30	
	Total Never Events	2	3	0	0	0	1	0	1	1	-	3	3	
	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	n/a	37.50%	-	-	37.50%	-	-	-	-	37.50%	37.50%	37.50%	
	Numerator	n/a	3	-	-	3	-	-	-	-	3	3	3	
	Denominator	n/a	8	-	-	8	-	-	-	-	8	8	8	
	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	77.58%	65.79%	83.33%	-	50.00%	45.45%	88.89%	56.25%	64.29%	73.08%	65.79%	60.34%	
	Numerator	173	50	15	-	4	5	8	9	9	19	50	35	
	Denominator	223	76	18	-	8	11	9	16	14	26	76	58	
	High Risk TIA Patients Starting Treatment Within 24 Hours	64.42%	61.73%	55.56%	44.44%	60.00%	85.71%	83.33%	50.00%	50.00%	52.17%	61.73%	62.50%	
	Numerator	134	50	5	4	3	12	10	10	6	12	50	45	
	Denominator	208	81	9	9	5	14	12	20	12	23	81	72	
	VTE Risk Assessment	93.83%	-	-	-	-	-	-	-	-	-	-	-	
	Numerator	24069	-	-	-	-	-	-	-	-	-	-	-	
	Denominator	25653	-	-	-	-	-	-	-	-	-	-	-	

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Item to follow:

Agenda item 12 00

Committee Chair's Reports:

- ASR Programme Board
- Quality and Outcome
- Finance and Digital
- People

Meeting of the Board of Directors on 29 November 2020

Reporting Committee	Acute Services Review Programme Board
Chaired By	**Jayne Mee, Non-Executive Director (University Hospitals Bristol and Weston NHS Foundation Trust UHBW) and John Iredale, Non-Executive Director (North Bristol NHS Trust - NBT)**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation (UHBW), Chris Burton, Medical Director (NBT)**

For Information
This report provides a summary of the second meeting of Acute Services Review Programme Board (ASRPB) held on 16 November 2020. The ASRPB is a meeting in common of the North Bristol NHS Trust Acute Services Review Committee and the University Hospitals Bristol and Weston NHS Foundation Trust Acute Services Review Committee, which are both formal sub-committees of the respective Trust Boards. It meets bi-monthly and reports to the Board after each meeting. • **Memorandum of Understanding**: The Programme Board received a proposed memorandum of understanding which had been revised to widen the scope of the programme to encompass consideration of the wider organisational relationship between the two Trusts rather than just acute services. The Board approved the MOU for onward presentation to both Board of Directors for adoption and execution by both parties (subject to the inclusion of a notice period). • **Programme Prioritisations**: The Programme Board noted that the initial areas of priority for the programme would be critical care and cancer services as well as continuing support for the ongoing work to align the Trusts' stroke services and neo-natal intensive care units. • **Update Reports**: The Programme Board received update reports on each of the priority areas as follows: - Critical Care Update: Once immediate operational pressures had eased, plans to engage critical care teams in both Trusts would be taken forward. - Cancer Care Update: A scoping exercise would be carried out with the teams in both Trusts over the coming months. - NICU outline business case: Progress continued to be made and the next iteration of the outline business case would be received by both Boards of Directors in January 2021. - Stroke Services: A pre-consultation business case would be received by both Boards of Directors in December/January 2021. • **Communications Plan:** The Programme Board received a report describing how a communications plan for the Acute Services Review would be developed. Members agreed that ASR would benefit from a new name and further consideration as to the communication of its aims and aspirations to staff and patients. It was agreed that more facilitated time would be needed in order to give this the attention that it needed.
For Board Awareness, Action or Response

- The Programme Board recommended the revised Memorandum of Understanding for approval by the Board of Directors.
- The Programme Board asked that the Board of Directors consider how more support could be provided for the communications aspect of the review.

Key Decisions and Actions
- The Programme Board recommended the revised Memorandum of Understanding for approval by the Trust Board of Directors of both Trusts.   - The Programme Board asked for work to proceed with urgency in each of the four priority areas (cancer care, stroke services, critical care and NICU), with progress reported at their January and March meetings.

Date of next meeting:	**11 January 2021**

Meeting of the Board of Directors on 27 November 2020 via WebEx

Reporting Committee	Finance and Digital Committee
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

- The Committee reviewed the financial position of the Trust for month seven, to the end of October 2020. The Committee noted that the Trust was slightly favourable to plan. There was a forecast underspend against the capital plan, which posed a risk to the organisation and system. Further work was underway to review the strategic capital programme which would be reported back to the Committee.
- The Committee noted the settlement of the historic debt associated with Weston Area Health NHS Trust, which had been inherited by the Trust as part of the merger. This debt had been converted to Public Dividend Capital (PDC).
- The Committee reviewed the strategic and corporate risks for Q2, and the assessment of financial risks for 2020/21. The risk noted above relating to capital expenditure would be considered for escalation to the corporate risk register.
- Work continued to ensure robust savings plans were being developed for 2021/22.
- There had been slippage in the performance against the Better Payment Practice target. This was related to operational pressures which impacted on invoice approvals, and a reduction in the volume of invoices being received as the NHS had moved to block contract arrangements.
- The Committee discussed the proposed development of a regular Digital Services Report, to be provided from January, and signed off the closure report relating to the Weston Medway Implementation.

- It was agreed that the January meeting of the Committee would be used to consider key challenges for setting financial plan for 2021/22.

- The committee noted the upcoming Board Seminar covering Digital developments. Members were encouraged to complete the PWC digital fitness questionnaire prior to the seminar.

For Board Awareness, Action or Response

The Board should be aware around the capital expenditure risk noted above.

Key Decisions and Actions

The Committee considered the Adult Intensive Care Outline Business Case and recommended its approval by the Board.

Additional Chair Comments

Date of next meeting:	**26 January 2021**

Meeting of the Board of Director – 27 November 2020

Reporting Committee	Quality & Outcomes Committee – November 2020
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Chief Operating Officer and Deputy Chief Executive Carolyn Mills, Chief Nurse William Oldfield, Medical Director

For Information
The meeting considered a range of quality and access information including the Integrated Performance Report (IPR) and Root Cause Analysis Report. The following was highlighted and discussed: • The current position in respect of Covid-19 was discussed and it was reported that the rate of community incidence in Bristol was now in the national top 20. This had led to an increase in hospital admissions of patients suffering from Covid-19 and further ward reconfigurations had been necessary to accommodate this. The pressure on the Trust was having a serious impact on staff morale. The Trust was also preparing for the expected national vaccination in the coming months. • As part of the discussion of the IPR, concern was expressed regarding the trajectory of resuscitation training compliance and it was suggested a presentation be made to People Committee in January on this issue. There was also concern that a lack of investigative capacity was leading to delays in responding to employee relation cases, and the People Committee was asked to look at this. The Committee received an update on progress of delivery of the recommendations from the RCA Investigation into the outbreak of Covid-19 at Weston General Hospital in May 2020. It was noted that as of 13/11/20, 11 of the 13 recommendations had been implemented with work continuing on the remaining 2 recommendations. The Committee received the following reports for assurance: • Monthly Nurse Safe Staffing Report. • Serious Incident Reports • Clinical Negligence Scheme for Trusts (CNST) Compliance Update • Maternity Provider Annual Report

For Board Awareness, Action or Response
During discussion of the Root Cause Analysis reports the Committee discussed the process by which these should be reported where there was the potential for future legal or disciplinary action, and it was agreed that this should be the subject of further discussion with the Trust Chair.

Key Decisions and Actions
It was agreed that at its next meeting the Committee should consider a report on the availability of pressure injury equipment to ensure the current contract for their supply was allowing the Trust to meet the appropriate standards.

Date of next meeting:	18 December 2020

Meeting of the Board of Directors in Public on Friday 27 November 2020

Report Title	*Finance Directors Report*
Report Author	*Neil Kemsley / Jeremy Spearing*
Executive Lead	*Neil Kemsley, Director of Finance & IT*

1. Report Summary

The purpose of this report is to inform the Board of Directors of the financial position of the Trust for the period 1st April 2020 to 31st October 2020.

2. Key points to note
(Including decisions taken)

The NHS financial regime for 2020/21 has changed significantly in response to the Covid-19 Pandemic. In the first half of the financial year, Payment by Results had been replaced by block payments, prospective top up payments and a retrospective true up payment mechanism to ensure delivery of a break-even net income and expenditure position.

The financial regime for the second half of the financial year has changed again. This regime replaces the block payment, prospective top up and retrospective true up arrangements. These have been replaced by a largely fixed financial envelope with the exception of high cost drugs and devices which operate on a variable basis and attract funding from outside of the system envelope.

The year to date plan for months 1 to 6 has been reset by NHSEI to actuals and includes month 7 of the Trust's 2020/21 month 7-12 financial plan as submitted to NHSEI on 22nd October 2020. The month 7-12 financial plan, as approved by the Trust Board at the end of October, is attached at Appendix A for reference. Although subject to on-going discussions with the STP and NHSEI, the financial plan currently projects a year-end net deficit of £13.5m for the Trust.

The Trust's year to date net income and expenditure position excluding technical items i.e. the NHSEI reported financial performance position, is a favourable position against plan of £0.09m.

To date the Trust has incurred £18.9m of additional costs relating to Covid-19 with £2.2m spent in October compared with £2.3m in September and £2.2m in August. Income has reduced by £2.030m to date due to Covid-19. The Covid costs are excluded from the Divisional position.

The focus of financial performance this month is on income and expenditure run rate. Broadly, the picture shows a relatively stable run rate across the majority of Divisions this month with the exception of activity driven non-pay costs. Divisional budgets for the second half of the financial year have been reset in line with the Trust's month 7-12 financial plan. However, further work is required at detailed level within Divisions in order to provide a robust budgetary position going forward from month 8.

To date the Trust has achieved savings of £4.7m compared with the plan of £10.6m. Forecast savings total £8.4m.

The Trust's approved 2020/21 capital programme is £128.8m before planned slippage. Budget managers are currently forecasting an outturn at £91.2m. Expenditure to date is only £23.9m, £8.1m behind the plan to date. A review is taking place in November in order to assess the actions required to ensure we end the year having incurred expenditure in line with the agreed aggregate financial envelope of £72.4m.

The Trust had cash balances of £204.2m at the end of October.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.
A separate risk report is provided at Appendix B.

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**
• This report is for **Information.**

5. History of the paper	
Please include details of where paper has <u>previously</u> been received.	
Finance & Digital Committee	**24 November 2020**

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.

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Recognising success
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Report of the Finance Director

Section 1 – Executive Summary

Performance against NHSEI Plan	Plan to date Month 7 £m	Actual to date Month 7 £m	Variance to date favourable (adverse) £m
Income from patient care activities	439.067	440.637	1.570
Other operating income	80.049	80.092	0.043
Employee expenses	(319.824)	(320.042)	(0.218)
Other operating expenses	(175.552)	(176.880)	(1.328)
Depreciation (owned & leased)	(16.610)	(16.591)	0.019
PDC	(6.858)	(6.858)	0.000
Interest Payable	(1.374)	(1.369)	0.005
Interest Receivable	0.001	0.001	0.000
Reported Financial performance	**(1.101)**	**(1.010)**	**0.091**
Depreciation (donated)	(1.099)	(1.100)	(0.001)
Donated Income	0.227	0.216	(0.011)
Net surplus/(deficit)	**(1.973)**	**(1.894)**	**0.079**

The performance summary reflects the Provider Finance Return (PFR) submitted to NHSEI by the Trust for month 7.

In response to the Covid-19 pandemic, the operational planning process has been paused. The year to date plan for months 1 to 6 has been reset by NHSEI to actuals and includes month 7 of the Trust's 2020/21 month 7-12 financial plan as submitted to NHSEI on 22nd October 2020.

The financial plan for months 7-12, as approved by the Trust Board at the end of October, is attached at Appendix A. Although subject to on-going discussions with the STP and NHSEI, the financial plan currently projects a year-end net deficit of £13.5m for the Trust.

In the first half of the financial year, Payment by Results had been replaced by block payments to providers based on 2019/20 and prospective top up payments to contribute towards the delivery of a break-even net income and expenditure position. A balancing retrospective true up payment mechanism ensured delivery of the break-even position and was designed to cover the additional costs associated with responding to the Covid-19 pandemic and

shortfalls in income from other sources. The value of the true up payment for the first half of the year, including Covid costs, was £31.072m.

The financial regime for the second half of the financial year replaces the block payment, prospective top up and retrospective true up arrangements. It has been replaced by a largely fixed financial envelope with the exception of high cost drugs and devices which operate on a variable basis and attract funding from outside of the system envelope. The Trust is therefore expected to operate in line with the recently submitted 2020/21 month 7-12 financial plan. It should be noted that the plan has not been formally signed-off by NHSEI.

The Trust's year to date net income and expenditure position including technical items is a net deficit of £1.894m compared with a planned net deficit of £1.973m, a favourable position against plan of £0.079m.

The Trust's year to date net income and expenditure position excluding technical items i.e. the NHSEI reported financial performance position, is a favourable position against plan of £0.091m.

Income from patient care activities is £1.570m favourable to plan. This is primarily due to additional variable income due from NHS England, outside of the BNSSG STP system financial envelope, relating to variable high cost and low volume pass-through drugs and devices.

Other operating income is broadly in line with plan.

Employee expenses are broadly in line with plan. Further supporting detail is provided at Appendix C.

Other operating expenditure is £1.328m adverse to plan primarily due to higher than planned activity related non-pay costs such a clinical supplies £0.694m and drugs £0.511m. The position is commensurate with elective activity volumes (day cases and inpatients) growing by 10% in October compared with September.

To date the Trust has incurred £18.865m of additional costs relating to Covid-19, (£2.2m in October compared with £2.3m in September, £2.2m in August and £2.8m in July). Income has reduced by £2.030m to date due to Covid-19.

The additional revenue costs and income losses associated with Covid-19 are provided by Division in the table below. These costs are held centrally and are therefore excluded from the run rate reports in section 2.

Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(6)	(1,921)	(454)	(585)	(782)	(1,215)	0	(110)	(471)	(5,543)
Medical & Dental Pay	(11)	(704)	(265)	(1,025)	(445)	(673)	0	(112)	(86)	(3,322)
Other Pay	(346)	(58)	(106)	(63)	(234)	(67)	(281)	(167)	(10)	(1,333)
Non Pay	(314)	(1,969)	(293)	(1,114)	(1,020)	(123)	(949)	(2,880)	(7)	(8,667)
Income from Activities	0	0	0	0	0	(213)	0	0	(13)	(226)
Income from Operations	(39)	0	(126)	0	(539)	0	(962)	(140)	0	(1,804)
Total	(715)	(4,652)	(1,245)	(2,787)	(3,020)	(2,291)	(2,192)	(3,407)	(587)	(20,895)

*Note COVID Costs for Weston Site (including Corporate and Facilities and Estates) Month 1-3 are all in Weston Clinical Division, split from Month 4 onwards.

The NHSEI PFR reports additional expenditure of £19.116m. This is £0.251m higher than the expenditure in the table above as it requires the Nightingale costs to be reported in full rather than the marginal actual cost. The analysis of this expenditure is as follows:

	Q1 £m	July £m	August £m	September £m	October £m	Total £m
Staff related costs*	4.397	1.317	1.156	1.009	1.151	9.030
National procurement	1.192	0.086	0.012	0.051	-0.081	1.260
Increased ITU capacity (inc staff)	1.057	0.296	0.017	0.312	0.192	1.874
Testing	0.657	0.238	0.22	0.406	0.366	1.887
Release of bed capacity	0.436	0.21	0.194	0.188	0.206	1.234
Nightingale costs (inc staff)	0.53	0.074	0.013	0.032	0.016	0.665
Other	1.327	0.631	0.608	0.271	0.329	3.166
Total	9.596	2.852	2.220	2.269	2.179	19.116

*Excludes ITU or Nightingale Staff

The expenditure to date on staff includes £4.5m for additional shifts worked by existing staff, £2.2m for workforce expansion and £2.0m for sickness backfill.

The costs of increasing ITU capacity in September reflected a catch up of costs related to August.

The reduction in run rate for Nightingale is expected at this time with limited contribution from UHBW staff currently.

The reduction in run rate on national procurement and 'other' categories reflects some costs being reclassified in month following new guidance received from NHSEI.

Other significant costs include: decontamination (£0.358m); isolation pods (£0.151m); remote working support (£0.898m); enhanced patient travel services (£0.492m); pathway segregation (£0.450m) and other PPE (£0.185m).

Section 2 – Division and Corporate Services Performance

The focus of financial performance this month is on income and expenditure run rate. Divisional budgets for the second half of the financial year have been reset in line with the Trust's month 7-12 financial plan. However, further work is required at detailed level within Divisions in order to provide a robust budgetary position going forward from month 8.

Divisional financial performance is summarised in the tables and commentary below. The costs associated with Covid-19 have been removed from both the current and previous months report.

Diagnostics & Therapies	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(95)	(89)	(289)	(95)	(100)	(99)	(100)	(683)
Pay - Medical & Dental	(680)	(674)	(1,987)	(630)	(682)	(760)	(677)	(4,736)
Pay - Other	(3,119)	(3,146)	(9,754)	(3,285)	(3,216)	(3,312)	(3,306)	(22,873)
Pay Subtotal	**(3,894)**	**(3,909)**	**(12,029)**	**(4,010)**	**(3,998)**	**(4,171)**	**(4,084)**	**(28,292)**
Non Pay - Blood	29	33	65	32	37	31	32	197
Non Pay - Drugs	(543)	(627)	(1,678)	(710)	(404)	(640)	(536)	(3,968)
Non Pay - Clinical Supplies & Services	(685)	(731)	(1,577)	(599)	(574)	(739)	(759)	(4,249)
Non Pay - Other	(520)	(539)	(1,174)	(394)	(605)	(175)	(333)	(2,681)
Non Pay Subtotal	**(1,719)**	**(1,864)**	**(4,365)**	**(1,671)**	**(1,546)**	**(1,522)**	**(1,597)**	**(10,701)**
Income from Activities	44	157	6	3	2	3	(12)	2
Income from Operations	497	541	1,033	379	394	397	361	2,564
Total	**(5,072)**	**(5,075)**	**(15,356)**	**(5,299)**	**(5,148)**	**(5,293)**	**(5,331)**	**(36,426)**

Medicine	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(2,910)	(3,122)	(8,807)	(2,956)	(2,963)	(2,862)	(2,859)	(20,446)
Pay - Medical & Dental	(1,843)	(1,964)	(5,785)	(1,866)	(1,994)	(2,171)	(2,026)	(13,841)
Pay - Other	(648)	(672)	(2,013)	(705)	(683)	(701)	(705)	(4,807)
Pay Subtotal	**(5,401)**	**(5,758)**	**(16,604)**	**(5,527)**	**(5,640)**	**(5,733)**	**(5,590)**	**(39,095)**
Non Pay - Blood	(36)	(41)	(118)	(37)	(38)	(39)	(36)	(267)
Non Pay - Drugs	(1,526)	(2,005)	(5,789)	(1,750)	(1,617)	(1,874)	(2,383)	(13,414)
Non Pay - Clinical Supplies & Services	(463)	(601)	(775)	(300)	(293)	(329)	(342)	(2,039)
Non Pay - Other	(645)	(723)	(1,667)	(639)	(516)	(743)	(667)	(4,232)
Non Pay Subtotal	**(2,670)**	**(3,370)**	**(8,350)**	**(2,726)**	**(2,464)**	**(2,984)**	**(3,428)**	**(19,952)**
Income from Activities	213	710	12	2	(0)	(0)	573	586
Income from Operations	209	302	652	199	164	173	64	1,252
Total	**(7,649)**	**(8,116)**	**(24,290)**	**(8,052)**	**(7,940)**	**(8,545)**	**(8,382)**	**(57,208)**

Specialised	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(1,906)	(1,968)	(5,558)	(1,925)	(2,020)	(1,999)	(2,028)	(13,530)
Pay - Medical & Dental	(1,763)	(1,863)	(5,073)	(1,718)	(1,787)	(1,963)	(1,798)	(12,339)
Pay - Other	(1,043)	(1,068)	(3,175)	(1,071)	(1,087)	(1,090)	(1,122)	(7,544)
Pay Subtotal	**(4,712)**	**(4,899)**	**(13,806)**	**(4,713)**	**(4,894)**	**(5,053)**	**(4,948)**	**(33,414)**
Non Pay - Blood	(650)	(587)	(1,629)	(635)	(555)	(626)	(520)	(3,966)
Non Pay - Drugs	(3,221)	(3,617)	(9,813)	(3,646)	(3,117)	(4,173)	(3,668)	(24,418)
Non Pay - Clinical Supplies & Services	(1,523)	(1,802)	(2,824)	(1,982)	(1,539)	(1,837)	(2,186)	(10,367)
Non Pay - Other	(698)	(683)	(1,596)	(499)	(492)	(597)	(706)	(3,890)
Non Pay Subtotal	**(6,092)**	**(6,689)**	**(15,861)**	**(6,763)**	**(5,703)**	**(7,233)**	**(7,080)**	**(42,641)**
Income from Activities	433	1,095	303	(149)	53	40	580	828
Income from Operations	387	391	569	537	39	268	215	1,628
Total	**(9,984)**	**(10,102)**	**(28,795)**	**(11,089)**	**(10,505)**	**(11,978)**	**(11,233)**	**(73,600)**

Surgery	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(2,546)	(2,671)	(7,241)	(2,584)	(2,536)	(2,557)	(2,613)	(17,530)
Pay - Medical & Dental	(3,437)	(3,598)	(10,282)	(3,380)	(3,533)	(3,836)	(3,532)	(24,564)
Pay - Other	(1,697)	(1,691)	(5,157)	(1,730)	(1,711)	(1,744)	(1,720)	(12,063)
Pay Subtotal	**(7,679)**	**(7,961)**	**(22,680)**	**(7,694)**	**(7,780)**	**(8,138)**	**(7,864)**	**(54,156)**
Non Pay - Blood	(93)	(98)	(267)	(90)	(108)	(89)	(94)	(647)
Non Pay - Drugs	(1,295)	(1,238)	(2,437)	(1,013)	(919)	(1,073)	(1,054)	(6,496)
Non Pay - Clinical Supplies & Services	(1,178)	(1,363)	(2,331)	(964)	(923)	(1,029)	(1,197)	(6,444)
Non Pay - Other	(544)	(615)	(1,398)	(518)	(370)	(492)	(446)	(3,224)
Non Pay Subtotal	**(3,110)**	**(3,314)**	**(6,434)**	**(2,586)**	**(2,320)**	**(2,682)**	**(2,791)**	**(16,812)**
Income from Activities	(174)	(44)	33	8	3	1	3	48
Income from Operations	311	296	631	232	194	271	232	1,560
Total	**(10,652)**	**(11,023)**	**(28,450)**	**(10,040)**	**(9,902)**	**(10,548)**	**(10,420)**	**(69,360)**

Section 2 – Division and Corporate Services Performance continued

Weston

Weston	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(2,807)	(2,849)	(6,867)	(2,453)	(2,468)	(2,486)	(2,516)	(16,790)
Pay - Medical & Dental	(2,278)	(2,384)	(5,912)	(1,794)	(2,042)	(2,218)	(2,215)	(14,181)
Pay - Other	(1,285)	(1,303)	(3,702)	(1,185)	(1,141)	(1,074)	(1,175)	(8,277)
Pay Subtotal	(6,370)	(6,536)	(16,481)	(5,432)	(5,652)	(5,778)	(5,906)	(39,248)
Non Pay - Blood	(51)	(51)	(162)	(43)	(48)	(56)	(48)	(357)
Non Pay - Drugs	(743)	(721)	(1,783)	(656)	(582)	(609)	(758)	(4,388)
Non Pay - Clinical Supplies & Services	(575)	(554)	(941)	(422)	(356)	(349)	(519)	(2,588)
Non Pay - Other	(528)	(607)	(1,143)	(285)	(88)	(151)	(344)	(2,011)
Non Pay Subtotal	(1,897)	(1,933)	(4,030)	(1,405)	(1,075)	(1,165)	(1,669)	(9,344)
Income from Activities	30	25	(1)	1	0	0	0	1
Income from Operations	280	300	241	374	146	137	220	1,119
Total	(7,957)	(8,144)	(20,270)	(6,461)	(6,580)	(6,805)	(7,355)	(47,473)

Estates and Facilities

Estates and Facilities	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	0	0	(0)	(0)	0	(0)	(2)	(2)
Pay - Medical & Dental	0	0	0	0	0	0	0	0
Pay - Other	(2,249)	(2,226)	(6,945)	(2,269)	(2,337)	(2,363)	(2,308)	(16,222)
Pay Subtotal	(2,249)	(2,226)	(6,945)	(2,269)	(2,337)	(2,363)	(2,310)	(16,225)
Non Pay - Blood	0	0	0	0	0	(2)	0	(2)
Non Pay - Drugs	0	0	(1)	(1)	(0)	(1)	(0)	(2)
Non Pay - Clinical Supplies & Services	(32)	(41)	(126)	(38)	(26)	(1)	(16)	(206)
Non Pay - Other	(2,276)	(2,569)	(6,243)	(2,164)	(2,215)	(2,146)	(2,032)	(14,800)
Non Pay Subtotal	(2,308)	(2,609)	(6,369)	(2,203)	(2,241)	(2,150)	(2,049)	(15,011)
Income from Activities	7	4	0	0	0	0	0	0
Income from Operations	443	423	639	951	381	424	399	2,794
Total	(4,107)	(4,409)	(12,675)	(3,521)	(4,196)	(4,090)	(3,960)	(28,442)

Women's and Children's

Women's and Children's	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(4,554)	(4,660)	(13,668)	(4,518)	(4,519)	(4,684)	(4,725)	(32,115)
Pay - Medical & Dental	(3,729)	(3,966)	(11,277)	(3,754)	(3,696)	(4,055)	(3,976)	(26,758)
Pay - Other	(1,329)	(1,364)	(4,255)	(1,409)	(1,401)	(1,426)	(1,420)	(9,911)
Pay Subtotal	(9,612)	(9,990)	(29,199)	(9,681)	(9,617)	(10,165)	(10,121)	(68,783)
Non Pay - Blood	(179)	(198)	(553)	(188)	(187)	(188)	(189)	(1,305)
Non Pay - Drugs	(1,169)	(1,545)	(4,590)	(1,439)	(1,287)	(1,586)	(1,526)	(10,428)
Non Pay - Clinical Supplies & Services	(1,063)	(1,139)	(1,880)	(996)	(811)	(766)	(1,044)	(5,497)
Non Pay - Other	(723)	(814)	(1,970)	(657)	(586)	(771)	(809)	(4,793)
Non Pay Subtotal	(3,134)	(3,696)	(8,994)	(3,280)	(2,871)	(3,311)	(3,568)	(22,023)
Income from Activities	180	400	30	(5)	162	63	54	305
Income from Operations	573	626	1,317	352	363	376	363	2,771
Total	(11,993)	(12,660)	(36,846)	(12,614)	(11,962)	(13,037)	(13,272)	(87,730)

Trust Services

Trust Services	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid)	20/21 Actuals M6 (Excl. Covid)	20/21 Actuals M7 (Excl. Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(368)	(360)	(1,118)	(383)	(359)	(370)	(371)	(2,601)
Pay - Medical & Dental	(175)	(205)	(641)	(224)	(107)	(192)	(218)	(1,381)
Pay - Other	(2,776)	(2,896)	(8,415)	(2,800)	(2,819)	(2,830)	(2,814)	(19,678)
Pay Subtotal	(3,319)	(3,460)	(10,173)	(3,406)	(3,285)	(3,393)	(3,403)	(23,660)
Non Pay - Blood	(2)	0	(0)	0	(0)	(0)	0	(0)
Non Pay - Drugs	(15)	(15)	(21)	(9)	(17)	(41)	(17)	(105)
Non Pay - Clinical Supplies & Services	(15)	(20)	(37)	(16)	(29)	(11)	8	(85)
Non Pay - Other	(1,174)	(1,337)	(3,029)	(1,149)	(1,034)	228	(1,022)	(6,006)
Non Pay Subtotal	(1,205)	(1,372)	(3,087)	(1,174)	(1,080)	176	(1,031)	(6,196)
Income from Activities	0	0	0	0	0	0	0	0
Income from Operations	757	1,073	1,373	506	378	266	399	2,922
Total	(3,768)	(3,760)	(11,886)	(4,075)	(3,987)	(2,951)	(4,035)	(26,934)

Section 2 – Division and Corporate Services Performance continued

The run rate narrative excludes any impact relating to Covid-19.

Diagnostic and Therapies

Run rate
The overall run rate for month 7 is only £0.038m higher than month 6 and remains higher than the average for 2019/20 and quarter 4 2019/20 but only marginally.

The pay run rate decreased this month by £0.087m, the month 6 run rate for medical staff was higher due to the impact of the back dated medical staff pay award. The run rate for other clinical staff has remained consistent all year and is higher than for 2019/20 due to vacant posts being filled.

The non–pay run rate has remained broadly consistent all year with some variability due to changes in pass through costs. Overall, the non–pay run rate has remained lower than for 2019/20 due to lower levels of activity.

Income remains in line with the previous six months and remains lower than the run rate in 2019/20 partly due to lower than expected research income and the loss of recharge income to Weston.

Medicine

Run rate
The overall run rate in month 7 is £0.163m lower than month 6 and remains higher than the 2019/20 average and the run rate for quarter 4 2019/20. The pay expenditure run rate showed a decrease on this month of £0.143m, the nursing run rate has remained broadly the same as for month 6 and is still higher than the run rate for 2019/20. The medical staff run rate reduced this month by £0.145m and this is due to the impact of the backdated medical staff pay award increasing the run rate in month 6.

The non-pay expenditure run rate increased this month by £0.444m. There was an increase in the rate of drug expenditure of £0.509m, however, this relates to pass through costs which can fluctuate significantly between months. The drug expenditure run rate is now higher than experienced in 2019/20 again largely due to the variable impact of pass through costs.

Specialised Services

Run rate
Overall run rate decreased by £0.745m in month 7 and is now higher £1.249m higher than the average for 2019/20 and £1.131m higher than quarter 4 2019/20.

The pay run rate at month 7 remains consistent with month 6 with a lower run rate for medical staff due to month 6 including back dated pay award costs and higher nursing costs partly due to increased enhance nursing care costs. The overall pay run rate remains consistent with quarter 4 2019/20.

The non-pay run rate decreased by £0.153m this month following a significant increase of £1.530m in month 6. The run rate is subject to much variability due to changes in pass through costs. The cost of clinical supplies increased this month by £0.349m mainly due to increased cardiology activity. The drug expenditure run rate reduced by £0.505m this month and this can be variable due to changes in pass through activity.

Overall the non-pay run rate for month 7 exceeds that experienced in quarter 4 2019/20 and is expected to continue to do so for the rest of the financial year.

Surgery

Run rate
The month 7 run rate decreased by £0.128m from month 6 and is now broadly consistent with that experienced in the final quarter of 2019/20.

The pay run rate has been broadly consistent all year and remains consistent with last financial year. There was a decrease in the medical staff run rate this month after a significant increase in month 6 due to the backdated pay award.

The non-pay run rate in month 7 increased by £0.109m, the run rate has seen a gradual increase over the past three months as activity increases and elective mitigation plans are implemented.

Section 2 – Division and Corporate Services Performance continued

Women's and Children's

Run rate
The run rate at month 7 showed an increase over month 6 of £0.235m resulting in the current run rate being higher than the 2019/20 run rate by £1.278m.

The run rate increased on non–pay by £0.257m. The most significant increase in non-pay related to clinical supplies which increased by £0.278m, being driven by increased activity including cardiology devices, cochlear replacement processors and ventilators. The non-pay run rate is now similar to the average run rate for 2029/20.

The pay run rate for month 7 remained broadly consistent with month 6 and is now £0.509m higher than the average for 2019/20. This is primarily due to a seasonal increase in staffing in preparation for winter, which is usual for this time of year. There has also been an increased level of expenditure on junior doctors relating to the introduction of new rotas in PICU, ED and general paediatrics.

Weston

Run rate
The overall run rate is £0.550m higher than for month 6 but remains significantly lower than experienced in quarter 4 2019/20. The pay run rate increased by £0.128m this month and has increased gradually over the past few months but remains well below the previous financial year particularly for nursing.

The run rate for non-pay showed a significant increase in month 7 with increases of £0.149m on drugs, £0.170m on clinical supplies and £0.193m on other non–pay (month 6 being artificially low on other non–pay due to maternity pathway changes). The key driver for the increase in the non–pay expenditure run rate over recent months is increases in activity. However, the non–pay run rate remains lower than for the previous financial year reflecting lower levels of activity year on year.

Estates and Facilities

Run rate
The overall run rate has been consistent all year, and is broadly consistent with 2019/20, this is to be expected as most categories are not impacted by variations in clinical activity.

The pay run rate has remained consistent all year and is only slightly higher than 2019/20. The small increase this year can be attributed to pay awards.

The non-pay run rate has been consistent for most of the year. In month 7 there was a reduction in other non-pay of £0.114m, this being due to the impact of the new combined heat and power unit coming on line and delivering the expected savings.

Trust Services

Run rate
The run rate in month 7 increased by £1.084m. However, discounting the transfer of costs for NHS Resolution to miscellaneous support services in month 6, which distorted that months position, the run rate for trust services has remained broadly consistent across heading this year and is consistent with 2019/20. This is not surprising a most areas are not subject to variability with activity changes.

Section 3 – Clinical and Contract Income

Volumes by Point of Delivery (Bristol Sites)

	2019/20 M1-12 Average	2020/21 M1	2020/21 M2	2020/21 M3	2020/21 M4	2020/21 M5	2020/21 M6	2020/21 M7
Activity Based								
Accident & Emergency	11,715	5,520	7,820	8,882	9,509	9,850	10,286	10,092
Emergency Inpatients	4,007	2,226	2,981	3,408	3,417	3,354	3,590	3,507
Day Cases	5,043	1,824	2,238	3,109	3,555	2,936	4,336	4,755
Elective Inpatients	1,044	387	465	640	855	886	918	1,012
Non-Elective Inpatients	1,241	976	1,126	1,099	1,178	1,126	1,200	41
Excess Beddays	1,508	1,721	608	1,400	325	1,177	1,201	849
Outpatients	54,090	26,466	29,740	39,846	40,341	38,000	47,161	46,596
Bone Marrow Transplants	13	8	11	7	11	10	13	15
Critical Care Beddays	4,349	2,619	3,456	3,182	3,753	3,343	3,607	4,656

Volumes by Point of Delivery (Weston Site)

	2019/20 M1-12 Average	2020/21 M1	2020/21 M2	2020/21 M3	2020/21 M4	2020/21 M5	2020/21 M6	2020/21 M7
Activity Based								
Accident & Emergency	4,184	1,963	2,092	1,259	3,515	3,666	3,557	3,363
Emergency Inpatients	1,197	807	751	357	1,065	1,012	1,090	1,062
Day Cases	1,107	500	345	483	893	833	816	819
Elective Inpatients	86	17	11	7	37	31	52	69
Non-Elective Inpatients	9	9	8	10	8	19	4	7
Excess Beddays	388	192	232	134	131	189	1,174	225
Outpatients	10,804	5,476	4,917	5,700	7,785	7,339	8,539	7,121
Critical Care Beddays	144	116	109	94	108	100	175	139

The tables opposite show the changes in activity volumes we have seen this year since April. In general, volumes have increased gradually since April.

Non-elective inpatients in the Bristol sites were significantly lower in month 7 because of a retrospective correction to maternity pathways. Without this adjustment, non-elective inpatients would be 1,109 and earlier months would be, on average, 178 spells lower.

Critical care beddays in the Bristol sites were higher in month 7 because of retrospective recording of Adult HDU activity. Without this adjustment critical care days would be 4,413 and months 5 and 6 would be, on average, 122 days higher.

The Trust switched to a new Patient Administration System (PAS) on the Weston site on 23 September 2020. As a result, the volumes for months 6 and 7 in the table opposite are still being validated.

NHSEI have introduced the Elective Incentive Scheme (EIS) with the goal of accelerating the return to near-normal activity levels of non-COVID19 health services. Systems will be rewarded or penalised based on the financial value of the activity they perform. The scheme will run between September 2020 and March 2021. NHSEI have instructed providers to exclude any assessment of the EIS from their financial positions in month 7.

Under the revised financial arrangements from 1 October 2020, reimbursement for high cost drugs under the Cancer Drugs Fund (CDF) and relating to treatments under the Hepatitis C programme will revert to a pass-through cost and volume basis, with adjustments made to NHS provider block contract values to reflect this.

For the majority of other high cost drugs and devices, in-year provider expenditure will be tracked against a notional level of expenditure included in the block funding arrangements with adjustments made in-year to ensure that providers are reimbursed for actual expenditure on high cost drugs and devices. This leaves a smaller list of high cost drugs and devices which will continue to be funded as part of the block arrangements.

Due to the nature of these arrangements for high cost drugs and devices we need to estimate the value of these adjustments in the reported position. The value of these adjustments in month 7 is £3.363m.

Section 4 – Savings Programme

Due to the Covid-19 pandemic and the uncertainty that this has introduced, it is considered unreasonable to set Divisions savings targets based on the pre Covid financial plan. Therefore, until the revised level of savings required this year is established and in order that Divisions have a reasonable target to work towards, Divisions have been advised that they should aim to deliver savings at least equal to the underlying deficit brought forward from 2019/20. The following summary shows progress to date against the phased revised target.

Analysis by work streams:

	2020/21 Annual Target £m	Year to date (Month 7)		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.062	0.036	0.027	(0.009)
Diagnostic Testing	0.207	0.121	0.052	(0.069)
Estates & Facilities	0.619	0.231	0.180	(0.051)
Healthcare Scientists Productivity	0.198	0.115	0.081	(0.034)
HR Pay and Productivity	0.028	0.028	0.028	-
Income, Fines and External	0.615	0.307	0.116	(0.191)
Medical Pay & Productivity	0.348	0.193	0.161	(0.033)
Medicines	0.535	0.341	0.330	(0.011)
Non Pay	4.063	2.183	1.759	(0.424)
Nursing Pay & Productivity	0.364	0.198	0.198	-
Productivity	2.252	1.403	0.454	(0.949)
Trust Services	0.447	0.260	0.293	0.034
Weston Merger	2.700	1.575	1.037	(0.539)
Plans to be developed from Pipeline	6.138	3.634	-	(3.634)
Total	**18.575**	**10.625**	**4.715**	**(5.910)**

Analysis by Division:

	2020/21 Annual Target £m	Year to date (Month 7)			Forecast Outturn £m
		Plan £m	Actual £m	Variance fav/(adv) £m	
Diagnostics & Therapies	0.868	0.530	0.585	0.055	0.958
Medicine	2.303	1.354	0.554	(0.800)	0.998
Specialised Services	1.407	0.791	0.586	(0.205)	0.903
Surgery	6.019	3.567	0.336	(3.231)	0.532
Weston	3.930	2.180	1.193	(0.987)	2.204
Women's & Children's	3.054	1.663	0.732	(0.931)	1.256
Estates & Facilities	0.505	0.248	0.417	0.169	1.087
Finance	0.000	0.000	0.114	0.114	0.200
Human Resources	0.135	0.082	0.034	(0.048)	0.049
Trust Headquarters	0.090	0.054	0.088	0.034	0.133
Digital Services	0.264	0.154	0.074	(0.080)	0.131
Total	**18.575**	**10.625**	**4.715**	**(5.910)**	**8.452**

The Trust has delivered savings of £4.715m for the year to date, 44% against its target. Forecast savings total £8.452m (46% achievement). The Trust's month 7 – 12 financial plan assumes a marginal increase on this.

The savings target for 2020/21 is £18.575m. The Trust has achieved savings of £4.715m to date, a shortfall of £5.910m.

Divisions behind plan include Surgery £3.231m; Weston £0.987m; Women's & Children's £0.931m; Medicine £0.800m and Specialised Services £0.205m. Diagnostics & Therapies, Estates & Facilities, Finance and Trust HQ are slightly ahead of the target, while Human Resources and Digital Services are slightly behind target.

Key Actions:
The in-year performance and forecast outturn are reviewed and challenged in detail at the monthly Divisional Savings Programme reviews and at the Cost Savings Delivery Group as well as Divisional Finance and Operations reviews.

Section 5 – Capital Programme

Updated programme and Forecast Outturn

The Trust's approved 2020/21 capital programme is £128.810m before planned slippage. The agreed STP funding envelope for the Trust is £53.161m.

Of the total programme of £128.810m, budget managers forecast an outturn at £91.198m. This forecast continues to be challenged and as with previous years' forecast outturn assessments and monthly trend analysis, indications are that this level of forecast expenditure is unlikely.

Additionally, this forecast outturn is £18.822m above the capital allocation of £72.376m. The following table shows how the forecasts are attributable to the STP capital envelope projects and the projects outside of the envelope.

Category	Approved Programme £m	Forecast Outturn £m	STP Envelope & FOT other schemes £m	Forecast Outturn Variance £m
STP Envelope	108.576	71.983	53.161	18.822
Outside Envelope including national PDC and donations	20.234	19.215	19.215	-
Total Gross Expenditure	**128.810**	**91.198**	**72.376**	**18.822**

The capital expenditure at month 7 of £23.922m is a further indication that the forecast outturn of £91.198m is unlikely. The Director of Finance, the capital finance team and the key delivery teams (Estates, Digital Services and Procurement) are undertaking an urgent review of the financial forecasts to ensure achievement of both the STP envelope in 2020/21 along with the ability to draw down the full Public Dividend Capital (PDC) awarded to the Trust in year.

Year to date expenditure - 31st October 2020

Capital expenditure to 31st October 2020 totals £23.922m, £8.153m behind the internal plan, and is detailed in the table below. The variance is primarily driven by a delay in milestone payments within Digital Services, the strategic schemes which are on hold whilst a review and update of all the business cases is undertaken, and some delays in commencing the 2020/21 operational and divisional capital schemes due to continuing Covid-19 pressures.

| Applications to Month 7	Profile Spend £m	Actual Spend £m	YTD Variance £m
Strategic Schemes	15.450	13.074	(2.376)
Medical Equipment	5.318	3.909	(1.409)
Operational Capital	5.060	2.310	(2.750)
Fire Improvement	-	0.199	0.199
Digital Services	4.840	1.787	(3.053)
Estates Replacement	1.243	1.479	(0.236)
Weston	0.164	1.164	1.000
Additional PDC approvals	-	-	-
Gross Expenditure	32.075	23.922	(8.153)

Challenges and Risks

Whilst the additional PDC available to the Trust has now largely been confirmed with NHSEI, this has been a protracted process. This has resulted in uncertainty and delay which means the delivery of both the core STP projects and the additional PDC funded projects remains challenging in the remaining five months of the financial year.

The key risks are associated with the delivery of the programme and the available resources in the Estates, IT and Procurement teams. The capital review meeting will identify the schemes to be delivered within the year which will inform the resource plan and identify whether additional resources are required.

Section 6 – Statement of Financial Position and Cashflow

2020/21 Net Current Assets (£ms)

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Plan	28.98	28.64	25.73	23.01	20.18	75.53	74.86	70.12	62.58	55.45	48.82	62.82
Actual	29.14	26.75	22.76	22.03	22.30	79.13	77.39					

UHBW Receivables Oct 2020

Performance Against Payment Practice Codes 6 months to Oct 20
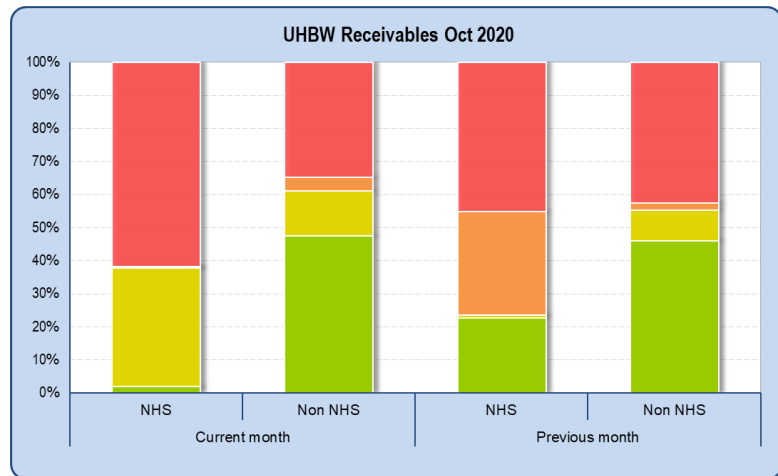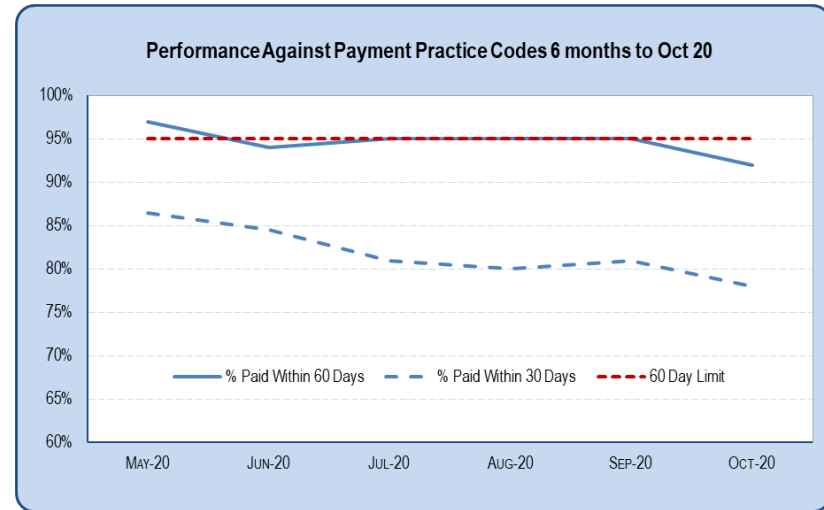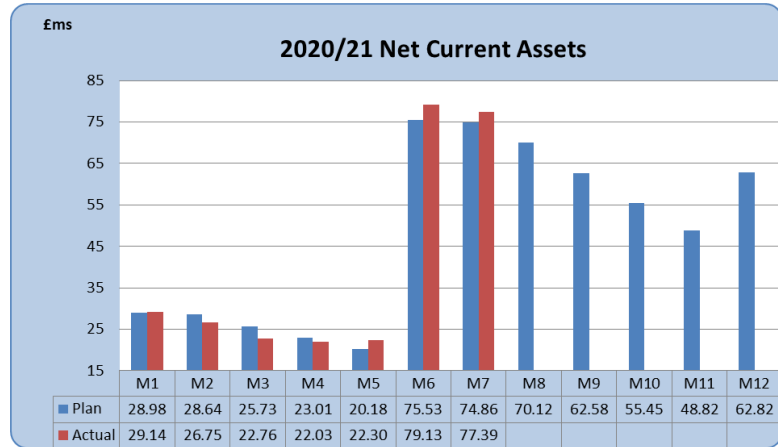
Days	Current Month (£M)			Previous Month (£M)			Movement (£M)		
	NHS	Non NHS	Total	NHS	Non NHS	Total	NHS	Non NHS	Total
90+	8.279	1.981	10.260	6.667	2.207	8.875	1.611	(0.226)	1.385
60-90	0.076	0.231	0.307	4.612	0.116	4.728	(4.536)	0.115	(4.421)
30-60	4.806	0.786	5.592	0.126	0.472	0.598	4.680	0.313	4.994
0-30	0.266	2.712	2.978	3.373	2.396	5.769	(3.107)	0.317	(2.791)
Total	13.427	5.710	19.137	14.778	5.191	19.969	(1.352)	0.519	(0.833)

Key Points

The net current assets as at 31 October 2020 were £77.391m, £3.430m above the plan. As reported last month, the value of net current assets has increased significantly from the month 5 position following the conversion of £57.582m of historic debt held by Weston Area Health NHS Trust to PDC.

The Trust's cash and cash equivalents balance was £204.219m, £7.750m below plan due to outstanding invoices for provider to provider consolidated charges and timing differences on Health Education England quarterly income which are offset by the slippage on the capital programme.

The total receivables position at 31 October 2020 was £19.137m (£13.427m NHS and £5.710m non-NHS).

In October, 92% of invoices were paid within the 60 day target set by the Prompt Payments Code and 78% within the 30 day target set by the Better Payment Practice Code (BPPC). The drop off in performance relates to delays in the authorisation of invoices as budget managers focus on the operational challenges of delivering Phase 3.

2020/21 Phase 3 Financial Plan – 1st October 2020 to 31st March 2021

1. Introduction

1.1 On the 15th September 2020, the Trust received notification of the system financial envelope for the Bristol, North Somerset and South Gloucestershire Sustainability & Transformation Partnership (BNSSG STP) for the period 1st October 2020 to 31st March 2021. The System comprises of four NHS organisations but excludes Sirona Care and Health Community Interest Company as a non-NHS entity. The four NHS organisations are:

- BNSSG CCG;
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP);
- North Bristol NHS Trust (NBT); and
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

1.2 Theoretically, the system funding envelope allows for the recovery of non-COVID activity, continuing readiness for winter and resources to meet the additional costs of the COVID-19 response. The system financial envelope included additional funding of £104.7m for allocation within the System at the System's discretion as follows:

- £ 42.4m top up funding to bring the system to break-even;
- £ 14.0m additional system growth funding to facilitate activity recovery; and
- £ 48.3m COVID funding.
  £104.7m

1.3 The System submitted a first cut financial plan on the 5th October 2020 followed by a second submission on the 20th October 2020 in accordance with NHSEIs timescales. Organisations within the System submitted first cut financial plans on the 22nd October 2020 in accordance with NHSEI timescales. This briefing paper outlines the current financial plans for the second half of the financial year as submitted on the 22nd October 2020.

2. UHBW Trust financial positon

2.1 The Trust's financial plan for the second half of the financial year was constructed in late September and early October on the following basis:

2.2 Income

- NHSEI notified block income of £351.7m for patient care activities;
- The Trust's realistic assessment of non-block/non-NHS income at £55.4m (against the NHSEI expectation that this income will recover to 2019/20 outturn levels of £68.7m in the second half of the year);
- Funding of £16.1m from outside of the system envelope to fully fund high cost low volume pass-through drugs and devices expenditure in accordance with NHSEI Phase 3 planning guidance;
- Funding of £13.7m from the system envelope to fully fund the Trust's forecast expenditure on initiatives to assist with winter preparations and increase elective activity;
- Funding of £13.5m from the system envelope to fully fund the Trust's COVID-19 expenditure forecast;
- Funding of £12.0m from the system envelope as the Trust's share of the system top up designed to ensure break-even. ***See note 1 below***;
- A reduction in UHB&W's block income of £3.0m relating to service transfers that took place on 1st April 2020, that are not adjusted for in the NHSEI notified block income;
- Funding of £1.3m from outside of the system for the Adult Critical Care Transfer Service;
- Excludes the impact of the NHSEI Elective Incentive Scheme (EIS) in accordance with NHSEI Phase 3 planning guidance. The Trust's recent assessment of the EIS is a penalty of £2.75m assuming the Trust is able to deliver its plans to increase elective activity in the coming months;
- Excludes the income associated with the Trust's patients being treated at Independent Sector (IS) establishments pending further clarity from NHSEI.

* Note 1
For the reasons explained in paragraph 3.4 below, the System has reduced the Trust's share of the top-up funding from £21.7m (as per the national assessment of the Trust's required support), to the £12.0m as described above.

2.3 Expenditure
- Operating expenditure for the remainder of the year was based on August actuals i.e. August actuals are assumed to continue for the remainder of the financial year as a baseline. This approach was consistently applied across the system providers. Of note, this approach included the following key items for the second half of the financial year based on expenditure reported in August:
  - COVID-19 expenditure of £13.5m; and
  - Pass-through drugs and devices expenditure of £13.6m.
- COVID-19 expenditure calculated using the same approach as operating expenditure. Again, this approach was consistently applied across the system providers;
- Additional expenditure above the baseline in the second half of the financial year relating to:
  - Trust mitigations to assist with COVID safe practices, winter resilience and increase elective activity of £16.1m (including pass-through costs of £2.4m);
  - An additional allowance of £5.0m, primarily relating to additional operating costs during the Winter period;
  - An increase in the annual leave accrual in accordance with the NHSEI Phase 3 planning guidance. The providers in the system applied a consistent methodology resulting in an additional charge of £3.0m for UHB&W;
  - Trust cost pressures and investments previously agreed with Divisions at the start of the financial year of £2.9m;
  - The impact of the Medical and Dental pay award of £1.4m; and
  - Funding of £1.3m outside of the system for the Adult Critical Care Transfer Service.
- Excludes the expenditure associated with the Trust's patients being treated at Independent Sector (IS) establishments pending further clarity from NHSEI.

2.4 Net income and expenditure position
- In the October 22ⁿᵈ submission, the Trust's projected net income and expenditure position for the second half of the financial year is a net deficit of £13.5m excluding technical items of £0.9m. The net deficit is primarily driven by NHSEI's expectation that non-NHS/non-Block income will recover to 2019/20 outturn levels in the last six months of this financial year – a difference of £13.3m. This is an unrealistic requirement since it is clear that a significant number of income streams received in 2019/20 are either non-recurrent and/or, by their nature, will not be repeated in 2020/21 or will not return to pre-COVID-19 levels. These are mainly:

  - £4.0m non-recurrent income received in 2019/20, for example, mainly BHOC fire monies and GDE funding;
  - £3.9m income received from Weston Area Health NHS Trust in 2019/20, pre-merger, for services provided; and
  - £3.9m loss of commercial income streams due to COVID-19, for example, private patient income, catering income, car parking income and commercial research and innovation income.

2.5 As described in more detail below, the Trust is working with system partners and with the regional tier of NHSEI to secure an adjustment to our current financial envelope. This is currently focused on £10.7m of the £13.3m described above.

2.6 In addition to the non-NHS/non-Block income issue, all providers have been instructed by NHSEI to include an early indication of the potential for an increase in untaken annual leave by staff as at the 31ˢᵗ March 2021 as a result of the pandemic. This is a non-cash item and ordinarily involves a detailed assessment based on a sample of staff and the value of annual leave untaken at the end of the financial year. In the very short time available and in the interests of consistency, the providers within the system agreed a simple methodology and assumed an additional 2.5 days annual leave would not be taken by staff the result of which is an additional charge of £3.0m.

2.7 All other things being equal, then adjusting for these factors would present the Trust broadly in a net income and expenditure break-even position as follows:
- £(13.5)m net deficit per 22 October 2020 Phase 3 plan submission;
- £ 10.7m adjustment for NHSEI requirement for non-NHS/non-Block income;
- £ 3.0m removal of the annual leave accrual pending a detailed assessment at
  £ 0.2m net surplus after adjustments

2.8 Further consideration of the options to secure a break-even position is provided in section 4.0 below.

3. BNSSG System financial position

3.1 The providers and the CCG within the System follow the same methodology i.e. using August actuals as a baseline upon which to build the key income and expenditure run-rate changes in the second half of the financial year.

3.2 The BNSSG System has submitted an income and expenditure deficit plan of £40.1m, with all organisations submitting a net income and expenditure deficit plan. It should be noted that the final allocation of the System's additional funding of £104.7m and where the resulting net deficits land by organisation is subject to ongoing dialogue within the System and with NHSEI South West. The current presentation of the system position by organisation is as follows:

- £ (0.8)m BNSSG CCG
- £ (1.2)m AWP
- £(24.6)m NBT
- £(13.5)m UHBW
  £(40.1)m BNSSG system net income & expenditure deficit

3.3 The BNSSG system deficit, excluding the additional annual leave accrual, is £32.9m. This position is entirely due to NHSEI's requirement for providers to return non-NHS/non-Block income back to 2019/20 outturn levels as described for UHBW in paragraph 2.2. The equivalent figure for North Bristol Trust is £22.8m.

3.4 Following advice received from the NHSEI South West Regional Director of Finance, the System has deployed the available top-up funding in order to demonstrate the adverse impact of these income issues playing through to the bottom-line in the organisations where they fall. This approach is considered to be most supportive of the case being presented to the national team, to adjust the overall system envelope to reflect the flawed assumption that these income streams are achievable again.

3.5 The System has also advised the regional team that, depending on the outcomes of those national discussions, we will reconsider how the top-up funding has been allocated.

3.6 Similar to the UHBW position, adjusting for the income and annual leave factors would present the overall system financial plan in a broadly break-even position. The issue of the potential for adjustments to the system envelope will be subject to further dialogue with NHSEI and the next steps outlined below.

4. Next steps

4.1 As outlined above; the presentation of both the System and the Trust's financial positions, as set out in the 22ⁿᵈ October submission, must be understood in the context of on-going negotiations between the System and both the regional and national tiers of NHSEI. That is, in order to improve the financial outlook for the rest of the financial year, we will continue to argue the case for an adjustment to the System financial envelope that reflects the fact that we cannot earn the same level of non-contract income as in 2019/20.

4.2 In the event that these negotiations do not resolve the current projected deficit, then there are a number of additional courses of action for both the System and the Trust to consider.

4.3 Firstly, the System must reconsider the options in terms of re-allocating the top-up funding and re-determining where the net deficit(s) should sit by organisation. This will take into consideration the potential longer term impacts of any cash deficits.

4.4 Secondly, the System and the Trust must consider any other options to minimise the deficit. It should be noted however that this is unlikely to include any 'rowing back' on the mitigations we have put in place in order to increase activity (as from a purely financial perspective, this would adversely impact earnings through the Elective Incentive Scheme).

4.5 Thirdly, we would of course continue to consider all other internal options in order to resolve any residual in-year deficit.

4.6 A further update will be provided to the Finance and Digital Committee and the Trust Board in November. By this time we should have a clearer indication of the net impact of the next steps set out above and therefore much greater clarity in terms of the implications for the Trust.

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2020/21 Phase 3 Financial Plan – 1st October 2020 to 31st March 2021

5. Summary primary statements

5.1 The summary Statement of Comprehensive Income (SoCI), Statement of Financial Position and Cashflow statement are provided below.

Statement of comprehensive income	Plan						
	31/10/2020 Month 7 £'000	30/11/2020 Month 8 £'000	31/12/2020 Month 9 £'000	31/01/2021 Month 10 £'000	28/02/2021 Month 11 £'000	31/03/2021 Month 12 £'000	31/03/2021 Ending £'000
Operating income from patient care activities	69,157	69,255	69,422	69,419	68,916	69,428	415,597
Other operating income	7,078	7,078	7,078	7,078	7,078	7,078	42,468
Employee expenses	(46,828)	(47,145)	(47,422)	(47,764)	(47,850)	(50,808)	(287,817)
Operating expenses excluding employee expenses	(29,476)	(29,300)	(29,615)	(29,626)	(28,785)	(29,838)	(176,640)
Operating surplus / (deficit)	**(69)**	**(112)**	**(537)**	**(893)**	**(641)**	**(4,140)**	**(6,392)**
Finance expense	(199)	(199)	(199)	(199)	(199)	(198)	(1,193)
PDC dividends payable/refundable	(980)	(980)	(980)	(980)	(980)	(979)	(5,879)
Finance costs	**(1,179)**	**(1,179)**	**(1,179)**	**(1,179)**	**(1,179)**	**(1,177)**	**(7,072)**
Surplus / (deficit) exc technical items	**(1,101)**	**(1,144)**	**(1,569)**	**(1,925)**	**(1,673)**	**(6,052)**	**(13,464)**

Statement of financial position	Plan						
	31/10/2020 Month 7 £'000	30/11/2020 Month 8 £'000	31/12/2020 Month 9 £'000	31/01/2021 Month 10 £'000	28/02/2021 Month 11 £'000	31/03/2021 Month 12 £'000	31/03/2021 Ending £'000
Total non-current assets	**503,200**	**507,817**	**512,935**	**520,115**	**527,878**	**543,239**	**543,239**
Cash and cash equivalents	*211,853*	*200,766*	*188,566*	*184,657*	*178,546*	*109,028*	*109,028*
Total current assets	**267,110**	**255,691**	**243,491**	**239,582**	**233,471**	**163,954**	**163,954**
Total current liabilities	**(193,266)**	**(187,769)**	**(185,322)**	**(190,875)**	**(192,954)**	**(128,863)**	**(128,863)**
Total assets less current liabilities	**577,044**	**575,739**	**571,104**	**568,822**	**568,395**	**578,330**	**578,330**
Total non-current liabilities	**(60,854)**	**(60,765)**	**(57,978)**	**(57,978)**	**(57,888)**	**(57,758)**	**(57,758)**
Total net assets employed	**516,190**	**514,974**	**513,126**	**510,844**	**510,507**	**520,572**	**520,572**
Financed by							
Public dividend capital	290,636	290,636	290,636	290,636	291,836	300,315	**300,315**
Revaluation reserve	80,603	80,603	80,603	80,603	80,603	87,720	**87,720**
Other reserves	85	85	85	85	85	85	**85**
Income and expenditure reserve	144,866	143,650	141,802	139,520	137,983	132,452	**132,452**
Total taxpayers' and others' equity	**516,190**	**514,974**	**513,126**	**510,844**	**510,507**	**520,572**	**520,572**

Statement of cash flows	Plan						
	31/10/2020 Month 7 £'000	30/11/2020 Month 8 £'000	31/12/2020 Month 9 £'000	31/01/2021 Month 10 £'000	28/02/2021 Month 11 £'000	31/03/2021 Month 12 £'000	31/03/2021 Ending £'000
Operating surplus/(deficit)	(69)	(112)	(537)	(893)	(641)	(4,140)	(6,392)
Net cash generated from/(used in) operations	**2,097**	**2,430**	**(1,507)**	**4,832**	**2,110**	**(62,263)**	**(52,301)**
Net cash generated from/(used in) investing activities	**(7,844)**	**(7,833)**	**(6,884)**	**(8,741)**	**(9,282)**	**(9,700)**	**(50,284)**
Net cash generated from/(used in) financing activities	**0**	**(5,684)**	**(3,809)**	**0**	**1,061**	**2,445**	**(5,987)**
Increase/(decrease) in cash and cash equivalents	**(5,747)**	**(11,087)**	**(12,200)**	**(3,909)**	**(6,111)**	**(69,518)**	**(108,572)**
Cash and cash equivalents at start of period	217,600	211,853	200,766	188,566	184,657	178,546	217,600
Cash and cash equivalents at end of period	**211,853**	**200,766**	**188,566**	**184,657**	**178,546**	**109,028**	**109,028**

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<div align="center">**Assessment of Financial Risks 2020/21**</div>

Introduction:

The information in this report regarding corporate financial risks was provided to the Risk Management Group in October. The corporate financial risks will continue to be assessed through the year. The current position, presented in this report, is in the context of having recently submitted the financial plan for the second half of the financial year.

Departmental risks have been re-assessed to include delivery of the key financial controls whilst working remotely and specific risks associated with the merger of the accounting systems and processes which occurred in July 2020.

The strategic risk (416) that the Trust fails to deliver its financial strategy will be re-assessed in line with the Trust's refresh of its strategic plan and financial strategy.

Review of Corporate Risks:

The previous risk of failure to deliver the operational plan (959) was closed given that the financial regime for the first six months of the financial year 2020/21 provided for full funding of costs.

Two new risks have been opened for the second half of the financial year

<u>Risk that the Trust's financial plan for 2020/21 is unable to deliver financial stability and control</u>

The Trust is responding at pace to the planning requirements issued by the regulator requiring a financial plan for the second half of 2020/21 that is contained within the BNSSG system envelope. This plan includes a number of key assumptions as follows:

1) Income is as per the NHSEI notified block payments with limited supporting detail provided in relation to inclusions, exclusions and assumptions;

2) NHSEI assumes that non-patient care income returns to prior year levels (currently a c£11m risk);

3) The Trust's baseline expenditure for the remainder of the financial year is based on period 5 being repeated each month in the second half of the financial year;

4) Allowances have been made for additional costs in the second half of the financial year not recognised in period 5, for example, £3m winter run-rate escalation, £1.4m pay awards; and

5) Operational schemes to support the Trust through winter, to meet the implications of social distancing and to improve elective activity delivery are included at c£19m, some of which is covered by additional income;

6) The impact of the Elective Incentive Scheme is currently excluded pending Regulator guidance;

7) Allocation of system funding of £104.7m is pending an assessment of the system position prior to the 22 October 2020 submission and final agreement by the Healthier Together Executive Group; and

8) The approval of business cases relating to significant capital bids is pending.

The risk is that if the Trust is unable to deliver these assumptions or provide mitigation in year to help the BNSSG system deliver the second half of the financial year within the system financial envelope then the Trust will reduce the strength of its balance sheet and reduce the availability of cash impacting on delivery of the Trusts financial strategy.

The inherent risk is deemed to be likely and moderate scoring a risk rating of 12, high risk.

The target risk is possible and minor, a risk rating of 6, moderate risk

The actions being taken to mitigate this risk are

1) Re-assessment of the assumptions listed above and inclusion in the submission of the Trust's M7-M12 Financial Plan on 22 October 2020; and

2) Identification of the steps and actions required by the Trust and system partners to manage within the BNSSG STP system envelope.

These are deemed to be adequate.

The current risk is therefore deemed to be possible and minor i.e. the same as the target risk.

Risk that the Trust fails to deliver the 2020/21 capital programme

The Trust has capital funding of £64.5m to deliver its capital programme in 2020/21. Under the new capital and cash funding regime implemented in April 2020 any slippage will affect the capital programme for future years. The risk is that if the Trust does not deliver its planned capital, the planned investment to improve the infrastructure to provide services to patients and staff will be compromised both within this financial year and the future.

There are a number of factors impacting on the delivery; agreeing a programme to meet the re-prioritised needs of the Trust under phase 3 system recovery planning, resource availability within procurement and estates to deliver the programme and continuing changes to external funding allocations and approvals.

The inherent risk is deemed to be very likely and moderate scoring a risk rating of 15.

The target risk is possible and minor, a risk rating of 6, moderate risk

The actions being taken to mitigate this risk are:

- The Capital Programme Steering Group (CPSG) monitors the spend to date and forecast outturn on a monthly basis. The forecast is generated from internal profiles submitted by the represented members of the Trust Capital Group (TCG).

- When the outturn is forecast to vary from the capital funding envelope CPSG request TCG to update the position identifying priorities and the operational impact of deferred schemes
- The update from TCG continues to forecast an optimistic forecast and Covid capital schemes are agreed in principle but not approved due to funding availability.
- The October CPSG meeting received a summary schedule setting out all core programme approved schemes, covid bid schemes (phase 2&3) and approved PDC schemes which are analysed by funding stream and resource delivery which will enable the group to confirm priorities, identify any displacements, establish funding source and confirm delivery priorities.

These actions are not currently considered to fully mitigate the risk. Until the completion of the work to confirm priorities and delivery plans, the current risk is deemed to be likely and moderate resulting in a risk rating of 12, high risk.

Review of Department Risks

The departmental financial risks relate to cash, through the Trust:

- paying for goods or services that have not been received
- paying for goods and services at a higher rate than contracted for
- paying staff for work that has not been carried out
- paying staff for work at a rate higher than approved
- dispensing fraudulent payments via the cashier function
- not banking all cash received by the Trust
- not receiving income for good and services provided
- making other fraudulent payments

These are inherently high risk areas, but have controls and processes in place to mitigate the risk.

Risk that the Trust pays for goods and services which have not been received.

If the Trust pays a supplier invoice that is for goods and services that have not been received then the Trust will incur a financial loss.

This can occur in a number of ways:

- the Trust receives a fraudulent invoice
- the Trust pays for goods or services in advance
- the Trust's credit card is used fraudulently
- the Trust pays a genuine invoice but does not make the payment to the correct bank account

The controls in place are:
- all invoices must be either matched to a receipted order or authorised by an appropriate manager with the required authority to do so.

- all payments in advance require the authorisation of the Director of Finance or nominated deputy
- the Trust's use of credit card policy includes a weekly review of transactions online by a senior member of the finance department and a separate review and sign off of the monthly transactions
- all new suppliers have their bank accounts independently verified and any changes to these details require further verification and checks

These controls are deemed adequate.

<u>Risk that the Trust pays for goods and services at a higher cost than contracted for</u>

If the Trust pays a supplier invoice that is higher than it was contracted to do then the Trust will incur a financial loss.

This can occur in a number of ways:

- the Trust receives an invoice for more goods than supplied or at a higher price than agreed

- the Trust receives an invoice for additional work that was not agreed

The controls in place are:

- all invoices must be either matched to a receipted order or authorised by an appropriate manager with the required authority to do so, a new order is required for an increased quantity and price variances require authorisation before an invoice can be paid

- all estates and other contracted work require variation orders before additional work can be paid for

These controls are deemed adequate.

<u>Risk that the Trust pays staff for work that is not done</u>

If the Trust pays a member of staff (permanent or temporary) for work that has not been carried out then the Trust will incur a financial loss.

This can occur in a number of ways:

- a person is set up on the payroll when they do not work for the Trust

- a person makes a claim for variable pay for work that has not been done

- a person makes a travel and subsistence claim that is fraudulent

The controls in place are:

- segregation of duties require the manager, HR and payroll to make varies checks before a person is set up on the payroll

- payroll receive notification of the termination of employment at the point the manager processes the e-form

- all pay budgets are required to be verified by budget managers each month

- periodic employee verification exercises are in place

- all variable pay claim forms and systems require independent authorisation before payment

- all agency invoices require independent authorisation before payment

- all travel and subsistence claims require independent verification

These controls are deemed adequate.

Risk that the Trust pays staff at a higher rate than approved

If the Trust pays a member of staff at a higher rate than has been approved then the Trust will incur a financial loss.

The Trust uses the national ESR system with national terms and conditions uploaded and maintained. Therefore the risk occurs either in staff not having the correct national terms and conditions applied to their pay or being paid the incorrect local term and condition.

This can occur in a number of ways:

- the incorrect national Terms and conditions are set up for a person when they join the Trust

- payroll are not advised of changes to a member of staff's terms and conditions

- a variable pay claim is submitted for a rate of pay outside of agreed local rates

- travel and subsistence claims are made outside of trust rates or without proper supporting evidence

The controls in place are:

- checks are made on all new starters within payroll

- all pay budgets are required to be verified by budget managers each month

- payroll are advised formally of all local rates of pay authorised by the Trust, no payments are made outside of these, all variations are authorised at Executive level

- the Trust operates standard travel and subsistence rules requiring authorisation and evidence

These controls are deemed adequate.

Risk that payments are made via cashiers that are fraudulent

If the cashier provides cash to staff or patients that are not rightly due then the Trust will incur a financial loss.

The cashier function provides petty cash reimbursements to staff, petty cash float top ups and health care travel costs to patients. Therefore this risk can occur in a number of ways:

- a petty cash reimbursement is requested for a cost that has not been properly incurred on behalf of the Trust

- the fraudulent use of petty cash floats within the Trust

- a member of the public makes a claim for travel costs when they are not eligible to do so

The controls in place are:

- through the petty cash process requiring receipts and independent authorisation before a payment is made

- through the petty cash imprest process requiring independent checks and reconciliations each month

- the health care travel support cost process has an independent checking process before a payment is made

These controls are deemed adequate.

Risk that all cash received by the Trust is not banked

If there are inadequate controls on the cash received by the Trust before being banked then the Trust could incur a financial loss.

The Trust receives cash through catering outlets, car park machines, vending machines and charitable donations. All cash is received into the cashiers function before being banked. Therefore this risk can occur in a number of ways:

- staff handling the cash in the line of their business could be careless with or steal cash

- staff responsible for collecting cash and delivering it to the cashiers function could be careless or steal cash

- cashier staff responsible for counting and banking the cash could be careless or steal the cash

- other individuals (staff or members of the public) could steal cash if it is not properly secured

The controls in place are:

- segregation of duties

- requiring two members of staff to count and register cash

- reconciliations and independent verifications

- Trust cash management process

These controls are deemed adequate.

Risk that all income due to the Trust is not received

If there are inadequate processes to invoice for income due to the Trust then the Trust could incur a financial loss.

Trading services have income targets and are responsible for raising invoices for the goods and services they provide. The invoices are vetted by finance before being sent out to ensure they have the required information to support payment. The risk occurs when goods or services are provided without an invoice being raised. Areas deemed to be at risk of this are:

- invoicing for private patients

- invoicing for overseas visitor income

These are risks held by the non NHS income manager which are outside of finance.

Risk that adhoc payments made by the Trust are incorrect or fraudulent

If there are inadequate processes in place before making adhoc payments then the Trust could incur a financial loss.

Adhoc payments made by the Trust are defined as those for which an invoice is not received. All such payments require senior finance approval. The majority of payments originate through the finance department, e.g. loan repayments, bank charges, pdc etc and will have a number of different notifications with segregation of duties and checks to ensure the correct payment. Transactions outside of this that carry a risk of financial loss are:

- reimbursement of loss, ex-gratia and other compensation payments

The controls in place are:

- all such claims require an application with approval from a senior Divisional Board member or corporate service manager before being reviewed and authorised by the Deputy director of Finance.

These controls are deemed adequate.

Consideration of the integration with Weston

The departmental financial controls are in place for the merged organisation. Now that the financial ledgers are integrated (from July 2020) the transactional controls (paying staff, suppliers and other invoices/adhoc payments) are aligned. The cash management processes i.e. making fraudulent

payments via the cashier function and not banking all cash received by the Trust need further work to fully align to give the levels of assurance required.

Therefore the controls in these two areas require within the Weston site are currently deemed inadequate requiring actions. These actions are:

- to complete the finance consultation process by 1st November 2020 to align the management of the Weston cashier function with the Bristol to facilitate aligned processes and controls
- to align the Weston division petty cash processes and controls within those on the Bristol site, communicating, training and supporting staff with responsibility for petty cash
- to undertake a review of cash collection and banking on the Weston site, ensuring the processes and reconciliations are aligned with the Bristol site.

Assurance should be taken from the fact that there have been no issues raised in these areas by internal audit. Therefore whilst these actions are required, it is not considered that there is a significantly increased risk whilst they are completed.

Appendix C - Analysis of Whole Time Equivalents (WTEs)

WTE by Staff Group and Type

Staff Group	Staff Type	M01 WTE	M02 WTE	M03 WTE	M04 WTE	M05 WTE	M06 WTE	M07 WTE
Admin & Clerical	Substantive	2,199	2,205	2,206	2,202	2,218	2,217	2,224
	Bank/ Locum	71	52	56	67	66	69	71
	Agency	2	2	0	-	-	-	1
Admin & Clerical	**Total**	**2,272**	**2,259**	**2,262**	**2,269**	**2,284**	**2,286**	**2,297**
Healthcare Assistants	Substantive	845	846	843	844	842	847	806
	Bank/ Locum	48	47	51	60	58	60	90
	Agency	5	5	5	5	5	5	10
Healthcare Assistants	**Total**	**898**	**898**	**899**	**910**	**906**	**913**	**906**
Medical & Dental	Substantive	663	664	661	671	674	676	657
	Bank/ Locum	-	-	-	-	-	-	22
	Agency	1	1	1	2	2	2	13
Medical & Dental	**Total**	**664**	**665**	**663**	**673**	**676**	**677**	**693**
Nursing & Midwifery	Substantive	3,829	3,893	4,026	4,022	3,908	3,903	3,908
	Bank/ Locum	306	308	316	334	328	383	415
	Agency	55	17	63	78	104	142	158
Nursing & Midwifery	**Total**	**4,190**	**4,218**	**4,405**	**4,435**	**4,340**	**4,429**	**4,480**
Other Clinical	Substantive	1,617	1,623	1,618	1,638	1,628	1,637	1,638
	Bank/ Locum	35	24	24	34	30	32	30
	Agency	7	4	5	5	4	3	7
Other Clinical	**Total**	**1,658**	**1,652**	**1,647**	**1,677**	**1,662**	**1,672**	**1,674**
All Groups	**Total**	**9,683**	**9,691**	**9,876**	**9,963**	**9,868**	**9,977**	**10,050**

Note from month 7 Weston Division have started including wte for 'bank/ locum' staff charged via Liaison.
This is shown as 22wte for Medical and Dental and 32.68wte for Healthcare Assistants.
Previously these staff costs were included but no associated wte were reported.

Appendix C - Analysis of pay expenditure

Expenditure by Staff Group and Type									
		M01	M02	M03	M04	M05	M06	M07	YTD TOTAL
Summary Staff Group	staff type	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Admin & Clerical & Estates	Substantive	(6,436)	(6,574)	(6,548)	(6,523)	(6,588)	(6,543)	(6,640)	(45,853)
	Of which:								
	Additional Hours	(2)	(0)	(0)	(0)	(1)	(1)	(3)	(8)
	Enhancements	(41)	(56)	(60)	(51)	(54)	(56)	(52)	(370)
	Overtime	(152)	(159)	(147)	(119)	(168)	(131)	(174)	(1,050)
	Oncall	(14)	(15)	(14)	(19)	(22)	(21)	(27)	(130)
	Incentive Payments	(18)	(19)	(18)	(18)	(18)	(19)	(19)	(130)
	Bank	(182)	(133)	(175)	(173)	(174)	(184)	(223)	(1,244)
	Agency	(95)	(112)	(104)	(91)	(49)	(26)	3	(473)
Admin & Clerical & Estates Total		**(6,713)**	**(6,819)**	**(6,827)**	**(6,787)**	**(6,811)**	**(6,753)**	**(6,860)**	**(47,571)**
Healthcare Assistants	Substantive	(2,090)	(2,062)	(2,077)	(1,998)	(2,009)	(2,059)	(1,960)	(14,256)
	Of which:								
	Additional Hours	(1)	0	0	(1)	0	(0)	(0)	(2)
	Enhancements	(192)	(212)	(227)	(212)	(218)	(260)	(210)	(1,530)
	Overtime	(225)	(176)	(189)	(260)	(309)	(288)	(263)	(1,711)
	Oncall	(0)	(1)	(1)	(1)	(1)	(1)	(1)	(5)
	Incentive Payments	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(14)
	Bank	(125)	(95)	(156)	(149)	(171)	(161)	(168)	(1,026)
	Agency	(50)	(77)	(54)	(34)	(10)	(5)	(20)	(250)
Healthcare Assistants Total		**(2,265)**	**(2,234)**	**(2,288)**	**(2,182)**	**(2,190)**	**(2,224)**	**(2,148)**	**(15,531)**
Medical & Dental	Substantive	(13,757)	(14,365)	(14,175)	(12,763)	(13,502)	(15,299)	(14,359)	(98,221)
	Of which:								
	Additional Hours	(423)	(496)	(428)	(389)	(672)	(330)	(464)	(3,202)
	Enhancements	(126)	(176)	(168)	(208)	(194)	(189)	(183)	(1,245)
	Oncall	(150)	(152)	(146)	(167)	(172)	(211)	(179)	(1,178)
	Incentive Payments	(1)	(1)	(1)	(3)	(1)	(1)	(5)	(15)
	Bank/ Locum	(273)	(299)	(416)	(421)	(384)	(525)	(385)	(2,704)
	Agency	(491)	(331)	(472)	(355)	(526)	(457)	(526)	(3,158)
Medical & Dental Consultants Total		**(14,521)**	**(14,995)**	**(15,063)**	**(13,539)**	**(14,412)**	**(16,282)**	**(15,270)**	**(104,083)**
Nurses And Midwives	Substantive	(12,829)	(13,418)	(13,788)	(13,428)	(13,139)	(13,215)	(13,658)	(93,476)
	Of which:								
	Additional Hours	(8)	(2)	(2)	(8)	(3)	(4)	(11)	(37)
	Enhancements	(912)	(1,077)	(1,223)	(1,108)	(1,184)	(1,254)	(1,105)	(7,862)
	Overtime	(997)	(263)	(719)	(747)	(937)	(795)	(885)	(5,342)
	Oncall	(27)	(31)	(25)	(41)	(42)	(47)	(50)	(263)
	Incentive Payments	0	0	0	(5)	(1)	(3)	(2)	(10)
	Bank	(1,845)	(1,115)	(1,592)	(1,561)	(1,607)	(1,420)	(1,701)	(10,841)
	Agency	(690)	(446)	(535)	(818)	(999)	(1,167)	(1,199)	(5,854)
Nurses And Midwives Total		**(15,364)**	**(14,980)**	**(15,914)**	**(15,807)**	**(15,745)**	**(15,802)**	**(16,559)**	**(110,170)**
Other Clinical Staff	Substantive	(5,907)	(6,081)	(5,979)	(6,204)	(5,870)	(5,807)	(6,095)	(41,944)
	Of which:								
	Additional Hours	(7)	(0)	0	(3)	0	(3)	(6)	(19)
	Enhancements	(56)	(92)	(114)	(71)	(70)	(84)	(60)	(546)
	Overtime	(144)	3	(73)	(78)	(89)	(101)	(98)	(578)
	Oncall	(37)	(53)	(65)	(54)	(64)	(71)	(65)	(409)
	Incentive Payments	0	0	0	(0)	(0)	(0)	(0)	(2)
	Bank	(139)	29	(77)	(97)	(94)	(93)	(95)	(566)
	Agency	(99)	(90)	(131)	(98)	(78)	(111)	(137)	(745)
Other Clinical Staff Total		**(6,144)**	**(6,142)**	**(6,187)**	**(6,400)**	**(6,042)**	**(6,012)**	**(6,327)**	**(43,254)**
Less pay recharge		284	268	275	242	271	311	303	1,952
Other* Total		**(180)**	**(292)**	**(186)**	**(182)**	**(182)**	**(178)**	**(185)**	**(1,384)**
Trust Total Pay		**(44,905)**	**(45,195)**	**(46,191)**	**(44,654)**	**(45,111)**	**(46,940)**	**(47,046)**	**(320,042)**
*Apprentice Levy Payments									

Meeting of the Board of Directors in Public on Friday 27th November 2020

Report Title	Seasonal Influenza Vaccination Programme: Progress Update
Report Author	Claire Haley, Workplace Wellbeing Lead
Executive Lead	Matt Joint, Director of People

1. Report Summary
This paper assures the Board of Directors that there has been effective progress with the Trust Seasonal Influenza Vaccination Programme for colleagues in line with guidance issued by NHS England and NHS Improvement. This paper also provides the governance required to satisfy that Boards have been engaged and are leading the compliance requirements as set out by The Department of Health and Social Care and Public Health England.
2. Key points to note *(Including decisions taken)*
This paper ensures that the Trust can demonstrate that it has undertaken the best practice self-assessment for public assurance by December 2020.
3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
- This report is for **Assurance.**   The Board of Directors are asked to: - Note current compliance against the self-assessment tool by: - Receiving actions to achieve full compliance   - Receiving an evaluation of the flu vaccination programme 2020/21
5. History of the paper   **Please include details of where paper has previously been received.**

Seasonal Influenza Vaccination Programme: Progress Update

1.0   Introduction

The Department of Health and Social Care, and Public Health England issued a letter in August 2020 requesting NHS providers to complete a self-assessment against a best practice checklist. This is to be published in public board papers by December 2020.

This report provides the board with the outcomes of this self-assessment and provides assurance that the Trust meets the requirements as set out by The Department of Health and Social Care and Public Health England.

The Trust is making great progress with the logistical challenges of providing this year's seasonal flu vaccination programme resulting in the Trust being fully compliant with the checklist (Appendix A) and demonstrates the Trust is on track to achieve full regulatory compliance.

The Trust peer influenza vaccination programme commenced on 28th September 2020 and will conclude on 28th February 2021. It is co-ordinated by the Organisational Development team with strategic leadership from the Workplace Wellbeing Lead. It is supported by 400 peer vaccinators across the organisation.

Governance of flu programme delivery comprises:
- Public Health England
- Clinical Commissioning Group
- National Immunisation and Vaccination System

2.0   Current position

Last year the Trust achieved a frontline healthcare worker uptake rate of 84.1%. This year's national CQUIN target is to achieve 90% vaccination uptake of frontline healthcare workers. At this point in time, the Trust has achieved 68% uptake of frontline healthcare workers and 52% overall - frontline and non-frontline workers. This is a higher ratio than was expected at this stage of the programme.

3.0   Next Steps

The Board of Directors are asked to:

- Note current compliance against the self-assessment tool by:
    - Receiving actions to achieve full compliance
    - Receiving an evaluation of the flu programme 2020/21 at its March meeting.

The Trust Board is requested to note the contents of this report, and to seek additional assurance or information as required.

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Appendix A: Seasonal Influenza Programme: Implementation Plan 2020-2021

The Trust takes a multicomponent approach to increasing uptake of flu vaccination among front-line and non-patient facing colleagues. The series of objectives (A to D) and Trust self-assessment denotes Public Health England requirements and will be reviewed throughout the season by the strategic and operational leads and implementation group.

A	Committed leadership	Trust Self-Assessment		Additional Actions	Lead	Timeline	RAG
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Ambition to be recorded at Trust Board in November 2020	1	Identify 'higher risk environments' with Chief Nurse/HoN colleagues	Chief Nurse	Aug 20	🟩
			2	Create a league table to demonstrate uptake within 'higher risk environments'	Flu team	Oct 20 – Feb 21	🟦
			3	Board assurance paper for inclusion at 27th November board meeting	Lead	Nov 20	🟩
			4	Data from consent form to be logged daily	Flu team	Oct 20 – Feb 21	🟦
			5	Declination process to be implemented by Divisional service leads throughout season	Flu team		🟦
			6	Uptake logged daily /weekly to NIVs & CCG Attendance at CCG System Flu Group	Lead/ Flu team		🟦
			7	Uptake logged monthly to CQUIN group	Lead		🟩
			8	Uptake logged monthly to Immform	Flu team		🟦
			9	Uptake logged quarterly to People Com' & SLT	Lead		🟦
			10	Partake in SW PHE telecoms and visit campaign resource centre for updates	Flu team		🟦
			11	Evaluation paper for inclusion at 31st March board meeting	Lead	March 2021	🟦

A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Ordered 9,000 + 200 doses (Bristol) & 2,150 (Weston) Bristol 1: 2,250 delivered 15/09/20 2: 1,800 delivered 24/09/20 3: 2,250 delivered 29/09/20 4: 2,700 w/e 02/11/20 Weston 1: 540 w/e delivered 18/09/20 2: 430 w/e delivered 25/09/20 3: 540 w/e delivered 02/10/20 4. 640 w/e 02/11/20	12	Continue to liaise with supplier to confirm dates as planned and to respond to any pending delays, etc.	Pharmacy	Feb 2020 – Oct 2021	
			13	Dispatch vaccines and packs to vaccinators clinical areas and COVID testing stations (as required) as per agreed process per site	Pharmacy	Sept 20 – Feb 21	
			14	Occ Health: additional 200 doses of Flucelvax Tetra - suspension for injection in pre-filled syringe ordered- subject to revised PGD (delivered 01/10/20). Suitable for vegans and extreme egg allergy - 150 Weston supply for maternity cohort			
A3	Board receive an evaluation of the flu programme 2019/20, including data, success, challenges and lessons learnt	Report submitted following successful flu programme: 84.7%	15	Evaluation for the 2020-21 to be provided to the Board as stated in A1	Lead	March 2020	
A4	Agree on a board champion for flu campaign	Matt Joint Director of People	16	Support provided by strategic lead: Workplace Wellbeing Lead	Exec	Aug 20 – Feb 21	
A5	All board members receive flu vaccination and publicise this	Comm's publicise images of Board vaccinations in internal & external media	17	Dedicated flu comm's plan to reflect inclusive mix of board and non-board level engagement /promotional activity	Comm's	Oct – Nov 2020	
A6	Flu team formed with representatives from all directorates, staff groups and trade union rep's	Flu Implementation team in place to comprise core stakeholders from multi-disciplinary backgrounds	18	Strategy, Accountability, Implementation Plan to be agreed/executed by stakeholders	Imp' Group	July 20– March 21	
			19	Access to dedicated workspace available to all stakeholders to access information	Flu team	Aug 2020	
A7	Flu team to meet regularly from Sept 2020	See A6 – formed July 2020	20	See A6. Fortnightly meetings planned July	Lead	July – Feb	
			21	Acquire absence data for S13	HRIS	Monthly	

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B	Communication Plan	Trust Self-Assessment	Additional Actions	Lead	Timeline	RAG
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Myth busing activities feature within comm's plan Inclusive use of local broadcast media and social media to depict high-profile organisational leaders and staff representatives	Explore use of flu wallpaper (both sites)	Comm's	Aug 20	🟥
			Utilise PHE resources/materials available via flu campaign centre	Comm's	Aug 20 – Feb 21	🟦
			Agree design and distribution of PHE promotional materials in all team locations	Imp' Group	Aug 20	🟦
			Produce videos of staff promoting flu vaccine	Comm's	Sept 20	🟦
			Attach message to paper and e-Payslips	Flu team	Oct 20	🟩
B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Vaccination clinic calendar published on intranet	Explore options for hard copy calendar	Comm's & Flu team	Sept 20	🟦
			Create hyperlink (QR) to view calendar on any internet device Inc. vaccinator contact			🟦
B3	Board and senior managers having their vaccinations to be publicised	See A6. Photo of board having flu vaccination	Selfie frame to commissioned in PHE campaign format as option for promotion	Comm's	Oct 20	🟥
B4	Flu vaccination programme and access to vaccination on induction programmes	Vaccinations to be available onsite following fortnightly clinical induction (tbc)	Identify dates and times of inductions	Lead	Aug 20	🟥
			Calculate No of vaccines required to ensure adequate stock and resource packs in fridge	Pharmacy	Sept 20	🟦
B5	Programme to be publicised on screensavers posters and social media	See B1	Included in communications plan. IT to confirm options available	Comm's	Aug 20	🟦
B6	Weekly feedback on percentage uptake for directorates, teams and prof' groups	See A5	Provide uptake and declination figures to Exec Sponsor and strategic lead	Flu team	Oct 20 – Feb 21	🟦

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C	Flexible Accessibility	Trust Self-Assessment	Additional Actions	Lead	Timeline	RAG
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	180 previous peer vaccinators encouraged to refresh training as agreed with service lead, to deliver planned and impromptu vaccines as required on "shop floor". Departmental leads responsible for driving vaccine uptake in their areas/Division	Create PGD and update(and publicise) eLearning as appropriate – on Kalidus & ESR National Flu Programme Training Slide set	Pharmacy , Chief Nurse, OH	Aug 20	🟩
			Undertake recruitment exercise to increase peer vaccinator list (400 trained vaccinators as at 10/11/20. Training available until mid-February	Flu team & Div' Flu Leads	Aug 20	🟩
			Seek support of wellbeing advocates and Trust Volunteers to promote vaccinator role and awareness of clinic offer	Lead	Sept 20	🟩
			Maintain engagement with vaccinators to provide feedback, successes and to drive motivation to achieve targets %	Flu team	Sept 20 – Feb 21	🟦
			Acknowledge vaccinators and managers via Newsbeat and individual thank you's	Comm's Flu team		🟦
C2	Schedule for easy access drop in clinics agreed	See B2	Develop and publicise support available to colleagues with needle phobia within Occupational Health as per comm's plan	OcH & Comm's	Sept 20 – Feb 21	🟩
C3	Schedule for 24 hour mobile vaccinations to be agreed	See B2	Availability and register of "roaming" vaccinators to be formed – to visit clinical areas as required/opportunistically	Flu team	Sept 20 - Feb 21	🟨
			Log No of vaccines delivered out of hours	Flu team		🟥

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D	Incentives	Trust Self-Assessment	Additional Actions	Lead	Timeline	RAG
D1	Board to agree on incentives and how to publicise this	COSTA sponsorship provides free hot drink via voucher to Bristol based colleagues who receive a flu vaccination in or outside of the Trust Rafters to supply drinks to Weston based colleagues – at cost	Liaise with Medirest (via Facilities General manager) re quantity, design and redemption of COSTA and Rafters vouchers	Lead	July 2020	■ (Green)
			Implementation Group to consider incentives/thank you' s to vaccinators and teams/Divisions with high tbc% compliance	Imp' Group	Sept 2020	■ (Blue)
D2	Success to be celebrated weekly	Compliance data publicised per Division, Trust-wide in week 2 and weekly thereafter via Jab-o-Metre on intranet	Create jab-o-metre template and secure position on intranet home page	Comm's & Flu Lead	Oct 20 - Feb 21	■ (Green)

RAG Key:

On Plan	Blue
Complete	Green
Risks slippage	Amber
Barriers: not achieved	Red

References

- Annual PHE flu letter to CEO
- 2nd Flu Letter 2020-21 Season
- Letter to frontline workers 16/09/20
- Public Health England - ImmForm Guidance
- CQUIN Guidance (CCG5)
- Flu vaccination: increasing uptake: Quality standard [QS190]
- Immunisation against infectious disease (known as 'The Green Book')
- National Flu Programme Training Slide set

Updated: 10/11/20

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University Hospitals Bristol
NHS Foundation Trust

Meeting of the Board of Directors in Public on 27 November 2020

Report Title	Review of Board Committees Terms of Reference
Report Author	Mark Pender, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
As part of its own self review the Board Committees consider their own terms of reference on a regular basis to ensure they remain fit for purpose, and cover the correct remit for the Committee.   The Audit Committee, Quality and Outcomes Committee and People Committee have recently reviewed their term of reference and these are now presented to the Board of Directors for approval (see appendices 1 to 3).

2. Key points to note   *(Including decisions taken)*
- A stakeholder analysis has now been included in terms of reference of the Quality and Outcomes Committee and People Committee to bring them into line with the other Board committees. This provides accurate understanding of the committee's stakeholder community and their associated requirements, especially in respect of any deliverables that are required.   - In addition, the terms of reference have been reviewed and updated to reflect changes in title of documents, committees and post holders.   - The committees considered whether any further changes were required to the terms of reference to reflect issues arising from the recent merger and the Covid-19 pandemic, but it was felt that this was not necessary.

3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: Risks to the robust governance of the Trust and the Committee's capacity to effectively support the Board in its governance function.

4. Advice and Recommendations   *(Support and Board/Committee decisions requested)***:**
This report is for **APPROVAL.** The Board is asked to consider and if appropriate approve the proposed revised terms of reference of the following Board committees: - Audit Committee (appendix 1)   - People Committee (appendix 2)   - Quality and Outcomes Committee (appendix 3)

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

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Terms of Reference – Audit Committee

Document Data	
Corporate Entity	Audit Committee
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	~~Trust Secretary~~Director of Corporate Governance
Document Owner	~~Trust Secretary~~ Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	~~June 2020~~Octpber 2021

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
16/02/2011	1	Trust Secretary	Draft	Draft for consideration by the members of the Audit and Assurance Committee
08/03/2011	2	Trust Secretary	Draft	Draft for consideration by the Audit and Assurance Committee
04/05/2011	3	Trust Secretary	Draft	Draft for consideration by the Audit Committee on 09 May 2011
09/05/2011	4	Trust Secretary	Draft	Revisions by Audit Committee
26/05/2011	5	Trust Secretary	Draft	For Approval by Trust Board of Directors
26/05/2011	6	Trust Secretary	Approved version	Approved by the Trust Board of Directors
01/09/2015	7	Trust Secretary	Major	Revised terms of reference for consideration by the Audit Committee 9th September 2015
05/10/2016	8	Trust Secretary	Minor	Revised terms of reference for consideration by the Audit Committee 18 October 2016.
10/10/2017	9	Deputy Trust Secretary	Moderate	Revisions to a) Clarify existing practice, b) Ensure terms of reference reflect ICSA guidance/best practice. c) Reflect input from the Internal and External Auditors, d) Reflect input from the Chair [and the members] of the Committee e) Include minor grammatical corrections.
28/11/2018	10	Trust Secretary and AC Chair	Moderate	Inclusion of Context Section & Stakeholder Analysis. Re-organisation of Section on Duties Clarification re key deliverables
27/10/20	11	Head of Corporate governance	Minor	Reviewed post-merger and titles updated.

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Contents

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1. Constitution of the Committee

1.1. The Audit Committee (AC) is a statutory Committee established by the Board of Directors to monitor, review and report to the Board on the suitability and efficacy of the Trust's provisions for Governance, Assurance and Risk Management.

2. Context

Stakeholder Community

2.1 The Audit Committee's primary responsibility is to the Board of Directors, as detailed above. However, in order to discharge these responsibilities appropriately the AC must work in close partnership with a number of internal and external Stakeholders. These Stakeholders influence the work of the AC by:

- establishing external benchmark standards and requirements

- providing insights on current and emerging risks

- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

2.2 The Stakeholders of the Audit Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors
- Accounting Officer (CEO of the Trust)
- Director of Finance and Information

Internal (peer)

- People Committee
- Quality and Outcomes Committee
- Finance & Digital Committee

Internal (reporting to AC)

- Internal Audit (sub-contracted)
- Local Counter Fraud Specialist (sub-contracted)
- Local Security Management Specialist
- Clinical Audit
- Freedom to Speak Up Guardian

External

- External Audit
- National Audit Office
- HM Treasury
- Freedom to Speak Up National Guardian
- NHS Counter Fraud Authority

Stakeholder Analysis

2.3 The Terms of Reference and the responsibilities of the AC are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required, either from or by the AC.

2.4 The following table provides an analysis of the requirements and dependencies associated with the AC's Stakeholder Community.

2.5 **Requirements from AC** - Explains what the Audit Committee is required to do based on the requirements of the stakeholder.

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2.6 **Inputs into AC** - Explains what needs to be provided into the Audit Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
	Requirements from AC		**Inputs to AC**		**Section Reference**
Stakeholder	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	Feedback on emerging risks	AC Chair Report (after each meeting) AC Annual Report Feedback on the risk management process and specifically the risks held within the BAF and Trust Risk registers Feedback on the overall Annual Report, including the Quality Report	Identification of emerging risks Recommendations for Internal Audit Approve Terms of Reference	Quality Report	7.3 7.10 7.11 8.8 8.11
Council of Governors	Updates at Governors Constitution Focus Group	Recommendation to appoint, re-appoint or remove the external auditor Performance evaluation of the External Auditors Audit Committee draft Terms of Reference for consultation	None	Authorisation to appoint agreed external auditor	7.5 7.12
Accounting Officer	None	Submission for Annual Governance Statement	None	Draft Annual Report (for AC review) Identification and status of Trust Hosted Services (annually)	7.3
Director of Finance and Information	None	None	Identification of emerging risks (Finance, IT) Recommendations for Internal Audit	Accounting Policies Draft Annual Accounts Inputs to Annual Report including FD Report, Accounting Policies, TACs Summarisation Schedules, Single Estimates) Losses and Special payments report (each mtg) Single Tender	7.7

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Internal Stakeholder Community					
				Report (each mtg)	
People Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Quality and Outcomes Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Finance & Digital Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Internal Audit (sub-contracted)	Requirements for Internal Audit (including Freedom to Speak Up issues) Feedback on Reporting	None	None	Internal Audit Plan (annual) Internal Audit Reports (each mtg) Progress Report (each mtg) Head of Internal Audit Opinion (for reference in the Annual Governance Statement – part of the Annual Report)	7.4
Local Counter Fraud Specialist (sub-contracted)	None	None	None	Annual Plan Annual Report Progress report (each mtg)	7.8
Local Security Management Specialist	None	None	None	Progress report (each mtg)	7.8
Clinical Audit (more regular reports via QOC)	None	None	None	Annual Clinical Audit Report	7.6
Freedom to Speak Up Guardian	None	None	None	Annual Report	7.9

External Stakeholder Community					
Stakeholder	**Requirements from AC**		**Inputs to AC**		**Section Reference**
	General	Deliverables	General	Deliverables	
External Audit	Guidance on possible scope of annual audit Informal communication on external audit activities (Without Executives present)			Audit Report (ISA 260 Report) Trust Accounts Consolidation Schedules Management Letter of Representation, Quality Report Management representation letter Assurance Report on the Trusts Quality Report Report to the Council of	7.5

External Stakeholder Community					
				Governors on Trusts Quality Report (annually)	
NHSI	None	Escalation in those instances where the services of the External Auditor are terminated in disputed circumstances. Escalation where exceptional, serious and improper activities have been revealed by the Committee, if insufficient action has been taken by the Board of Directors after being informed of the situation.	None	NHS Code of Governance	7.13 7.14
National Audit Office	None	None	None	Code of Audit Practice	7.1
HM Treasury	None	None	None	Audit and risk assurance committee handbook	7.1
Freedom to Speak Up National Guardian	None	None	None	Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts	7.9
NHS Counter Fraud Authority	None	None	None	Counter Fraud Standards for NHS Providers	7.8

3. Responsibilities

3.1 As stated above, the purpose of the Audit Committee is to ensure the suitability and efficacy of the Trust's provisions for Governance, Assurance and Risk Management. The activities of the AC are therefore focused on the Policies and Processes of the Trust:

- Definition
- Implementation
- Outcomes

and especially on the approach to Enterprise Risk Management, that is the identification and management of Operational and Strategic Risks which might impact on the Trust's principle objectives.

3.2 The **primary responsibilities** of the Audit Committee are therefore to:

1. Review and seek assurance of the Trust's approach to Risk Management and internal control

2. Monitor and review the effectiveness of the internal audit function,

3. Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process

4. Seek assurance about Clinical Audit activity

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3.3 In addition, the AC has specific responsibilities which it undertakes on behalf of the Board with respect to:

5. Integrity of Financial Reporting

6. Activities to Identify and Counteract Fraud

7. Ensuring the effectiveness of the Freedom to Speak Up~~Out~~ Policy

3.4 Finally, the AC must:

8. Communicate and report effectively to all its Stakeholders

3.5 Each of these responsibilities is covered in more detail in section 7. The performance of the Audit Committee is most clearly evidenced by the degree of Stakeholder Satisfaction.

4. Authority

4.1 The Committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires from any officer of the Trust and to call any employee to be questioned at a meeting of the Committee as and when required.

4.2 This will include, but is not limited to:

- Evaluating the integrity of the financial statements of the Trust, any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them

- Independently and objectively monitor, review and report to the Board on the adequacy of the policies and processes for governance, assurance, and risk management

- Facilitate the effective implementation of an internal and external audit plan, and so the development, maintenance and implementation of Trust Policies and Processes

- Obtain whatever professional advice it requires (as advised by the Trust Secretary);

4.3 Since the Audit Committee is a Non-executive Committee of the Board of Directors it has no executive powers, other than those specifically delegated in these Terms of Reference.

5. Membership and attendance

5.1 Members of the Committee shall be appointed by the Board of Directors and shall number at least three.

5.2 All members of the Committee shall be independent Non-executive Directors.

5.3 The Committee should identify and agree with the Board of Directors the skills required for Committee effectiveness. These skills will include governance, assurance and risk.

5.4 At least one member of the Committee should have recent and relevant financial experience sufficient to allow them to competently analyse the financial statements and understand good financial management disciplines.

5.5 The Chairs of the People, Finance & Digital and the Quality and Outcomes Committees will usually be members unless this does not meet the skills and experience requirements of the Committee.

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5.6 Where the Chairs of the other Board Committees are not members (see above), then they will be invited to attend the meetings.

5.7 The Chair of the Board of Directors shall not be a member of the Committee and should limit his/her attendance to one meeting per annum to support the evaluation of the effectiveness of the Committee.

5.8 Only members of the Committee have the right to attend Committee meetings. However non-committee members may be invited to attend and assist the committee from time to time.

5.9 Members may nominate a deputy to attend where they are unavailable. The deputy must be agreed with the Chair of the Committee and must be an Independent Non-Executive Director of the Trust.

5.10 In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5.11 External Audit and Internal Audit representatives shall be invited to attend all meetings of the AC. At least once a year the Committee should meet privately with the External and Internal Auditors.

5.12 The Director of Finance & Information shall normally attend meetings.

5.13 The Chief Executive and other Executive Directors should be invited to attend as appropriate. The Chief Executive (or his/her nominated deputy) shall be required to attend the review of the Annual Governance Statement.

5.14 The Committee Secretary shall be the ~~Trust Secretary~~ Director of Corporate Governance or his/her nominated deputy. The Director of Corporate Governance ~~Trust Secretary~~ or his/her nominated deputy shall attend all meetings of the Committee.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be three members, all of whom must be independent Non-Executive Directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7. Duties

7.1 The Committee shall undertake the duties detailed in the HM Treasury's Audit and Risk Assurance Committee Handbook, with reference to the NHSI Code of Governance and with regard to the National Audit Office Code of Audit Practice, see references in section 9. In addition the HFMA's NHS Audit Committee Handbook maybe taken into consideration to determine the governance of the Committee.

7.2 The following sections provide more detail of the specific duties, associated with the responsibilities of the Committee as outlined in section 3.

Review and seek assurance of the Trust's approach to Risk Management and internal control

7.3 The Committee shall

7.3.1 Review the establishment and maintenance of an effective system of integrated governance, assurance and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of both the organisation's Strategic and Operational Objectives; this includes a review of the Board Assurance Framework, Strategic and Operating Plans and the associated Trust Risk Registers.

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7.3.2 Review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements;

7.3.3 Work with Internal and External Audit leadership teams to establish the level of compliance with External Legal and Regulatory Requirements and Trust Policies and Processes and to identify any associated risks.

7.3.4 Review any Governance, Assurance and Risk related disclosure statements, in particular the Annual Report, including the Quality Report and annual statements made by the Internal and External Auditors to ensure that any risks or gaps in controls are identified and appropriate actions are taken;

7.3.5 Review the findings of other significant assurance functions, both internal and external to the Trust and consider the implications to the governance of the Trust. These will include, but not be limited to, any reviews undertaken by the Department of Health Arms-Length Bodies, Regulators, other Trust Committees as well as professional bodies with responsibility for the performance of staff or functions.

7.3.6 Review the scope and status of services hosted by our Trust on an annual basis to identify whether there are any emerging risks which might impact on the Trust's reputation

7.3.7 Review the work of other Committees within the organisation, whose work can help identify current and emerging risks and provide relevant assurance to the Audit Committee's own scope of work

7.3.8 Review the work of the Estates Leadership Team with respect to ensuring Regulatory and Legal Compliance, especially with respect to Emergency preparedness, Business Continuity and Safety (called up in ABC)

7.3.9 Receive regular reports from the Chair of the Risk Management Group (included in ABC)

Monitor and review the effectiveness of the internal audit function

7.4   The Committee shall:

7.4.1 Ensure that there is an effective Internal Audit function that provides appropriate independent assurance to the Committee, Chief Executive and Board of Directors;

7.4.2 Consider and approve the Internal Audit strategy and annual plan and ensure it has adequate resources and access to information, including the Board Assurance Framework, and ensure coordination between Auditors to optimise use of audit resource;

7.4.3 Ensure the function has adequate standing and is free from management or other restrictions;

7.4.4 Review promptly all reports on the Trust from the Internal Auditors including the Executive Management's responsiveness to the findings and recommendations of reports

7.4.5 Ensure the People, Quality and Outcomes and Finance & Digital Committees have full visibility of Audit reports that might impact on their work

7.4.6 Meet the Head of Internal Audit at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out. The Head of Internal Audit shall be given the right of direct access to the Chair of the Committee, Chief Executive, Board of Directors and to the Committee;

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7.4.7 Conduct a review of the effectiveness of Internal Audit services once every year

Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process

7.5   The Committee shall:

7.5.1 Consider and make recommendations to the Council of Governors, in relation to the appointment, re-appointment and removal of the Trust's External Auditor;

7.5.2 Work with the Council of Governors to manage the selection process for new auditors and, if an auditor resigns, the Committee shall investigate the issues leading to this, and make any associated recommendations to the Council of Governors;

7.5.3 Receive assurance of External Auditor compliance with the Audit Code for NHS Foundation Trusts;

7.5.4 Approve the External Auditor's remuneration and terms of engagement including fees for audit or non-audit services and the appropriateness of fees, to enable an adequate audit to be conducted;

7.5.5 Agree and review the policy regarding the supply of non-audit services by the External Auditor and monitor that service, taking into account relevant ethical guidance;

7.5.6 Review and monitor the External Auditors' independence and objectivity and the effectiveness of the audit process annually. In particular, the Committee will review the work and findings of the External Auditors and consider the implications and management's responses to their work;

7.5.7 Meet the external auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit;

7.5.8 Discuss and agree with the External Auditors, before the audit commences, the nature and scope of the audit, as set out in the annual plan;

7.5.9 Discuss with the External Auditors their evaluation of audit risks and assessment of the Trust, and

7.5.10 Review all External Audit reports, including the report to those charged with governance (before its submission to the Board of Directors) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;

Seek assurance about Clinical Audit activity

7.6   The Committee shall:

7.6.1 The Committee shall work with the Chair of the Quality and Outcomes Committee to review issues around clinical risk management and ensure that the Clinical Audit function is positioned to effectively identify and facilitate the mitigation of clinical risks

7.6.2 The Committee will receive the Clinical Audit Annual Plan and Annual Report and receive regular updates on progress made by clinical audit throughout the year.

Integrity of Financial Reporting

7.7   The Committee shall:

7.7.1 Ensure the integrity of the annual report, summary financial statements, and all other significant financial statements submitted by the Trust to external stakeholders. In reaching a view on the accounts, the Committee should consider:

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- key accounting policies and disclosures

- assurances about the financial systems which provide the figures for the accounts

- the quality of the control arrangements over the preparation of the accounts

- key judgements made in preparing the accounts

- any disputes arising between those preparing the accounts and the auditors

7.7.2 Review these Financial Statements to identify significant issues and judgements and ensure actions are implemented as appropriate

7.7.3 Review the consistency of, and changes to, accounting policies both on a year on year basis and across the Trust and its subsidiary undertakings;

7.7.4 Review whether the Trust has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditor; and

7.7.5 Review at each meeting, reports detailing:

- Losses and special payments

- Single Tender Actions (i.e. procurement without competition)

Activities to Identify and Counteract Fraud

7.8   The Committee shall:

7.8.1 Ensure that there is an effective Counter Fraud function that that meet the required NHS Counter Fraud Authority standards

7.8.2 Consider and approve the Counter Fraud strategy and annual plan and ensure it has adequate resources and access to information to undertake its activities

7.8.3 Undertake regular reviews of the work undertaken to counter fraud and to establish effective security arrangements of the Trust's assets

7.8.3 Undertake an Annual Review of the Board's Register of Interests (called up in ABC)

7.8.4 Undertake an Annual Review of the Trust Wide Register of Interests, Gifts and Hospitality

7.8.5 Conduct a review of the effectiveness of Counter Fraud services every year

Ensuring the effectiveness of the Freedom to Speak Up Policy

7.9.1 The Committee shall monitor and receive assurance on compliance with the Trust's ~~Speaking Out~~ Freedom to Speak Up Policy and ensure that the policy allows for proportionate and independent investigation of such matters and appropriate follow-up action. This will be achieved by the Committee receiving an Internal Audit review of the Trust's arrangement for staff to raise issues on an annual basis.

Reporting to Board and other Stakeholders

7.10 The Committee Chair shall prepare and submit a written report after each Audit Committee for review and discussion at the proceeding Board of Directors meeting to:

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- Provide assurance that an appropriate system of governance is in place
- Identify any emerging Risks associated with the Trust's System of Governance and its approach to Assurance and Enterprise Risk Management
- Inform the Board of any key decisions that have been taken or actions that have been placed

7.11 In addition, the Committee, having considered its effectiveness, will produce an Annual Report which will be developed in accordance with the Trust's requirements and will include:

- Details of how the committee is discharging its responsibilities.
- Reference to any non-audit services provided by the external auditors, and if so, how auditor objectivity and independence is safeguarded;
- Details of the full auditor appointment / contract termination processes (including the position of the Council of Governors with regard to the decisions taken) and the Committee's reasons for any decisions taken
- The signature of the Chair of the Audit Committee.

Reporting to Other Stakeholders

7.12 The Committee shall make necessary recommendations to the Council of Governors on areas relating to the appointment, re-appointment and removal of External Auditors, the level of remuneration and terms of engagement

The Chair of the Committee shall write to the Independent Regulator of NHS Foundation Trusts (NHS Improvement) in those instances where the services of the External Auditor are terminated in disputed circumstances.

Where exceptional, serious and improper activities have been revealed by the Committee, the Chair of the Committee shall write to NHS Improvement, if insufficient action has been taken by the Board of Directors after being informed of the situation.

8.   Administration

8.1   The Committee shall meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require allowing the Committee to discharge all its responsibilities.

8.2   Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chair. The Board of Directors, Chief Executive, External Auditors or Head of Internal Audit may request an additional meeting if they consider it necessary.

8.3   Trust Secretariat shall provide secretariat services to the Committee and shall provide appropriate support to the Chair and Committee members as required.

8.4   Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting.

8.5   Supporting papers, detailing their purpose for inclusion and the actions / decisions that are expected of the Committee shall be made available no later than three working

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days before the date of the meeting.

8.6 The secretary shall minute the proceedings of all Committee meetings and maintain an "actions arising log". Draft minutes and the actions arising shall be issued promptly to the Chair of the Committee, for review, before formal issue

8.7 The secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.

8.8 The Committee shall, at least once a year, review its own performance to ensure it is operating at maximum effectiveness. The Committee shall consider the use of the HFMA's Audit Committee Self-Assessment Checklist for this purpose.

8.9 All papers (notices, agendas, supporting papers and minutes) will be sent in electronic form, except where the recipient has specifically requested to receive documents in paper format.

8.10 The ~~Trust Secretary~~ Director of Corporate Governance and Committee Chair shall develop and maintain an Annual Business Cycle detailing the standing agenda items required at each meeting throughout the year in order to discharge the duties detailed herein.

8.11 The Committee shall review its own terms of reference annually.

9. External References

HM Treasury - Audit and risk assurance committee handbook
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/512760/PU1934_Audit_committee_handbook.pdf

NHS Code of Governance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf

National Audit Office - Code of Audit Practice

https://www.nao.org.uk/code-audit-practice/

NHS Counter Fraud Authority – Standards for NHS Providers

https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Providers_2018.pdf?v=1.0

HFMA – NHS Audit Committee Handbook (available on request from the Trust Secretary)

Terms of Reference – Quality and Outcomes Committee

Document Data	
Corporate Entity	Quality and Outcomes Committee
Document Type	Terms of Reference
Document Status	Approved
Executive Lead	Carolyn Mills, Chief Nurse & William Oldfield, Medical Director
Document Owner	~~Trust Secretary~~ Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	~~01/06/20~~ 01/09/21

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision (Major/Minor)	Description of Revisions
16/03/2011	1	Trust Secretary	Major	Initial draft for comment
26/04/2011	2	Trust Secretary	Major	Incorporated committee Chair's comments
27/04/2011	3	Trust Secretary	Minor	Revisions following initial meeting of committee members
25/05/2011	4	Trust Secretary	Minor	Final consideration by the Quality and Outcomes Committee
26/05/2011	5	Trust Secretary	Minor	For approval by the Trust Board of Directors
27/03/2012	6	Trust Secretary	Minor	Revisions recommended by Quality and Outcomes Committee for approval by the Trust Board of Directors
27/09/2012	7	Trust Secretary	Minor	Revision to meeting regularity from bi-monthly to monthly (in months where there is a meeting of the Board of Directors) in accordance with the purpose of scrutinising the Quality and Performance report prior to each meeting of the Board of Directors
21/04/2015	8	Trust Secretary	Major	Complete review
18/05/2015	9	Trust Secretary	Minor	Incorporation of comments from Quality and Outcomes Committee held 30/04/15
17/05/2016	10	Trust Secretary	Minor	Change from 'Monitor' to 'NHS Improvement'; Section 2.1.1.
11/05/18	11	Deputy Trust Secretary	Minor besides change of quorum	Change of quorum from three members to two. This reflects agreement by the Chair of the Board that the quora for all Committees of the Board should be appropriately aligned. Update to attendee titles to reflect updated roles in the Trust. Minor changes for clarity and consistency of wording.
18/09/2018	12	Deputy Trust Secretary	Changes to remit to reflect the creation of a new People Committee to review workforce and people issues within the Trust.	Deletion of references to workforce overview which will now sit with the People Committee
17/09/2020	13	Head of Corporate Governance	Moderate	New Stakeholder analysis section added. Also updated for grammar and to reflect changes of titles.

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1. Constitution of the Committee

1.1 The Quality and Outcomes Committee is a non-statutory Committee established by the Trust Board of Directors to support the discharge of the Board's responsibilities ensuring the quality of care provided by the Trust.

2. Purpose and function

2.1 The purpose of the Quality and Outcomes Committee is to ensure:

2.1.1 That the Board establishes and maintains compliance with health care standards including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professionals (including NHS Improvement);

2.1.3 To support the Trust to actively engage on quality of care with patients, staff and other relevant stakeholders and take into account as appropriate views and information from these sources;

2.1.4 That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and processes for escalating and resolving quality issues including escalating them to the Board where appropriate;

2.1.5 To support the Trust's objective to strive for continuous quality improvement and outcomes;

2.1.6 To support the objective that every member of staff that has contact with patients, or whose actions directly affect patient care, is motivated and enabled to deliver effective, safe, and person centred care in line with the NHS Constitution; and

2.1.7 To consider the operational and quality risks to the Trust's ability to achieve high quality care and continuous quality improvement.

2.2 To achieve this, the Committee shall:

2.2.1 Extend the Board's monitoring and scrutiny of the standards of quality, compliance and performance of Trust services and the workforce strategy which supports this;

2.2.2 Make recommendations to the Board on opportunities for improvement in the quality of services;

2.2.3 Support and encourage quality improvement where opportunities are identified.

2.3 The Committee shall discharge this function on behalf of the Board of Directors by:

2.3.2 Seeking and considering such additional sources of evidence upon which to base its opinion on the robustness of Board Assurance with regards to 'quality governance'; and

2.3.3 Working in consultation with the Audit Committee, People Committee and the Finance

& Digital Committee, cross-referencing data and ensuring alignment of the Board assurances derived from the activities of each Committee.

3. Stakeholder Community

3.1 The Committee's primary responsibility is to the Board of Directors, as detailed above. However, in order to discharge these responsibilities appropriately the Committee must work in close partnership with a number of internal and external Stakeholders. These Stakeholders influence the work of the Committee by:

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

3.2 The Stakeholders of the Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors

External

- NHS England and Improvement
- Care Quality Commission

Stakeholder Analysis

3.3 The Terms of Reference and the responsibilities of the Committee (QOC) are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required.

3.4 The following table provides an analysis of the requirements and dependencies associated with the Committee's Stakeholder Community.

3.5 **Requirements for QOC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6 **Inputs into QOC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
	Requirements for QOC		Inputs into QOC		Section Reference
Stakeholder	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	To advise on status, risks, opportunities associated with the key parameters listed in 2.1	Chair Report (after each meeting)	Approve Terms of Reference	None	7
Council of Governors	Updates at Governors Quality Focus Group and	None	None	None	8.3, 8.4

Internal Stakeholder Community					
	Council of Governors meetings				

External Stakeholder Community					
Stakeholder	Requirements for QOC		Inputs into QOC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	None	Oversight of the Quality Report and Quality Account prior to Trust Board sign off.	None	None	7.2
Care Quality Commission	None	Organisational compliance with the CQC Fundamental Standards of Care.	None	None	7.1, 7.3

4. Authority

4.1 The Quality and Outcomes Committee will:

4.1.1 Monitor, scrutinise and where appropriate, investigate any quality or outcome activity considered to be within its terms of reference;

4.1.2 Seek such information as it requires to facilitate this monitoring and scrutiny; and

4.1.3 Obtain whatever advice it requires, including external professional advice if deemed necessary (as advised by the ~~Trust Secretary~~ Director of Corporate Governance) and may require Directors or other officers to attend meetings to provide such advice

4.2 The Quality and Outcomes Committee is a Non-Executive Committee and has no executive powers.

4.3 Unless expressly provided for in Trust Standing Orders, Trust Scheme of Delegation or Standing Financial Instructions the Quality and Outcomes Committee shall have no further powers or authority to exercise on behalf of the Trust Board of Directors.

5. Membership and attendance

5.1 The Quality and Outcomes Committee is appointed by the Trust Board of Directors from amongst the Non-Executive Directors of the Board and shall consist of not less than three members. The quorum necessary for the transaction of business shall be not less than two members.

5.2 The following officers shall be required to attend meetings of the Quality and Outcomes Committee on a standing invitation by the Chair:

5.2.1 Chief Nurse

5.2.2 Medical Director

5.2.3 Deputy Chief Executive & Chief Operating Officer

5.3 Duly nominated deputies may attend in their Director's stead.

5.4 The following officers are expected to attend meetings of the Committee at the invitation of the Chair:

5.4.1 Deputy Chief Operating Officer

5.4.2 Head of Quality (Patient Experience and Clinical Effectiveness)

5.4.3 Head of Quality (Patient Safety)

5.4 The Trust Secretary Director of Corporate Governance shall attend from time-to-time to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance. Other officers shall be required to attend meetings of the Committee from time to time at the invitation of the Chair also.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be two members, all of whom must be independent Non-Executive Directors.

6.2 Committee members may be represented at meetings of the Committee by a duly nominated delegate on no more than two successive occasions. Nominated delegates must be independent Non-Executive Directors.

6.3 A duly convened meeting of the Quality and Outcomes Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable as set out in these Terms of Reference.

7. Duties

The Quality and Outcomes Committee shall discharge the following duties on behalf of the Trust Board of Directors:

7.1 Quality Strategy

7.1.1 Receive and assess the Board's Quality Strategy and provide an informed opinion to the Board on the suitability of the associated objectives; and

7.1.2 Monitor progress and achievement of the Board's Quality Strategy.

7.2 Annual Plan and Quality Report

7.2.1 Monitor the status of compliance with Care Quality Commission's Fundamental

Standards of Care and Quality Objectives as set out in the Annual Plan; and

7.2.2 Review the Trust's Annual Quality Report prior to submission to the Trust's Board of Directors for approval.

7.3 Clinical and Service Quality, Compliance and Performance

7.3.1 Seek sources of evidence from existing Management Groups at divisional and sub-divisional level and Board Committees on which to base informed opinions regarding the standards of:

7.3.1.1 Clinical and service quality;

7.3.1.2 Organisational compliance with the CQC Fundamental Standards of Care and National targets and indicators as determined by the Risk Assessment Framework; and

7.3.1.3 Organisational performance measured against specified standards and targets;

7.3.2 Review the Trust's declaration against the Single Oversight Framework (excluding financial information) prior to submission to the Board of Directors for approval;

7.3.3 Review the Board ~~Quality and~~ Integrated Performance Report; and

7.4 Action Plan Monitoring

6.4.1 Monitor progress of the quality-related action plans.

7.5 Benchmarking, Learning and Quality Improvement

7.5.1 Consider relevant regional and national benchmarking statistics when assessing the performance of the Trust;

7.5.2 Review the Annual Clinical Audit report;

7.5.3 Receive quarterly reports on complaints and patient experience;

7.5.4 Receive reports to monitor against action plans arising from Serious Untoward Incidents, complaints and never events to ensure: Trust-wide learning; actions have been completed; and ensure divisional intelligence and oversight;

7.5.5 To receive reports about patient experience and review the results and outcomes of local and national patient and staff surveys;

7.5.6 Receive and review quarterly reports on Infection Control;

7.5.7 Receive and review the annual report on Safeguarding;

7.5.8 Receive and review the annual report on Children's Services;

7.5.9 Receive and review the Equality and Diversity Annual Report;

7.5.10 Receive the monthly Nurse Staffing report on the information contained in the NHS national staffing return to ensure Trust-wide staffing levels remain safe;

7.5.11 Receive Quality Impact Assessment reviews for significant cost improvement schemes and their potential impact on quality, patient experience, patient safety and staff. The definition of significant will be determined by the Chief Nurse and Medical Director; and

7.5.12 Receive assurance regarding data quality assessment against the six national domains of data quality outlined in the Audit Commission's National Framework.

7.6 Risk

7.6.1 Receive the Corporate Risk Register and review the suitability and implementation of risk mitigation plans with regard to their potential impact on patient outcomes.

7.7 Quality Governance

7.7.1 Identify any gaps in evidence or measures of quality utilised by the Board of Directors.

7.8 Procedural Documents and Corporate Record Keeping

7.8.1 Assess the suitability of Trust-wide relevant Procedural Documents in accordance with the Trust Procedural Document Framework (i.e., Board Quality Strategy);

7.8.2 Maintain and monitor a schedule of matters arising ~~of~~ from agreed actions (for the Committee only) and performance-manage each action to completion; and

7.8.3 Maintain the corporate records and evidence required to support the Board Assurance Framework document.

8. Reporting and Accountability

8.1 The Chair of the Quality and Outcomes Committee shall report to the Board of Directors on the activities of the Committee.

8.2 The Chair of the Quality and Outcomes Committee shall make whatever recommendations to the Board deemed by the Committee to be appropriate (on any area within the Committee's remit where disclosure, action or improvement is needed).

8.3 Outside of the written reporting mechanism, the Committee Chair should attend the Council of Governors General meeting including the Annual Members Meeting, and be prepared to respond to any questions on the Committee's area of responsibility to provide an additional level of accountability to members.

8.4 Outside of the formal reporting procedures, the Governors' Quality Focus Group shall be informed by the Quality and Outcomes Committee via the Chair and Executive Leads, supported by the Trust Secretariat.

9. Administration

9.1   The ~~Trust Secretariat~~ Director of Corporate Governance shall provide administrative support to the Committee.

9.2   Meetings of the Quality and Outcomes Committee shall be called by the ~~Trust Secretary~~ Director of Corporate Governance at the request of the Committee Chair.

9.3   Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

9.4   Supporting papers shall be made available to Committee members no later than five working days before the date of the meeting.

9.5   A member of the Trust Secretariat shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

9.6   Draft Minutes of meetings shall be made available promptly to all members of the Committee.

10.   Frequency of Meetings

10.1   The Committee shall meet on a monthly basis, in advance of each meeting of the Board of Directors at which the ~~Quality and~~ Integrated Performance Report is to be considered, and at such other times as the Chair of the Committee shall require.

11.   Review of Terms of Reference

11.1   The Committee shall, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness.

Terms of Reference – People Committee Terms of Reference

Document Data	
Corporate Entity	People Committee Terms of Reference
Document Type	Terms of Reference
Document Status	Final
Executive Lead	Director of People
Document Owner	~~Trust Secretary~~ Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	~~01/06/2020~~ 01/09/20

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
26/06/2018	1	Trust Secretary	Major	Initial draft for comment
13/07/2018	1.1	Trust Secretary	Minor	Changes following Executive Team discussion
18/09/2018	1.2	Deputy Trust Secretary/Membership and Governance Administrator	Minor	Changes to incorporate Non-executive Director feedback
23/10/2018	1.3	Deputy Trust Secretary	Minor	Changes to reflect additional feedback from the Chair and Committee
20/11/2018	1.4	Deputy Trust Secretary	Minor	Changes to reflect additional feedback from the Chair and Committee, including stakeholders and Chair's role.
17/09/20	1.5	Head of Corporate Governance	Moderate	New Stakeholder Analysis section added. Updated to reflect bi-monthly meetings and tile change of Trust Secretary to Director of Corporate Governance

Contents

1. Constitution of the Committee

1.1 The People Committee is a non-statutory committee that has been established by the Board of Directors to support the discharge of the Board's strategic priorities and responsibilities relating to its workforce and education.

1.2 It is intended to focus primarily on all people working within and educated by the Trust, but also take a broader view that encompasses the wider stakeholder base of the Trust.

Stakeholders

1.3 The stakeholders identified for the People Committee are:

- Board of Directors
- Council of Governors
- Other Board Committees
- Staff and Unions
- Patients and Public
- Healthier Together
- NHS Improvement
- Clinical Commissioning Group
- Care Quality Commission

2. Purpose and function

2.1 The purpose of the People Committee is to ensure:

2.1.1 That the Trust has a clear understanding of its strategic workforce needs and that plans are in place to deliver these;

2.1.2 That the Trust's strategic priorities and performance in the following key areas are identified, implemented and monitored:
- recruitment, retention, management and development of the Trust's workforce
- the education strategy of the Trust and its implementation
- the Trust's obligations under the public sector equality duty

2.1.3 That the Board receive assurance that all legislative, regulatory and stakeholder requirements relating to workforce are understood and met;

2.1.4 That workforce risks are understood by the Board and that appropriate mitigating actions have been identified and are being implemented.

2.1.5 That the Trust is effectively delivering against the strategic objectives set out in the Trust Strategy, and in particular is delivering against the enabling strategy which is relevant to the remit of the Committee (the People Strategy).

2.2 The Committee shall discharge this function on behalf of the Board of Directors, working in partnership with the other Board Committees, the Governors, and other key stakeholders by:

2.2.1 Supporting the development and monitoring of a strategy to recruit, train and sustain an

engaged and effective workforce;

2.2.2 Championing workforce and education issues ensuring adequate oversight of all workforce areas by the Board.

2.2.3 Monitoring key workforce metrics to ensure that the expected standards are being delivered;

2.2.4 Receiving reports to provide assurance around the compliance with legislation and regulations, including where necessary external sources of feedback as well as internal;

2.2.5 Considering workforce plans and improvement plans on behalf of the Board; and

2.2.6 Liaising where necessary with other Board Committees on cross-committee issues relevant to the purpose of the People Committee.

2.2.7 Receive regular reports from the operational Workforce and Organisational Development sub-group of the Senior Leadership Team group (SLT).

2.2.8 The Committee shall have the power to commission reports on any topics or issues which are relevant to its remit, as set out in these terms of reference.

3. Stakeholder Community

3.1 The Committee's primary responsibility is to the Board of Directors, as detailed above. However, in order to discharge these responsibilities appropriately the Committee must work in close partnership with a number of internal and external Stakeholders. These Stakeholders influence the work of the Committee by:

- establishing external benchmark standards and requirements

- providing insights on current and emerging risks

- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

3.2 The Stakeholders of the Committee are identified below:

Internal (accountable to)
- Board of Directors
- Council of Governors
- Other Board Committees

External
- NHS England and Improvement
- Healthier Together
- Government Equalities Office

Stakeholder Analysis

3.3 The Terms of Reference and the responsibilities of the Committee (PC) are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required.

3.4 The following table provides an analysis of the requirements and dependencies associated with the

Committee's Stakeholder Community.

3.5 **Requirements for PC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6 **Inputs into PC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
	Requirements for PC		Inputs into PC		Section Reference
Stakeholder	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	• To advise on status, risks, opportunities associated with the key parameters listed in 2.1 • Development and oversight of the People Strategy.	Chair Report (after each meeting)	Approve Terms of Reference	None	7
Council of Governors	Updates at Governors Quality Focus Group and Council of Governors meetings	None	None	None	8.3, 8.4
Other Board Committees	Liaising with other Board Committees on cross-committee issues.	None	People related issues raised by other Board committees.	None	2.2.6

External Stakeholder Community					
	Requirements for PC		Inputs into PC		Section Reference
Stakeholder	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	Compliance with the requirements of the NHSI/E People Plan	None	None	None	N/A
Healthier Together	Participate in the system wide People Strategy	None	None	None	N/A
Government Equalities Office	Compliance with the Trust's obligations under the public sector equality duty	None	None	None	2.1.2

4. Authority

4.1 The People Committee will:

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4.1.1 Monitor, scrutinise and, where appropriate, investigate any workforce activity considered to be within its terms of reference;

4.1.2 Seek such information as it requires to facilitate this monitoring and scrutiny;

4.1.3 Obtain whatever advice it requires, including external professional advice if deemed necessary (and as advised by the Trust Secretary) and may require Directors or other officers to attend meetings to provide such advice.

4.2 The People Committee is a Non-Executive Committee and has no executive powers.

4.4 Unless expressly provided for in Trust Standing Orders, Trust Scheme of Delegation or Standing Financial Instructions, the People Committee shall have no further powers or authority to exercise on behalf of the Board of Directors.

5.   Membership and attendance

5.1 The People Committee is comprised of at least three Non-Executive Directors appointed by the Board.

5.2 One of these three members will be a Non-Executive Director, appointed by the Board, who will chair the meetings of the Committee.

5.3 The following officers shall be required to attend meetings of the People Committee on a standing invitation by the Chair:

5.3.1 Director of People
5.3.2 Chief Nurse
5.3.3 Director of Finance and Information
5.3.4 Director of Strategy and Transformation
5.3.5 Medical Director

5.4 Duly nominated deputies may attend with the permission of the Committee Chair.

5.5 The ~~Trust Secretary~~ Director of Corporate Governance shall attend from time-to-time to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance

6.   Quorum

6.1 The quorum necessary for the transaction of business shall be two members of the Committee.

6.2 A duly convened meeting of the People Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable as set out in these Terms of Reference.

7.   Roles and Responsibilities

The People Committee shall discharge the following duties on behalf of the Board of Directors:

7.1   Developing and advising the Board on a workforce strategy taking into account relevant best practice and alignment with strategic objectives for the Trust;

7.2   Monitoring, and receiving assurance on, the key areas of the workforce strategy which will include but are not limited to:

Culture
- Engagement
- Reward
- Equality & Diversity
- Bullying & Harassment
- Performance and performance management
- Wellbeing
- Freedom to Speak Up
- Health & Safety

Capacity
- Strategic workforce planning
- Recruitment and attraction
- Talent management

Capability
Skills
- Management and Leadership Development
- Medical and clinical education – undergraduate and post graduate
- Apprenticeships
- Essential training

Tools and Technology
System and process performance, including of:
- Manager self-service
- e-rostering
- e-appraisal
- HR web

Policies and Processes

7.3   Monitoring an agreed set of HR-related Key Performance Indicators;

7.4   Reviewing other workforce and education activity as requested by the Board.

8.   Reporting

8.1   The Chair of the People Committee shall report to the Board of Directors on the activities of the Committee.

8.2   The Chair of the People Committee shall make whatever recommendations to the Board

deemed by the Committee to be appropriate (on any area within the Committee's remit where disclosure, action or improvement are needed).

8.3   The Chair of the People Committee shall liaise with the Chairs of other Board Committees where necessary to ensure that cross-committee issues receive adequate oversight (by, for example, arranging to attend other Committee meetings).

8.3   Outside the written reporting mechanism, the Committee Chair should attend the Council of Governors meeting, and be prepared to respond to any questions on the Committee's area of responsibility to provide an additional level of accountability to members.

8.4   Outside the formal reporting procedures, the Governors' Quality Focus Group shall be informed by the People Committee via the Chair and Executive Leads, supported by the Trust Secretariat.

9.   Administration

9.1   The Trust Secretariat shall provide administrative support to the Committee.

9.2   Meetings of the People Committee shall be called by the ~~Secretary~~ Director of Corporate Governance at the request of the Committee Chair.

9.3   Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

9.4   Supporting papers shall be made available to Committee members no later than five working days before the date of the meeting.

9.5   The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

9.6   Draft minutes of meetings shall be made available promptly to all members of the Committee

10.   Frequency of Meetings

10.1   The Committee shall meet ~~10~~ 6 times per year, in advance of each meeting of the Board of Directors.

11.   Review of Terms of Reference

11.1   The Committee shall, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness.

Meeting of the Board of Directors in Public on Friday 27 November 2020

Report Title	Register of Seals Report – Q2 Update
Report Author	Mark Pender, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
This report provides a summary of the applications of the Trust Seal made since the previous report in **July 2020.**
2. Key points to note *(Including decisions taken)*
Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.
3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
 • This report is for **Information**.
5. History of the paper   **Please include details of where paper has <u>previously</u> been received.**
N/A

Register of Seals

August 2020 – October 2020

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness
837	20/08/20	Lease, Deed of Surrender and Option Agreement in respect of Brislington House Playing Fields.	Neil Kemsley	Robert Woolley	Mark Pender
838	02/11/20	Transfer of registered title for the Children's Centre at the Barn, Clevedon, from UHBW to AWP.	Neil Kemsley	Robert Woolley	Mark Pender

Register of Seals

Meeting of the Board of Directors in Public on Friday 27 November 2020

Report Title	**Governors' Log of Communications**
Report Author	**Sarah Murch, Acting Membership Manager**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.

2. Key points to note *(Including decisions taken)*
Since the last public Board of Directors meeting there have been four questions added to the Governors' Log of Communications. Three have been answered, and one is waiting for a response.

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

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Information.**

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
N/A	

ID	Governor Name		
244	Sue Milestone	***Theme:*** Learning Disability Nurses	***Source:*** Governor Direct

Query   **02/11/2020**

I understand that other Trusts employ Learning Disability Nurses to ensure adults with learning disabilities have equal access to health care, and to help them feel safe and supported with inpatient and emergency admissions, day surgery, outpatient appointments and planned admissions.

They assess the patient's needs to make them feel safe, make reasonable adjustments where needed, help with interpreting situations and make sure patients are listened to.

They also communicate with family/carers, care providers, community teams and health/social care professionals. Patients have hospital passports to facilitate staff understanding of their needs. They provide tours of the building pre-admission and address fears around hospital/treatment.

Does UHBW offer this kind of service, and if not, would the Trust consider setting up a similar service for learning disabled patients, while looking at the feasibility of extending it to cover all patients with multiple, complex needs including those with physical disabilities and temporary delirium?

Division: Trust-wide   ***Executive Lead:*** *Chief Nurse*   ***Response requested:*** 02/11/2020

Response

Response pending.

Status: *Assigned to Executive Lead*

ID	Governor Name			
243	**Graham Briscoe**	**_Theme:_** Weston Hospital - A&E Dept		**_Source:_** From Constituency/ Members

Query   13/10/2020

I have received confirmation that Weston Hospital's A & E Lead Consultant is resigning at the end of the year, and that UHBW is finding it difficult to recruit a replacement. I have also been advised that it appears to the AE hospital staff that the merger has not resolved the serious AE senior staff shortages at Weston hospital.

From my perspective down here in WsM - I can fully understand the concerns and worries that this knowledge can raise with the WsM AE Department staff. They have already had to work through the overnight closure, and to them - could see this issue easily escalate into a determination to close the AE Department at WsM Hospital, which is not a route I personally would wish to see.

For me - this long term WsM AE Department staffing issue should be escalated into a Hospital Board Risk - equivalent to a Show Stopper / Business Critical / or in corporate speak a Principal Risk - if it is not already.

Can I also suggest that a senior member of the UHBW Directors - CEO / Dept CEO / Senior Nurse - or even for the Chair or a NED, to visit the AE Department to talk to the staff there in order to remove their fears. They are aware of this issue, but are in the dark about what UHBW and the Board intend to do to resolve the issue, and to let them continue to what they do best - look after our emergency patients and give the best care and service they can.

It is not really their fault working at their operational support level in this particular Hospital AE Department that they have all this uncertainty of their future around them - whilst also giving their professional best and operating under this extreme COVID situation.

Thank you.
Graham Briscoe - Public Governor - North Somerset
(Weston super Mare)

Division: Medicine		**_Executive Lead:_** _Chief Operating Officer_		**_Response requested:_** 13/10/2020

Response   12/11/2020

UHBW continues to explore a number of opportunities to secure a safe and sustainable ED service at Weston General Hospital. Currently, the department is open between 8-10, 7 days per week and we can confirm, there are no plans to change this level of service. Recruitment pressures in ED have been a long standing challenge at Weston and the impact of Covid 19 has undoubtedly, hindered full merger opportunities and benefits. The risks are fully recognised on Divisional and Corporate risk registers and are repeatedly reviewed. However, Bristol and Weston are working collaboratively to mitigate these risks in a unified approach to ensure there is continuity and longevity of service.

ID   Governor Name

Whilst it is correct the Weston ED Consultant has submitted her resignation, we are hopeful that the plans we are currently working through will provide assurance to all staff that there is a significant future for Weston ED, not only for UHBW but also the wider system. As part of the plans, a robust medical and nursing recruitment process is in place for both departments, in order to facilitate and support cross site working. Interviews are ongoing and all efforts to attract a wide pool of interest and retention are being made.

The staff at Weston are fully supported by the newly formed Divisional Senior Management team and Executive colleagues and in light of the recent CQC review and subsequent positive feedback noting significant ED improvement, teams remain committed to ensuring work continues at pace, to further improve and sustain services within Weston ED.

Status: *Awaiting Governor Response*

ID	Governor Name		
242	Carole Dacombe	*Theme:* Social worker assessments for patients	*Source:* Governor Direct

Query   28/09/2020

The governors have been made aware of some difficulties in achieving social worker assessments to facilitate appropriate care packages for patients at the trust who are medically ready for discharge - these difficulties being specifically related to current Covid-19 restrictions on movement of staff between the community and hospital setting. Is this situation causing delays to discharge and/or restrictions in choice for patients who need a care home placement?

Division: Trust-wide   *Executive Lead:* *Chief Nurse*   *Response requested:* 30/09/2020

Response   23/10/2020

New government guidance for hospital discharges was issued in March 2020 in response to Covid-19 and the need to rapidly create capacity in the acute trusts.

The guidance included new protocols for social care and Care Act assessments. As a result the social care team based in the BRI permanently relocated into the Discharge to Assess Team in the community and Care Act assessments are no longer carried out in hospital.

All patients requiring social support for discharge are now referred into the Community Integrated Care Bureau (CICB) managed by Sirona care & health. The team in the CICB includes social workers and Sirona Case Managers and they make a decision on which discharge pathway is appropriate for the patient based on the information in the detailed referral form.

Patients requiring a social care assessment will receive this in the community. This may be in their own home, a rehabilitation setting or a temporary nursing home placement depending on their needs.

The number of patients on the delays list reduced from 150 to 50 in the initial phase of the new guidance, largely due to the increased amount capacity in the community put in place under Covid funding arrangements, but also because occupancy in the BRI reduced significantly for several weeks. The list is currently at 90 as there are delays in moving patients on from temporary placements into long term care.

Patient are not given a choice of nursing home for the temporary placement but do have this option if they subsequently need long term placement. The temporary placement is funded by the NHS covid arrangement for up to six weeks until all assessments are complete. The evidence shows that approximately 20% of patients on this pathway are able to return home with support rather than go into long term care. This additional period of time allows patients to fully recover from their acute episode before making long term decisions about their care.

Status: *Closed*

ID	Governor Name		
241	Carole Dacombe	*Theme:* Process for discharging patients facing homelessness	*Source:* From Constituency/ Members

Query   28/09/2020

Following recent concerns raised by Trust members, the governors would like to seek clarification about the process followed by the Trust in discharging patients who are facing homelessness. We understand that the relevant local authority should have a Homeless Prevention team but that there may be some confusion about who should make contact with this team. Is it the responsibility of the Trust to do so or is there an expectation that the patient will do this for themselves?

The recent concerns referred to were in relation to Weston Hospital and North Somerset Council: however, we recognise that the Trust has many patients living in areas served by other local authorities and would like to know if there is clarity about the processes followed in each area.

Division: Trust-wide   *Executive Lead:* Chief Nurse   *Response requested:*   30/09/2020

Response   23/10/2020

The BRI has a dedicated Homeless Support Team who work with all homeless patients including those presenting in the Emergency Department but not requiring admission.

In Weston homeless patients are referred to their local housing authority via a formal referral form completed by the ward. Patient consent is sought but if this is refused the form be sent but will only include basic demographic details. The Weston General Hospital Safeguarding Team are informed of all referrals.

Status: *Closed*

19 November 2020