NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Wednesday 30 March 2022 at 11:00 - 13:30
at the M-Shed, Bristol

AGENDA

FOCUSED AGENDA – ITEMS FOR APPROVAL AND COVID-19 ASSURANCE ONLY				
NO	**AGENDA ITEM**	**PURPOSE**	**SPONSOR**	**TIMINGS**
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	11:00
2.	Declarations of Interest	Information	Chair	11:02
3.	Patient Story	Information	Chief Nurse and Midwife	11.05
4.	Questions from Members of the Public	Information	Chair	11.25
5.	Minutes of the Last Meeting: 28 January 2022	Approval	Chair	11.30
6.	Matters Arising and Action Log	Approval	Chair	11.35
7.	Chief Executive's Report	Information	Chief Executive	11.40
Quality and Performance				
8.	Quality and Outcomes Committee Chair's Report	Assurance	Committee Chair	11.50 *Paper to follow*
	8.1 Integrated Quality & Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse and Midwife, Medical Director	12.00
9.	Learning from Deaths Report	Assurance	Medical Director	12.10
10.	Ockenden Review of Maternity Services	Assurance	Chief Nurse and Midwife	12.20
Break				12:30
People Management				
11.	People Committee Chair's Report	Assurance	Committee Chair	12.40 *Paper to follow*
Finance				
12.	Finance and Digital Committee Chair's Report	Assurance	Committee Chair	12.50 *Paper to follow*

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

FOCUSED AGENDA – ITEMS FOR APPROVAL AND COVID-19 ASSURANCE ONLY				
NO	**AGENDA ITEM**	**PURPOSE**	**SPONSOR**	**TIMINGS**
	12.1 Trust Finance Performance Report	Assurance	Director of Finance and Information	13.00
	12.2 Capital Investment Policy	Approval	Director of Strategy and Transformation	13.10
Concluding Business				
13.	Any other urgent business	Information	Chair	
14.	Date of next meeting: Friday 27 May 2022	Information	Chair	

PAPERS CIRCULATED FOR INFORMATION			
15.	Quarterly Patient Complaints and Experience Reports Q3 15.1 Quarterly Patient Complaints Report 15.2 Quarterly Patient Experience Report	Assurance	Chief Nurse and Midwife
16.	National Surveys: 16.1 Urgent and Emergency Care Survey 2020 16.2 Inpatient Survey 2020 for those aged 16+ 16.3 Children and Young People Survey 2020 16.4 Under 16 Cancer Experience Survey 2020 16.5 Maternity Survey 2021	Assurance	Chief Nurse and Midwife
17.	Integration Update Report	Information	Director of Strategy and Transformation
18.	Flu Vaccination Programme Evaluation	Assurance	Director of People
19.	Governors' Log of Communications	Assurance	Director of Corporate Governance

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Meeting of the Board of Directors in Public on Wednesday 30th March 2022

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

1. Report Summary

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

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

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

2. Key points to note

(Including decisions taken)

In this patient experience story, we will hear from Tim. Tim lives in Weston-Super-Mare and has attended Weston General Hospital over many years both as an in-patient and out-patient. Tim was most recently an in-patient at the hospital in September 2021 where he underwent a lengthy surgical procedure.

In sharing his story Tim will talk about what, in his opinion, makes Weston General Hospital "a great hospital". He will share, with examples, how the qualities and behaviours of the staff who cared for him made his stay comfortable. Tim will also talk about why he is an advocate for the hospital, and about the work he does to help ensure it continues to play a key role in local health care in the future.

By way of context, Tim has had a longstanding relationship with Weston General Hospital both as a patient and a member of the Weston Patient Focus Group (formerly the Weston Patient Council). This is a group of patients who take a particular interest in the work of the hospital and, as restrictions ease, will re-commence work to collate patient feedback under the umbrella of the Trust's corporate Patient Experience Team. By virtue of this role Tim has recently been recruited to the Healthy Weston 2 Clinical Design Group as a patient representative. Tim is an active member of BNSSG Healthwatch[1]

3. Risks

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

The risks associated with this report include: *N/A*

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Information.**

5. History of the paper

Please include details of where paper has previously been received.

N/A

[1] BNSSG Healthwatch is a local health and social care champion that facilitates improvements to standards of care.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30 March 2022

Report Title	**Questions from Members of the Public - Statement to be read by the Chief Nurse & Midwife in response to an email received from Mr John Paterson dated 31st January 2022**
Report Author	**Deirdre Fowler, Chief Nurse & Midwife**
Executive Lead	**Deirdre Fowler, Chief Nurse & Midwife**

1. Report Summary

Mr Paterson contacted the Trust in relation to a complaint made by his mother, Mrs Julia Paterson, about the care his father, Mr Robert Paterson, received at Weston General Hospital. The Trust received Mrs Paterson's complaint on Wednesday 26th January.

Mr Paterson has raised two questions which the Chair of the Board responded to in a letter dated 8th February. In that letter, the Chair committed to reading out Mr Paterson's questions, and the Trust's response, at the next meeting of the Board in public, which is today.

Mr Paterson's questions were as follows:

1) Does the board believe it is reasonable to expect a prompt response from the Chief Executive to the attached email (sent on Wednesday 26th January), which details concerning information about lack of care my father received at Weston Hospital?

2) How does the board satisfy itself that the standard of care given at Weston Hospital is the best possible?

2. Key points to note
(Including decisions taken)

A statement from the Chief Nurse & Midwife responding to the questions raised by Mr Paterson will be read out to the Board.

The Trust has apologised unreservedly to Mrs Paterson, and to Mr Paterson for the unsatisfactory care their husband and father received at Weston General Hospital. A meeting has taken place between Mr John Paterson and Mrs Paterson and senior management and nursing leads at the hospital, and Mrs Paterson's complaint about her husband's care is currently being investigated by the onsite team.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Information.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

Statement to be read by the Chief Nurse in response to an email received from Mr John Paterson dated 31st January 2022

Mr Paterson contacted the Trust in relation to a complaint made by his mother, Mrs Julia Paterson, about the care his father, Mr Robert Paterson, received at Weston General Hospital. The Trust received Mrs Paterson's complaint on Wednesday 26th January.

Mr Paterson has raised two questions which the Chair of the Board responded to in a letter dated 8th February. In that letter, the Chair committed to reading out Mr Paterson's questions, and the Trust's response, at the next meeting of the Board in public, which is today.

Mr Paterson's questions were as follows:

1) Does the board believe it is reasonable to expect a prompt response from the Chief Executive to the attached email (sent on Wednesday 26th January), which details concerning information about lack of care his father received at Weston Hospital?

2) How does the board satisfy itself that the standard of care given at Weston Hospital is the best possible?

Firstly, it is important to say that the Trust has apologised unreservedly to Mr Paterson and his family for their experience of care received at Weston General Hospital. A meeting has taken place between Mr John Paterson and Mrs Paterson and senior management and nursing leads at the hospital, and the detail of Mrs Paterson's complaint is currently being investigated by the onsite team.

In respect of Mr Paterson's first question,

1) Does the board believe it is reasonable to expect a prompt response from the Chief Executive to the attached email (sent on Wednesday 26th January), which details concerning information about lack of care his father received at Weston Hospital?

Whilst it is always disappointing to receive complaints, the Board is absolutely committed to ensuring that people who complain about our services have a good experience of the process. This begins with the timely acknowledgement of complaints. The NHS Constitution standard is that complaints should be acknowledged within three working days, although we endeavour to do so within two working days wherever possible, and we closely monitor our performance in meeting this standard.

In this instance, Mrs Paterson's complaint was received by the Chief Executive's office on the evening of Wednesday 26th January, passed to our complaints team on the morning of Thursday 27th January, and formally acknowledged by the complaints team on Monday 31st January, which was within two working days of receipt.

It isn't possible for the Chief Executive to review all complaints personally, but please be assured that a robust process is in place to ensure that an Executive Director of the Trust, or a nominated deputy, reviews every complaint response on behalf of the Chief Executive before it is sent to the complainant, making sure that all aspects of each complaint have been answered.

In respect of Mr Paterson's second question,

2) How does the board satisfy itself that the standard of care given at Weston Hospital is the best possible?

The Board regularly receives a range of information about the quality of services across the Trust. This includes a detailed monthly Integrated Quality and Performance Report (IQPR) and a series of associated dashboards of quality indicators. The IQPR incorporates specific measures of patient experience at Weston General Hospital including whether patients feel they have been treated with kindness and understanding, and an aggregated measure of several factors that patients have told us matter most to them, for example the cleanliness of the ward, and whether they are involved in decisions about their care. The Board also monitors indicators of patient experience at Weston in the Outpatient and A&E departments, and numbers of complaints received in all areas.

In addition, every quarter, the Board receives a detailed report on complaints received, including examples of learning from those complaints.

This concludes the statement, but I would like to thank Mr Paterson and Mrs Paterson once again for raising their concerns, and I hope that Mrs Paterson's husband, John's father, continues to make a good recovery. Lastly, I am pleased to note that a further meeting has been arranged with Mr Paterson and Mrs Paterson to discuss the outcome of the current investigation.

University Hospitals Bristol and Weston NHS Foundation Trust

Minutes of the Board of Directors Meeting held in Public
Friday 28 January 2022 at 11:00-13:30, by videoconference

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

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Bernard Galton	Non-Executive Director
Neil Kemsley	Director of Finance and Information
Emma Redfern	Interim Medical Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Emma Wood	Director of People

In Attendance

Name	Job Title/Position
Eric Sanders	Director of Corporate Governance
Natashia Judge	Head of Corporate Governance
Matthew Thomas	Intensive Care Unit Consultant
Sarah Murch	Membership Manager (minutes)

The Chair opened the Meeting at 11:00

01/01/22	Item 1 - Welcome and Introductions/Apologies for Absence	
	Jayne Mee, Trust Chair, welcomed members of the Board to the meeting. She reminded the Board that the meeting was being livestreamed on YouTube for public access and the recording would remain available online for two weeks. The Board noted that the agenda for the meeting had been scaled back in line with the national directive received by Trusts in January 2022 during the Omicron surge of the Covid-19 pandemic. As a result, a number of papers that would usually have been discussed at the meeting had been circulated for information only. Apologies had been received from Steve West, Jane Norman and Deirdre Fowler. Jayne Mee extended a particular welcome to Emma Wood, the Trust's new Director of People, and noted that it was the final Public Board meeting for Emma Redfern, Interim Medical Director. She also announced that following a robust recruitment process, the Trust had appointed Eugine Yafele to take on the role of Chief Executive when Robert Woolley retired at the end of March. She expressed	

	gratitude to Robert Woolley and spoke warmly of the strong legacy that he would leave behind him after 30 years in the NHS and 12 years leading the Trust. She informed the Board that Eugine Yafele would join the Trust from Dorset Healthcare University NHS Foundation Trust, which he had led to be rated by the Care Quality Commission as outstanding and which under his leadership had been ranked among the top four Trusts in the annual NHS staff survey with the best scores nationally for staff engagement. He was a nurse by background and had a wealth of experience across senior clinical roles and extensive knowledge of leading transformation and complex change. It was hoped that he would join UHBW in early summer, with Deputy Chief Executive Mark Smith taking on the interim Chief Executive role until he arrived.	
02/01/22	**Item 2 - Declarations of Interest**	
	There were no new declarations relevant to the meeting to note.	
03/01/22	**Item 3 - Minutes of the previous meeting**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 30 November 2021. **Members of the Board resolved to approve as a true and accurate record the above minutes.**	
04/01/22	**Item 4 - Matters arising and Action Log**	
	Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows: **<u>03/11/21: Patient Story</u>** *Chief Nurse and Midwife to investigate the medication issues in the patient story*. A response had been provided confirming that escalation and oversight of medication safety metrics were in discussion with the Medication Safety Officer and would be incorporated into the IQPR in due course. **Action Closed**. **<u>10/11/21: Strategic Capital Programme Report</u>** *Board to receive a progress update on the BNSSG system Estates Strategy and the implications for the UHBW Estates Strategy.* Paula Clarke, Director of Strategy and Transformation, informed the Board that an external company had been commissioned to help the BNSSG Integrated Care System progress an extensive review of its estate across its six localities. There may be opportunities for UHBW to deliver more activity in the localities, but this was not expected to be material enough to impact on the strategic development programme already agreed by the Board. **Action Ongoing.** **<u>12/11/21: Sustainability Annual Report</u>** *Sustainability Annual Report to be shared with governors* This had been done. **Action Closed**. **<u>17/11/21: Embedding of the new Trust Values</u>** *Board to be provided with update reports on embedding of the Trust Values which contained success measures and information about how they were making a difference* Emma Wood, Director of People, explained that due to the internal critical incident declared by the Trust, some of this work had been put on hold, though the	

	commitment remained in a wider programme of cultural change. Updates would be provided to the Board through the People Committee. **Action Closed.** **<u>14/09/21: People Committee Chair's Report</u>** *People Committee to receive a report on staff rest facilities.* Bernard Galton, Chair of the People Committee, confirmed that the Committee had seen a plan to develop staff rest areas but had requested more information, particularly how they would be publicised to staff. Emma Wood confirmed that the Board would receive a more comprehensive report detailing progress and outstanding work. It was noted that the Director of People and the Director of Finance and Information were both owners of this action. **Action Ongoing.** **Members of the Board resolved to note the updates against the action log.**	
05/01/22	**Item 5 - Chief Executive's Report**	
	Robert Woolley, Chief Executive, provided a verbal update on the following key issues: • Despite the lifting of Plan B restrictions on 28 January 2022, and some reduction in Omicron infection rates, there had not yet been a major reduction in Covid hospitalisations. In addition to high numbers of patients with Covid, the Trust was also still experiencing significant accident and emergency pressures. The number of patients medically fit for discharge in the hospitals remained high at more than 100 across the Trust. The impact on patient flow meant that it was very difficult to offload ambulances when they arrived. • While Omicron appeared to be less severe in terms of symptoms than the Delta variant of Covid, the combination of these pressures was causing the Trust to have to cancel planned care. This would continue until some movement was found in relation to discharge, which was a system issue and therefore the Trust was working with community partners and social services to try to resolve it. • The deadline for mandatory Covid vaccination of staff was 31 March 2022. This would be discussed further under Item 10. • The implementation of new Integrated Care System arrangements had been delayed from April to July 2022. The Integrated Care System had a new Chair and Chief Executive in place (Jeff Farrar and Shane Devlin), and they had asked that Julia Ross and Robert Woolley continue in their roles as joint system leads at least until the end of February 2022. The ICS Memorandum of Understanding was however only valid until 31 March 2022, so the Board would need to ensure that this was extended. Questions were invited from Board members. Martin Sykes, Non-Executive Director, enquired whether patients who were medically fit for discharge needed the same level of support and input from staff. Robert Woolley responded that the basic nursing observations and ward care needed to continue but they did not need the same level of medical input. He confirmed that staff were managing lighter-touch supervision as best they could, though noted the complexity of managing the patients as they were spread across many wards. Mark Smith, Deputy Chief Executive and Chief Operating Officer, explained that there were plans to co-locate two wards of medically fit for discharge patients as an initial trial, to make them easier to manage and to help support the staff shortages across the Trust. **Members of the Board received the Chief Executive's Report for information**.	

06/01/22	**Item 6 - Board Assurance Framework Quarter 3** **6.1 Strategic Risk Register** **6.2 Corporate Objectives**	
	Robert Woolley, Chief Executive, introduced the Q3 Board Assurance Framework. **6.1 Strategic Risk Register** The Strategic Risk Register (which updated the Board on the management and treatment of risks to the achievement of the Trusts strategic objectives), had previously been thoroughly discussed this month at meetings of the Senior Leadership Team, Risk Management Group, and the Board Committees. He confirmed that there were no new risks or changes to existing risks in the report, though following discussions it had been decided to review Risk 2642 (Risk that Trust unable to invest in modernising its own estate), in light of the need to create capacity for increased demand and to respond to the new environmental requirements that the respiratory pandemic had created. He drew the Board's attention to the risks in relation to workforce and recruitment challenges, which remained high. The Trust had seen a slight improvement due to the recruitment of a number of international nurses, and there had been a slight reduction in absence due to Covid. However, there had been increased demand for escalation areas during the extreme operational pressures, with times when every single escalation area needed to be open and staffed in order to deal with patients. He highlighted a high risk relating to the future clinical model for Weston General Hospital. It was anticipated that through the system-led Healthy Weston initiative, plans for an integrated care model may be brought for public consultation in the summer by commissioners. **6.2 Corporate Objectives** In relation to the Q3 Corporate Objectives update, he reported that while progress had been made, 50% of objectives were behind schedule due to the pandemic as priority had been given to managing operational pressures. The Board commended the new format of this report, which had already been discussed at Committee level. **Members of the Board received the Board Assurance Framework for Quarter 3 for assurance.**	
07/01/22	**Item 7 - General Intensive Care Full Business Case**	
	Matthew Thomas, Intensive Care Unit consultant was in attendance for this item. The purpose of this paper was to ask the Trust Board to approve the General Intensive Care Unit (GICU) Stage 2 Expansion Full Business Case (FBC). Paula Clarke, Director of Strategy and Transformation, commented that this was an exciting development and was the culmination of a huge amount of work by UHBW, its partners in North Bristol NHS Trust and the commissioners. She highlighted the following points: • The case was for the expansion of General ICU adult provision by 11 beds with the build programme scheduled to complete by June 2023.A	

carefully planned phased approach to opening the beds will be in place aligned with the workforce plan for securing additional staff.

- The increase in capacity helps address a current inequity in bed provision for the Southwest and BNSSG – UHBW had among the lowest critical care provision per 100,000 population and this would not only improve access for local generalist critical care but also for regional specialist critical care
- The case set out the clinical risks currently faced by the Trust which would be mitigated by this development, including the way in which it would support elective recovery such as cancer and cardiac surgery.
- The £12.7m capital requirement would be covered by the Trust's cash reserves. However, there was also a revenue requirement of £6.5m. The Board was asked to note that commissioners could not commit to full recurrent revenue costs at this time, but they had fully and formally approved the clinical case. The mitigations were set out in the report.
- The formal capital investment policy approvals had been finalised and were being completed in line with decision-making protocols.

The Chair and members of the Board discussed the business case. Enthusiasm was expressed about the comprehensive and well-written nature of the business case and there was significant support for the much-needed ICU expansion.

Sue Balcombe, Non-Executive Director, referred to the additional posts that would be needed by November 2023 and enquired how confident the Trust was that these would be filled. Matthew Thomas, Intensive Care Unit consultant, confirmed that these posts would be attractive to applicants, but as they did not want to fill intensive care at the expense of other areas, the plan included a detailed resourcing plan including significant overseas recruitment. Paula Clarke added that the fallback position was that the Trust would take a staged approach and only open beds that it could safely staff.

Julian Dennis, Non-Executive Director, referred to the comment in the report about ongoing discussions with commissioners about the business case development and asked whether this presented a risk. Paula Clarke confirmed that this was part of the on-going process. She reiterated that commissioners were unable to commit to full recurrent revenue due to financial uncertainty beyond next year, as there was a prioritisation process that would need to be undertaken in 2022/23 and beyond. While this was a risk, the fact that commissioners had approved the clinical case significantly mitigated it. The Trust was also awaiting further information about national investment on critical care across the country which could provide an additional source of funding. Neil Kemsley, Director of Finance and Information, noted the contribution that the CAR-T and ECMO business cases would make towards those costs. The Trust would also be in position to take advantage of potential additional streams of funding when they were announced and the elective recovery funding.

Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee, confirmed that the Committee had discussed the revenue position, given that the Trust was effectively committing resources on behalf of the system, but they understood the position and accepted that the minimum investment that would be required to open beds in a phased way would be much lower. The Committee had been more than happy to recommend the case to the Board.

The Chair asked for approval, noting the risks and mitigations. There were no dissenting voices. Eric Sanders, Director of Corporate Governance, added that

	the case would now be presented to the Council of Governors for approval in the afternoon in line with the Trust's formal approval processes. **Members of the Board approved the General Intensive Care Full Business Case.**	
08/01/22	**Item 8 - Charity Accounts**	
	Eric Sanders, Director of Corporate Governance, introduced this report which sought formal Board approval for the Weston Health General Charitable Funds final six-month report and accounts for the period ending 30 September 2021. The charity had merged into Bristol & Weston Hospitals Charity on 1 October 2021 with the total fund balances being transferred to them. The accounts showed an overall decrease in fund balances during the period of £36k from £516k to £480k, consisting of income of £8k less expenditure of £73k and a £29k net gain on investments held. He highlighted that £73k had been spent on staff welfare and amenities at Weston General Hospital, which had been well-received. The auditors' independent examination certificate and Letter of Representation were also included and had identified no material concerns. The Board agreed to approve the report and accounts. Jayne Mee noted that the Board intended to receive an update from Paul Kearny, Chief Executive of Bristol and Weston Hospitals Charity, on the charity merger at a future meeting or seminar. **Members of the Board approved the Weston Health General Charitable Funds final 6-month report & accounts for period ending 30 September 2021 and the letter of representation.**	
09/01/22	**Item 9 - Quality and Outcome Committee Chair Report** **9.1 Integrated Quality and Performance Report**	
	Quality and Outcomes Committee Chair's Report Julian Dennis, Chair of the Quality and Outcomes Committee briefly introduced the report of the committee's meeting on 24 January 2022. He highlighted a discussion about the need to support administrative staff involved in the elective recovery programme as well as clinical teams, as they were also coming under significant pressure. The Committee had received updates on the operational pressures and the Trust's efforts to deal with them, including the provision of additional step-down beds and the difficulties in staffing those, and had noted the support from North Bristol NHS Trust in helping the Trust with pressures at Weston General Hospital. **Integrated Quality and Performance Report** Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced the Integrated Quality and Performance Report, which provided an overview of the Trust's performance on Quality, Workforce, Access, and Finance standards. The standards this month had been severely impacted not only by winter pressures, but from extreme pressure on the bed base due to the spike in Omicron related hospital admissions, Covid-related staff absence, and poor flow out of hospital. He highlighted that Weston General Hospital had been under a lot of pressure, with Bristol receiving a lot of diverts and transfers from Weston. Ambulance handovers were challenging, with additional queueing areas created around the Emergency Department, which staff were finding very difficult to manage. The elective recovery position and the Trust's performance against key indicators had deteriorated due to these pressures. With more changes to services due to Covid	

	again, there was now a need for renewed capacity and demand modelling to find out where the shortfalls were. He warned that indicators would not be where they should be for few months due to the impact of Covid. Emma Redfern, Interim Medical Director, echoed that operational pressures were affecting the Trust's ability to deliver the care that it wanted to give, particularly with a lot of staff absence due to Covid. However, there was a pilot project in the Division of Weston to meet in real time to discuss incidents that might trigger serious incidents, and this had been positively received. It was confirmed that this would also help to enable more timely duty of candour conversations. The Board discussed the report. Martin Sykes, Non-Executive Director, enquired whether there had been any problems with agreeing prices with the independent sector to help with the waiting list problems, Mark Smith explained that some contracts were national and could only be deployed in certain circumstances. Also, the Spire had been negotiating a tariff regionally that was more costly than usual, but there had been a breakthrough with paediatric cases, which were now going ahead.	
10/01/22	**Item 10 - People Committee Chair's Report** **10.1 Vaccination Programme Update**	
	People Committee Chair's Report Bernard Galton, Chair of the People Committee, gave a report of the Committee's most recent meeting. Following the appointment of the new Associate Director of Education and Director of People, a new vision statement for leadership development would be produced and shared with the Committee in March, and a revised People Strategy was proposed which would be simpler and more focused around a smaller number of objectives. This was fully supported by the Committee and the new approach welcomed. The Committee had also focussed on staff wellbeing and staff recruitment with an update on international nurse recruitment. The Committee had received the headlines from the annual Staff Survey results with a full update expected at a future meeting. They had also noted an update on the approach being undertaken to ensure compliance with the new mandatory vaccination requirement for front line staff and had discussed IQPR workforce metrics and reports on Freedom to Speak Up and from the Guardian of Safe Working Hours. **10.1 Vaccination Programme Update** Emma Wood, Director of People introduced this report, the purpose of which was to provide the Board with assurance on the implementation of Vaccination as a Condition of Deployment (VCOD) and on UHBW's approach to fulfil the requirements of the legislation. Emma Wood explained that legislation was expected to come into force on 1 April 2022 that as a CQC regulated provider the Trust would have to follow vaccination as a condition of deployment. The regulations stated that staff who were in scope must have had two Covid-19 vaccines by 31 March 2022. Any individual including agents and locums could not by law be employed or deployed after 1 April 2022 if they had not had two vaccines. She described the enormous amount of work that this necessitated to find out who would be impacted. There had been 860 staff who it appeared had one jab or no jabs, who were being telephoned to find out whether they had been vaccinated abroad (or in Wales) and whether they intended to be vaccinated before the deadline. She also outlined the support that was being offered to vaccine-hesitant	

	staff. Work was ongoing and she would expect to bring a revised report next month as to impact on services. In response to a question from Jayne Mee, Emma Wood confirmed that staff side (trade unions) were involved in the discussions and had been proactive in cross-covering each other to ensure that all their members would have representation. In relation to a further question about the effect on vacancy rates. Emma Wood noted that the Trust was already looking at recruiting extra staff in high-risk areas and all recruitment was now being carried out on the basis that anyone joining the Trust had to be double-vaccinated. **Members of the Board received the People Committee Chair's Report and the Vaccination Programme update for assurance.**	
11/01/22	**Item 11 - Finance and Digital Committee Chair's Report** **11.1 Trust Finance Performance Report**	
	Finance and Digital Committee Martin Sykes, Chair of the Finance and Digital Committee, introduced a report of his committee's most recent meeting. The main focus in relation to the digital agenda had been the full integration of the Weston patient record system, which was making good progress to go live on 1 April 2022. Following up on the December NED visit to the Emergency Department, the Committee had welcomed news that discussions were underway regarding the Single Sign On system, including any information governance implications which needed to be addressed. In relation to Finance, the Trust was holding less financial risk than usual given the way in which the money was allocated during the pandemic, but there had been a discussion on the risks next year and beyond, and it had been agreed that it would be helpful to revise and refresh all financial risks before the next meeting. The Committee had also discussed the General Intensive Care Unit Stage 2 Expansion Full Business Case for onward approval by the Trust Board. David Armstrong, Non-Executive Director, highlighted to the Board that the standard of reporting from Digital Services reports had greatly approved. **Finance Performance Report** Neil Kemsley, Director of Finance and Information, introduced the Finance Report, which informed the Board of the financial position of the Trust for the period 1 April 2021 to 31 December 2021. For this period, the Trust was in a strong financial position, as was the system. This was being used to support operational challenges (e.g. financial support for shadow rotas and additional expenditure on portering and cleaning support), and the Trust had also brought forward spend on scanning medical records and had spent c. £2m on reducing waiting times for cochlear implants. He drew the Board's attention to an estimated capital underspend of £15m by year-end. This would give rise to potential challenges in terms of the capital limits the Trust would be operating under next year. This would be a focus for the February meeting of the Finance and Digital Committee. Mark Smith added that the financial support for the rotas had been greatly welcomed through this difficult time to help with staff absenteeism due to Covid. **Members of the Board received the Finance and Digital Committee Chair's Report and the Finance Performance Report for assurance.**	

12/01/22	**Item 12 - Audit Committee Chair's Report**	
	David Armstrong, Chair of the Audit Committee, introduced a report of the meeting on 24 January 2022. A considerable part of meeting had been spent reviewing actions from previous meetings (mainly in relation to changes to strategic and operational risks requested by the Committee). The Committee had also focussed on the risk registers, particularly any risks related to the audit committee, and the validity of mitigating actions. The committee had received three internal audit reports, with the report on Emergency Preparedness, Resilience and Response generating discussion around governance and the adequacy of the Trust's plan. The Committee had received an Estates and Facilities report and had emphasised the importance of benchmarking, for example in the way that the Trust carried out its fire risk assessments. **Members of the Board received the Audit Committee Chair's Report for assurance.**	
13/01/22	**Item 13 - Review of Board Committee Terms of Reference** **13.1 Quality and Outcomes Committee** **13.2 People Committee** **13.3 Finance and Digital Committee** **13.4 Audit Committee** **13.5 Remuneration Committee**	
	Natashia Judge, Head of Corporate Governance, introduced proposed changes to Board Committee Terms of Reference (TOR) Each committee had considered and endorsed its terms of reference at their January meeting and the full suite was now presented to Trust Board for approval. The changes mainly related to alignment of quorum requirements and the addition of Non-Executive Director Champion responsibilities. She drew the Board's attention to the review of the Trust's Non-Executive Champion roles, which had concluded that only five such individual roles were necessary (with the rest being aligned to committees) as follows: Maternity Board Safety Champion - Sue Balcombe Wellbeing Guardian - Bernard Galton Freedom to Speak Up NED Champion - Jane Norman Doctor's Disciplinary NED Champion - Julian Dennis Security Management NED Champion - David Armstrong The discussion that followed mainly focussed on Board Committee oversight of Emergency Preparedness, Resilience and Response (EPRR). The proposed revisions to the Committee Terms of Reference (TOR) included the addition of EPRR into the Quality and Outcomes TOR and its removal from the Audit Committee TOR. David Armstrong, Chair of the Audit Committee, expressed strong concern that there would be a risk if the Audit Committee were to have no role in EPRR going forward, particularly given that business continuity in many other organisations was regarded as an audit responsibility. Differing views were expressed, but eventually it was agreed that responsibility would be split between the two committees, with QOC retaining general responsibility for EPRR oversight, and the Audit Committee retaining oversight of EPRR for Estates and still receiving the annual report to ensure AC oversight of the controls. The TOR would be amended on this basis with the amendment to be agreed by David Armstrong and Eric Sanders, Director of Corporate Governance, and then circulated to the Board.	

	Action: Audit Committee Terms of Reference to be amended and circulated to the Board. **Members of the Board approved the Terms of Reference for the Quality and Outcomes Committee, People Committee, Finance and Digital Committee, and the Remuneration Committee.**	Director of Corporate Governance
14/01/22	**Item 14 – Any Other Business**	
	The following papers had been circulated to the Board for information only in order to streamline the agenda: • COVID-19 Inquiry • Plan to achieve Midwifery Continuity of Carer as the default model of care • Monthly Integration Report Assurance Director of Strategy and Transformation • Transforming Care Programme Board Report Quarter 3 • Register of Seals Quarter 3 • Governors Log of Communications • Maternity Perinatal Quality Surveillance Matrix • Learning from Deaths Report Martin Sykes, Non-Executive Director, noted that there had been significant discussion at a recent governors' meeting about staff and patient transport, and drew the Board's attention to the question and response on the Governors' Log of Communications report in relation to the Low Emission Zone. The Chair thanked everyone for attending and closed the meeting at 13:00.	
15/01/22	**Date of next meeting: 30 March 2022 11:00-13:30**	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting on Wednesday 30th March 2022
Action Log

Outstanding actions from the meeting held on 28 January 2022					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	13/01/22	**Review of Board Committee Terms of Reference** Audit Committee Terms of Reference to be amended and circulated to the Board.	Director of Corporate Governance	March 2022	**Action Ongoing** March 2022: The Director of Corporate Governance to discuss changes with the Chair of the Audit Committee post annual leave and revised document to be circulated to the Board.
2.	10/11/21	**Strategic Capital Programme Report** Board to receive a progress update on the BNSSG system Estates Strategy and the implications for the UHBW Estates Strategy.	Director of Strategy and Transformation	January 2022	**Suggest Action Closed** January 2022: Paula Clarke, Director of Strategy and Transformation, informed the Board that an external company had been commissioned to help the BNSSG Integrated Care System progress an extensive review of its estate across its six localities. There may be opportunities for UHBW to deliver more activity in the localities, but this was not expected to be material enough to impact on the strategic development programme already agreed by the Board. March 2022: Archus, the appointed external consultant, have now concluded their review of the six localities estate and a report for each locality, is being produced which will lead to a combined report by the end of April. This is currently planned to be presented to the Healthier Together Estates Group, however this is still to be confirmed.

					UHBW have engaged in the process, particularly around opportunities at South Bristol Community Hospital. The report will identify key opportunities for primary and community services, with little identified for acute services. We will continue to look at opportunities for locating services in the localities particularly aligned with outpatient and diagnostic services however the scale of the opportunity identified has no anticipated material impact which would affect the Trust's strategic development programme.
3.	14/09/21	**<u>People Committee Chair's Report</u>** People Committee to receive a report on staff rest facilities.	Director of Finance and Information	November 2021	**Suggest Action Closed** <u>January 2022:</u> Bernard Galton, Chair of the People Committee, confirmed that the Committee had seen a plan to develop staff rest areas but had requested more information, particularly how they would be publicised to staff. Emma Wood confirmed that the Board would receive a more comprehensive report detailing progress and outstanding work. It was noted that the Director of People and the Director of Finance and Information were both owners of this action. <u>March 2022:</u> A detailed update report on staff rest facilities had been presented to the People Committee in March 2022.

Closed actions from the meeting held on 28 January 2022					
No.	**Minute reference**	**Detail of action required**	**Action for**	**Due Date**	**Action Update**
4.	03/11/21	<u>Patient Story</u> Chief Nurse and Midwife to investigate the medication issues in the patient story.	Chief Nurse and Midwife	January 2022	**Closed** Escalation and oversight of medication safety metrics in discussion with Medication Safety Officer in pharmacy and will be incorporated into the IQPR in due course

5.	12/11/21	Sustainability Annual Report Sustainability Annual Report to be shared with governors	Director of Corporate Governance	January 2022	**Closed** Circulated by Sarah Murch, Membership Manager
6.	17/11/21	Embedding of the new Trust Values Board to be provided with update reports on embedding of the Trust Values which contained success measures and information about how they were making a difference.	Interim Director of People	January 2022	**Closed** Trust wide and divisional briefings and immersion exercises have been progressed since December. Approximately 400 leaders/managers have been briefed at over 40 divisional meetings. Value sessions and leadership behaviour development sessions were stepped down due to operational pressures but we have seen 3100 views of 'values' videos, 911 connect page views, 4600 social media reach/impressions, 1365 views on leaders connect and 1788 managers have received collateral on our new values

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	**Chief Executives 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 on the activities of the Senior Leadership Team.
2. Key points to note *(Including decisions taken)*
The Board will receive a verbal report on 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 February and March 2022.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Information.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

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APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MARCH 2022

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in February and March.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

3. STRATEGY AND BUSINESS PLANNING

The group **noted** updates on progress and closure of the Campaign Plan for managing winter pressures.

The group **approved** the business case for the Bristol Eye Hospital Diagnostic Assessment Hub, subject to capital being identified and System support for the revenue implications over the period.

The group **supported** progress of the plan for development of a Southwest Severe Respiratory Failure/V.V. Extra Corporeal Membrane Oxygenation Service.

The group **approved** the funding proposal for recruitment of 70 international nurses, noting further agreement would be required in April to secure further funding for the July onwards arrivals.

The group **received** an update and next steps on the approved Stroke service configuration.

The group confirmed **support** for the proposed clinical model for Weston Hospital prior to submission to the Southwest Clinical Senate.

The group confirmed **support** for the pre-commitment of funding to support recruitment of a vascular interventional radiologist.

The group **noted** an update on the Estates Strategy and Weston Site Development Plan.

The group **noted** an update on the Communications Strategy refresh.

The group **supported** proposals in respect of the car parking policy and approach, seeking further work around options in terms of the pricing structure for staff.

The group **noted** an update on the Bristol Clean Air Zone.

The group **supported** the direction of travel proposed and next steps for the leadership training vision and offer.

The group **approved** the requirement for investment in the future hybrid management model arrangements at Weston General Hospital.

The group **approved** the Heads of Terms for the Maggie's Centre and that the project team should proceed to agreeing the lease with Maggie's.

The group **noted** an update on new and advanced roles and agreed next steps.

4. RISK, FINANCE AND GOVERNANCE

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

The group **noted** updates on the operating plan process for 2022/2023, including major medical and operational capital prioritisation, internal cost pressures and strategic investments and the capital programme.

The group **noted** preliminary highlights of the Staff Survey results 2021 and next steps.

The group **approved** terms of reference for the People and Education Group.

The group **received** an update on the implementation of staff mandatory vaccinations.

The group **received** an update on plans for Senior Leadership Team development.

The group noted an update on the Care Quality Commission Inspection Composite Action Plan and **approved** the proposed governance arrangements.

The group **approved** an invest to save option for recruiting an in-house contracts team at UHBW to provide research and contractual advice.

The group **approved** the Capital Investment Policy, noting some further minor amendments had been agreed by the Capital Programme Steering Group.

The group **received** the risk exception reports from Divisions and an update on open incidents.

The group **received** one Internal Audit Report with a significant assurance (Payroll), two with a satisfactory assurance rating (Professional Standards and Capital Strategy) and one with a limited assurance rating (Emergency Preparedness, Resilience and Response. An update on overdue recommendations, changes to the 2021/2022 Audit and Assurance Plan and the Draft Strategic Audit and Assurance Plan 2022/2023 – 2024/2025 were also noted.

Reports from subsidiary management groups were **noted,** including updates from Trust Research Group, Clinical Quality Group, Commissioning and Planning Group, People and Education Group, Digital Hospital Programme Board and the Weston Integration Board.

The group **received** the monthly communication exception report for information.

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

The group **received** the Quarter 3 Complaints Report prior to submission to Trust Board.

The group **received** the Quarter 3 Patient Experience and Involvement Report prior to submission to Trust Board.

The Group **received** the National Survey of Children and Young People 2021, National Survey of Under 16 Cancer Experience 2021 and National Maternity Patient Survey reports.

The group **received** an update on the Acute Provider Collaborative.

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
March 2022

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Trust Board of Directors in Public – 30 March 2022

Reporting Committee	**Quality and Outcomes Committee – meeting held on 24 March 2022**
Chaired By	**Julian Dennis, Non-Executive Director**
Executive Lead	**Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Deirdre Fowler, Chief Nurse and Midwife** **Stuart Walker, Medical Director**

For Information

The Committee operated a reduced agenda in line with the recommendations set out in NHS England/ Improvement's (NHSEI) recent letter *"Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic*".

The Committee considered the ongoing issue of VTE risk assessment compliance. A meeting was planned to discuss the way forward, particularly focusing on ensuing clinical buy in to the approach, as much as having the right electronic system for capturing the information. At the Finance and Digital Committee, it was highlighted by Chris Bordeaux, Chief Clinical Information Officer, that the EPMA (electronic prescribing) project was now seen more as a clinical project than an IT project.

The monthly Nurse Safe Staffing Report was received and discussed. The Committee noted the challenge of ensuring safe staffing and impact of turnover, particularly in relation to registered nurses. Exit interviews were showing a range of reasons as to why Band 5 nurses were leaving, and work was continuing to improve staff recruitment and retention.

The quarterly patient experience and complaints reports were received and noted. Work continued to ensure there was appropriate corporate and divisional capacity to respond in a timely and effective way to patients, their carers and relatives.

The Committee received reports following the publication of several National Surveys including the 2021 National Maternity Survey UHBW, the Children and Young People's Survey and the U16 Cancer Experience Survey. The Committee noted the very positive outcomes in the Children and Young People Survey remains very good, with some minor deterioration in the National Maternity Survey (in line with other providers).

For Board Awareness, Action or Response

Performance within the Integrated Quality and Performance Report was reviewed and the Chief Operating Officer, explained that there was now increasing pressure on the Trust with the current surge in COVID numbers. It was explained that this surge was having a serious impact on staff particularly as wards and services have had to be reconfigured for a third time. This was further exacerbated by the pressures on community services including the closure of care homes which was increasing the problems with timely discharge.

A&E had been under serious pressure with the highest numbers of people attending recorded. Concerns had been expressed over the safety of patients when dealing with such large numbers of attendances. The Committee also considered the impact on staff, in particular keeping them safe and well and allowing them to provide safe and effective care.

The Committee received an update on progress to deliver the CQC action plan: It was confirmed that the Divisions would be taking on ownership and responsibility for delivery of the outstanding actions and would ensure that QOC were sighted on delivery of these actions. The Chief Nurse and Midwife committed to a further review of assurance provided to support the closure of actions prior to a further update coming to the Committee and Board.
Key Decisions and Actions
None to report
Additional Chair Comments

Date of next meeting:	**26 April 2022**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	**Integrated Quality & Performance Report**
Report Author	**Rob Presland, Associate Director of Performance** **James Rabbitts, Head of Performance Reporting** **Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety)** **Laura Brown, Head of HR Information Services**
Executive Lead	**Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Quality – Deirdre Fowler, Chief Nurse/Stuart Walker, Medical Director** **Workforce – Emma Wood, Director of People** **Finance – Neil Kemsley, Director of Finance**

1. Report Summary
To provide an overview of the Trust's performance on quality and access standards.
2. Key points to note *(Including decisions taken)*
The Workforce slides under the Well Led domain (plus Essential Training in the Safe domain) have been re-instated. The 2 page Financial summary in the Well Led domain have also been re-instated. An additional summary for the 28 Day Faster Diagnosis cancer standard has been added this month.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance.**
5. History of the paper **Please include details of where paper has previously been received.**
Quality & Outcomes Committee 24th March 2022

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University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality & Performance Report

March 2022

Contents

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2022

Executive Summary

Reporting Month: February 2022

February continued the trend where overall emergency department attendances and conversions to admission were below the levels experienced pre-pandemic, but where poor flow out of the hospital affected the recovery of performance in most areas (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). COVID bed occupancy reduced by almost two thirds to 3.2% at the end of February when compared to January, but the implications on lost capacity due to infection, prevention and control guidance and staff sickness remain a constant threat to recovery.

Trust wide performance against the Emergency Department 4 hour target was 64.8% in February, down from 66% in the previous month and well below the national 95% standard. There were 844 trolley waits in excess of 12 hours across UHBW sites, which was the worst in England and the highest number of breaches recorded since the start of the pandemic. Poor flow through the hospital has also affected ambulance handover delays, where 77.1% were over 30 minutes at the BRI. Weston showed improvement to 45.8% of delays over 30 minutes, but this was still above the South West regional average.

On average there were 190 beds per day occupied by patients with no criteria to reside in February which is 20% of the core stock for general and acute beds. Delays were reported across all discharge to assess pathways with COVID continuing to contribute towards higher staff absence and care home closures. Various actions for improvement are in place with system partners following an NHS Emergency Care Intensive Support Team visit to support recovery and the UHBW Proactive Hospital Programme is launching the Every Minute Matters SAFER patient flow bundle to enable earlier discharge, reduce length of stay and improve safety for patients.

Improvements to flow and associated benefits anticipated from the extension of discharge to assess community capacity in the local health care system is a critical enabler to supporting all aspects of performance recovery in 2022/23, and not least the treatment of patients who have been on the waiting list for over two years. The Trust is on track to meet revised waiting list performance targets agreed with NHS Improvement and NHS England by the end of March, but the national imperative to eliminate all 104 week long waits by the end of June is expected to be extremely difficult without a material step up in elective activity run rate. This risk is reflected in a national decision to include UHBW in a three tiered system of hospital providers where the delivery of zero waits at 104 weeks is considered to be at high risk. The Trust is likely to be subjected to additional monitoring against weekly plans for 104 week wait reduction between March and the end of June.

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2022

The status of elective care key performance metrics is as follows:

- Referral to Treatment patients waiting 104+ weeks. At the end of January there were 386 patients waiting over two years for the start of treatment (worse than the original trajectory of 167 but within the target agreed for end of March of 400 patients). The overall incomplete RTT wait list size and 52 week wait breaches showed a marginal month on month increase but have a good chance of achieving the end of year targets;

- Diagnostic waiting lists, where 62.5% were waiting within the 6 week standard. Performance remains particularly challenged in CT Cardiac, MRI Cardiac, MRI Paediatrics, echocardiography and endoscopy. 52 week wait breaches by March 22 are anticipated in MRI Cardiac and endoscopy and plans to increase capacity are currently under review, including options for a temporary mobile endoscopy unit to boost capacity within the local healthcare system;

- Outpatients, where 101,471 patients currently have a partial booking follow up status showing as overdue, 31% of which are greater than 9 months. The Trust has increased outpatient waiting list validation capacity and is targeting clinically higher risk areas to reduce delays and looking for alternative methods of follow up for lower risk patients under the Personalised Follow Up programme, including Patient Initiated follow up; and

- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month and performance dropped to 71% in February. There is a risk of further short term deterioration in 2 week wait performance and a risk to the 28 day faster diagnosis standard due to a number of breaches in Dermatology where there has been unplanned absence of locum consultants and sickness associated with COVID. Actions for improvement are being reviewed with the South West Cancer Alliance.

The Trust has established a Recovery Programme Board to coordinate the planned, urgent and workforce responses to improve the performance position. Work is also continuing with system partners to prioritise investments in the 2022/23 operating plan and ensure delivery of benefits that will improve flow, reduce risk to patients from front door ambulance handover delays and enable the Trust to deliver nationally mandated targets for waiting list reductions.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2022

Safe | **Caring**

Successes	Priorities

• Despite continued significant operational challenges contributing to delays in the Trust's emergency departments, in February 2022 the rate of pressure injuries per 1,000 bed-days remained below improvement goal at 0.13 across UHBW. In 2021/22 to date the rate of pressure injuries has remained below the target of 0.4 at 0.164. A reduction in category 2 pressure injuries was seen in February and there were no category 3, 4 or unstageable injuries reported.
• Despite on-going requirements for patients at risk of falls requiring enhanced care observation combined with staffing challenges, the number of falls with harm occurring in February has remained low with two falls reported resulting in moderate harm.
• An ongoing programme of workshops with divisional patient safety teams to design and implement changed across UHBW in line with the national patient safety strategy has received positive feedback from divisions on this collaborative approach.
	• Wards have continued to work at staffing levels below their agreed establishment throughout February. The impact on staff well-being cannot be underestimated as many staff are moved from their base wards at very short notice and moved to support the ED queue. On occasions they have also moved between the Bristol and Weston sites to help ensure patient safety is maintained across the Trust. Recruitment and supporting staff well-being are top priorities.
	• The launch of a new programme "Accreditation for Quality Care" will commence on the 28th March in adult inpatient areas with a small number of pilot wards in the Division of Medicine. In future this will be expanded to clinical areas in Children's services, Midwifery, Outpatients, and Theatres. The programme is designed to:
	  • develop a culture of pride and accomplishment
	  • provide local oversight of quality performance and supportive challenge through governance reporting
	  • reduce unwarranted variation in delivery of care
	  • create and embed a platform for continuous improvement
	• Introduction of "MyKitcheck," a digital platform for checking, ordering and replenishing equipment on resuscitation trollies in order to provide a consistent gold standard level of readiness will be introduced Trust wide in June 2022.

Reporting Month: February 2022

Safe | **Caring**

Opportunities	Risks & Threats
• The Falls Information Leaflet is being updated, along with the Falls Care Bundle to ensure they meet local and national requirements. The Bed Rails Risk Assessment & SOP is also being reviewed in line with changes to the national guidance. This will be launched in May 2022. • In mid-March a new tissue viability poster and education campaign was launched. The purpose of the campaign is to educate staff on importance of understanding the bone anatomy of the sacral-coccygeal and buttock areas, how to use using the appropriate terminology to describe these areas to improve clarity of documentation and communication of skin inspection and any emerging signs of pressure damage.	• The continued level of transmission of the Omicron variant within the community coupled with a high level of staff absence has caused significant staff shortages across all wards and departments that are managed daily to ensure optimal deployment of available staff on a whole-site basis. New patient safety risks: • Risk 5611: Risk that patients requiring emergency or specialist treatment will be delayed transferring from one site to another across UHBW. Incident reporting and investigation has identified delays and increased risk of harm for patients waiting for ambulance transfers e.g., from Weston General Hospital to the BRI, and from the BRI ED to St Michael's Hospital to treat obstetric and gynaecological emergencies, and inter-hospital transfers for urgent radiological investigations to diagnose and treat time-critical conditions. Current score=12.

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2022

Responsive | **Effective**

Successes	Priorities
• Following a successful test of block closure of a small cohort of Urology patients, a further request has been sent to our Patient Administration System supplier to proceed with the remaining closure of c. 60,000 legacy records on the Weston PAS which will be implemented prior to convergence with the Bristol PAS on 9th April. This Data Quality improvement should contribute towards a reduction in waiting list backlogs. • Cancer standards: the subsequent radiotherapy standard maintains compliance. The Trust also remains below its given maximum number of 'long waiting' (<62 day) patients on a GP suspected cancer pathway. • Ophthalmology are making positive progress with "N-code" risk stratification for outpatients. This should inform the Trust's future strategy for managing the large number of overdue partial bookings to see if alternative methods of follow up can be implemented instead of a face to face appointment. • The Trust is on track to meet waiting list trajectories agreed with NHS England and NHS Improvement for overall wait list size and 52 week wait. • Access to elective inpatient beds in the Knightstone Short Stay Surgical Ward has been sustained in February despite bed pressures for urgent care activity.	• Ensuring all cancer patients are treated in a clinically safe timescale during the ongoing emergency pressures and over winter, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account). • Focus continues on maximising use of the independent sector for our long waiting routine patients to receive their treatment. • National focus to ensure that 104ww patients who are in a non-admitted setting are provided with a date for an outpatient appointment by the end of March, with the appointment taking place before end of April. • Long term condition Patient Initiated Follow-Up data capture to be progressed with specialties delayed due to Medway convergence. • DrDoctor deployment programme has been launched as the replacement provider for the trusts virtual consultation platform attend anywhere. • Work has begun on N-code risk stratification of the non-admitted outpatient backlog. • Implementation of actions from the NHS Emergency Care Intensive Support Team (ECIST) to recovery 12 hour trolley wait performance, noting the Trust is currently the worst provider in England. • Supporting the system wide discharge to assess initiative to improve flow out of the hospital, including launch of the UHBW Every Minute Matters SAFER bundle to enable earlier discharge processes across our wards.

Reporting Month: February 2022

Responsive | **Effective**

Opportunities	Risks & Threats
• Mutual aid with Liverpool Heart and Chest Hospital is working successfully to provide more timely treatment for appropriate thoracic surgery patients, including cancer patients. • Infection, Prevention and Control guidance is being reviewed to maximise utilisation of capacity, especially in outpatients, day case units and surgical recovery areas. • Opportunities for targeting reduced length of stay are being reviewed with system partners to improve flow and increase availability of beds to support elective inpatient recovery.	• There is an ongoing impact on cancer waiting time standard compliance due to the pandemic and system emergency pressures. The increase in these impacts since January 2022 has caused further (for duration of the period of heightened prevalence) deterioration in performance. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42). • Due to UHBW not able to agree a tariff+ arrangement with Spire for the transfer and treatment of circa 41 paediatric patients, there is a risk that the Trust will not be able to provide a solution for treatment for these patients before the national requirement of end of June. In additional there are circa 50 patients who continue to request to delay their treatment beyond the end of June, which may add to the inability of the Trust achieving the national requirement of eliminating 104ww breaches by end of June. • There is a risk that existing staff that are being asked to extra list in the form of waiting list initiatives (WLIs) and weekend Glanso lists to help support the elimination of 104ww breaches, will continue to feel overworked and become ill which could result in further reductions in workforce. • There is a risk that high number of beds occupied with patients that have no criteria to reside will continue to hamper recovery efforts for both 12 hour trolley wait performance and also surgical elective inpatient activity.

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2022

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

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

CQC Domain	Metric	Standard Achieved?
Responsive	Emergency Care - 4 Hour Standard	N
	Delayed Transfers of Care	N/A
	Referral To Treatment	P
	Referral to Treatment – Long Waits	N
	Cancelled Operations	N
	Cancer Two Week Wait	N
	Cancer 62 Days	N
	Cancer 28 Day Faster Diagnosis	N
	Diagnostic Waits	N
	Outpatient Measures	N
	Outpatient Overdue Follow-Ups	N
Effective	Mortality (SHMI)	Y
	Mortality (HSMR)	Y
	Fracture Neck of Femur	P
	Mixed Sex Accommodation	Y
	Maternity Services	N/A
	30 Day Emergency Readmissions	Y

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

Infection Control – C.Difficile

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital. A limit of Clostridium Difficile cases has now been confirmed with NHSE/I as 57, this is lower than previous reporting years and does not take into account the combined totals for the merger between Bristol and Weston (previously the limits were 57 for Bristol and 15 for Weston, a total of 72). This confirmed limit would give a trajectory of 4.75 cases a month. Almost certainly, the consequence of this confirmed limit is that UHBW will be non -compliant for this limit.
Performance:	There were eight cases of healthcare associated C-Difficile, with no COHA cases reported. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C-Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). To date we have 92 clostridium difficile HOHA and COHA cases for 2021/22 which means we have exceeded the trajectory.
Commentary:	Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites. Actions taken: • Increased environmental auditing within areas of increased rates is taking place. • A structured collaboration commenced in September 2021 across the BNSSG provider organisations facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established. • An updated IPC education plan in clinical departments has begun. • Increased environmental auditing within areas of increased rates is taking place.
Ownership:	Chief Nurse

Judd Emily
03/29/2022 14:59:51

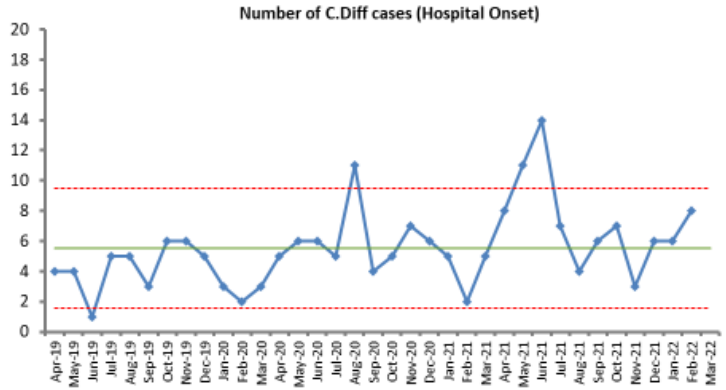
	HA	HO	HA	HO	HA	HO
Medicine	3	3	31	31	25	24
Specialised Services	1	1	15	11	18	14
Surgery	2	2	12	12	11	11
Weston	2	2	19	14	12	8
Women's and Children's	0	0	12	12	12	10
Other (Bristol)	0	0	3	0	3	0
TOTAL	**8**	**8**	**92**	**80**	**81**	**67**

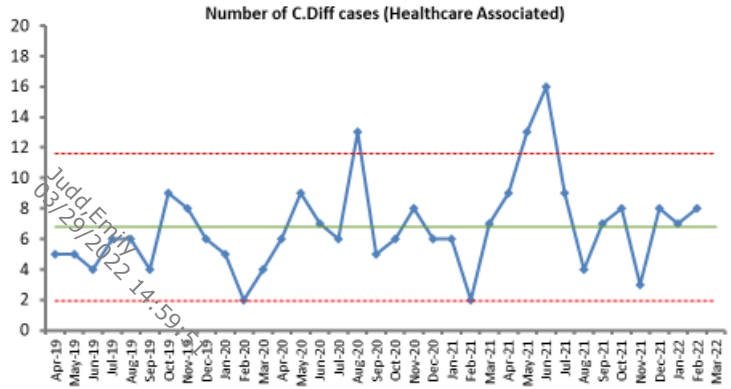
HA = Healthcare Associated, HO = Hospital Onset

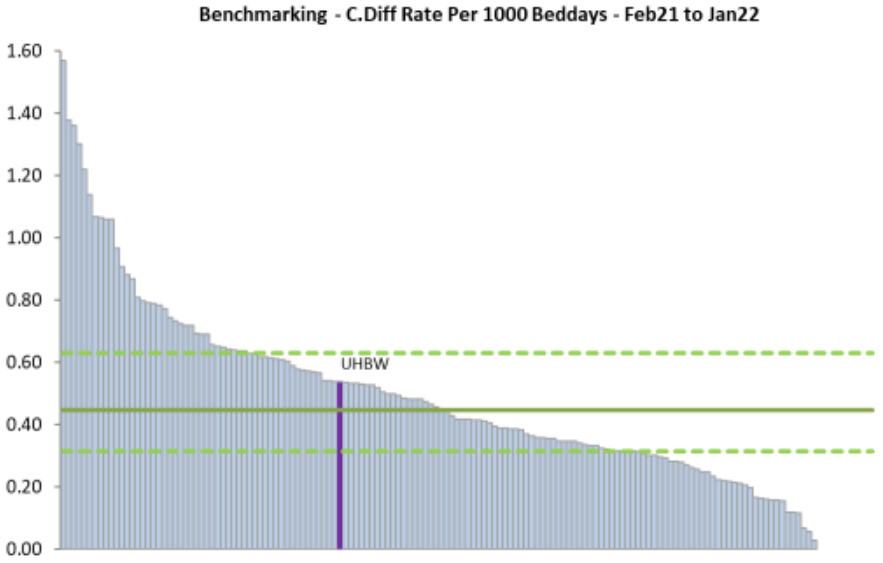
Infection Control – C.Difficile

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022







Infection Control - MRSA

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

Y *Achieved*

Standards:	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There were zero new cases of MRSA bacteraemia in UBHW in February 2022. There has been six cases reported this financial year.
Commentary:	The vascular access group has restarted to help reduce levels of bacteraemia. A regional collaborative led by NHSE/I for improved vascular device management linked to reduced levels of bacteraemia has commenced.
Ownership:	Chief Nurse

	Feb-22	2021/2022	2020/2021
Medicine	0	5	0
Specialised Services	0	0	1
Surgery	0	0	0
Weston	0	0	1
Women's and Children's	0	1	2
TOTAL	**0**	**6**	**4**

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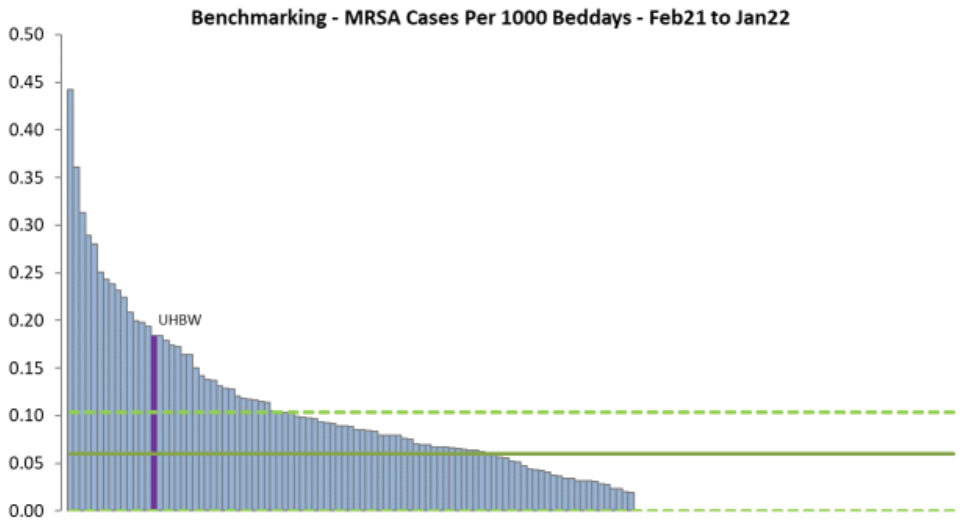


Infection Control – E. Coli

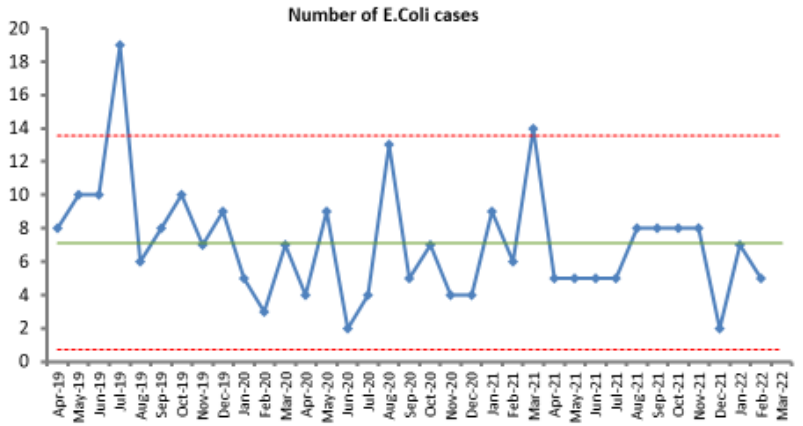
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

Y *Achieved*

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to Public Health England (PHE). As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia are initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. A limit of E.coli cases has now been confirmed with NHSE/I as 190. This confirmed limit would give a trajectory of 15.8 cases a month.
Performance:	There were five Hospital Onset cases in February, giving 66 cases year-to-date. This is below the new trajectory of 16 per month.
Commentary:	The community prevalence of E.coli cases has been noted to be increasing throughout this year. Hepatobiliary was identified as the potential source of E. coli bacteraemia in one of the cases. The potential source of infection for one case was lower urinary tract and the potential source of another was upper urinary tract. The source of infection for the other two cases has not been identified. None of the cases were identified as urinary catheter related. A catheter use / prevalence survey across the Trust and an audit of compliance with best practice is planned. To date the Trust has had 66 E.coli cases for 2021/22 which is below the trajectory.
Ownership:	Chief Nurse

	Feb-22	2021/2022	2020/2021
Medicine	2	16	27
Specialised Services	1	14	16
Surgery	1	14	21
Weston	1	15	9
Women's and Children's	0	7	8
TOTAL	**5**	**66**	**81**



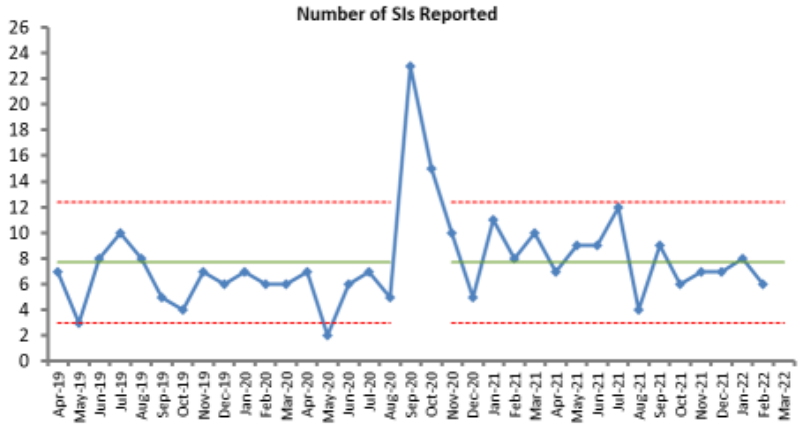
Serious Incidents (SIs)

February 2022

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 2021/22, the new Patient Safety Incident Response Framework is to be implemented and an initial scoping exercise including stakeholder workshops have commenced.
Latest Data:	Six serious incidents were reported in February 2022. These serious incidents comprise: three Diagnostic Incident including failure to act on test results, one Healthcare Associated Infection/Infection control incident, one pressure Ulcer and one Maternity Obstetrics Incident (mother only). There were no never events or new HSIB investigations reported in the month.
Commentary:	Following a successful trial in Weston the new Rapid incident review process for the identification of incidents requiring further Patient Safety Incident Investigations (replacing the previous Root Cause Analysis) commenced trust wide in January 2022. The advantage over the previous 72 hour report process is that the identification process is now performed in a meeting format that gives the opportunity for the Divisional safety teams and Divisional representatives to discuss the incident directly with a member of the Executive team. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Feb-22	2021/2022	2020/2021
Medicine	0	28	31
Specialised Services	0	8	6
Surgery	0	8	13
Trust Services	0	0	1
Weston	5	21	50
Women's and Children's	1	18	8
Other/Multiple Divisions	0	1	0
TOTAL	**6**	**84**	**109**



Harm Free Care – Inpatient Falls

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

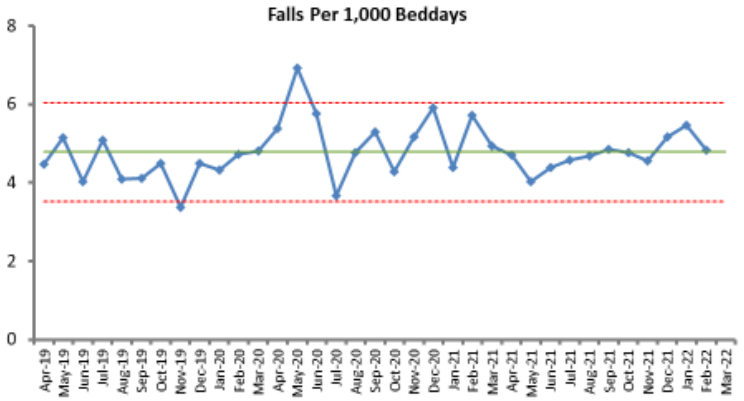
P *Partially Achieved*

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During February, the rate of falls per 1,000 bed days was 4.82 across UHBW and remains within the statistical process control limits. Bristol rate was 4.39 and Weston rate was 6.22. There were 145 falls in total (101 in our Bristol Hospitals and 44 in the Division of Weston). There were two falls with moderate harm (one in the Medicine division in the Bristol Royal Infirmary, and one in Weston). There were no falls with major harm or above.
Commentary:	The number of falls has decreased slightly in February, across both the BRI and Weston site. The number of falls with harm has decreased in February, with no major harm recorded. The continued operational pressures, high numbers of ward moves and staff shortages across the Trust remains, alongside the numbers of patients requiring enhanced care observation continue to contribute to the falls risks. The Divisions continue to manage those patients at risk of falls and review and investigate these falls as timely as possible to ensure learning is obtained and shared. Actions: • Falls continues to be on the Trust Risk register and on each Division's Risk Register. • The Dementia, Delirium & Falls steering group was held on the 15th March – focusing on continence and discussing ideas to improve care in this area; as toileting is associated with approximately 30% of falls. Surgery also presented their review of falls over the past year, identifying key times when falls occur; such as during drug rounds. They are developing a plan to negate the risk at these times. • Training, led by the Dementia, Delirium & Falls Team is continuing. The team lead is in discussion with the Simulation Team to deliver sim sessions across the two sites, relating to falls but also incorporating dementia & delirium. The Band 6 Nurse in the team has completed a Sim Trainer study day so will be able to lead Sims going forward. • Training at Weston has been paused temporarily as the priorities for the site are determined. It is anticipated that a blended training approach will begin in April, covering dementia, delirium & falls. • The Falls Information Leaflet is being updated, along with the Falls Care Bundle to ensure meeting local and national requirements. • The Bed Rails Risk Assessment & Standard Operating Procedure (SOP) is also being reviewed, in line with changes to the national guidance. This will be rolled out in May.
Ownership:	Chief Nurse

Harm Free Care – Inpatient Falls

February 2022

	Feb-22	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	3	-
Medicine	62	8.01
Specialised Services	15	3.16
Surgery	15	4.04
Weston	44	6.22
Women's and Children's	5	0.74
Other/Not Known	1	-
TRUST TOTAL	**145**	**4.82**
Bristol Subtotal	*101*	*4.39*



Harm Free Care – Pressure Injuries

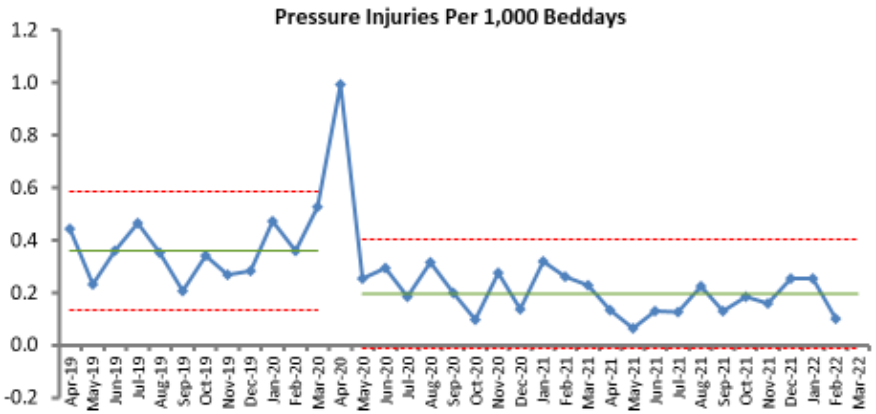
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

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. Pressure Injures are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2,3 and 4 are counted. There is an additional category referred to as "Unstageable", where the final categorisation cannot be determined when the incident is reported. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure.
Performance:	During February 2022, the rate of pressure injuries per 1,000 beddays was 0.10 across UHBW. Across UHBW there were a total of three Category 2 pressure injuries, two of which were medical device related. One in Surgery Division (nostril) one in Medicine Division (nasal bridge) and one in Weston Division (coccyx). February saw a significant reduction in category 2 pressure injuries. There were also no category 3, 4 or unstageable injuries reported during the month.
Commentary:	Actions (All sites): • Intensive Care Unit (ICU) Bedside Pressure Relief Pathway to be launched across the ICUs to prompt staff with appropriate pressure relieving and pressure redistribution measures for skin underneath medical devices. • Ongoing 1:1 15 minute Micro teaching sessions offered to staff. • Launch (mid-March) of the tissue viability poster and education campaign. The purpose will be to educate staff on importance of understanding the anatomy of the sacral-coccygeal and buttock bone areas in addition to using the appropriate terminology to describe these areas. • Tissue Viability Study Day in April. Places are now full with a good split of staff from across all divisions. Further study day planned for November.
Ownership:	Chief Nurse

	Feb-22	
	Injuries	**Per 1,000 Beddays**
Diagnostics and Therapies	0	-
Medicine	1	0.13
Specialised Services	0	0.00
Surgery	1	0.27
Weston	1	0.14
Women's and Children's	0	0.00
Other/Not Known	0	-
TRUST TOTAL	**3**	**0.100**
Bristol Subtotal	*2*	*0.09*



Medicines Management

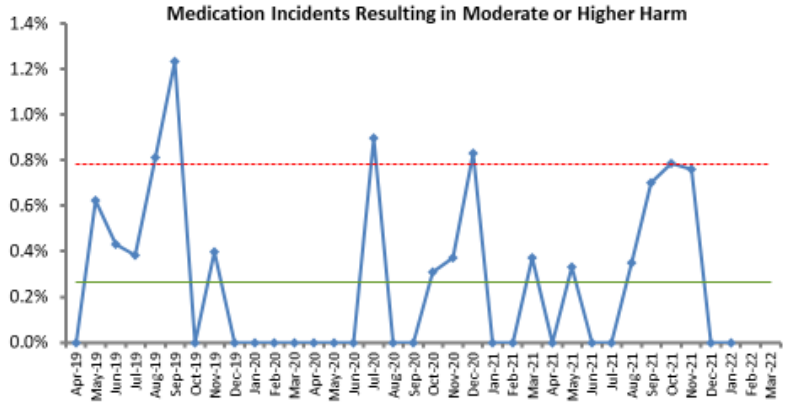
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Jan/Feb 2022

P *Partially Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	Bristol: • There were zero moderate harm incident out of 266 reported medication incidents in January. • There were two omitted doses of critical medicine out of 158 patients audited in February (1.27%). Weston: • There were zero moderate harm incidents out of 33 reported medication incidents in January. • Omitted doses data was not collected in Weston.
Commentary:	Auditing of omitted doses of medicines was reduced this month, in part due to the staffing issues within the Pharmacy department. The two omitted doses identified related to: • One dose that had been given but the drug chart had not been completed to state that administration had occurred. • The second reported omitted dose was of an injectable antifungal drug. It was not available on the ward but is available in the emergency drug fridge out of hours. This would have been identified if the 'drug finder' tool has been used. Actions: The preventing omitted and delayed doses of medicines SOP has recently been reviewed and updated. This includes details of how to obtain medicines out of hours.
Ownership:	Medical Director

	Jan-22		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	25	0.0%
Medicine	0	69	0.00%
Specialised Services	0	57	0.00%
Surgery	0	38	0.00%
Weston	0	33	0.00%
Women's and Children's	0	77	0.00%
Other/Not Known	0	0	-
TRUST TOTAL	**0**	**299**	**0.00%**



Essential Training

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	February 2022 overall compliance for Core Skills (mandatory/statutory) training remained static at 81% across the eleven programmes. There were reductions in three programmes; Fire Safety, and Safeguarding Children both reducing by 1%, Information Governance reducing by 2%. There were no increases in any programme. Overall compliance for remaining Essential Training is static at 85%. In this category, 'Speak Up Core Training for Workers' again improved by 2% to 52%.
Commentary:	• A high volume of prevention and management of violence and aggression (PMVA) training - with particular emphasis on de-escalation and clinical restraint - is offered from March through June, attendance counts toward compliance in 'NHS Conflict Resolution' • Transition from Kallidus 'Classic' to the more intuitive 'Learn' system commences on the 14th – 21st March. This will result in greater utility for managers and staff as well as facilitating passporting between Trusts and ultimately improve training access and compliance.
Ownership:	Director of People

Nurse Staffing Levels

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N/A *No Standard Defined*

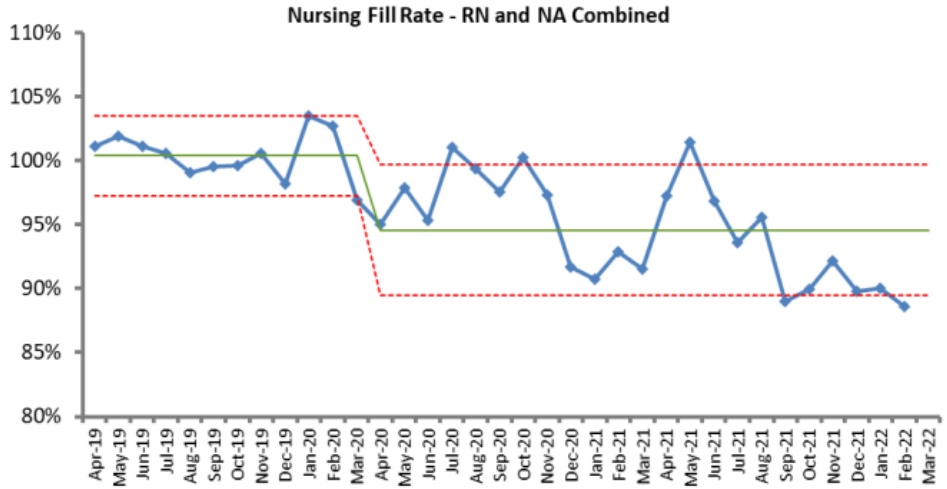
Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in February 2022 (for the combined inpatient wards) the Trust had rostered 285,546 expected nursing hours, against the number of actual hours worked of 253,025 giving an overall fill rate of 88.6%.
Commentary:	• Wards have continued to work at staffing levels below their agreed establishment throughout February. The impact on staff well-being cannot be underestimated as many staff are moved from their base wards at very short notice and moved to support the Emergency Department queue. On occasions they have also moved between the Bristol and Weston sites to help ensure patient safety is maintained across the Trust. • The international recruitment programme continues to bring in new recruits, however there is a variable delay between arriving and officially joining the staffing numbers, this has lessened the expected impact on staffing. • The headline Band 5 RN vacancy level has shown an increase of 35Whole Time Equivalents (WTE) across the Divisions since December 2021. This is despite the continued international recruitment that is in progress. • Despite the effect of the new Omicron variant the overall Trust fill rate for trained and untrained staff is 89% slightly below January (90%); however this does not reveal lower fill rates on specific wards on specific days. • This month the low staffing situation has continued due to combination of staff sickness due to both COVID and non-COVID reasons annual leave and overall staff vacancy. In addition, extra capacity areas have been regularly utilised during the month, this has also reduced the pool of available staff to cover ward shifts. • The level of 'lower than expected staffing incidents' being reported continues to be high indicating the level of concern on wards about the staffing situation. The 'red flag incident – more than 10 patients per RN 'is again the most common red flag incident and these make up nearly half of the red flag incidents reported in month. • Due to the increased number of registered nurse vacancies and to maintain safe staffing; the use of temporary agency staff has continued; the Trust has been working closely with the neutral vendor to support an increase in fill rate; however, with the current available supply the use of non-framework agencies has been required though there has been a decrease in the fill rate for Tier 4 also. • The Divisions have also reported significant staffing challenges from staffing the extra capacity areas and boarding beds. This has created additional staffing pressures on both the Temporary Staffing Bureau to find bank and agency staff to support the substantive staff moved to ensure safe staffing in all areas across the Trust. Actions: • The level of transmission of the Omicron variant experienced has caused significant staff shortages across all wards and departments, the Divisions have all now completed revised staffing risk assessments and the Trust wide corporate risk has been updated to reflect the increased risk rating of 20. • The Temporary Staffing Bureau are looking at ways to make it significantly easier to travel between Bristol and Weston to improve the staff experience when working cross site. • The Trust in partnership with local partners has extended the incentives for both substantive and temporary staff to encourage additional working, the impact of these are being closely monitored and assessed.
Ownership:	Chief Nurse

Nurse Staffing Levels

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

Staffing Fill Rates	Feb-22		
	Total	RN	NA
Medicine	90.7%	86.4%	96.7%
Specialised Services	94.6%	85.6%	122.3%
Surgery	91.9%	87.2%	103.8%
Weston	90.3%	79.6%	102.4%
Women's and Children's	81.6%	84.9%	66.8%
TRUST TOTAL	**88.6%**	**85.0%**	**96.8%**



Venous Thromboembolism (VTE) Risk Assessment

NHS University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

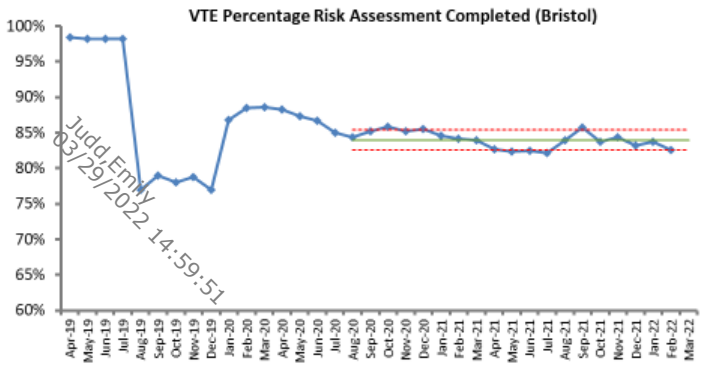
N *Not Achieved*

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 UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Careflow system (formerly known as Medway). When this was initially launched, EPMA (digital prescribing) was being used in the Oncology Centre and Heart Institute and was planned for roll out elsewhere in the trust. There was an expectation that a fully integrated digital system was imminent, whereby VTE risk assessments would be integrated within either digital prescribing or admission. Compliance for February 2022 was 82.6% and has remained around this level for recent months (83.8% for January 20222, 83.2% in December 2021). This is data for Bristol sites only and is well below the 95% target.
Commentary:	Digital risk assessment has several advantages including: • VTE risk assessments completed in full including name and date of person completing. • VTE risk assessment can be completed and accessed anywhere, even when the drug chart cannot be located. • Compliance data available in real time, with performance reports according to ward or speciality at the click of the button. However, further digital roll out has been delayed and this has resulted in digital VTE risk assessment standing alone within Careflow, which has generated a significant barrier to compliance. Until recently, Weston has used a different drug chart, a different Low Molecular Weight Heparin (LMWH) type, namely tinzaparin, for thromboprophylaxis. In addition VTE risk assessments were still completed on the paper drug chart with no robust system to monitor compliance, as it required manual collection and review of charts. There were two spot checks performed by the patient safety improvement nurses in Weston, the most recent of which was in July 2021. This demonstrated a 67% compliance with VTE risk assessment completion. The results highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target. Between September and November 2021 the Patient Safety Improvement Team, Digital Services Team, Pharmacy colleagues and the VTE Weston Lead worked collaboratively to plan for and deliver the roll out of several changes in Weston. Recent measures to improve compliance and harmonise processes in Bristol and Weston include: 1. Digitised VTE Risk Assessment in Weston (via CareFlow Workspace) introduced recently. 2. New Trust-wide adults' inpatient prescription chart. A project involving the Pharmacy, Digital services, VTE clinical leads and the Patient safety Improvement Nurses has successfully launched a new drug chart at the Bristol sites and this will be completed trust wide by a launch in Weston in November. A prompt on this new drug chart points to the completion of the Careflow risk assessment prior to prescribing. *…continued over page*

Venous Thromboembolism (VTE) Risk Assessment

February 2022

Commentary:	*…continued from previous page* 3. New Trust-wide Low Molecular Weight Heparin, Inhixa (Enoxaparin). An alignment of low molecular weight heparin (LMWH) VTE prescribing guidance across Weston and Bristol is in progress undertaken in November 2021 across all sites. Tinzaparin is no longer be used in Weston and Inhixa will be used in both sites (generic version of enoxaparin). 4. VTE Quality Improvement (QI) projects underway in Haematology, Oncology, Trauma & Orthopaedics, Medicine and Surgery led by speciality consultants. 5. Weston and Bristol VTE leads are delivering focused training to the junior doctors. 6. Until recently, the patient safety nurses have unfortunately been re-deployed on clinical duties and been absent for other reasons but are now returning. The Weston and Bristol VTE leads are working with the Patient Safety Improvement Lead to scope out the VTE improvement work needed including roles and responsibilities. The harmonisation of processes (VTE risk assessments, LMWH type, drug chart, HA VTE) between Bristol and Weston is considered a recent success and there is evidence that speciality specific focused effort can improve compliance in the short term. However, it is very unlikely that sustained consistent compliance above 95% will be achieved without an integrated digital system. In the meantime, in order to optimise VTE risk assessment compliance as much as possible, changes need to be led by and performance owned within the individual specialities and divisions.
Ownership:	Medical Director



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	23	23	100.0%
Diagnostics and Therapies Total		**25**	**25**	**100.0%**
Medicine	Medicine	1,545	2,165	71.4%
Medicine Total		**1,545**	**2,165**	**71.4%**
Specialised Services	BHOC	2,048	2,175	94.2%
	Cardiac	322	440	73.2%
Specialised Services Total		**2,370**	**2,615**	**90.6%**
Surgery	Adult ITU	1	1	100.0%
	Anaesthetics	10	10	100.0%
	Dental Services	105	135	77.8%
	ENT & Thoracics	164	244	67.2%
	GI Surgery	752	955	78.7%
	Ophthalmology	158	159	99.4%
	Trauma & Orthopaedics	108	127	85.0%
Surgery Total		**1,298**	**1,631**	**79.6%**
Women's and Children's	Children's Services	36	44	81.8%
	Women's Services	1,295	1,476	87.7%
Women's and Children's Total		**1,331**	**1,520**	**87.6%**
Grand Total		**6,569**	**7,956**	**82.6%**

Friends and Family Test (FFT)

NHS University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

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

Standards:	The FFT question asks "Overall, how was your experience of our service?". The Trust collects FFT data through a combination of online, postal survey responses, FFT cards and SMS (for Emergency Departments and Outpatient Services). There are no targets set.
Performance:	The Trust received 4,184 FFT responses in February 2022, which represents a 32% decrease in the number of responses received in January (6,149). See table below for the performance summary. In terms of ED FFT performance in February 2022: • BRI ED score has decreased to 75% (from 80% in January). • BRCH ED score has decreased to 89% (from 94% in January). • Weston ED score has decreased to 79% (from 91% in January). • BEH ED score remains high at 97% (from 97% in January).
Commentary:	The decrease in responses is likely to be due to the delays in the postal system and February being a shorter month to collect responses. FFT scores for inpatients, day cases, maternity and outpatients are extremely positive and broadly consistent with January figures. In response to the lower than average FFT scores for ED, weekly reports are being sent to ED divisional leads with their FFT data for the previous week so that data can be reviewed in a more timely manner.
Ownership:	Chief Nurse

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	242	249	2,033	97.6%	12.2%
	Weston	111	116	550	95.7%	21.1%
	UHBW	353	365	2,583	97.0%	14.1%
Day Cases	Bristol	473	476	1,633	99.4%	29.1%
	Weston	179	180	330	99.4%	54.5%
	UHBW	652	656	1,963	99.4%	33.4%
Outpatients	Bristol	1,823	1,947		94.9%	
	Weston	119	131		94.4%	
	UHBW	1,942	2,078		94.9%	
TOTAL RESPONSES		4,184				

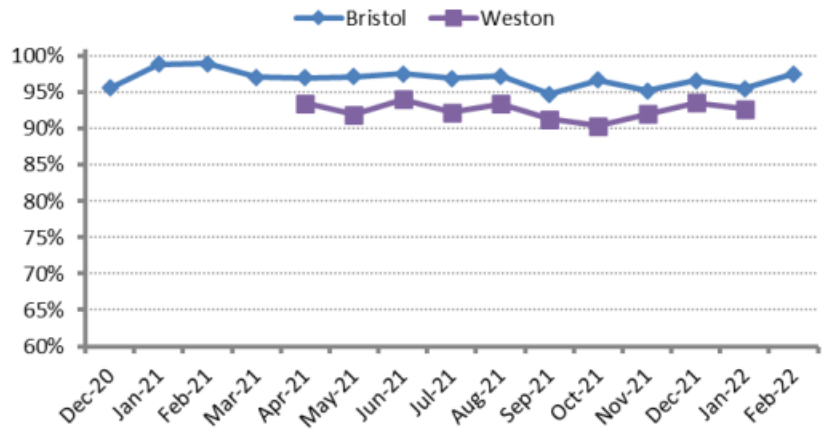
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	220	295	3,751	74.6%	7.9%
	BRHC	209	234	2,625	89.3%	8.9%
	BEH	236	243	1,801	97.1%	13.5%
	Weston	208	265	2,317	78.8%	11.4%
	UHBW	873	1,037	10,494	84.3%	9.9%
Maternity	Antenatal	8	8	216	100.0%	3.7%
	Birth	15	15	360	100.0%	4.2%
	Postnatal (ward)	13	13	362	100.0%	3.6%
	Postnatal (community)	11	12	221	91.7%	5.4%
	UHBW	47	48	1,159	97.9%	4.1%

Friends and Family Test (FFT)

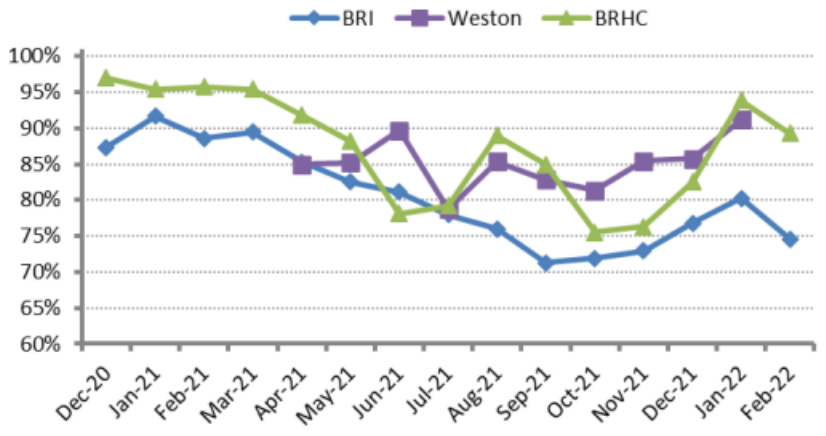
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

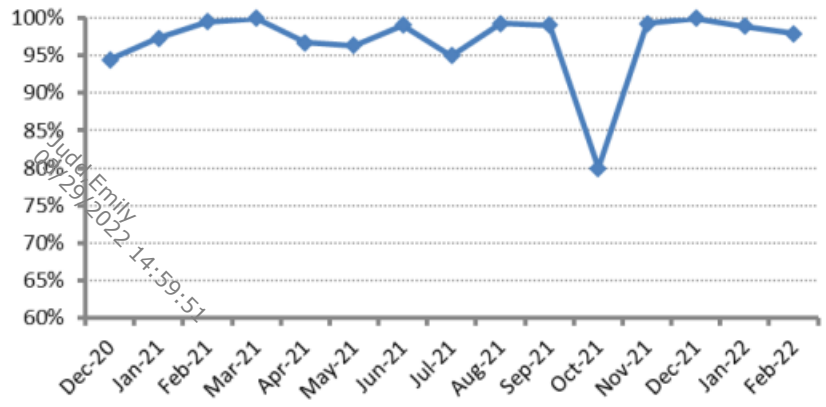
Inpatient (excluding Day Case) Scores



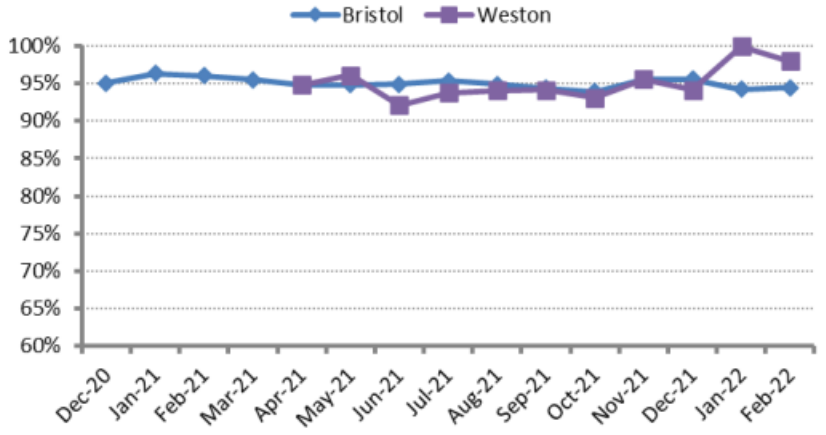
Emergency Department Scores



Maternity Services Scores



Outpatient Scores

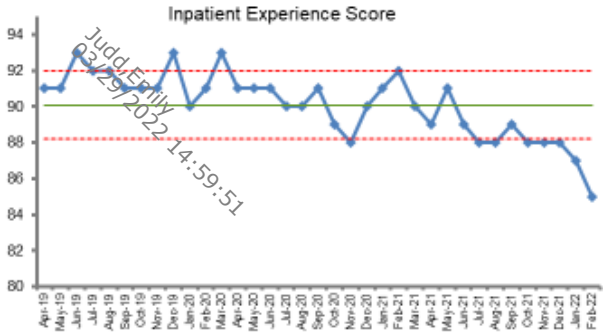


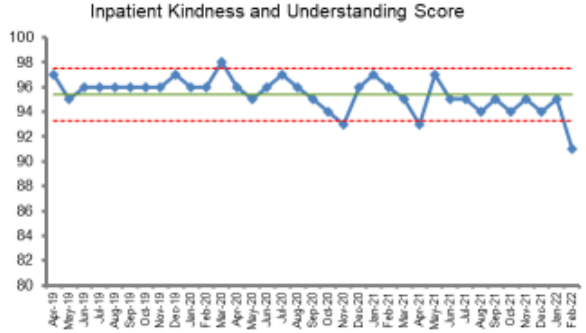
Patient Surveys (Bristol)

February 2022

P *Partially Achieved*

Standards:	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions relating to 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:	Please note that the postal survey response volume for February was slightly lower when compared to the average for previous months. This is due to delays in the postal service. Therefore, please treat these Bristol-site figures with caution. For February 2022: • Inpatient score was 85 (January was 87). • Kindness and understanding score was 91 (January was 95). • Outpatient score was 90 (January was 94).
Commentary:	The outpatient and kindness and understanding scores were achieved or exceeded based on February data however the inpatient score was below target for the first time during 2021/22. Due to the low numbers in the data, the inpatient score will be reviewed again next month to see if there has been any change based on any additional responses which have come in since this report that may have an impact on the score. Note: the inpatient experience tracker score for Division of Medicine has been below target since the start of 2021/22. For February the score was 81 (84 in January). In response to the delays in the postal system, the Patient Experience Team are meeting with the Chief Executive of Patient Perspective (the supplier that sends and processes the monthly surveys) to explore how we can move towards a better use of online completion for the monthly survey in addition to the existing postal completion method as these responses will be captured more timely thus increasing the number of responses the Trust report on.
Ownership:	Chief Nurse





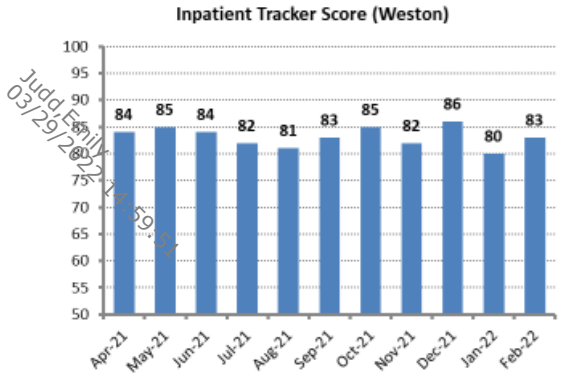
Patient Surveys (Weston)

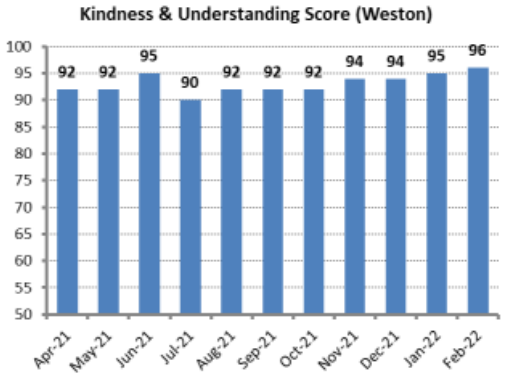
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

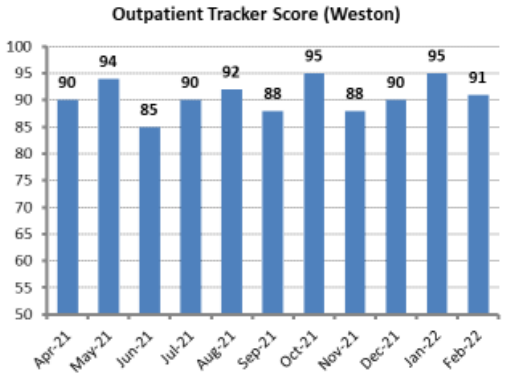
February 2022

P *Partially Achieved*

Standards:	Please note this data relates to Division of Weston only. For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the Trust target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	Please note that the postal survey response volume for February was slightly lower when compared to the average for previous months. This is due to delays in the postal service. Therefore, please treat these Weston-site figures with caution. Due to the low number of responses for January, data was not reported on in last month's report. However figures have now been added for January below as further postal survey responses have come in since reporting. For February 2022: • Inpatient score was 83, January was 80. • Kindness and understanding score was 96, January was 95. • Outpatient score was 91, January was 95.
Commentary:	The outpatient and kindness and understanding scores were achieved or exceeded based on February data however the inpatient score was below target. Due to the low numbers in the data, the inpatient score will be reviewed again next month to see if there has been any change based on any additional responses which have come in since this report that may have an impact on the score. In response to the delays in the postal system, the Patient Experience Team are meeting with the Chief Executive of Patient Perspective (supplier that sends and processes the monthly surveys) to explore how we can move towards a better use of online completion for the monthly survey in addition to the existing postal completion method as these responses will be captured more timely thus increasing the number of responses the Trust can report on.
Ownership:	Chief Nurse







Patient Complaints

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

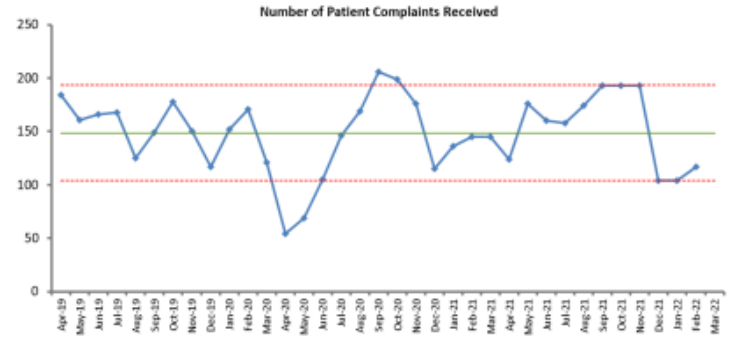
February 2022

N ***Not Achieved***

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	In February 2022: • 117 Complaints were received (20 Formal and 97 Informal). • Responses for 94 Formal and 53 Informal complaints were sent out to complainants in February. • 62% of formal complaints (58 out of 94) were responded to within the agreed timeframe, representing a further monthly improvement in performance (54.3% and 47.8% reported in January 2022 and December 2021 respectively) but still significantly below the 95% target. • Divisions returned 73% (69 out of 94) of formal responses to the PSCT by the agreed deadline, which is an improvement compared to the 69.1% reported in January. This is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with complainant. • 87% of informal complaints (46 out of 53) were responded to within the agreed timeframe, which is broadly consistent with performance throughout Quarter 3 of 2021/22. • There were seven complaints where the complainant was dissatisfied with our response, which represents 10.1% of the 69 first responses sent out in December 2021 (this measure is reported two months in arrears).
Commentary:	Performance for the overall response time for formal complaints continues to reflect operational pressures across the organisation. 24 of the 36 breaches were attributable to delays within the divisions, with nine attributable to delays during the Executive signing process and three due to delays in the Patient Support & Complaints Team (PSCT). The dissatisfied performance is above (i.e. worse than) the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint. At the request of the Quality & Outcomes Committee, further analysis of dissatisfied complaints received in Quarter 2 of 2021/22 has been carried out by the Patient Support & Complaints Manager. The outcome of this analysis has recently been shared with Divisions to facilitate ongoing learning and improvement in complaints handling and resolution. NB: At the time of submitting this report, this data had not yet been validated by Divisions.
Ownership:	Chief Nurse

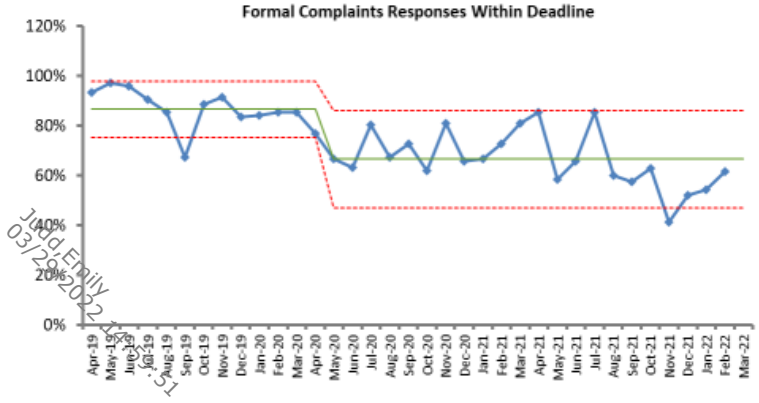
Patient Complaints

February 2022



Complaints Received

	Feb-22	2021/2022	2020/2021
Diagnostics and Therapies	2	81	56
Medicine	32	344	385
Specialised Services	15	233	190
Surgery	31	434	406
Trust Services	0	23	56
Weston	9	203	250
Women's and Children's	23	337	273
Estates and Facilities	5	41	49
TOTAL	**117**	**1696**	**1665**



Responses Within Deadline	Feb-22	
	% Within Deadline	Total Responses
Diagnostics and Therapies	87.5%	8
Medicine	53.8%	13
Specialised Services	50.0%	4
Surgery	85.7%	21
Trust Services	100.0%	2
Weston	14.3%	21
Women's and Children's	75.0%	24
Estates and Facilities	100.0%	1
TOTAL	**61.7%**	**94**

Emergency Care – 4 Hour Standard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits". There is also an expectation that no Ambulance Handover will exceed 30 minutes.
Performance:	Trust level 4 hour performance for February was 64.8% across all four Emergency Departments (14,090 attendances and 4,956 patients waiting over 4 hours). There were 844 patients who had a Trolley wait in excess of 12 hours (514 in Bristol and 330 at Weston). In February there were 2,334 ambulance handovers in excess of 15 minutes which was 79% of all handovers. In February there were 1,784 ambulance handovers in excess of 30 minutes which was 60% of all handovers.
Commentary:	**Bristol Royal Infirmary:** Performance against the 4 hour standard in February has remained poor at 48%. Average daily attendances rose from 187 in January to 199 in February. Poor Inpatient flow remains the key driver of breaches and is exacerbated by lack of capacity in the broader system to support timely discharge and staff absence/vacancy. 12 hour trolley waits continue to rise with an unprecedented 501 breaches and average ambulance handover delays at 76 hours lost per day. This reflects the highly challenging picture in across the local health and care system. The Trust has been in "internal critical incident" status since 2nd September 2021. The Trust is progressing initiatives to reduce overcrowding, ambulance queueing and long waits including: • Medical Same Day Emergency Care (SDEC). This was established in October 2022. SDEC avoids admissions to inpatient beds and directs patients away from the Emergency Department. Recruitment is ongoing to expand from a 5 to 7 day service. • Escalation capacity (boarding, Endoscopy, Cardiac Catheter Lab, ED A300) was increased by 10 to 33 spaces in December. • Reverse queuing capacity has been increased from in the ED to release ambulance crews earlier to answer 999 calls. • Redirection of minor illness/injury to GPs, Urgent Treatment Centres and community pharmacy is fully embedded in the Department's practices.

Emergency Care – 4 Hour Standard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

Commentary:	**Bristol Eye Hospital:** Performance dipped in February to 95.89%, compared to 97.6% in January. Attendances in February were 1809, slightly less than the 1812 the month before. There were 76 four hour breaches. Of these 37 were diagnostic delay, 23 doctor delay, 14 clinical having treatment to avoid admission and 2 awaiting a bed being admitted. Doctor staffing continues to be challenging due to sickness and annual leave. From a nursing perspective the department has scheduled interviews for the Band 5/6 training post and are hopeful that this will lead to the appointment of around 2.6 whole time equivalent (wte) nurses. The department is currently trying to secure funding for permanent Band 3 technicians, the lack of which has had a negative impact on the flow of patients through the department. This has also had a knock-on effect for both outpatients & the second floor imaging team as they are having to process the patients on top of their own workload. **Bristol Royal Hospital for Children:** Four hour performance was 78% in February, compared with 82% in January. Attendances averaged 119 per day in February, compared to 105 in January. Lack of ward bed availability in particular cubicles and HDU has been an ongoing problem. During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. The department is also having difficulties with the number of Covid positive patients and accommodating them within the small footprint of the department the team are working with infection control to manage this. Nursing and Medical staffing throughout the hospital have experienced high levels of absences due to sickness and isolating.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

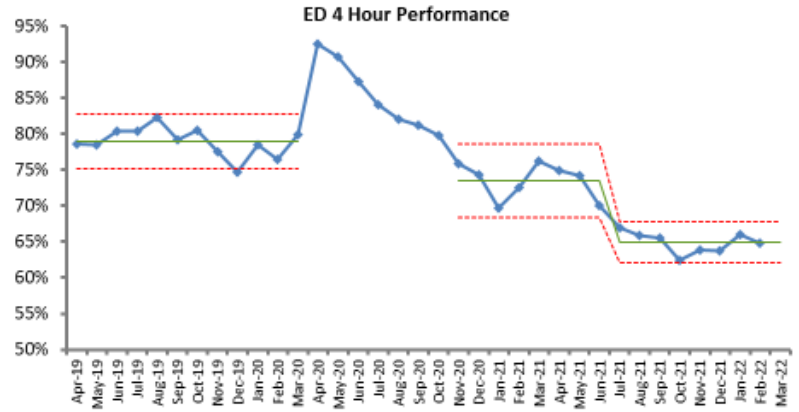
Commentary:	**Weston General Hospital:** Weston's performance against the 4 hour standard during the month of February was 63.1% (vs 62.4% in January 22). Weston saw an increase in its daily average attendance by 11 patients per day and an increase in admissions in month by 50 in comparison to January 22. Key challenges remain to be inpatient flow, capacity and staffing. The Emergency department was used as an area of escalation for patients waiting for an inpatient bed with a total of 413 patients bedded overnight throughout the month. This also resulted in an increased number if 12 hour trolley breaches totalling 330 in month. The Trust remained in Internal Critical Incident and division in OPEL 4 throughout the whole month demonstrating the challenges and pressures of everyday working. Another area of pressure is around the high volume of Medically Fit For Discharges patients in the Division and across UHBW. At Weston in February 26% of its bed base were occupied by MFFD patients. Weston continue to have a high proportion of its discharges happening in the later part of the day with 82.39% of discharges taking place after 1230. Redirected work continues at the front door and projects on going trust and system wide to improve this activity in the coming months. Clevedon MIU closed to redirected patients on 3 occasions in February.
Ownership:	Chief Operating Officer

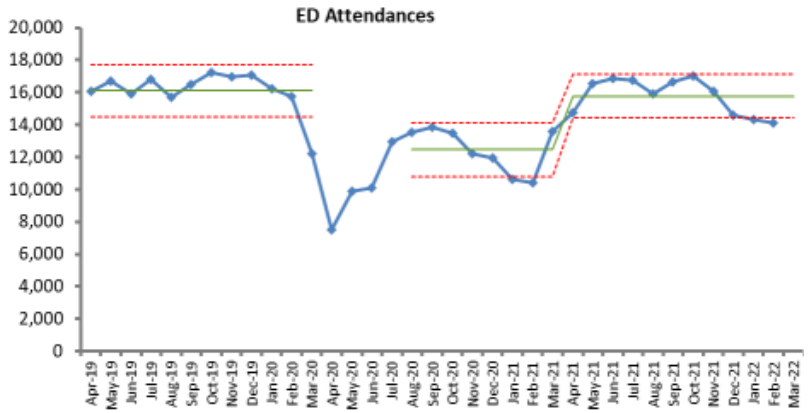
4 Hour Performance	Feb-22	2021/2022
Bristol Royal Infirmary	48.1%	50.8%
Bristol Children's Hospital	77.8%	78.0%
Bristol Eye Hospital	95.8%	97.2%
Weston General Hospital	63.1%	68.0%

Total Attendances	Feb-22	2021/2022
Bristol Royal Infirmary	5,580	68,375
Bristol Children's Hospital	3,318	42,990
Bristol Eye Hospital	1,809	20,296
Weston General Hospital	3,383	41,824

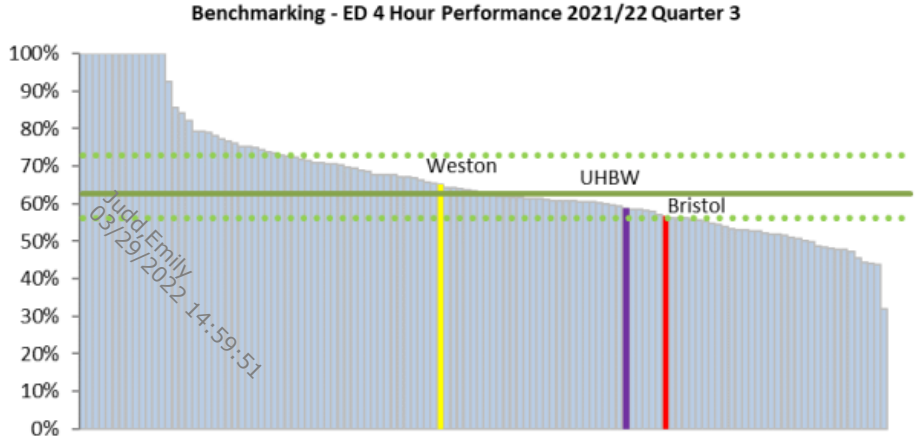
Emergency Care – 4 Hour Standard

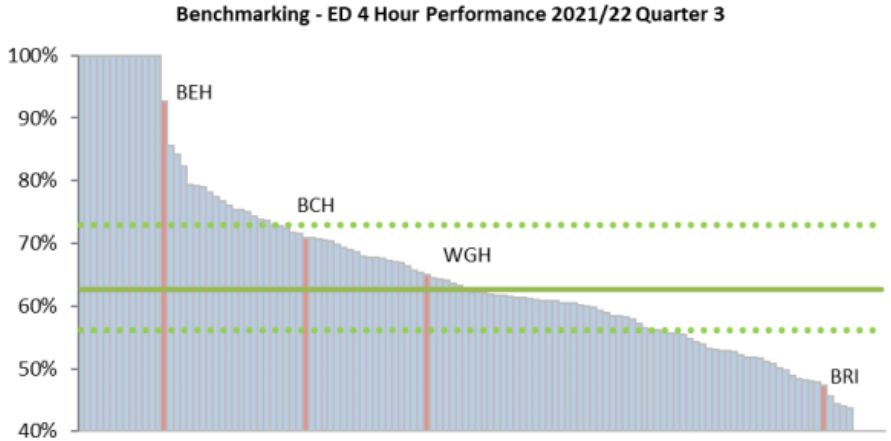
February 2022





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





Emergency Care – 12 Hour Trolley Waits

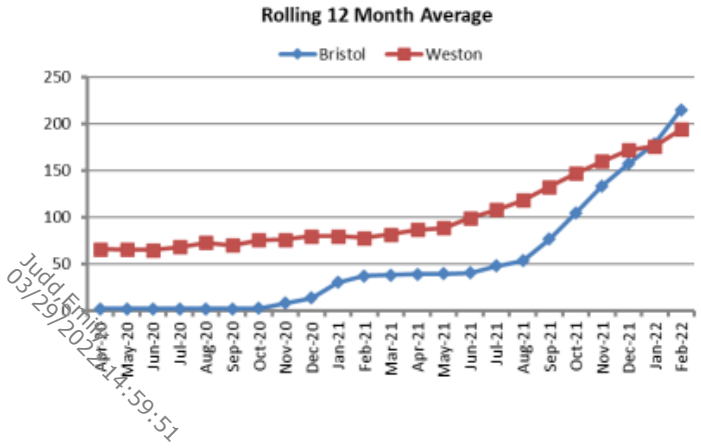
University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

12 Hour Trolley Waits

A supporting measure for Emergency Care is the "12 Hour Trolley Wait" standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches. Datix ID 5067 Risk that patients will come to harm when they wait over 12 hours to be admitted to an inpatient bed

	2020/2021												2021/2022											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	0	0	0	0	0	0	3	66	79	211	82	18	9	4	12	91	69	276	337	415	363	472	514	
Weston	0	1	7	58	68	6	84	135	168	257	113	84	62	24	134	164	188	180	257	291	313	304	330	
UHBW	0	1	7	58	68	6	87	201	247	468	195	102	71	28	146	255	257	456	594	706	676	776	844	

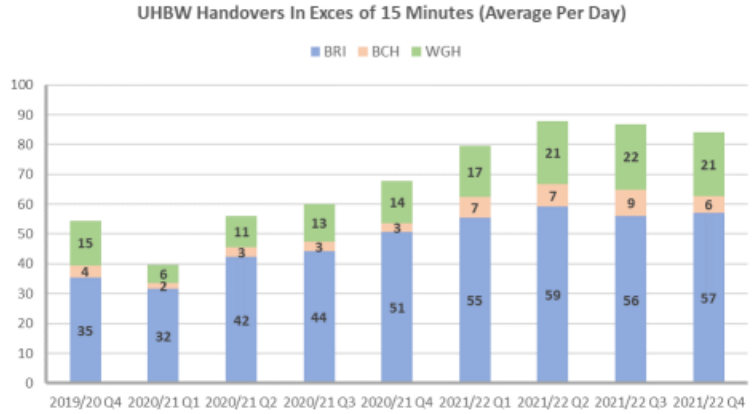


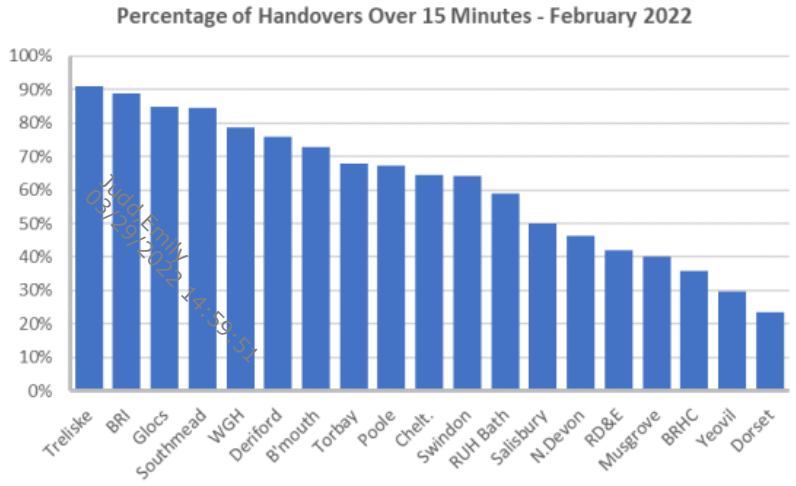
Emergency Care – Ambulance Handovers

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

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



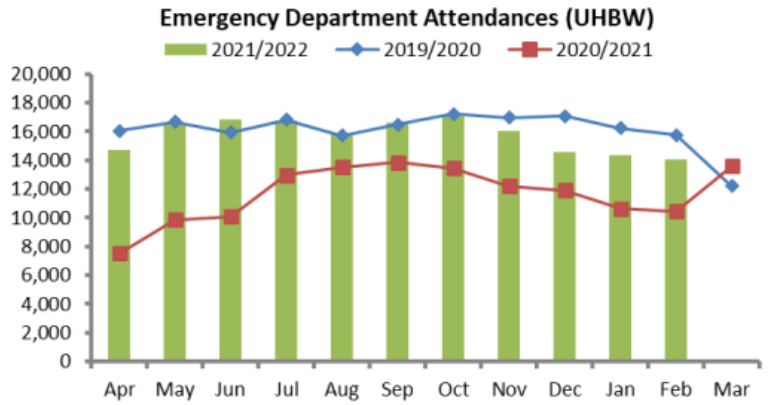


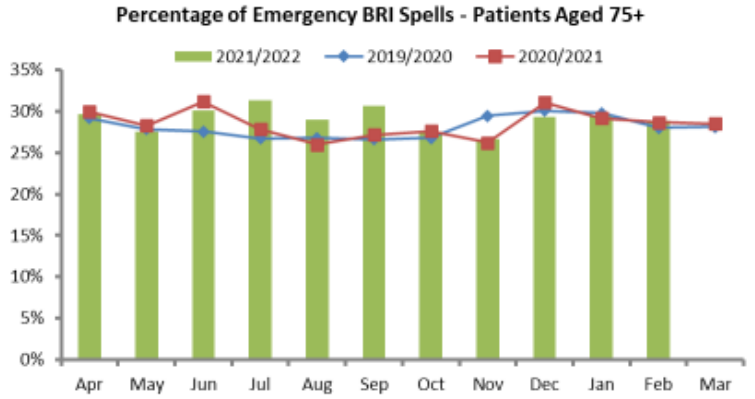
	Total Handovers - South West - February 2022						
	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	398	142	35.7%	54	13.6%	14	2
BRISTOL ROYAL INFIRMARY	1,700	1,510	88.8%	1,310	77.1%	1,046	694
CHELTENHAM GENERAL HOSPITAL	514	331	64.4%	230	44.7%	103	36
DERRIFORD HOSPITAL	2,188	1,659	75.8%	1,278	58.4%	914	645
DORSET COUNTY HOSPITAL	1,343	316	23.5%	120	8.9%	45	9
GLOUCESTER ROYAL HOSPITAL	2,078	1,765	84.9%	1,421	68.4%	1,068	710
GREAT WESTERN HOSPITAL	1,716	1,100	64.1%	764	44.5%	531	355
MUSGROVE PARK HOSPITAL	2,108	848	40.2%	225	10.7%	46	7
NORTH DEVON DISTRICT HOSPITAL	1,200	556	46.3%	210	17.5%	54	2
POOLE HOSPITAL	1,656	1,116	67.4%	721	43.5%	444	228
ROYAL BOURNEMOUTH HOSPITAL	1,633	1,189	72.8%	843	51.6%	579	299
ROYAL DEVON AND EXETER WONFORD	2,612	1,094	41.9%	277	10.6%	32	0
ROYAL UNITED HOSPITAL - BATH	2,126	1,250	58.8%	723	34.0%	428	175
SALISBURY DISTRICT HOSPITAL	989	494	49.9%	253	25.6%	121	46
SOUTHMEAD HOSPITAL	2,216	1,872	84.5%	1,339	60.4%	893	603
TORBAY HOSPITAL	1,791	1,217	68.0%	801	44.7%	487	244
TRELISKE HOSPITAL	1,769	1,612	91.1%	1,502	84.9%	1,326	1,090
WESTON GENERAL HOSPITAL	789	620	78.6%	361	45.8%	196	75
YEOVIL DISTRICT HOSPITAL	1,155	341	29.5%	96	8.3%	12	0
SOUTH WEST TOTAL	**29,981**	**19,032**	**63.5%**	**12,528**	**41.8%**	**8,339**	**5,220**

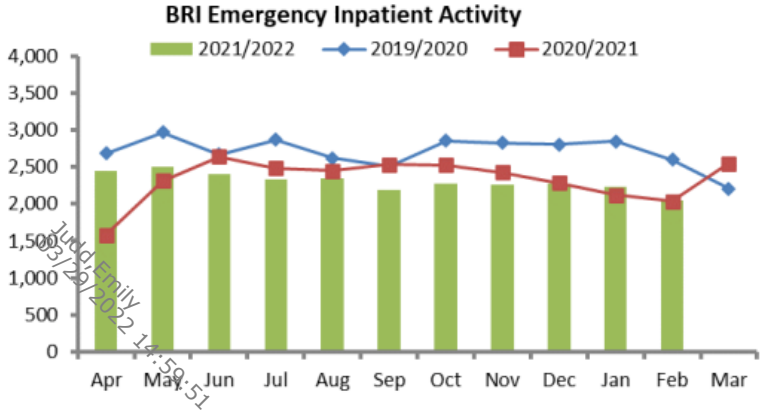
Emergency Care – Supporting Information

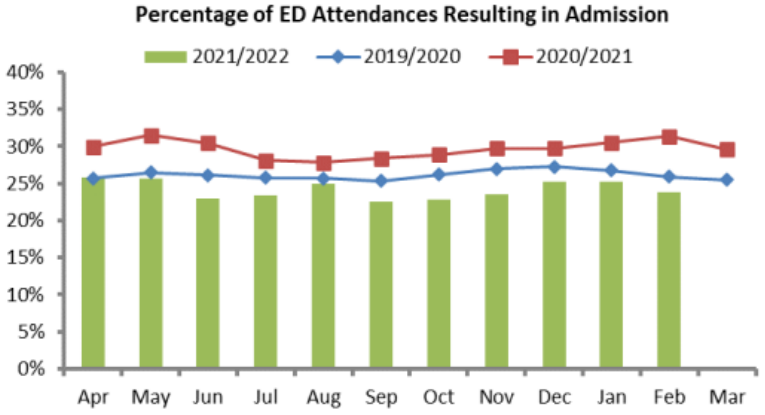
University Hospitals Bristol and Weston NHS Foundation Trust

February 2022









Delayed Discharges (No Criteria to Reside)

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

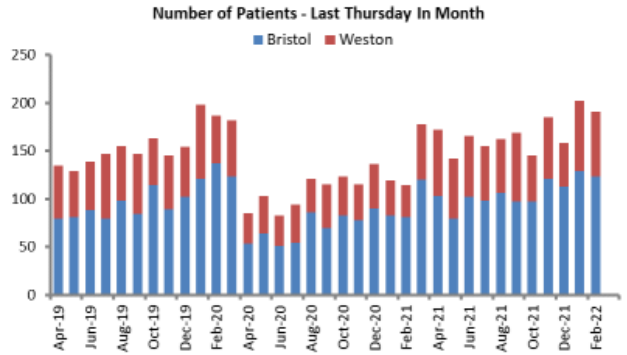
N/A ***No Standard Defined***

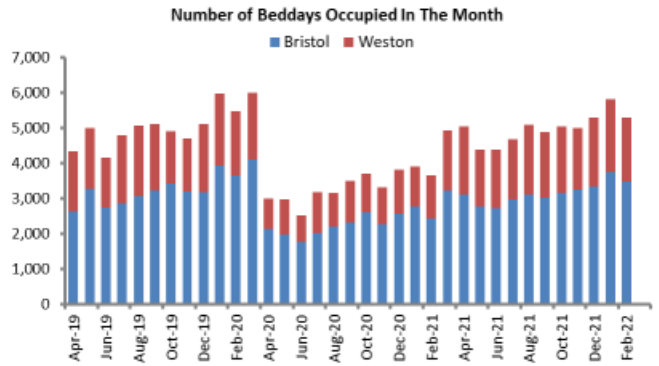
Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its No Criteria to Reside (NCR) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of February there were 191 NCR patients in hospital: 123 in Bristol hospitals and 68 at Weston. There were 5,307 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 190 beds were occupied per day by NCR patients.
Commentary:	In February 2022, the demand across all the pathways in Bristol and Weston continued to exceed capacity in the community: • Pathway 1: BRI: there were 19 patients who did not meet the reason to reside waiting for a P1 slot. Issues persist with lack of capacity in the community for Bristol patients in particular. Work is ongoing with Sirona to release P1 slots in advance with the aim that the Integrated Discharge Service (IDS) can attempt earlier discharges for patients who have family support. Weston: There were 11 patients awaiting P1, 7 of which were from the local system (BNSSG). Work was ongoing around the Weston back-door divert: prioritising Weston patients over other acutes and direct from the acute as opposed to the hotel. • Pathway 2: BRI: there were 21 patients waiting at the end of February. Capacity is limited by Sirona staffing levels at South Bristol Hospital. The IDS is working to send suitable P2 patients to the Care Hotel to facilitate discharges where appropriate. Work continues with therapies to review patient needs to ensure that they are discharged on the most appropriate pathway. Weston: 19 P2's, of which 14 were BNSSG. Ongoing work to reduce to P1 where possible. Ongoing bed shortages due to closures in Community. • Pathway 3: Work ongoing around transitional beds to further reduce P3 waits for both sites. Difficulties continue with homes being shut due to covid which puts significant constraints on capacity. BRI: there were 35 patients waiting for a P3 bed. Weston: 22 patients awaiting P3, 16 BNSSG. Ongoing bed and home closures limiting discharges.
Ownership:	Chief Operating Officer

Delayed Discharges (No Criteria to Reside)

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022





Bristol: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 16th March2022

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	35	28.7%	8	1	1
Pathway 2	18	14.8%	8	1	1
Pathway 3	27	22.1%	15	12	9
Awaiting Decision	33	27.0%	1	0	0
Awaiting Referral	5	4.1%	1	0	0
Other	4	3.3%	1	1	1
Total	**122**		**34**	**15**	**12**

Pathway 1 – patients awaiting package of care
Pathway 2 – requiring rehabilitation or reablement
Pathway 3 – Nursing or Residential home required

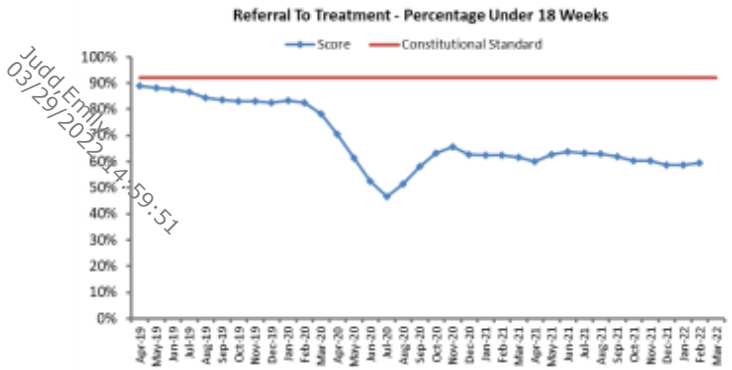
Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

P *Partially Achieved*

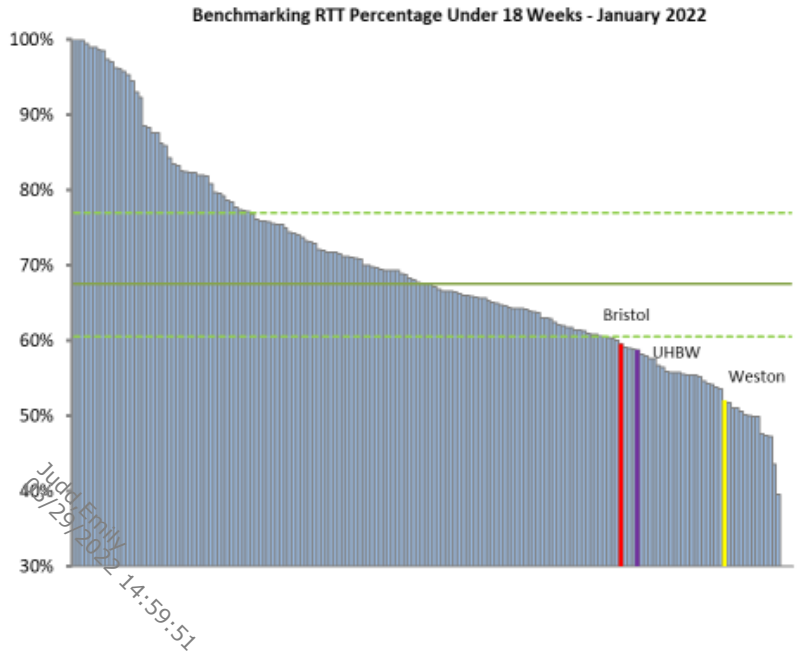
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. A recovery trajectory was submitted to NHS England for "H2" (Oct21-Mar22). The end of February target trajectory was 56,506.
Performance:	At end of February, 59.5% of patients were waiting under 18 weeks. The total waiting list was 54,305 and the 18+ week backlog was 21,996. Comparing the end of April 2020 with the end of February 2022: • the overall wait list has increased by 18,093 patients . This is an increase of 50%. • the number of patients waiting 18+ weeks increased by 11,342 patients. This is an increase of 107%.
Commentary:	The focus of discussions with divisions and wider system partners is to clear patients who are currently 104 weeks wait where possible by the end of March 2022 and eradicate any 104ww patient by end of June 2022. This will require focus on transferring suitable patients to the independent sector, making the best use of internal capacity by ensuring full utilisation is maximised and to bolster additional capacity through Glanso and waiting list initiatives. In addition, using the CCG to make use of mutual aid arrangements allowing transfer to another specialist centre for treatment due to the lack of bed/HDU capacity to bring these patients in for treatment. The requirement from NHSE and the local CCG is to demonstrate that we have explored all options for our long waiting patients to be treated before end of March 2022 with the back-stop position of June 2022 where we should have no 104ww patients. The largest Bristol increases in waiting list size, when compared with April 2020, are In Ophthalmology (4,277 increase, 108%), Adult ENT & Thoracics (2,789 increase, 170%) and Dental Services (4,032 increase, 48% increase). The Weston list has decreased by 341 patients over the same time period, a 6% decrease. The largest Bristol volumes of 18 +week backlog patients at the end of February are in Dental (6,671 patients), Ophthalmology (2,872), ENT & Thoracics (1,918) and Paediatrics (2,918). Weston had 2,444 patients waiting 18+ weeks at the of February.
Ownership:	Chief Operating Officer



Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

January/February 2022



	Feb-22		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	499	525	95.0%
Medicine	4,359	5,946	73.3%
Specialised Services	3,510	4,854	72.3%
Surgery	15,703	28,838	54.5%
Weston	2,693	5,137	52.4%
Women's and Children's	5,545	9,005	61.6%
Other/Not Known	0	0	-
TRUST TOTAL	**32,309**	**54,305**	**59.5%**
Bristol Subtotal	*29,616*	*49,168*	60.2%

Referral To Treatment – Long Waits

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

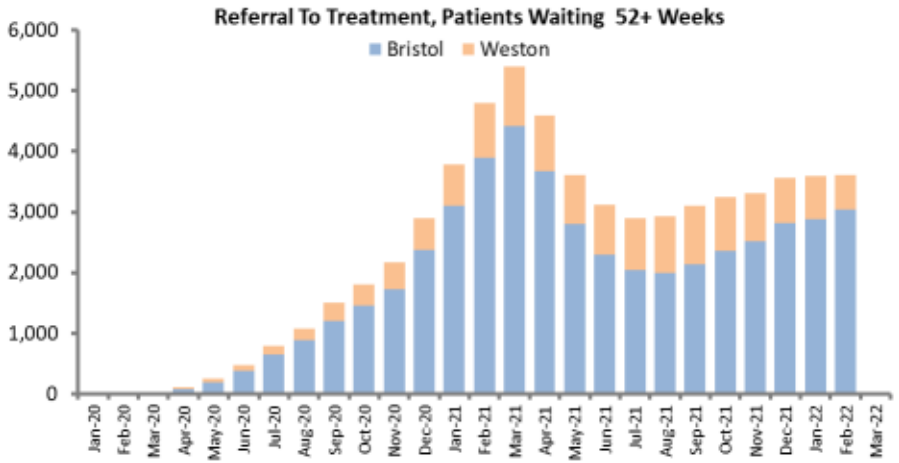
Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. As part of the Elective Recovery Programme Trusts were required to submit plan that eliminated patients waiting 104+ weeks (2+ years) for treatment by the end of March 2022. UHBW's submitted trajectory has 188 patients waiting 104+ weeks by end of March 2022 with a February 2021 trajectory of 131.
Performance:	At end of February 3,604 patients were waiting 52+ weeks; 3,040 across Bristol sites and 564 at Weston. At the end of February, 386 patients were waiting 104+ days, which was above the recovery trajectory of 167.
Commentary:	The trend has been upwards for 52 week waiters over the past few months. This is due to the volume of long waiters in the lower weeks wait cohort tipping into the 52+ week cohort whilst divisions try to date the longer waiting patients. It is still extremely difficult to date the longer waiting patients who are waiting for routine operations when there is a lack of capacity due to the continual high demand of higher clinical priority patients, emergency and cancer admissions. This has been further exacerbated by the critical incident position across the Trust and the Omicron variant. The demand and capacity modelling and trajectory setting for the next 3 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand. Clinical prioritisation of patients who are on the waiting list without a "to come in" date continues with processes in place to ensure this is now business as usual. 93% of the patients who are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. We are currently making use of the increased capacity within the independent sector and our long waiting patients who meet the criteria to have a transfer of care to the Independent Sector. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 104+ week, as part of the drive to reduce the 104-week breaches by the end of March 2022 and eradicate them by end of June 2022. There is also a requirement to ensure that any 104ww patient who is awaiting an outpatient appointment is given a date before the end of March and seen before the end of April. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still outweigh the capacity we have available to be able to offer this cohort a TCI date which currently doesn't give assurance that we will be able eradicate the 104-week breaches within this timescale. All data sets are shared on a weekly basis with NHSE via a waiting list minimum data set (WLMDS) and weekly meetings are now set up with the CCG and NHSE where the requirement is to provide assurance on a patient level basis what the next steps are with each of our long waiting patients.
Ownership:	Chief Operating Officer

Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

	Feb-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	96	8	0
Specialised Services	116	17	8
Surgery	2,160	467	236
Weston	564	178	85
Women's and Children's	668	154	57
TOTAL	**3,604**	**824**	**386**
Bristol	*3,040*	*646*	*301*



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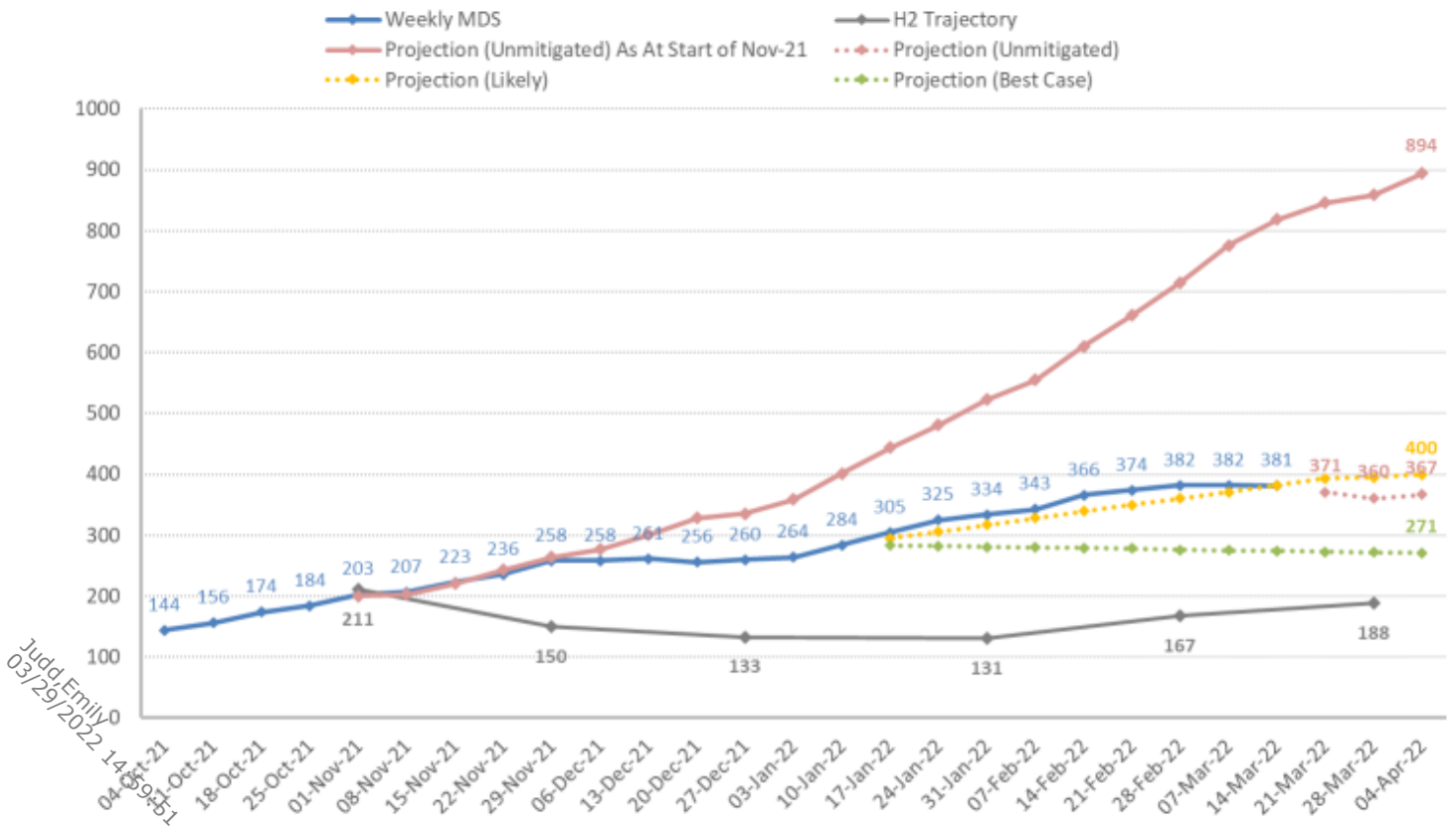
Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

As At: 13th March 2022

104 Week Trends

Latest Data: Based on position as at end of Sunday 13th March



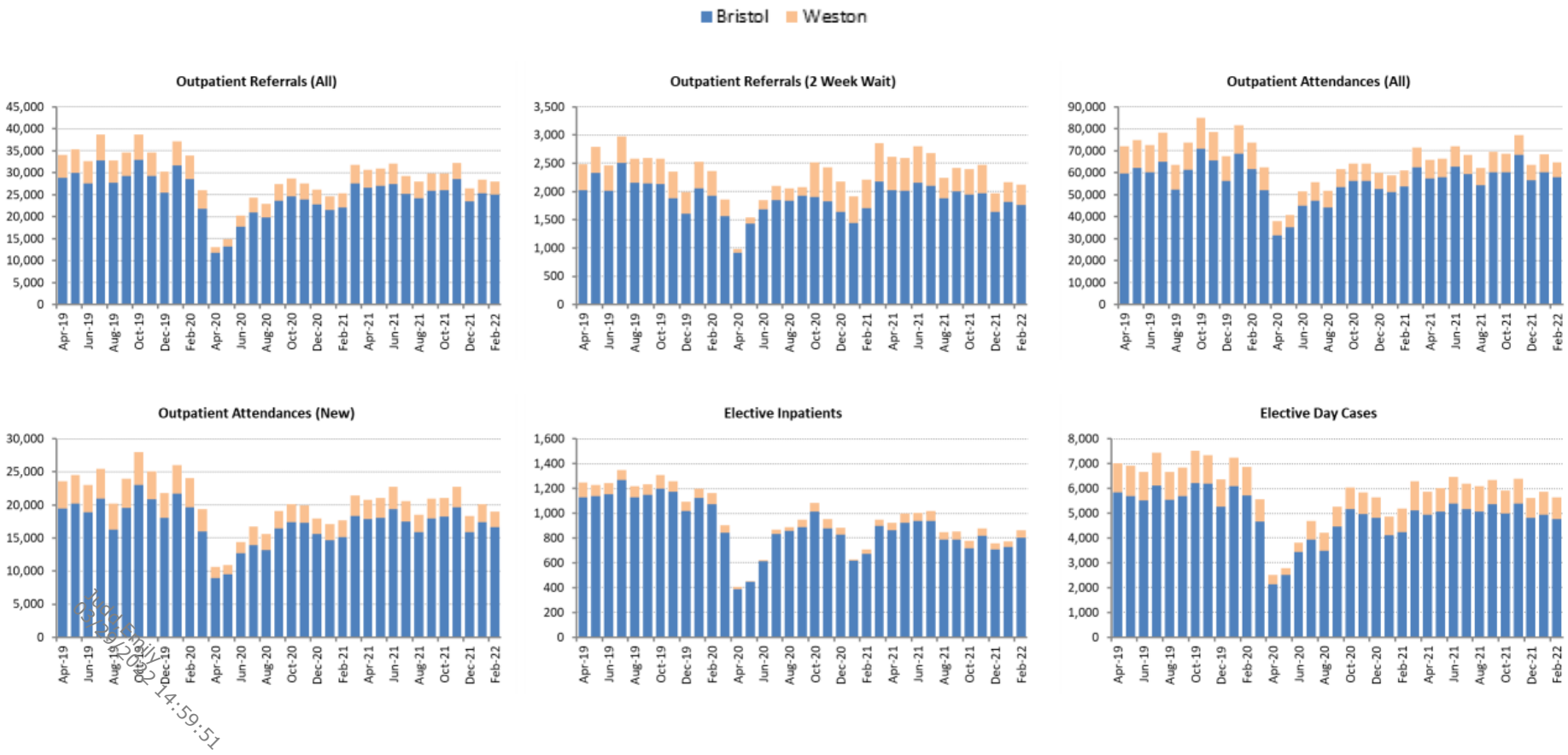
"Projection (Unmitigated)" – Number of currently Undated RTT patients who will exceed 104 weeks wait.
"Projection (Likely)/(Best Case)" – divisional and corporate assessment of position following mitigations, e.g. future capacity still to be booked.
"H2 Trajectory" – nationally submitted trajectory for second half of 2020/21, called "H2".

Elective Activity and Referral Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO FEBRUARY 2022

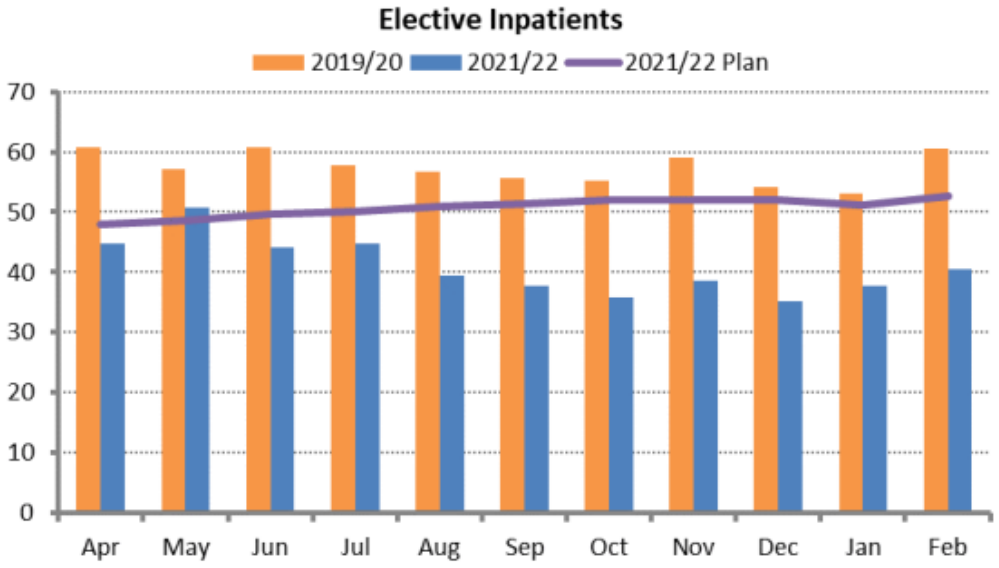


The above data is sourced from the Patient Administration Systems (PAS) and is not the final contracted activity that is used to assess restoration or Business As Usual (BAU) levels.

Elective Activity – Restoration

February 2022

Activity Per Day, By Month and Year



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2021/22	Actual Activity Per Day	45	51	44	45	39	38	36	39	35	38	41
	Planned Activity Per Day	48	49	50	50	51	51	52	52	52	51	53
2019/20	Actual Activity Per Day	61	57	61	58	57	56	55	59	54	53	60

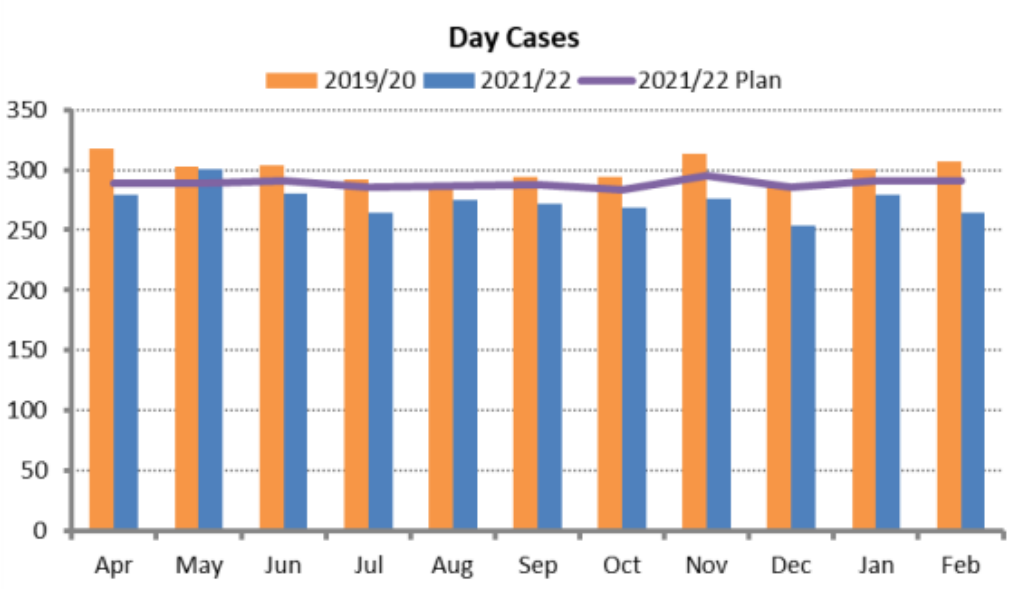
2021/22 Activity: % of Plan	93%	105%	89%	89%	77%	73%	69%	74%	68%	74%	77%
2021/22 Activity: % of 2019/20	74%	89%	73%	78%	70%	68%	65%	65%	65%	71%	67%

Elective Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

Activity Per Day, By Month and Year



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2021/22	Actual Activity Per Day	279	300	280	265	275	272	268	276	253	279	264
	Planned Activity Per Day	289	289	291	286	286	288	284	295	286	291	291
2019/20	Actual Activity Per Day	318	302	303	292	286	294	294	313	288	301	307

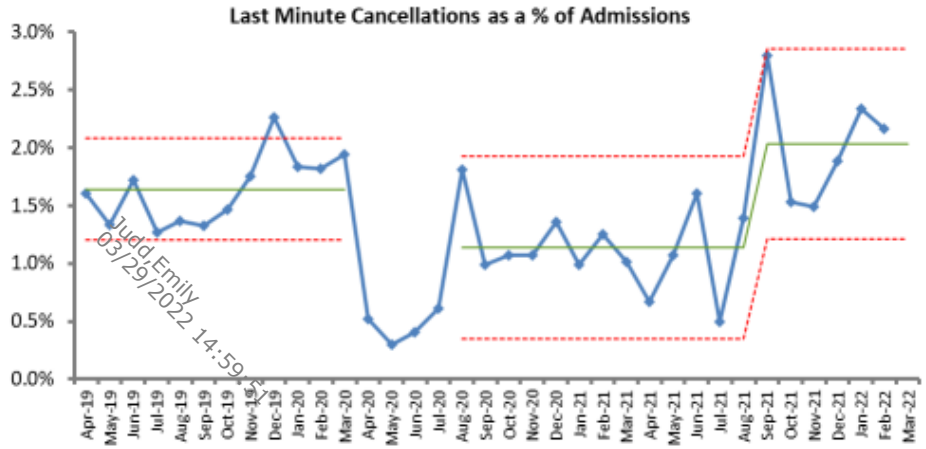
2021/22 Activity: % of Plan	96%	104%	96%	93%	96%	95%	95%	94%	89%	96%	91%
2021/22 Activity: % of 2019/20	88%	99%	92%	91%	96%	93%	91%	88%	88%	93%	86%

Cancelled Operations

February 2022

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 February, there were 135 last minute cancellations, which was 2.2% of elective admissions. Of the 142 cancelled in January, 127 (89%) had been re-admitted within 28 days.
Commentary:	The largest volumes in Bristol were in Ophthalmology (40), Cardiac/Cardiology (35), and Paediatrics (15). The most common cancellation reasons in Bristol were: No Theatre Staff (36), No Surgeon (28), Rescheduled/Postponed (22), Other Emergency Patient Prioritised (21) and Ran Out of Operating Time (18).
Ownership:	Chief Operating Officer



	Feb-22		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	4	0.60%	22	0.29%
Specialised Services	35	1.61%	258	1.04%
Surgery	73	4.36%	592	3.05%
Weston	5	0.55%	79	0.72%
Women's and Children's	18	2.28%	197	2.08%
Other/Not Known	0	-	0	-
TRUST TOTAL	**135**	**2.16%**	**1148**	**1.58%**

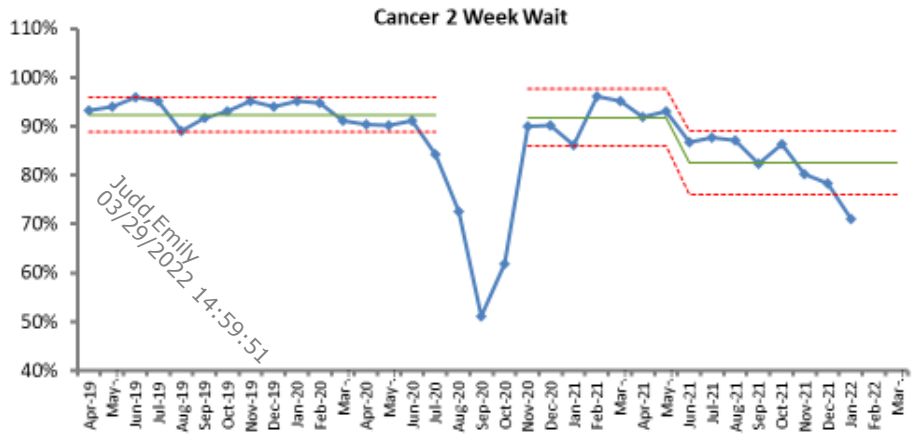
Cancer Two Week Wait

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

January 2022

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 January, 71.0% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%. Overall performance for Quarter 2 was 85.7%. Overall performance for Quarter 3 was 81.8%.
Commentary:	The standard was non-compliant in January (71.0% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Performance deteriorated from December, due to loss of a dermatology locum (replacement in place from January) and the impact of patient choice over the festive period, as well as heightened impact from Covid due to the high prevalence (both patients and clinicians sick). The figures continue to be impacted by the longstanding issue of the regional change to the colorectal pathway and the impact of Covid on primary care practice which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust continues to work with primary care to find mitigations for this and a change to the triage algorithm has been recently agreed as part of this work – modest improvements have been seen so far as a result which is encouraging.
Ownership:	Chief Operating Officer



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	4	4	100.0%
Suspected children's cancer	17	17	100.0%
Suspected gynaecological cancers	122	144	84.7%
Suspected haematological malignancies	18	19	94.7%
Suspected head and neck cancers	353	393	89.8%
Suspected lower gastrointestinal cancers	158	232	68.1%
Suspected lung cancer	16	32	50.0%
Suspected skin cancers	353	614	57.5%
Suspected upper gastrointestinal cancers	99	150	66.0%
Grand Total	**1,140**	**1,605**	**71.0%**

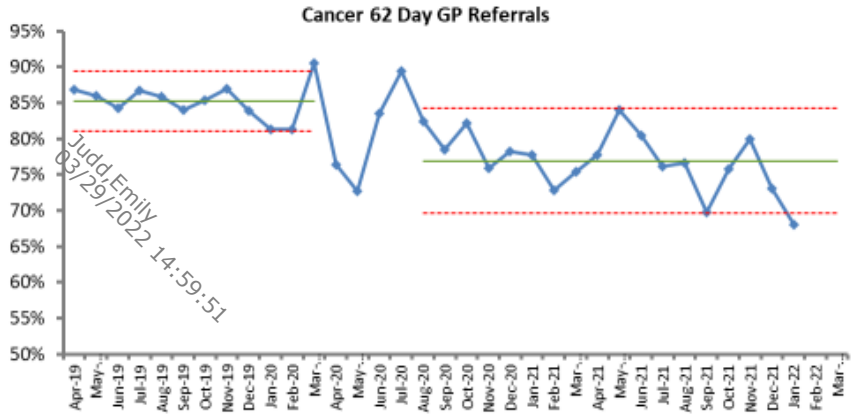
Cancer 62 Days

University Hospitals Bristol and Weston NHS Foundation Trust

January 2022

N *Not Achieved*

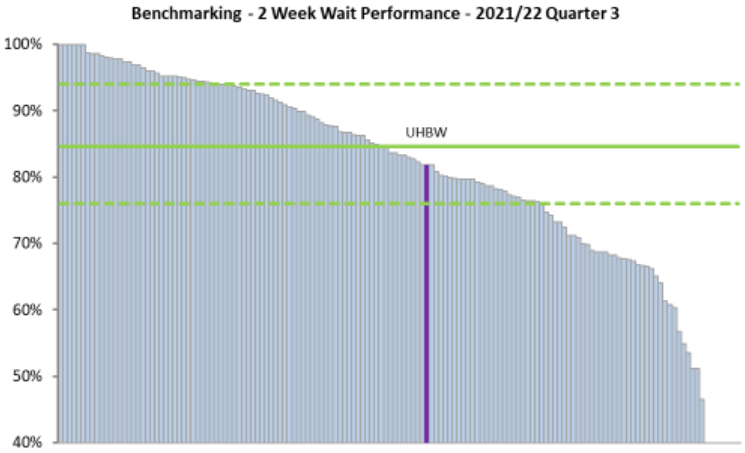
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes
Performance:	For January, 68.1% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%. The overall Quarter 2performance was 74.1%. The overall Quarter 3 performance was 76.5%.
Commentary:	The standard was non-compliant in January (68.1% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and high levels of sickness due to Covid in both staff and patients. The Covid wave starting in January 2022 has caused deterioration in performance due to loss of activity, with 'normal' inter-pandemic performance (75-80% against the standard) expected to be recovered once the wave subsides (please note that as at mid-March it has not done). It should be noted that patients who have been infected with Covid (even asymptomatically) require 7 weeks' recovery time prior to undergoing major surgery, and with the high prevalence of the disease this means high numbers of patients are medically deferred for this period. Therefore recovery may be slower than following other 'waves'. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

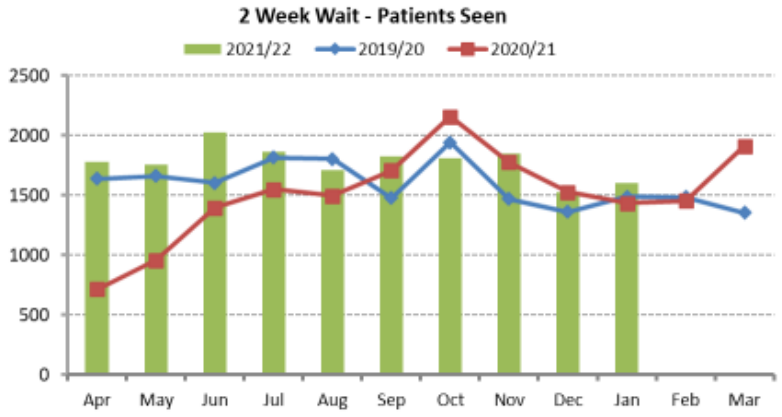


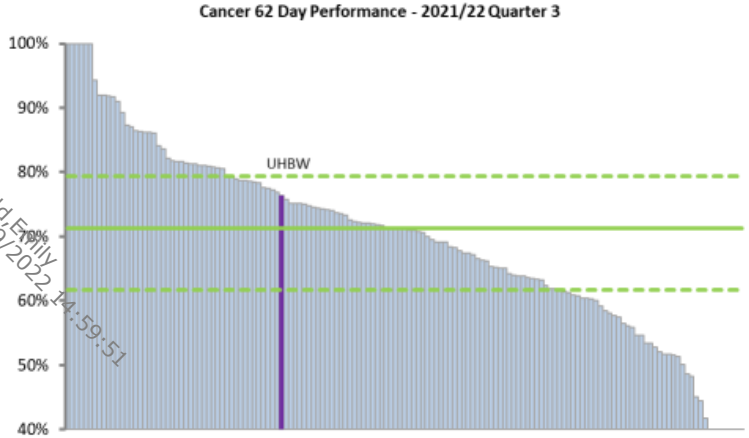
	Within Target	Total Pathways	Performance
Breast	3.0	3.0	100.0%
Gynaecological	1.5	5.0	30.0%
Haematological	7.0	10.0	70.0%
Head and Neck	2.0	5.0	40.0%
Lower Gastrointestinal	2.0	8.0	25.0%
Lung	9.5	11.5	82.6%
Other	2.0	3.0	66.7%
Sarcoma	2.5	3.5	71.4%
Skin	41.5	50.5	82.2%
Upper Gastrointestinal	8.5	14.5	58.6%
Urological	0.5	3.5	14.3%
Grand Total	**80.0**	**117.5**	**68.1%**

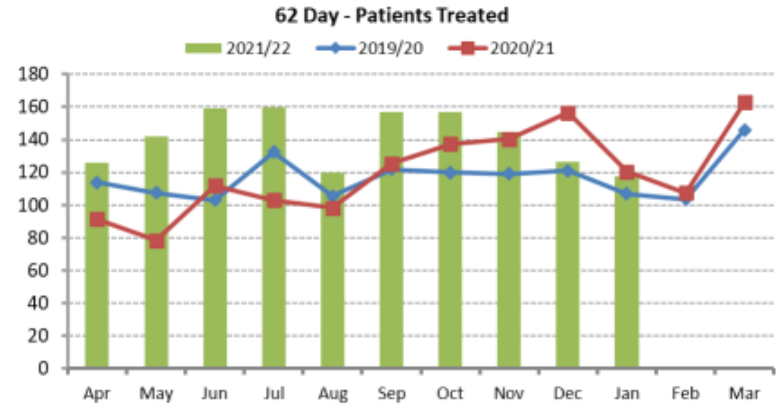
Cancer – Additional Information

University Hospitals Bristol and Weston NHS Foundation Trust









Cancer – 28 Day Faster Diagnosis

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

January 2022

N *Not Achieved*

Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The standard is reported separately for GP referred and screening referred patients.
Performance:	In January the Trust delivered 71.1% against the GP referred standard and 50.6% against the screening standard. The compliance threshold for each standard is 75%. Prior to this the Trust had been compliant with both standards every month since their introduction in mid 2021.
Commentary:	All screening standard breaches were due to patient choice (extremely high over Christmas for this cohort of patients, who feel well and do not wish to take the requisite bowel preparation over the holidays) and medical reasons. The GP standard underperformance was due to high patient choice over Christmas and the impact of both staff and patient sickness with Covid, which affected a high number of services.
Ownership:	Chief Operating Officer

Measure	Month	Number Within 28 Days	Total Patients	Percentage Compliance
Combined	Oct-21	1,330	1,713	77.6%
Combined	Nov-21	1,369	1,809	75.7%
Combined	Dec-21	1,109	1,410	78.7%
Combined	Jan-22	1,075	1,535	70.0%
GP Referred	Oct-21	1,293	1,667	77.6%
GP Referred	Nov-21	1,298	1,715	75.7%
GP Referred	Dec-21	1,071	1,362	78.6%
GP Referred	Jan-22	1,036	1,458	71.1%
Screening	Oct-21	37	46	80.4%
Screening	Nov-21	71	94	75.5%
Screening	Dec-21	38	48	79.2%
Screening	Jan-22	39	77	50.6%

Cancer 104 Days

University Hospitals Bristol and Weston NHS Foundation Trust

Snapshot taken: 13th March 2022

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
Performance:	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 13th March 2022 there were 5 such waiters. This compares to a peak of 53 such waiters in early July 2020.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains below this threshold. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

Snapshot taken: 13th March 2022

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 has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at 13th March the Trust had 156 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust remains below the 'pre-Covid' baseline and the position has improved in recent weeks. This position is difficult to maintain due to the emergency pressures on the hospital and ongoing impact of Covid on services (particularly during the ongoing significant peak in Covid prevalence – even 'milder' infections have a serious impact on the availability of staff and patients who are infected). Every effort is being made to minimise long waiting patients and, of those who do wait longer, ensure there is a low risk of harm from the delay.
Ownership:	Chief Operating Officer

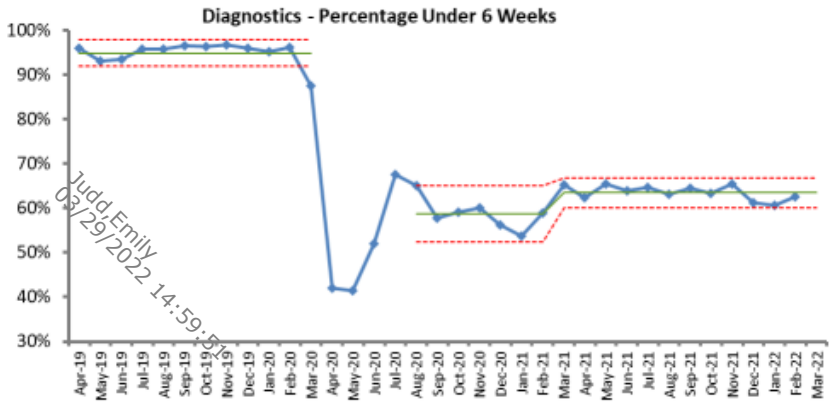
Diagnostic Waits

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

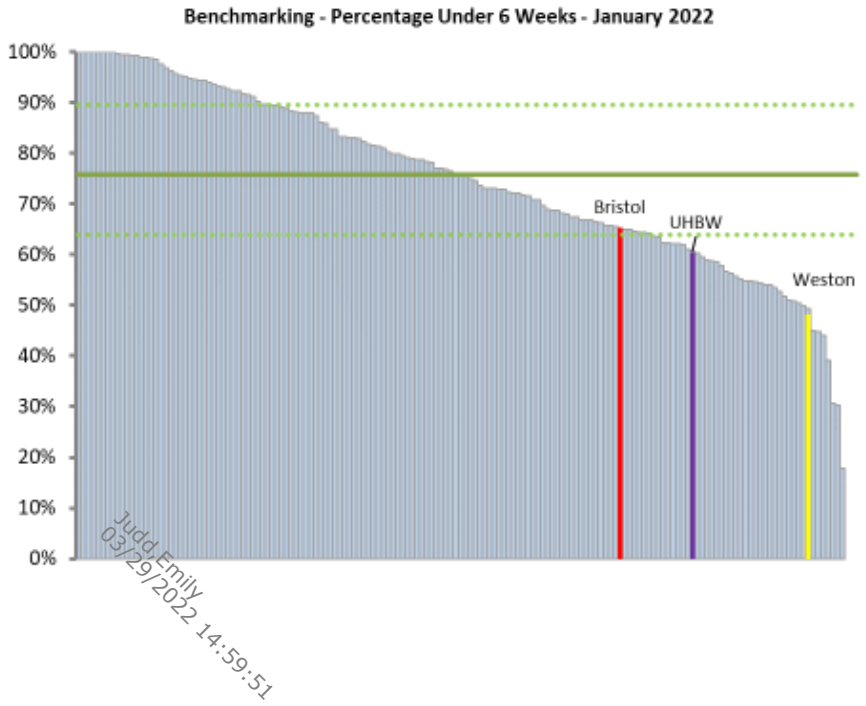
N *Not Achieved*

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 February, 62.5% of patients were waiting under 6 week, with 15,576 patients in total on the list. This is Bristol and Weston combined.
Commentary:	Diagnostic activity levels are being held overall, but pressure points are Endoscopy (where additional insourcing and use of independent sector lists is offset by loss of QDU capacity due to escalation), Adult MRI (Cardiology) and Cardiac MRI (where additional reporting capacity is being investigated to recover backlogs) and echo (predominantly at Weston, where long wait reviews are in place with Bristol and additional capacity is being investigated within the Independent Sector). There are also some niche constraints in MRI Paediatric GA pathway where mutual aid opportunities are being looked into within the SW region and Wales, but which rely on the provision of anaesthetists. Recovery plans for long waiting patients over 52 weeks have also been completed this period and are currently being reviewed by NHS England and NHS Improvement.
Ownership:	Chief Operating Officer



	Feb-22		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	5,430	6,903	78.7%
Medicine	78	115	67.8%
Specialised Services	1,350	2,617	51.6%
Surgery	414	1,411	29.3%
Weston	2,213	4,221	52.4%
Women's and Children's	253	309	81.9%
Other/Not Known	0	0	-
TRUST TOTAL	**9,738**	**15,576**	**62.5%**
Bristol Subtotal	*7,525*	*11,355*	66.3%

Diagnostic Waits



WESTON - End of February 2022	6+ Weeks	13+ Weeks	Total On List	% Under 6 Weeks
Cardiology - echocardiography	1,195	1,012	1,470	18.7%
Colonoscopy	31	21	83	62.7%
Computed Tomography	8	3	297	97.3%
Cystoscopy	129	103	173	25.4%
DEXA Scan	220	85	398	44.7%
Flexi sigmoidoscopy	19	6	56	66.1%
Gastroscopy	38	21	117	67.5%
Magnetic Resonance Imaging	19	13	243	92.2%
Non-obstetric ultrasound	349	148	1,384	74.8%
Grand Total	**2,008**	**1,412**	**4,221**	**52.4%**

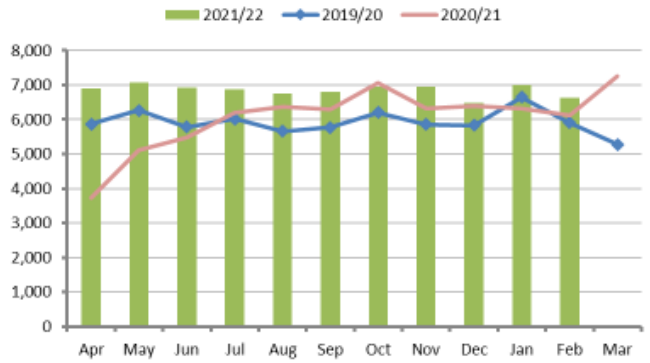
BRISTOL - End of February 2022	6+ Weeks	13+ Weeks	Total On List	% Under 6 Weeks
Audiology Assessments	3	0	477	99.4%
Cardiology - echocardiography	636	109	1,734	63.3%
Colonoscopy	427	315	599	28.7%
Computed Tomography	266	90	1,368	80.6%
Cystoscopy	1	1	1	0.0%
DEXA Scan	87	0	362	76.0%
Flexi sigmoidoscopy	200	159	239	16.3%
Gastroscopy	425	274	674	36.9%
Magnetic Resonance Imaging	961	593	2,552	62.3%
Neurophysiology	2	1	198	99.0%
Non-obstetric ultrasound	809	385	3,130	74.2%
Sleep studies	13	10	21	38.1%
Grand Total	**3,830**	**1,937**	**11,355**	**66.3%**

Diagnostic Activity – Restoration

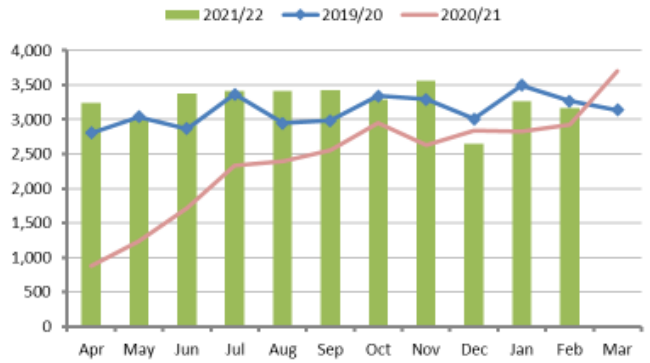
University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

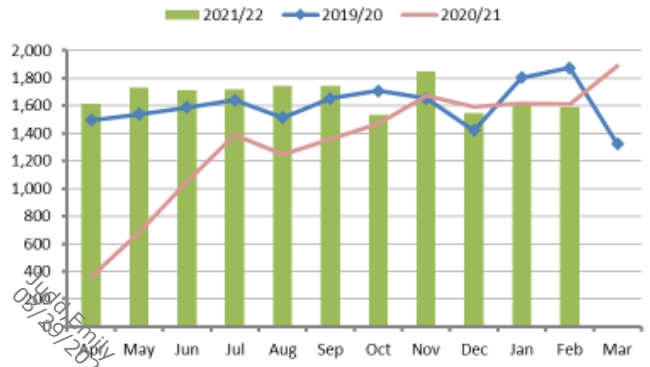
Computed Tomography (CT)



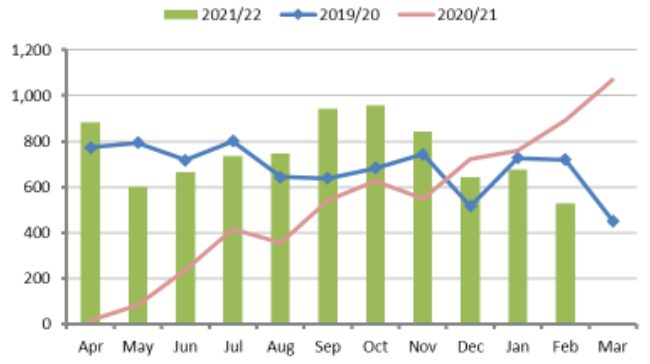
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy *(Gastroscopy, Colonoscopy, Flexi Sig)*



2021/22 as a Percentage of 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%	120%	114%	119%	118%	112%	118%	111%	105%	112%	
Magnetic Resonance Imaging	115%	99%	118%	101%	116%	115%	98%	108%	88%	93%	97%	
Echocardiography	108%	113%	108%	105%	115%	105%	90%	112%	109%	89%	85%	
Endoscopy	114%	76%	92%	92%	116%	147%	140%	113%	125%	93%	74%	

Outpatient Measures

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

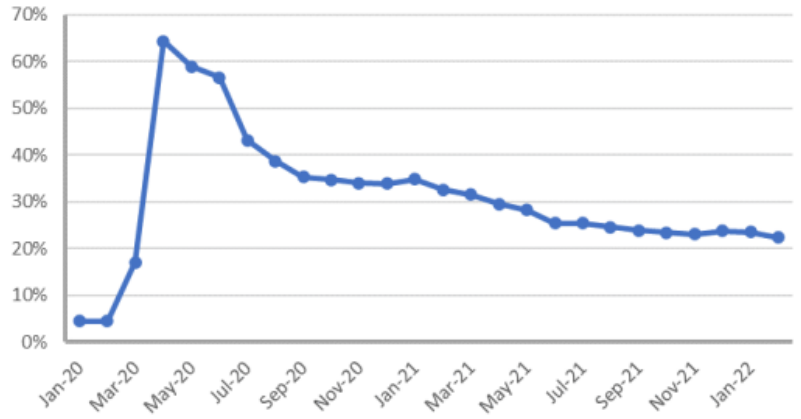
Standards:	There are three outpatient measures covered in this section. • Proportion of outpatient consultations that are non face-to-face (including ones that are delivered by video, as opposed to telephone). The target is to have at least 25% delivered as non face-to-face. • Advice and Guidance (A&G) is a service within the electronic Referral Service (eRS) which allows a clinician to seek advice from another, providing digital communication between two clinicians: the "requesting" clinician and the provider of a service, the "responding" clinician. The aim is for a minimum of 12 advice and guidance requests to be delivered per 100 outpatient new attendances (i.e. 12%) • Patient Initiated Follow-Up (PIFU) is one possible outcome following an outpatient attendance. This gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them rather than the service booking a follow-up. The target is to have 5% of all outpatient attendances moved or discharged to a PIFU pathway.
Performance:	In February: • 22.4% of outpatient attendances were delivered non face-to-face. Of these, 8.4% were delivered as a video consultation. • There were 1,355 Advice & Guidance Responses sent out, which was 7.3% of all New outpatient attendances. • There were 2,579 outpatient attendances that were outcome as PIFU, which is 4.1% of all outpatient attendances.
Commentary:	The roll out of Long Term Condition (LTC) PIFU pathways is in progress with specialities and was agreed in the March Outpatient Programme board meeting. New templates for recording activity will not be available until May, because there is now a change freeze in place for Medway. Non face-to-face activity is reflective of divisions increasing face to face activity to tackle backlogs. Virtual consultation provider Attend Anywhere contract terminates on 31st March. New provider DrDoctor represents a significant improvement in functionality for patients and clinicians. The programme aims to achieve delivery of 5% non face-to-face as video. Advice and Guidance request activity has reduced November to February and this is reflective of extending waiting times for responses and increasing backlogs of requests. There are a number of resourcing challenges faced across the trust impacting on delivery. The system's Healthier Together programme has identified the priority specialities for A&G service development for 2022/23.
Ownership:	Chief Operating Officer

	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	1,217	18.3%	212	17.4%	27	0.8%	27	100.0%	422	6.3%
Medicine	3,182	44.9%	353	11.1%	188	8.8%	139	73.9%	406	5.7%
Specialised Services	4,770	44.9%	290	6.1%	254	12.0%	254	100.0%	200	1.9%
Surgery	1,248	6.5%	56	4.5%	213	4.8%	117	54.9%	317	1.6%
Weston	1,905	27.1%	0	0.0%	137	6.0%	128	93.4%	424	6.6%
Women's & Children's	2,014	15.0%	294	14.6%	536	12.2%	323	60.3%	810	6.0%
TOTAL	**14,336**	**22.4%**	**1,205**	**8.4%**	**1,355**	**7.3%**	**988**	**72.9%**	**2,579**	**4.1%**

Outpatient Measures

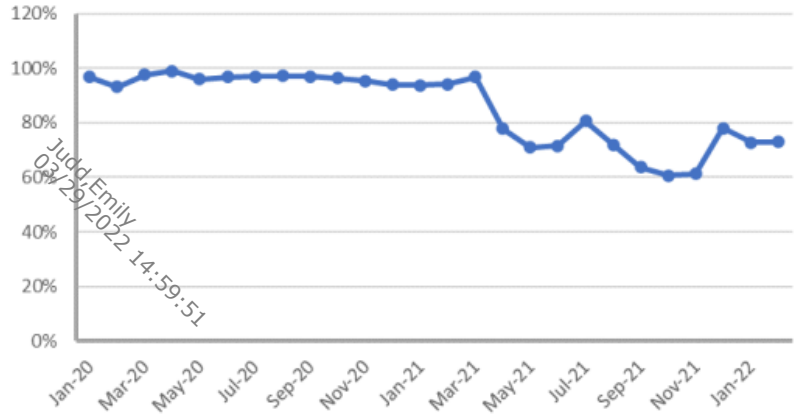
February 2022

Outpatient Attendances - % Non Face To Face

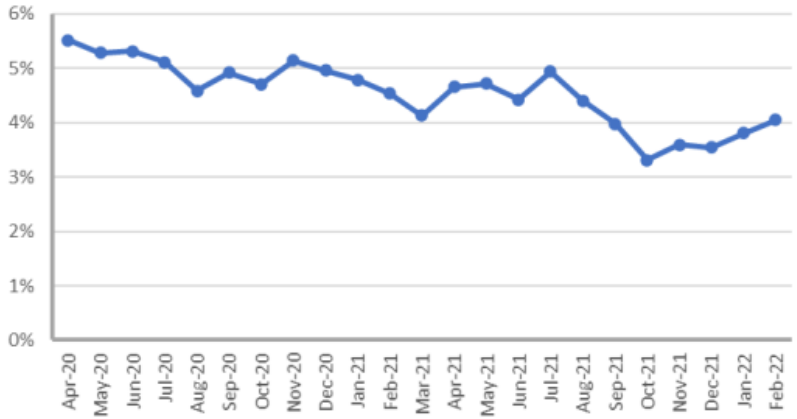


Number of Advice and Guidance Responses

Percentage of A&G Responses in 7 Days



Percentage of Attendances with PIFU Outcome

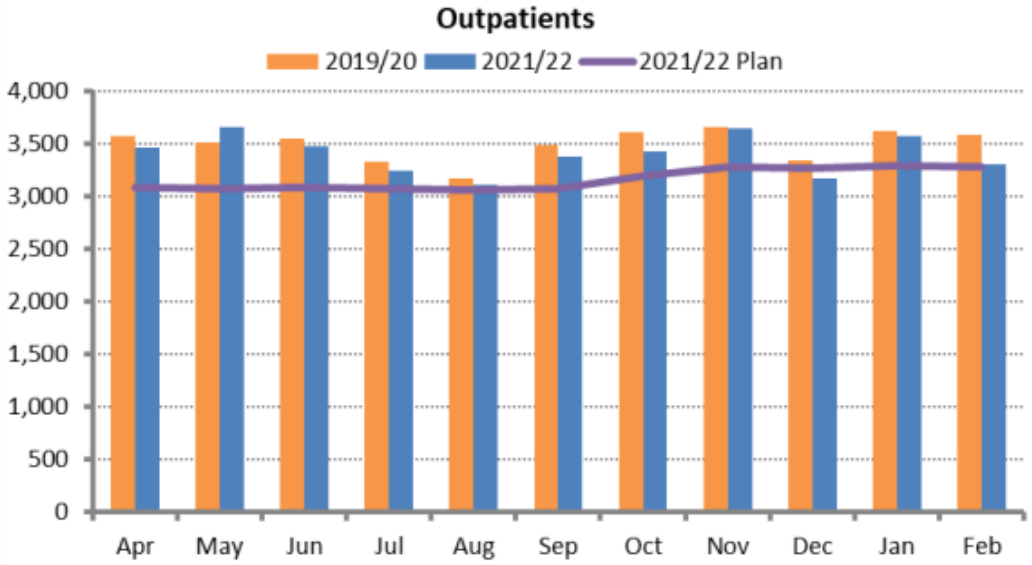


Outpatient Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2021/22	Actual Activity Per Day	3,457	3,655	3,478	3,239	3,108	3,373	3,424	3,637	3,166	3,570	3,303
	Planned Activity Per Day	3,085	3,068	3,078	3,068	3,057	3,068	3,198	3,277	3,265	3,293	3,278
2019/20	Actual Activity Per Day	3,568	3,507	3,544	3,327	3,162	3,487	3,604	3,657	3,343	3,615	3,584

2021/22 Activity: % of Plan	112%	119%	113%	106%	102%	110%	107%	111%	97%	108%	101%
2021/22 Activity: % of 2019/20	97%	104%	98%	97%	98%	97%	95%	99%	95%	99%	92%

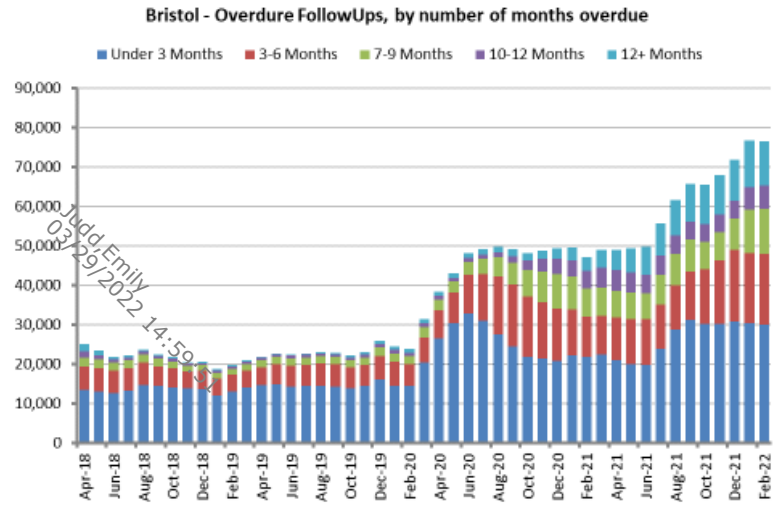
Outpatient Overdue Follow-Ups

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List" at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of February was 101,471 of which 31,049 (31%) were overdue by 9+ months.
Commentary:	• Overdue follow up backlogs have continued to grow in February. • Clinical capacity is not sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases. • UHBW has commenced the validation of Outpatient waiting lists. • Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&O and Respiratory. Discussions in progress with specialities to review the use of PIFU. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422) • A large validation project in Weston is due to be completed by April which is expected to reduce the Weston backlog position.
Ownership:	Chief Operating Officer



	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	9,074	130	274	9,478
Medicine	12,598	1,408	4,210	18,216
Specialised Services	8,232	1,057	712	10,001
Surgery	23,982	2,813	5,451	32,246
Weston	11,030	2,610	11,206	24,846
Women's and Children's	5,506	508	670	6,684
UHBW TOTAL	**70,422**	**8,526**	**22,523**	**101,471**
Bristol Subtotal	*59,392*	*5,916*	*11,317*	*76,625*

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

NHS University Hospitals Bristol and Weston NHS Foundation Trust

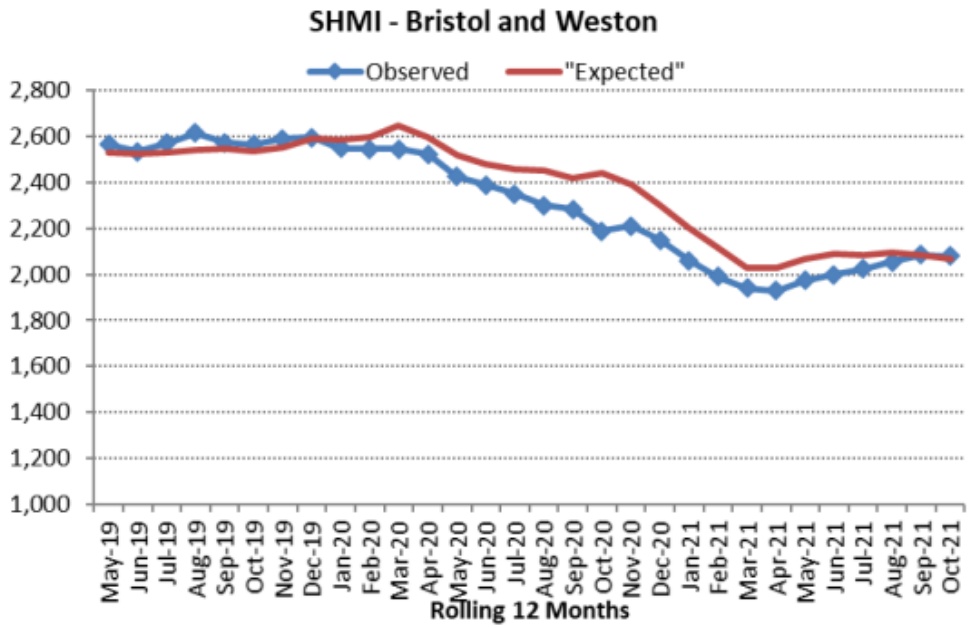
October 2021

A *Achieved*

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to October 2021 and is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months October 2020 – September 2021 was 100.0 and in NHS Digital's "as expected" category. This is slightly above the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jan-21	2,060	2,200	93.6
Feb-21	1,990	2,115	94.1
Mar-21	1,940	2,030	95.6
Apr-21	1,930	2,030	95.1
May-21	1,975	2,065	95.6
Jun-21	2,000	2,090	95.7
Jul-21	2,025	2,085	97.1
Aug-21	2,055	2,095	98.1
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5

Note: Jan-21 represents 12 month period Feb-20 to Jan-21



Mortality – HSMR (Hospital Standardised Mortality Ratio)

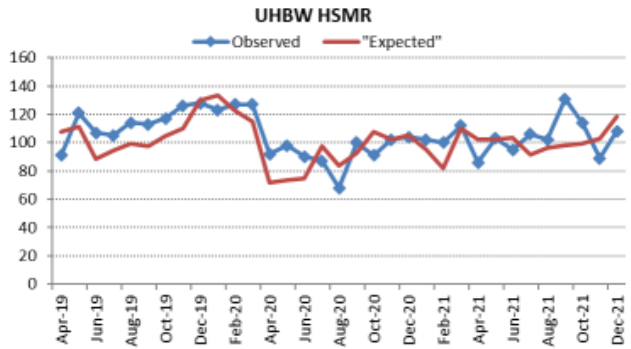
University Hospitals Bristol and Weston NHS Foundation Trust

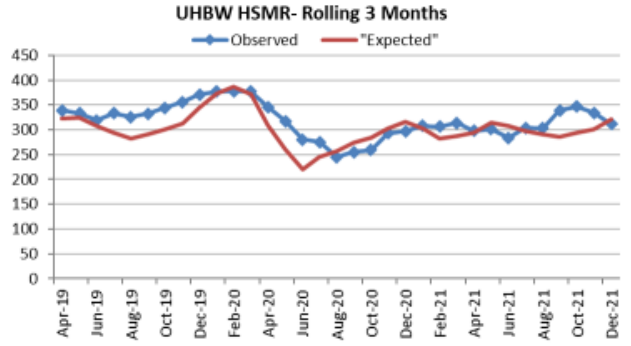
December 2021

A *Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing - this has taken place from last month's figures. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of December 2021 is 91.0, meaning there were fewer observed deaths (108) than the statistically calculated expected number of deaths (119). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The rebased HSMR for the 12 months to December 2021 for UHBW was 103.8 (National Peer: 98.1).
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
Jan-21	102	95	107.0
Feb-21	100	82	122.4
Mar-21	112	110	101.8
Apr-21	86	102	84.1
May-21	103	102	100.8
Jun-21	95	103	91.9
Jul-21	106	91	116.1
Aug-21	102	96	106.0
Sep-21	131	98	133.4
Oct-21	114	99	114.7
Nov-21	89	103	86.6
Dec-21	108	119	91.0





Fractured Neck of Femur (#NOF)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

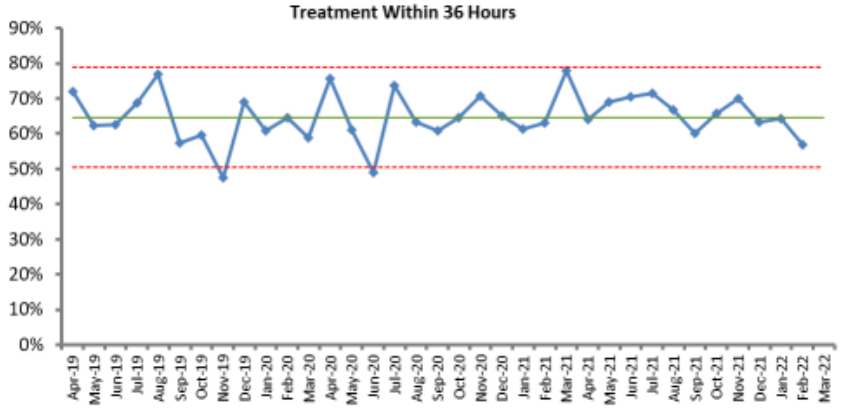
P *Partially Achieved*

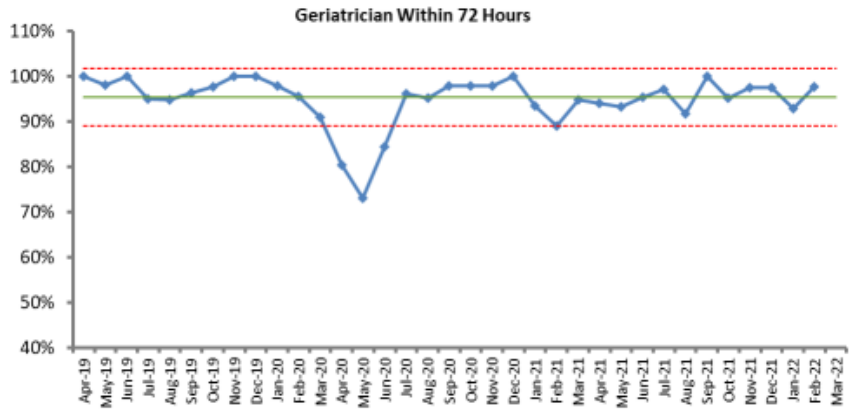
Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In February, there were 44 patients eligible for Best Practice Tariff (BPT) across UHBW (29 in Bristol and 15 in Weston). • For the 36 hour standard, 57% achieved the standard (25 out of 44 patients) • For the 72 hour standard, 98% achieved the standard (43 out of 44 patients)
Commentary:	Challenges to be addressed in Bristol: • There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity and also a lack of available inpatient beds. There is also a continuing issue around a lack of orthogeriatric support at weekends and bank holidays. • Difficulty accessing theatres to ensure consistent #NOF theatre. Also challenges with theatre staffing which is impacting on overall theatre capacity as well as Air Handling Unit works in theatre which reduces T&O access to theatres. This work is now completed. • Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the Trauma & Orthopaedic (T&O) wards. Actions being taken in Bristol: • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons. Reasons patients missed the expected level of care in Weston: • For February, there were 2 patients who did not achieve the 36 hour time to surgery target. This was due to a theatre capacity issue (only a half day list available and three fractured femurs already on this list) and a further unavoidable medical optimisation issues. • In addition, there were 2 patients who did not have a day one physiotherapy assessment as they were either seen by an Occupational Therapist or not at all. At Weston there is no consistent Orthopaedic Physiotherapy cover at weekends or bank holidays. Actions being taken in Weston: • Use of emergency (CEPOD) lists where possible for extra capacity when trauma lists are full or limited • Managerial team to discuss how extra physiotherapy staffing can be provided at weekends and bank holidays. • Monthly #NOF meeting to resume for regular performance discussions. Successes or opportunities to improve at Weston: • Time to Surgery at Weston (87%) is above the national benchmark (69% - based on 2020 data) • Substantive Ortho-geriatrician now in post Monday-Friday at Weston.
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022





		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	29	12	41%	28	97%
Weston	15	13	87%	15	100%
TOTAL	**44**	**25**	**56.8%**	**43**	**97.7%**

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Mixed Sex Accommodation Breaches

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

A *Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There were thirty-four justified Mixed Sex Accommodation breaches reported in February 2022. Nine breaches occurred in the Acute Medical Admissions unit. Four breaches occurred in Weston hospital wards, and twenty-one occurred in escalation wards. Prior to any mixed sex accommodation breach there is a full review of all patient areas, any potential breach is balanced against the substantial risk of overcrowding in the emergency and the requirement for provision of a resuscitation bed in the emergency department.
Commentary:	Actions being taken: Intensive work underway with emergency pathway review. Participation in NHSE/I mixed sex accommodation guidance development.
Ownership:	Chief Nurse

Maternity Services

February 2022

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

Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	Please refer to the Perinatal Quality Surveillance Matrix on the next page. On the page after, there is a detailed summary of the Perinatal Quality Surveillance Matrix data.
Commentary:	Actions: • There is a monthly forum to share staff concerns with the Maternity and Neonatal Safety Champions and actions are fed back to staff. The current themes align with the data and include: staffing, capacity and delayed IOL • A CTG monitoring and escalation focus week is planned for week of 28th March to highlight challenges staff have with CTG interpretation and how to remove these barriers. This is being supported by the Local Maternity System (LMS) who are funding resources for staff.
Ownership:	Chief Nurse

UHBW Perinatal Quality Surveillance Matrix

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Number of babies born alive at >=22 to 36+6 weeks gestation	24	27	37	31	38	24	44	29	26	22	2	36
Number of women who gave births all gestations from 22+0 weeks	407	410	429	415	466	429	429	449	432	419	357	368
Induction of Labour rate %	37.2%	33.7%	30.7%	30.6%	26.6%	27.8%	26.8%	26.6%	24.4%	31.0%	35.4%	26.3%
Unassisted Birth rate %	51.9%	53.5%	49.0%	51.2%	46.7%	46.9%	49.2%	45.0%	45.4%	45.3%	47.2%	44.9%
Assisted Birth rate %	16.2%	15.9%	15.6%	14.8%	15.2%	20.5%	14.5%	17.5%	16.9%	12.4%	14.9%	16.0%
Caesarean Section rate (overall) %	31.9%	30.6%	35.5%	34.0%	38.1%	32.6%	36.3%	37.6%	37.7%	42.3%	37.8%	39.1%
Elective Caesarean Section rate %	15.5%	13.3%	14.0%	15.8%	13.9%	14.9%	14.3%	12.2%	15.3%	17.4%	16.0%	16.8%
Emergency Caesarean Section rate %	16.4%	17.3%	21.5%	18.2%	24.0%	17.7%	21.7%	25.3%	22.4%	24.9%	21.8%	22.3%
Total number of perinatal deaths	1	1	6	0	2	1	1	4	11	6	6	1
Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	0	0	0	1	1	0	0	0
Number of stillbirths (>=24 weeks excl TOP)	0	0	2	2	1	0	1	2	4	4	2	0
Number of neonatal deaths : 0-6 Days	0	0	1	0	1	1	0	0	1	1	4	0
Number of neonatal deaths : 7-28 Days	1	1	3	0	0	0	0	1	5	1	0	1
Suspected brain injuries in inborn neonates (no structural abnormalities)	0	0	2	0	0	0	0	1	0	0	1	0
Number of maternal deaths (MBRRACE)	0	1	0	0	0	0	0	0	0	0	0	
Number of women who recieved level 3 care	1	2	1	0	1	1	1	1	2	0	1	0
Continuity of Carer (overall percentage)	36%	38%	45.9%	46%	44.4%	48.3%	47%	40%	43%	45%	48%	49%

Detailed summary of the Perinatal Quality Surveillance Matrix data

- There were 18 reported incidents related to workforce in February. Themes:
  - delayed Induction Of Labour (IOL),
  - non-compliance with BAPM standards (British Association of Perinatal Medicine standards for Neonatal nursing),
  - staffing levels,
  - and capacity.
- In UHBW, the induction of labour (IOL) rate for February was reduced to 26.3% however this is reflected in an increase in the lower section caesarean section (LSCS) rate.
- The total Lower Section Caesarean Section (LSCS) rate in February was 39.1%. The emergency rate was approximately the same in February at 22.3% from 21.8% in January.
- No serious incidents reported to HSIB (Healthcare Safety Investigation Branch) in February.
- February received 17 formal compliments, 16 were for NICU (Neonatal Intensive Care Unit).
- Risk to Maternity Incentive Scheme (MIS) and Clinical Negligence Scheme for Trusts (CNST) compliance. The IT connectivity issues and capacity constraints within the community midwifery teams has been escalated and is on the risk register. Multi-professional emergency and foetal monitoring training target of 90% is affected by staffing pressures, often COVID-19 related. Maternity Incentive Scheme (MIS) has been suspended for 3 months from 23 December which will help with extra time to resolve data entry compliance issues. Re-instatement has yet to be confirmed by MIS team.
- Sickness rates in doctors' rotas, no change from last month regarding consultants acting down to cover and cross cover to maintain safe service.
- NICU reduced to 47% of nurses qualified in speciality (QIS) trained (BAPM standard 70%). Recruitment plan in progress. 10 staff are undertaking the QIS training.
- Midwifery vacancies 9 whole time equivalents (WTE), 5 midwives have been recruited.
- UHBW need 16.1 WTE midwives in the funded establishment to achieve Continuity of Carer (CoC) as default model of care in April 2023, action plan has been escalated to Trust Board.
- Risk to continual roll out of Continuity of Carer due to vacancies, there will be 6.7 WTE vacancies in the community from start of May due to resignations and 2 midwives have retired. Recruitment is on-going.
- A move to implement the Continuity of Carer (CoC) programme continues presently 49.3%, with BAME at 62.5% and IMD1 (Indices of Multiple Deprivation, IMD1 is the most deprived) at 77.6%.

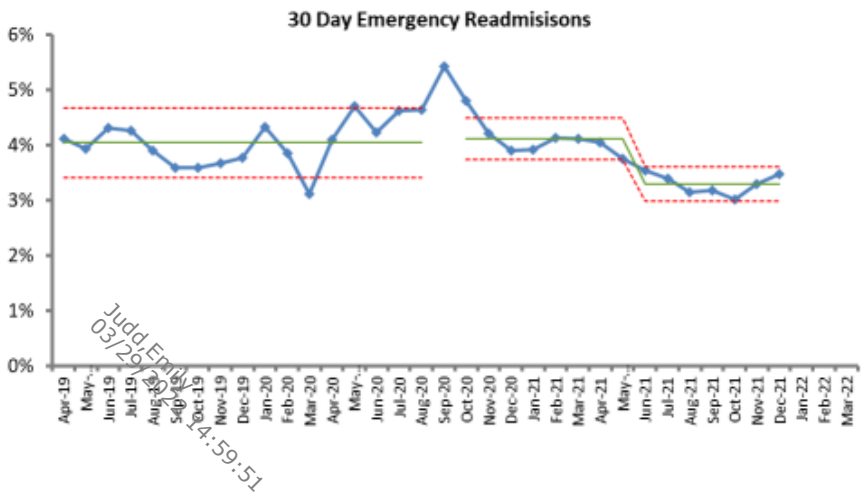
Readmissions

University Hospitals Bristol and Weston NHS Foundation Trust

January 2022

A *Achieved*

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In January, there were 12,446 discharges, of which 418 (3.4%) had an emergency re-admission within 30 days.
Commentary:	The review of Readmission methodologies and future targets/trajectories across the two Trusts is to be established.
Ownership:	Chief Operating Officer



	Jan-22		
	Readmissions	**Total Discharges**	**% Readmitted**
Diagnostics and Therapies	0	20	0.0%
Medicine	151	2,305	6.6%
Specialised Services	33	2,670	1.2%
Surgery	57	2,169	2.6%
Weston	130	1,731	7.5%
Women's and Children's	47	3,551	1.3%
Other/Not Known	0	0	-
TRUST TOTAL	**418**	**12,446**	**3.4%**
Bristol Subtotal	*288*	*10,715*	*2.7%*

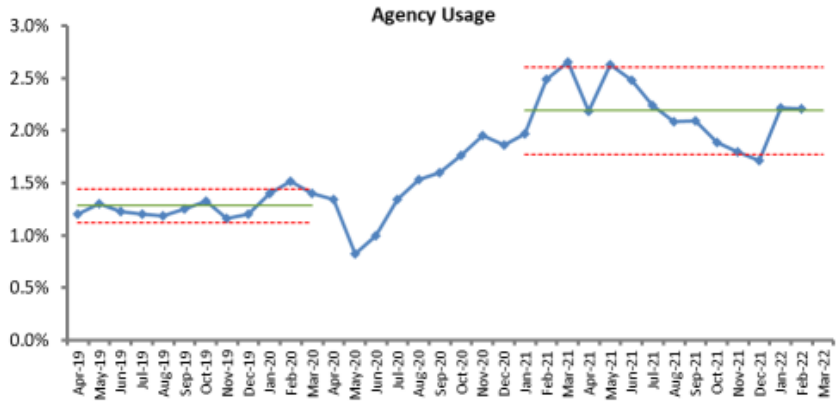
Workforce –Agency Usage

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%.
Performance:	The Agency Usage was 2.2% in February 2022. Agency usage reduced by 1.8 full time equivalents (FTE). There were increases in three divisions, with the largest increase seen in Specialised Services, increasing to 31.1 FTE from 26.8 FTE in the previous month. There were reductions in two divisions, with the largest reduction seen in Women's and Children's, reducing to 32.6 FTE from 39.2 FTE in the previous month. Both Diagnostics and Therapies and Facilities and Estates remained static with no agency usage.
Commentary:	The Trust's agency usage figure of 2.2% compares to a South West median of 3.9% and a national median of 3.8% (Model System data June 2021). Actions: • Continued work with BNSSG and Bath healthcare partners to attempt to drive down high cost agency usage. New neutral vendor for nursing agency supply scheduled to go live on 1st April. • Next seasonal bank campaign being worked up by our media consultants with posters to be placed across all sites and supported by a social media campaign to increase bank supply and drive down agency usage. • Active recruitment to substantive medical roles in the Weston division to drive down the demand for high cost agency usage.
Ownership:	Director of People



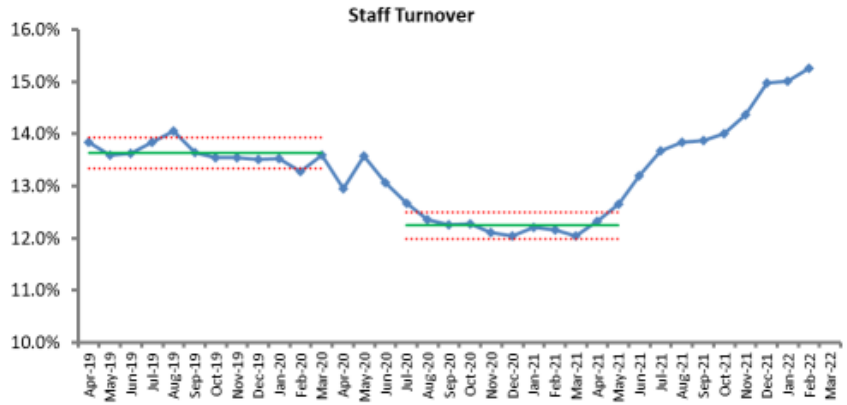
Workforce – Turnover

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 13% turnover.
Performance:	Turnover for the 12 month period increased to 15.3% in February 2022 compared with 15.0% (updated figures) for the previous month. Six divisions saw an increase whilst one division saw a reduction and one division remained static in turnover in comparison to the previous month. The largest divisional increase was seen within Facilities and Estates, where turnover increased by 0.8 percentage points to 17.1% compared with 16.3% the previous month. The largest divisional reduction was seen within Weston, where turnover reduced by 0.5 percentage points to 14.9% compared with 15.4% the previous month.
Commentary:	The Trust's turnover figure of 15.3% compares to 19% in BNSSG (Dec '21, Model System data). For Registered Nursing turnover is 13.9% (Dec '21) compared to a 10.8% South West median (Dec '21) and a 13% National median (Model System data). • Staff Survey data including local heat maps and divisional staff survey results presentations have been delivered to divisions. This will enable early analysis and development of local culture and people plans. • Since the reinstatement of non-essential training, the values and leadership behaviours workshop has been well received. • EDI strategic plan for 2022/2023 to be finalised in collaboration with key divisional and corporate stakeholders. • As an output from the Trust Exit Interview Review Group, a Trustwide Exit Dashboard has been produced in order to inform the organisation of the feedback received from staff who are leaving the Trust. This report is also being produced at a Divisional level. • Uptake on exit questionnaires currently stands at 45% in January, however, the reporting of and follow up on data is not robust and this requires immediate improvement. Divisional hotspot data will then be triangulated in order to ensure a full understanding of reasons.
Ownership:	Director of People



Workforce – Vacancies

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 6.2% vacancy.
Performance:	Overall vacancies increased to 8.0% compared to 7.8% in the previous month. The largest divisional increase was seen in Women's and Children's where vacancies increased to 119.9 FTE from 88.1 FTE in the previous month. The largest divisional reduction was seen in Trust Services, where vacancies reduced to 77.5 FTE from 99.0 FTE the previous month.
Commentary:	The Trust's current vacancy rate of 8% compares to 7.6% in the local health system ("BNSSG") and 5% for the South West (SW Metrics Oversight Report month 8, 21/22*). • Development of an updated approach to domestic and newly qualified nurse recruitment. The first phase is a series of focus groups with student nurses to gain a better insight to their experiences of the job market. • A revised Health Care Support Worker (HCSW) recruitment model has been launched with weekly interviews for Apprentice and Experienced HCSW roles to increase the volume and pace of recruitment. • Recruitment plan developed to address the workforce challenges of the General adult Intensive Care Unit expansion with progress now underway for domestic and international nurse recruitment. • Development of a pilot bespoke careers event to support the Surgery division's hard to recruit admin and clerical roles. • 221 international nurses now arrived in the Trust and 148 have secured their Nursing & Midwifery (NMC) PIN. The business case for international nurse recruitment for 2022/23 was endorsed by the Senior Leadership Team. Initial recruitment of 70 nurses has been approved to ensure a supply in May and June 2022. **this is the most recent report available, no further reports have been produced due to covid pressures*
Ownership:	Director of People

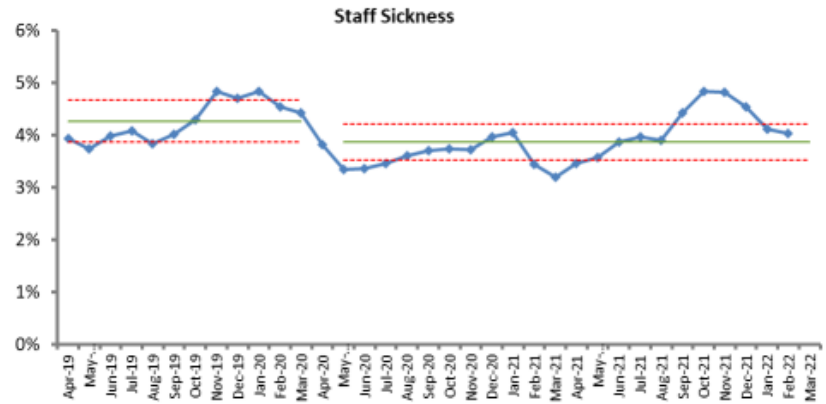
Workforce – Staff Sickness

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

P *Partially Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 3.9% sickness rate. The red threshold is 0.5 percentage points over this.
Performance:	Sickness absence reduced to 4.0% in February 2022, compared with 4.1% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting. There were increases within three divisions, the largest divisional increase was seen in Diagnostic and Therapies, increasing by 0.4 percentage points to 2.9% from 2.5% the previous month. There were reductions within four divisions, the largest divisional reduction was seen in Weston, reducing to 4.4% from 5.1% the previous month.
Commentary:	• As part of the Winter Wellbeing programme to prioritise staff wellbeing and help boost morale, 5,000 individuals and 250 teams have received gifts, and over 160 staff accessed massage sessions, yoga, and mindfulness workshops. • The Health Screening Nurse conducted 42 health checks in February, which is almost double the figure delivered in January. • Sickness absence interventions continue to be high alongside redeployment of staff who are not able to undertake their roles due to ill health. The HR Services Team continues to coach line managers with proactive interventions that aim to reduce absence levels but also to enable employees to return to work at the earliest opportunity. • Audits of sickness management interventions have taken place in some Divisions and the outcomes of these audits are being used to inform the Supporting Attendance Policy Review.
Ownership:	Director of People



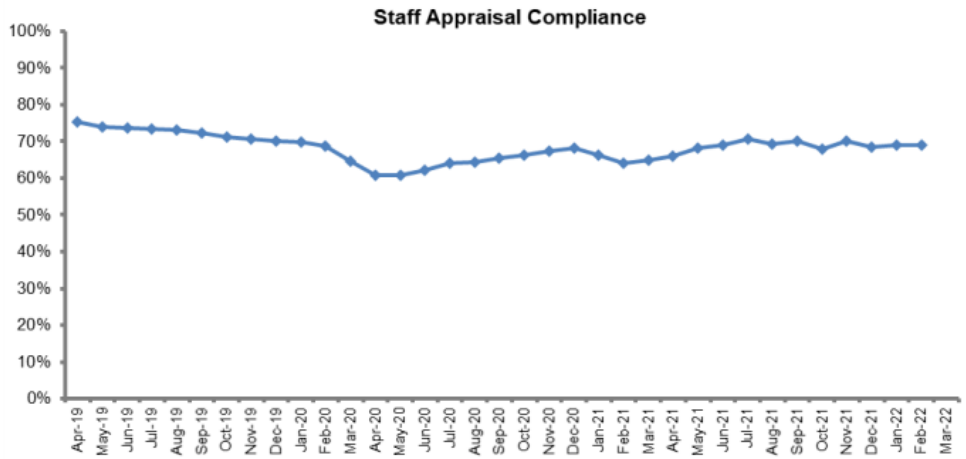
Workforce – Appraisal Compliance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

N *Not Achieved*

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide, with Weston adopting the 85% target already in place at Bristol.
Performance:	Overall appraisal compliance increased to 68.9% in February 200, from 68.8% in the previous month. All divisions are non-compliant. There were increases in five divisions, and reductions in three divisions. The largest divisional increase was within Facilities and Estates, increasing to 70.0% from 67.8% in the previous month. The largest divisional reduction was within Diagnostic and Therapies, reducing to 78.7% from 79.8% in the previous month.
Commentary:	• Staff Appraisal compliance remains at risk due to critical incident and the operational challenges of completing appraisals. • Appraisal Notification system update: a new system function will be available which will notify both the appraisee and appraiser of appraisal due dates and reminders when overdue until the appraisal is completed. The facility will be available from April 2022 following the launch of Kallidus and Perform. This function, when available, will support the delivery of appraisal compliance • Appraisal Training: non-essential training was re-instated from 08/02/2022, since then two sessions have been delivered to 28 attendees. An additional session has been scheduled during March and has an additional 16 participants enrolled.
Ownership:	Director of People



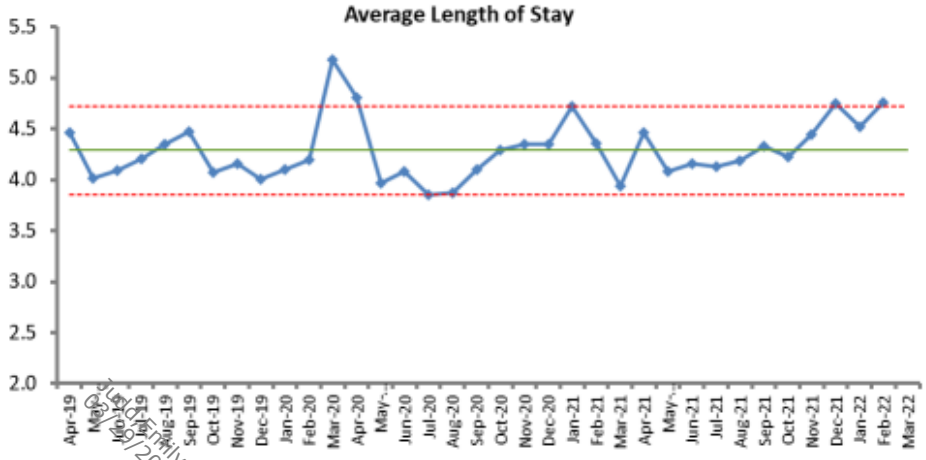
Average Length of Stay

NHS University Hospitals Bristol and Weston NHS Foundation Trust

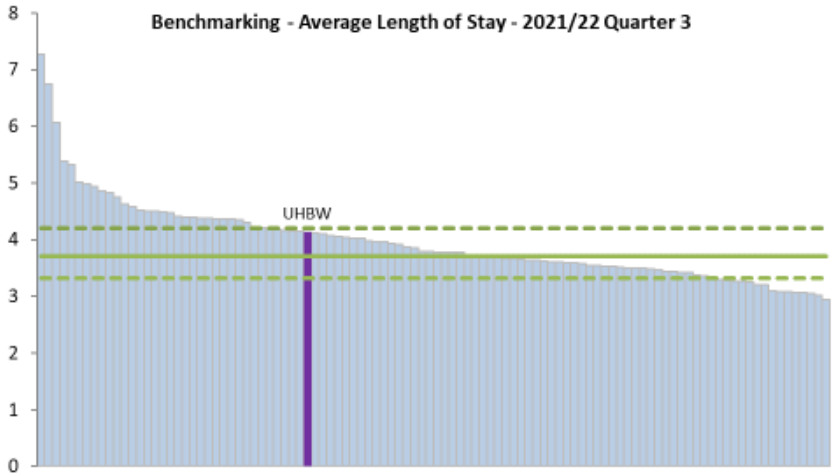
February 2022

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 February there were 30,206 discharges at UHBW with an average length of stay of 4.76 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the 2022/23 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer



	Feb-22
Medicine	5.1
Specialised Services	6.2
Surgery	4.8
Weston	8.2
Women's and Children's	2.9



Finance – Executive Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

YTD Income & Expenditure Position	• Net I&E surplus of £5,665k against a plan of break-even (excluding technical items). • Total operating income is £2,359k adverse to plan due to lower than planned other operating income of £3,807k (relating to grant income). • Operating expenses are £4,767k favourable to plan primarily due to higher pass-through expenditure (£8,465k adverse), the shortfall in CIP delivery of £3,134k, higher than planned pay costs of £8,763k, offset by lower than planned other non-pay expenditure of £20, 202k. • Technical and financing items are £3,257k favourable to plan mainly due to the profiling of grant income relating to the Salix decarbonisation scheme.
Key Financial Issues	• The Trust's current forecast outturn assessment is a net I&E surplus of c£6m. • The Trust's forecast position excludes £10m of system top-up funding which has been returned back into the system. • Savings delivery of £11,022k or 78% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £4,678k. Recurrent savings are forecast at £3,450k, 22% of plan. • Capital expenditure to date of £48,743k against the annual CDEL of £89,551k means the Trust will under spend against its CDEL at 31st March 2022. Following discussions with Capital Programme leads the current capital forecast outturn is c£67m.
Strategic Risks Judd.Emily 03/29/2022 14:59:51	Although the following items are not expected to have a material impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate: • Agreeing a system approach to future financial targets given UHBW's need to service past borrowing – pending full understanding of the 2022/23 financial regime; • Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime– pending as above; • Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going and subject to CDEL brokerage discussions with NHSEI.

Finance – Financial Performance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

Trust Year to Date Financial Position

	Month 11			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	74,684	75,284	600	838,945	837,959	(986)
Other Operating Income	9,553	11,568	2,015	119,137	117,764	(1,373)
Total Operating Income	**84,236**	**86,852**	**2,616**	**958,081**	**955,723**	**(2,359)**
Employee Expenses	(49,575)	(54,599)	(5,023)	(540,651)	(549,414)	(8,763)
Other Operating Expenses	(30,768)	(26,171)	4,597	(362,652)	(349,536)	13,116
Depreciation (owned & leased)	(2,518)	(2,337)	181	(25,552)	(25,138)	414
Total Operating Expenditure	**(82,862)**	**(83,107)**	**(246)**	**(928,855)**	**(924,088)**	**4,767**
PDC	(942)	(1,044)	(102)	(11,141)	(11,486)	(345)
Interest Payable	(155)	(153)	2	(1,977)	(1,900)	77
Interest Receivable		23	23	0	35	35
Other Gains/(Losses)	0	0	0	0	(12)	(12)
Net Surplus/(Deficit) inc technicals	**278**	**2,571**	**2,294**	**16,108**	**18,272**	**2,164**
Remove Capital Donations, Grants, and Donated Asset Depreciation	(278)	(1,082)	(804)	(16,108)	(12,607)	3,501
Net Surplus/(Deficit) exc technicals	**0**	**1,489**	**1,489**	**0**	**5,665**	**5,665**

See the Trust Finance Performance Report for full details on the Trust's financial performance.

Key Facts:

- The YTD net surplus is £5,665k (£4,176k last month) compared with the planned breakeven position.
- Pay expenditure is £3,595k higher in February than January. Predominantly driven by new local Clinical Excellence Awards (£2.2m). YTD expenditure is adverse to plan at £8,763k. This shows an increase from £3,740k in January.
- YTD agency expenditure is £26,376k, 5% of total pay costs and £2.8m adverse to plan.
- Operating income is adverse to plan by £2,359k, an improvement from £4,975k adverse in January. This is mainly due to lower than planned 'Other Operating Income' relating to the Salix grant (£3,807k).
- CIP achievement is 78%. £11,022k has been achieved against a target of £14,156k, a shortfall of £3,134k.
- Additional costs of Covid-19 are £11,388k YTD at the end of February, with a decrease in month to £1,283k from £1,740k in January.

Care Quality Commission Rating - Bristol

University Hospitals Bristol and Weston NHS Foundation Trust

The Care Quality Commission (CQC) published their latest inspection report on 4th November 2021. Full details can be found here: https://www.cqc.org.uk/provider/RA7

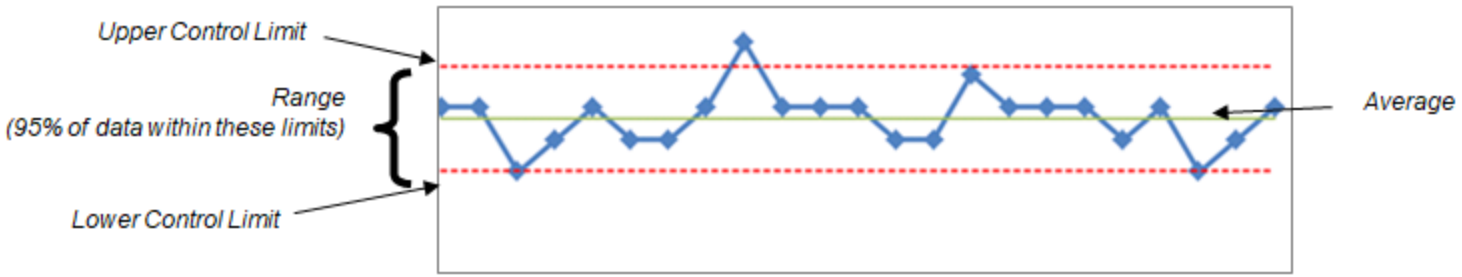
The overall rating was GOOD, and the breakdown by site is shown below:

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
South Bristol NHS Community Hospital	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
UHBW Bristol Main Site	Requires Improvement → ← Oct 2021	Good → ← Oct 2021	Outstanding → ← Oct 2021	Good → ← Oct 2021	Outstanding → ← Oct 2021	Good ↓ Oct 2021
Weston General Hospital	Inadequate Oct 2021	Requires Improvement Oct 2021	Good Oct 2021	Requires Improvement Oct 2021	Inadequate Oct 2021	Inadequate Oct 2021
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires Improvement → ← Oct 2021	Good → ← Oct 2021	Outstanding → ← Oct 2021	Good → ← Oct 2021	Good ↓ Oct 2021	Good ↓ Oct 2021

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

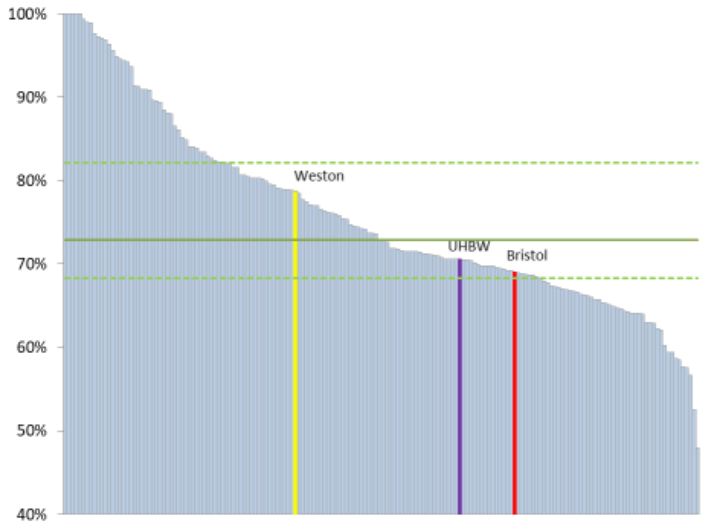


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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

Explanation of Benchmarking Charts

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



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

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

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

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

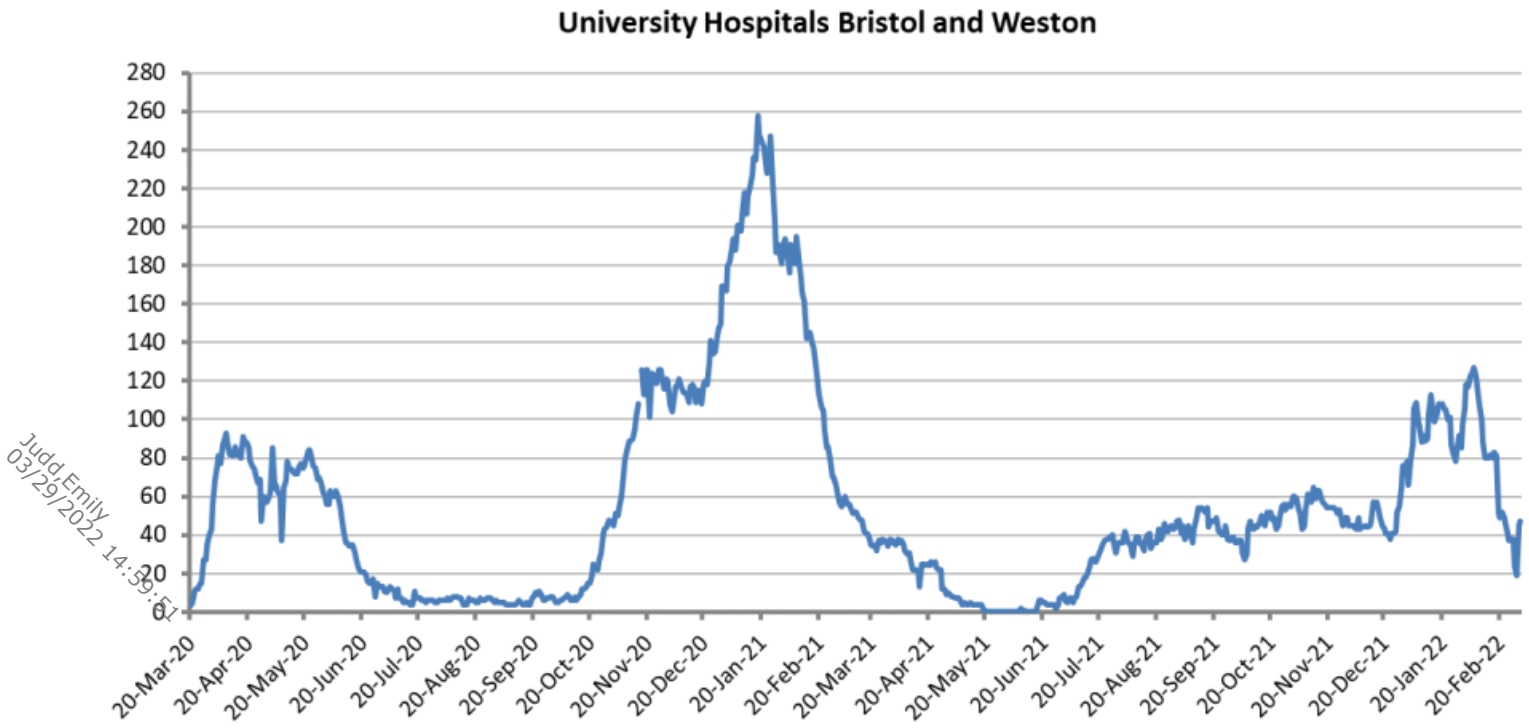
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 10th March 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

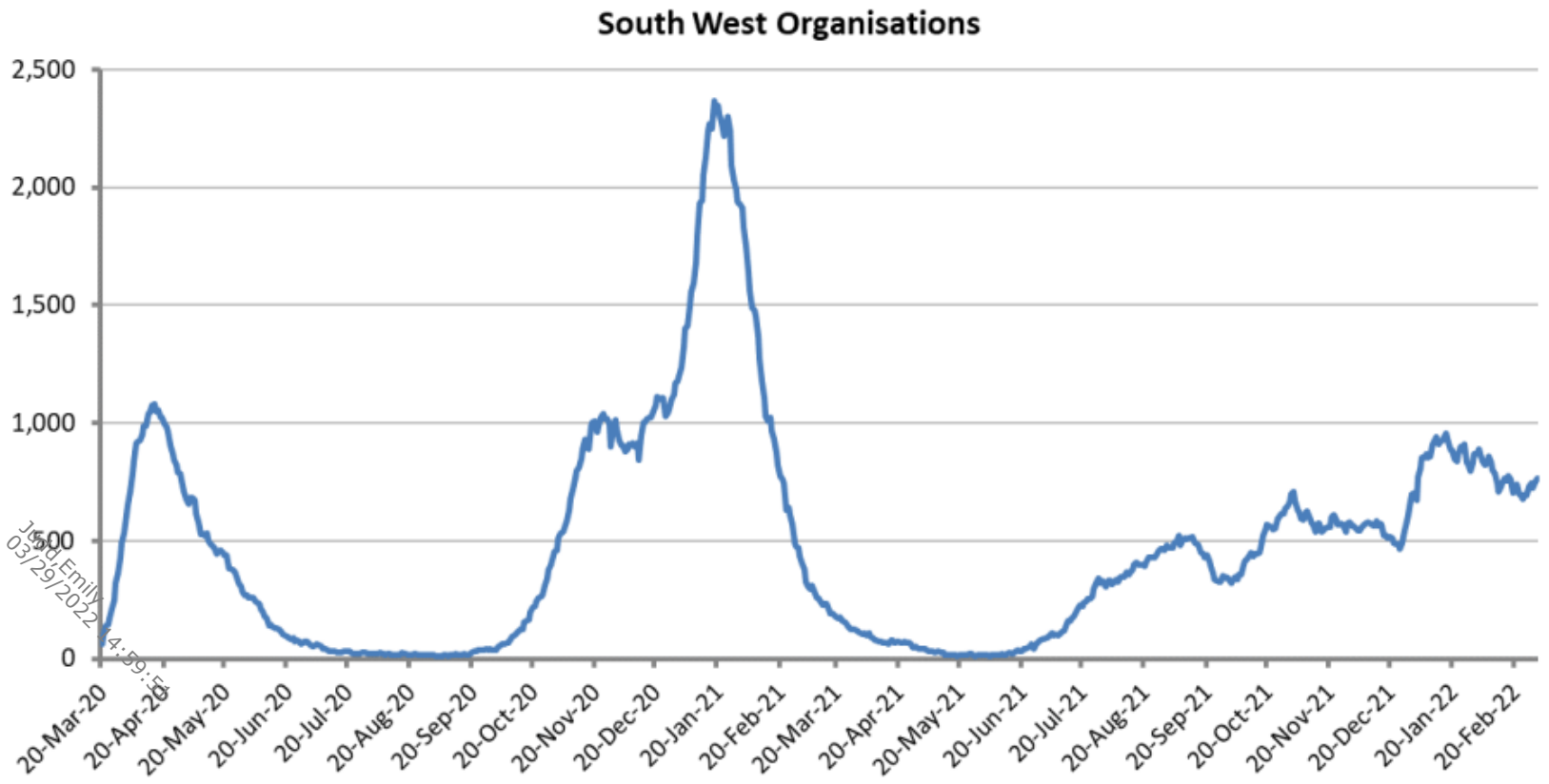
Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the "COVID-19 NHS Situation Report". Data up to 3rd March 2022.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 13th March 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer



Appendix – Covid19 Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 14th March 2022 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Commentary:	The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
Sep-21	149	66	10	8	19	103
Oct-21	174	74	7	5	15	101
Nov-21	189	68	8	4	11	91
Dec-21	194	76	16	14	16	122
Jan-22	269	129	37	24	45	235
Feb-22	216	75	33	13	23	144
	2,654					**2,363**

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

Appendix – Staff Vaccination Summary

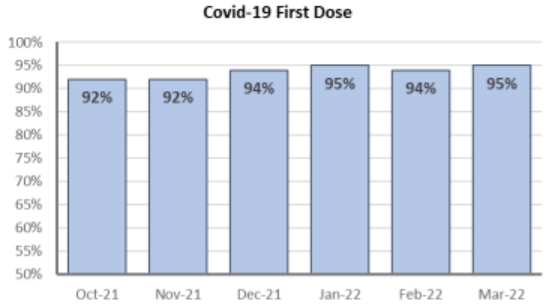
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

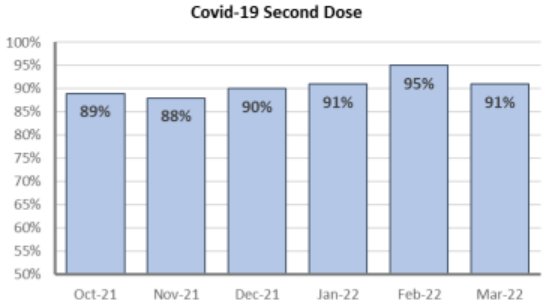
Source:	These figures are based on those published by NHS England. These statistics include vaccinations administered across all settings in England (within Hospital Hubs and other Local Vaccination Service sites such as GP practices and Vaccination Centres). These frontline healthcare workers (FHCW) vaccination figures are those submitted to Public Health England (ImmForm return) and include those staff who have been vaccinated through the Trust Hospital Hub as well as those staff who we know of who have had their flu vaccination elsewhere.
Timeframe:	For information the COVID-19 Booster and Flu Vaccination Programme started in late-September 2021. Flu and COVID-19 booster data started in December 2021. The 2021/2022 flu vaccination season will finish on the 31 March 2022.
Commentary:	The Trust's final flu vaccination uptake of FHCW for 2021/2022 is 84%. There have been some challenges and confusion experienced around flu vaccination data reporting this year. This was due to a revision in the definition of FHCW set out by NHS England and NHS Improvement in the summer being revoked in February. The Trust has revised its FHCW count and submitted its figures accordingly. An evaluation of the Influenza Vaccination Programme 2021/2022 is on the agenda for the meeting of the Board of Directors in Public in March, in line with National requirements. With the Vaccination Programme maintaining a COVID-19 Evergreen Offer for staff and patients, the Programme Team will continue to evolve and improve the services' processes. The Trust's Vaccination Programme will also continue to share success and address challenges in partnership with the BNSSG Vaccination Programme.
Ownership:	Chief Nurse/Director of People

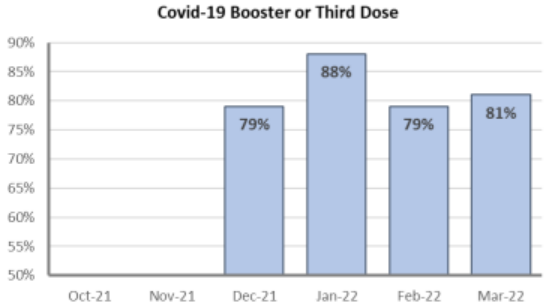
Appendix – Immunisation Summary

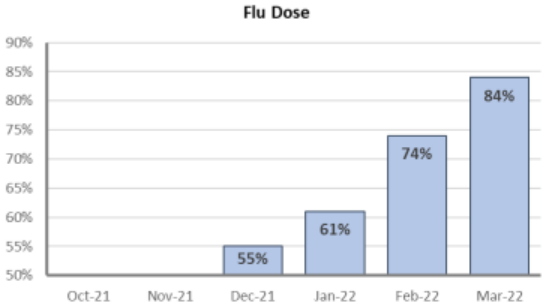
Monthly Trends

The monthly totals below are the percentages quoted in previous month's IQPRs. March 2022 is current/latest percentage figures.









Divisional Uptake

The divisional totals for Covid19 Booster and Flu Vaccination uptake are shown below.

Division	Flu uptake as a % of all staff	COVID-19 Booster or Third dose uptake as a % of all staff
Diagnostics And Therapies	76%	73%
Facilities And Estates	46%	47%
Medicine	63%	99%
Specialised Services	66%	85%
Surgery	59%	70%
Trust Services	73%	32%
Weston	63%	77%
Women's And Children's	70%	65%

Appendix – Trust Scorecards

University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Infection Control																			
DA01	MRSA Hospital Onset Cases	4	6	0	0	0	0	1	0	0	0	0	2	3	0	0	1	2	3
DA02	MSSA Hospital Onset Cases	45	36	2	4	5	4	0	4	3	4	5	1	4	2	13	7	10	6
DA03	CDiff Hospital Onset Cases	67	80	5	8	11	14	7	4	6	7	3	6	6	8	33	17	16	14
DA03A	CDiff Healthcare Associated Cases	81	92	7	9	13	16	9	4	7	8	3	8	7	8	38	20	19	15
DA06	EColi Hospital Onset Cases	81	66	14	5	5	5	5	8	8	8	8	2	7	5	15	21	18	12
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.14	4.73	4.94	4.7	4.02	4.38	4.58	4.68	4.84	4.78	4.56	5.16	5.46	4.82	4.36	4.7	4.83	5.15
	Numerator (Falls)	*1698*	*1616*	*152*	*139*	*126*	*134*	*144*	*147*	*147*	*154*	*144*	*163*	*173*	*145*	*399*	*438*	*461*	*318*
	Denominator (Beddays)	*330286*	*341879*	*30746*	*29584*	*31351*	*30587*	*31475*	*31380*	*30364*	*32246*	*31560*	*31574*	*31681*	*30077*	*91522*	*93219*	*95380*	*61758*
AB06A	Total Number of Patient Falls Resulting in Harm	23	31	2	5	1	2	4	4	2	1	1	6	3	2	8	10	8	5
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.161	0.228	0.135	0.064	0.131	0.127	0.223	0.132	0.186	0.158	0.253	0.253	0.1	0.109	0.161	0.199	0.178
	Numerator (Pressure Injuries)	92	55	7	4	2	4	4	7	4	6	5	8	8	3	10	15	19	11
	Denominator (Beddays)	330286	341879	30746	29584	31351	30587	31475	31380	30364	32246	31560	31574	31681	30077	91522	93219	95380	61758
DE02	Pressure Injuries - Grade 2	87	45	7	4	1	3	4	5	3	5	4	7	6	3	8	12	16	9
DE03	Pressure Injuries - Grade 3	5	9	0	0	1	1	0	2	1	0	1	1	2	0	2	3	2	2
DE04	Pressure Injuries - Grade 4	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Serious Incidents																			
SO2	Number of Serious Incidents Reported	109	84	10	7	9	9	12	4	9	6	7	7	8	6	25	25	20	14
SO1	Total Never Events	6	3	0	1	0	0	1	0	1	0	0	0	0	0	1	2	0	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.25%	0.31%	0.37%	0%	0.33%	0%	0%	0.35%	0.7%	0.78%	0.76%	0%	0%	-	0.11%	0.33%	0.53%	0%
	Numerator (Incidents Resulting In Harm)	8	10	1	0	1	0	0	1	2	3	3	0	0	0	1	3	6	0
	Denominator (Total Incidents)	3213	3217	268	293	301	286	329	287	285	382	394	361	299	0	880	901	1137	299
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medicati	0.46%	0.31%	0.35%	0%	0%	0.6%	0%	0.38%	1.1%	0.44%	0.3%	0%	0%	1.27%	0.22%	0.41%	0.24%	0.68%
	Numerator (Number of Incidents)	26	11	2	0	0	3	0	1	3	1	1	0	0	2	3	4	2	2
	Denominator (Total Audited)	5638	3499	576	439	447	501	440	265	273	225	338	278	135	158	1387	978	841	293
	Omitted Doses is Bristol only																		

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Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
VTE Risk Assessment																			
N01	**Adult Inpatients who Received a VTE Risk Assessment**	**85.4%**	**83.4%**	**84%**	**82.7%**	**82.3%**	**82.5%**	**82.1%**	**83.9%**	**85.7%**	**83.7%**	**84.3%**	**83.2%**	**83.8%**	**82.6%**	**82.5%**	**83.9%**	**83.8%**	**83.2%**
	Numerator (Number Risk Assessed)	77063	77692	7332	7012	7137	7251	7201	7091	7417	7016	7398	6816	6784	6569	21400	21709	21230	13353
	Denominator (Total Patients)	90252	93212	8732	8477	8671	8794	8769	8449	8654	8380	8774	8189	8099	7956	25942	25872	25343	16055
	VTE Data is Bristol only																		
Nurse Staffing Levels ("Fill Rate")																			
RP01	**Staffing Fill Rate - Combined**	**95.8%**	**93.1%**	**91.5%**	**97.2%**	**101.5%**	**96.9%**	**93.6%**	**95.6%**	**89%**	**89.9%**	**92.2%**	**89.8%**	**90.1%**	**88.6%**	**98.5%**	**92.7%**	**90.6%**	**89.4%**
	Numerator (Hours Worked)	3472575	3077023	292106	283241	300816	284844	285636	288962	263605	276499	277810	282203	280381	253025	868901	838203	836512	533406
	Denominator (Hours Planned)	3623484	3305856	319187	291290	296455	294105	305258	302404	296280	307464	301316	314390	311348	285546	881850	903942	923170	596894
RP02	**Staffing Fill Rate - RN Shifts**	**92.7%**	**88.8%**	**87.5%**	**92.4%**	**97.7%**	**92.7%**	**87.9%**	**88.7%**	**84.4%**	**86.7%**	**89.1%**	**86.8%**	**86%**	**85%**	**94.3%**	**87%**	**87.5%**	**85.5%**
	Numerator (Hours Worked)	2310640	2031589	192919	186768	199598	187080	184059	184918	174331	185524	185886	188697	186980	167746	573446	543308	560108	354727
	Denominator (Hours Planned)	2492525	2287699	220486	202050	204360	201866	209391	208549	206611	213872	208721	217364	217493	197421	608276	624552	639957	414914
RP03	**Staffing Fill Rate - NA Shifts**	**102.7%**	**102.7%**	**100.5%**	**108.1%**	**109.9%**	**106%**	**106%**	**110.9%**	**99.6%**	**97.2%**	**99.3%**	**96.4%**	**99.5%**	**96.8%**	**108%**	**105.5%**	**97.6%**	**98.2%**
	Numerator (Hours Worked)	1161934	1045434	99187.8	96472.6	101218	97763.7	101576	104044	89274.3	90974.6	91924.3	93505.8	93401	85278.9	295454	294895	276405	178680
	Denominator (Hours Planned)	1130958	1018157	98700.3	89240.1	92095	92238.5	95866.7	93855.2	89669	93591.6	92595	97025.7	93854.7	88125.3	273574	279391	283212	181980

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Patient Surveys (Bristol)																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score	#N/A	#N/A	90	89	91	89	88	88	89	88	88	88	87	85	90	88	88	86
P01G	Patient Survey (Bristol) - Kindness and Understanding	#N/A	#N/A	95	93	97	95	95	94	95	94	95	94	95	91	95	94	94	94
P01H	Patient Survey (Bristol) - Outpatient Tracker Score	#N/A	#N/A	95	95	93	96	92	90	94	93	91	93	94	90	95	92	92	92
Patient Surveys (Weston)																			
P02D	Patient Survey (Weston) - Patient Experience Tracker Score	#N/A	#N/A	#N/A	84	85	84	82	81	83	85	82	86	80	83	84	82	84	82
P02G	Patient Survey (Weston) - Kindness and Understanding	#N/A	#N/A	#N/A	92	92	95	90	92	92	92	94	94	95	96	93	91	93	95
P02H	Patient Survey (Weston) - Outpatient Tracker Score	#N/A	#N/A	#N/A	90	94	85	90	92	88	95	88	90	95	91	89	90	92	93
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1665	1696	145	124	176	160	158	174	193	193	193	104	104	117	460	525	490	221
T01C	Patient Complaints - Formal	546	410	43	49	46	51	50	45	24	27	39	32	27	20	146	119	98	47
T01D	Patient Complaints - Informal	1119	1286	102	75	130	109	108	129	169	166	154	72	77	97	314	406	392	174
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	62.3%	80.9%	85.5%	58.3%	65.9%	85.6%	60%	57.5%	63%	41.4%	52.2%	54.3%	61.7%	68.4%	68.2%	51.3%	58.3%
	Numerator (Responses Within Timeframe)	442	522	38	47	42	58	77	51	46	34	29	36	44	58	147	174	99	102
	Denominator (Total Responses)	618	838	47	55	72	88	90	85	80	54	70	69	81	94	215	255	193	175
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	73.2%	87.2%	92.7%	62.5%	72.7%	76.7%	70.6%	72.5%	72.2%	70%	76.8%	69.1%	73.4%	74.4%	73.3%	73.1%	71.4%
	Numerator (Responses Within Timeframe)	474	613	41	51	45	64	69	60	58	39	49	53	56	69	160	187	141	125
	Denominator (Total Responses)	618	838	47	55	72	88	90	85	80	54	70	69	81	94	215	255	193	175
T05A	Informal Complaints Responded To Within Trust Timeframe	93%	88.9%	88.7%	91.2%	94.4%	87.8%	92.9%	86.7%	86%	87.9%	89.9%	84.6%	89.4%	86.8%	91.5%	88.4%	87.4%	88.2%
	Numerator (Responses Within Timeframe)	686	608	55	52	67	43	52	52	49	51	71	66	59	46	162	153	188	105
	Denominator (Total Responses)	738	684	62	57	71	49	56	60	57	58	79	78	66	53	177	173	215	119
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	6.21%	2.13%	9.09%	9.72%	10.23%	7.78%	10.59%	10%	3.7%	7.14%	0%	-	-	9.77%	9.41%	3.63%	0%
	Numerator (Number Dissatisifed)	44	52	1	5	7	9	7	9	8	2	5	0	0	0	21	24	7	0
	Denominator (Total Responses)	618	838	47	55	72	88	90	85	80	54	70	69	0	0	215	255	193	175

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	17%	27.9%	21.5%	20.8%	32.2%	31%	31.2%	28.3%	30.9%	24.1%	26.6%	26.3%	31.9%	22.5%	28.1%	30.1%	25.7%	27.4%
	Numerator (Total FFT Responses)	*3442*	*17253*	*1247*	*1222*	*1930*	*1960*	*1870*	*1635*	*1787*	*1373*	*1523*	*1352*	*1580*	*1021*	*5112*	*5292*	*4248*	*2601*
	Denominator (Total Eligible to Respond)	*20211*	*61791*	*5796*	*5863*	*5994*	*6332*	*5989*	*5782*	*5781*	*5701*	*5717*	*5137*	*4949*	*4546*	*18189*	*17552*	*16555*	*9495*
P04A	Friends and Family Test Score - Inpatients/Day Cases	98.4%	97.2%	98.1%	97.7%	97.7%	97.9%	97.2%	97.4%	96%	97.3%	96.1%	97.3%	96.6%	98.5%	97.8%	96.9%	96.9%	97.3%
	Numerator (Total "Positive" Responses)	*3346*	*16685*	*1211*	*1182*	*1882*	*1917*	*1801*	*1592*	*1691*	*1325*	*1463*	*1315*	*1512*	*1005*	*4981*	*5084*	*4103*	*2517*
	Denominator (Total Responses)	*3400*	*17164*	*1235*	*1210*	*1926*	*1959*	*1852*	*1634*	*1762*	*1362*	*1522*	*1351*	*1566*	*1020*	*5095*	*5248*	*4235*	*2586*
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.4%	8.7%	7.8%	6.2%	6.5%	8.7%	6.3%	9.9%	6.8%	10.4%	10.4%	9.9%	11.2%	9.9%	7.3%	7.6%	10.2%	10.5%
	Numerator (Total FFT Responses)	*1971*	*10993*	*591*	*537*	*774*	*1086*	*782*	*1139*	*848*	*1335*	*1243*	*1051*	*1161*	*1037*	*2397*	*2769*	*3629*	*2198*
	Denominator (Total Eligible to Respond)	*26539*	*125810*	*7619*	*8598*	*11898*	*12542*	*12385*	*11557*	*12502*	*12799*	*11990*	*10640*	*10405*	*10494*	*33038*	*36444*	*35429*	*20899*
P04B	Friends and Family Test Score - ED	92.4%	84.3%	92.5%	88%	85.6%	83.7%	78.7%	85.6%	84.5%	80.5%	82.5%	85.1%	90.3%	84.3%	85.3%	83.3%	82.5%	87.5%
	Numerator (Total "Positive" Responses)	*1811*	*9229*	*545*	*471*	*660*	*904*	*613*	*971*	*714*	*1071*	*1015*	*891*	*1046*	*873*	*2035*	*2298*	*2977*	*1919*
	Denominator (Total Responses)	*1959*	*10947*	*589*	*535*	*771*	*1080*	*779*	*1134*	*845*	*1331*	*1231*	*1047*	*1158*	*1036*	*2386*	*2758*	*3609*	*2194*
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	15.8%	8.4%	10.4%	4.8%	10.2%	16.2%	2.8%	10.4%	7.7%	0.4%	19.6%	7.2%	8.4%	4.1%	10.4%	7%	9.1%	6.2%
	Numerator (Total FFT Responses)	*240*	*1228*	*41*	*62*	*138*	*217*	*40*	*146*	*111*	*5*	*273*	*96*	*92*	*48*	*417*	*297*	*374*	*140*
	Denominator (Total Eligible to Respond)	*1523*	*14627*	*396*	*1300*	*1359*	*1341*	*1408*	*1399*	*1434*	*1401*	*1392*	*1334*	*1100*	*1159*	*4000*	*4241*	*4127*	*2259*
P04C	Friends and Family Test Score - Maternity	99%	98.5%	100%	96.7%	96.4%	99.1%	95%	99.3%	99.1%	80%	99.3%	100%	98.9%	97.9%	97.8%	98.6%	99.2%	98.6%
	Numerator (Total "Positive" Responses)	*381*	*1206*	*85*	*59*	*133*	*215*	*38*	*145*	*107*	*4*	*271*	*96*	*91*	*47*	*407*	*290*	*371*	*138*
	Denominator (Total Responses)	*385*	*1224*	*85*	*61*	*138*	*217*	*40*	*146*	*108*	*5*	*273*	*96*	*92*	*48*	*416*	*294*	*374*	*140*
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.7%	94.9%	95.6%	94.8%	95%	94.7%	95.2%	94.8%	94.4%	93.9%	95.5%	95.5%	95.1%	94.9%	94.8%	94.7%	94.9%	95.1%
	Numerator (Total FFT Responses)	*8482*	*28303*	*2397*	*2330*	*2549*	*2310*	*1958*	*2523*	*3330*	*3022*	*2935*	*2023*	*3381*	*1942*	*7189*	*7811*	*7980*	*5323*
	Denominator (Total Eligible to Respond)	*8861*	*29837*	*2507*	*2458*	*2682*	*2440*	*2057*	*2660*	*3529*	*3220*	*3073*	*2118*	*3554*	*2046*	*7580*	*8246*	*8411*	*5600*

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Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Emergency Department Performance																			
B01	ED Total Time in Department - Under 4 Hours	80.09%	67.13%	76.27%	74.93%	74.2%	70.09%	66.93%	65.91%	65.47%	62.38%	63.9%	63.69%	66%	64.83%	72.98%	66.11%	63.29%	65.42%
	Numerator (Number Seen In Under 4 Hours)	*112177*	*116456*	*10364*	*11032*	*12260*	*11825*	*11202*	*10481*	*10903*	*10630*	*10255*	*9284*	*9450*	*9134*	*35117*	*32586*	*30169*	*18584*
	Denominator (Total Attendances)	*140061*	*173485*	*13588*	*14723*	*16523*	*16871*	*16738*	*15901*	*16654*	*17041*	*16049*	*14578*	*14317*	*14090*	*48117*	*49293*	*47668*	*28407*
B06	ED 12 Hour Trolley Waits	1440	4809	102	71	28	146	255	257	456	594	706	676	776	844	245	968	1976	1620
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes	85.5%	83.9%	89.4%	88.9%	88.5%	88.2%	89.5%	84%	80.9%	81.2%	80.2%	78.5%	82%	75.5%	88.5%	85%	80%	78.9%
	Numerator (Number Assessed Within 15 Minutes)	*46663*	*32814*	*3471*	*3476*	*3920*	*3599*	*3407*	*3164*	*2718*	*2646*	*2644*	*2541*	*2583*	*2116*	*10995*	*9289*	*7831*	*4699*
	Denominator (Total Attendances Needing Assessment)	*54582*	*39095*	*3884*	*3908*	*4427*	*4082*	*3808*	*3768*	*3358*	*3260*	*3297*	*3235*	*3150*	*2802*	*12417*	*10934*	*9792*	*5952*
B03	ED Time to Start of Treatment - Under 60 Minutes	67.9%	48.7%	64.9%	58.3%	53%	46.9%	44.4%	46.8%	46%	42.6%	45.3%	50%	54.8%	49.9%	52.5%	45.7%	45.8%	52.4%
	Numerator (Number Treated Within 60 Minutes)	*90834*	*79884*	*8507*	*8289*	*8389*	*7474*	*6928*	*7029*	*7135*	*6696*	*6922*	*6921*	*7471*	*6630*	*24152*	*21092*	*20539*	*14101*
	Denominator (Total Attendances)	*133798*	*163882*	*13117*	*14208*	*15824*	*15936*	*15599*	*15005*	*15518*	*15733*	*15284*	*13841*	*13643*	*13291*	*45968*	*46122*	*44858*	*26934*
B04	ED Unplanned Re-attendance Rate	3.7%	2.9%	2.9%	2.7%	3.2%	3.1%	3%	2.7%	2.6%	3.1%	2.9%	2.9%	2.6%	2.7%	3%	2.8%	3%	2.6%
	Numerator (Number Re-attending)	*5113*	*4979*	*399*	*398*	*527*	*520*	*494*	*435*	*441*	*528*	*472*	*421*	*366*	*377*	*1445*	*1370*	*1421*	*743*
	Denominator (Total Attendances)	*139952*	*173485*	*13588*	*14723*	*16523*	*16871*	*16738*	*15901*	*16654*	*17041*	*16049*	*14578*	*14317*	*14090*	*48117*	*49293*	*47668*	*28407*
B05	ED Left Without Being Seen Rate	1.2%	2.9%	1.4%	1.6%	1.8%	2.8%	3.1%	3%	3.6%	4.3%	3%	2.7%	2.7%	2.8%	2.1%	3.3%	3.4%	2.8%
	Numerator (Number Left Without Being Seen)	*1692*	*5018*	*194*	*240*	*295*	*480*	*526*	*484*	*597*	*727*	*487*	*397*	*384*	*401*	*1015*	*1607*	*1611*	*785*
	Denominator (Total Attendances)	*140061*	*173485*	*13588*	*14723*	*16523*	*16871*	*16738*	*15901*	*16654*	*17041*	*16049*	*14578*	*14317*	*14090*	*48117*	*49293*	*47668*	*28407*
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	61.7%	60.1%	62.8%	63.6%	63.1%	63%	61.8%	60.2%	60.3%	58.6%	58.7%	59.5%	-	-	-	-
	Numerator (Number Under 18 Weeks)	*0*	*0*	*28719*	*29402*	*31263*	*32579*	*33280*	*33914*	*33165*	*32353*	*32131*	*31208*	*31662*	*32309*	*0*	*0*	*0*	*0*
	Denominator (Total Pathways)	*0*	*0*	*46532*	*48902*	*49791*	*51198*	*52718*	*53855*	*53697*	*53743*	*53328*	*53253*	*53909*	*54305*	*0*	*0*	*0*	*0*
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	5409	4598	3618	3114	2893	2925	3110	3248	3318	3558	3599	3604	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	515	687	802	802	960	1217	1272	1105	952	900	903	824	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	27	36	48	73	90	120	173	187	235	252	336	386	-	-	-	-
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	27696	2478	2526	2671	2930	2746	2504	2583	2394	2631	2162	2227	2322	8127	7833	7187	4549
A02A	Referral To Treatment Number of Non Admitted Clock Stops	87999	103709	10237	9802	10149	11045	9996	8069	9331	9565	10536	8030	8742	8444	30996	27396	28131	17186
A09	Referral To Treatment Number of Clock Starts	116601	129317	12979	12308	12419	13667	12501	11535	11737	12029	12077	9892	10584	10568	38394	35773	33998	21152

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
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ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Diagnostic Waits																			
A05	Diagnostics Under 6 Week Wait (15 Key Tests)	-	-	65.15%	62.3%	65.34%	63.93%	64.61%	63.08%	64.47%	63.27%	65.4%	61.14%	60.55%	62.52%	-	-	-	-
	Numerator (Number Under 6 Weeks)	*0*	*0*	*9413*	*8738*	*9301*	*9197*	*9123*	*8617*	*9057*	*8937*	*9357*	*8881*	*9175*	*9738*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*14448*	*14025*	*14234*	*14387*	*14119*	*13661*	*14049*	*14125*	*14307*	*14525*	*15154*	*15576*	*0*	*0*	*0*	*0*
A05J	Diagnostics 13+ Week Wait (15 Key Tests)	-	-	20.88%	20.76%	19.9%	19.59%	19.45%	20.32%	20.86%	22.43%	20.61%	21.89%	21.38%	21.5%	-	-	-	-
	Numerator (Number Over 13 Weeks)	*0*	*0*	*3016*	*2911*	*2833*	*2819*	*2746*	*2776*	*2930*	*3169*	*2949*	*3180*	*3240*	*3349*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*14448*	*14025*	*14234*	*14387*	*14119*	*13661*	*14049*	*14125*	*14307*	*14525*	*15154*	*15576*	*0*	*0*	*0*	*0*
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	84.7%	95.1%	91.9%	93%	86.8%	87.7%	87.1%	82.3%	86.4%	80.3%	78.3%	71%	-	90.4%	85.7%	81.8%	71%
	Numerator (Number Seen Within 2 Weeks)	*14845*	*15021*	*1820*	*1632*	*1631*	*1755*	*1634*	*1490*	*1500*	*1561*	*1484*	*1194*	*1140*	*0*	*5018*	*4624*	*4239*	*1140*
	Denominator (Total Seen))	*18125*	*17733*	*1913*	*1776*	*1753*	*2022*	*1864*	*1711*	*1822*	*1807*	*1848*	*1525*	*1605*	*0*	*5551*	*5397*	*5180*	*1605*
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	93.8%	94%	89.9%	96.1%	96.2%	97.2%	96.1%	97.7%	93%	89.9%	89.5%	91.1%	-	94.2%	97%	90.9%	91.1%
	Numerator (Number Treated Within 31 Days)	*2971*	*2805*	*328*	*258*	*274*	*330*	*311*	*269*	*301*	*294*	*266*	*256*	*246*	*0*	*862*	*881*	*816*	*246*
	Denominator (Total Treated)	*3125*	*2991*	*349*	*287*	*285*	*343*	*320*	*280*	*308*	*316*	*296*	*286*	*270*	*0*	*915*	*908*	*898*	*270*
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	99.3%	100%	97.4%	100%	100%	99.4%	99.3%	100%	100%	98.7%	100%	97.3%	-	99.3%	99.6%	99.6%	97.3%
	Numerator (Number Treated Within 31 Days)	*1516*	*1493*	*158*	*112*	*155*	*157*	*157*	*145*	*151*	*155*	*154*	*164*	*143*	*0*	*424*	*453*	*473*	*143*
	Denominator (Total Treated)	*1525*	*1504*	*158*	*115*	*155*	*157*	*158*	*146*	*151*	*155*	*156*	*164*	*147*	*0*	*427*	*455*	*475*	*147*
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	85.9%	81.1%	78%	94%	91.2%	92.7%	88.1%	86%	88%	84.2%	86%	73.5%	-	87.9%	88.9%	86%	73.5%
	Numerator (Number Treated Within 31 Days)	*492*	*475*	*43*	*39*	*47*	*52*	*51*	*52*	*49*	*44*	*48*	*43*	*50*	*0*	*138*	*152*	*135*	*50*
	Denominator (Total Treated)	*585*	*553*	*53*	*50*	*50*	*57*	*55*	*59*	*57*	*50*	*57*	*50*	*68*	*0*	*157*	*171*	*157*	*68*
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	76.3%	75.4%	77.8%	84%	80.5%	76.2%	76.7%	69.7%	75.8%	80%	73.1%	68.1%	-	80.9%	74%	76.4%	68.1%
	Numerator (Number Treated Within 62 Days)	*1136.5*	*1079.5*	*124*	*100*	*121*	*128*	*121.5*	*92*	*109.5*	*119*	*116*	*92.5*	*80*	*0*	*349*	*323*	*327.5*	*80*
	Denominator (Total Treated)	*1443.5*	*1414*	*164.5*	*128.5*	*144*	*159*	*159.5*	*120*	*157*	*157*	*145*	*126.5*	*117.5*	*0*	*431.5*	*436.5*	*428.5*	*117.5*
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	49.4%	77.8%	52.9%	42.9%	57.9%	86.7%	41.7%	33.3%	66.7%	23.1%	55.6%	39.1%	-	52%	52.9%	47.1%	39.1%
	Numerator (Number Treated Within 62 Days)	*22*	*39*	*7*	*4.5*	*3*	*5.5*	*6.5*	*5*	*2*	*4*	*1.5*	*2.5*	*4.5*	*0*	*13*	*13.5*	*8*	*4.5*
	Denominator (Total Treated)	*38.5*	*79*	*9*	*8.5*	*7*	*9.5*	*7.5*	*12*	*6*	*6*	*6.5*	*4.5*	*11.5*	*0*	*25*	*25.5*	*17*	*11.5*
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	87.6%	76.7%	85.7%	91%	85.4%	89.7%	93.1%	85.2%	87.7%	91.1%	82%	86.2%	-	87.2%	89.4%	86.8%	86.2%
	Numerator (Number Treated Within 62 Days)	*583.5*	*521*	*74*	*48*	*50.5*	*64.5*	*56.5*	*54*	*49*	*50*	*51.5*	*50*	*47*	*0*	*163*	*159.5*	*151.5*	*47*
	Denominator (Total Treated)	*672.5*	*594.5*	*96.5*	*56*	*55.5*	*75.5*	*63*	*58*	*57.5*	*57*	*56.5*	*61*	*54.5*	*0*	*187*	*178.5*	*174.5*	*54.5*

Appendix – Trust Scorecards

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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

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ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.01%	1.58%	1.02%	0.67%	1.07%	1.61%	0.5%	1.39%	2.8%	1.53%	1.49%	1.89%	2.33%	2.16%	1.13%	1.56%	1.63%	2.25%
	Numerator (Number of LMCs)	*636*	*1148*	*70*	*43*	*72*	*115*	*34*	*91*	*192*	*98*	*104*	*115*	*149*	*135*	*230*	*317*	*317*	*284*
	Denominator (Total Elective Admissions)	*63003*	*72723*	*6889*	*6446*	*6721*	*7149*	*6871*	*6553*	*6866*	*6413*	*6974*	*6094*	*6385*	*6251*	*20316*	*20290*	*19481*	*12636*
F02	Cancelled Operations Re-admitted Within 28 Days	83.4%	78.2%	81.5%	100%	97.5%	82.6%	19.4%	71%	75.3%	87.1%	83.5%	80.9%	82.8%	89.4%	92.3%	47.3%	84.6%	86.7%
	Numerator (Number Readmitted Within 28 Days)	*542*	*781*	*53*	*60*	*39*	*57*	*21*	*22*	*61*	*155*	*81*	*76*	*82*	*127*	*156*	*104*	*312*	*209*
	Denominator (Total LMCs)	*650*	*999*	*65*	*60*	*40*	*69*	*108*	*31*	*81*	*178*	*97*	*94*	*99*	*142*	*169*	*220*	*369*	*241*
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	168	172	142	166	155	162	169	145	185	158	202	191	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	10	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	4540	5038	4384	4398	4687	5093	4886	5043	4994	5293	5825	5307	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	398	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	12.2%	10.8%	10%	10.1%	9.7%	11%	11.3%	11.4%	10.5%	10.8%	10.2%	10.9%	11.2%	11.3%	10.3%	11%	10.6%	11.2%
	Numerator (Number of Hospital Cancellations)	*121392*	*116432*	*10096*	*9153*	*8877*	*11411*	*11339*	*10683*	*10754*	*10755*	*11208*	*10261*	*11129*	*10862*	*29441*	*32776*	*32224*	*21991*
	Denominator (Total Appointments)	*991263*	*1081367*	*100725*	*90420*	*91369*	*104003*	*100720*	*93959*	*101961*	*99179*	*109957*	*94000*	*99690*	*96109*	*285792*	*296640*	*303136*	*195799*
R05	Outpatient DNA Rate	6.9%	7.3%	6.3%	6.4%	6.6%	7%	7.7%	7.4%	7.6%	7.3%	7.4%	7.8%	7.5%	7.4%	6.7%	7.6%	7.5%	7.5%
	Numerator (Number of DNAs)	*49634*	*58254*	*4807*	*4441*	*4623*	*5429*	*5914*	*4912*	*5630*	*5349*	*6053*	*5292*	*5470*	*5141*	*14493*	*16456*	*16694*	*10611*
	Denominator (Total Attendances+DNAs)	*717514*	*799587*	*75876*	*69929*	*70359*	*77348*	*76769*	*66019*	*73911*	*73308*	*82048*	*68178*	*72621*	*69097*	*217636*	*216699*	*223534*	*141718*
Overdue Partial Booking (Bristol)																			
R22N	Overdue Partial Booking Referrals	37.8%	54.5%	43.9%	44.3%	44.7%	45.5%	48.8%	53.7%	56.9%	57.9%	58.4%	59.7%	63.9%	63.2%	44.8%	53.2%	58.7%	63.6%
	Numerator (Number Overdue)	*642436*	*920904*	*62531*	*63536*	*65102*	*66965*	*74339*	*81859*	*88093*	*89324*	*92200*	*96301*	*101714*	*101471*	*195603*	*244291*	*277825*	*203185*
	Denominator (Total Partial Booking)	*1698619*	*1689034*	*142381*	*143376*	*145793*	*147031*	*152402*	*152396*	*154813*	*154355*	*157835*	*161352*	*159242*	*160439*	*436200*	*459611*	*473542*	*319681*
R22R	Overdue Partial Bookings (9+ Months)	4.7%	16%	10.6%	11.5%	12.5%	14.1%	14.9%	16%	16.6%	16.7%	17%	17.3%	19.4%	19.4%	12.7%	15.8%	17%	19.4%
	Numerator (Number Overdue 9+ Months)	*80414*	*270657*	*15128*	*16431*	*18184*	*20680*	*22765*	*24325*	*25737*	*25837*	*26851*	*27863*	*30935*	*31049*	*55295*	*72827*	*80551*	*61984*
	Denominator (Total Partial Booking)	*1698619*	*1689034*	*142381*	*143376*	*145793*	*147031*	*152402*	*152396*	*154813*	*154355*	*157835*	*161352*	*159242*	*160439*	*436200*	*459611*	*473542*	*319681*
R22H	Overdue Partial Bookings (12+ Months)	2.4%	11%	5.9%	6.7%	7.6%	8.6%	9.3%	10.5%	11.9%	12%	12.4%	12.7%	14.1%	14%	7.6%	10.6%	12.4%	14.1%
	Numerator (Number Overdue 12+ Months)	*40446*	*185738*	*8340*	*9558*	*11051*	*12596*	*14202*	*16066*	*18456*	*18583*	*19643*	*20529*	*22531*	*22523*	*33205*	*48724*	*58755*	*45054*
	Denominator (Total Partial Booking)	*1698619*	*1689034*	*142381*	*143376*	*145793*	*147031*	*152402*	*152396*	*154813*	*154355*	*157835*	*161352*	*159242*	*160439*	*436200*	*459611*	*473542*	*319681*

Appendix – Trust Scorecards

NHS
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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
EFFECTIVE DOMAIN

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Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	97.5	95.6	95.1	95.6	95.7	97.1	98.1	100	100.5	-	-	-	-	95.5	98.4	100.5	-
	Numerator (Observed Deaths)	*26815*	*14150*	*1940*	*1930*	*1975*	*2000*	*2025*	*2055*	*2085*	*2080*	*0*	*0*	*0*	*0*	*5905*	*6165*	*2080*	*0*
	Denominator ("Expected" Deaths)	*28400*	*14520*	*2030*	*2030*	*2065*	*2090*	*2085*	*2095*	*2085*	*2070*	*0*	*0*	*0*	*0*	*6185*	*6265*	*2070*	*0*
X02	Hospital Standardised Mortality Ratio (HSMR)	104.5	102.1	101.8	84.1	100.8	91.9	116.1	106	133.4	114.7	86.6	91	-	-	92.3	118.7	96.9	-
	Numerator (Observed Deaths)	*1146*	*934*	*112*	*86*	*103*	*95*	*106*	*102*	*131*	*114*	*89*	*108*	*0*	*0*	*284*	*339*	*311*	*0*
	Denominator ("Expected" Deaths)	*1096.5*	*914.4*	*110*	*102.2*	*102.2*	*103.4*	*91.3*	*96.2*	*98.2*	*99.4*	*102.8*	*118.7*	*0*	*0*	*307.8*	*285.7*	*320.9*	*0*
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	65.5%	78%	64%	68.9%	70.5%	71.4%	66.7%	60%	65.9%	70%	63.4%	64.3%	56.8%	67.6%	65.8%	66.4%	60.5%
	Numerator (Treated Within 36 Hrs)	*358*	*300*	*46*	*32*	*31*	*31*	*25*	*24*	*24*	*27*	*28*	*26*	*27*	*25*	*94*	*73*	*81*	*52*
	Denominator (Total Patients)	*542*	*458*	*59*	*50*	*45*	*44*	*35*	*36*	*40*	*41*	*40*	*41*	*42*	*44*	*139*	*111*	*122*	*86*
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	92.1%	95.6%	94.9%	94%	93.3%	95.5%	97.1%	91.7%	100%	95.1%	97.5%	97.6%	92.9%	97.7%	94.2%	96.4%	96.7%	95.3%
	Numerator (Seen Within 72 Hrs)	*499*	*438*	*56*	*47*	*42*	*42*	*34*	*33*	*40*	*39*	*39*	*40*	*39*	*43*	*131*	*107*	*118*	*82*
	Denominator (Total Patients)	*542*	*458*	*59*	*50*	*45*	*44*	*35*	*36*	*40*	*41*	*40*	*41*	*42*	*44*	*139*	*111*	*122*	*86*
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	60.5%	69.5%	56%	66.7%	63.6%	71.4%	50%	60%	65.9%	67.5%	58.5%	52.4%	54.5%	61.9%	60.4%	63.9%	53.5%
	Numerator (Number achieved BPT)	*320*	*277*	*41*	*28*	*30*	*28*	*25*	*18*	*24*	*27*	*27*	*24*	*22*	*24*	*86*	*67*	*78*	*46*
	Denominator (Total Patients)	*542*	*458*	*59*	*50*	*45*	*44*	*35*	*36*	*40*	*41*	*40*	*41*	*42*	*44*	*139*	*111*	*122*	*86*
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.41%	3.44%	4.12%	4.05%	3.76%	3.54%	3.4%	3.15%	3.17%	3.01%	3.29%	3.48%	3.36%	-	3.78%	3.24%	3.26%	3.57%
	Numerator (Re-admitted in 30 Days)	*6039*	*4654*	*565*	*532*	*514*	*491*	*472*	*420*	*433*	*397*	*451*	*440*	*418*	*0*	*1537*	*1325*	*1288*	*504*
	Denominator (Total Discharges)	*136884*	*135220*	*13729*	*13138*	*13669*	*13887*	*13893*	*13354*	*13642*	*13188*	*13701*	*12632*	*12446*	*0*	*40694*	*40889*	*39521*	*14116*
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	56.2%	58.5%	56.1%	48.7%	64.3%	59.4%	55.6%	58.3%	51.5%	54.5%	62.5%	52.2%	-	55.6%	57.9%	56.1%	52.2%
	Numerator (Achieved Target)	*250*	*191*	*24*	*32*	*19*	*18*	*19*	*15*	*21*	*17*	*18*	*20*	*12*	*0*	*69*	*55*	*55*	*12*
	Denominator (Total Patients)	*410*	*340*	*41*	*57*	*39*	*28*	*32*	*27*	*36*	*33*	*33*	*32*	*23*	*0*	*124*	*95*	*98*	*23*
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	64.3%	52.7%	58.9%	64%	68.8%	63.6%	66.7%	74.5%	68.6%	58.7%	54.3%	65.8%	73.3%	63.2%	68.2%	60.8%	67.9%
	Numerator (Achieved Target)	*393*	*319*	*29*	*43*	*32*	*33*	*35*	*18*	*35*	*35*	*27*	*25*	*25*	*11*	*108*	*88*	*87*	*36*
	Denominator (Total Patients)	*541*	*496*	*55*	*73*	*50*	*48*	*55*	*27*	*47*	*51*	*46*	*46*	*38*	*15*	*171*	*129*	*143*	*53*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
WELL-LED DOMAIN

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	6.55%	4.99%	4.95%	5.15%	5.86%	7.29%	5.22%	5.24%	5.41%	5.41%	5.89%	5.92%	-	-	-	-
	Numerator (Bank wte)	*0*	*0*	*758.25*	*560*	*552.21*	*574.41*	*655.6*	*833.54*	*587.41*	*591.17*	*613.62*	*613.65*	*673.48*	*675.59*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11582.2*	*11232*	*11160.6*	*11163.1*	*11189.7*	*11429.3*	*11252.4*	*11292.1*	*11335.5*	*11335.8*	*11441.8*	*11411.2*	*0*	*0*	*0*	*0*
AF11B	Percentage Agency Usage	-	-	2.66%	2.18%	2.63%	2.48%	2.25%	2.09%	2.1%	1.88%	1.79%	1.71%	2.22%	2.21%	-	-	-	-
	Numerator (Agency wte)	*0*	*0*	*307.47*	*245.28*	*293.62*	*276.8*	*251.31*	*238.53*	*236.02*	*212.91*	*203.34*	*194.3*	*254.06*	*252.3*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11582.2*	*11232*	*11160.6*	*11163.1*	*11189.7*	*11429.3*	*11252.4*	*11292.1*	*11335.5*	*11335.8*	*11441.8*	*11411.2*	*0*	*0*	*0*	*0*
Turnover																			
AF10	Workforce Turnover Rate	-	-	12%	12.3%	12.7%	13.2%	13.7%	13.8%	13.9%	14%	14.4%	15%	15%	15.3%	-	-	-	-
	Numerator (Leavers in last 12 months)	*0*	*0*	*1049.15*	*1071.79*	*1099.6*	*1145.43*	*1188.94*	*1204.66*	*1213.97*	*1229.95*	*1264.87*	*1314.78*	*1322.35*	*1345.86*	*0*	*0*	*0*	*0*
	Denominator (Average Staff in Post)	*0*	*0*	*8714.32*	*8692.17*	*8689.73*	*8678.28*	*8691.24*	*8700.47*	*8751.06*	*8782.27*	*8804.04*	*8775.91*	*8804.08*	*8819.27*	*0*	*0*	*0*	*0*
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	3.5%	3.7%	4.9%	7.4%	7.8%	7.7%	7.3%	7.3%	7.4%	7.4%	7.8%	8%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	*0*	*0*	*378.03*	*401.23*	*534.8*	*821.88*	*871.8*	*861.83*	*818.56*	*822.74*	*834.57*	*846.11*	*885.13*	*912.16*	*0*	*0*	*0*	*0*
	Denominator (Actual WTE)	*0*	*0*	*10894.5*	*10828*	*10849.6*	*11133.8*	*11154.6*	*11219.1*	*11247.5*	*11310.7*	*11353.1*	*11373.9*	*11399.4*	*11395.5*	*0*	*0*	*0*	*0*
Staff Sickness																			
AF02	Sickness Rate	3.6%	4.1%	3.2%	3.5%	3.6%	3.9%	4%	3.9%	4.4%	4.8%	4.8%	4.5%	4.1%	4%	3.6%	4.1%	4.7%	4.1%
	Numerator (Total WTE Days Lost)	*135412*	*143843*	*10396.8*	*10750.9*	*11403*	*11947.8*	*12669*	*12440.4*	*13743.5*	*15674.3*	*15214.3*	*14788.6*	*13318.3*	*11893.4*	*34101.6*	*38852.9*	*45677.2*	*25211.7*
	Denominator (Total WTE Days)	*3740392*	*3472141*	*324625*	*311261*	*319464*	*308612*	*318912*	*319164*	*310729*	*323982*	*315563*	*325937*	*324179*	*294338*	*939337*	*948805*	*965482*	*618516*
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	64.9%	66.4%	69.1%	69.9%	69.3%	68.3%	69.2%	66.8%	69.3%	67.9%	68.8%	68.9%	-	-	-	-
	Numerator (In-Date Appraisals)	*0*	*0*	*6823*	*6905*	*7106*	*7159*	*7091*	*6994*	*7151*	*6965*	*7242*	*7066*	*7157*	*7182*	*0*	*0*	*0*	*0*
	Denominator (Total Staff)	*0*	*0*	*10510*	*10392*	*10286*	*10248*	*10228*	*10233*	*10339*	*10423*	*10446*	*10403*	*10400*	*10424*	*0*	*0*	*0*	*0*

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
USE OF RESOURCES DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.2	4.36	3.93	4.46	4.09	4.16	4.13	4.18	4.33	4.22	4.44	4.74	4.52	4.76	4.23	4.21	4.47	4.64
	Numerator (Total Beddays)	*320429*	*331134*	*28069*	*31095*	*29921*	*29837*	*30376*	*28956*	*30189*	*29246*	*31141.5*	*31620*	*28546*	*30206*	*90853*	*89521*	*92007.5*	*58752*
	Denominator (Total Discharges)	*76232*	*75976*	*7134*	*6969*	*7324*	*7173*	*7358*	*6922*	*6966*	*6926*	*7008*	*6664*	*6319*	*6347*	*21466*	*21246*	*20598*	*12666*

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	**Learning from Deaths Report**
Report Author	**Rebecca Thorpe Associate Medical Director; Alice Hillyard Business Manager MD Team**
Executive Lead	**Professor Stuart Walker, Medical Director**

1. Report Summary	
This report summarises the learning from deaths process for quarter three 2021/22.	
2. Key points to note *(Including decisions taken)*	
The report describes the structures of the learning from deaths programme across the Trust and progress made by the workstream in quarter three of 2021/2022. In addition, the number of ME referrals and SRJs requested are included in section 4.0.	
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
N/A	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:	
• This report is for **Assurance.**	
5. History of the paper **Please include details of where paper has previously been received.**	
QOC	24th Jan 2022
CQG	10th March 2022

We are supportive respectful innovative collaborative. We are UHBW.

1.0 Introduction

This paper will set out the progress and report on the results of the Trust's "learning from deaths" programme in the first third quarter of 2021/22.

This report has been prepared for information.

2.0 Programme Structure

From October 2021 the Dr Rebecca Thorpe took over leadership of the programme as part of her portfolio as Associate Medical Director. She has continued to lead the Mortality Surveillance Group which meets monthly. This group is comprised of divisional mortality leads; mental health lead; learning disabilities lead; the Lead Medical Examiner, the Lead Medical Examiner's Officer, and the Programme Support Officer.

3.0 Progress this Quarter

Dr Thorpe has embedded herself within the programme, meeting with the mortality leads and other stakeholders including the Medical Examiner's Office and the leads from the NBT programme.

After an initial stocktake of processes and feedback Dr Thorpe has initiated work to strengthen the mechanisms for informal concerns and feedback to be passed to clinical areas for reflection in circumstances that do not trigger structured judgement reviews. Furthermore, the Mortality Steering Group have initiated a rolling thematic system of shared learning to ensure that areas of good practice and learning can be shared more widely across the Trust. The first area for discussion will be unexpected transfers to ITU and learning will be shared in the annual report.

An interim solution has been identified to undertake the mortality work at Weston and the Mortality Lead role has been readvertised to doctors there. There have been several expressions of interest and the team hope to appoint in January.

To address the backlog of Weston mortality reviews Dr Brown, one of the ED locums has worked through all outstanding cases and produced some good learning which he will shared quarterly at their Safety and Quality Group and relevant M&Ms.

4.0 Referrals to Mortality Group

Quarter 3 2021/22	
Referrals from ME Office	**41**
Referral's meeting SJR criteria	**11**
Referrals for SJR by division Medicine Surgery Specialised Services Weston Learning disabilities / Mental health	 **2** **0** **3** **5** **1**

Total number of deaths	**337**
Medicine	228
Surgery	32
Specialised Services	51
Women and Children	34
Weston	147

Of the ME referrals three further cases were investigated via the patient safety including one that was subsequently declared a Serious Incident.

5.0 Harm Panels and other COVID work

No response has been received from the coroner regarding the two cases of patients who died in the spring of 2020 where the Trust has been unable to identify a lead clinician for each patient.

Two cases of patients dying from hospital acquired COVID-19 have been identified and case reviews triggered with the Patient Safety Team for Specialised Services.

Rates of hospital acquired COVID-19 infections remained low for October and November but saw an increase in December associated with the Omicron variant and increased rates of infections in the community. The Medical Director team have met with the central Patient Safety to review the process and volumes of cases seen. If it is felt that there are further opportunities for learning COVID harm panels will be stepped back up.

6.0 Risks

There are no new risks to note.

7.0 Conclusions and Future work

From April 2022 the Medical Examiner Office should become statutory and there is national guidance that teams should begin rolling out their scrutiny across the community and into children. This will pose significant challenges to all ME teams and the Mortality Programme will have to support the system team during this time of change.

Board is asked to approve this report.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	**Progress with the Ockenden Report and Maternity Services Workforce Plans**
Report Author	**Ingrid Henderson Quality Patient Safety Manager Women's; Sarah Windfeld HOM /HON**
Executive Lead	**Deirdre Fowler, Chief Nurse and Midwife**

1. Report Summary

This report outlines the progress the Trust maternity services has made in submitting evidence and ensuring compliance with the Ockenden report and outlines the Maternity services workforce plans.

2. Key points to note

(Including decisions taken)

Following the publication of the emerging findings and recommendations from the independent review of the Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020, the Trust's Maternity services was required to use the Assurance Assessment Tool to support discussion with the Board and to provide evidence of compliance with the recommendations to NHS England both Regionally and Nationally.

On the 9th of December the Trust received a final RAG rated report following submission of evidence against the seven Immediate and Essential Actions from Ockenden. (Attached).

The maternity service was asked along with the Local Maternity System (LMS) to review and monitor progress to ensure full compliance with the seven IEAs is achieved. On no later than March 24th Ockenden 2 will be published which will build on the first report to ensure the immediate and essential actions are strengthened and implemented across the wider maternity system.

Update on exceptions

Ensuring all voices are heard - The Maternity Voices partnership has recruited further members to reflect and be more representative of the users of the Maternity Service. Maternity Services is also part of the Trust EDI baseline review for patients and communities. Two focus groups have been held with users to get feedback on the Continuity of carer teams in Hartcliffe/ Withywood and Montpelier / Charlotte Keele. A staff workshop was held on the 24th of February following the publication of the results of the National Maternity Survey to develop an action plan based on patient feedback.

Regular review of training compliance by LMS. Training compliance is reported on the perinatal quality surveillance tool and will now be discussed at LMS Board meetings.

Maternal Medicine network – The Lead Maternal Medicine Centre for the South West Network has now been appointed (NBT) and the network is being set up regionally.

Out with pathway guidance - Processes and risk assessments are performed when a woman choses care against medical advice. However, a SOP/ guideline is to be developed.

Audits on Women's choice and their involvement in decision processes. Audits to commence in March 2022. Due to recent staffing gaps in the Patient Safety Team these have been delayed.

Implementation of NICE guidance and processes when guidelines are approaching review date. The Trust does have a process for both. However, evidence was not provided to give assurance.

Review of the Trust website by MVP to ensure pathways of care are clear. Information for women on the Trust website and women can download the information app. However **n**ow the MVP has more resource and membership a co-produced review can be completed.

Workforce

- Funding for a further 3 WTE midwives was received by the Trust following the first Ockenden report. There are 5 continuity of carer teams in place with a further team starting in March. An extra 16 WTE midwives are required to make continuity of carer the default for all women booked by UHBW community staff March, which has been identified through the Division's 22/23 OPP process.
- Birthrate Plus, the Maternity workforce assessment tool, is being used to assess the Trust maternity staffing and will report in April 2022.
- Although there are 2 Consultant ward rounds on the delivery suite, there is not a ward round with consultant presence later in the evening (after 8pm) to provide a ward round every 12 hours.
- Neonatal nurse staffing does not meet BAPM standards, but extra funding has been received from the Southwest neonatal network last financial year for 10 WTE extra nurses, and further recurrent funding has been confirmed via the

NCCR for approximately 20 more WTE nurses to be recruited on 22/23. This will bring the unit to BAPM standards.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: • 5401 Midwifery and Obstetric staffing due to COVID • 33/3623/988 NICU staffing/BAPM • 5716 Community Midwifery and continuity
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance.**
5. History of the paper **Please include details of where paper has previously been received.**

Women and Children's Management Board	4th March 2022
Women's Clinical Governance Group	21st March 2022
Women and Children's Quality Assurance Committee	18th March 2022
St. Michaels Leadership	24th March 2022

Acronym/Term	Explanation commonly used terms
RAG	Red Amber Green
LMS	Local Maternity System
IEA's	Immediate Essential Actions
EDI	Equality Diversity Inclusion
MVP	Maternity Voices Partnership
BAPM	British Association of Perinatal Medicine
WTE	Whole time equivalent
HOM	Head of Midwifery
HON	Head of Nursing

Reuslts of Phase 2 Audit

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

IEA	Question	Action	Evidence Required	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
IEA1	Q1	Maternity Dashboard to LMS every 3 months	Dashboard to be shared as evidence.	100%
			Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken.	100%
			SOP required which demonstrates how the trust reports this both internally and externally through the LMS.	100%
			Submission of minutes and organogram, that shows how this takes place.	100%
		Maternity Dashboard to LMS every 3 months Total		**100%**
	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	Audit to demonstrate this takes place.	100%
			Policy or SOP which is in place for involving external clinical specialists in reviews.	100%
		External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death Total		**100%**
	Q3	Maternity SI's to Trust Board & LMS every 3 months	Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion	100%
			Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed	100%
			Submit SOP	100%
		Maternity SI's to Trust Board & LMS every 3 months Total		**100%**
	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.	100%
			Local PMRT report. PMRT trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance.	100%
		Using the National Perinatal Mortality Review Tool to review perinatal deaths Total		**100%**
	Q5	Submitting data to the Maternity Services Dataset to the required standard	Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.	100%
		Submitting data to the Maternity Services Dataset to the required standard Total		**100%**
	Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	100%
		Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme Total		**100%**
	Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	Full evidence of full implementation of the perinatal surveillance framework by June 2021.	100%
			LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.	100%
			Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed of via the trust governance structure.	100%

		Plan to implement the Perinatal Clinical Quality Surveillance Model Total		**100%**
IEA1 Total				**100%**
IEA2	**Q11**	Non-executive director who has oversight of maternity services	Evidence of how all voices are represented:	0%
			Evidence of link in to MVP; any other mechanisms	0%
			Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed	100%
			Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions	100%
			Name of NED and date of appointment	100%
			NED JD	100%
		Non-executive director who has oversight of maternity services Total		**67%**
	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	Clear co-produced plan, with MVP's that demonstrate that co production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.	100%
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%
			Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%
		Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services Total		**100%**
	Q14	Trust safety champions meeting bimonthly with Board level champions	Action log and actions taken.	100%
			Log of attendees and core membership.	100%
			Minutes of the meeting and minutes of the LMS meeting where this is discussed.	100%
			SOP that includes role descriptors for all key members who attend by-monthly safety meetings.	100%
		Trust safety champions meeting bimonthly with Board level champions Total		**100%**
	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Clear co produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	100%
		Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services. Total		**100%**
	Q16	Non-executive director support the Board maternity safety champion	Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g. evidence of raising issues at trust board, minutes of trust board and evidence of actions taken	100%
			Name of ED and date of appointment	100%

			Role descriptors	100%
		Non-executive director support the Board maternity safety champion Total		**100%**
IEA2 Total				**88%**
IEA3		Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.		
	Q17		A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
			LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.	0%
			Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.	100%
			Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100%
			Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
		Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year. Total		**80%**
	Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP)	100%
			SOP created for consultant led ward rounds.	100%
		Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward. Total		**100%**
	Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	Confirmation from Directors of Finance	100%
			Evidence from Budget statements.	100%
			Evidence of funding received and spent.	100%
			Evidence that additional external funding has been spent on funding including staff can attend training in work time.	100%
			MTP spend reports to LMS	100%
		External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only Total		**100%**
	Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
			Attendance records - summarised	100%
			LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
		90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session Total		**100%**
	Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)	100%

		Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. Total		**100%**
	Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
			LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data.	100%
		The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place Total		**100%**
IEA3 Total				**94%**
IEA4				
	Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians	100%
			SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	100%
		Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre Total		**100%**
	Q25	Women with complex pregnancies must have a named consultant lead	Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.	100%
			SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead.	100%
		Women with complex pregnancies must have a named consultant lead Total		**100%**
	Q26	Complex pregnancies have early specialist involvement and management plans agreed	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.	100%
			SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams.	100%
		Complex pregnancies have early specialist involvement and management plans agreed Total		**100%**
	Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	Audits for each element.	100%
			Guidelines with evidence for each pathway	100%
			SOP's	100%
		Compliance with all five elements of the Saving Babies' Lives care bundle Version 2 Total		**100%**
	Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	SOP that states women with complex pregnancies must have a named consultant lead.	100%

			Submission of an audit plan to regularly audit compliance	100%
		All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. Total		**100%**
	Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	100%
			Criteria for referrals to MMC	100%
			The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.	0%
		Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres Total		**67%**
IEA4 Total				**93%**
IEA5		All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional		
	Q30		How this is achieved within the organisation.	100%
			Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	100%
			Review and discussed and documented intended place of birth at every visit.	100%
			SOP that includes definition of antenatal risk assessment as per NICE guidance.	100%
			What is being risk assessed.	100%
		All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional Total		**100%**
	Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Evidence of referral to birth options clinics	100%
			Out with guidance pathway.	0%
			Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	100%
			SOP that includes review of intended place of birth.	100%
		Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture. Total		**75%**
	Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust)	100%
			How this is achieved in the organisation	100%
			Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.	100%
			Review and discussed and documented intended place of birth at every visit.	100%
			SOP to describe risk assessment being undertaken at every contact.	100%
			What is being risk assessed.	100%

		A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance. Total		**100%**
IEA5 Total				**93%**
IEA6		Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring		
	Q34		Copies of rotas / off duties to demonstrate they are given dedicated time.	100%
			Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs.	100%
			Incident investigations and reviews	100%
			Name of dedicated Lead Midwife and Lead Obstetrician	100%
		Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring Total		**100%**
		The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health		
	Q35		Consolidating existing knowledge of monitoring fetal wellbeing	100%
			Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision	100%
			Improving the practice & raising the profile of fetal wellbeing monitoring	100%
			Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.	100%
			Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post	100%
			Keeping abreast of developments in the field	100%
			Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	100%
			Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	100%
		The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health Total		**100%**
		Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?		
	Q36		Audits for each element	100%
			Guidelines with evidence for each pathway	100%
			SOP's	100%
		Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? Total		**100%**
		Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?		
	Q37		A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
			Attendance records - summarised	100%

			Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100%
		Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? Total		**100%**
IEA6 Total				**100%**
IEA7				
	Q39	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	Information on maternal choice including choice for caesarean delivery.	100%
			Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	100%
		Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery Total		**100%**
	Q41	Women must be enabled to participate equally in all decision-making processes	An audit of 1% of notes demonstrating compliance.	0%
			CQC survey and associated action plans	0%
			SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.	100%
		Women must be enabled to participate equally in all decision-making processes Total		**33%**
	Q42	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.	0%
			SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.	100%
		Women's choices following a shared and informed decision-making process must be respected Total		**50%**
	Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Clear co produced plan, with MVP's that demonstrate that co production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	100%
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%
			Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%
		Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services? Total		**100%**

	Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified	0%
			Gap analysis of website against Chelsea & Westminster conducted by the MVP	0%
			Information on maternal choice including choice for caesarean delivery.	100%
			Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	100%
		Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. Total		**50%**
IEA7 Total				**64%**
WF	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan	100%
			Evidence of reviews 6 monthly for all staff groups and evidence considered at board level.	100%
			Most recent BR+ report and board minutes agreeing to fund.	100%
		Demonstrate an effective system of clinical workforce planning to the required standard Total		**100%**
	Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	Most recent BR+ report and board minutes agreeing to fund.	100%
		Demonstrate an effective system of midwifery workforce planning to the required standard? Total		**100%**
	Q47	Director/Head of Midwifery is responsible and accountable to an executive director	HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director	100%
		Director/Head of Midwifery is responsible and accountable to an executive director Total		**100%**
	Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	Action plan where manifesto is not met	100%
			Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care	100%
		Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care: Total		**100%**
	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Audit to demonstrate all guidelines are in date.	100%
			Evidence of risk assessment where guidance is not implemented.	0%
			SOP in place for all guidelines with a demonstrable process for ongoing review.	0%
		Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Total		**33%**
WF Total				**80%**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public – 30 March 2022

Reporting Committee	**People Committee – meeting held on 25 March 2022**
Chaired By	**Bernard Galton, Non-Executive Director**
Executive Lead	**Emma Wood, Director of People**

For Information

The Committee operated a reduced agenda in line with the recommendations set out in NHS England/ Improvement's (NHSEI) recent letter *"Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic*".

The Director of People provided a strategic update which focused on the embedding of the new Trust values in how the organisation operated and delivered its key priorities. A Culture Wheel was presented to describe how the values connected with some key People priorities, this was welcomed by the Committee as it provided a very clear description of activity and alignment between the values with deliverables.

The system's people priorities were shared which focused on developing a shared workforce model, improving equality, diversity and Inclusion, and streamlining HR services. The scoping of the latter was making good progress and expected to conclude with a view of services to prioritise in June. In relation to system working the Committee discussed how, in order to align systems and processes, there would need to be compromise from partners and this would require a different approach.

The headlines from the staff survey were shared and considered. The results were embargoed from public dissemination until Tuesday 29 March. The Committee noted that the results were being shared with teams and action plans were being requested to address identified areas of improvement.

Changes to the approach to managing Bullying and Harassment across the Trust were considered and welcomed by the Committee. It was anticipated that it would take 12-18 months to see the benefit of the changes. The changes focused on developing a Just Learning Culture, supported by more dialogue between individuals, supported by mediation where necessary and improved tools for managers to help support resolution.

An analysis of the current leadership provision across the Trust and a vision for the future was shared. The Committee noted the current levels of investment and the move to centralise oversight of the spend to ensure consistency of offer, value for money and avoid duplication. The direction of travel was supported.

Current performance across the people metrics was considered. The Committee noted that the majority of metrics were rated red and the high level nature of some metrics meant it was difficult to see some granularity such as compliance against a topic in statutory mandatory training as opposed to performance overall against essential training metrics. It was agreed to flag these as part of the narrative so that the Committee were sighted on any exceptional issues.

A deep dive into the people metrics in the Estates and Facilities Division was received. Whilst performance was below expectations in most areas, the new Director of Estates and Facilities described the actions he and his team were leading which gave the Committee confidence that changes were underway and would result in improvements in the key People metrics. The Committee welcomed the approach of having deep dives and

asked to consider if Women's and Children's Division could present next time.

For Board Awareness, Action or Response

The Committee noted that the legislation relating to Vaccines as a Condition of Deployment had been revoked and therefore no longer applicable to the NHS.

The draft People Strategy was shared to test the direction of travel with the Committee. The document had the Trust values at its heart and these values had been used to drive the structure and content of the document. The strategy was also aligned to the national People Strategy so that the Trust could describe how it was meeting the national requirements. The strategy was broken down into four sections:

- New ways of working
- Growing our own
- Belonging and inclusion
- Looking after our people

The Committee welcomed the clear and well-structured approach, and the simplicity of fewer objectives. The draft had been shared with Education and HR teams and HR Business Partners who had also welcomed the approach. The document would now be further iterated and additional consultation would be undertaken including with union colleagues and the staff network groups across the Trust.

Key Decisions and Actions

None to report

Additional Chair Comments

Date of next meeting:	**26 May 2022**

NHS
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NHS Foundation Trust

Meeting of the Trust Board of Directors in Public – 30 March 2022

Reporting Committee	**Finance & Digital Committee – meeting held on 25 March 2022**
Chaired By	**Martin Sykes, Non-Executive Director**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

For Information

The Committee operated a reduced agenda in line with the recommendations set out in NHS England/ Improvement's (NHSEI) recent letter *"Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic*".

The meeting considered a Digital Services Update which focused on changes to the Business Intelligence function, delivery of the Global Digital Exemplar programme, delivery of clinical systems including the electronic prescribing system and the finalisation of a system digital strategy. The Committee also received a specific update on the delivery of HR specific digital systems, and it was acknowledged that further work was required to ensure alignment of the digital and people functions.

In noting that the Board held a Board Seminar on Friday 18 March which considered the development of a digital strategy and that a number of actions had been agreed then which would inform development and delivery of the Trust's refreshed digital strategy.

The in year financial position for February 2022 (Month 11) was described including a year-to-date surplus of £5.6m and a year end forecast of a surplus of £6m. There was a capital forecast underspend of £23m, with a resulting above plan cash balance. All divisions were within 2% of their budget. Specifically highlighted were concerns about workforce costs and specifically agency and enhanced bank rate costs.

The approach to capital planning was highlighted which had been supported by the Senior Leadership Team. This included continuing with key schemes including the Intensive Care Unit expansion, major medical and operational capital, but all other schemes would be paused until financial planning could be finalised. The constraints of the Capital Department Expenditure Limit (CDEL), which impacted the Trust and system, was flagged and noted.

For Board Awareness, Action or Response

The Committee scrutinised the draft financial plan for 2022/23 including understanding the current position of the system financial plan, the drivers of the forecast position, drivers for the underlying position, and the risks to delivery. It was confirmed that the Board would be asked to approve the draft financial plan in advance of the financial year, however further work would be undertaken to develop the Trust's plan and ensure alignment with the system plan. A revised financial plan would then be brought back to the Board in due course.

Key Decisions and Actions

The revised the Capital Investment Policy was discussed, specifically the refined and streamlined approach to approvals and the revised approval limits. The Committee agreed the changes and recommended approval of the policy by the Board.

Additional Chair Comments
The Committee noted the importance of the system-wide digital strategy and of clarity of delivery ownership within the Trust.

Date of next meeting:	**26 April 2022**

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	**Trust Finance Performance Report**
Report Author	**Jeremy Spearing, Director of Operational Finance**
Executive Lead	**Neil Kemsley, Director of Finance & Information**

1. Report Summary

The purpose of this report is to inform the Trust Board of the financial position of the Trust for the period 1st April 2021 to 28th February 2022.

2. Key points to note
(Including decisions taken)

The Trust's year to date net income and expenditure performance, excluding technical items, is a net surplus of £5,665k compared with a plan of break-even. The overall position continues to be driven by slower than planned pick up in costs linked to the Trust's approved 2021/22 investments and elective recovery offset by the shortfall in savings delivery to date.

The Trust has delivered savings of £11,022k to date or 78% the plan to date.

The Trust has invested capital of £48,743k to date.

The Trust's cash balance was £185,755k as at 28th February 2022.

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

A strategic risk assessment is provided in the Executive Summary.

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

- This report is for **Assurance.**

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

Finance & Digital Committee	25th March 2022

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: February 2022

Contents

Reporting Month: February 2022

Executive Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2022

YTD Income & Expenditure Position	• Net I&E surplus of £5,665k against a plan of break-even (excluding technical items). • Total operating income is £2,359k adverse to plan due to lower than planned other operating income of £3,807k (relating to grant income). • Operating expenses are £4,767k favourable to plan primarily due to higher pass-through expenditure (£8,465k adverse), the shortfall in CIP delivery of £3,134k, higher than planned pay costs of £8,763k, offset by lower than planned other non-pay expenditure of £20, 202k. • Technical and financing items are £3,257k favourable to plan mainly due to the profiling of grant income relating to the Salix decarbonisation scheme.
Key Financial Issues	• The Trust's current forecast outturn assessment is a net I&E surplus of c£6m. • The Trust's forecast position excludes £10m of system top-up funding which has been returned back into the system. • Savings delivery of £11,022k or 78% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £4,678k. Recurrent savings are forecast at £3,450k, 22% of plan. • Capital expenditure to date of £48,743k against the annual CDEL of £89,551k means the Trust will under spend against its CDEL at 31st March 2022. Following discussions with Capital Programme leads the current capital forecast outturn is c£67m.
Strategic Risks	Although the following items are not expected to have a material impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate: • Agreeing a system approach to future financial targets given UHBW's need to service past borrowing – pending full understanding of the 2022/23 financial regime; • Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime– pending as above; • Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going and subject to CDEL brokerage discussions with NHSEI.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2022

Successes

- The majority of Divisions continue to operate with immaterial variances to budget at less than 2%.
- Delivery of capital investment of £48,743k in the period 1st April 2021 to 28th February 2022.
- The Trust's flexibility and cash position remains strong at £186,984k after capital investment of £48,743k.
- Capital brokerage of £3m agreed with another provider in the south west, reducing the underspend against CDEL in 2021/22.
- Additional funding agreed with NHSEI to extend overseas recruitment for nurses in 2021/22 and 2022/23.

Priorities

- Agree with NHSEI the accounting treatment for the £1.7m additional funding confirmed for the overseas recruitment of nurses.
- Continue to pursue brokerage opportunities between 2021/22 and 2022/23 with NHSEI.
- Delivery of the Trust's revenue and capital forecast outturn. The Trust has assessed the forecast outturns and must now deliver the reported position.
- Using in year financial flexibility to support further investments with strategic benefits.
- The Trust's 2022/23 Operating Planning Process (OPP) is underway with Divisions. A draft 2022/23 Financial Plan is required by NHSEI on 17th March 2022. A final plan is required by NHSEI on 28th April 2022.
- Agree and implement principles in approach to capital planning for 2022/23 to be in a position to submit a CDEL compliant plan for the final plan submission on 28th April.

Opportunities

- The Trust/system position in 2021/22 allows for some non-recurrent flexibility that could help set stronger operational and financial foundations during the winter and 2022/23.
- Significant opportunity to align the productivity improvements being driven by the Accelerator Programme and the Restoration Oversight Group.
- Slippage in the Capital Programme allows flexibility for schemes to be brought forward which can deliver by 31st March 2022.

Risks & Threats

- Workforce supply challenges to fill existing and new vacant posts continues to impact on the Trust's ability to meet emergency and elective demand.
- Workforce availability and system challenges with patient flow continue to undermine elective activity recovery plans.
- CDEL, the Trust's recurrent shortfall on CIP, the underlying revenue financial position of the Trust and the system may constrain the Trust's strategic capital plans over the next five years.

Financial Performance – Income & Expenditure

February 2022

Trust Year to Date Financial Position

	Month 11			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	74,684	75,284	600	838,945	837,959	(986)
Other Operating Income	9,553	11,568	2,015	119,137	117,764	(1,373)
Total Operating Income	**84,236**	**86,852**	**2,616**	**958,081**	**955,723**	**(2,359)**
Employee Expenses	(49,575)	(54,599)	(5,023)	(540,651)	(549,414)	(8,763)
Other Operating Expenses	(30,768)	(26,171)	4,597	(362,652)	(349,536)	13,116
Depreciation (owned & leased)	(2,518)	(2,337)	181	(25,552)	(25,138)	414
Total Operating Expenditure	**(82,862)**	**(83,107)**	**(246)**	**(928,855)**	**(924,088)**	**4,767**
PDC	(942)	(1,044)	(102)	(11,141)	(11,486)	(345)
Interest Payable	(155)	(153)	2	(1,977)	(1,900)	77
Interest Receivable		23	23	0	35	35
Other Gains/(Losses)	0	0	0	0	(12)	(12)
Net Surplus/(Deficit) inc technicals	**278**	**2,571**	**2,294**	**16,108**	**18,272**	**2,164**
Remove Capital Donations, Grants, and Donated Asset Depreciation	(278)	(1,082)	(804)	(16,108)	(12,607)	3,501
Net Surplus/(Deficit) exc technicals	**0**	**1,489**	**1,489**	**0**	**5,665**	**5,665**

Key Facts:

- The YTD net surplus is £5,665k (£4,176k last month) compared with the planned breakeven position.
- Pay expenditure is £3,595k higher in February than January. Predominantly driven by new local Clinical Excellence Awards (£2.2m). YTD expenditure is adverse to plan at £8,763k. This shows an increase from £3,740k in January.
- YTD agency expenditure is £26,376k, 5% of total pay costs and £2.8m adverse to plan.
- Operating income is adverse to plan by £2,359k, an improvement from £4,975k adverse in January. This is mainly due to lower than planned 'Other Operating Income' relating to the Salix grant (£3,807k).
- CIP achievement is 78%. £11,022k has been achieved against a target of £14,156k, a shortfall of £3,134k.
- Additional costs of Covid-19 are £11,388k YTD at the end of February, with a decrease in month to £1,283k from £1,740k in January.

Financial Performance – Income & Expenditure

February 2022

Trust Full Year Forecast Outturn

	Full Year Forecast		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	914,690	912,028	(2,663)
Other Operating Income	131,097	126,626	(4,471)
Total Operating Income	**1,045,787**	**1,038,654**	**(7,133)**
Employee Expenses	(590,227)	(599,336)	(9,109)
Other Operating Expenses	(401,236)	(386,742)	14,494
Depreciation (owned & leased)	(32,042)	(30,794)	1,248
Total Operating Expenditure	**(1,023,505)**	**(1,016,872)**	**6,632**
PDC	(12,084)	(12,000)	84
Interest Payable	(2,160)	(2,148)	12
Interest Receivable	0	0	0
Other Gains/(Losses)	0	0	0
Net Surplus/(Deficit) inc technicals	**8,038**	**7,633**	**(405)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	(8,038)	(1,504)	6,534
Net Surplus/(Deficit) exc technicals	**0**	**6,129**	**6,129**

Key Facts:

- The base case forecast outturn at the end of February remains a net surplus of £6,129k, a reduction of £10,000k from the position reported in November following the return of system top-up funding.

- This position assumes the following will take place in the last quarter of the year:

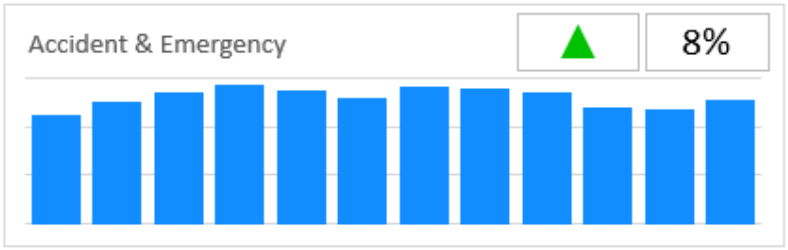
1. £2,989k increase in the rate of expenditure relating to developments and cost pressures;
2. £6,070k increase in the rate of expenditure relating to measures to support the Campaign Plan and utilise the in-year financial flexibility;
3. Forecast CIP delivery of £10,976k;
4. £0 elective recovery funding will be earned;
5. Nil I&E impact as a result of the re-assessment of the annual leave accrual;
6. Covid-19 costs broadly in line with YTD actuals; and
7. Expenditure relating to international nurse recruitment of £1,667k.

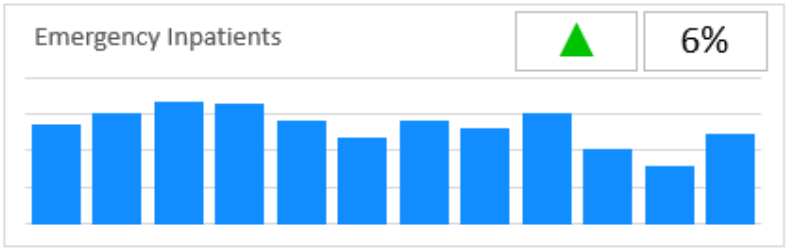
Note: CIP forecast outturn has increased to £12,066k, £1,090k higher than assumed in the forecast position. However, this is not expected to have a material impact on the expected outturn of £6,129k, given other movements in expenditure.

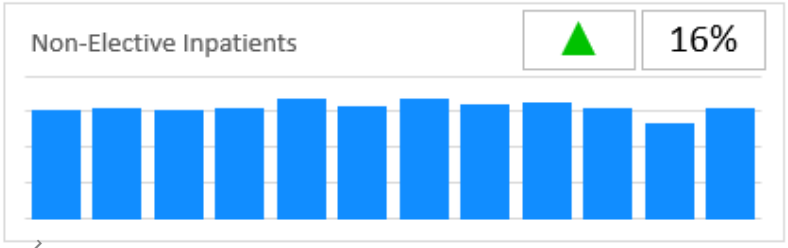
Actual Financial Position – Clinical Activity Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022







Key Points:

- We use calendar days to calculate the volume per day for non-elective points of delivery.
- Accident and emergency attendances per day were 8% higher in February compared with January. For the Trust overall, attendances are at 96% of pre-pandemic levels. However, the position by hospital site is very different with the Bristol Children's Hospital seeing 4% growth and the Eye Hospital being 15% lower. This is shown in Appendix 2.
- Emergency inpatient spells per day were 6% higher in February compared with January. Volumes are 16% lower YTD than pre-pandemic levels.
- Non-elective inpatient spells per day were 16% higher in February compared with January. Non-elective inpatients included maternity and non-emergency transfers.

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Year To Date Volume

Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	5,768	6,023	5,917	96%	97%
Emergency Inpatients	1,612	1,925	1,801	84%	90%
Non-Elective Inpatient	684	634	641	108%	107%

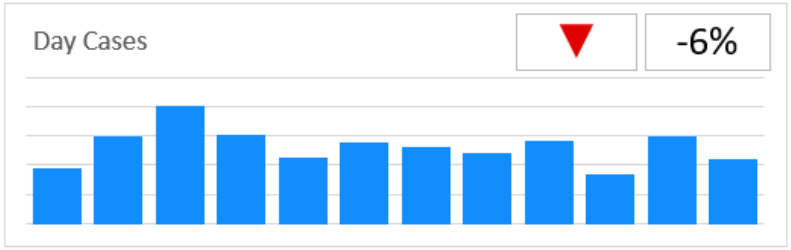
Current Month Volume

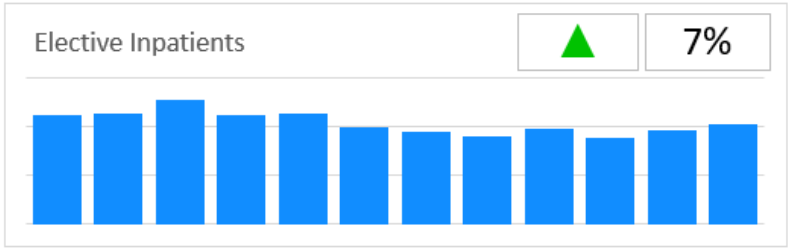
Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	506	549	566	92%	89%
Emergency Inpatients	145	176	163	82%	88%
Non-Elective Inpatient	61	59	58	104%	105%

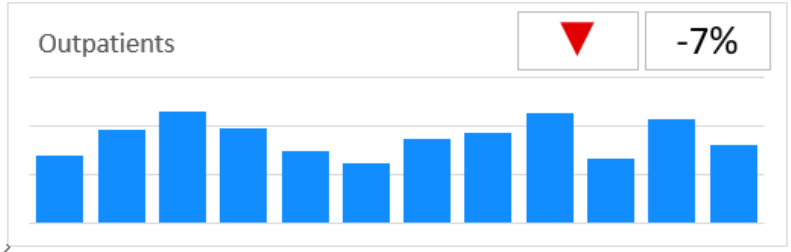
Actual Financial Position – Clinical Activity Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022







Key Points:

- We use working days to calculate the volume per day for elective points of delivery.
- Day cases per day were 6% lower in February compared with January. YTD volumes are 9% lower than pre-pandemic volumes.
- Elective inpatients per day were 7% higher in February compared with January. YTD volumes are 29% lower than pre-pandemic volumes.
- Outpatient attendances per day were 7% lower in February compared with January. YTD volumes are 3% lower than pre-pandemic volumes.
- Elective activity was very low in December and January's volumes are still relatively low.
- In general, elective volumes have fallen in recent months, particularly elective inpatients. This comes at a time when we would have expected to increase our elective activity with the accelerator programme.

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Year To Date Volume

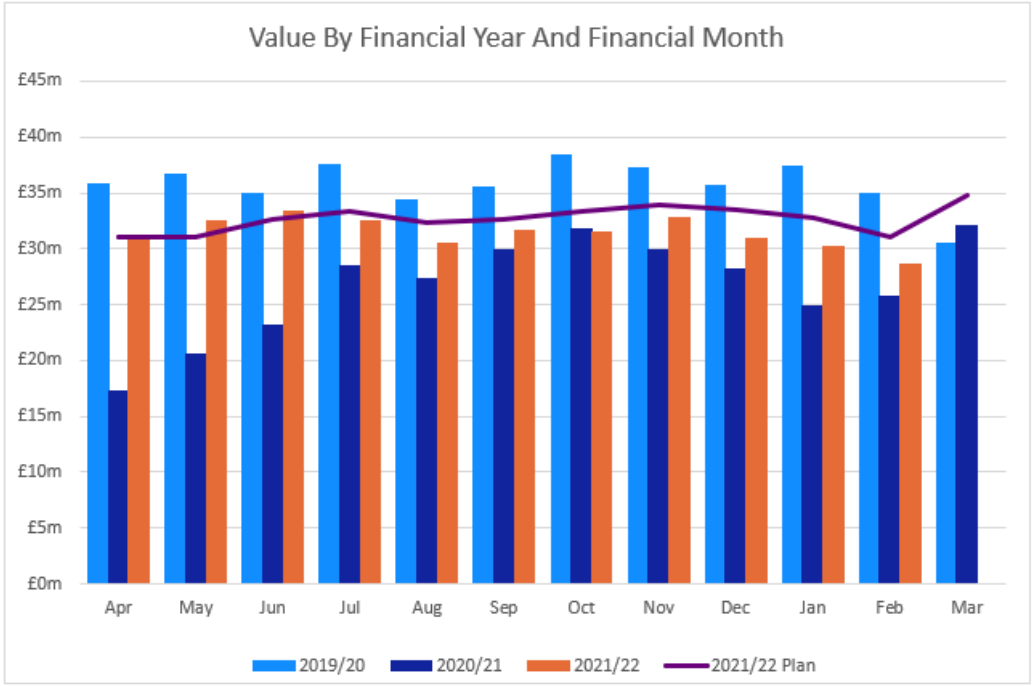
Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Day Cases	3,012	3,300	3,175	91%	95%
Elective Inpatients	450	631	559	71%	80%
Outpatients	37,410	38,397	34,733	97%	108%

Current Month Volume

Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Day Cases	264	307	291	86%	91%
Elective Inpatients	41	60	53	67%	77%
Outpatients	3,303	3,584	3,278	92%	101%

Actual Financial Position – Clinical Income

February 2022



Key Points:

- Payment by results has been suspended during the pandemic. To give a sense of casemix we have valued the activity we have delivered using the national tariffs.
- The value of activity for the main points of delivery in February is £28.7m compared to £30.3m in December.
- The value of elective activity (including inpatients spells, day cases and outpatients) in February is £13.0m compared to £13.7m in January. The value of non-elective activity (including emergency inpatients and accident and emergency attendances) in February is £15.6m compared to £16.6m in January.
- There were 20 working days in January and February.

Year To Date Value

Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	28,679	30,312	29,679	95%	97%
Day Cases	39,884	46,756	42,094	85%	95%
Elective Inpatients	42,959	56,089	49,480	77%	87%
Emergency Inpatients	126,962	140,124	127,674	91%	99%
Non-Elective Inpatients	33,957	34,318	32,802	99%	104%
Outpatients	73,146	90,770	75,934	81%	96%
Total	**345,587**	**398,369**	**357,663**	**87%**	**97%**

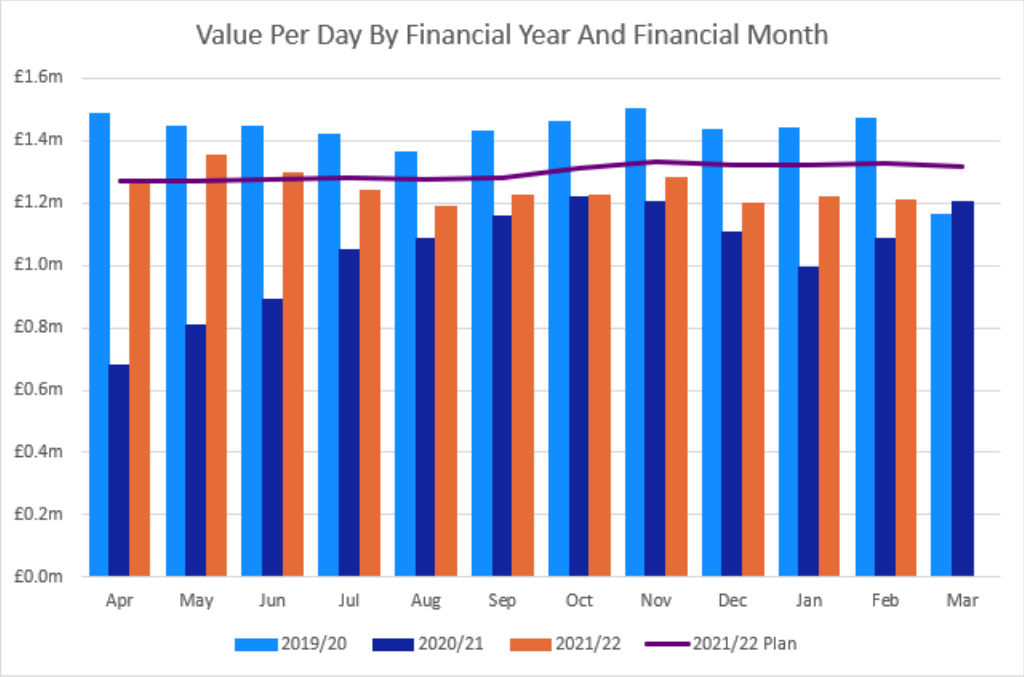
Current Month Value

Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	2,332	2,624	2,626	89%	89%
Day Cases	3,233	4,211	3,690	77%	88%
Elective Inpatients	3,711	4,725	4,479	79%	83%
Emergency Inpatients	10,654	12,653	10,685	84%	100%
Non-Elective Inpatients	2,652	2,666	2,740	99%	97%
Outpatients	6,076	8,067	6,882	75%	88%
Total	**28,658**	**34,946**	**31,102**	**82%**	**92%**

Actual Financial Position – Clinical Income

NHS University Hospitals Bristol and Weston NHS Foundation Trust

February 2022



Key Points:

- The value of elective activity per working day in February is 5% lower than January. The value of emergency activity per working day in February is 4% higher than January.
- Feedback from Divisions suggests that elective activity continues to be relatively low due to capacity constraints. High staff absence, due to sickness and isolation, has been cited as a key factor, as has high levels of emergency outliers. There are also difficulties discharging patients in the community.
- It is expected that these factors will also affect elective performance in March.

Year To Date Value Per Day

Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	945	995	978	95%	97%
Day Cases	1,910	2,219	2,013	86%	95%
Elective Inpatients	2,062	2,663	2,364	77%	87%
Emergency Inpatients	4,182	4,601	4,205	91%	99%
Non-Elective Inpatients	1,118	1,126	1,080	99%	103%
Outpatients	3,500	4,303	3,632	81%	96%
Total	**13,716**	**15,908**	**14,272**	**86%**	**96%**

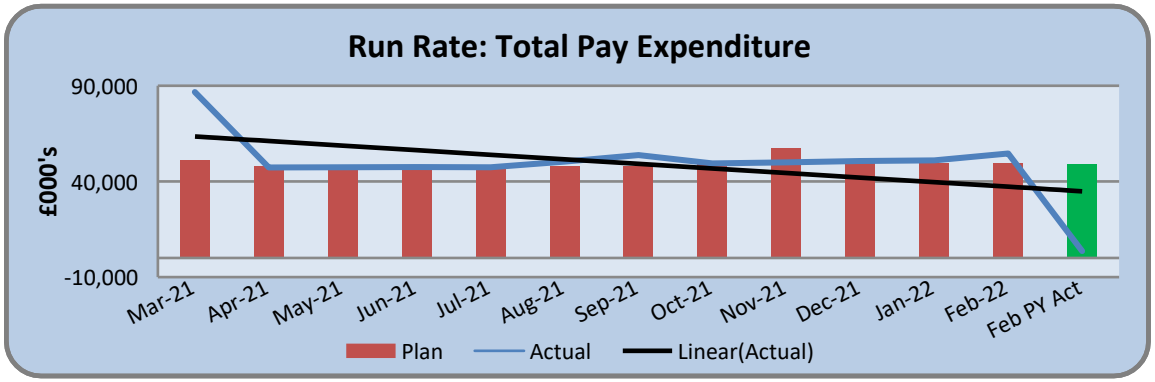
Current Month Value Per Day

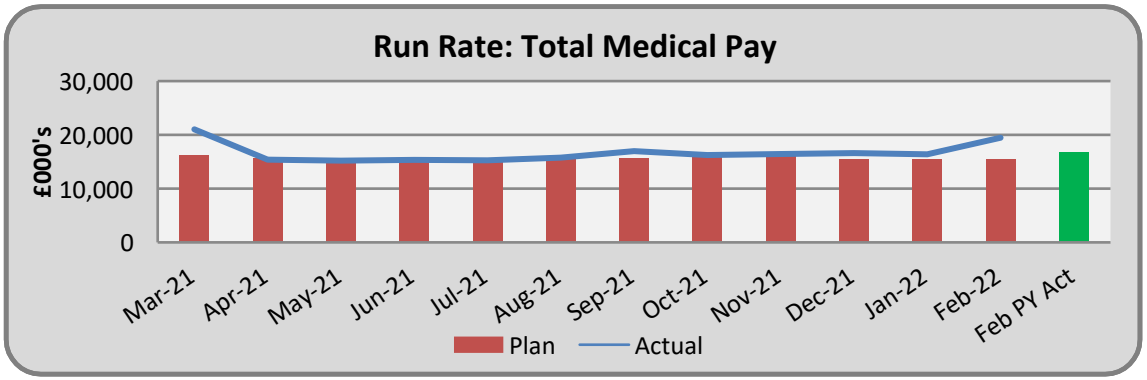
Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	83	90	94	92%	89%
Day Cases	162	211	184	77%	88%
Elective Inpatients	186	236	224	79%	83%
Emergency Inpatients	381	436	382	87%	100%
Non-Elective Inpatients	95	92	98	103%	97%
Outpatients	304	403	344	75%	88%
Total	**1,210**	**1,469**	**1,326**	**82%**	**91%**

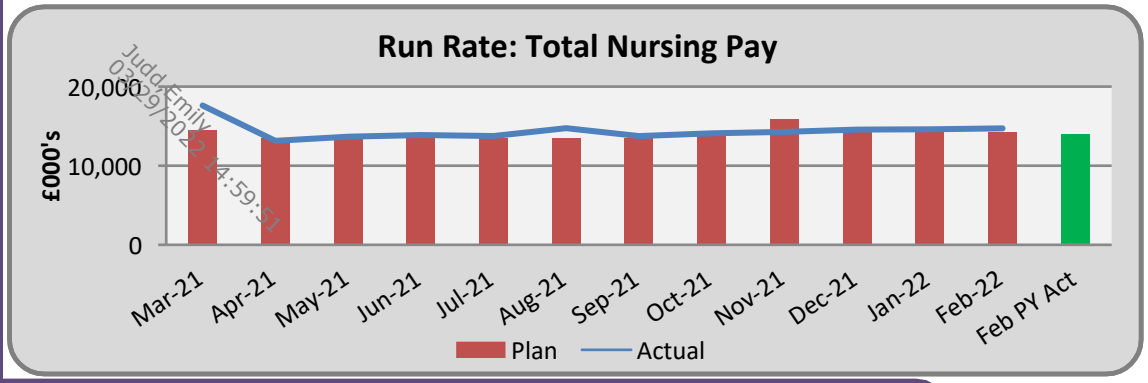
Financial Performance – Workforce Expenditure

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022







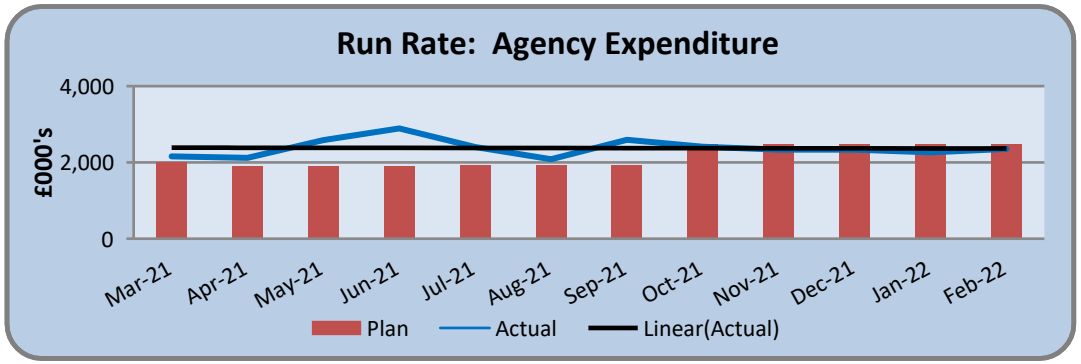
Key Points:

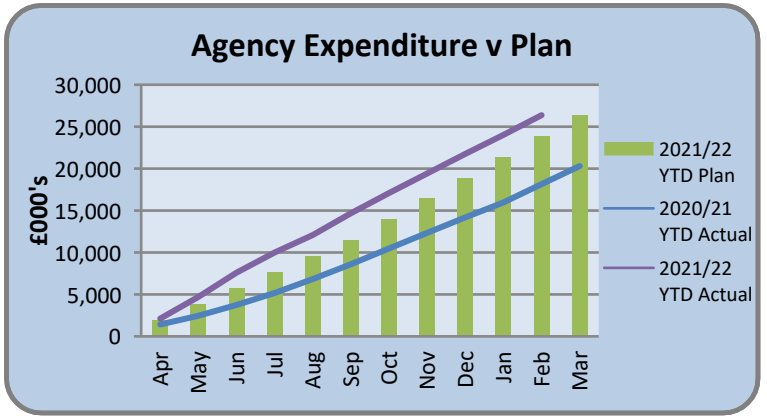
- Total pay expenditure in February is £54,599k, £3,595k higher than January.
- The main drivers of the in month increase are 2021/22 Local Clinical Excellence Awards (£2,197k), provision for outstanding pay costs relating to in-year decisions but which will not be paid in the current financial year (£518k) and increase in substantive junior medical costs (£493k).
- YTD pay expenditure is £8,763k adverse to plan, an increase of £5,023k from £3,740k in January. This is due to adverse variances on substantive (£6,986k) and agency (£2,509k) staff, off-set by a favourable position on bank (£733k).
- Agency expenditure in February is £2,354k compared with £2,264k in January and £2,335k in December.
- Nursing agency increased (£110k) and Medical agency spend marginally decreased (£9k) in the month.
- Bank expenditure is £2,577k in February, lower than £2,892k in January and £2,251k in December. The number of shifts decreased by 12% compared with January.

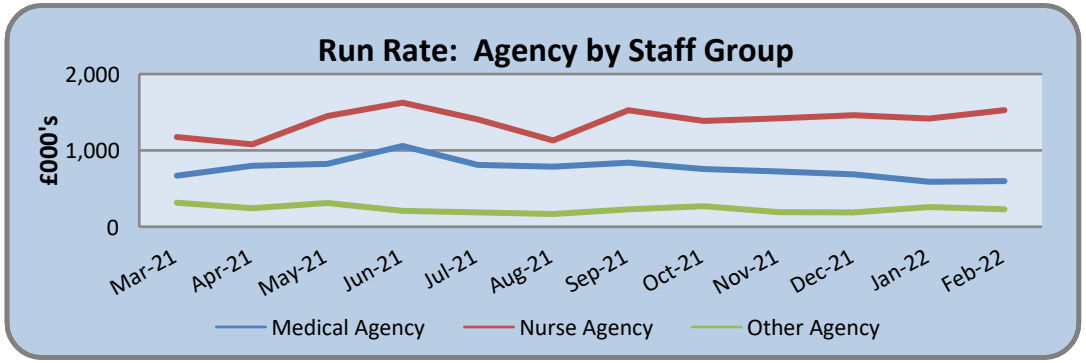
Financial Performance – Bank & Agency

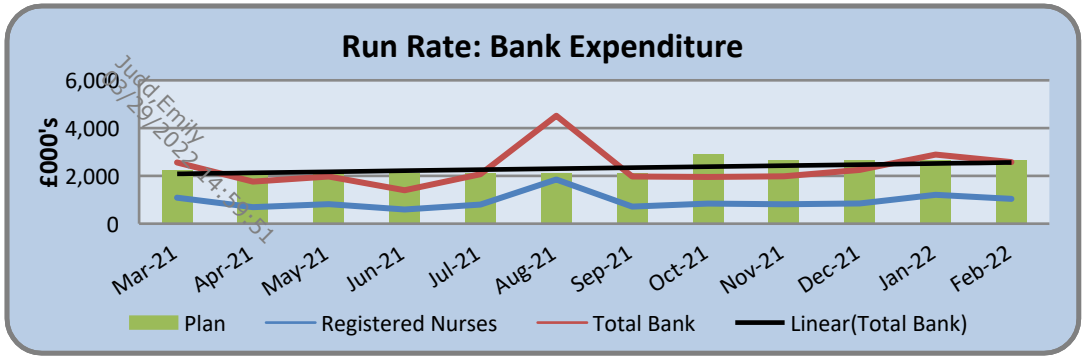
NHS University Hospitals Bristol and Weston NHS Foundation Trust

February 2022









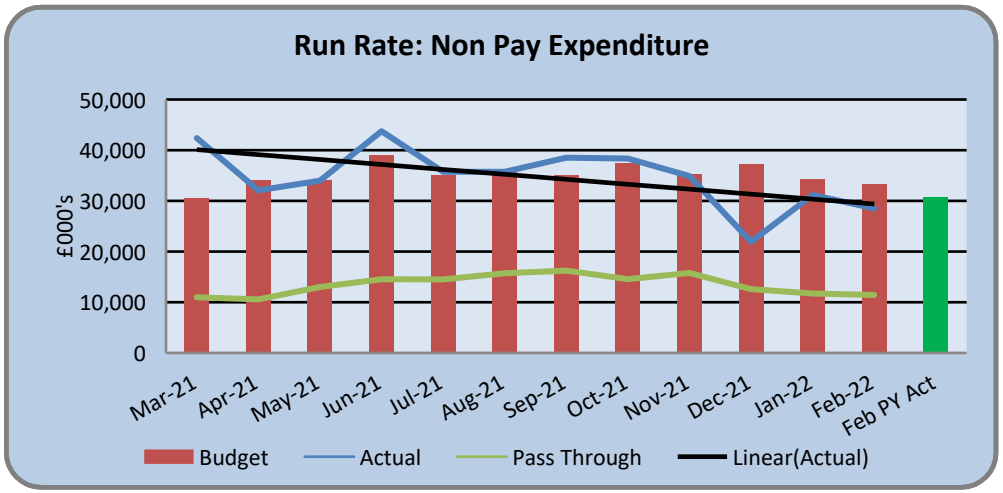
Key Points:

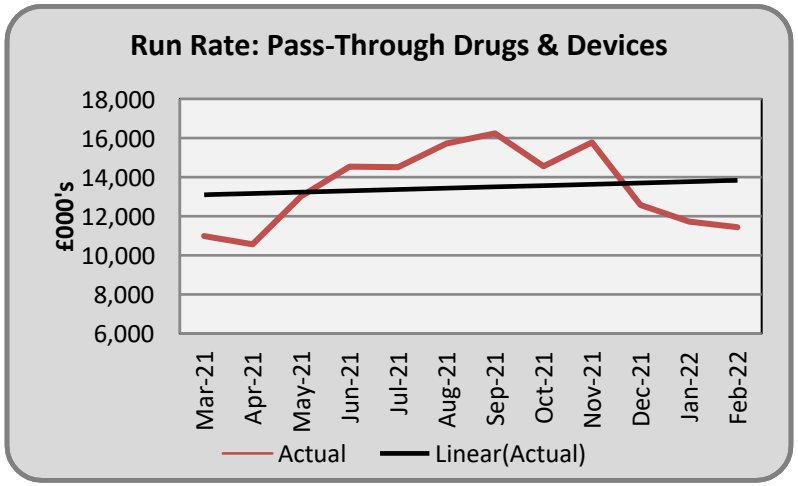
- Agency expenditure in February is £2,354k, £121k lower than plan and in broadly in line with December (£2,264k).
- YTD agency expenditure exceeds plan by £2,506k.
- Agency usage continues to be driven by vacancies across nursing and medical staffing. Sickness and the use of mental health nurses are also key drivers.
- Nurse agency shifts increased by 18 or >1% compared with January. Average cost per shift increased by 8%. compared with December.
- Medical agency spend remained consistent to January at £598k.
- Bank costs in February are £2,577k, c25% higher than the run rate of Q3 due to enhanced rates.
- See Appendix 3 and 4 for further details on agency usage.

Financial Performance – Non Pay Expenditure

NHS University Hospitals Bristol and Weston NHS Foundation Trust

February 2022





Top 5 Favourable Variances	CURRENT YEAR YTD Plan (£000's)	CURRENT YEAR YTD Expenditure (£000's)	CURRENT YEAR Variance (£000's)	PRIOR YEAR YTD Plan (£000's)	PRIOR YEAR YTD Expenditure (£000's)	PRIOR YEAR Variance (£000's)
Clinical Supplies and services	76,773	72,809	3,964	57,920	60,315	(2,395)
Clinical negligence	22,869	21,694	1,175	17,777	17,774	3
Consultancy	449	()	792	461	472	(11)
Transport	3,729	3,458	271	1,657	2,962	(1,305)
Premises - business rates payable to local authoriti	3,637	3,451	186	3,230	3,200	30
Total	**107,457**	**101,070**	**6,388**	**81,045**	**84,723**	**(3,678)**

Top 5 Adverse Variances	CURRENT YEAR YTD Plan (£000's)	CURRENT YEAR YTD Expenditure (£000's)	CURRENT YEAR Variance (£000's)	PRIOR YEAR YTD Plan (£000's)	PRIOR YEAR YTD Expenditure (£000's)	PRIOR YEAR Variance (£000's)
Drugs	144,975	153,440	(8,465)	93,755	98,352	(4,597)
Operating lease expenditure	6,462	7,204	(741)	5,895	5,736	159
Purchase of healthcare from NHS bodies	9,278	9,837	(559)	6,968	6,274	694
Education and training - non-staff	2,867	3,321	(453)	1,447	1,663	(216)
Premises - other	12,329	12,641	(312)	11,622	11,886	(264)
Total	**175,912**	**186,442**	**(10,531)**	**119,687**	**123,911**	**(4,224)**

Key Points:

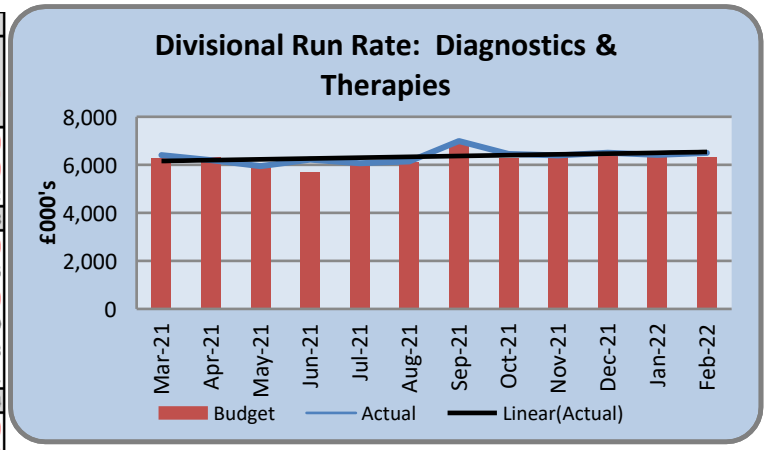
- YTD non-pay expenditure of £349,536k is £13,116k or c4% lower than plan. This is primarily due to lower levels of clinical activity.
- The run rate of pass-through drugs continues to decrease.
- Clinical supplies and services is £3,964k favourable to plan, continuing to reflect the lower planned elective activity levels.

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

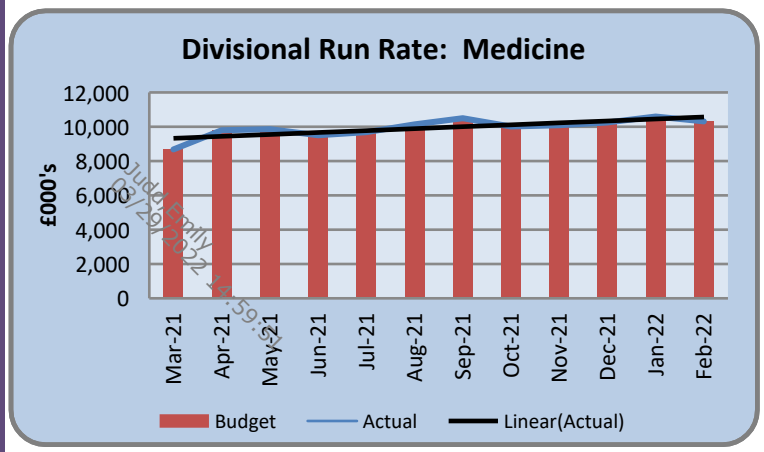
February 2022

	Diagnostics & Therapies		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	160	156	(4)
Other Activity Based Income	84	74	(10)
Other Operating Income	4,382	4,724	342
Total Operating Income	**4,626**	**4,954**	**328**
Nursing and Midwifery	(1,290)	(1,343)	(53)
Medical Staff - Consultants	(5,247)	(5,191)	56
Medical Staff - Others	(1,002)	(1,250)	(248)
Other Clinical Staff	(41,454)	(41,384)	70
Non Clinical Staff	(4,315)	(4,207)	108
Other Pay	(248)	(77)	171
Total Employee Expenses	**(53,556)**	**(53,452)**	**104**
Drugs	(5,676)	(6,754)	(1,078)
Clinical Supplies	(8,938)	(9,424)	(486)
Support Funding	0	0	0
Other Non Pay	(4,995)	(5,136)	(141)
Total Other Operating Expenses	**(19,609)**	**(21,314)**	**(1,705)**
Net Surplus/(Deficit)	**(68,539)**	**(69,812)**	**(1,273)**



Diagnostics & Therapies:

- Adverse variance of £1,273k YTD, an in month deterioration of £197k.
- Favourable variance on income from operations due to increased commercial trial income, clinical engineering income and additional income in radio pharmacy.
- Adverse variance on drugs due mainly to high tech homecare £674k previously pass through and higher than planned other pass through costs.
- Adverse variance on PHE recharges due to higher than planned activity also higher than planned cellular pathology costs. However both of these costs have been reducing in recent months.
- Currently achieving year to date savings target and forecast to be only £21k below target at year end.



Medicine:

- Adverse variance of £966k YTD, an in month deterioration of £321k.
- Savings programme adverse year to date by £85k, including reduced sleep studies devices costs. Forecast £128k adverse.
- Adverse variance on medical staff of £1,978k mainly due to Weston F1 pressures and premium payments for medical Consultants including support for outlier patients.
- Favourable variance on other clinical staff £282k due to vacancies, particularly physicians associates.
- Favourable variance on non-pay mainly due to lower than planned spend on sleep devices.
- Increasing run rate trend on nursing as Covid costs are now charged to the division as well as impact of the pay award.

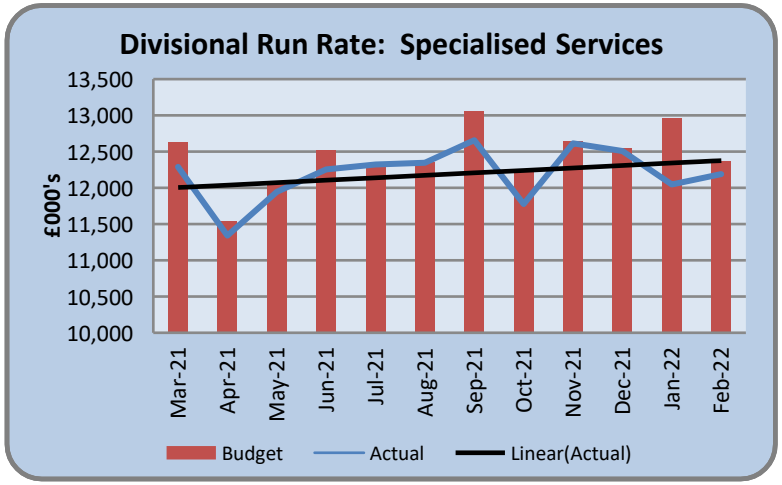
	Medicine		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	2,231	2,162	(69)
Other Activity Based Income	19	9	(10)
Other Operating Income	2,002	1,976	(26)
Total Operating Income	**4,252**	**4,147**	**(105)**
Nursing and Midwifery	(36,490)	(36,670)	(180)
Medical Staff - Consultants	(13,039)	(14,001)	(962)
Medical Staff - Others	(11,021)	(12,037)	(1,016)
Other Clinical Staff	(2,141)	(1,859)	282
Non Clinical Staff	(6,539)	(6,846)	(307)
Other Pay	(19)	0	19
Total Employee Expenses	**(69,249)**	**(71,413)**	**(2,164)**
Drugs	(32,264)	(32,473)	(209)
Clinical Supplies	(6,046)	(4,065)	1,981
Support Funding	0	0	0
Other Non Pay	(7,433)	(7,902)	(469)
Total Other Operating Expenses	**(45,743)**	**(44,440)**	**1,303**
Net Surplus/(Deficit)	**(110,740)**	**(111,706)**	**(966)**

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

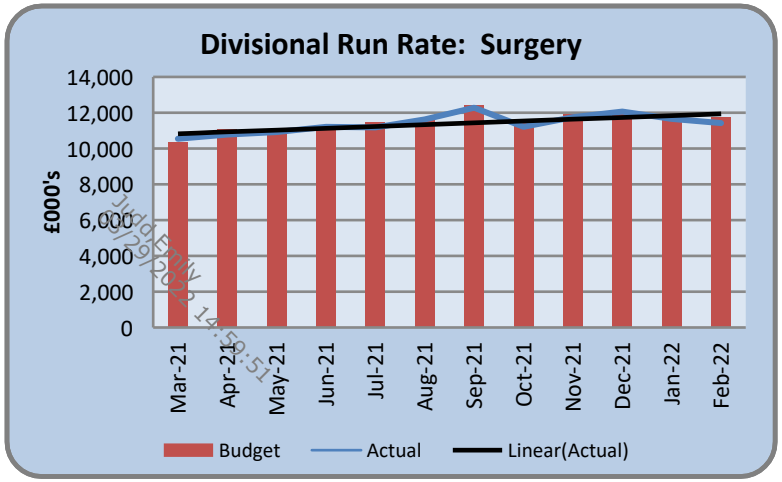
February 2022

	Specialised Services		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	1,976	1,976	0
Other Activity Based Income	1,415	780	(635)
Other Operating Income	2,827	3,003	176
Total Operating Income	**6,218**	**5,759**	**(459)**
Nursing and Midwifery	(24,882)	(25,730)	(848)
Medical Staff - Consultants	(14,171)	(13,740)	431
Medical Staff - Others	(7,680)	(7,727)	(47)
Other Clinical Staff	(7,126)	(7,114)	12
Non Clinical Staff	(6,374)	(6,072)	302
Other Pay	0	0	0
Total Employee Expenses	**(60,233)**	**(60,383)**	**(150)**
Drugs	(44,399)	(44,671)	(272)
Clinical Supplies	(22,269)	(20,576)	1,693
Support Funding	0	0	0
Other Non Pay	(15,931)	(14,129)	1,802
Total Other Operating Expenses	**(82,599)**	**(79,376)**	**3,223**
Net Surplus/(Deficit)	**(136,614)**	**(134,000)**	**2,614**



Specialised Services:

- Favourable variance YTD of £2,614k, an in month favourable variance of £180k.
- Significant favourable variance on clinical supplies £1,693k due to lower than planned levels of activity and pass through costs.
- Adverse variance on other activity related income of £635k due to lower than planned private and overseas income.
- Pay run rate trend increasing due to new ward beds plus impact of the pay award.
- Non pay run rate variable due to variability of pass through, blood, drugs and devices. The recent trend has been seen significantly reduced spend due to reduced activity levels.
- Savings on target YTD and FOT.



Surgery:

- Favourable variance to date of £1,413k and in month improvement of £364k.
- Shortfall on savings programme YTD of £1,376k. Forecast shortfall of £1,494k.
- Pay favourable by £278k due to vacancies and delays in recruitment of agreed service developments for other clinical and non clinical staff.
- Pay run rate increasing from 2020/21 as ITU expansion now charged to the Division. High levels of vacancies being filled by agency staff and high levels of 1-1 care plus impact of the pay award.
- Recent non pay run rate has continued to show a reduction in spend reflecting lower levels of elective activity. This has resulted in a significant favourable variance on non pay.

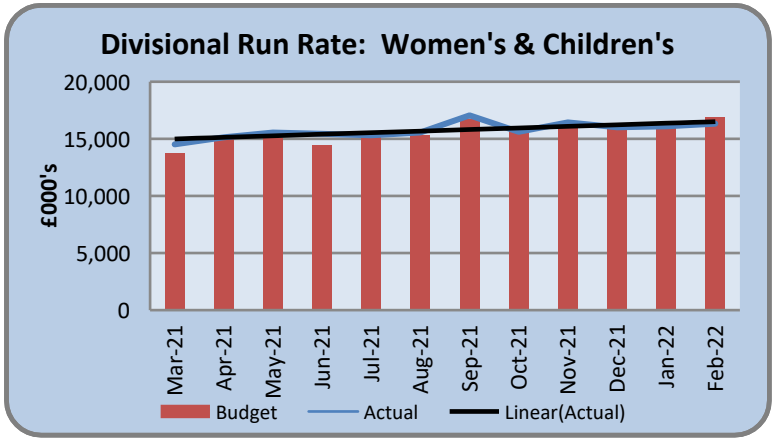
	Surgery		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	(82)	(61)	21
Other Activity Based Income	55	51	(4)
Other Operating Income	2,714	2,700	(15)
Total Operating Income	**2,688**	**2,690**	**2**
Nursing and Midwifery	(32,350)	(32,966)	(616)
Medical Staff - Consultants	(22,746)	(22,639)	106
Medical Staff - Others	(18,229)	(18,822)	(594)
Other Clinical Staff	(10,575)	(9,885)	690
Non Clinical Staff	(11,799)	(11,233)	566
Other Pay	(125)	0	125
Total Employee Expenses	**(95,824)**	**(95,545)**	**278**
Drugs	(12,963)	(12,337)	626
Clinical Supplies	(14,753)	(13,598)	1,155
Support Funding	0	0	0
Other Non Pay	(6,663)	(7,311)	(648)
Total Other Operating Expenses	**(34,379)**	**(33,246)**	**1,133**
Net Surplus/(Deficit)	**(127,515)**	**(126,101)**	**1,414**

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

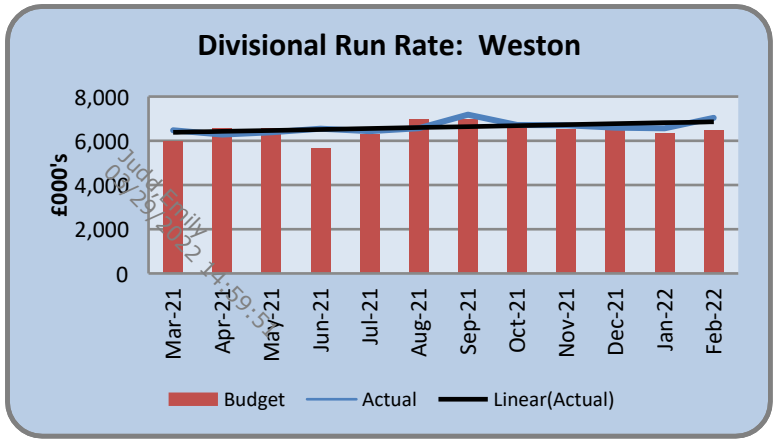
February 2022

	Women's & Children's		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	5,361	5,531	170
Other Activity Based Income	0	0	0
Other Operating Income	6,021	5,352	(669)
Total Operating Income	**11,382**	**10,883**	**(499)**
Nursing and Midwifery	(55,998)	(56,139)	(141)
Medical Staff - Consultants	(29,879)	(29,573)	306
Medical Staff - Others	(16,761)	(18,502)	(1,741)
Other Clinical Staff	(9,111)	(9,198)	(87)
Non Clinical Staff	(8,629)	(8,380)	249
Other Pay	(53)	0	53
Total Employee Expenses	**(120,431)**	**(121,792)**	**(1,361)**
Drugs	(41,171)	(41,978)	(807)
Clinical Supplies	(11,962)	(11,512)	450
Support Funding	0	0	0
Other Non Pay	(11,170)	(10,135)	1,035
Total Other Operating Expenses	**(64,303)**	**(63,625)**	**678**
Net Surplus/(Deficit)	**(173,352)**	**(174,534)**	**(1,182)**



Women's & Children's:

- Adverse variance of £1,182k, an in month favourable variance of £591k. Improvement is due to recognising a maternity incentive payment of £822k.
- Income adverse by £499k including reduced research income.
- Savings programme overachieving YTD and FOT.
- Pay overspend for nursing £141k including PICU and ED with high levels of RMN to support mental health patients.
- Pay run rate increasing over past months. Significantly higher than 2019/20 due to winter staffing levels and the pay award.
- Other medical staff adverse by £1,741k mainly due to covering gaps in rotas.
- Non pay run rate is variable and affected by number of Zolgensma patients. Clinical supplies favourable variance driven by lower than planned activity and the maternity incentive payment above.



Weston:

- Adverse variance to date of £1,412k, a deterioration of £555k in month due mainly to one-off adjustments/ backpay.
- Shortfall on savings programme YTD of £630k and FOT £593K including shortfall against the residual merger mitigations.
- Significant pressure on other medical staff budgets due to the on-going staffing issues resulting in high agency usage.
- Adverse variance on consultants due to premium payments and shortfall on merger savings plans.
- Pay run rate increasing partly due to medical staff pressures plus impact of the pay award.
- Overall favourable variance on non pay partly due to lower than planned levels of activity and lower spend on establishment, supplies and services. Drugs is adverse variance due to higher than planned pass through costs.

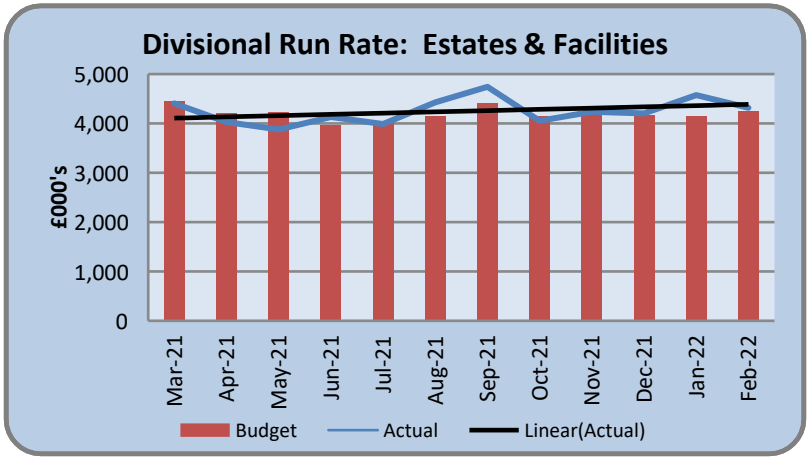
	Weston		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	(33)	699	732
Other Activity Based Income	145	0	(145)
Other Operating Income	2,375	2,185	(190)
Total Operating Income	**2,487**	**2,884**	**397**
Nursing and Midwifery	(29,521)	(28,559)	963
Medical Staff - Consultants	(11,001)	(12,311)	(1,310)
Medical Staff - Others	(10,352)	(12,160)	(1,807)
Other Clinical Staff	(2,843)	(3,064)	(221)
Non Clinical Staff	(5,419)	(4,789)	630
Other Pay	194	0	(194)
Total Employee Expenses	**(58,943)**	**(60,883)**	**(1,939)**
Drugs	(8,108)	(8,324)	(216)
Clinical Supplies	(4,362)	(4,403)	(41)
Support Funding	0	0	0
Other Non Pay	(2,675)	(2,288)	387
Total Other Operating Expenses	**(15,145)**	**(15,015)**	**130**
Net Surplus/(Deficit)	**(71,601)**	**(73,014)**	**(1,413)**

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

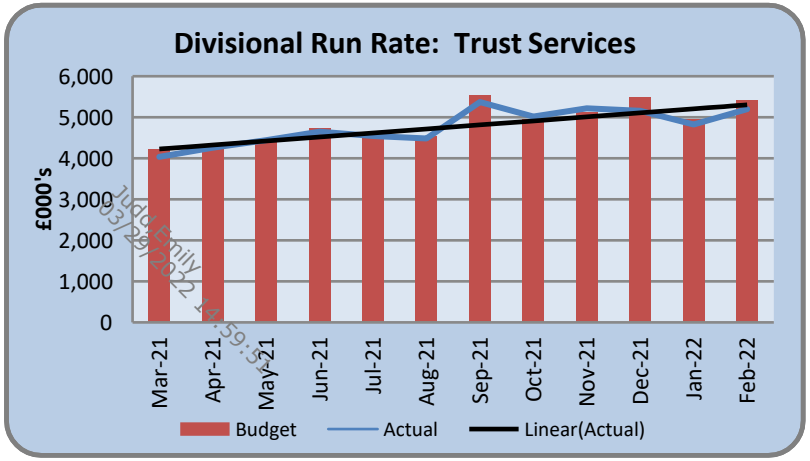
February 2022

	Estates & Facilities		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	4,400	4,373	(27)
Total Operating Income	**4,400**	**4,373**	**(27)**
Nursing and Midwifery	(2)	(5)	(3)
Medical Staff - Consultants	0	0	0
Medical Staff - Others	0	0	0
Other Clinical Staff	(1)	0	1
Non Clinical Staff	(27,309)	(27,713)	(404)
Other Pay	0	0	0
Total Employee Expenses	**(27,312)**	**(27,718)**	**(406)**
Drugs	(1)	(8)	(7)
Clinical Supplies	(292)	(291)	1
Support Funding	0	0	0
Other Non Pay	(22,654)	(22,933)	(279)
Total Other Operating Expenses	**(22,947)**	**(23,232)**	**(285)**
Net Surplus/(Deficit)	**(45,859)**	**(46,577)**	**(718)**



Estates & Facilities:

- Adverse variance to date of £718k, an in month adverse variance of £72k.
- Increasing energy costs in past three months.
- Significant adverse variance on non clinical staff due to the impact of critical incident pay rates in August and September.
- Favourable variance on savings programme of £119k YTD and FOT £125k favourable.
- Increase in the pay run rate in month 5 and 6 due to the effect of temporary enhanced pay rates and the pay award this has levelled off since.



Trust Services:

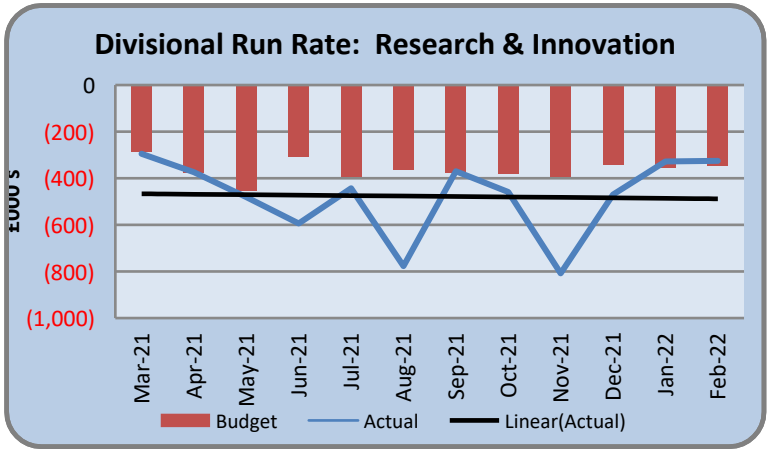
- Favourable variance to date of £767k. In month change £215k favourable.
- Main driver of favourable variance is the number of vacancies in Finance and Digital services.
- Shortfall on savings programme of £515k YTD and forecast shortfall of £562k.
- Increase in non pay run rate due to immigration surcharges and continuing education costs.
- Pay run rate trend has been increasing due to additional cost of management support for the Weston Division and also impact of pay award.

	Trust Services		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	5,197	5,213	16
Total Operating Income	**5,197**	**5,213**	**16**
Nursing and Midwifery	(6,347)	(6,346)	1
Medical Staff - Consultants	(1,677)	(1,646)	31
Medical Staff - Others	(1,082)	(1,058)	24
Other Clinical Staff	(652)	(646)	6
Non Clinical Staff	(33,088)	(31,618)	1,470
Other Pay	(61)	(15)	46
Total Employee Expenses	**(42,907)**	**(41,329)**	**1,578**
Drugs	(85)	(165)	(80)
Clinical Supplies	(503)	(146)	357
Support Funding	0	0	0
Other Non Pay	(15,323)	(16,427)	(1,104)
Total Other Operating Expenses	**(15,911)**	**(16,738)**	**(827)**
Net Surplus/(Deficit)	**(53,621)**	**(52,854)**	**767**

Financial Performance – Divisional Position

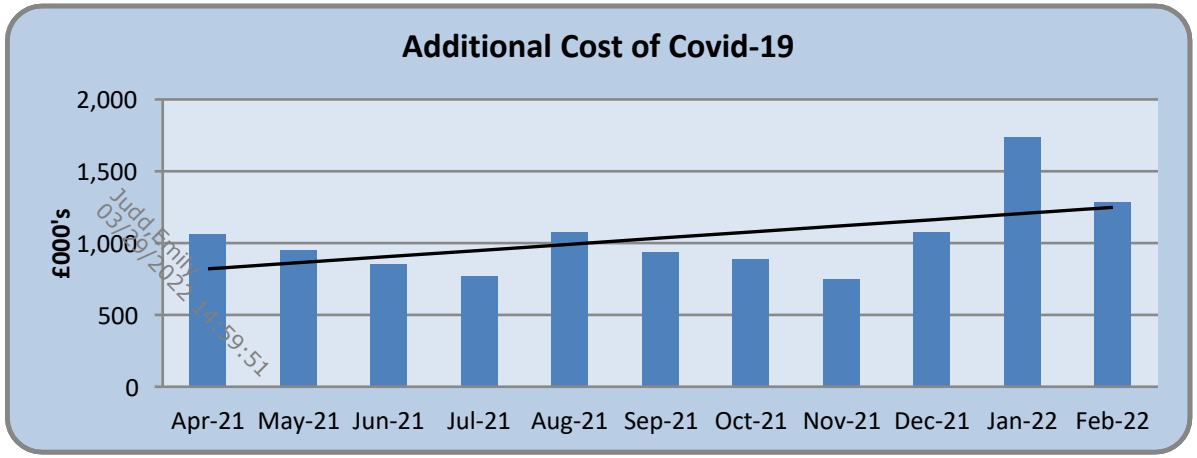
February 2022

	Research & Innovation		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	28,101	29,654	1,554
Total Operating Income	**28,101**	**29,654**	**1,554**
Nursing and Midwifery	(1,182)	(1,094)	88
Medical Staff - Consultants	(612)	(369)	243
Medical Staff - Others	(98)	(80)	18
Other Clinical Staff	(115)	(41)	74
Non Clinical Staff	(3,083)	(3,237)	(154)
Other Pay	3	0	(3)
Total Employee Expenses	**(5,086)**	**(4,821)**	**266**
Drugs	0	(0)	(0)
Clinical Supplies	(713)	(359)	355
Support Funding	0	0	0
Other Non Pay	(18,220)	(19,045)	(825)
Total Other Operating Expenses	**(18,933)**	**(19,405)**	**(470)**
Net Surplus/(Deficit)	**4,081**	**5,430**	**1,350**



Research & Innovation:

- Favourable variance to date £1,350k.
- YTD favourable income position driven mainly by commercial research into Covid-19.
- Expenditure run rate in February is in line with 2021/22 average.
- Increased income for the NIHR funded grant ComFluCov off-sets the slowing of commercial income for Covid-19 trials



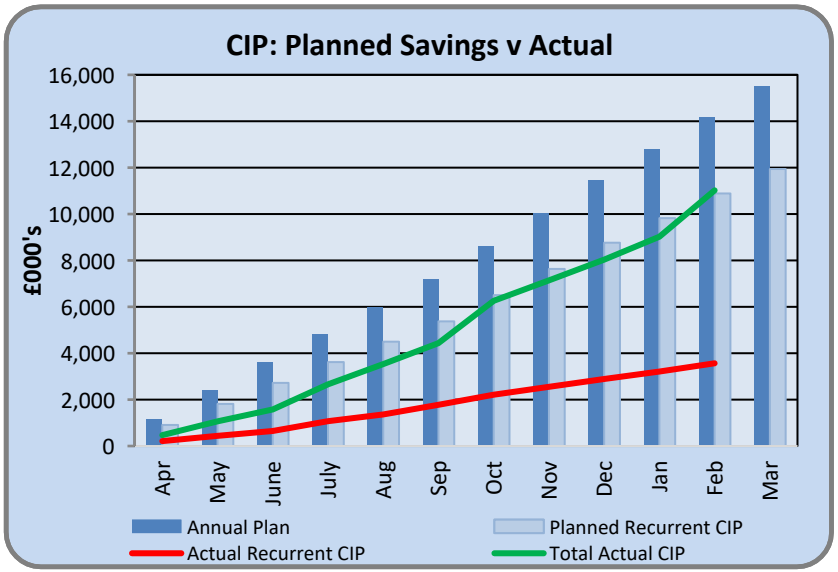
Covid-19 Expenditure:

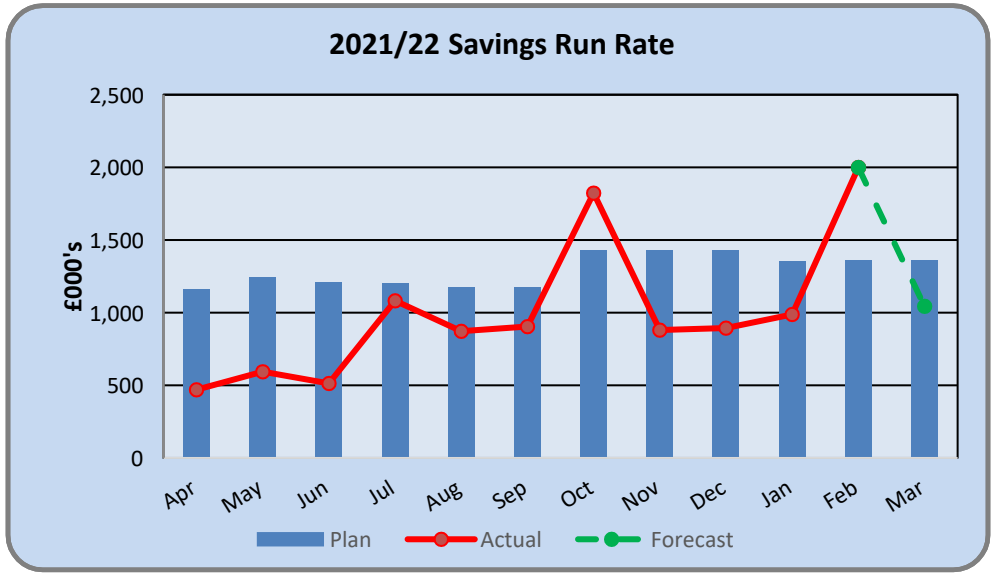
- Expenditure related to Covid-19 decreased in February to £1,283, from £1,740k in January against a forecast of c£1,000k. The decrease is due to the reduction in cost of ghost rota's.
- Average monthly costs have increased to c£1,000k.
- Expenditure is largely driven by non-pay costs including the provision of the vaccination hub.

Savings – Cost Improvement Programme

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022





Workstream	2021/22 Annual Target	M11 Year to Date			Forecast Outturn
		Plan	Actual	Variance Fav/ (Adv)	
	£m	£'000	£'000	£'000	£'000
Nursing Pay & Productivity	700	642	647	5	759
Medical Pay & Productivity	565	520	124	(396)	145
Non Pay	3,912	3,595	7,868	4,273	8,641
Productivity	50	44	566	522	590
HR Pay and Productivity	18	16	8	(8)	11
Income, Fines and External	35	32	91	59	100
Medicines	477	429	464	34	508
Allied Healthcare Professionals Prod	24	22	23	1	25
Estates & Facilities	805	788	788	-	805
Trust Services	364	335	442	107	481
Weston Merger	1,500	1,375	-	(1,375)	-
Plans to be developed from Pipeline	7,065	6,358	-	(6,358)	-
Healthcare Scientists Productivity	-	-	-	-	-
Grand Total	15,515	14,156	11,022	(3,134)	12,066

Key Points:

- The Trust's 2021/22 savings target is £15,515k.
- At the end of February 2022, the Trust had achieved savings of £11,022k against a plan of £14,156k, a shortfall of £3,134k.
- Divisions behind plan include Surgery (£1,376k), Weston (£603k), Trust Services (£515k), Medicine (£85k) and Diagnostics & Therapies (£4k). Women's and Children's and Estates & Facilities have favourable variances of £704k and £119k respectively; Specialised Services is on plan.
- The full year forecast is £12,066k or 78%, of plan, a shortfall of £3,450k against the plan of £15,515k. Only £3,910k of the full year forecast is recurrent.

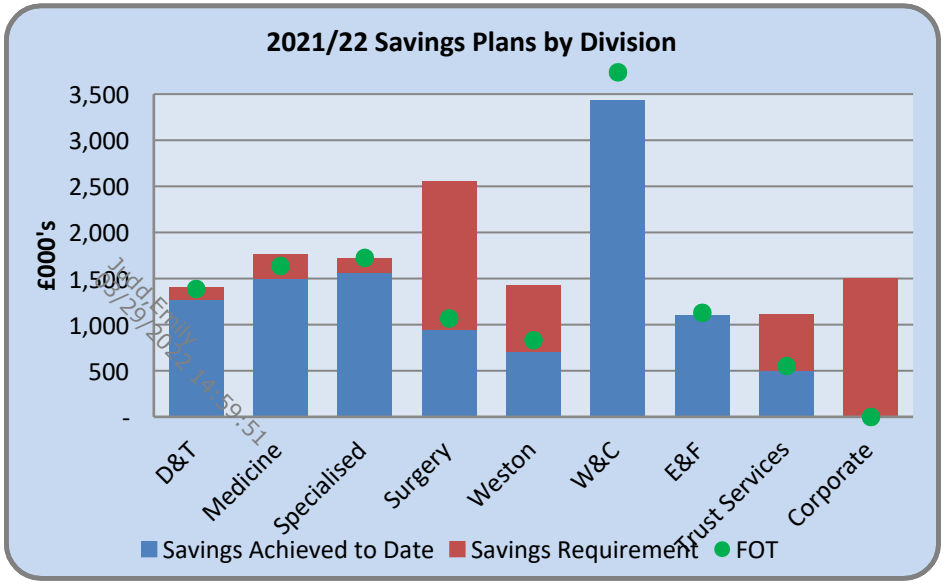
Savings – Divisional Position

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

February 2022

Division	2021/22 Annual Target	M11 Year to Date			Forecast Outturn
		Plan	Actual	Variance Fav/ (Adv)	
	£000's	£000's	£000's	£000's	£000's
Diagnostics & Therapies	**1,408**	1,279	1,275	(4)	**1,388**
Medicine	**1,765**	1,582	1,497	(85)	**1,637**
Specialised Services	**1,724**	1,562	1,562	0	**1,725**
Surgery	**2,561**	2,325	949	(1,376)	**1,067**
Weston	**1,430**	1,309	706	(603)	**832**
Women's & Children's	**3,009**	2,733	3,438	704	**3,738**
Estates & Facilities	**1,004**	976	1,095	119	**1,129**
Finance	**202**	186	185	(1)	**201**
Human Resources	**232**	210	85	(126)	**92**
Trust Headquarters	**387**	351	110	(241)	**130**
Digital Services	**292**	268	121	(147)	**129**
Corporate/Capital Charges	**1,500**	1,375	-	(1,375)	**-**
Total	**15,515**	**14,156**	**11,022**	**(3,134)**	**12,066**

Division	2021/22 Annual Target	Forecast Outturn		
		Recurring	Non Recurring	Total
	£000's	£000's	£000's	£000's
Diagnostics & Therapies	**1,408**	7	1,380	**1,388**
Medicine	**1,765**	570	1,067	**1,637**
Specialised Services	**1,724**	214	1,511	**1,725**
Surgery	**2,561**	496	571	**1,067**
Weston	**1,430**	640	192	**832**
Women's & Children's	**3,009**	822	2,916	**3,738**
Estates & Facilities	**1,004**	1,031	98	**1,129**
Finance	**202**	31	170	**201**
Human Resources	**232**	20	72	**92**
Trust Headquarters	**387**	28	102	**130**
Digital Services	**292**	52	77	**129**
Corporate/Capital Charges	**1,500**	-	-	**-**
Total	**15,515**	**3,910**	**8,155**	**12,066**



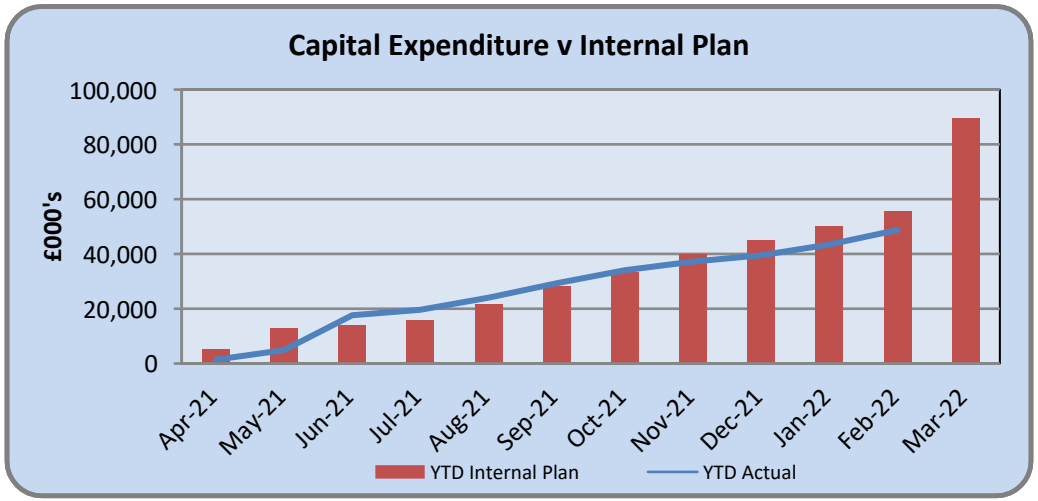
Recovery Actions:

- The current financial regime has meant the focus has shifted to cost reduction and removal of unwarranted variation.
- The Trust Wide Clinical & Non-Clinical Non Pay Steering Group has been set up and is meeting monthly; this group will help gain traction on non-pay savings.
- The Cost Savings Delivery Board is now meeting every month. The Trust is holding regular Divisional Savings Reviews, Working Smarter Forums, Drugs and Pharmacy Groups. Progress still needs to be made on Medical Staffing and GIRFT.
- Developing transformation projects which will deliver recurrent savings, possibly using capital investment to pump-prime.
- The fourth cut of 2022/23 savings plans total £9,543k. £4,377k recurring and £5,166k non-recurring. Check and challenge meetings are being held monthly with Divisional teams to review the robustness of the planned savings.

Capital – Capital Programme Summary

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022



Capital Plan 2021/22	2021/22 FOT £000's	2021/22 YTD Internal Plan £000's	2021/22 YTD Actuals £000's	2021/22 YTD Variance £000
Strategic Schemes	9,956	9,186	4,261	(4,925)
Medical Equipment	17,619	8,124	9,109	985
Operational Capital	40,425	28,114	23,969	(4,145)
Fire Improvement	2,268	1,849	1,366	(483)
Digital Services	5,734	4,525	4,319	(206)
Estates Replacement	8,598	3,583	4,966	1,383
Weston	2,291	290	753	463
Under-programming	2,660	-	-	-
Total Capital Applications	**89,551**	**55,671**	**48,743**	**(6,928)**
Analysed as:				
Inside Envelope	**54,276**	**32,067**	**27,941**	**(4,126)**
Outside Envelope	**35,275**	**23,604**	**20,802**	**(2,802)**
Total Capital Applications	**89,551**	**55,671**	**48,743**	**(6,928)**

Key Points:

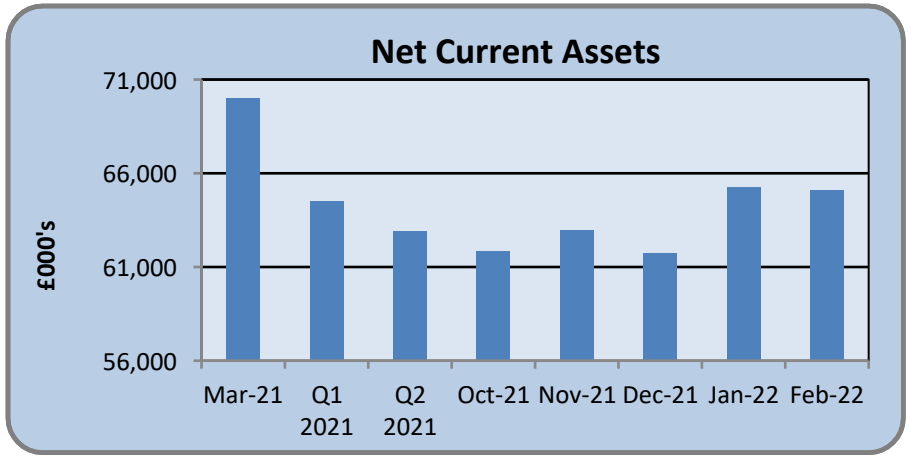
- The Trust's plan of £88,551k is compliant with the CDEL and includes PDC of £17,649k
- Year to date expenditure at the end of February is £48,743k, £6,928k behind the internal plan, a deterioration of £338k from last month. The variance is primarily due to estates delays on strategic infrastructure and Urgent and Emergency Care schemes, procurement delays in digital services, timing differences on estates replacement and a forecast underspend on the GICU stage 1 scheme.
- A review of the forecast outturn (FOT) has resulted in a revised FOT of c£22.5m below CDEL after identified mitigations. Focus now must be on achieving the revised FOT. Additional monitoring and support continues to be provided for significant schemes which are considered at risk of further slippage.
- It is imperative that no further slippage is incurred as this will need to be carried forward and may put at risk the 2022/23 Capital Plan and result in a reduction in the allocation available for new schemes.
- The Director of Finance continues to liaise with NHSEI South West Regional office to ascertain if further brokerage is available.

Financial Position – Statement of Financial Position

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022

As at 31 March 2021 £000's		Actual Month 8 £000's	Actual Month 9 £000's	Actual Month 10 £000's	Actual Month 11 £000's	YTD Movement £000's
	Non-Current Assets					
514,070	Property, Plant and Equipment	532,801	532,551	535,702	536,886	**22,816**
12,617	Intangible Assets	10,857	10,918	9,152	10,676	**(1,941)**
1,802	Receivables	1,802	1,802	1,802	1,802	**0**
528,489	**Total Non-Current Assets**	**545,460**	**545,271**	**546,656**	**549,364**	**20,876**
	Current Assets					
12,638	Inventories	12,904	13,150	12,863	12,899	**261**
32,845	Trade and Other Receivables	41,224	26,882	27,070	30,133	**(2,712)**
2,074	PDC Dividend Receivable	-	-	-	-	**(2,074)**
169,644	Cash	182,904	177,025	186,985	185,755	**16,111**
217,201	**Total Current Assets**	**237,032**	**217,057**	**226,918**	**228,787**	**11,586**
	Current Liabilities					
(126,680)	Trade and Other Payables	(147,428)	(131,980)	(142,611)	(141,517)	**(14,837)**
(6,818)	Borrowings	(7,053)	(6,327)	(6,432)	(6,570)	**248**
(853)	Provisions	(848)	(861)	(846)	(856)	**(3)**
(12,854)	Other Liabilities	(18,725)	(16,178)	(11,774)	(14,769)	**(1,915)**
(147,205)	**Total Current Liabilities**	**(174,054)**	**(155,346)**	**(161,663)**	**(163,712)**	**(16,507)**
69,996	**NET CURRENT ASSETS (LIABILITIES)**	**62,978**	**61,711**	**65,255**	**65,075**	**(4,921)**
598,485	**TOTAL ASSETS LESS CURRENT LIABILITIES**	**608,438**	**606,982**	**611,911**	**614,439**	**15,954**
	Non-Current Liabilities					
(56,097)	Borrowings	(52,969)	(50,088)	(50,115)	(50,081)	**6,016**
(4,325)	Provisions	(4,253)	(4,240)	(4,201)	(4,192)	**133**
(60,422)	**Total Non-Current Liabilities**	**(57,222)**	**(54,328)**	**(54,316)**	**(54,273)**	**6,149**
538,063	**TOTAL ASSETS EMPLOYED**	**551,216**	**552,654**	**557,595**	**560,166**	**22,103**
312,135	Public Dividend Capital	312,135	312,135	315,966	315,966	-
150,139	Retained Earnings	164,770	166,392	167,687	170,442	**20,303**
75,704	Revaluation reserve	74,226	74,042	73,857	73,673	**(2,031)**
85	Other Reserves	85	85	85	85	-
538,063	**Total Taxpayers' Equity**	**551,216**	**552,654**	**557,595**	**560,166**	**18,272**



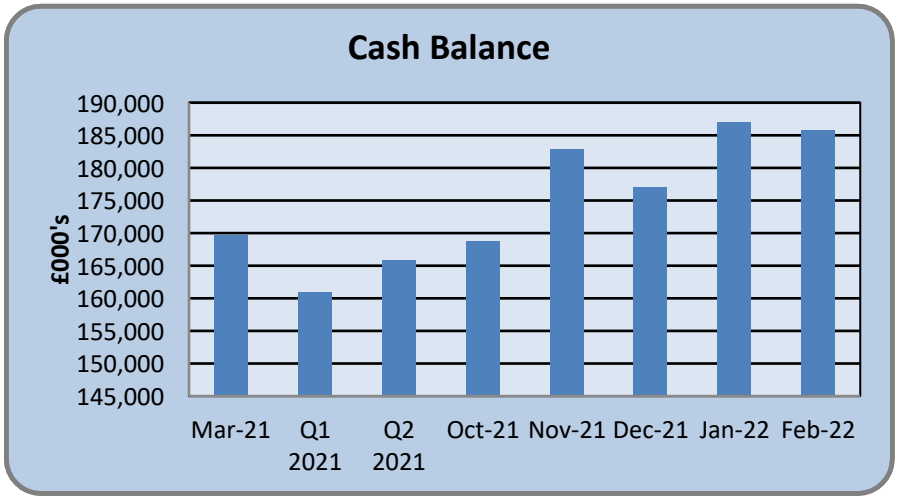
Key Points:

- Net current assets as at 28th February are £65,075k, a decrease of £180k on last month and £4,921k lower than the closing year end position.
- The year to date net current asset decrease is primarily driven by an increase in payables of £14,837k, other receivables of £1,915 and a decrease in receivables of £4,786k offset by an increase in cash by £16,111k.
- Total Taxpayer's Equity has increased by £18,272k, in line with the year to date net income and expenditure surplus (including technical items).

Financial Position – Cash Flow

February 2022

2020/21 £000's	Statement of Cash Flows	M9 2021/22 £000's	M10 2021/22 £000's	M11 2021/22 £000's
	Cashflows from Operating Activities			
13,229	Operating Surplus/(Deficit)	25,576	27,878	31,634
30,988	Depreciation and Amortisation	22,712	25,282	27,848
2,269	Impairments and Revsersals	-	-	
-	Losses on Disposals	-	12	12
(4,093)	Income from Donations	(13,058)	(13,393)	(14,670)
27,926	(Increase)/Decrease in Assets	4,388	7,624	4,525
28,779	Increase/(Decrease) in Liabilities	10,978	15,961	18,941
99,098	**Net Cash Generated from/(used in) Operations**	**50,596**	**63,364**	**68,290**
	Cash Flows from Investing Activities			
-	Interest Received			35.00
(67,047)	Purhcase of Assets	(43,840)	(48,708)	(56,127)
1,582	Receipt of Cash to Purchase Donated Assets	13,058	13,393	14,670
(65,465)	**Net Cash Generated from / (used in) Investing Activities**	**(30,782)**	**(35,315)**	**(41,422)**
	Cash Flows from Financing Activities			
79,506	Public Dividend Capital - Received	-	3,835	3,835
(63,416)	Loans	(5,704)	(5,704)	(5,704)
(2,323)	Interest Paid	(1,932)	(2,073)	(2,088)
(563)	Finance Lease	(443)	(338)	(371)
(11,426)	Public Dividend Capital - Paid	(4,354)	(6,429)	(6,429)
1,778	**Net Cash Generated from/(used in) Financing Activities**	**(12,433)**	**(10,709)**	**(10,757)**
35,411	**INCREASE/(DECREASE) IN CASH & CASH EQUIVALENTS**	**7,381**	**17,340**	**16,111**
134,233	**Cash at the Start of the Year**	**169,644**	**169,644**	**169,644**
169,644	**CASH & CASH EQUIVALENTS AT THE END OF THE PERIOD**	**177,025**	**186,984**	**185,755**



Liquidity ratios	Acid test	Liquidity days
Draft target	2:1	30
Mar-21	1.4:1	23
Q1	1.3:1	19
Q2	1.3:1	18
M7	1.3:1	18
M8	1.3:1	18
M9	1.3:1	18
M10	1.3:2	20
M11	1.3:2	19

Acid test - ability to meet short term debt

Liquidity days - no. days operating costs covered by cash reserves

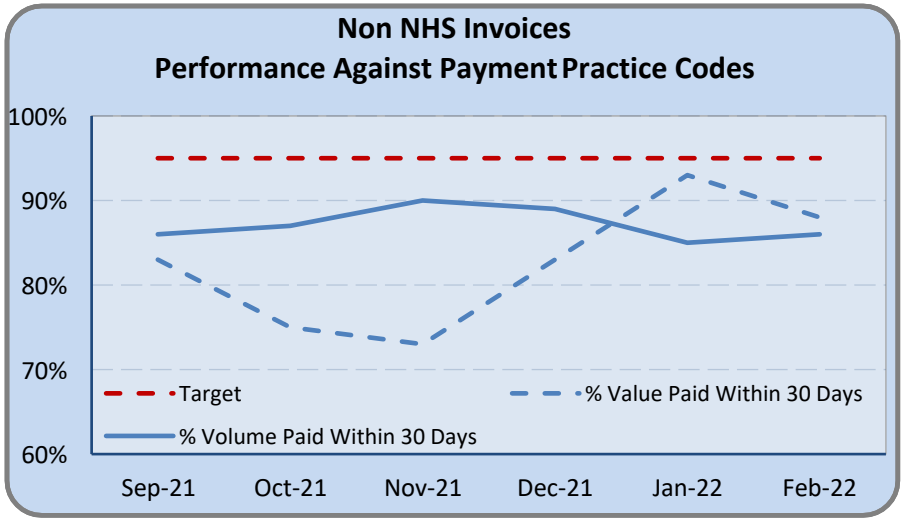
Key Points:

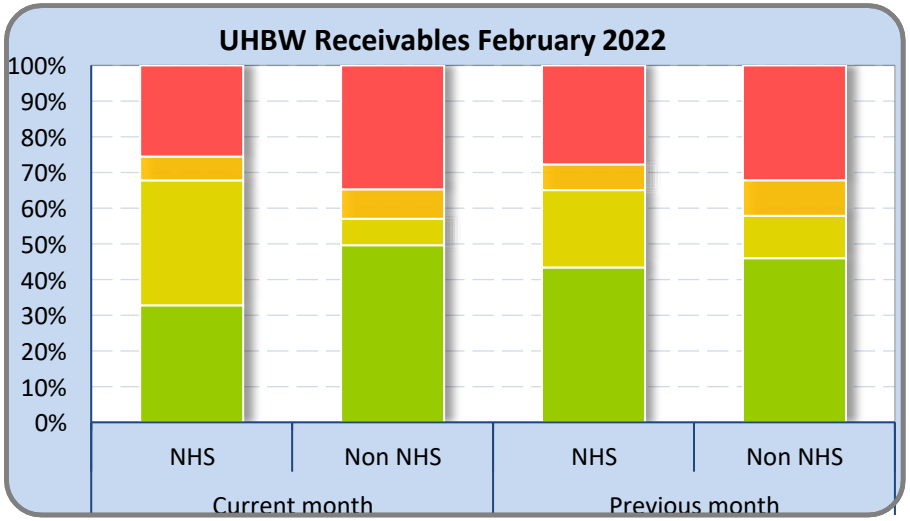
- The cash balance at the end of February is £185,755k, £1,229k lower than the previous month and £16,111k higher than the opening balance.
- The month on month cash balance increase is primarily attributable to a net movement in working capital.
- The liquidity ratios show that although the Trust has a high cash balance, the Trust's ability to meet short term debt and the number of liquidity days is below the draft target.

Financial Position - Payment Performance

University Hospitals Bristol and Weston NHS Foundation Trust

February 2022





Key Points:

- In February, 86% of invoices by volume and 88% by value have been paid within the 30 day target of the Better Payment Practice Code.
- A dip in performance this month is due to absence within the team. However, the Trust remains on target to meet the plan of 90% paid by volume and 85% by value at the end of March 2022.
- The overall receivables position of £13,661k has increased by £808k in month. The receivables balance is split £7,719k NHS and £5,932k non NHS, with over 60 day balances of £1,972k and £2,059k respectively.
- The 90+ day aged category has increased by £177k from last month. A marginal deterioration from last month.

Days	Current Month (£000's)			Previous Month (£000's)			Movement (£000's)		
	NHS	Non NHS	Total	NHS	Non NHS	Total	NHS	Non NHS	Total
90+	1,972	2,059	4,031	1,750	2,104	3,855	0,222	(0,045)	0,177
60-90	0,517	0,490	1,006	0,455	0,652	1,107	0,062	(0,162)	(0,101)
30-60	2,706	0,440	3,146	1,368	0,777	2,145	1,338	(0,337)	1,001
0-30	2,534	2,944	5,477	2,739	3,008	5,747	(0,205)	(0,064)	(0,269)
Total	**7,729**	**5,932**	**13,661**	**6,312**	**6,541**	**12,853**	**1,417**	**(0,609)**	**0,808**

Recovery Actions:

- Continue delivery of the BPPC recovery plan for improving payment performance, including 'lessons learnt' from other Trusts.

Appendix 1 – Action Log & Developments

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Summary of Recovery Actions

Ref	Date	Description of Action	Action Own	Date Due	Committee Month	Date Closed	Status	Revised da	Update
014	Jun-21	Present the Trust Five Year Financial Strategy	OpDoF	Oct-21	November		Open	May-22	Plan to be presented at May Committee
015	Jul-21	Assessment of productivity by specialty	OpDoF	Oct-21	November		Open	Mar-22	National approach to assessing productivity now received which the Trust is looking to model through at specialty level.
017	Aug-21	Revision of the 5 Year Capital Plan to ensure compliance with the system CDEL	OpDoF	Oct-21	November		Open	Apr-22	Revised plan to be submitted 28th April. Plan will be re-assessed using the principles agreed following '2022/23 Approach to Capital Planning' paper.
018	Oct-21	Delivery of the BPPC recovery plan	HoFFP	Mar-22	April		Open		On trajectory to meet target.

Summary of Future Developments/Amendments to the Report

Ref	Date	Description of Development	Action Owner	Committee Month
~~1~~	~~Jun-21~~	~~Inclusion of cashflow statement~~	~~HoFS~~	~~Aug-21~~
~~2~~	~~Jun-21~~	~~Further data on reason for agency cover and Tier 4 agency usage~~	~~ADFSC&I~~	~~Aug-21~~
3	Jun-21	Inclusion of a summary of the STP financial position	ADFSC&I	Apr-22

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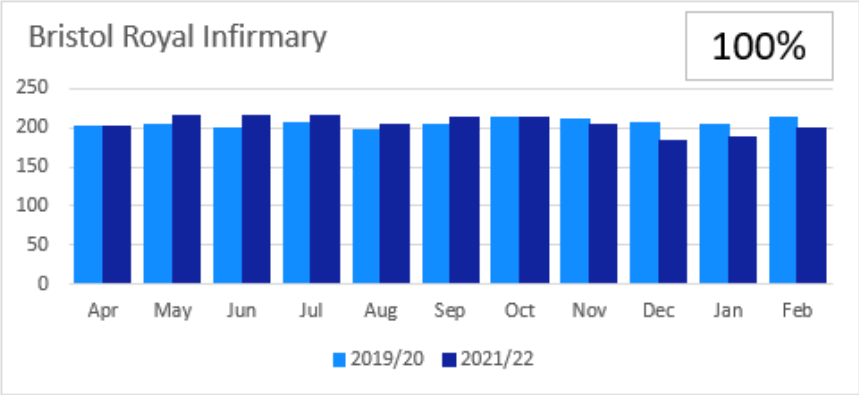
Key:

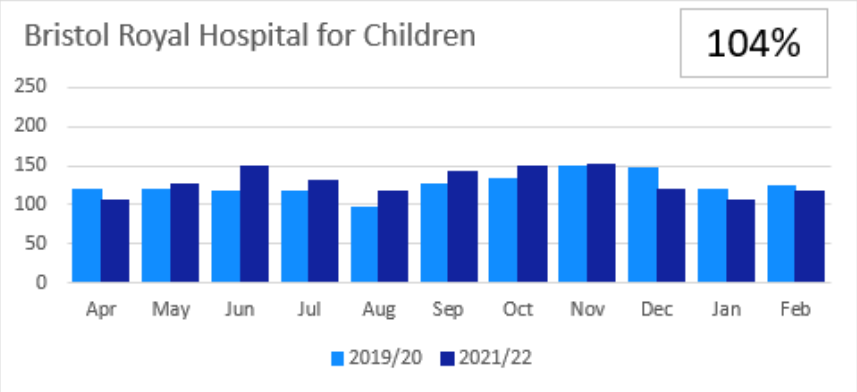
Role	Description	Name
DoFI	Director of Finance & Information	Neil Kemsley
OpDoF	Operational Director of Finance	Jeremy Spearing
HoFPG	Head of Finance - People & Governance	Kate Parraman
HoFMI	Head of Financial Management & Improvement	Dean Bodill
HoFFP	Head of Finance - Financial Performance	Kate Herrick
HoFS	Head of Financial Services	Catherine Cookson

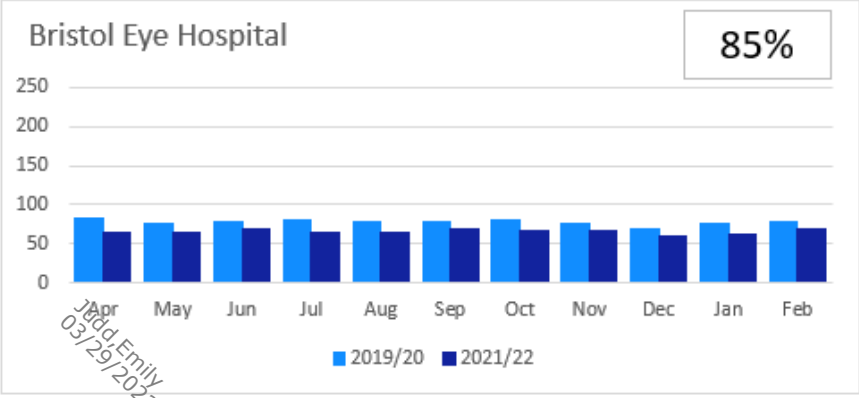
Appendix 2 – ED Activity by Site

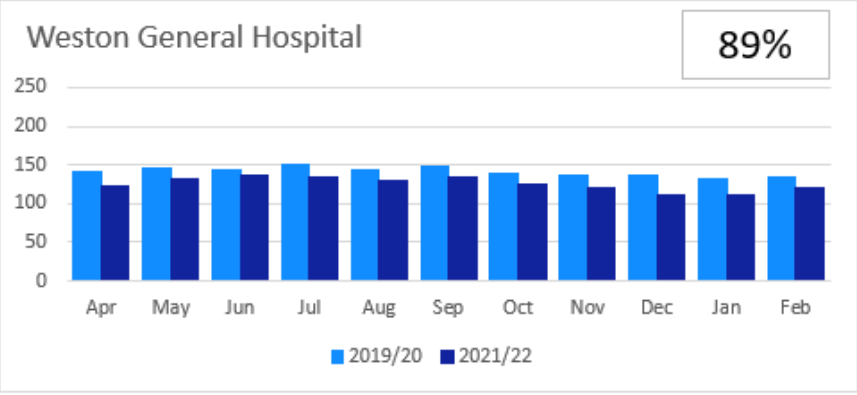
University Hospitals Bristol and Weston NHS Foundation Trust

Accident & Emergency Attendances, Volume Per Day









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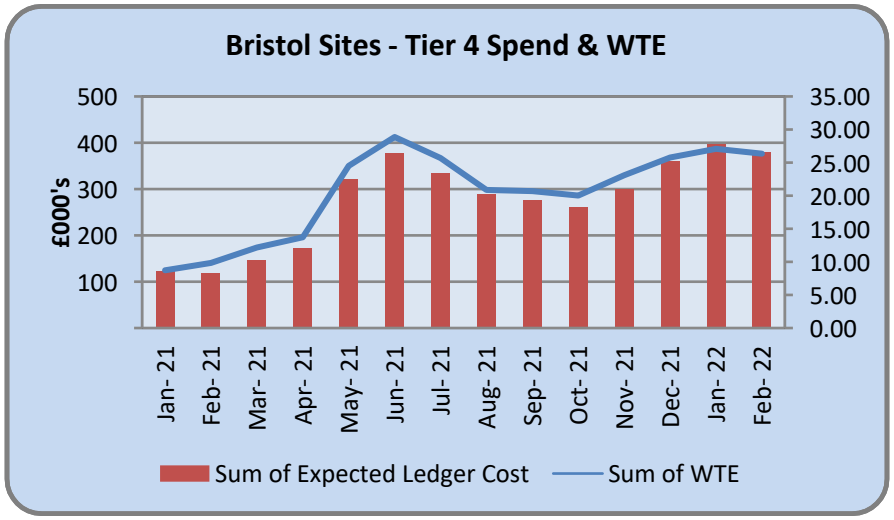
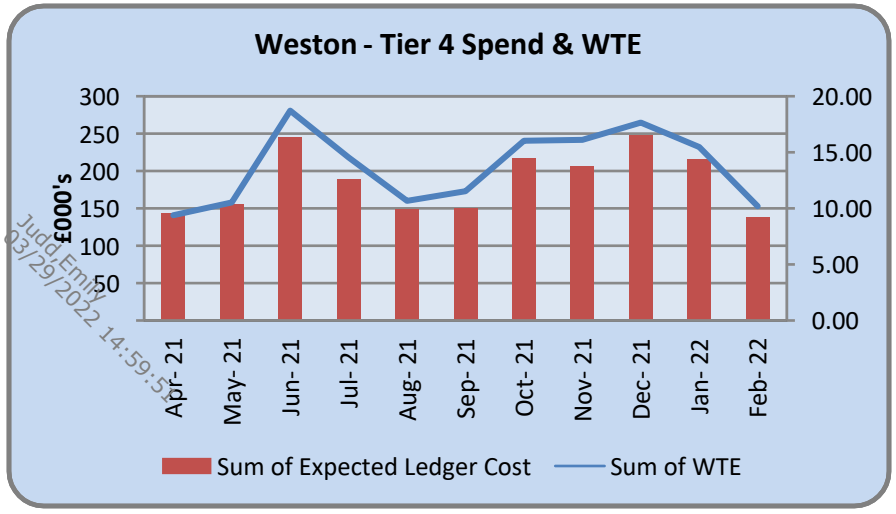
Key Points

- The charts above indicate that the % of Accident and Emergency Attendances in 2021/22, compared to 2019/20, varies between hospitals. In both the Bristol Royal Infirmary and the Bristol Royal Hospital for Children, the number of attendances in 2021/22 is higher than the number in 2019/20.

Appendix 3 – Nurse Agency - Tier 4





The graph shows the use of Tier 4 staff at the Bristol sites since January 2021. Across the Trust, the cost of Tier 4 staff increased significantly in May and June from £172k (13.71wte) in Apr-21 to £321k (24.51wte) in May-21, and further increase in Jun-21 to £376k (29.08wte). There was a slight decrease in July-21 down to £331k (25.37wte) with further decreases each month; Aug-21 £288k (20.63wte), Sep-21 £274k (20.65wte) and Oct-21 £260k (19.95wte). During November reported an increase on previous months (£297k, 23.09wte). The upward trend continues in December and January with 25.77wte (£349k) and 27.08wte (£396k) respectively of Tier 4 agency usage. There was a slight decrease in February with a reduction to 26.35wte (£379k).

The graph shows the use of Tier 4 staff at the Weston site since the start of this financial year. The use of Tier 4 staff in April was £123k (9.63wte), with an increase in May to £140k (10.80wte). In June Tier 4 usage almost doubled from April up to £244k (18.93wte). There was a reduction in July down to £186k (14.56wte) with a further reduction in Aug-21 to £143k (10.48wte). September had a slight increase to £149k (11.53wte) followed by a significant increase of £68k to £217k (16.03wte) in October. In November cost reduced marginally to £205k, although the usage remained consistent with October (16.11wte). There was a further increase in December to 17.51wte (£236k) with January reducing to 15.47wte (£217k). The reduction continues in February, dropping to 10.19wte (£138k).

Appendix 4 – Reasons for Agency Usage

Top 10 Reasons for Agency Requests - Number of Shifts

Staff Group	Request Reason	August	September	October	November	December	January	Grand Total
Admin & Clerical	A&C Workload Need	23	22	18	58	73	75	**269**
	Additional Cover	13	13	8	14	3	21	**72**
	Staff Vacancy			32	13	22	19	**86**
Admin & Clerical Total		**36**	**35**	**58**	**85**	**98**	**115**	**427**
AHP	Additional Cover	27	25	30	15	9	2	**108**
	AHP/HCST/Med Staff Out of Hours	91	70			1		**162**
	Increased Acuity/Dependancy		7	14				**21**
	Sickness Long Term Planned	12	7					**19**
	Staff Vacancy	133	120	100	138	147	146	**784**
AHP Total		**263**	**229**	**144**	**153**	**157**	**148**	**1,094**
Facilities	Additional Cover	253	237	192	343	362	418	**1,805**
	Staff Vacancy			118	123	118		**359**
Facilities Total		**253**	**237**	**310**	**466**	**480**	**418**	**2,164**
Medic	Additional Cover	87	26	84	95	289	211	**792**
	Increased Acuity/Dependancy		287	305	72	23	21	**708**
	Sickness Long Term Planned		22	1				**23**
	Sickness Short Term Unplanned	2					2	**4**
	Staff Vacancy	125	326	362	562	419	408	**2,202**
Medic Total		**214**	**661**	**752**	**729**	**731**	**642**	**3,729**
Nursing	Additional Cover	29	51	76	133	119	152	**560**
	ECO3 NA	9	32	85	108	74	48	**356**
	ECO4 RMN	144	113	201	177	286	419	**1,340**
	Extra Capacity Beds	52	30	26	46	42	135	**331**
	Increased Acuity/Dependancy	98	97	145	92	60	113	**605**
	RMN Required	130	113	111	132	83	111	**680**
	Sickness Long Term Planned	41	40	44	50	61	45	**281**
	Sickness Short Term Unplanned	269	234	301	462	452	276	**1,994**
	Staff Vacancy	1,437	1,499	1,630	1,440	1,338	1,439	**8,783**
	Supernumerary to Cover New Starters	41	128	12	90	24	27	**322**
Nursing Total		**2,447**	**2,519**	**2,784**	**2,879**	**2,747**	**3,005**	**16,381**
Grand Total		**3,213**	**3,681**	**4,048**	**4,312**	**4,213**	**4,328**	**23,795**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	**Capital Investment Policy refresh (CiP)**
Report Author	**Kirstie Corns, AD Strategy & Business Planning (Mat leave cover)**
Executive Lead	**Paula Clarke, Executive Director of Strategy & Transformation**

1. Report Summary

The purpose of this paper is to provide the Trust Board with an overview of the refreshed Capital Investment Policy (CiP) which will be submitted through March governance for approval, ahead of the new financial year 2022/23. The policy has been refreshed in partnership with colleagues from Business Planning, Finance, Estates and Corporate Governance.

The policy was supported by the Trust's Senior Leadership Team (SLT) 16th March 2022 to progress to the Finance & Digital Committee 25th March 2022 for consideration. (Due to the timings of the committees, this paper was submitted to the Finance & Digital Committee prior to Trust Board for review and anticipated approval, therefore a verbal update from the Finance & Digital Committee will be presented at Trust Board).

Trust Board is asked to approve the updated Capital Investment Policy.

2. Key points to note

(Including decisions taken)

1. Drivers for policy update

1.1 NHSE/I Better Business Cases guidance

The Trust's Capital Investment Policy was updated and approved in April 2021. Since this time, several colleagues within the Trust have undertaken the NHSE/I Better Business Cases guidance training which mandates how business cases for capital investments should be developed. The policy has been updated to align with this national guidance, making it easier for the Trust to produce compliant business cases in the future.

1.2 Learning to date

The Trust has also developed several capital business cases (via the Strategic Capital Estates Programme) since the policy was last updated. The learnings from these cases have been helpful in shaping and informing the refreshed policy.

In parallel to the CiP update, the Trust's capital business case templates are also being updated to align with the Better Business Cases guidance and to incorporate the lessons learned from previous cases. The templates will be made available to the wider Trust via the Business Planning workspace. This also satisfies the actions within the recent internal audit Capital Strategy report (January 2022).

1.3 Streamlining processes and governance routes

The refreshed policy endeavours to simplify the governance and approval processes for capital business cases and remove any duplication. It aims to make more targeted use of Trust Board and the Council of Governors specifically.

These approval routes are in the context of the Trust having a Long-term financial plan (LTFP) and a capital programme agreed by the Board, so there has already been a formal prioritisation process to get the scheme into the wider programme before the detail is tested in the development of the business cases.

It is also expected that all business cases have the formal support of the relevant Divisional Board(s) prior to submission through the wider Trust approval route.

2. Summary of refreshed policy

The updated policy proposes a move away from separate approval routes for high risk and major schemes and non-high risk and minor schemes. It sets out a single approval route based on financial values and uses a gradation of Trust committees to apply a proportionate level of governance, assurance, and oversight.

The proposed approval routes are set out below:

Threshold Capital expenditure including VAT £m	Business Case format	Div Board	Trust Capital Group	SEDPB	CPSG	SLT	F&D Committee	Trust Board	CoG
<£50k	Short form bus case	Yes							
>£50k <= £1m (Operational Capital)	As determined by OPP	Yes	Yes		Yes				
>£50k <= £3m (Major Medical)	As determined by OPP	Yes	Yes		Yes				
>£1m <= £3m	BJC ***or*** SOC+ OBC+ FBC	Yes		Yes	Yes				
>£3m <= £5m	SOC+ OBC+ FBC	Yes		Yes	Yes	Yes			
>£5m <= £12m	SOC+ OBC+ FBC	Yes		Yes	Yes	Yes	Yes		
>£12m	SOC+ OBC+ FBC	Yes		Yes	Yes	Yes	Yes	Yes	Yes

A desktop analysis of this proposal has been undertaken using a sample of existing schemes from the Trust's strategic capital programme:

Scheme name	Objective	Allocation £m	Final approval needed from
Staff Well-being (including WB Hub)	Support staff well-being facilities including rest areas and potential legacy hub	£1m	CPSG (Scheme already approved as part of the Strategic Capital Estates Programme)
Medical Education	Phase 1 - Redesign & Refurb of the Dolphin House Med Ed facilities Phase 2 – Repurpose teaching space in Ed Centre	£2m	CPSG (Scheme already approved as part of the Strategic Capital Estates Programme)
Endoscopy (2017 spec)	Redevelopment of QDU to achieve JAG accreditation and improve patient experience	Circa £5m	SLT Material operational impact
BHI Ward Beds extension	Extension of the BHI building to create 18 additional adult ward beds	£11m	F&D Committee Significant investment in our estate
GICU Stage 2 expansion	Creation of 11 additional general intensive care beds at the BRI	£12.6m	Trust Board. Significant investment across both Commissioners. Joint case with NBT.
Bristol cross-city NICU reconfiguration	Joining together the running of Bristol's two neonatal intensive care units at STMH and Southmead.	Circa £18m	Trust Board Significant investment, with regional and national oversight and an element of external funding.
UEAC (Marlborough Hill)	Development of new purpose built integrated UEAC on the MH site to include Adult ED, ambulatory units and assessment beds, diagnostics, radiology, and theatres.	Circa £75m	Trust Board Significant investment, with regional and national oversight and requires external funding.

From this analysis, it was concluded that the level of governance likely to be required for each of these schemes aligns with the refreshed policy. This results in more focussed roles for the Trust's Committees, and a proportionate approach to strategic capital governance which will support the organisation to be more agile in the future.

3. Key points to note

The main updates to the policy are listed below for ease of reference:

- Inclusion of a definition of a strategic investment, in addition to high risk and major investments

- Single approval routes for all schemes based on financial values aligned with the Better Business Cases guidance
- More focussed approval roles for F&D Committee, Trust Board and Council of Governors based on the scale, complexity, and political sensitivity of the scheme
- Inclusion of the Strategic Estates Development Programme Board within the approval route
- Inclusion of a Business Justification Case (BJC) in line with the Better Business Cases guidance
- All capital business cases will need to follow the HM Treasury Five Case Model (except for the Business Justification Case)
- Explanations of when to use the different types of business cases, their purposes and approval gateways
- Inclusion of NHSE/I mandated training / qualification requirements for key roles in the development of business cases based on national approval requirements
- Inclusion of guidance for advanced funding requests for schemes prior to business case approval
- Inclusion of guidance for time and cost variances post-approval of the final business case (in line with the Trust's Standing Financial Instructions)
- Inclusion of formal requirement to apply optimism bias values as set out in the HM Treasure Green Book
- Inclusion of post project evaluation (PPE) guidance, in line with the Better Business Cases guidance
- Additional explanation provided on the HM Treasury Green Book Five Case Model, in line with the Better Business Cases guidance

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

The risks associated with this report include:
There are no identified risks in relation to the update of this policy.

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

- This report is for **Approval.**

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

Strategic Estates Development Programme Board	Thursday 10th March 2022
Capital Programme Steering Group	Tuesday 15th March 2022
Business Senior Leadership Team	Wednesday 16th March 2022
Finance & Digital Committee	Thursday 25th March 2022

Capital Investment Policy

Document Data			
Document Type:	Policy		
Document Reference	19030		
Document Status:	For Approval		
Document Owner:	Director of Strategy and Transformation		
Executive Lead:	Director of Strategy and Transformation		
Approval Authority:	Trust Board of Directors		
Review Cycle:	12		
Date Version Effective From:	01/04/2022	**Date Version Effective To:**	31/03/2023

Introduction

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

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

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

				Threshold updated to reflect the merged Trust's 2021/22 planned turnover of £1011.9m. Introduces the role of the Council of Governors New NHSE/I capital regime for 2021/22 explained in section 6 including the introduction of a capital departmental expenditure limit (CDEL) for 2021/22 and beyond. Referenced that requirement for external approvals will be established at start of the case and followed as required. Detail not added as currently unknown. Update to section 8 to reflect the revised financial and non-financial criteria. Revised SOC, OBC and FBC templates
07/03/2022	14.1	Director of Strategy & Transformation	Major	There is a supporting cover report to highlight the changes made to this policy – a few main changes are summarised below. Policy updated to align with the NHSE/I mandated Better Business Cases guidance in line with the HM Treasury Five Case Model. Single approval route for capital business cases based on financial values and gradation of Trust committees to apply a proportionate level of governance, assurance and oversight.

17/03/2022	14.2	Director of Strategy & Transformation	Major	Incorporate feedback from CPSG and SLT including: Greater clarity on approval route and governance for capital investments <£1m Greater clarity on approval and governance routes for Major Medical investments Inclusion of how to apply optimism bias in accordance with the Better Business Cases Guidance
21/03/2022	14.3	Director of Strategy & Transformation	Minor	Corrected typo on approvals table (p.19)
22/03/22	14.4	Director of Strategy & Transformation	Minor	Slight amends to wording in a few sections

Table of Contents **Page**

Do I need to read this Policy?

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

Must read the whole policy

1. Purpose

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

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

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

2. Scope

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

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

The full definition of a major, high-risk, and strategic investments is given in section 3 below.

3. Definitions

3.1 Capital Investment

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

3.2 Medium Term Capital Programme

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

3.3 High Risk Investment

High risk investments are defined as:

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

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

(i) Significant reputational risk;

(ii) The potential to destabilise the core business;

(iii) The creation of material contingent liabilities; and

(iv) An equity component involving shares.

3.4 Major Investment

A proposal will be classed as a major investment if its estimated capital cost including VAT exceeds £12 million.

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3.5 Strategic Investment

A strategic investment is defined as a scheme that enables the Trust's strategy as set out in the 'Embracing Change, Proud to Care – Our 2025 strategy'.

4. Duties, Roles and Responsibilities

4.1. Council of Governors

Governors have responsibility to

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

(b) To assure that Trust governance has been correctly followed and adhered to for any applications for significant, strategic and high risk transactions as outlined in section 7.

4.2 Trust Board of Directors

The Board will provide oversight of the Finance and Digital Committee. It will have the final decision over all major schemes (greater than £12m) and high risk investments as defined in this policy.

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

4.3 Finance and Digital Committee

The Finance and Digital Committee will take the role of **Capital Investment Committee**

for the purposes of this policy. It will also consider all business cases classed as major and/or high risk and/or strategic and make recommendations for approval or rejection to the Board.

It will have delegated authority from the Trust Board for:

(a) Setting performance benchmarks and monitoring investment performance;

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

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

(d) Approving business cases with a value greater than £5m and up to £12m;

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

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

(g) Approving project initiation documents for all schemes.

4.4 Senior Leadership Team

(a) The Senior Leadership Team will have delegated authority to approve investments greater than £3m and up to £5m.

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

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

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

4.5 Capital Programme Steering Group

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

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

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

(c) The Group will approve capital investments up to £3m report its approvals to the Senior Leadership Team.

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

4.6 Strategic Estates Development Programme Board

(a) The Strategic Estates Development Programme Board will report to the Strategic Senior Leadership Team and will seek financial approval for the allocation of capital funding through the Capital Programme Steering Group, in line with the Trust's Capital Investment Policy.

(b) The Group will be responsible for overseeing the delivery of key objectives within the Estates Strategy, including the strategic capital programme within the Trust Capital Programme.

5. Policy Statement and Provisions

5.1 Investment Philosophy and Objectives

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

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

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

- We will excel in consistent delivery of high quality, patient centred care, delivered with compassion
- We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future
- We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.

- We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.
- We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation
- We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.
- The investment policy sets out the criteria which will be used by the Trust to evaluate ~~potential major and/or high risk~~ capital investment decisions (defined in section 8).
- The Trust will also take into account the financial, strategic, quality, operational, regulatory and reputational risk and benefit when evaluating potential investment decisions.
- The Trust will not enter into any project that would result in a breach of the terms of its NHS provider licence.

6. Capital Budget Setting

6.1 New Capital Regime

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

6.2 The Medium Term Capital Programme

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

(a) Major strategic projects;

(b) Medical equipment;

(c) Operational capital;

(d) Information Technology

(e) Fire Improvement; and

(f) Works replacement.

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

In February 2022, CPSG approved the establishment of a rolling replacement programme for key assets to be owned and led by MEMO. The programme aims to aggregate the procurement of low value, high volume equipment, that is utilised in more than one area of the Trust. Examples include (but are not limited to): beds; mattresses; trolleys; epidural infusion pumps; operating tables; vital signs monitors; patient hoists and patient monitors. The rolling replacement programme will continue to be part of the Trust's capital planning process within the annual Operating Planning Process.

6.3 Business Case Requirements

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

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

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

Table 1 – Thresholds for Business Case Requirements

Scheme cost	Documentation required
<£50k	Short form business case
>£50k <= £1m (Operational Capital)	Business Planning Process should be followed for operational capital investments and major medical equipment, as part of the annual Operational Planning Process (OPP).
>£50k <= £3m (Major Medical)	
>£1m <= £3m	Business Justification Case (BJC) **OR** Strategic Outline Case (SOC), Outline Business Case (OBC) and (subject to OBC approval) a Full Business Case (FBC)
>£3m <= £5m	Strategic Outline Case (SOC), Outline Business Case (OBC) and (subject to OBC approval) a Full Business Case (FBC)
>£5m <= £12m	
>£15m	

Table 1: Thresholds for business case requirement

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

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

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

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

Table 2 – How to select the correct business case

Business Case	To be used for	Examples
Project Business Case Development stages: • Strategic Outline Case (SOC) • Outline Business Case (OBC) • Full Business Case (FBC)	Significant, complex or novel schemes requiring procurement. Schemes meeting the Trust's definition of a major and / or high risk and / or strategic scheme.	£12m expansion of GICU £18.6m Bristol cross-city NICU configuration
Business Justification Case (BJC) Detail related to size and complexity.	Single case for relatively small items of spend, which are NOT novel or contentious; and can be procured from an existing pre-competed arrangement (i.e. firm prices are available). Schemes with a capital cost threshold of a maximum of £3.0m.	£2m refurbishment of the Medical Education facilities in Dolphin House and Education Centre

The Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) should be considered as a suite of documents that collectively constitute the comprehensive business case for investment.

The Business Justification Case (BJC) is a 'lighter', single stage business case that is available for the support of smaller, less expensive spending proposals that are not novel or contentious and for which 'firm' process are available from a pre-competed arrangement, including framework contracts negotiated in accordance with EU/WTO rules and regulations.

There may be occasions when a scheme >£1m <= £3m does not meet the criteria for use of a Business Justification Case (e.g. scheme is considered contentious). In this circumstance, a SOC should be completed, even if the scheme is not considered to be strategic.

Construction / implementation / mobilisation of the scheme cannot start until a business case has been approved by the Trust.

Table 3 – Purpose of the different types of business cases

Business Case	Purpose	Approval for
Business Justification Case (BJC)	• Single-stage process using the Five Case Model	Approval of the BJC authorises contracts to be signed and investment to be drawn down
Strategic Outline Case (SOC)	• Ascertains strategic fit • Makes the case for change • Includes a detailed options appraisal and shortlist of options	Approval of the SOC authorises progression to OBC stage to undertake a thorough appraisal of the shortlisted options
Outline Business Case (OBC)	• Determines Value for Money (VFM) • Recommends the preferred option / preferred way forward • Determines the procurement strategy • Ascertains affordability and funding requirement • Planning for successful project delivery	Approval of the OBC authorises progression to FBC stage and to proceed with procurement
Full Business Case (FBC)	• Procurement phase including Guaranteed Maximum Price (GMP) • Contracting phase • Ensuring successful project delivery including post-project evaluation arrangements	Approval of the FBC authorises contracts to be signed and investment to be drawn down

6.4 Optimism bias

Within both the public and private sectors, there is a demonstrated and systematic tendency for project appraisers to be optimistic. This is a worldwide phenomenon, whereby appraisers tend to overstate benefits, and understate timings and costs, both capital and operational.

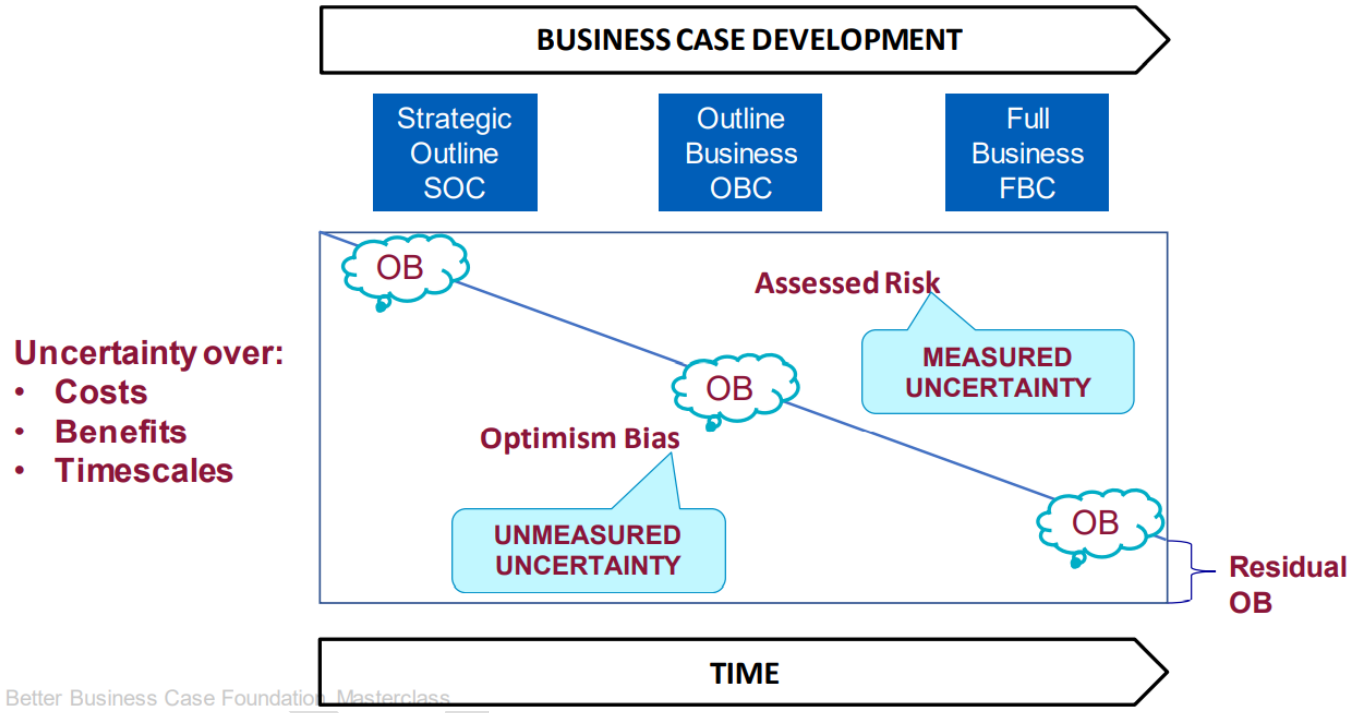
To redress this tendency, appraisers are now required to make explicit adjustments for this bias. These will take the form of increasing estimates of the costs and decreasing and delaying the receipt of estimated benefits. Sensitivity analysis should be used to test assumptions about operating costs and expected benefits.

Adjusting for optimism provides a better estimate earlier on of key project parameters. Enforcing these adjustments for optimism bias is designed to complement, rather than

replace, existing good practice in terms of calculating project specific risk. It is also designed to encourage more accurate costing. Adjustments for optimism bias may be reduced accordingly as more reliable estimates of relevant costs are built up and project specific risk work is undertaken.

Adjustments should be empirically based – for example, using data from past projects or similar projects elsewhere, and adjusted for the unique characteristics of the project. Where sufficient data are not available within the organisation, generic optimism values are available (see below) and should be used in the absence of more specific evidence. Departmental guidance may also be available and should be referred to at this stage

As the business case develops though the three stages, the level of risk and uncertainty reduces. Therefore, the level of optimism bias should be adjusted accordingly from SOC through to FBC stage, in line with the values set out in the Better Business Case guidance.



6.4.1 Guidance for generic projects

The definition of project types are as follows:

- **Standard building projects** - these involve the construction of buildings which do not require special design considerations (i.e. most accommodation projects – for example, offices, living accommodation, general hospitals, prisons, and airport terminal buildings)

- **Non-standard building projects** - these involve the construction of buildings requiring special design considerations due to space constraints, complicated site characteristics, specialist innovative buildings or unusual output specifications (i.e.

specialist/innovative buildings – for example, specialist hospitals, innovative prisons, high technology facilities and other unique buildings or refurbishment projects)

- **Standard civil engineering projects** - these involve the construction of facilities, in addition to buildings not requiring special design considerations – for example, most new roads and some utility projects

- **Non-standard civil engineering projects** - these involve the construction of facilities, in addition to buildings requiring special design considerations due to space constraints or unusual output specifications – for example, innovative rail, road, utility projects, or upgrade and extension project)

- **Equipment and development projects** - these are concerned with the provision of equipment and/or development of software and systems (i.e. manufactured equipment, information and communication technology development projects or leading edge projects)

- **Outsourcing projects** - these are concerned with the provision of hard and soft facilities management services – for example, information and communication technology services, facilities management and maintenance projects.

6.4.2 Applying adjustments for optimism bias

The table below provides adjustment percentages for these generic project categories that should be used in the absence of more robust evidence. It has been prepared from the results of a study by Mott MacDonald into the size and causes of cost and time overruns in past projects.

	Optimism Bias (%)			
	Works Duration		Capital Expenditure	
Project Type	Upper	Lower	Upper	Lower
Standard buildings	4	1	24	2
Non-standard buildings	39	2	51	4
Standard civil engineering	20	1	44	3
Non-standard civil engineering	25	3	66	6
Equipment/development	54	10	200	10
Outsourcing	n/a	n/a	41*	0*

* Optimism bias for outsourcing projects is measured for operating expenditure.

Recommended steps

Apply the steps set out below to derive the appropriate adjustment factor to use for their projects:

1 – decide which project type to use
Careful consideration needs to be given to the characteristics of a project within the project portfolio when determining its project type. A project is considered 'nonstandard' if it is innovative; has mostly unique characteristics; and construction involves a high degree of complexity and/or difficulty.

A programme or project which includes several project types (for example, an element of standard building, non-standard building, standard civil engineering, outsourcing and equipment/development) should be considered as a 'project' with five 'projects' for assessment purposes.

2 – always start with the upper limit
Use the appropriate upper bound value for optimism bias (see above table) as the starting value for calculating the level of optimism bias.

3 – consider whether the optimism bias factor can be reduced
Reduce the upper bound level for optimism bias according to the extent to which the contributory factors have been managed.

The extent to which these contributory factors are mitigated can be reflected in a mitigation factor. The mitigation factor has a value between 0.0 and 1.0. Where 0.0 means that contributory factors are not mitigated at all, 1.0 means all contributory factors in a particular area are fully mitigated and values between 0.0 and 1.0 represent partial mitigation.

Optimism bias should be reduced in proportion to the amount that each factor has been mitigated. Ideally, the optimism bias for a project should be reduced to its lower bound before contract award. This assumes that the cost of mitigation is less than the cost of managing any residual risks.

4 – apply the optimism bias factor
The present value of the capital costs should be multiplied by the optimism bias factor. The result should then be added to the total net present social cost (or NPSC) to provide the base case. The base case, as defined in the Green Book, is the best estimate of how much a proposal will cost in economic terms, allowing for risk and optimism.

5 – review the optimism bias adjustment
Clear and tangible evidence of the mitigation of contributory factors must be observed, and should be verified independently, before reductions in optimism bias are made. Procedures for this include the Gateway Review process.

Following this guidance will provide an optimism bias adjustment that can be used to provide a better estimate of the base case.

6.5 Project Sponsor

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

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

The SRO responsibilities include:

(a) ensuring that the terms of the Capital Investment Policy and other Trust policies are followed and that business cases follow the appropriate approval route (see section 7).
(b) key decision maker
(c) responsible for the project meeting its objectives and expected benefits
(d) responsible for ensuring Post Project Evaluation (PPE) will take place
(e) member of Project and / or Programme Board

The policy recommends that an Executive Director is assigned to projects / schemes requiring Finance & Digital Committee, Trust Board and / or Council of Governors approval. More often than not, this will be the Chief Operating Officer but there will be occasions when an alternative Executive Director is nominated. For projects / schemes requiring approval up to SLT, the role of SRO may be delegated to a Divisional Director.

6.6 Qualifications required for key leads on business cases

For capital investment cases where organisations have been notified that the business case requires national approval by NHS England & NHS Improvement, a minimum level of Better Business Cases qualifications is required, as set out below:

Capital Investment Cases UP TO £15m
With effect from 1st January 2022, for capital investment cases **up to** £15m, where organisations have been notified that these require approval nationally by NHS England & NHS Improvement and the Department of Health & Social Care (as appropriate), the lead business case developer (e.g. Programme or Project Manager) must be qualified, at a minimum, to Better Business Cases Foundation level.

With effect from 1st October 2022, as above but the lead business case developer, for capital investment cases up to £15m, must be qualified to Better Business Cases Foundation AND Practitioner level.

Capital Investment Cases OVER £15m
With effect from 1st January 2022, for capital investment cases **over** £15m, where organisations have been notified that these require approval nationally by NHS England &

NHS Improvement and the Department of Health & Social Care (as appropriate), it will be a mandatory requirement that evidence is provided in the body of the business case submission and the covering letter that the following three named individuals have undertaken and achieved a qualification in Better Business Cases to Foundation level at a minimum:

- Business case development lead (e.g. Programme or Project Manager);
- Business case finance lead;
- Business case estates lead.

With effect from 1st October 2022, as above but the three named individuals must be qualified to Better Business Cases Foundation AND Practitioner level.

Where other substantive leads are appointed to the business case development team in addition to the above, they should ideally be similarly trained and qualified.

7. Approval route including regional and National requirements

7.1 Internal Trust approval route

For operational capital schemes >£50k <= £1m, and Major Medical equipment >£50k <= £3m,
the approval route is via the Trust's annual Operational Planning Process (OPP). CPSG will consider capital investments in-year, and outside of the Trust's annual OPP, on an exceptional basis only. Capital investments >£50k can be approved by Divisional Boards.

Table 4 shows the thresholds used to determine the internal approval route for all capital investment business cases. These approval routes are in the context of the Trust having a Long-term financial plan (LTFP) and a capital programme agreed by the Board, so there has already been a formal prioritisation process to get to the scheme into the wider programme before the detail is tested in the development of the business cases.

It is also assumed that all business cases have the formal support of the relevant Divisional Board(s) prior to submission through the wider Trust approval route.

Table 4 – Internal Approval Route for ALL capital investment business cases

Threshold Capital expenditure including VAT £m	Business Case format	Div Board	Trust Capital Group	SEDP B	CPSG	SLT	F&D Committee	Trust Board	CoG
<£50k	Short form bus case	Yes							
>£50k <= £1m (Operational Capital)	As determined by OPP	Yes	Yes		Yes				
>£50k <= £3m (Major Medical)	As determined by OPP	Yes	Yes		Yes				
>£1m <= £3m	BJC ***or*** SOC+ OBC+ FBC	Yes		Yes	Yes				
>£3m <= £5m	SOC+ OBC+ FBC	Yes		Yes	Yes	Yes			
>£5m <= £12m	SOC+ OBC+ FBC	Yes		Yes	Yes	Yes	Yes		

>£12m	SOC+ OBC+ FBC	Yes		Yes	Yes	Yes	Yes	Yes	Yes

7.2 External approval route

External Approval Route referenced again in Appendix 1 - if a transaction meets any one of the criteria below, it must be reported to NHSE/Improvement (NHSE/I) as well as follow the internal approval process as described above in Table 4. Note this is subject to change and the policy will be updated as appropriate.

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

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

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

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

~~<=0.25%~~	~~<=£2.530m~~	~~SOC+ OBC + FBC~~	~~YES~~			

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

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

NHSI_Capital_Regime_Investment_Annex_5_final_v2.pdf

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

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

The five key questions of the Five Case Model that need to be answered by the business case are:

Key question	Case	Purpose – assures that the scheme…
What & Why?	Strategic Case	Provides strategic fit and is supported by a compelling case for change
Which?	Economic Case	Maximises value to society through the selection of the optimal solution
Who? *(external)*	Commercial Case	Is commercially viable and attractive to the supply side / delivery partners
How much?	Financial Case	Is affordable and fundable over time
Who? *(internal)* ***When & How?***	Management Case	Can be delivered successfully by the organisation and its delivery partners

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

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

Guide for Developing Project Business Cases_2018.pdf

Business cases to be submitted to Department of Health and Social Care (DHSC) or HM

Treasury are required to use the Comprehensive Investment Model (CIA) as published by the (DHSC).

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

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

7.4 The Fundamental Criteria

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

Gateway 1 – Fundamental criteria assessment and outcome

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

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

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

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

Gateway 2 – The detailed review process

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

7.5 The Comprehensive investment Appraisal (CIA) Model

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

The link to the CIA guidance and model is below

CIA_User_Guide.pdf

CIA_Excel_Model.xlsx

7.6 Advanced funding requests

Advanced funding requests for schemes prior to Business Justification Case (BJC) and Full Business Case (FBC) approval will be considered in exceptional circumstances. For schemes requiring a Full Business Case, consideration will be given at CPSG on the basis that a Strategic Outline Case (SOC) or an Outline Business Case (OBC) has been approved by the Trust, and that the request is in accordance with those approved business cases.

7.7 Post approval of business cases

Business Justification Cases (BJC) and Full Business Cases (FBC) will be approved by the Trust subject to cost and time thresholds. This is to ensure that the scheme remains true to the original, approved proposal and investment objectives; continues to provide a value for money solution and delivers a timely solution that mitigates the operational and / or quality risks set out in the approved case.

Cost thresholds

A scheme is required to return to Capital Programme Steering Group (CPSG) for authorisation to proceed in the following circumstance(s):

(a) Forecasts an overspend of ≥10% of the total capital costs
(b) An underspend in the current financial year which forecasts slippage into future financial year(s) and poses a risk to the Trust's ability to meet its CDEL spending target

As set out in the Trust's Standing Financial Instructions (SFIs), a scheme is required to return to Trust Board for authorisation to proceed in the following circumstance(s):

(a) Forecasts an overspend of ≥£500k

Time thresholds

A scheme is required to return to Strategic Estates Development Programme Board (SEDPB) for authorisation to proceed in the following circumstance(s):

(a) Forecasts delays to the end delivery date of ≥ 12 weeks
(b) Delayed end delivery date poses a material risk to operational performance / risk mitigation (e.g. scheme planned to deliver for winter delayed until spring)

2. Evaluation

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

2.1 Financial Criteria

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

- Clearly state the total revenue costs of the investment i.e. including direct operating costs and the indirect operating costs including associated financing costs for example capital charges and Trust corporate overheads;
- Clearly state the total non-revenue costs / transitional costs of the investment i.e. including direct operating costs and the indirect operating costs including associated financing costs eg capital charges and Trust corporate overheads;
- Ensure that if loan financing is sought that the capital repayment of the loan is included where relevant and the applicable interest charge if financed through borrowing
- Understand the VAT implications of the capital investment
- Understand and state the incremental impact of the investment on the Trust's primary financial statements. Statement of comprehensive income, statement of financial position and statement of cash flows.
- The STP Service Transfer Principles should be referred to when assessing the capital implications of any service transfer and/or reconfiguration. These are referenced in section 10 of this policy and is available if required from the Senior Financial Planning Accountant.
- The two ways to assess the recurring revenue implications for service transfers and reconfigurations are;
    - A simple cost quantum assessment for the change / increase in capacity
    - A cost assessment of the current baseline first where for example we are losing or gaining part of a service and then adjusting this for the recurring change in capacity
- Written letters of support are required from all major commissioning CCGs and the wider STP for the proposed service provision/ proposal. Letters of support should be described and included in appendices. They should meet the requirements of

Annex 12 of the NHSE Service Change Guidance

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

2.2 Non-Financial Criteria

(a) Strategic Capital:

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

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

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

2.3 Post project evaluation and benefits realisation

The Senior Responsible Officer is responsible for ensuring Post Project Evaluation (PPE) will take place to evaluate whether the project met its objectives and expected benefits.

The Management Case within the Full Business Case (FBC) must include details of the outline arrangements for Post Project Evaluation including:

(a) Expected timings for PPE
(b) Named individuals responsible for their delivery
(c) Target date for submission of PPE report to CPSG

3. Risk Management

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

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

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

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

4. References

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

The comprehensive investment appraisal (CIA) model and user guide

CIA_User_Guide.pdf

CIA_Excel_Model.xlsx

Guide for Developing Project Business Cases_2018.pdf

NHS SW Region Capital Briefing Note 4 FINAL.pdf

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

NHSI_Capital_Regime_Investment_Property_Business_Case_Main_Comms_V9.0_final_v2.pdf

Service Transfers Financial Framework.pptx

5. Associated Documentation

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

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

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

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

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

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

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

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

Small, Material or Significant Transaction

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

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

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

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

7. Appendix 2 – Strategic Capital – Non financial appraisal

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

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

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

8. Appendix 3 - Strategic Business Case – Evaluation Criteria

Business Case Decision Making Area	Criteria	Consideration for Approval
Strategic Alignment	Aligned with organisational strategy	Does the business case support the Trust's strategic priorities, and objectives and does it directly delivery one or more of the agreed strategic initiative within the Trust's Clinical Strategy Programme.
	Alignment with the System strategic priorities	Does the business case support the local system or regional/network strategic priorities, and objectives? (**need to clarify exactly what this is being judged against).* Are there any risks that the proposal won't be supported by local or regional partners (provider or commissioner)
	Objectives	Are the objectives of the programme clearly outlined in the business case and are they SMART to allow effective monitoring and evaluation?
	Case for change	The context for change should updated throughout the process to reflect any wider organisational, national or societal changes that have occurred, which affect the rationale for the business case.
	Options Appraisal	Does the options appraisal outlined in the business case present the credible options to achieve the objectives of the programme and is there a clear and well evidenced rationale to support the identified preferred option?

	Platform for evolution	Does this business case create a platform for the further development of the service?
	Education, Teaching and learning links	Does the business case have a positive impact on Education, Teaching and Learning?
	Research links	Does the business case have a positive impact on research?
Operational	Workforce	Have the workforce (particularly relating to workforce supply) risks associated with the business case been fully outlined, understood and to what extent have they been mitigated. What level of confidence is there that workforce constraints will not impact on the delivery of the business case?
	Capital/Estates requirements	Have any proposed capital/estates developments within the case been well described and are the underpinned by the correct level of design evaluation (feasibility study/OBC design/FBC design) depending on the status of the case? Has planning been secured and/or have the risks of this been fully quantified?
	Project management	Have the project management arrangements for the delivery of the proposal been clearly outlined and is there confidence in the capacity to deliver within the stated timescales and within the outlined resource? Is there a full project plan outlined which identifies key milestones and timescales for delivery? This should include Estates and Facilities capacity and programme to deliver.
	Risks to the programme	Does the business case clearly set out the risks to the delivery of the programme with effective mitigations and method for on-going evaluation?

	Ease of implementation	How easy will it be to implement the proposed business case? How much disruption will it create for patients and staff? How effectively are the mitigations of these risks understood and described? Have all decant requirements been considered and addressed?
	Access to care and reduction in inequalities	How will the business case impact on patient and carer access to care and the reduction of inequalities in access?
	Impact on aligned/supporting non clinical services	Are all of the associated clinical and non-clinical services supportive of the business case? Including partner provider organisations?
	Clinical model of care	Is the clinical model of care underpinning the case well described and are there any risks its successful delivery.
	Benefits realisation	Are the proposed benefits of the case clearly outlined, including the mechanisms by which the realisation of these benefits will be measured?
	Post Project Evaluation	Is there a clear outline of the approach to post project evaluation and learning?
Clinical and Quality	Quality of patient care	Will proceeding support continued deliver of high-quality patient care? Can we deliver this service in a clinically effective way? Can we deliver this service in a way which continually improves patient experience? Can we deliver this in a way which ensures continued and improved patient safety?

	Risk	Has the principle and associated risks that the business case addresses been clearly identified and well described? Does this link to an approved risk on Datix and does the business case provide full mitigation for the risk?
	Capacity and Demand planning	Is the case underpinned by clear and credible capacity and demand modelling which demonstrates the need for the proposal outlined in the business case. Is this consistent with Trust and System assumptions. Has the impact of Trust, local System and regional transformation programmes been applied to the capacity and demand modelling
	Productivity, innovation and improvement	Has the impact of Trust, local System and regional transformation programmes been applied to the capacity and demand modelling and the proposed solution. Have ambitious, but deliverable productivity assumptions been outlined and proposed within the preferred option. Have opportunities for innovation and new models of care been fully considered and proposed within the preferred option.
	Sustainability	Has consideration been given to the sustainability impact of the proposal and it is aligned to the Trust's and local System's sustainability strategy. Does it meet any national requirements in this regard?
Financial	Affordable - capital expenditure	Is there a confirmed funding source for the full capital costs outlined in the business case?
	Financially sustainable - Income and expenditure impact on revenue	Is there a confirmed funding source for all recurring and non-recurring revenue costs within the business case?

		Do all activity and funding implications within the business case have full support of the required commissioner?
Reputational	Impact on organisational reputation	How will approving the business case or not impact on our organisational reputation?

9. Appendix 4 – Operational and Major Medical Capital prioritisation

3a Technical Resilience

3b Quality Strategy (including staff well-being)

3c Risk Mitigation

3d Overall Scoring Matrix

4a – Technical Resilience

Relative age	Score
This is based on the age of the asset in relation to its anticipated lifespan	
2 year + below	1
2 year to 0 year below	2
0 years (same as lifespan)	3
0 – 2 years above	4
2 years + above	5
	Relative age score

Reliability	
This is based on the cost of maintenance which takes account of routine servicing, but also labour and parts associated with failing assets	
Cost	**Score**
£0	1
£0 – £1,000	2
£1,001 – £5,000	3
£5,001 – £10,000	4
£10,000+	5
	Reliability score
Business Criticality	**Score**
No disruption to service	1
Disruption to single-patient treatment	2
Some disruption to service	3
Significant disruption to service	4
Closure of service	5
	Business criticality score
	TOTAL SCORE /15

4b – Quality Strategy (including staff well-being)

Key	
Score	**Impact**
5	Very high (i.e. significant, specific, tangible)
4	High impact
3	Moderate impact
2	Low impact
1	No impact

	Scores 1-5	Rationale
ACCESS		
The extent to which the scheme will deliver improvements in performance on core constitutional standards such as RTT, diagnostic wait, cancer or 4 hour benefits.		
SAFE, RELIABLE CARE		
The extent to which the scheme maintains or improves the safety of the service provided to patients.		
The extent to which the scheme delivers improvements in the provision of reliable care, which could include increased/flexible service hours or flexible service locations.		
The extent to which the scheme will maintain or improve compliance against NICE, NHS England service specifications and/or other key national guidance/enquiries.		
PATIENT AND STAFF EXPERIENCE		

The extent to which this will maintain or improve the ability to treat patients with honesty, respect and dignity.		
The extent to which the scheme responds directly to patient complaints, taking account of the number of complaints received and percentage of patients that complaint (i.e. 100% patients complain scores higher).		

PATIENT AND STAFF EXPERIENCE (continued)		
The extent to which the scheme will improve staff experience.		
The extent to which the scheme will improve staff wellbeing.		
RESEARCH, INNOVATION AND TRANSFORMATION		
The extent to which the scheme will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.		
The extent to which the scheme impacts on the delivery of the emerging priorities in the system Sustainability and Transformation Partnership (STP).		
	TOTAL /50	

4c – Risk Mitigation

Top Tips for effective risk management

Define the risk that is worrying you most and decide which domain it sits in.

If there are multiple risks, patient safety trumps all others.

It's very hard to score 12 and above – if your risk is scoring a 12, consider calibrating it.

Express as a risk, do not describe the cause or an issue:

- Risk that…
- Risk of…

Likelihood of Impact:

- You should be driven by actual evidence of occurrence, ideally incident reporting. If it hasn't happened before, what's your evidence that it will happen again.
- Impact of the risk you have described; guard against disconnect.

Actions and Controls:

- A control is something that is already in place and is actively mitigating the risk;
- An action is something you intend to do in the future to mitigate the risk. It might be a one off and when complete will reduce the risk, or be ongoing and thus becomes a control.

Scoring your risk

Please use the below on page 32 the Risk Assessment Matrix to score your risk(s).

SCORE	RISK MITIGATION
5	**Very high** risk score (**15 to 25**) as per Trust's Risk Assessment Matrix
4	**High** risk score (**10-12**) as per Trust's Risk Assessment Matrix
3	**High** risk score (**8-9**) as per Trust's Risk Assessment Matrix
2	**Moderate** risk score (**4 to 7**) as per Trust's Risk Assessment Matrix
1	**Low** risk score (**1 to 3**) as per Trust's Risk Assessment Matrix
0	**No risk**, score 0
SCORE	

4d – Overall Scoring Matrix

SCORING MATRIX FOR NON-FINANCIAL EVALUATION OF MAJOR MEDICAL AND OPERATIONAL CAPITAL INVESTMENTS			
SCORE	**TECHNICAL RESILIENCE**	**IMPROVING QUALITY & STAFF WELLBEING**	**RISK MITIGATION**
5	15	41 - 50	**Very high** risk score (**15 to 25**) as per Trust's Risk Assessment Matrix
4	13 - 14	36 - 40	**High** risk score (**10-12**) as per Trust's Risk Assessment Matrix
3	10 - 12	31 - 35	**High** risk score (**8-9**) as per Trust's Risk Assessment Matrix
2	7 - 9	21 - 30	**Moderate** risk score (**4 to7**) as per Trust's Risk Assessment Matrix
1	4 - 6	16 - 20	**Low** risk score (**1 to 3**) as per Trust's Risk Assessment Matrix
0	0 - 3	10 - 15	**No risk**, score 0
Score			
Weighting	X 35	X 25	X 40
Weighted scores			
TOTAL SCORE			wellbeing **+** risk

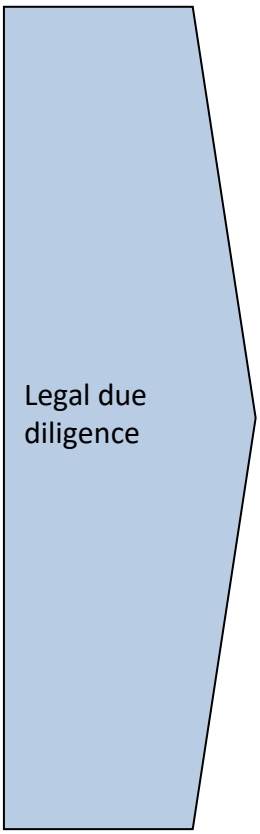
NB: Investments that have a mandatory (e.g. legal or regulatory) requirement will be funded without recourse to this matrix.

Examples of these types of investments can be found in the detailed guidance document.

10. Appendix 5 – Due Diligence Checklist to Inform Risk Assessment

Typical due diligence items

Type of process	Area	Example Items
Financial and commercial due diligence	▪ Strategy	▪ Rationale for how proposed investment will deliver value ▪ Strategic and business plans ▪ Business strengths and weaknesses ▪ Competitive dynamics
	▪ Finance	▪ Historical normalised earnings ▪ Most recent 5-year projection ▪ Key assumptions and sensitivity analysis ▪ Working capital strategy
	▪ Operations and manufacturing	▪ Business economics ▪ Customer and supplier relationships/contracts
	▪ Organisation and Management	▪ Management capabilities ▪ Organisation structure ▪ Systems integration ▪ Corporate culture and style
	▪ Research and development	▪ Key research efforts ▪ Research relationships and contracts
	▪ Information technology	▪ Security and contingency plans ▪ Types of systems ▪ Outsourced services
Tax and accounting due diligence	▪ Accounting	▪ Financial reporting systems ▪ Contribution margin ▪ Depreciation schedules
	▪ Finance	▪ Capital structure ▪ Covenants triggered by deal
	▪ Tax	▪ Tax liabilities from non-paid taxes ▪ Tax reserve
	▪ Insurance	▪ Claims history and policy status



- Corporate structure
- Legal
- Labour
- Anti-competitive
- Environment

- Contingent liabilities
- Shares outstanding and shareholder interests (if relevant)
- Legal entities
- Indemnification provisions
- Outstanding and pending limitation
- Licences, patents and trademarks
- Employment contracts and agreements
- Pension provisions and funding levels
- Non-paid benefits
- Potential anti-trust liabilities
- Potential remedies/outcomes
- Existing and future liabilities
- Successor liability
- Remediation plans

11. Appendix 6 – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
Compliance with relevant governance route thresholds	Business case submission	Report	According to business cases received	Business case owner	Capital Programme Steering Group Senior Leadership Team Board

12. Appendix 7 – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Associate Director of Strategy and Business Planning
This document replaces existing documentation:	No
Existing documentation will be replace by:	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All Divisional Management Staff and those responsible for requesting managing monitoring or reporting on capital funds
Method of dissemination:	Available to download from FINWEB/DMS or on request from the Senior Financial Planning Accountant and Associate Director of Strategy and Business Planning
Training is required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments	None
[DITP - Additional Comments]	

13. Appendix 8 – Equality Impact Assessment

Query	Response
What is the main purpose of the document?	This policy sets out the governance arrangements for capital investments undertaken by the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Add ☑ or ☒ Staff ☑ Patients Visitors Carers Others

Could the document have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		X	

Disability (including physical and sensory impairments, learning disabilities, mental health)		X	
Gender reassignment		X	
Pregnancy and maternity		X	
Race (includes ethnicity as well as gypsy travelers)		X	
Religion and belief (includes non-belief)		X	
Sex (male and female)		X	
Sexual Orientation (lesbian, gay, bisexual, other)		X	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		X	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		X	

Will the document create any problems or barriers to any community or group? ~~YES~~ / NO

Will any group be excluded because of this document? ~~YES~~ / NO

Will the document result in discrimination against any group? ~~YES~~ / NO

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

Could the document have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		X	
Will it help to get rid of discrimination?		X	
Will it help to get rid of harassment?		X	
Will it promote good relations between people from all groups?		X	
Will it promote and protect human rights?		X	

On the basis of the information / evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact		Negative Impact

Significant	Some	Very Little	**NONE**	Very Little	Some	Significant

Is a full equality impact assessment required? ~~YES~~ / NO

Date assessment completed: 8th March 2022

Person completing the assessment: Associate Director of Strategy and Business Planning