BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Tuesday 11th October 2022 at 13:00 – 16:00 in the Bordeaux Meeting Room, City Hall, College Green, Bristol

AGENDA

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Welcome and Apologies for Absence – *verbal update*	Information	Chair	13:00
2.	Declarations of Interest – *verbal update*	Information	Chair	
3.	Patient Story	Information	Chief Nurse and Midwife	13:05
4.	Minutes of the Last Meeting – 9th August 2022	Approval	Chair	13:30
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	13:35
Strategic				
7.	Acute Provider Collaborative Board: a. Chair's Report b. Approval of the Terms of Reference	Approval	Chair of the Acute Provider Collaborative Board	13:45
8.	Weston Integration Update	Assurance	Director of Strategy and Transformation	13:50
Quality and Performance				
9.	CQC Action Plan Update	Assurance	Chief Nurse and Midwife	14.05
Break				14:15
10.	Quality and Outcomes Chair's Report for August and September *including update from the ICB Committee*	Assurance	Chair of the Quality and Outcomes Committee	14:25
11.	Integrated Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer; Chief Nurse and Midwife; Chief People Director; Medical Director	14:30
12.	Winter Planning Update	Assurance	Deputy Chief Executive and Chief Operating Officer	14:45
13.	Maternity Perinatal Quality Surveillance Matrix (PQSM) Update Report	Assurance	Chief Nurse and Midwife	14:55

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
People Management				
14.	People Committee Chair's Report *including update from the ICB Committee*	Assurance	Chair of the People Committee	15:05
Finance and Digital				
15.	Finance & Digital Committee Chair's Report *including update from the ICB Committee*	Assurance	Chair of the Finance and Digital Committee	15:10
16.	Trust Finance Report	Assurance	Director of Finance and Information	15:15
17.	Review of the Standing Financial Instructions	Approval	Director of Finance and Information	15:25
Governance				
18.	South West and South Wales Congenital Heart Disease Network Annual Report for 2021/22	Assurance	Medical Director	15:30
19.	Review of the Reimbursement of Governor Expenses Policy	Approval	Director of Corporate Governance	15:35
20.	Governors' Log of Communications	Information	Director of Corporate Governance	
Concluding Business				
21.	Any Other Urgent Business	Information	Chair	15:40
22.	Date of Next Meeting: **13 December 2022**	Information	Chair	

Meeting of the Board of Directors in Public on Tuesday 11th October 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 and Midwife**

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 patients and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.

2. Key points to note

(Including decisions taken)

In this patient story we will hear from Graham about his recent experience of care at Weston General Hospital following an episode of Sepsis.

The story is set in the context of recent improvements to raise awareness of sepsis screening at Weston General Hospital Emergency Department and the Healthy Weston vision for UHBW being centres of excellence for surgery and for the care of older people and, delivering the right care at the right time to enable patients to be assessed, treated and able to return home as soon as possible.

Graham was admitted to the hospital in August 2022 having arrived by ambulance at the Emergency Department following his immobilisation as a result of an infection in his replacement knee In sharing his experience Graham will reflect on his care in the Emergency Department (ED) including the speed with which the triage process took place, the immediate treatment he received for a diagnosis of sepsis and his subsequent overnight stay in an ED cubicle prior to surgery. He will comment on how the behaviours of the staff, their camaraderie and fellowship, combined to provide further reassurance and confidence about his care both to him and his family.

Graham will explain how, after surgery, he was transferred to a day ward where he experienced the same level of personal care from a wide range of staff all of whom took time to involve him fully in his care.

Graham will touch on three areas of practice that he valued and helped make his stay a good experience.

- the responsiveness of staff to his needs
- the value of being able to select one`s next day lunch and tea
- the teamwork exemplified by ward staff

Graham will note three areas where improvements might be considered, being:

- Improvements to the ward lighting to create a more pleasing ambience
- The positioning of a door control switch to improve accessibility for staff
- Reducing the length of time to secure discharge

Graham will conclude his story by underlining the qualities he experienced of professional dedication by the staff towards patients.

3. Risks

The risks associated with this report include:
N/A

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

- This report is for **INFORMATION**
- The Board is asked to **NOTE** the report

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

N/A

Minutes of the Meeting held on Tuesday 9th August 2022 at 11.00 – 14.30 at Conference Hall, City Hall, College Green, Bristol, BS1 5TR

This meeting was also broadcast live on YouTube for public viewing.

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Eugine Yafele	Chief Executive
David Armstrong	Non-Executive Director
Arabel Bailey	Associate Non-executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Gill Vickers	Non-executive Director
Stuart Walker	Medical Director
Emma Wood	Director of People

In Attendance

Name	Job Title/Position
Eric Sanders	Director of Corporate Governance
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Alun Davies and Anela Wood	Members of the Bristol Sight Loss Council (for Item 3: Patient Story)
Jeremy Spearing	Deputy Director of Finance for Strategy, Planning & Performance
Sarah Windfeld	Head of Midwifery/Assistant Director of Nursing (for Item 14)
Emily Judd	Corporate Governance Officer (minutes)

The Chair opened the Meeting at 11:05

Minute Ref.	***Item***	***Actions***
01/08/22	**Item 1 - Welcome and Introductions/Apologies for Absence**	
	Jayne Mee, Trust Chair, welcomed members of the Board to the meeting from the City Hall in Bristol. She reminded the Board that the meeting was being live streamed on YouTube for public access, and she asked members to introduce themselves to the meeting. Apologies had been received from • Neil Kemsley, Director of Finance and Information • Jane Norman, Non-executive Director • Marc Griffiths, Non-executive Director • Roy Shubhabrata, Non-executive Director Jeremy Spearing, Deputy Director of Finance for Strategy, Planning & Performance, attended the meeting to deputise for Neil Kemsley, Director of Finance and Information.	

02/08/22	**Item 2 - Declarations of Interest**	
	There were no new declarations relevant to the meeting to note.	
03/08/22	**Item 3 - Patient Story**	
	Deirdre Fowler, Chief Nurse and Midwife, and Tony Watkin, Patient and Public Involvement Lead, welcomed Alun Davies and Anela Wood to the meeting. Tony introduced Alun and Anela who were both members of the Bristol Sight Loss Council and patients with the Trust. He explained that the Trust had been working with the Bristol Sight Loss Council for many years on how to address more accessible information from the hospital, and a series of videos to promote the work that had been done had been developed. Alun told the Board of a story he had provided at a previous Board meeting regarding his views on accessibility to the hospital, which had involved his appointment letters being sent to his home address but could not be read by himself due his sight loss, therefore resulting in Alun missing his appointments. Alun reminded the Board of the Accessible Information Standards that had been set up by the Department for Health in 2016. The Trust had recently worked with the Bristol Sight Loss Council to make the Trust more accessible for patients with sight loss by launching two new films with the goal of improving health information for blind and partially sighted people right across the country. Anela was one of the two main contributors to the videos that had been created. Anela explained to the Board that she was completely blind and therefore found difficulty in receiving accessible information in healthcare. Anela hoped the videos would provide information to the Trust on what changes were needed to be more supportive to sight loss patients, without issues of funding creating a barrier to accomplishing improvements. Ideas included receiving letters in an electronic format so that technology could enable font sizes to be increased, or to receive a phone call. Alun summarised that the Trust had been hugely supportive to the Bristol Sight Loss Council by advocating work with the Bristol Eye Hospital to create a visual impairment training course that could be accessed by staff Trust-wide. It was noted that this had been the first course of its kind for the NHS, through to the work that had been ongoing with the Patient Experience and Voluntary Services Team on the Accessible Information Standard. Jayne Mee, Trust Chair, thanked Alun and Anela for their stories. Jayne noted that their investment in time to deliver the project had been phenomenal and the videos were extremely informative. Jayne further acknowledged that the Trust had vastly improved in terms of its accessible information since Alun had presented to the Board previously and observed that there would be further improvements to make. The Board expressed their thanks to both Alun and Anela for joining them and providing their stories. David Armstrong, Non-executive Director, suggested the knowledge and information from the Bristol Sight Loss Council could be used in shaping the Trust's digital agenda. David further suggested that a similar model could be used for other impairments, such as hearing loss. Alun from the Bristol Sight Loss Council advised that a deaf partnership had been created by the Trust to make sure the Accessibility Information Standards would be worked on and met in the	

	future. The model would be used in making sure the Trust was accessible to other impairments. Mark Smith, Deputy Chief Executive and Chief Operating Officer, thanked Alun and Anela for visiting and provided an example of the work that had been ongoing from the partnership to reduce the number of postal letters sent to recipients who could receive an appointment notification electronically, by email. This had positively impacted on cost savings and an improved patient experience. There were no further questions or comments from the Board and Jayne noted the genuine partnership with Bristol Sight Loss Council and fully supported the concept of continuous improvements moving forwards. *Tony Watkin, Alun Davies and Anela Wood left the meeting.*	
04/08/22	**Item 4 - 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 27 May 2022. There were no comments. **Members of the Board approved the above minutes as a true and accurate record.**	
05/08/22	**Item 5 – 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: **09/05/22 Integration Update Report** *Board members to receive a report at their next meeting specifying merger dates for the remainder of clinical services.* An update was provided in the Chief Executive's report. **Action Closed.** **09/05/22 Integration Update Report** *Update on the Estates Strategy to be received at a future Board meeting with more detail on the action plans to implement it.* An update on the Estates Strategy went to the Meeting of the Board of Directors in Private on the same date. **Action Ongoing.** **13/05/22 Integrated Quality and Performance Report** *It was agreed to ask the Discharge to Assess Board to provide timely and relevant regular information on the progress of the initiative.* This information would be taken to the Executive Committee before the Quality and Outcomes Committee over the coming few months. **Action Ongoing.** **13/05/22 Integrated Quality and Performance Report** *David Armstrong and Mark Smith to liaise about whether the metrics in the IQPR are the right ones.* The Board held a discussion at its seminar on 12th July and some of the metrics had been updated. This would be taken via the same route as the previous action. **Action Closed.**	

	14/05/22 CQC Action Plan *Quality and Outcomes Committee to receive greater assurance around reducing violence and aggression towards staff before closure of the relevant CQC actions.* Quality and Outcomes Committee Members had received the People Committee paper for assurance. **Action Closed.** **19/05/22 Trust Finance Performance Report** *Board to receive the letter about potential additional funding and discuss it at a meeting on 16 June 2022.* The financial report would be discussed in detail under agenda item 16. **Action Closed.** **21/05/22 Freedom to Speak Up Annual Report** *Freedom to Speak Up Annual Report to be discussed at a future meeting* The Freedom to Speak Up Annual Report was discussed by the Board at its meeting on 12th July. **Action Closed.** **08/03/22 Quality and Outcome Committee Chair Report** *Metrics and objectives to be linked to enable Board to be more focussed on the Trust's priorities – in conjunction with the Board governance review as part of the Patient First initiative.* It was agreed to include the Trust's priorities in the Integrated Quality and Performance Report as well as the NHSE Oversight Framework for the coming year while the Patient First requirements were being developed for future reports. **Action Ongoing.** **13/01/22 Review of Board Committee Terms of Reference** *Audit Committee Terms of Reference to be amended and circulated to the Board.* The updated Terms of Reference for both Committees had been included with the meeting papers for August's meeting and recommended for Board approval. **Action Closed.** **Members of the Board noted the updates against the action log.**	
06/08/22	**Item 6 – Chief Executive's Report**	
	Eugine Yafele, Chief Executive, provided an update on the key issues within the Trust. A written report had been included with the meeting papers; however, Eugine highlighted the following points: • **Pay Award:** There had been a national NHS pay award of between 3-5% for non-medical staff and up to 9% for medical staff. The Trust continued to wait on an advisory notice to implement the pay award to staff, however a risk was noted relating to trade unions possibly declining the pay award and taking industrial action. • **Integrated Care System (ICS):** The Integrated Care System (ICS) became a legal entity as of 1 July 2022 and the Trust had been waiting to see how this progressed. Eugine advised that the Board would be briefed on any changes. • **Joint Clinical Strategy:** The Trust had been working with North Bristol NHS Trust (NBT) on a joint clinical strategy to ensure any care that patients received by both Trusts would provide better outcomes.	

- **Weston General Hospital Integration:** The Division of Weston was on track for full integration in October 2022. The Trust had integrated 16 services with the remaining services being worked through with divisional boards. Another development in October 2022 was the establishment of a Weston General Hospital Management Team. The team would strengthen local leadership to move the Hospital in the right direction. The Healthy Weston 2 survey closed in August 2022 and provided the public with a way to help shape the vision going forward. The next step would be for senior leadership to meet to see how this would become a reality.

- **Operational Delivery:** Eugine thanked staff for their contributions to Trust services. There had been much demand for services and there had been issues around the recovery of care. There had been a reduction in covid numbers within the previous two weeks. Challenges remained with patients with no criteria to reside and the Trust would continue to work with partners across the system to make sure patients were discharged in a more timely way.

- **Performance:** Cancer performance had improved and the Trust was on schedule to meet the new 62-day cancer targets. The Trust was on schedule for treating all patients waiting over 2 years before the end of 2022 and NHS England was supporting the Trust on how to support patients waiting over 18 months. The Emergency Departments were all under pressure, although the Bristol Eye Hospital Emergency Department had met the 4-hour Emergency treatment standard.

- **Wellbeing:** A review would be conducted on how the wellbeing offers for staff were being directed to ensure they were consistent and valid for staff.

Sue Balcombe, Non-executive Director, asked whether the ICS had an understanding of the need to work differently in order to release capacity within the hospitals. Eugine Yafele confirmed that the ICS has a good understanding of the need to work differently, and it was hoped their plan would deliver from October 2022.

Martin Sykes, Non-executive Director, commended the work on the joint clinical strategy and queried whether smaller clinical services would be involved in the same type of work. Jayne Mee said the work being progressed had been in relation to the services that the Trust and NBT both offered but hoped it could be extended to wider regional work.
Paula Clarke, Director of Strategy and Transformation added that emphasis was on securing clinical leadership and team engagement across all services with the focus being on the initial opportunities for joint clinical strategy development with NBT teams, but this learning would be used to inform a relook at the Trust's wider clinical strategy.

In response to a question from Sue Balcombe, Non-executive Director, around who was leading the clinical strategy for admission avoidance schemes within the community, Jayne Mee explained that Non-executive Directors would like to propose to the Board that a letter was prepared for Jeff Farrar, Chair of the Integrated Care Board (ICB), to express the Trust's concerns around leadership for discharging patients back into the community. The Board fully supported this approach and Eugine Yafele offered to address at the next ICB meeting, and Jayne Mee at the Integrated Care Partnership (ICP) meeting.

	Action – Jayne Mee to write to Jeff Farrar as Chair of the Integrated Care Board (ICB) to express the Trust's views and concerns around leadership for discharging patients back into the community. Stuart Walker, Medical Director, said that a list of the joint clinical strategy services would return to the Board once the alignment of teams had been agreed. **Action – Stuart Walker to bring an update on the joint clinical strategy, including the list of services, to a future Board meeting.** David Armstrong, Non-executive Director clarified that the Board's three main priorities at the time of meeting included; patients with no criteria to reside; staff vacancies; and estate compliance. Eugine Yafele agreed that these areas were the three main priorities for the Trust, although noted that the estates compliance was something that would be a long-term issue. Arabel Bailey, Associate Non-executive Director, queried the amount of wellbeing offers available to staff and how adequate they were for staff. Eugine Yafele said the wellbeing of the Trust's staff had been a key priority, and since the pandemic, staff responses to wellbeing offers had improved significantly. Emma Wood, Director of People, assured the Board that the wellbeing offers for staff would remain under constant review, and the next steps would be to support managers in recognising when their staff needed wellbeing support. Emma further assured the Board that sickness absence targets were being met, but highlighted that stress and burnout was one of the main reasons for staff leaving the Trust. Emma noted that the welling package would be developed to cover more specific support to staff for this area. **Members of the Board received the Chief Executive's report for information**.	Trust Chair Medical Director
07/08/22	**Item 7 – Operational Plan 2022/23**	
	Eugine Yafele, Chief Executive, introduced the report on the Operational Plan 2022/2023, which the Board had previously seen. Jeremy Spearing, Deputy Director of Finance for Strategy, Planning and Performance, explained how the Bristol, North Somerset and South Gloucestershire (BNSSG) system had worked to deliver a balanced plan that would align system pressures across the region. The plan had accommodated the previous draft versions that the Board had received and included some ambitious and challenging targets. Jeremy explained that the main risks to the plan was related to delivering savings of 2% as a request from the regulator. Further plans would be drawn up to identify where the Trust could expect to gain the potential savings. Jeremy further advised that the paper included plans on the significant workforce challenges that were ahead and how recruitment, retention and agency work would be used. He finally drew the Board's attention to the capital expenditure plan of £80m. The Board discussed the plan and specifically the notion within the paper of supressed levels of activity. Jeremy explained the level of activity had been due to the number of patients attending the hospital but not converted into inpatients. Mark Smith, Deputy Chief Executive and Chief Operating Officer, also highlighted the 'Every Minute Matters' campaign, which would look to increase the flow within the hospitals, and would support the aim of increasing inpatient numbers which would in return increase spend available for the Trust. Deirdre Fowler, Chief Nurse and Midwife, noted that the issue relating to staff retention was largely due to the dismantling of the hospital and moving staff during the pandemic to supress transmission, which had caused significant disruption to the running of the wards and staff morale.	

	The Board approved the operational plan and thanked Jeremy and the finance and planning teams for all their hard work. **Members of the Board approved the Operational Plan 2022/23.**	
08/08/22	**Item 8 – People Strategy Update**	
	Emma Wood, Director of People, presented the refreshed People Strategy which included a more streamlined vision to reflect the Trust's ambition. Emma Wood's team had explored how the Trust compared to other NHS Trusts and how the Trust could strive for an excellent people strategy to include the delivery of the overall NHS People Plan. The refreshed People Strategy included measurable outcomes and considered what future colleagues might say if the strategy delivered the promise within. The team had been considering the next steps on how to deliver the strategy to staff. A video had been created to outline the new strategy which was played for the Board. Emma noted that the strategy would be fully launched in September 2022. The Board commended the work that had been done and discussed the actions that would need to be undertaken to follow the strategy through. Comments were made around other unacceptable behaviours that needed to be better defined and how the strategy could be used to inform wider system strategies. Emma Wood, Director of People, said this would be explored once the system had identified new ways of working together, but felt confident this alignment could be achieved. The Board fully supported the refreshed People Strategy and passed on their thanks to the team for delivering it. The Board said that the strategy was achievable and looked forward to seeing staff flourish through the new direction of the strategy. **Members of the Board approved the People Strategy.**	
09/08/22	**Item 9 – Strategic Risk Register**	
	Eugine Yafele, Chief Executive Officer, provided an overview of the Strategic Risk Register to the Board. Eugine explained that risks had remained static over the previous two quarters of 2022. A review had been required to assess whether the mitigations were working well and would include a forward plan for risk ratings. Jayne Mee, Trust Chair, added that the Board had received the risks in a new format which they agreed was much clearer and easier to understand. The Board discussed the ownership of risks and who this should sit with. Eric Sanders, Director of Corporate Governance, said that a future Board Seminar had been planned to discuss risks in much more detail and would explore the risk appetite as an organisation. **Members of the Board received the Strategic Risk Register for assurance.**	
10/08/22	**Item 10 - Quality and Outcomes Committee Chair's Report**	
	Julian Dennis, Chair of the Quality and Outcomes Committee, introduced the report of the committee's meeting held on 26th July and highlighted the following to the Board: • Work had been ongoing with Medway to improve systems for patient appointments at the Bristol Eye Hospital. • A clinical ward accreditation programme had been launched for wards which would link with Patient First and had already created a sense of pride within the wards.	

	• Better ways of working to transfer patients between hospitals with the South West Ambulance Service NHS Foundation Trust (SWASFT) had been discussed which would become more important when collaborating with NBT. **Members of the Board received the Quality and Outcomes Committee Chair's Report for information**.	
11/08/22	**Item 11 – People Committee Chair's Report**	
	Bernard Galton, Chair of the People Committee, introduced the report of the committee's meeting held on 25th July and highlighted the following to the Board: • The Committee had welcomed the new Non-executive Directors to the Committee and also a group of HR Business Partners who had observed the meeting, this was seen as an important step for their development. • The Freedom to Speak Up Report had been received and it had been helpful to see some of the issues being raised through this route. • A mid-year update on quality inclusion for the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) data had been received. • The next staff survey was due in October 2022 and the Committee had an update on previous action plans. • The Committee had received an update on Diversity and Inclusion (D&I) from the new D&I Manager. • Standard metrics had been added to the performance report to highlight areas that needed improvement. • Flexible working and the benefits there could be available to the organisation had been discussed. **Members of the Board received the People Committee Chair's Report for information**	
12/08/22	**Item 12 - Integrated Quality & Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, Deirdre Fowler, Chief Nurse and Midwife, and Emma Wood, Director of People, provided the Committee with an update on the Integrated Quality and Performance Report, which provided an overview of the Trust's performance on Quality, Workforce, Access, and Finance standards. Key points were as follows: **Mark Smith:** • The Trust had remained under immense pressure and an internal critical incident had been declared due to the need to divert ambulances from Weston's Emergency Department. • Work had been ongoing to increase cross-site working by medical staff shadowing colleagues to understand whether alternative pathways could be utilised for patients. • The elective recovery programme had progressed well, although paediatrics and general surgery remained under pressure to meet targets. • The 'Every Minute Matters' programme was the Trust's response to the urgent care pressure and had been making positive strides. It linked well to a ward accreditation programme that had been developed by the Patient Safety Team. • A regional bid had been approved to expand the current Same Day Emergency Care (SDEC) service and develop a cardiology model. • Ambulance handovers and 12-hour trolley waits had levelled off overall.	

	• The Discharge to Assess (D2A) programme, designed to develop integrated pathways to improve the flow throughout the hospital into the home environment, had developed internally to review the internal processes. Single referral forms, used for this service, had been changed to a transfer of care form with the assessment conducted by Sirona Care and Health based on information provided by the Trust and an audit had been conducted on service for patients who were to go to a care home. Deirdre Fowler: • There had been a need for therapy staff to be placed within the community and the Trust had supported this approach. • The nursing workforce situation throughout June had remained low, with a turnover rate of 15%. • The Care Quality Commission had visited Weston General Hospital in June 2022 to assess the medical division. • There had been challenges to the complaint response rates over the previous 18 months, although a slight improvement had been noted in June 2022 which was positive. Emma Wood: • Work had been ongoing with system partners to understand agency usage with an overall aim to reduce spend in this area. • The turnover of administration and clerical roles within the Trust had increased in recent months and it was believed this was due to competing opportunities in the job market. Work would continue to improve retention. • A cohort of international nurses had started with the Trust. The Board discussed the initiative for therapists joining the community and it was suggested that local authority and reablement support could be beneficial. Deirdre Fowler agreed this would be beneficial, as well as linking with local Higher Education Providers and she agreed to explore the potential options. **Action: Deirdre Fowler to explore whether the Local Authority and High Education providers could support therapists within the community and the Trust.** **Members of the Board received the Integrated Quality and Performance report for assurance**.	Chief Nurse and Midwife
13/08/22	**Item 13 - Learning from Deaths Annual Report**	
	Stuart Walker, Medical Director, presented the Learning from Deaths Annual Report to the Board. Stuart highlighted some of the key points within the report which included: • The Medical Examiner (ME) role had been embedded within the Trust and moved to “business as usual.” • The coroner had reviewed more deaths than in 2020/2021 and it was speculated that this may have been caused by patients not being admitted to hospital during the pandemic. • On comparing the Summary Hospital-level Mortality Indicator (SHMI) data with other local Trusts, UHBW had continued to see fewer deaths than the England average. However, the rate of deaths compared to admissions had increased over the year whilst the averages had remained static. On this basis, further analysis of the SHMI data would be necessary. The Board felt assured by the report and raised no questions.	

	Members of the Board received the Learning from Deaths Annual Report for assurance.	
14/08/22	**Item 14 - Maternity Perinatal Quality Surveillance Matrix (PQSM) Quarterly Update Report**	
	Sarah Windfeld, Head of Midwifery, joined the meeting to talk about the Maternity Perinatal Quality Surveillance Matrix Quarterly Update Report and highlighted the following to the Board: • Four Continuity of Carer (CoC) teams continued to run, and two teams had been paused until staff had been recruited to vacant posts. This would target the most vulnerable patients as per the national recommendations. • Sarah confirmed that maternity services had achieved 10 out of 11 Maternity Data Safety Standards (MSDS) quality metrics. The final standard in relation to personalised care and support plans had been refreshed and would be rolled out to meet the final metric. • 11 newly qualified midwives and 2 Band 6 midwives to start in September 2022. 3 newly qualified midwives to start in January 2023. • The Trust was not compliant with the 90% target for all staff groups to have completed Obstetric emergency and fetal monitoring training annually and it was noted that extra sessions would be scheduled. • A further challenge for the team included the capacity to carry out carbon monoxide monitoring screening. • Challenges around the flow of induction had continued. • There had been two serious incidents (SIs) related to perinatal care reported in May 2022 which warranted further investigation. • There had been no SIs reported to Healthcare Safety Investigation Branch (HSIB) in May 2022. • There had been three SIs reported in June 2022, two of which were new HSIB cases. • A risk associated with a potential failure of MIS clinical negligence scheme for Trusts (CNST) due to IT connectivity issues and capacity constraints within the community midwifery teams was highlighted to the Board. The Board discussed the patient experience feedback and how valuable this was to the team for improvements to be made. Sarah Windfeld advised the Board that women were asked the same questions on numerous occasions and the exercise had therefore become too repetitive for women to keep answering. Sarah noted that the team would continue to work with the Patient Experience and Voluntary Services Team to look at better ways for patient experience data to be captured. The Board thanked Sarah Windfeld, Head of Midwifery, and the team for the report which picked up on the things the Board would want to be assured on and status of the maternity incentive schemes. **Members of the Board received the Maternity Perinatal Quality Surveillance Matrix (PQSM) Quarterly Update Report for assurance.**	
15/08/22	**Item 15 - Finance and Digital Committee Chair's Report**	
	Jayne Mee, Trust Chair, presented the Finance and Digital Committee Chair's Report from July 2022 which she had chaired in the absence of Martin Sykes the usual Committee Chair. • The committee had discussed the successful go live of Vitals e-observations across the Children's Hospital, the Medilogik Endoscopy at Weston, and the Topcon ophthalmology image system. It was noted that	

	the infection prevention and control system had been delayed by the supplier and would now take place mid-August. • The Committee had noted the progress on scanning and digitisation. • There were some residual systems on the Weston Network that had caused some disruption; however, some third parties were coming on board to help the issues to be resolved and it was expected that these would be resolved by the end of the year. • The Committee had asked about the uptake of electronic patient noting and they heard that the Executive Team would explore how to take forward better digital working. • The finances had been behind plan due to a number of differing factors which included the international recruitment campaign, the non-availability of Foundation Doctors at Weston, and enhanced rates of pay. • A recovery plan would be presented at the next Committee meeting. • The Operational plan was presented and discussed and had been recommended to the Board for approval. **Members of the Board received the Finance and Digital Committee Chair's Report for assurance.**	
16/08//22	**Item 16 – Trust Finance Performance Report**	
	Jeremy Spearing, Deputy Director of Finance for Strategy, Planning & Performance introduced the Trust Finance Performance Report in the absence of Neil Kemsley, Director of Finance and Information. Jeremy highlighted that the position at the end of quarter 1 for 2022 was a deficit of £6m, £3m higher than planned. A financial recovery plan would be developed to include a divisional update on the trajectory for recovery, a savings plan update, an elective recovery update, and a review of the current financial year and the previous financial year's investments to ensure expected benefits were happening. Julian Dennis, Non-executive Director, suggested that the Model Hospital would be useful in determining the activity and projected finances. Julian asked whether any specialists could determine further cost savings and Jeremy advised that the Model Hospital could provide valuable data on the projected finances of the Trust and would identify individual patients' data where required. Jeremy also commented on the possibility of using external sources to understand further cost savings and noted that there was existing expertise within Divisional teams which was being utilised. The Board raised no further questions but noted that the recovery plan would be valuable for the Committee to review at its next meeting in September. **Members of the Board received the Trust Financial Performance Report for assurance.**	
17/08/22	**Item 17 – Audit Committee Chair's Report**	
	David Armstrong introduced the report as the Chair of the Audit Committee from its meeting in July. Key points were as follows: • The Committee had focussed on six key areas: Risks; Estates and Facilities; Standard Operating Procedures (SOPs) and Policies; Counter Fraud; Internal Audit Reports; Cyber Security. • A discussion had been held by the Committee on mandatory Risk Management Training which would be taken forward by the Risk	

	Management Team to ascertain the possibility of introducing mandatory risk training for certain roles. • The Committee received a presentation on Standard Operating Procedures and how these were monitored. • An update was provided to the Committee on the annual report from the counter fraud team. • The Committee discussed the new reporting structure for the risk registers which had included the categorisation and ownerships of risks. Deirdre Fowler, Chief Nurse and Midwife, assured the Board that the Trust had robust SOPs, policies and processes in place, and that human factors had impacted on errors being made. David Armstrong, Non-executive Director, agreed and felt that the system needed better access and better training opportunities on SOPs. Sue Balcombe, Non-executive Director, highlighted a serious incident where a SOP had been five years out of date which had been discussed by the Quality and Outcome Committee. Eric Sanders, Director of Corporate Governance, assured the Board that an update would be coming to the Quality and Outcomes Committee in September and clarified that when a document becomes out of date, it is no longer accessible on the system to staff, and that it is the responsibility of the document's owner to review the information. **Members of the Board received the Audit Committee Chair's Report for assurance.**	
18/08/22	**Item 18 – Annual Report Medical Appraisal and Revalidation**	
	Stuart Walker, Medical Director, presented the Annual Report for Medical Appraisal and Revalidation. Stuart explained that the report followed a national template and that he had no concerns to flag to the Board. Stuart added that work had been underway to understand how individuals could be better supported with wellbeing, which was a recurring theme in appraisals. Jayne Mee, Trust Chair, queried how the Trust had handled medical staff with unacceptable behaviour. Stuart Walker, Medical Director, assured the Board that a new policy had been written which focussed on early informal action and intervention, which would look to tackle issues before situations escalated. **Members of the Board approved the Annual Report Medical Appraisal and Revalidation.**	
19/08/22	**Item 19 – NIHR CRN Annual Report (hosted body report)**	
	Stuart Walker, Medical Director, introduced the report and explained that as the Trust had hosted the National Institute for Health and Care Research Clinical Research Network West of England (NIHR CRN WE), the Board was required to receive the hosting body annual report. Stuart highlighted that the report had been presented in a new format for this year, and that the CRN boundary would change to include Dorset within the catchment area. Stuart advised the Board that the term for UHBW to host the CRN was due to end in October 2022 and an application process would be necessary to continue hosting. It was agreed that the Trust should progress an application to continue to host the CRN. **Members of the Board approved the NIHR CRN Annual Report.**	

20/08/22	**Review of Terms of Reference**	
	Eric Sanders, Director of Corporate Governance, presented the updated Terms of Reference for the Quality and Outcomes Committee and the Audit Committee and the Board was asked to approve the updates. There were no dissenting voices and therefore the Board approved the updated Terms of References for the Committees. **Members of the Board approved the Quality and Outcomes Committee and Audit Committee Terms of References.**	
21/08/22	**Changes to the Trust Constitution**	
	Eric Sanders, Director of Corporate Governance, highlighted changes to the Trust Constitution to the Board. Eric explained that the changes had related to the minimum membership numbers for each constituency, which were no longer being reached due to the data cleanse programme from the membership strategy, and changes throughout the Constitution to make terminology more generic. It was confirmed that the Trust Constitution would go to the Council of Governors meeting for approval; however, it was noted that the changes had been recommended for approval by the Governors Membership and Constitution Group. The Board approved the changes to the Trust Constitution. **Members of the Board approved the Trust Constitution changes.**	
22/08/22	**Governors' Log of Communications**	
	Jayne Mee, Trust Chair, confirmed that one question had been raised on the Governors log since the report had been written and the question had been sent through to an Executive Director for a response. **Members of the Board received the Governors' Log of Communications for information.**	
23/08/22	**Item 26 – Any Other Urgent Business**	
	There were no further items of urgent business to discuss, and the Chair thanked everyone for attending and closed the meeting.	
24/08/22	**Date of next meeting: 11 October 2022, 11:00-13:30**	

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University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting on Tuesday, 11 October 2022
Action Log

Outstanding actions from the meeting held in August 2022					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	**12/08/22**	**Integrated Quality & Performance Report** Deirdre Fowler to explore whether the Local Authority and High Education providers could support therapists within the community and the Trust.	Chief Nurse & Midwife	October 2022	**Work in Progress** October: This is currently being reviewed and progressed at system level via the D2A steering group.
2.	**06/08/22**	**Chief Executive's Report** Stuart Walker to bring an update on the joint clinical strategy, including the list of services, to a future Board meeting.	Medical Director	December 2022	**Work in Progress** October: An update on the progress of the joint clinical strategy is being planned to be presented to the Board in December.
3.	**06/08/22**	**Chief Executive's Report** Jayne Mee to write to Jeff Farrar as Chair of the Integrated Care Board (ICB) to express the Trust's views and concerns around leadership for discharging patients back into the community.	Trust Chair	October 2022	**Suggest action closed** October: This letter had been sent and the response circulated to the Board.
4.	**13/05/22**	**Integrated Quality and Performance Report** It was agreed to ask the Discharge to Assess Board to provide timely and relevant regular information on the progress of the initiative.	Deputy Chief Executive and Chief Operating Officer	July 2022	**Work in Progress** August update: This information would be taken to the Executive Committee before the Quality and Outcomes Committee over the coming few months. October: An update had been circulated to the Executive Team. A date is to be confirmed for a report to go to the Quality and Outcomes Committee.

5.	**08/03/22**	**Quality and Outcome Committee Chair Report** Metrics and objectives to be linked to enable Board to be more focussed on the Trust's priorities – in conjunction with the Board governance review as part of the Patient First initiative.	Trust Chair/ Executive Leads	May 2022	**Suggest action closed** August update: It was agreed to include the Trust's priorities in the Integrated Quality and Performance Report as well as the NHSE Oversight Framework for the coming year while the Patient First requirements were being developed for future reports. October: An updated Integrated Quality and Performance Report to include leadership priorities and oversight framework had been submitted with the meeting papers for October's meeting.
Closed actions from the meeting held in August 2022					
No.	**Minute reference**	**Detail of action required**	**Action for**	**Due Date**	**Action Update**
1.	**09/05/22**	**Integration Update Report** Board members to receive a report at their next meeting specifying merger dates for the remainder of clinical services.	Director of Strategy and Transformation	July 2022	**Action Closed** August update: Update provided in CEO report.
2.	**09/05/22**	**Integration Update Report** Update on the Estates Strategy to be received at a future Board meeting with more detail on the action plans to implement it.	Deputy Chief Executive and Chief Operating Officer	July 2022	**Action closed** August update: An update on the Estates Strategy went to the Private Board meeting held in August.
3.	**13/05/22**	**Integrated Quality and Performance Report** David Armstrong and Mark Smith to liaise about whether the metrics in the IQPR are the right ones.	Deputy Chief Executive and Chief Operating Officer	July 2022	**Action Closed** August update: The Board held a discussion at its seminar on 12th July and some of the metrics had been updated.
4.	**14/05/22**	**CQC Action Plan** Quality and Outcomes Committee to receive greater assurance around reducing violence and aggression towards staff before closure of the relevant CQC actions.	Director of People	July 2022	**Action Closed** August update: QoC members have been sent the POC paper for assurance.

5.	**19/05/22**	**Trust Finance Performance Report** Board to receive the letter about potential additional funding and discuss it at a meeting on 16 June 2022.	Director of Finance and Information	July 2022	**Action Closed** August update: The financial report would be discussed in detail under agenda item 16.
6.	**21/05/22**	**Freedom to Speak Up Annual Report** Freedom to Speak Up Annual Report to be discussed at a future meeting	Trust Secretariat	July 2022	**Action Closed** August update: The Freedom to Speak Up Annual Report was discussed by the Board at its meeting on 12th July.
7.	**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 Closed** August update: The updated Terms of Reference for both Committees had been included with the meeting papers for August's meeting and recommended for Board approval.

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Meeting of the Board of Directors in Public on Tuesday 11 October 2022

Report Title	**Chief Executive Report**
Report Author	**Executive Directors**
Executive Lead	**Eugine Yafele, Chief Executive**

1. Report Summary
To provide an update on key strategic and operational issues affecting the Trust, system and the wider NHS.
2. Key points to note *(Including decisions taken)*
The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections: • National Topics of Interest • Integrated Care System Update • Strategy • Operational Delivery
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: • The report highlights the potential for industrial action which may impact on the delivery of clinical and non-clinical services. A risk will be added to the risk register and actions are underway to develop plans to mitigate the impact, albeit the scale or timing of industrial action is not yet known. • The report also highlights risks relating to discharge to assess and no criteria to reside patients, and the system actions to support the mitigation of the risks. This links to existing corporate risks related to demand and capacity (ID:423) ambulance queuing (ID:4700) and the use of extra capacity (ID:2514)
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Information.** The Board are asked to note the report.
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**

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Chief Executive's Report

Background

This report sets out briefing information for Board members on national and local topics of interest.

National Topics of Interest

Industrial Action

This month, at the Regional Staff Partnership Forum, trade unions updated Chief People Officers on national decisions relating to Industrial Action. The BMA have asked the Department of Health and Social Care to commit to improving pay over the next five years. If this is rejected, Industrial Action will be balloted. 13,000 Junior Doctors have been surveyed and indicate that they will strike. If a positive response is not forthcoming, balloting will commence at the end of October/November. The Royal College of Midwives are due to vote at a National Council this month for Industrial action and UNISON is set to follow if calls for improved terms and conditions are not met. The Royal College of Nursing were due to commence balloting w/c 15 September, but this has been postponed due to the period of National mourning. It is highly likely there will be strikes over the winter and it is anticipated there will be regional and national coordination to minimise patient services.

Integrated Care System Update

West of England Academic Health Science Network (AHSN)

AHSNs across the country are involved in a relicensing process as the current Master Licence Agreement with NHS England comes to an end in March 2023. This is a ring-fenced process, with only the existing 15 AHSNs invited to bid for licences. There are no significant changes to the licence arrangements which will cover the period 2023-2028. The licence will also include a two-year breakpoint, allowing for ICS development of capability in research and innovation, and during this two-year period an Innovation Landscape Review will be undertaken.

Given that the West of the England AHSN is now firmly embedded in our local innovation ecosystem, and is highly valued for its leadership and expertise, partners are being asked to support its relicensing for a further 5 years.

Timely discharge of patients from hospital

The Better Together Executive group convened a system leadership session focused on discharge to reduce the number of patients who no longer meet the criteria to reside (NCTR) across our hospitals. There is determined focus to improve overall performance across BNSSG however, current system discharge plans are not delivering the expected performance and the recovery actions, though ambitious will not recover the position ahead of winter. As part of the Trust winter preparedness, leaders in UHBW and NBT are agreeing actions to ensure flow and optimal delivery across the acute network and wider system.

Strategy

Developing system elective capacity

The outline case for the system Targeted Investment Funding (TIF) for elective care to be hosted at North Bristol NHS Trust has been submitted to the Regional Team for assessment and approval. The bid has BNSSG support and if approved, will be the first scheme that will be funded through the system capital allocation process. The scheme alongside the Marlborough Hill and the Healthy Weston developments are the main capital and service development programmes within the acute care collaborative for the BNSSG system.

UHBW Strategy Refresh

Whilst the current Trust strategy runs to 2025, there is some merit to review it in the light of system in national changes across health and care. I intend to commence work to refresh the strategy in this quarter informed by the insights from the joint NBT/ UHBW clinical strategy work and the branding work from Mr B and friends. There will be significant engagement across our teams and leaders to co-produce propositions for the Board in quarter four.

Digital strategy

The Acute Provider Collaborative has agreed to bring the digital capability across NBT and UHBW closer together and to develop joint working and where practical and appropriate, alignment of digital priorities to support the joint clinical strategy. Central to this ambition is the creation of a joint leadership post for digital and IT across NBT and UHBW that will be recruited to via a national search to be in post in 2023.

Operational Delivery

Access to Timely Care

The Trust is making progress in reducing Referral to Treatment (RTT) waiting times of over 2 years. There are currently 97 patients waiting over 2 years. We are forecasting a further reduction to 52 patients waiting over 2 years by the end of October 2022. At the beginning of April, there were 346 patients waiting 2 years.

Operational teams continue to reduce waiting times of over 18 months and are currently ahead of plan. The number of patients waiting over 18 months has reduced to 756. We are committed to improve performance further and to expedite the remaining treatments for our long-waiting patients.

There remain some performance risks including the size of our ongoing RTT waiting list and the number of patients waiting over 52 weeks which currently stands at 5,970.

Cancer performance remains a concern with an increase in two-week wait waiting times, and an increase in the number of patients waiting over 62 days. The most significant growth relates to Lower GI, Skin and Gynaecology, which have been impacted by an increase in demand and sickness in the clinical teams. A recovery plan has been formulated and progress is being reviewed on a weekly basis.

As part of the support measures being put in place for Trusts that are not on track to eliminate 78 week waiting times by the end of the year, the Elective Care Intensive Support Team (ECIST) visited the Trust on the 20th and 21st September. They gave balanced feedback about where we have robust and effective processes and clinical interventions as well as areas of improvement, which are being implemented

Furthermore, the Trust is being visited by the NHS England and Improvement South West Regional Planned Care Team to give the team the opportunity to meet with operational teams and understand more about our services.

The second phase of Every Minute matters programme commenced in September. In the first 8 weeks of this programme, there has been an improvement in ambulance handovers, increased numbers and timely transfers of patients to the discharge lounge and an overall decrease in the length of stay for patients. The reduction in ambulance queuing is also starting to have a positive impact on the Emergency Department team, enabling them to focus on further improvements in patient experience and safety.

Recommendation

The Board is asked to note the report

Eugine Yafele
Chief Executive

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University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 11 October 2022

Reporting Committee	**Acute Provider Collaborative Board Upward Report from 16 September 2022**
Chaired By	**Michele Romaine, NBT Trust Chair and Co-Chair of APCB**
Executive Lead	**Eugine Yafele, Chief Executive**

For Information

Provider Collaborative Development

The Board received an update from UHBW's Chief Executive (on behalf of both Chief Executives) on the opportunities for developing the Provider Collaborative which included:

- The required behaviours within the ACPB and the intention for the Board to be a strategic forum for both Trusts.
- The emerging roadmap for the APCB and the need be challenging and ambitious in setting strategic objectives.
- The governance and decision-making of APCB including opportunities to tailor ambitions, set realistic objectives and set challenges within the BNSSG system.
- Confirming the vision and purpose of APCB to provide a unified acute provider view on the current position and where there needs to be more focus within the system.

The Board agreed that the function of the meeting was to provide a strategic collaborative direction for both Trusts, while acknowledging that there would still be competing and conflicting priorities which would be worked through outside of APCB.

The Board requested that the ambitions of the collaborative be RAG rated, to allow "easy wins" to be identified and driven forward at pace, and a realistic assessment of some of the more challenging ambitions.

The Board discussed the need to clarify how the Board would interface and engage with BNSSG ICB on strategic priorities (i.e., clarity on what the APCB should own and commit to strategically and what is expected within the system).

The Board agreed to set up a meeting in November to discuss whether there needed to be a joined-up acute provider position on winter contingency planning in the event that system priorities did not deliver.

Acute Digital Convergence Roadmap

The Board received a presentation delivered by NBT's Chief Digital Information Officer on behalf of both organisations which covered:

- The ambition to create a single APCB digital strategy.
- The future resilience and development of the digital workforce across both providers.
- The benefits of digital system convergence between NBT and UHBW.
- The opportunities for digital access and security improvements for staff and patients of both organisations, and the challenges to implementing this, particularly the need to ensure robust information governance.

The Board discussed the importance of ease of access for users and recognised the positive impact of aligning digital systems.
The Board agreed to add digital convergence to the Acute Provider Collaborative project list as a new workstream and noted that further information was required regarding the financial implications, governance, and the associated risks and possible mitigations (to be progressed via the organisations' Directors of Corporate Governance).

Joint Clinical Sponsorship Board update
The Board received the Joint Clinical Sponsorship Board update report which detailed the progress on the development of a joint clinical strategy, the prioritising clinical services for review and alignment, and the prioritisation of digital integration as the key enabler.
The Board discussed delays to the stroke pathway reconfiguration programme and noted the system and workforce challenges.
The Board received assurance that the joint clinical strategy, and the prioritisation of clinical services for review and alignment involved multi-disciplinary input.

Patient First Update
The Board received an update on the implementation of Patient First at both organisations, providing an overview of each organisation's emerging strategic priorities ("True North") and outlining the next steps in the programme.
The Board noted the progress, and it was confirmed that this would be discussed in more detail at the Board-to-Board meeting in October.

Project Dashboard
The Board received an update on the project dashboard which outlined progress within the ongoing work within the existing work programmes.

Corporate Services
The Board received and updated on the Corporate Services sub-group which had its inaugural meeting in September. The collaborative projects to be progressed as priorities include:

- Finance Transactional: Payroll and Finance IT System
- HR Transactional: Recruitment and Temporary Staffing

The Board noted that a full update on the progress would be brought to the next meeting.
The Board raised concerns regarding the messaging from the projects and requested that a communications plan be developed and included in the next update.

Date of next meeting:	The next scheduled meeting of the APCB will take place Thursday 19 January 2023.

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University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	**Review of Board Committee Terms of Reference – Acute Provider Collaboration Board**
Report Author	**Emily Judd, Corporate Governance Manager**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

As part of its own self review, the Board Committees consider their own terms of reference on a regular basis to ensure they remain fit for purpose and cover the correct remit for the Committee.

The Acute Provider Collaboration Board have recently reviewed their term of reference and these are now presented to the Board of Directors for approval (appendix 1).

This version was agreed by the North Bristol NHS Trust Board of Directors in July 2022 as this is a joint meeting of committees from the two organisations.

2. Key points to note
(Including decisions taken)

Following discussion at the last meeting, the Acute Provider Collaboration Board decided to make the following changes to the terms of reference:

- Update to paragraph 3.1 to recognise the Health and Care Act had received royal assent.
- Inclusion of para 4.1.9 to recognise that the Trust's Patient First programmes will be considered to support strategic alignment.
- Amendments to decision-making authority, membership and meeting frequency as outlined in Appendix I in paragraphs 5.1, 5.2, 5.6 and 6.1.

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

The risks associated with this report include:

- Risks to the robust governance of the Trust and the Committee's capacity to effectively support the Board in its governance function.

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

- This report is for **Approval.**

  The Board is asked to consider and if appropriate approve the proposed revised terms of reference for the Acute Provider Collaboration Board.

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

North Bristol NHS Trust Board Meeting	July 2022

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Acute Provider Collaboration Board
Terms of Reference
~~21.09.21~~July 2022

Version Tracking				
Version	Date	Revision Description	Editor	Approval Status
0.1	03/08/2021	First draft	Xavier Bell	Draft
0.2	16/08/2021	Amendments following comments from PC	Charlotte Devereaux	Draft
0.3	17/08/2021	Amendments following comments from ES	Charlotte Devereaux	Draft
0.4	18/08/2021	Amendments following comments from ES and PC	Charlotte Devereaux	Draft
0.5	01/09/2021	Amendments following NBT August Trust Board	Xavier Bell	Draft
0.6	09/09/2021	Amendments to decision-making authority	Xavier Bell and Eric Sanders	Draft
0.~~6~~7	~~09/09/2021~~ 07/07/2022	Amendments to ~~decision-making authority~~membership and meeting frequency	Xavier Bell and Eric Sanders	Draft
0.8	21/07/2022	Update to para 3.1 to recognise the Health and Care Act had received royal assent	Xavier Bell and Eric Sanders	Draft

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1. Constitution

1.1. The Boards of Directors (the Boards) of University Hospitals Bristol and Weston NHS Foundation Trust and North Bristol NHS Trust have resolved to establish an Acute Provider Collaboration Board (the APC Board), which will be a joint meeting of committees from the two organisations.

1.2. Each organisation will constitute an Acute Provider Collaboration Committee who will meet in common, and together shall be known as the APC Board. These Terms of Reference will apply to each of the Acute Provider Collaboration Committees.

1.3. The APC Board has no executive powers other than those derived from its membership (i.e., the powers of Executive Directors) or those specifically delegated in these Terms of Reference.

2. Authority and Accountability

2.1. Members of the APC Board remain accountable to the Boards of Directors of their respective Trusts.

2.2. The APC Board is authorised by the Boards to investigate any activity within its terms of reference.

2.3. The APC Board is authorised to seek any information it requires from any officer of the Trusts via their respective Chief Executive. All officers are directed to co-operate with any request made by the APC Board via their respective Chief Executive.

2.4. The APC Board may obtain whatever professional advice it requires[1], and may require Directors or other officers to attend meetings.

2.5. The APC Board may delegate specific decisions to a sub-group made up of its members, providing that the sub-group contains equal number of members from each of the organisation. This includes delegation to any Executive-led programmes or task and finish groups. Where the APC Board intends to delegate authority, this will be reported to the Boards of Directors for approval.

2.6. ***Limitations***

2.6.1. Save as is expressly provided in Standing Orders and Standing Financial Instructions of the respective Trusts, the ASR Programme Board shall have no further power or authority on behalf of the Boards of University Hospitals

[1] The APC Board may, from time to time, contract specialists to advise and support the discharge of these terms of reference. This shall be funded by both Trusts subject to APC Board approval.

For legal advice, this shall be subject to consultation with the Directors of Corporate Governance.

Bristol and Weston NHS Foundation Trust and North Bristol NHS Trust except as set out in these Terms of Reference.

3. Summary of the Acute Provider Collaboration

3.1. The 'Integration and Innovation: working together to improve health and social care for all'[2] policy papers and the 'Health and Care Act' introcuded integrated care system (ICS) and reset the focus on how health and care systems should be based on integration rather than competition.

3.2. The ICS Design Framework[3] confirms that place-based partnerships and provider collaboratives will be two key types of collaboration enabling ICSs to deliver their core purpose, namely, to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Support broader social and economic development.

3.3. NBT and UHBW have already made significant progress in their collaborative efforts in recent years and have already established a number of collaborative arrangements, including a Joint Clinical Sponsorship Board and the Acute Services Review.

3.4. The ACP Board will continue the collaboration which commenced via the Acute Services Review, and extend this to corporate and enabling areas (e.g., shared services, consistency of policies and principles, shared leadership posts). It will be the vehicle through which both organisations collaborate to address unwarranted variation and inequality of access, experience, and outcomes across BNSSG, to improve resilience and provide better outcomes and value across clinical and corporate areas.

3.5. The ACP Board will agree on the scope of collaboration on behalf of each Trust Board. This will include the initial focus areas already agreed as part of the Acute Services Review (Stroke, Neonatal Intensive Care, Adult Critical Care, Cancer, Genomics, Maternity and Diagnostics) and will expand to include additional clinical, corporate and enabling areas. This detail will be included in a separate Project Initiation Document (PID) that will be agreed upon by both organisations.

[2] **Integration and innovation: working together to improve health and social care for all (February 2021)**: *https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version*

[3] **NHS England » Integrated Care Systems Guidance**: *https://www.england.nhs.uk/publication/integrated-care-systems-guidance/*

4. Purpose

4.1. The purpose of the APC Board is:

4.1.1. to provide strategic leadership and direction for the Acute Provider Collaboration,
4.1.2. to provide Non-Executive and Executive oversight to the Acute Provider Collaboration,
4.1.3. to agree on the scope of the Acute Provider Collaboration and phasing of programmes of work,
4.1.4. to oversee delivery and agree on the resourcing of the Executive-led programmes of work (both clinical and corporate), including to receive regular updates on the progress,
4.1.5. to be the point of escalation for any issues or significant risks that the programmes cannot mitigate,
4.1.6. review all business cases arising from, or relevant to, the Acute Provider Collaboration, and to:

4.1.6.1. Approve such business cases up to a total scheme value of £500k (revenue) or £1m (capital) or business cases where the value is greater, and where specific delegated authority has been given by both Boards.
4.1.6.2. Make recommendations to both Boards for any such business cases greater than £500k (revenue) or £1m (capital) or business cases where the value is greater, and where specific delegated authority has been given by both Boards.

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4.1.7. Agree to changes to organisational policies and processes required to enable collaboration,
4.1.8. Agree any senior (AfC Band 8C and above) joint appointments proposed as part of the Acute Provider Collaboration, and any joint clinical appointments on advice from the Clinical Sponsorship Board ,
4.1.9. To provide a forum for sharing each organisations' Patient First Programme, allowing discussion and strategic alignment where appropriate,
4.1.10. to provide regular updates to each Board of Directors on the progress of the Acute Provider Collaboration.

4.2. The APC Board shall:

4.2.1. Role model the expected behaviours of the partnership.
4.2.2. Support the sharing of information and data with an "open book" mentality.
4.2.3. Prioritise system benefits.
4.2.4. Respect each organisation's independent status.
4.2.5. Ensure the effective and efficient use of resources.
4.2.6. Seek to balance or mitigate risk across the partnership.
4.2.7. Act with honesty and integrity, and trust each other to do the same.
4.2.8. Challenge constructively when required.
4.2.9. Assume good intentions.
4.2.10. Implement our shared priorities and decisions, holding each other mutually accountable for delivery.
4.2.11. Members will champion the work and outputs of the Acute Provider Collaboration within their respective organisations and externally.

5. Membership

5.1. The following shall be members of the Acute Provider Collaboration Committee for North Bristol NHS Trust:

5.1.1. Chief Executive
~~5.1.2. Medical Director~~
~~5.1.3. Chief Finance Officer~~
~~5.1.4.~~5.1.2. Chief Operating Officer
~~5.1.5.~~5.1.3. Trust Chair
~~5.1.6.~~5.1.4. One~~Two~~ [~~2~~1] Non-executive Directors~~, both of whom shall be independent[4] non-executive directors. [John Iredale & Kelly Macfarlane]~~

5.2. The following shall be members of the Acute Provider Collaboration Committee for University Hospitals Bristol and Weston NHS Foundation Trust:

5.2.1. Chief Executive
~~5.2.1.~~5.2.2. Chief Operating Officer
~~5.2.2. Director of Nursing~~
~~5.2.3. Director of Strategy and Transformation~~
~~5.2.4. Director of People~~
~~5.2.5.~~5.2.3. Trust Chair
~~5.2.6.~~5.2.4. ~~Two~~ One [1~~2~~] Non-executive Director~~s, both of whom shall be independent[5] non-executive directors.~~

5.3. The APC Board will be jointly chaired by the two Trust Chairs.

~~[4] as defined within the Trust's Standing Orders~~

~~[5] As defined within the Trust's Constitution~~

5.4. In the absence of both of the nominated Chairs, the remaining members present for the Acute Provider Collaboration Committee shall elect one of the other non-executive Director members to chair the Acute Provider Collaboration Committee.

5.5. If a member is unable to attend, whenever possible, apologies should be sent to the secretary of the Board at least five [5] working days in advance of the meeting. A deputy will be invited to attend the meeting if a member is unable to attend. It is important deputies are chosen to reflect the areas of expertise brought by the core members.

5.6. ***Quorum***

5.6.1. The quorum necessary for the transaction of business shall be ~~four~~ two [~~4~~2] members from each Trust, of whom ~~two~~ one [1~~2~~] must be non-executive Director/Trust Chair, and ~~two~~ one [~~2~~1] must be an Executive Director.

5.6.2. A duly convened meeting of the APC Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the APC Board.

5.6.3. Deputies and other attendees do not count towards the quorum.

5.7. ***Secretariat Services***

5.7.1. The Directors of Corporate Governance will provide secretariat services to the APC Board.
5.7.2. This shall include the provision of a secretary to the APC Board and such other services as are required from time to time.
5.7.3. The secretary to the Board will be provided by the organisation hosting the meeting.

6. Attendance

6.1. Other officers and external advisers may be invited to attend for all or part of any meeting as and when appropriate and where no conflict of interest exists.
6.2. The Executive Leads agreed for the Clinical and Corporate Workstreams will be ~~expected to attend the meeting if they are not already substantive members of the Committee~~required to attend regularly (as set out on the approved forward-workplan) to provide updates to the Committee
6.3. The Directors of Corporate Governance from the respective Trust's will be expected to attend the meeting to provide governance advice.

7. Meetings

7.1. Meetings of the APC Board shall be conducted in accordance with the following provisions:

7.2. ***Frequency of meetings***

7.2.1. The APC Board shall meet ~~six~~ four [4] times per year and at such other times as the Joint Chairs of the APC Board shall require as advised by the secretary.

7.3. ***Notice of meetings***

7.3.1. Meetings of the APC Board shall be called by the secretary of the APC Board at the request of the Joint Chairs.

7.3.2. Unless otherwise agreed, a notice of each meeting confirming the venue, time, and date, together with an agenda of items to be discussed, shall be made available to each member of the APC Board and any other person required to attend no later than five [5] working days before the date of the meeting.

7.3.3. Supporting papers shall be made available to APC Board members and to other attendees as appropriate no later than five [5] working days before the date of the meeting.

7.4. ***Minutes of meetings***

7.4.1. The secretary shall minute the proceedings and resolutions of meetings of the APC Board, including the names of those present and those in attendance.

7.4.2. Draft Minutes of meetings shall be made available promptly to all members of the APC Board and, once agreed, to all other members of the Boards of Directors[6].

7.5. ***Public Access and Confidentiality***

7.5.1. There is nothing within the Constitution of the University Hospitals Bristol and Weston NHS Foundation Trust Constitution, which requires the meetings of this APC Board to be held in public or to allow public access. Personal information shall be subject to the provisions of the Data Protection Act 2018; other information shall remain subject to the Freedom of Information Act 2000.

7.5.2. All members and attendees shall have due regard to the confidentiality of any discussions relating either to identifiable individuals or to commercially confidential information.

8. Reporting

[6] Unless a conflict of interest exists.

8.1. The Chairs of the APC Board shall report formally to their respective Board of Directors on all proceedings and matters within the duties and responsibilities of the APC Board.

8.2. The minutes of Acute Provider Collaboration Committees meetings shall be formally recorded and submitted to the Board of Directors according to the Boards' Annual Reporting Cycles.

8.3. The Chairs of the Acute Provider Collaboration Committees shall make whatever recommendations to his Board of Directors he deems appropriate on any area within the Acute Provider Collaboration Committees remit where disclosure, action or improvement is needed.

9. Monitoring and Review

9.1. The Chairs of the Acute Provider Collaboration Committees shall, at least once a year, lead a review of the performance, constitution, and terms of reference of the APC Board to ensure it is operating at maximum effectiveness and make any recommendations for change of the Terms of Reference to the Boards of Directors for agreement.

9.2. The Acute Provider Collaboration Committees will review the Memorandum of Understanding (MoU) annually and make recommendations to their respective Boards on any changes.

Return to Agenda

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

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

1. Report Summary

The report to Board this month, notes a key milestone in the merger process and provides members with assurance with regards the process.

The report also describes plans to begin transition from a dedicated programme to a core business approach to the remaining integration plans that we have.

2. Report

The next phase of internal changes at Weston

In the August report to the Board of Directors, plans to complete the integration of a further fourteen clinical services and to establish new management arrangements at Weston, were described. Over the last two months, Divisional and clinical teams have been completing the necessary operational changes to ensure a safe transfer of responsibilities. From a governance perspective, Divisions have been going through an assurance process to ensure that there has been scrutiny on the due diligence undertaken and risks that will be transferring are fully understood and have appropriate management and mitigation plans.

The Board will recall that all corporate services have been integrated since April 2021 and to date sixteen clinical services have completed their integration process. Once the next phase of the programme is completed in October 2022, almost 90% (30/34) of all our clinical specialties will be operated Trustwide as joint teams under single Divisional leadership.

Bringing teams together helps to remove barriers to new and innovative ways of working, with good practice shared across team's inn Weston and Bristol, increased staff flexibility depending upon service need across hospitals, help to reduce duplication and inefficiency and support the development of shared clinical pathways of care providing a better experience for patients.

The Governance process followed

To ensure that the risks of introducing the proposed management and clinical changes at Weston are well managed, a series of steps and actions have been taken since the business case was approved in March 22. These are summarised as follows, with further detail provided in appendix 1:

- In July, the Integration Programme Board approved the assurance process and oversight to enact the new Weston management arrangements
- Divisional boards in August approved in principle the transfer of accountabilities for the fourteen clinical services

- The Executive Committee on 14th September then approved the proposed governance process and decision-making steps to enact the new Weston management arrangements on 17th October
- In September and early October, Divisional Boards:
    - approved a Service Agreement that describes the relationship and expectations between Divisions and the newly established Weston General Hospital team (WGH).
    - Confirmed that Staff Consultation on management changes had been completed and implemented
    - Approved the proposed governance arrangements for the new WGH team (successor body to the Weston Division)
- A Gateway meeting was held on 3rd October

To ensure that the necessary elements of the transfer plan are ready and that it is safe to enact, the Executive Director for Strategy and Transformation (and programme Senior Responsible Officer) chaired the meeting with divisional representation, and senior nursing and medical representatives, to test the following two statements:

1. There are / are not the conditions are in place to fully deploy the new management model, as the consultation and its implementation has been appropriately concluded and the governance for the Weston General Hospital Team is in place; and

2. There are / are not material uncontrolled clinical / patient related risks identified during the due diligence process where the organisational risk would be significantly increased as a result of the specialty transfer

Provided that there is sufficient assurance and following endorsement of this decision by Integration Programme Board and the Trust Executive Committee, the decision will be made to proceed with the proposed management and clinical changes. A verbal update on the gateway decision will be given at the Board meeting.

New working together arrangements

As part of the governance process for the new Weston management arrangements, a Service Agreement has been developed, describing the relationship and expectations between Divisions and the newly established Weston General Hospital team (WGH). The SA provides the Weston General Hospital Team and the Divisions with a clear framework for delivering and monitoring its services to the standards set in this document. This is a non-financial document, developed to ensure 'no surprises' for all parties. It operates within the Trusts existing policies and procedures and within current business planning arrangements.

This is supported by a governance Interface document developed with divisional and corporate patient safety leads and others, in order to describe how all aspects of patient safety and governance will operate on the site, in an increasingly multi stakeholder environment.

Both documents have been developed through a process of scenario planning workshops and dedicated task and finish groups with divisional representation. Each division has then reviewed drafts and made comments that have enabled the document to better describe expectations on both sides. It is acknowledged that the Service Agreement is a working document, that will require further adjustment ahead of its implementation and a 3-month post implementation review is planned.

Establishing the new Weston General Hospital Team

Replacing the current Weston Division with a new Weston General Hospital (WGH) team is part of the new management arrangements at Weston. At its meeting in September the Weston Divisional Board proposed new governance structures and supporting terms of reference for its new management Board and sub committees. These will ensure that the duties and responsibilities of the Weston Division are transferred to the new entity and are fit for purpose to deliver on its new scope. These will be brought forward for approval by the Trust Executive Committee on October 12th.

In advance of the changes, staff communications will be rolled out to ensure that those affected know what is happening and how it affects them.

The future vision for Weston (Healthy Weston 2 programme)

The vision for Weston General Hospital is to have a centre of excellence for surgery and for the care of older people, delivering the right care at the right time to enable patients to be assessed, treated and able to return home as soon as possible.

The strategic and structural changes proposed within the Healthy Weston programme will support ever deeper integration of our Trust healthcare services and serve to maintain and enhance the sustainability of services at Weston. The public engagement period on the proposals has now ended, and the comments received are being analysed by The Evidence Centre. We will be able to share some of the key points raised during that period shortly – Further details can be found on the Healthier Together webpage here.

Planning for next phase

We are now in year three post-merger of the two organisations, back in April 2020. Members will recall that the two year integration programme was extended for a further twelve months until March 23 to enable us to adjust our plans following learning from the Pandemic and to complete the integration of all clinical services. We are now reaching these goals and so the Integration Programme Board is currently considering plans to transition from a programme to a core business approach to the remaining integration plans that we have.

At the point of merger the board was very clear that the journey of integration for the two organisations would take at least five to ten years to complete. The Trust will make sure that there

remains focus and resolve to continue to realise the expected benefits of merger - our Patient First initiative will help to empower staff across the organisation wherever they are based, removing barriers to innovation and change.

a. Risks

The risks associated with this report include:

5630 Risk that integration progress may stall as a result of reconsidering the management model at Weston. Detailed programme planning and detailed joint work with clinical divisions, overseen by the Integration Programme Board, is mitigating, and managing this risk.

b. Advice and Recommendations

- This report is for **assurance**

c. History of the paper

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

N/A

Return to Agenda

Appendix 1: governance and decision making process

Forum	Date	Purpose
Integration Programme Board	16th July	Approved the gateway process to enact the new Weston management arrangements on 17th October.
Divisional boards	Throughout August	Approved in principle the accountability transfers for fourteen clinical services.
Executive Committee	14th September	Approved the proposed governance process and decision-making steps to enact the new Weston management arrangements on 17th October.
Divisional boards • Weston • Medicine • Specialised • D&T • Surgery	22nd Sept to 6th October	Approved the Service Agreement Confirmed that Staff Consultation on mgt changes had been completed and implemented Drafted the new governance arrangements for the WGH team (successor body to the Weston Division) (Weston Board only)
Gateway meeting	3rd October	The SRO led forum will consider the gateway criteria and confirm the necessary elements of the transfer plan are ready and that it is safe to enact the new clinical services management arrangements.
Communications	Week of 10th October	Full communications plan deployed w/c 10th October
Executive Committee	12th October	Executive endorsement of the Gateway decision on the sufficiency of clinical and corporate assurance to proceed with the new management arrangements
Integration Programme Board	12th October	Programme Board endorsement of the Gateway decision.
Changes enacted	Monday 17th October	Weston Divisional board dissolves and is replaced by the future Weston management arrangements
Review / learning from enacting changes	Ongoing – formal review no later than 2 years post implementation (Oct 2024)	Effectiveness of the new arrangements kept under review and amendments made as required. 3 months review via tri to tri meetings remaining weekly post the change until December 22, then via six monthly Service Agreement review meetings.

Appendix 2: Gateway criteria – evidence being tested

Gateway criteria to be tested	Evidence provided
1. The conditions are in place to fully deploy the new management model, as the consultation and its implementation has been appropriately concluded and the governance for the Weston General Hospital Team is in place; and	1.1 Service agreement approved by affected Divisional Boards 1.2 Staff Consultation on mgt changes completed and implemented 1.3 Approval of the governance arrangements for the WGH team (successor body to the Weston Division)
2.There are no material uncontrolled clinical / patient related risks identified during the due diligence process where the organisational risk would be significantly increased as a result of the specialty transfer.	2.1 Divisional Boards (Medicine, Surgery, Specialised and Weston) have formally considered the transfer workbooks and have taken the decision that there is sufficient assurance to proceed with the transfers of accountability 2.2 Any significant transferring risks have been reviewed and receiving Divisions understand and accept the management and mitigation plans in place.

Return to Agenda

Meeting of the Trust Board in Public on Tuesday 11th October 2022

Report Title	**CQC Action Plan Update**
Report Author	**Chris Swonnell, Head of Quality & Patient Experience**
Executive Lead	**Deirdre Fowler, Chief Nurse & Midwife**

1. Report Summary

The report contains:

- A progress update on the Trust's CQC composite action plan since July 2022 – a further 38 actions have been agreed 'to close' at QOC on 26th September.
- An update on the CQC's inspection of medical care at Weston General Hospital in August 2022, including arrangements for publication of the final report, areas for action, and the Trust's application to have its current Section 31 Notice at Weston lifted.

2. Key points to note

(Including decisions taken)

CQC composite plan - summary of action completion

The Trust's composite CQC action plan currently lists all actions relating to UHBW CQC inspections since January 2021. The plan also includes any actions from the CQC's inspection of the Emergency Department at Weston General Hospital which were outstanding at the point when they were reviewed by the Board in June 2021.

Overall progress, as presented to the Quality & Outcomes Committee on 26th September 2022 is summarised below.:

	May 22	Jul 22	Sep 22		
Closed	34	34	**82**	58%	**92%**
Recommend to close (evidence supports completion)	21	48	**38**	27%	
Complete (awaiting evidence to support)	45	34	**10**	7%	
On track	3	4	**3**	2%	
Behind schedule but significant progress made	12	21	**8**	6%	
Behind schedule	26	0	**0**	0%	
Total actions	**141**	**141**	**141**		

The latest position of actions across the services inspected can be found below:

	Recommend to close (agreed by QOC 26/9/22)	Complete (awaiting evidence to support)	On track	Behind schedule but significant progress made	TOTAL
Corporate Well-led	7	0	1	1	9
Urgent & Emergency (Bristol)	2	1	0	2	5
Urgent & Emergency (Weston)	3	1	0	3	7
Medical Care (Bristol)	7	1	2	0	10
Medical Care (Weston)	19	7	0	1	27
Outpatients (Weston)	0	0	0	1	1
TOTAL	38	10	3	8	59

48 actions were agreed for closure by the Board in July, following a request from QOC in June for further work on the action plan to provide the necessary levels of assurance to support closure. In July, we also reported to the Board that our target was to close the majority of remaining actions at the next quarterly review in September, with the possibility of being able to close the respective plans at that point.

Following review of further updates received since July, **38 additional actions were agreed with QOC for closure.** They are in the following areas:

- Corporate well-led (7)
- BRI ED (2)
- BRI medical care (7)
- Weston ED (3)
- Weston medical care (19)

This includes five actions which are not technically fully complete but where: the themes are, by definition, ongoing; significant progress is being made; appropriate monitoring is in place; and there is no obvious added value to keeping the actions open in the CQC plan. These actions are as follows:

- Deliver Violence & Aggression reduction work programme (Corporate well-led)
- Develop and implement a plan to improve mandatory training and appraisal compliance (Corporate well-led)
- Improve middle grade doctor recruitment (BRI ED)
- Improve essential training compliance (Weston ED)

- Ensure staff receive regular appraisal (BRI medical care)

21 actions remain, of which 10 have been completed but confirmatory evidence is awaited. The next target is therefore to close the remaining 21 actions at the next quarterly review by QOC in December.

CQC inspection of medical care at Weston General Hospital, August 2022

The Trust received a planned inspection of medical care at Weston on 16, 17 and 24 August 2022. The CQC's inspection report is due to be published on 11th October (the same day as the Board meets), until which time it remains embargoed. The report broadly reflects the initial feedback given to the Trust immediately after the inspection, which is that the following aspects of care require attention:

- Ensuring patient safety and giving due attention to patient experience when the surgical day case unit is being used as an escalation area for patient staying overnight in hospital.
- Ensuring VTE risk assessments are consistently completed and recorded according to Trust policy.

The CQC have also made recommendations to strengthen the resilience of nursing and medical staff models at Weston, although the report also recognises significant progress in these areas, which are no longer the subject of improvement notices. Other recommendations focus on the provision and uptake of staff training, induction and appraisal.

There is no overall inspection rating for Weston General Hospital because an insufficient number of core services have been inspected at this site since the time of merger to enable CQC to give such a rating. There is also no impact on the Trust's overall CQC rating.

The senior management team at Weston started work on an action plan immediately following the inspection, and this is now in the process of being finalised following receipt of the CQC's report, which clarifies and expands on the initial feedback. The Weston team are working to a deadline of 5th October to finish drafting the plan, which will be reviewed at QOC later in October.

Following the advice of our local CQC inspectors, the Trust submitted a formal application on 6th September to have our Section 31 Notice lifted (the S31 relates to concerns identified by the CQC during their 2021 inspection at Weston General Hospital). We await the outcome of this application, which may be timed to coincide with the publication of our inspection report.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
Risk 3763 – risk of non-compliance with CQC standards
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance**
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**
Progress of the CQC composite action plan was discussed at QOC on 26/9/22.

Meeting of the Trust Board of Directors in Public on 11 October 2022

Reporting Committee	**Quality and Outcomes Committee – Meeting held 26 August 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

Clinical and Service Quality Compliance and Performance.

Mark Smith presented the first draft of the new IQPR which was a further valuable development of the Trust's integrated quality and performance report. The new report now included "trajectories" that will allow easy tracking of progress. The report also covers actions and risks.

NHS England had also published a "must do" list of required reports. As expected, this covered waiting lists, cancer and safety.

Significant staffing issues were reported within the main theatre complex of the Bristol Royal Infirmary due to sickness absence which had impacted on the clearance of patient backlogs and cancer performance would be impacted due to long term sickness at Weston General Hospital in dermatology and colorectal. However, it was noted there had been an excellent improvement in discharge through the discharge lounge which was now opening earlier for patients.

Benchmarking, Learning and Quality Improvement.

The Care Quality Commission (CQC) letter reporting their observations following their subsequent review of Weston General Hospital was discussed. It was noted that an improvement plan would be developed once the final report had been received. The final report would be presented to the Board in due course.

Anne Reader presented an update on the National safety strategy and implementation for serious incident investigations and application of learning. A clear plan and programme was in development which will result in fewer investigations but the investigations that are undertaken will be in greater depth.

The Committee received the Infection Prevention and Control Annual Report for 2021 - 2022 which summarised the Trust's performance in the key Infection Prevention and Control standards for that period and talked about how well the Trust had adjusted to a new way of working during the pandemic.

Key Decisions and Actions

N/A

Date of next meeting:	**11 October 2022**

Meeting of the Trust Board of Directors in public – 11 October 2022

Reporting Committee	**Quality and Outcomes Committee – Meeting held 26 September 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

Clinical and Service Quality Compliance and Performance.

The new Integrated Quality Performance Report (IQPR) format was used that took into account the Leadership, Priorities and Oversight Framework, setting out the main risks and mitigations under the domains of Quality, Our people, Timely care, Weston renewal and Financial performance. It allows the Committee to focus on the major issues.

The result of the CQC reinspection of Weston General Hospital was discussed. There were still issues that needed to be addressed, but overall it was a good inspection. The Trust had also applied to the CQC seeking the lifting of the section 31 notice, the outcome of which was awaited.

The discharge lounge was working well but use is growing more slowly than had been hoped with discharge at weekends proving to be a continuing difficulty. The implementation of “criteria led discharge” was underway.

Venous thromboembolism (VTE) assessments were highlighted again as a cause for concern.

There had been some reduction in long waits for appointments and treatment, particularly in colorectal surgery, but dermatology was still an issue (nationwide) mainly because of the lack of available expert resource.

It was noted that positive COVID-19 numbers were again increasing within the region. The UHBW operations team were planning to reimplement some of the strategies developed during the pandemic if the Trust started seeing the same increase as at North Bristol NHS Trust (NBT).

Benchmarking, Learning and Quality Improvement.

Dr Becky Thorpe (A&E consultant) presented a pilot study that showed the use of consultant input before a patient is transported to A&E reduced patients attending A&E by up to 87 percent (were not conveyed to A&E) and 66% were discharged at the scene. There would be a further study using other health professionals, like GPs and Allied Health Professionals joining ambulance crews, using a car, to see if the same reduction in attendance could be achieved. An excellent and focussed presentation.

Lucy Parsons, Deputy Chief Operating Officer, presented details of the winter plan, focussing activity under the headings of: Same Day Emergency Care (SDEC), Every Minute Matters campaign, using non-inpatient areas pre-emptively, the discharge to assess programme, reducing crowding in minors, radiology projects, Weston General Hospital front door reconfiguration and the use of South Bristol Community Hospital (and the hotel) together some other process improvement activities. Activity and actions are detailed and clear.

The Committee discussed the bedding of patients in A&E at Weston General Hospital overnight and the risks this represents. Mitigation of the risks was in place with recruitment of an overnight registrar to ensure a clinical presence.

Chris Swonnell, Head of Quality & Patient Experience, presented the new CQC inspection framework, where there will still be 5 domains of quality (safe, effective, caring, responsive, well-led). We need to see how its applied at the next inspection.

There was a discussion on staffing and training, the use of nursing associates, apprenticeships and allied health professionals. A great deal of work is going in to developing the pipelines of resource.

Key Decisions and Actions

Date of next meeting:	**11 October 2022**

Return to Agenda

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	**Integrated Quality & Performance Report (IQPR)**
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 and Midwife; Stuart Walker, Medical Director** **Workforce – Emma Wood, Director of People** **Finance – Neil Kemsley, Director of Finance and Information**

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)

An additional report called "Leadership Priorities and Oversight Framework" has been submitted along with the usual IQPR. This new report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities. Further information is contained within the existing Integrated Quality and Performance Report (IQPR).

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 **Assurance.**

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

Quality and Outcomes Committee	26 September 2022

University Hospitals Bristol and Weston NHS Foundation Trust

Leadership Priorities and Oversight Framework

September 2022

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

PRIORITY	CORPORATE OBJECTIVE
Quality and Safety	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways
Our People	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students
	Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics
Timely Care	Reduce ambulance handover delays Eliminate the number of patients waiting over 78, 104 week waits and cancer delays Outpatient follow-up activity levels compared with 2019/20 baseline Increase specialist surgery activity
Weston Renewal	Complete the clinical service integration programme and implement the new WGH delivery unit model
	Confirm the vision for Weston Hospital through Healthy Weston 2 and develop an implementation plan across UHBW and the system as a whole
Financial Performance	Divisional performance v budget (or agreed control total if different). Identify and implement recurring CIP delivery v 22/23 target ESRF related activity (value) v 19/20 baseline

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

EXECUTIVE SUMMARY

Quality and Safety

The Care Quality Commission (CQC) carried out a planned reinspection of medical care at Weston General Hospital on 16th, 17th and 24th August (24th August was a follow-up night visit). Initial post-inspection feedback from the CQC was broadly positive, reflecting significant improvements made since the previous inspection in June 2021. A relatively small number of areas for improvement were highlighted by the CQC and have since been confirmed in the draft inspection report, received from the CQC on 12th September; the Trust has until 26th September to comment on any matters of factual accuracy. In the meantime, action planning has commenced. As a result of the favourable inspection, the Trust has been encouraged by the CQC to submit a formal application to have the current Section 31 enforcement notice at Weston lifted – the Trust submitted an application on 6th September and is awaiting the outcome.

The Summary Hospital Mortality Indicator for UHBW for the 12 months May 2021 to April 2022 was 99.9 and in NHS Digital's "as expected" category. This is slightly below the overall national peer group of English NHS trusts of 100.

There have been no trust-apportioned MRSA cases in August 2022. As such there have been no cases of MRSA bacteraemia in UBHW reported in the year-to-date 2022/23. This financial year to date we have had forty-six *Clostrioides Difficile* HOHA and COHA cases for 2022/23 which means we are currently above our trajectory for this year.

The Patient Safety Improvement Team have recently undertaken a comprehensive review of the Venous Thromboembolism (VTE) risk assessment processes, identifying several improvement opportunities to aid VTE risk assessment compliance and strengthen prescribing guidance. Please refer to the VTE pages (pages 12-13) for more details.

Our People

Our vacancy position remains above target overall, however it is reducing in all areas except registered Nursing and Midwifery. In particular, unregistered Nursing has improved significantly over the past two months. Turnover overall remains close to target, with unregistered Nursing turnover remaining below target. However Registered Nursing turnover remains above target at 15%, with B5 Nursing turnover remaining a hotspot at 18.7%. AHP turnover remains high and above target also at 16.4%. Agency usage remains above the 1.8% target at 2.3%. Bank usage has also reduced to 5.9%, below the 6.3% target.

Mandatory training levels have improved again for the fifth consecutive month and are now close to the 90% target at 86% compliance. Two core skills remain under 80% compliance - Moving and Handling (66%), and Resuscitation (64%). Sickness absence has reduced across all staff groups, and remains below target levels.

Timely Care

We are forecasting a reduction in the 104 week wait backlog to 52 by the end of October 2022. At the beginning of April, there were 349 patients waiting. We are also making progress in reducing waiting times of over 78 weeks, and are currently ahead on our plan. There remain some performance risks including the size of our ongoing RTT waiting list and the number of patients waiting over 52 weeks. As part of the support measures being put in place for Trusts that are not on track to eliminate 78 week waiting times by the end of the year, the Elective Care Intensive Support Team (ECIST) is visiting the Trust on the 20th and 21st September. The ECIST are meeting with a range of corporate and divisional teams to advise upon opportunities for improvement.

Cancer performance is also a cause for concern with an increase in two-week wait waiting times, and an increase in the number of patients waiting over 62 days. The most significant growth relates to Lower GI, Skin and Gynaecology, which have been impacted by an increase in demand and short and long term sickness within the clinical teams. A recovery plan has been formulated and progress is being reviewed on a weekly basis.

The Trust is still experiencing exceptionally high volumes of patients with no criteria to reside which meant on average we had 1 in 5 beds occupied during August. Improving flow therefore continues to be the most significant operational challenge to safeguard surge capacity requirements over Winter and maintain bed capacity for elective work. Theatre staffing, rather than beds, has been the main constraint on elective recovery this summer, but this position is expected to change towards beds being the main constraint as we approach Winter.

Weston Renewal

Further clinical integration of services is planned for next month and the new Weston General Hospital management team will be established. The *Healthy UHBW* workstreams are also being established (to include the Marlborough Hill development) in the context of future clinical and operational strategy.

Financial Performance – See Trust Finance Report (Agenda Item 16) for further details

At the end of August there is a net I&E deficit of £6,189k against a planned deficit of £3,588k (excluding technical items). Total operating income is £2,937k adverse to plan due to lower than planned other operating income of £5,048k, offset by higher than planned income from activities of £2,111k. Operating expenses are £200k adverse to plan primarily due to higher pay expenditure (£7,990k adverse), the shortfall in Trust CIP delivery of £1,711k, offset by lower than planned depreciation expenditure of £635k and lower than planned other non-pay expenditure of £8,866k.

The key issues driving the financial position and the risk that the financial plan will not be achieved are: 1) Savings delivery below plan – Trust-led CIP delivery is £4,851k or 74% of plan. Full year forecast delivery is £11,685k or 78% of plan of which recurrent savings are £5,781k, 39% of plan. 2) Lower than planned elective activity – if overall elective activity continues below plan there will be a reduction in ESRF income. 3)Pay costs higher than plan – pay expenditure must be maintained within divisional and corporate budgets. 4)Forecast overspend against divisional *budgets* – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

DOMAINS:
Quality and Safety
Our People

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Infection Control: C.Diff Cases	Risks: 800 and 4651	Actual	6	8	12	13	7							
		Trajectory	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4
Infection Control: MRSA Cases	Risks: 800 and 4651	Actual	0	0	0	0	0							
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assmessment	Risk: 720	Actual	81.3%	81.9%	82.4%	82.5%	83.7%							
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usgae	Risk: 674	Actual	2.0%	2.1%	2.3%	2.6%	2.3%							
		Trajectory	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Workforce: Turnover	Risk: 2694	Actual	15.3%	15.3%	15.4%	15.7%	15.6%							
		Trajectory	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Workforce: Staff Sickness		Actual	6.3%	5.1%	5.6%	6.5%	4.7%							
		Trajectory	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
Workforce: Staff Vacancy	Risk: 737	Actual	5.7%	8.0%	8.3%	8.4%	7.2%							
		Trajectory	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%

			Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Summary Hospital Level Mortality Indicator (SHMI)		Actual	99.3	100.5	99.3	98.8	100.0							
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

DOMAIN:
Timely Care

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referral To Treatment 78+ Weeks	Risk: 801	Actual	944	975	926	813	756							
		Trajectory	902	961	981	1,137	1,225	1,313	1,401	1,489	1,577	1,665	1,753	1,951
Referral To Treatment 104+ Weeks	Risk: 801	Actual	349	293	236	131	97							
		Trajectory	336	281	197	182	167	138	109	87	72	50	33	29
Cancer 62+ Days	Risk: 801	Actual	179	232	237	261	416							
		Trajectory	180	180	180	180	180	180	180	180	180	180	180	180
Cancer Treated Within 62 Days	Risk: 801	Actual	68.1%	71.3%	61.8%	69.4%								
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	57.9%	60.1%	61.2%	63.5%	62.2%							
		Trajectory	58%	60%	62%	63%	65%	66%	68%	70%	71%	72%	73%	75%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	1,633	1,655	1,496	1,359	1,240							
		Trajectory	1,654	1,676	1,474	1,304	1,174	1,076	901	802	743	676	613	500
Emergency Department: 12 Hour Trolley Waits	Risks: 910 and 4700	Actual	809	579	576	878	758							
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Department: Handovers Over 15 Minutes	Risks: 910 and 4700	Actual	80.5%	76.0%	74.4%	82.3%	80.8%							
		Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	22.4%	20.0%	20.6%	19.7%	21.6%							
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	11.2%	14.5%	16.9%	21.8%	24.7%							
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	147	197	182	196	214							
		Trajectory												

Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

CORPORATE RISKS – As At End of Quarter 2 (September 2022)

ID	Corporate Risks Timeline	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23		6-month Forecast	Target
423	Risk that demand for inpatient admission exceeds available bed capacity	16	20	20	20	20	↔	↔	8
801	Risk that the requirements of the NHS System Oversight Framework 2021/22 are not met	20	20	20	20	20	↔	↔	8
1595	Risk that patients suffering from mental health disorders are in Adult ED for prolonged periods	12	9	16	20	20	↔	↔	8
910	Risk that patients in ED do not receive timely and effective care	20	20	20	20	20	↔	↓ 12	6
2244	Risk that long waits for Outpatient follow-up appointments results in harm to patients	16	16	20	20	20	↔	↔	4
5477	Risk that nurse staffing levels will not be met		20	20	20	20	↔	↔	6
972	Risk that the Trust is non-compliant with Fire Safety Regulations	16	16	16	16	16	↔	↔	4
1035	Risk that operations are cancelled and performance targets breached	20	20	16	16	16	↔	↔	4
2264	Risk that delays in commencing induction of labour increases perinatal morbidity and mortality	15	15	16	16	16	↔	↔	4
856	Risk that the emotional & mental health needs of children and young people are not fully met	12	15	15	15	15	↔	↔	8
4700	Risk that a patient may deteriorate whilst being held in the ambulance bay	15	15	15	15	15	↔	↓ 12	3
588	Risk that patient deterioration is not identified and responded to	12	12	12	12	15	↑	↓ 12	5
422	Risk that patients and staff experience violent or aggressive behaviour	12	12	12	12	12	↔	↔	6
4651	Risk that Covid -19 is transmitted between patients and staff within the Trust	15	20	20	20	12	↓	↔	9
674	Risk that use of agencies who are non-compliant with national pricing caps does not reduce	12	12	12	12	12	↔	↔	4
793	Risk that staff experience work-related stress	12	12	12	12	12	↔	↔	9
921	Risk that staff are not fully compliant with their Essential Training	12	12	12	12	12	↔	↓ 9	6
1598	Risk that patients suffer harm or injury from preventable falls	12	12	12	12	12	↔	↔	8
2639	Risk that staff are not fully compliant with their appraisal requirements	12	12	12	12	12	↔	↓ 9	6
3115	Risk that clinical decision making may be based upon incomplete information	12	12	12	12	12	↔	↔	4
3369	Risk that the UoB relationship will impact the quality of the teaching environment	12	12	12	12	12	↔	↔	8
4539	Risk that Trust performance and delivery of corporate objectives may be adversely affected	12	12	12	12	12	↔	↔	4
4748	Risk that rates of substantive clinical staffing across WGH are insufficient	12	12	12	12	12	↔	↔	8
2614	Risk that patient care and experience is affected due to being cared for in extra capacity	8	8	10	10	12	↑	↔	4
3394	Risk that Occupational Health provision is inadequate to service the Organisation	9	9	9	9	9	↔	↓ 6	6
2695	Risk that the Trust fails to establish and maintain robust governance processes	6	6	6	9	9	↔	↓ 6	6
800	Risk that Trust operations are negatively impacted by (COVID-19) pandemic	12	12	15	15	9	↓	↔	9
291	Risk that critical IT equipment fails and cannot be restored	8	8	8	8	8	↔	↔	4
720	Risk that VTE risk assessments are not completed	12	8	8	8	8	↔	↔	4

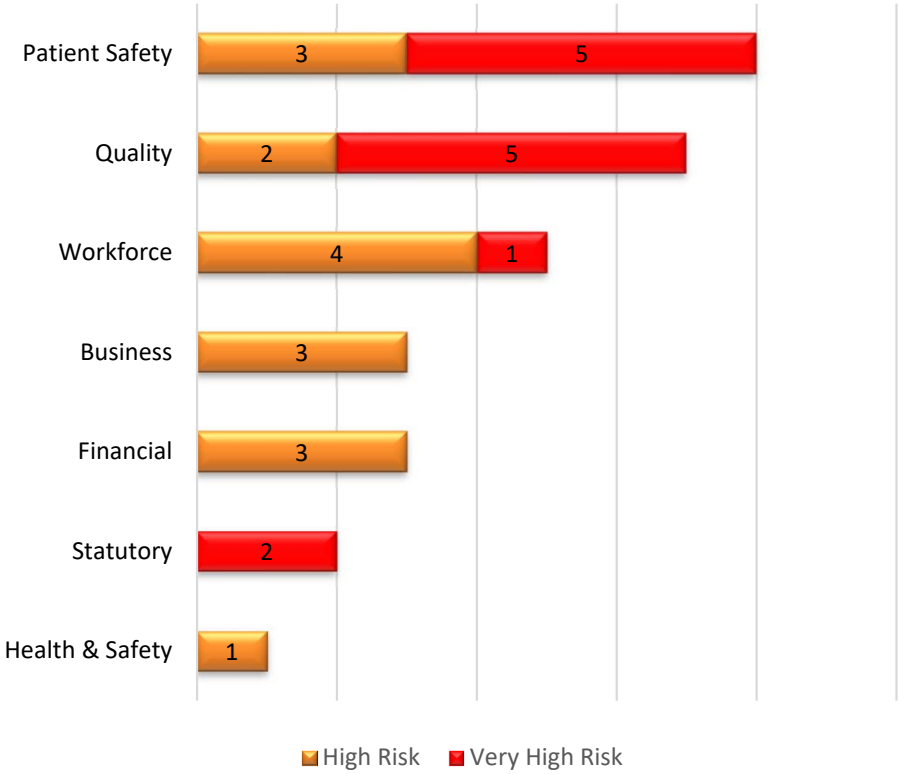
Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

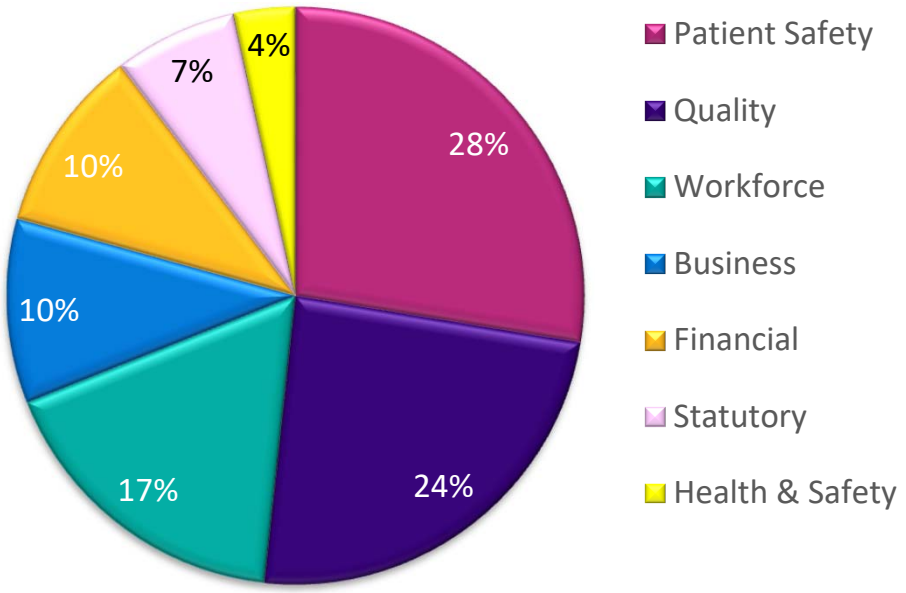
Reporting Month: August 2022

CORPORATE RISKS – As At End of Quarter 2 (September 2022)

Corporate Risks by Domain and Risk Level

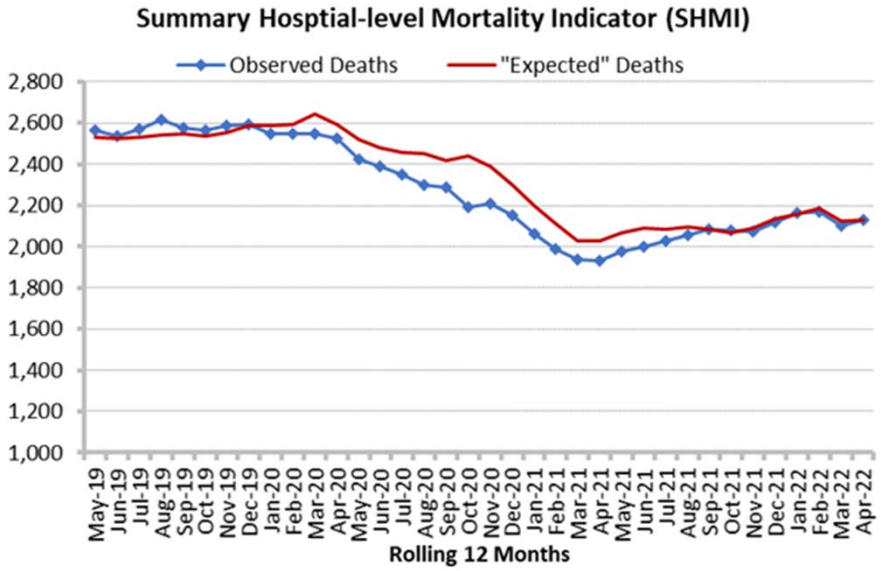


Corporate Risks by Domain



STANDARD	QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months May 2021 to April 2022 was 99.9 (rounds to 100) and in NHS Digital's "as expected" category.
National Data:	UHBW's total is slightly below the overall national peer group of English NHS trusts of 100.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Risks:	tbc

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
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
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0

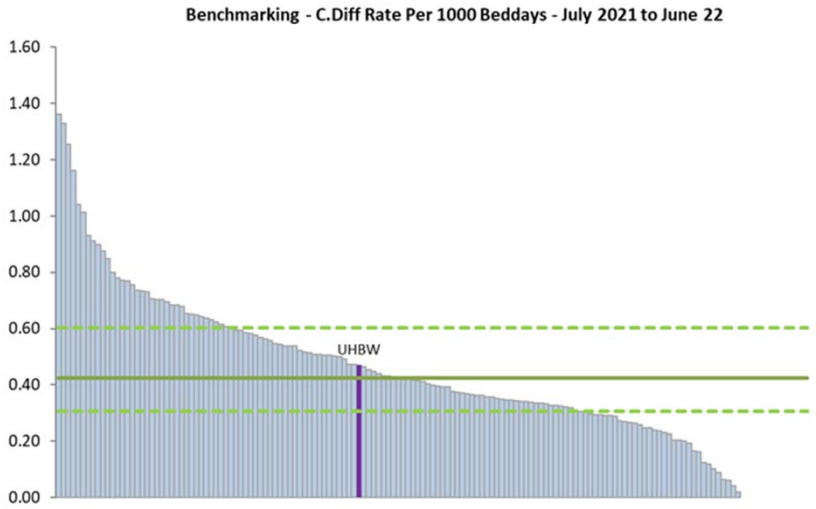


STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Performance:	For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. There were seven hospital-attributable cases of C-Difficile in August of which six were identified as HOHA, with one COHA cases reported The limit of Clostridium Difficile cases for 2022/2023 as set by NHS England is 89. This limit will give a trajectory of approximately 7.4 cases a month. There have been no trust-apportioned MRSA cases in August 2022 and zero year to date. The expectation is that there will be zero cases each month.
National Data:	See next page.
Actions:	C.Diff: • Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 22/23. Increased cases have been identified across both Bristol and Weston sites. • Increased environmental auditing within areas of increased rates is taking place. • A structured collaboration commenced in September 2021 across the local provider organisations facilitated by the CCG and a regional NHS England quality improvement collaborative is being established. • An updated Infection Prevention and Control (IPC) education plan in clinical departments has begun. MRSA: • Policies and guidelines need to be refreshed to be aligned across the organisation including screening requirements. There is an ongoing focus on indwelling vascular device management and a focus on improvements in care. • The vascular access group was restarted in March 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. • An improvement plan is to be developed.
Risks:	800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust

C.Difficile

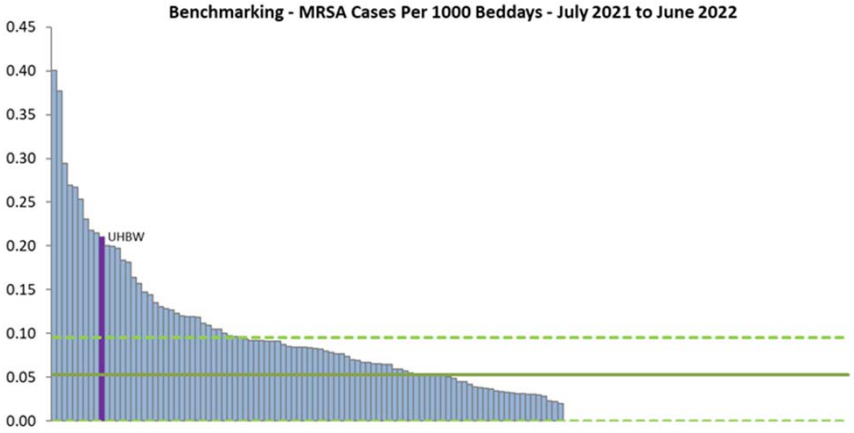
	Aug-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	0	0	0	0	0	0
Specialised Services	0	0	0	0	0	0
Surgery	0	0	0	0	0	0
Weston	0	0	0	0	0	0
Women's and Children's	0	0	0	0	0	0
Other	0	0	0	0	0	0
UHBW TOTAL	**7**	**6**	**46**	**38**	**95**	**82**

HA = Healthcare Associated, HO = Hospital Onset



MRSA

	Aug-22	2022/2023	2021/2022
Medicine	0	0	0
Specialised Services	0	0	0
Surgery	0	0	0
Weston	0	0	0
Women's and Children's	0	0	0
Other	0	0	0
UHBW TOTAL	**0**	**0**	**7**

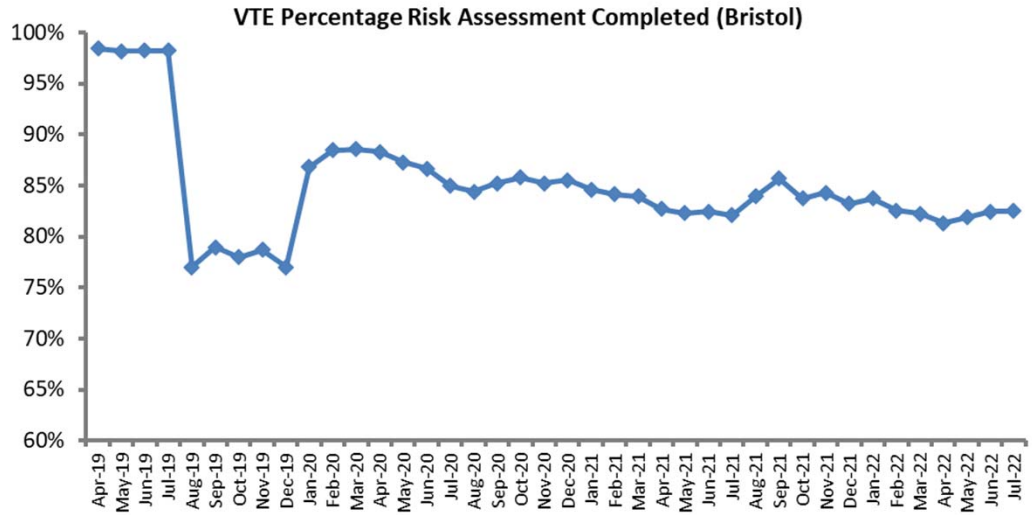


STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Performance:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%. Recent VTE risk assessment compliance remains relatively static at 83.7% (excluding Weston due to data feed issues). Of note, Surgery is 79.6% (78.4% July) Diagnostics and Therapies compliance is 100% and Specialised Services is 91.5% (91.9% July), whilst Medicine is at 73.3% (68.7% July). This data should be viewed with caution as data inconsistencies have been identified with digital data feeds by the digital services team.
Actions:	• Patient Safety Improvement Team, Digital Services Team, Pharmacy colleagues and the VTE Weston Lead have worked collaboratively to deliver implementation of several previously reported changes in Weston to harmonise and align VTE processes in Bristol and Weston. • The Patient Safety Improvement Team have recently undertaken a comprehensive review of the VTE risk assessment processes, identifying several improvement opportunities to aid VTE risk assessment compliance and strengthen prescribing guidance. Some key elements of this review are summarised below. • Healthcare associated VTE reviews are not currently being undertaken in Bristol due to insufficient capacity to undertake these, which means we may miss opportunities to learn and improve care related to VTE prevention. As of July 2022 there were 81 outstanding reviews. • A comprehensive diagnostic report bringing together the emerging and existing issues relating to VTE prevention has been requested for the Clinical Quality Group in October. The aim of the report is to inform the prioritisation of the key achievable improvement actions that can be taken for greatest impact on VTE prevention. • Joint working continues with the Patient Safety Improvement Team, Digital team and the VTE Leads to fix the data feed issues. • From August 2022 the new doctors' induction programme includes a more comprehensive focus on VTE prevention. • Safety bulletins have been shared identifying learning from VTE incidents. • The focus on Board rounds as part of the Every Minute Matters programme provides an opportunity for identifying patients who do not have a "green dot" showing a VTE risk assessment has been completed.
Risks:	720: Risk that VTE risk assessments are not completed

Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	3	3	100.0%
	Radiology	26	26	100.0%
Diagnostics and Therapies Total		**29**	**29**	**100.0%**
Medicine	Medicine	1,878	2,561	73.3%
Medicine Total		**1,878**	**2,561**	**73.3%**
Specialised Services	BHOC	2,371	2,465	96.2%
	Cardiac	302	456	66.2%
Specialised Services Total		**2,673**	**2,921**	**91.5%**
Surgery	Anaesthetics	17	17	100.0%
	Dental Services	80	109	73.4%
	ENT & Thoracics	198	332	59.6%
	GI Surgery	1,040	1,244	83.6%
	Ophthalmology	233	235	99.1%
	Trauma & Orthopaedics	114	175	65.1%
Surgery Total		**1,682**	**2,112**	**79.6%**
Women's and Children's	Children's Services	37	47	78.7%
	Women's Services	1,434	1,568	91.5%
Women's and Children's Total		**1,471**	**1,615**	**91.1%**
Grand Total		**7,733**	**9,238**	**83.7%**

Leadership Priorities and Oversight Framework

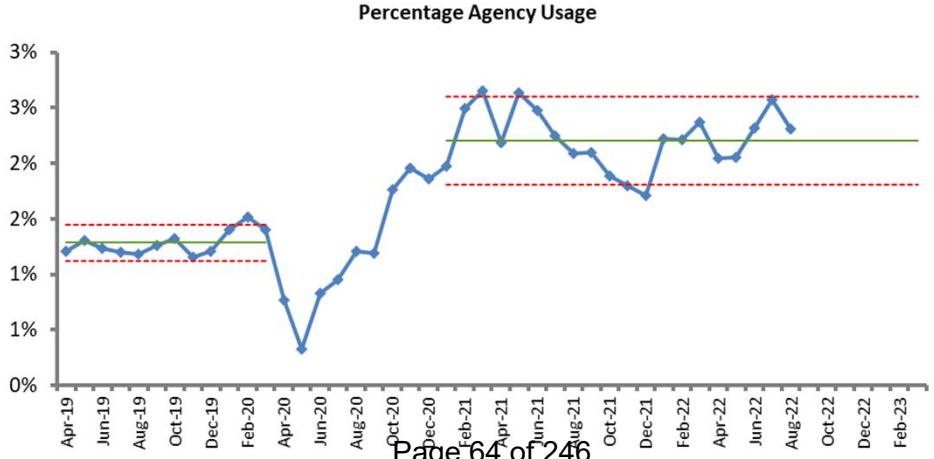
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
Performance:	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%. Agency usage reduced by 28.2 FTE to 267.9 or 2.3%. There were increases in three divisions, with the largest increase seen in Women's and Children's, increasing to 32.9 FTE from 20.3 FTE in the previous month. There were reductions within four divisions, with the largest reduction seen in Medicine, reducing to 6.3 FTE from 93.5 FTE in the previous month.

Actions:	• There were 66 new starters to the bank in August consisting of the following:
	  • 39 clinical staff - 35 Healthcare Support Workers and four registered nurses.
	  • 27 non-clinical staff - 12 re-appointments with the remaining 15 new starters joining bank roles, comprising 10 administrators, 3 cleaning and catering assistants and 2 porters.
	• The Trust continues to encourage block bookings to reduce the use of last minute, non-framework reliance and is looking to offer a 50% pay incentive for allocation on arrival shifts in specific areas.
	• A new free shuttle bus service between Bristol and Weston General Hospital is being introduced which will facilitate greater mobility of Bank staff and as a result reduce agency reliance.
	• Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage.
	• The Trust is continuing to pay travel time for clinical staff as an incentive for staff to pick up bank shifts at Weston to reduce agency reliance.
	• There is a new system-wide working group being established to focus on driving down agency expenditure (also bank rates and neutral vendor management), as part of a new set of working groups reporting into the ICS People Programme Board chaired by UHBW Chief Executive.

Risks:	674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce

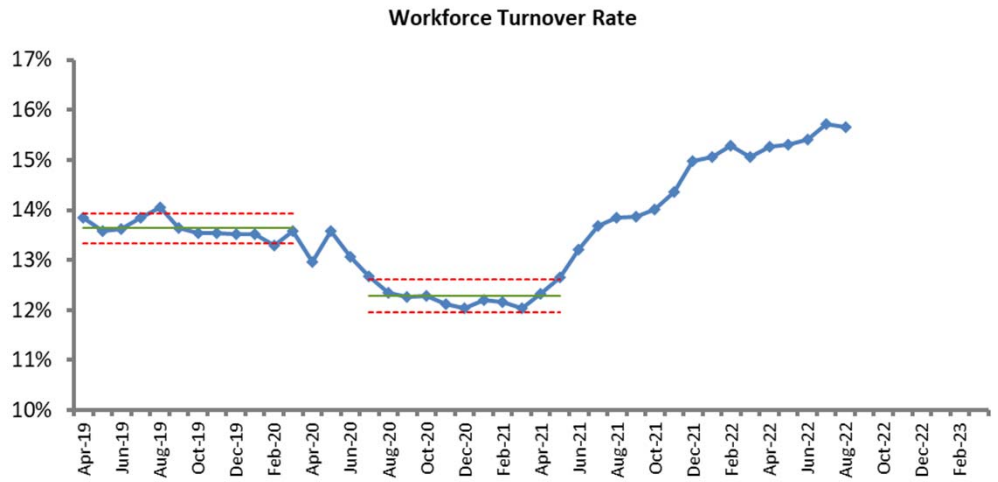


Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	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 15% turnover. Turnover for the 12 month period reduced to 15.6% in August 2022 compared with 15.7% (updated figures) for the previous month.
Actions:	• The Corporate Workplace Wellbeing team experienced an increase in requests from managers for team support during August. Support sessions were typically delivered at local induction and team development sessions via a presentation of the workplace wellbeing offer with particular emphasis on proactive and preventative measures to support personal psychological wellbeing and resilience. • The Equality Diversity and Inclusion programme of work includes the development of a pilot talent management offer for BAME colleagues, introduced on 5th September. There is a formal launch of a new pilot during Black History Month in October. • It has been identified through the staff survey and other surveys that reasons for leaving are; burnout, cost of living, car parking, flexible working and lack of career development. For this reason, the Trust is formalising specific programs of work within the people strategy which focus on these targeted areas. • The launch of resources for staff relating to cost of living and financial wellbeing resources, new career development programs and car parking initiatives are in advance stages of scoping.
Risk:	Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

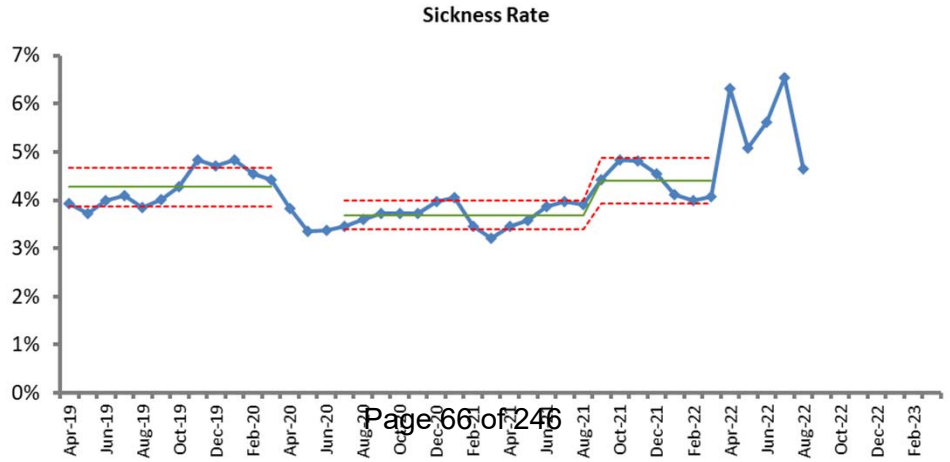


Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	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 6.1% sickness rate. The red threshold is 0.5 percentage points over this. Sickness absence reduced to 4.7% compared with 6.7% in the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence
Actions:	• Following changes to national guidance on the management of absences and pay relating to long covid. HR Services have held supportive meetings with all colleagues who remain absent to ensure they have received sufficient notice to changes and any adjustments are made to roles in order to support a return to work. • The process for managers to seek support on making reasonable adjustment to roles including access to, and funding for, equipment and other adjustments will support the reduction of sickness absence and delivery of the people strategy. • A workplace reasonable adjustment passport enabling colleagues to transfer reasonable adjustments to move with them is being finalised for October 2022. • A 'Men's Health MOT' strand of the health check delivered via Occupational Health launched in August, attended by 37 colleagues. This comprised a cross-range of ages (24 to 64 yr.) and specialities (Memo, Clinical Engineering, Charge Nurses, Estates, Digital Services, Education, Strategy and Housekeeping) plus a positive response from Facilities/Portering (marginalised group) who advance booked whole team checks during September. • Early analysis of data suggests 'physical health' to be the predominate concern raised by service users who developed a SMART action plan at appointment - primarily to take steps to reduce body mass index and visceral fat.
Risks:	tbc

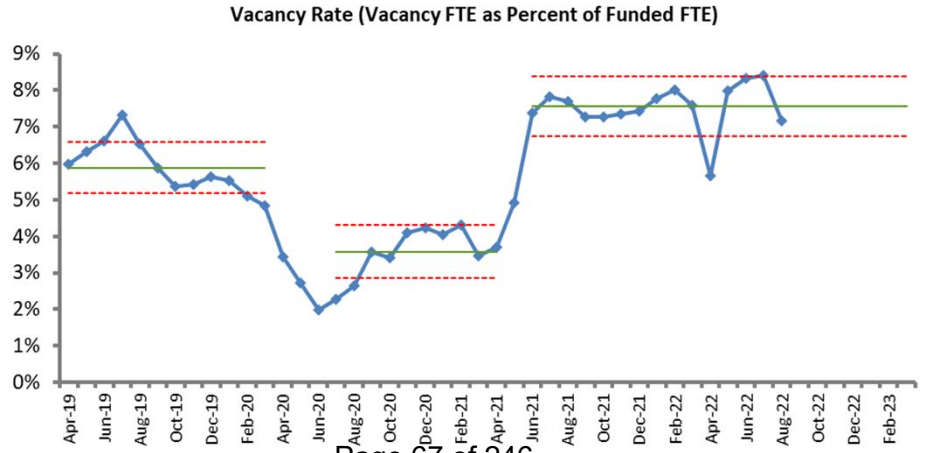


Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Performance:	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 7.0% vacancy. Overall vacancies reduced to 7.2% (824.3 FTE) compared to 8.4% (962.1 FTE) in the previous month. The
Actions:	Key updates to address the vacancy rate in the current period are as follows: • A proactive UHBW admin roles recruitment event was held to support the recruitment of clerical staff which resulted in over 60 offers of employment made to roles across the Trust. • Of the 39 Trainee Nursing Associate's (TNA's) offered from the recent assessment centres, 32 will be joining the Trust as TNA's in October. • A Health Care Support Worker (HCSW) recruitment billboard design has been finalised and is due to go on high profile display in early September promoting a new recruitment campaign 'We put Care into Career'. A Facebook campaign is also running alongside this to help direct candidates to the Trust careers website to apply. • Following on from the system wide HCSW recruitment event, 48 of the 61 HCSW's offered have now started within the Trust with the remaining candidates due to start over the next couple of months. • 30 international nurses joined the Trust during August, taking the total nurses arrived up to 365 of which 236 have now received their NMC PIN. • The Trust welcomed 10 Newly Qualified Nurses into the organisation in the month of August, there is a further pipeline of 41 due in September. • Following on from a social media campaign to promote Rotational Midwife roles, the Trust has 11 planned interviews for experienced Midwives in both band 5 and band 6 roles over the coming weeks.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

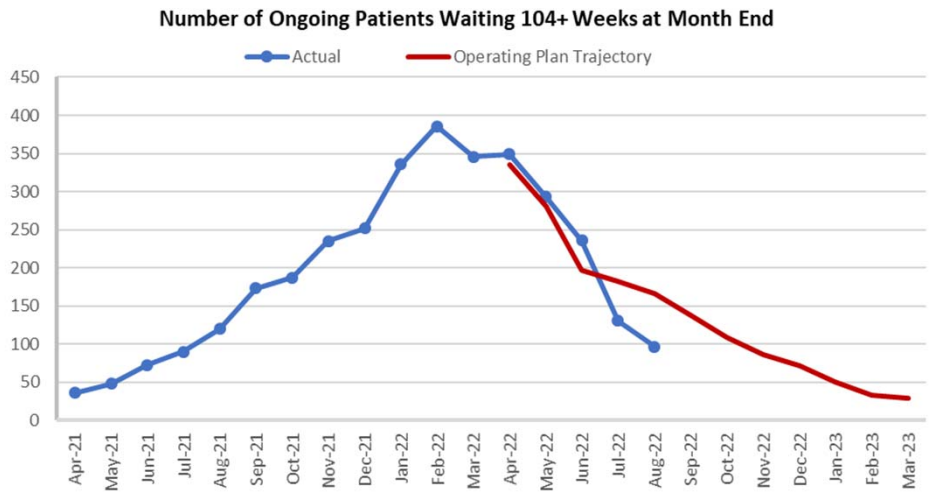
Reporting Month: August 2022

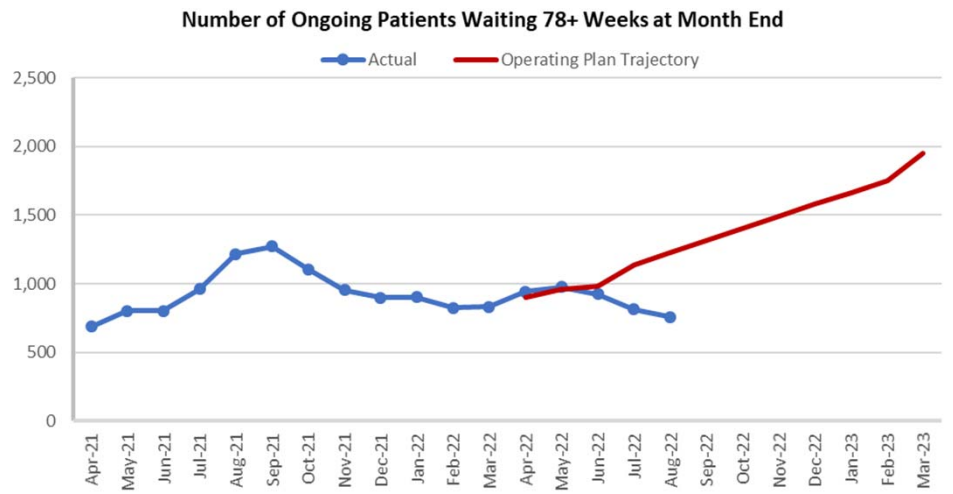
STANDARD	RFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of August: • 5,970 patients were waiting 52+ weeks against a target of 3,631. • 756 patients were waiting 78+ weeks against a target of 1,225. • 97 patients were waiting 104+ weeks against a target of 167.
National Data:	For July 2022, the England total was 5.6% of the waiting list was waiting over 52 weeks. UHBW's performance was 9.2% which places UHBW as the 18th highest Trust out of 168 Trusts that report RTT wait times.
Actions:	• Implementing plans to clear patients who are currently 104 weeks by end of October remains challenging, current trajectory shows 52 104ww patients at the end of October due to the high volumes of cancer patients who continue to require treatment. Focus on transferring suitable patients to the independent sector is tricky as the longest waiting patients generally require treatment at UHBW with their current consultant. We continue to look at bolstering additional capacity through Glanso and waiting list initiatives. • Where patients are too complex for transferring outside the organisation under mutual aid arrangements for treatment at another specialist centre for treatment, focus should be on maximising our theatre scheduling across all sites and ensure that suitable capacity is available for our longest waiting breaches. This continues to be a challenge due to the lack of bed/HDU capacity and staff shortages due to an increase in Covid positive cases to bring these patients in for treatment. We have also requested support from our local NHS colleagues (NBT) who have provided two additional lists, however further support has been requested to help support us further, in particular with our Colorectal cases. 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 by the end of September. • Theatre productivity programme implementation and re-established Theatre User Groups, Trust wide dashboard and extension of FourEyes Insight contract to include paediatric specialties. This is jointly funded by the region and UHBW. This will drive improvement opportunities in theatres including touch time utilisation and reduce late starts. • Implementation of revised booking in order guidance to ensure patients at risk of waiting 104ww or who have already breached 104ww are prioritised for booking once the P1, P2 cohort have been dated. Some additional elective inpatient capacity has been created internally with the lifting of the P2 cap and patients are now being booked into available theatre slots in July, reducing the overall number of long waiting patients without a plan • 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 and eradicate them by end of July 22. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however in some services (colorectal) 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 there are now daily check in calls with the national team to provide updates on treatment dates for all patients waiting on top of the weekly regional and national meetings twice weekly with the Deputy Chief Operating Officer and the Executive teams.
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met

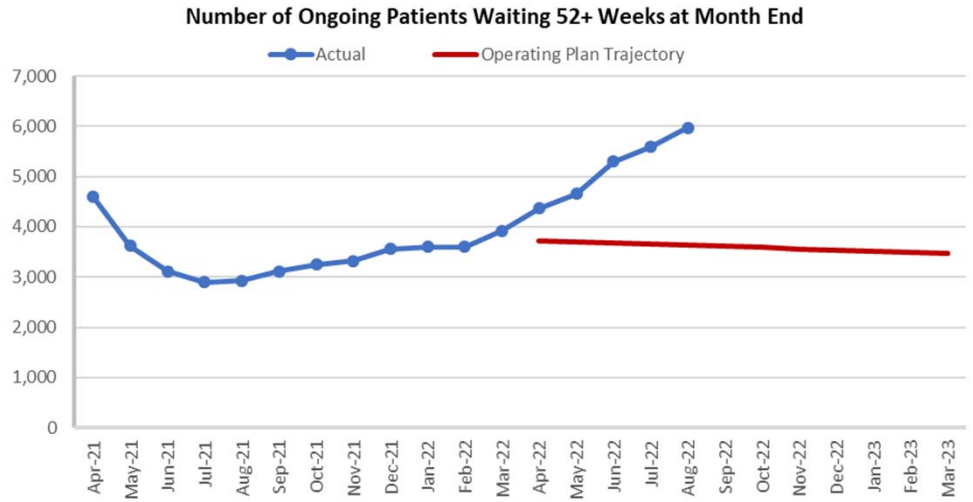
Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022





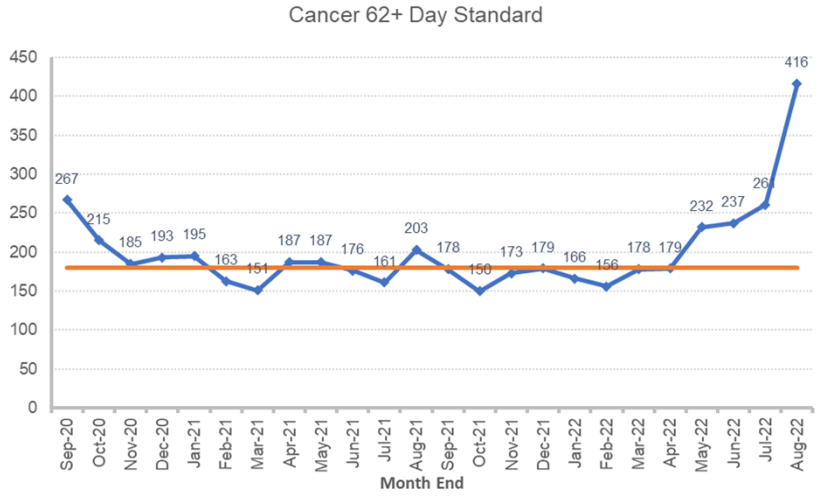


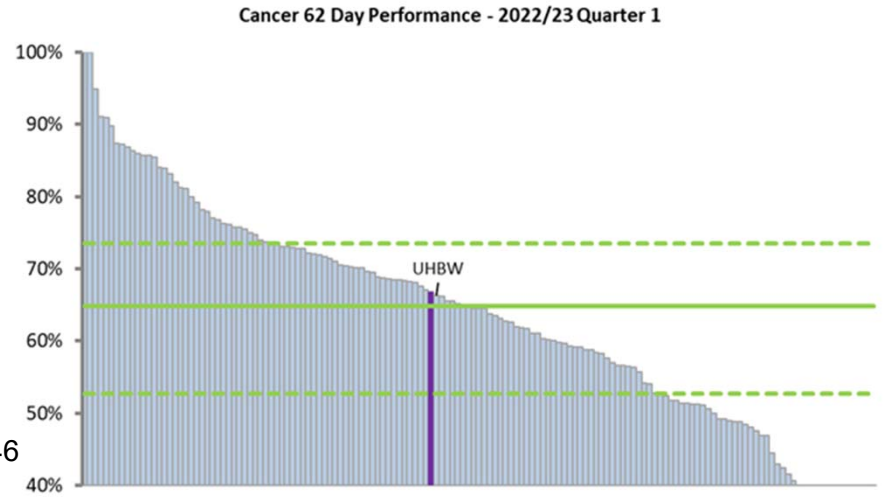
Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: July/August 2022

STANDARD	CANCER PATIENTS WAITING 62+ DAYS
Performance:	As at end of August, the Trust had 416 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has a target of not exceeding 180 patients. The performance for patients treated within 62 days of an urgent GP referral is also reported but is a month in arrears. For July, 69.4% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%.
National Data:	National data for patients treated within 62 days of an urgent GP referral is shown below. Latest national data for Quarter 1 2022/23 shows UHBW at 66.9% against an England average of 62.1%.
Actions:	The Trust continues to exceed (i.e. not comply with) the 'pre-Covid baseline'. This is due to demand having returned to (and in some areas, exceeded) pre-pandemic levels, whilst capacity remains restricted by the pandemic's impact. Very high staff sickness due to Covid in June and July means the numbers of long waiters have increased week on week due to delays in multiple services as a result of staff absence. Patients being unwell with Covid is also a factor, as patients cannot be admitted for tests and treatments until recovered from the illness. The baseline is unlikely to be recovered before March 2023 due to the need to clear the 'backlog' of waiting patients built up during this period whilst also managing the ongoing demand. Locums have been appointed to address some of these backlogs although recruitment remains a problem in some of the relevant areas due to national shortages of staff in these specialities. Recovery is also dependent on there not being further severe service disruption as a result of further Covid prevalence surges.
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met



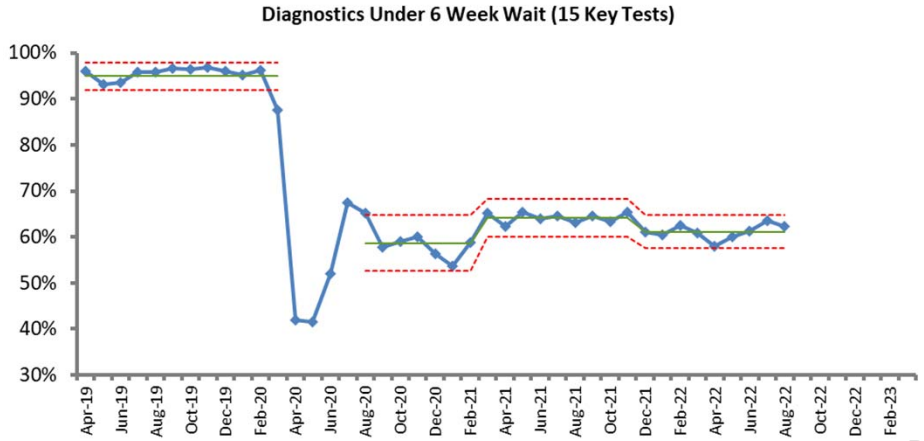


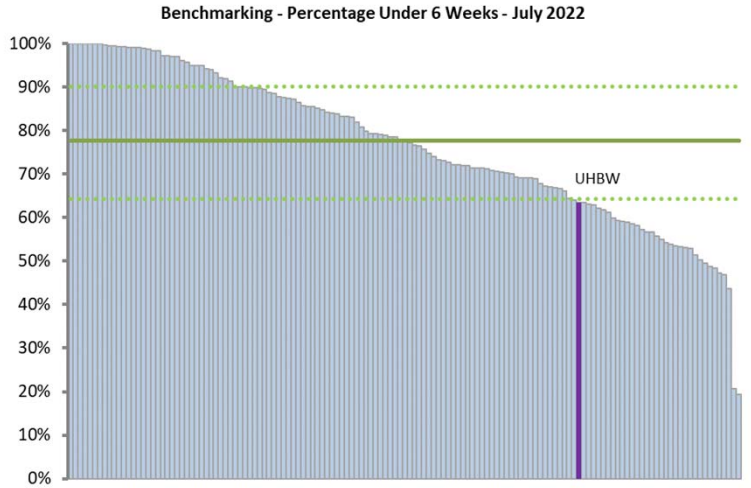
Leadership Priorities and Oversight Framework

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

STANDARD	DIAGNOSTIC WAITING TIMES
Performance:	At end of August, 62.2% of patients were waiting under 6 weeks. The constitutional standard is 99%. The recovery plan requires Trusts to return to 75% by March 2023. The end of August target is 65%. There were a total of 1,240 patients waiting 26+ weeks which was 8% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission showing us getting to 500 patients by March 2023.
National Data:	For July 2022, the England total was 71.2% of the waiting list was under 6 weeks. UHBW's performance was 63.5% which places UHBW as the 120th lowest Trust out of 155 Trusts that report diagnostic wait times.
Action/Plan:	The Trust is aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 (i.e. to eliminate long waiters) and aiming to achieve 75% compliance with the 6 week wait standard. The pressure points for the 6 weeks Diagnostic standard continue to be in endoscopy, echocardiography, Non-obstetric ultrasound and MRI sub-modalities. The niche constraints in the MRI Paediatric General Anaesthetic (GA) pathway are being explored with mutual aid requested from the South West region. Additional capacity (e.g. Independent Sector capacity) is integral to recovery in ultrasound, endoscopy and echocardiography modalities, and the Trust continues to work closely with other providers to maximise this capacity wherever possible. August was a challenging month due to seasonal annual leave and urgent care challenges impacting elective diagnostic pathways. There is continued focus on refining recovery plans for all modalities, with a specific focus on high volume and challenged modalities such as endoscopy and echocardiography.
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met





End of August 2022

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	402	12	3%	7	2%	0	0%
Colonoscopy	994	691	70%	574	58%	351	35%
Computed Tomography (CT)	2,087	265	13%	83	4%	2	0%
DEXA Scan	831	292	35%	5	1%	1	0%
Echocardiography	2,495	1,443	58%	597	24%	140	6%
Flexi Sigmoidoscopy	297	224	75%	184	62%	142	48%
Gastroscopy	854	631	74%	498	58%	309	36%
Magnetic Resonance Imaging (MRI)	2,818	826	29%	549	19%	208	7%
Neurophysiology	120	15	13%	0	0%	0	0%
Non-obstetric Ultrasound	4,417	1,380	31%	440	10%	61	1%
Sleep Studies	72	36	50%	31	43%	26	36%
Other	0	0		0		0	
UHBW TOTAL	**15,387**	**5,815**	**37.8%**	**2,968**	**19.3%**	**1,240**	**8.1%**

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
Performance:	There were 758 patients who had a Trolley wait in excess of 12 hours in August. In August there were 2,673 ambulance handovers in excess of 15 minutes which was 81% of all handovers. In August there were 1,946 ambulance handovers in excess of 30 minutes which was 59% of all handovers. The NHS Standard Contract sets the target that "all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes".
National Data:	For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For August 2022, overall number of handovers over 15 minutes was 70.9% across the South West. The BRI was the highest at 89% and Weston was 6th highest at 82%. In August 2022, 102 Trusts reported 12 hour trolley waits (28,755 in total). UHBW was the 10th highest Trust with 758.

Actions:	The Bristol Royal Infirmary (BRI) is progressing a range of initiatives to reduce overcrowding, ambulance queueing and long waits including:
	• Launch of the Every Minute Matters programme to improve inpatient flow.
	• Pre-emptive boarding has been implemented on ward A400 to expedite admissions from ED. Opportunities to expand pre-emptive boarding to other areas is being explored.
	• Improving effectiveness and efficiency of assessment units.
	• Expansion of SDEC (Same Day Emergency Care) provision including:
	  • Expansion of Surgical SDEC capacity.
	  • Medical SDEC moving from a 5 to 7 day service commenced in August 2022.
	  • Cardiology SDEC pilot for winter 2022/23.
	  • Development of a Frailty SDEC service.
	
	Key focuses within the Weston Division:
	• Continue with the recruitment drive to improve staffing in both medical and nursing across the division.
	• Continue with the focus of reduced Ambulance delays and queuing
	• Reduce the number of no right to reside patients which remains a high number of Weston's bed base.
	• Improving capacity in the Emergency Department where high volumes of patients are being bedded overnight and awaiting an inpatient bed.
	• Implementing projects at the front door to further support de-escalation and redirection work ensuring patients are seen in the right healthcare setting.

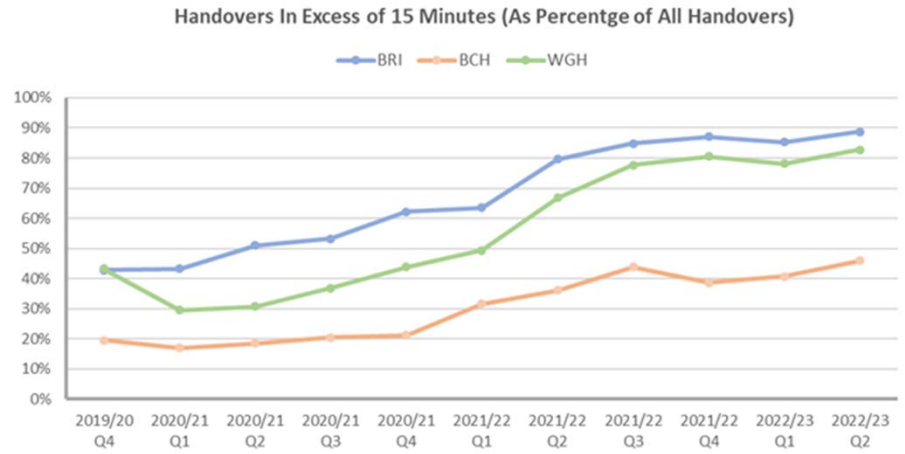
Risks:	910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay

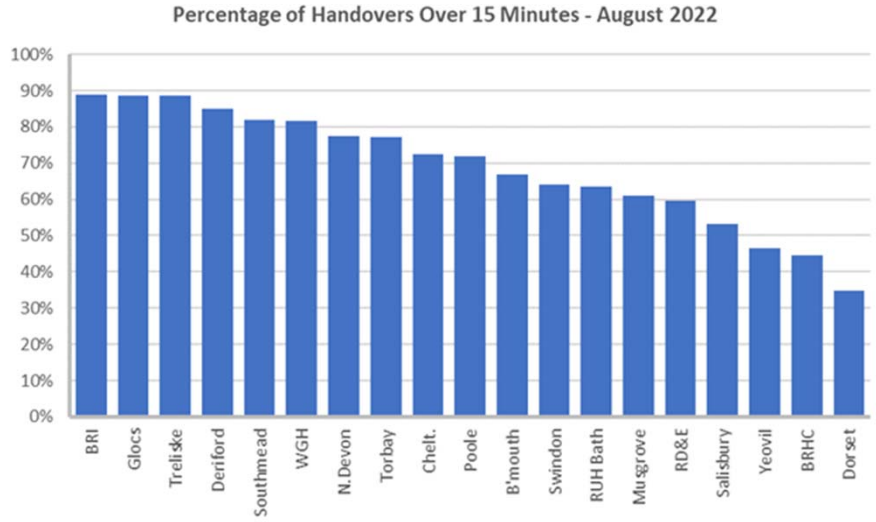
Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

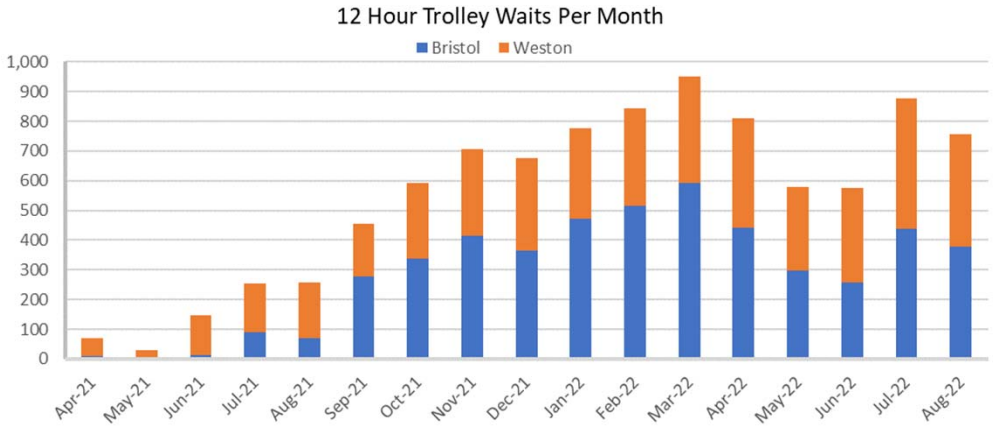
Reporting Month: August 2022

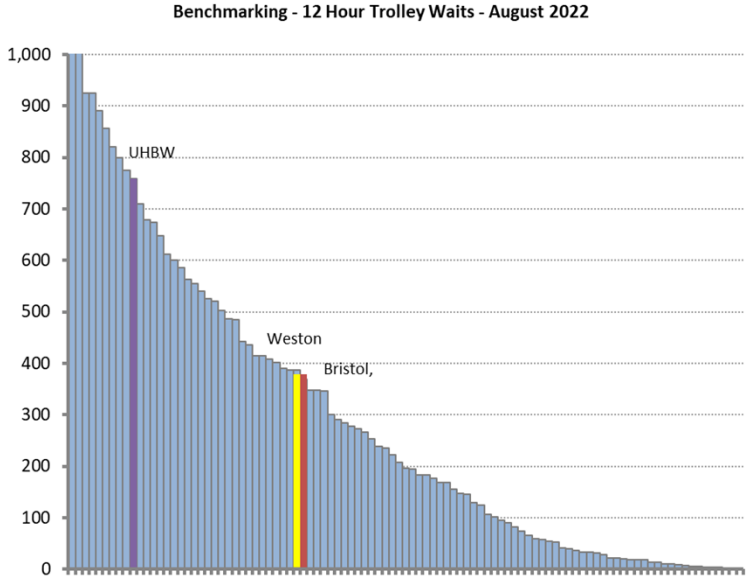
Ambulance Handovers





12 Hour Trolley Waits





Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

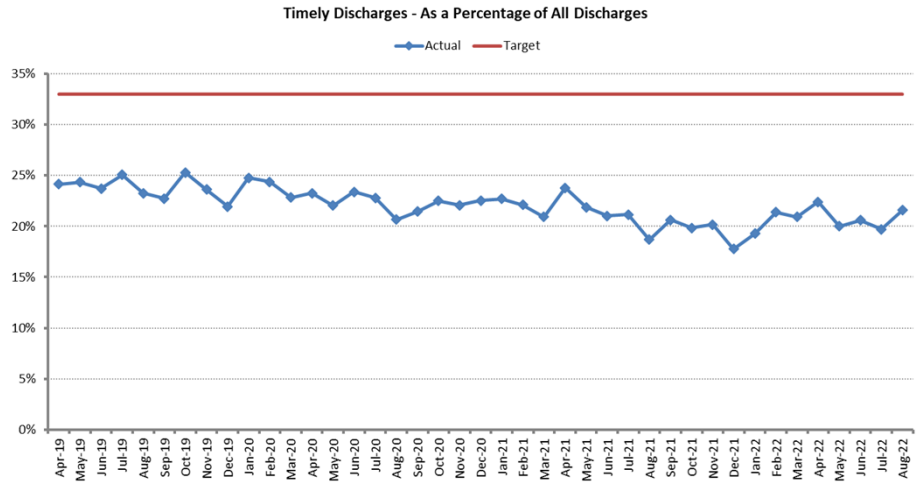
STANDARD	EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)
Performance:	Three metrics are reported as the high-level priorities: 1. Percentage of patients with a "timely discharge" (before 12 noon). August had 22% discharged before 12 noon. The system-level standard is to achieve 33%. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In August 24.7% of eligible discharges went through the Weston or BRI Discharge Lounges. This was 488 patients, averaging 22 patients per working day. a. BRI achieved 31.9%, with 371 patients. This averages to 16.9 patients per working day. b. Weston achieved 7.7% with 45 patients. This averages to 2.0 patients per working day. 3. Number of beddays occupied by No Criteria To Reside (NCTR) patients. In August, there were 6,645 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 214 beds were occupied per day by NCR patients.
Actions:	Every Minute Matters (EMM) ensures that every day contributes meaningfully to progressing patient's care plans, so that no patient is in hospital longer than they need to be. All adult inpatient wards will be taken through the EMM programme in three phases between July 2022 - January 2023. The programme has four workstreams. Actions and progress are described for each workstream below (August 2022): **1. Implementation of the SAFER bundle – including Estimated Date of Discharge (EDD)** Launched consistent definition of EDD in a new SOP, help tips and reminder cards. Wards have been supported to embed the definition. Early data and audits suggest improved proportion of patients discharged the same date as EDD. **2. Proactive Board Rounds** 18 wards launched on target during Phase 1, and completed validations. Less variation in practice and enhanced MDT engagement has been observed. **3. No Criteria to Reside reviews, using the Making Care Appropriate for Patients (MCAP) tool** Preparatory work completed to launch on target date with Phase 1 wards. Ongoing work to shape reporting and escalation pathways. Validations now underway to capture compliance and data quality: two thirds of launched wards achieved 80% or greater accuracy re: criteria to reside. **4. Optimising use of the Discharge / Transition Lounge** In Bristol, ongoing communication and engagement resulted in significantly increased numbers. Working to capture benefits (e.g. earlier use of bed availability). In Weston. Registered Nurse secured to support discharge lounge activity and identification of opportunities for improvement. Key priorities for the next month: 1. Continue embedding use of consistent EDD definition, and regular updating of digital systems 2. Continue supporting Phase 1 and 2 wards implementing Proactive Board Rounds and SAFER bundle 3. Continue Criteria to Reside and MCAP training on Phase 1 wards, developing feedback mechanism for wards to see benefit of adding delay reasons 4. Weston discharge lounge diagnostic – identify reasons patients assessed as unsuitable for discharge lounge and develop improvement plan *…continued over page*

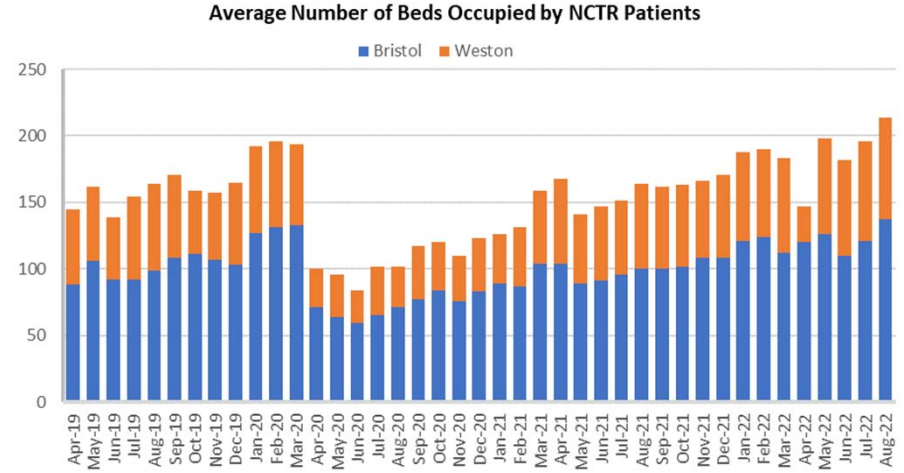
Leadership Priorities and Oversight Framework

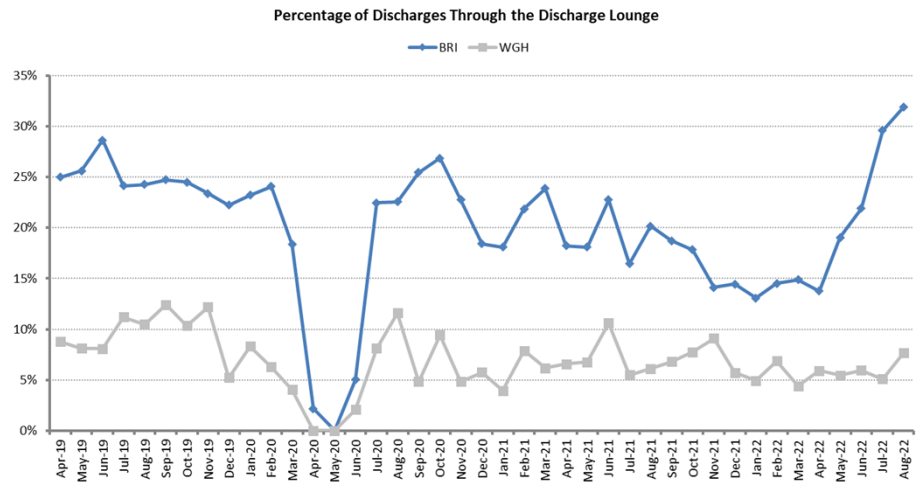
University Hospitals Bristol and Weston NHS Foundation Trust

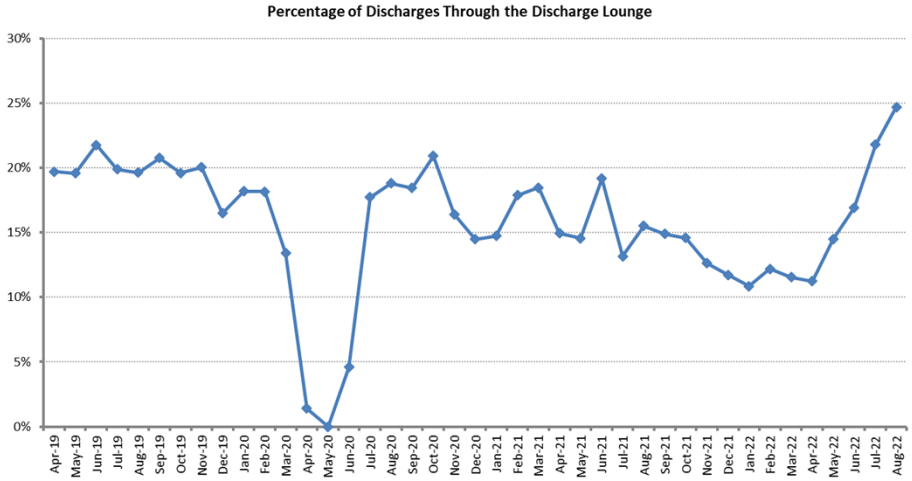
Reporting Month: August 2022

Actions (continued):	The outcomes from EMM are complementing and contributing to the BNSSG system work underway as part of the 100 day challenge programme and the Discharge to Assess programme.
Risks:	423: Risk that demand for inpatient admission exceeds available bed capacity









Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

WESTON RENEWAL

Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Integration completed	A	—
	Design and set up the Weston General Hospital team and new management arrangements	G	—
Workforce & OD	Weston based consultant job plans reviewed	R	—
	Premium Payment controls process standardised and applied to Weston Division	R	—
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	—
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	—
	People Systems Integration completed	G	—
Cultural Integration	Monitor the embedding of UHBW values and behaviours	G	—
Benefits Realisation Monitoring	Year 3 Financial Mitigations achieved	G	—
	Realisation of Y3 expected programme benefits	G	—
	Integration programme transition to business as usual	G	—

Critical Success Factor	Objective	Status	Movement since last report
Business Function	PTIP Corporate services benefits realised and planned changes completed	G	—
Policies & Processes	Appropriate clinical and corporate policies are aligned across the Trust on single DMS	A	—
Estates & Facilities	Weston Estate improved through backlog maintenance programme (Y3)	G	—
IT & Technologies	Align clinical digital systems convergence programme with clinical integration	G	—
Risk Management	Monitor, mitigate and support the ongoing management of the risks of integration	G	—

↑	Upwards movement
—	No movement
↓	Downwards movement

R	Not Achieved
A	Delayed/partially achieved
G	Achieved/On Track

Leadership Priorities and Oversight Framework

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

WESTON RENEWAL – PROGRESS AGAINST CLINICAL SERVICES INTEGRATION PLAN

	Service	Receiving Division	Status	planned date
Completed	Sexual Health	Medicine	Completed	1st Nov 20
	Laboratory Services	D&T	Completed	1st Nov 20
	Therapies	D&T	Completed	1st Nov 20
	Paediatrics	W&C	Completed	06 Apr 21
	Gynaecology	W&C	Completed	04 Oct 21
	Pharmacy	D&T	Completed	04 Oct 21
	Paediatrics	W&C	Completed	06 Apr 21
	Resus	D&T	Completed	01 Jul 21
	Audiology	D&T	Completed	01 Jul 21
	Palliative Care	SS	Completed	01 Nov 21
	Integrated Discharge Service (IDS)	COO office	Completed	01 Jul 21
	Cancer Personalised Care & Support	SS	Completed	01 Jul 21
	Patient Flow	COO office	Completed	01 Nov 21
	Booking and access	COO	Completed	01 July 2022
D&T	Radiology	D&T	Completed	01 August 2022
	Orthotics	TBC	Completed	01 August 2022
Surgery	Critical Care	Surgery	In progress - on track	17th October 22
	Anaesthesia & Pre-op	Surgery	In progress - on track	17th October 22
	Ophthalmology	Surgery	In progress - on track	17th October 22
	Endoscopy	Surgery	In progress - on track	17th October 22
	General Surgery including GI	Surgery	In progress - on track	17th October 22
	Trauma and Orthopaedics	Surgery	In progress - on track	17th October 22
	ENT	Surgery	In progress - on track	17th October 22
	MDT Co ordinators	Surgery	In progress - on track	17th October 22
Medicine	Gastroenterology & Hep	Medicine	In progress - on track	17th October 22
	Rheumatology (inc. Fracture Liaison)	Medicine	In progress - on track	17th October 22
	Respiratory medicine	Medicine	In progress - on track	17th October 22
	Diabetes & Endocrinology	Medicine	In progress - on track	17th October 22
	Care of the Elderly (inc. Stroke & Frailty)	Medicine	In progress - on track	No date agreed
SS	Haematology and Oncology	SS	In progress - on track	17th October 22
	Cardiology (inc. physiology)	SS	In progress - on track	17th October 22

Key Points:

- 14 services were reviewed by their respective Boards and approval was given for them to integrate on 17th October 22 subject to final gateway and executive committee approval.
- Care of the Elderly have begun their due diligence process and are building a proposed option for integration once a timeline is agreed.
- New management arrangements come into force from 17th October, with clinical divisions taking on responsibility for Trustwide services at Weston and the Weston General Hospital Team providing emergency care, acute medicine, care of the elderly and stroke services, plus Theatres, Wards and Outpatients.
- The staff consultation for transferring staff has concluded. All staff are now slotted in to future roles.

Recovery Actions:

- A transfer checklist has been developed with Divisions to ensure that all necessary actions are taken ahead of transfer.
- Governance arrangements for the future Weston management arrangements have been developed and are due to be agreed in September by Weston General Hospital Leadership team and receiving divisions.

Return to Agenda

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	UHBW Winter Plan – Adult Divisions
Report Author	Lucy Parsons, Deputy Chief Operating Officer, Urgent Care, Flow and Discharge
Executive Lead	Mark Smith, Deputy CEO and COO

1. Report Summary

This interim report is intended to provide the Trust Board of Directors with the initial winter plan for adult services across UHBW. The plan, which will be iterated as winter progresses, is split into two parts:

- Tab 1 – Winter Plan – In progress (split between BRI and Weston sites)
- Tab 2 – Pipeline Schemes (if funding)

Tab 1 focusses on those schemes either funded and being recruited to or already in train because there is no funding hurdle.

Tab 2 is very much a pipeline of ideas to support additional staffing over winter to manage increases in emergency attendances and admissions across all pathways.

Where it is possible to do so, bedday savings estimates have been attributed to the schemes which have been worked up in order that an assessment can be made regarding the level of risk being carried by the organisation going into winter against the underlying bed capacity deficit of 40-60 beds across BRI and Weston.

2. Key points to note

(Including decisions taken)

The winter plan outlines both UHBW and some system schemes, though do note that the system winter plan has not yet been fully co-ordinated. The schemes can be grouped as follows:

1) **Every Minute Matters** – good progress is being made against this approach which aims to return to the foundations of care through teaching and embedding proactive ward flow processes, such as use of the discharge lounge, timely discharge (i.e. discharge prior to midday) and increasing weekend discharge rates, for example using criteria led discharge. We are also piloting the use of rapid patient reviews to embed use alternative pathways ("the nifty nine") straight from the front door at Weston, and from inpatient wards in Medicine. If successful, these approaches will be rolled out Trustwide. Estimated total bedday savings of 19+ beds BRI and 13+ beds Weston.
2) **Using non-inpatient areas pre-emptively** to maximise flow and decrease ambulance handover delays – this includes pre-emptively boarding against definite discharges, queuing into assessment units, staffing ED reverse queue areas as "always events" and using cath labs, A413 and Surgical daycase unit

escalation capacity pre-emptively also. Benefit to be calculated as risk assessments are finalised.

3) **Delivery of the Discharge to Assess Programme** – there are a range of schemes under this programme, all aimed at reducing acute beddays and supporting the principle of "home first". This includes piloting a frailty virtual ward which aims to reduce Pathway 3 (nursing home) placements and support people with dementia to return to their own homes from hospital. Whilst the virtual ward plan seems robust (due to sub-contracting arrangements with a private provider for the live in care element of the approach), there are ongoing risks associated with several of the other D2A plans due to the significant workforce deficit faced by Sirona and the local authorities. The acute trusts are working to support where possible, noting that most of the staffing deficit lies in the unregistered / rehab support worker cohort of staff. Bed savings are in the process of being recalculated in light of the recruitment challenges and delays to start dates.
4) **Expanding SDEC** – this approach has been facilitated by the award of regional demand and capacity funding and will enable the expansion of Surgical and Medical SDEC and the acute medical model. New for winter will also be a cardiology SDEC approach embedded with the medical SDEC team and aiming to see, treat and discharge cardiology patients without the need for admission. It is anticipated that this funding (awarded initially as non-recurrent) will become recurrent – decision expected in October.
5) **Reducing crowding in minors** – both Weston and BRI ENP teams are working with counterparts from Sirona MIU and UTC services to scope what additional out of hours urgent care offers could be made to minors end patients across the winter. If successful this would reduce crowding, improving both patient and staff experience, as well as safety and four-hour performance. It is also hoped that these pilots could be the start of further collaborations with the Sirona urgent care teams. BRI ED is also piloting amendments to ENP rotas to increase the amount of out of hours working to better match demand with staffing capacity and provide a better staff experience to ENPs working overnight.
6) **Various process improvements** – there are a range of QI projects in train aimed at improving some of our processes and highlighting areas for future development. These include some "Perfect" events (e.g. perfect weeks in assessment units in Medicine, a perfect weekend in discharge processes) and working closely with community colleagues to protect Pathway 1 discharges (e.g. ACP support in the community where patients become unwell on the planned date of discharge). Pharmacy colleagues are also scoping the idea of centralising the delivery of all TTAs to the discharge lounges as a way of promoting discharge lounge use and releasing portering capacity. At Weston, Pharmacy and other colleagues are working to improve the discharge letter process which currently does prevent use of the discharge lounge for some patients.
7) **Radiology projects** – innovative ideas from the radiology team include radiographer-led discharge, which would reduce overall time spent in ED, and

bringing inpatients back for scans as outpatients where this would promote earlier discharge.

8) **Weston Front Door Reconfiguration** – the team at Weston are working to deliver a significant package of improvement across the front door, including instigating an ED observation unit, moving MAU to a larger footprint (to provide more capacity for the medical take) and implementing a model of integrated medical and surgical SDEC.
9) **Weston capacity review** – further work at Weston is focussed on review of surge and escalation capacity, aimed at protecting the elective work whilst supporting increased urgent care admissions during winter.

Additional schemes for UHBW are detailed on the second tab of the plan – all of which require funding. Next steps for the Senior Operational Response Team (SORT) which oversees the plan, will be to rate the pipeline schemes according to their predicted impact and risk assess what the impacts might be should these schemes not attract a funding source. As most of the schemes are staffing related, further work will be done to assess the ability of teams to recruit into these proposed positions on a non-recurrent basis and without de-stabilising other key services.

At the system level two further schemes are being worked up by ICB colleagues as proposals for winter:

1) **Care Hotel** – building on last year's model, could the system step up a care hotel this winter for patients from acute and community beds to step down to in advance to returning home? UHBW used the care hotel to good effect last year and with positive feedback from patients and their families, discharging from both Weston and BRI into the central Bristol hotel.
2) **South Bristol Community Hospital** – Sirona has been asked to outline the staffing required to open the remaining 10 beds at SBCH, as well as provide considerations for expanding the capacity there, e.g. through boarding or opening escalation space.

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

The risks associated with this report include:
Risk 423 - If demand for inpatient admission exceeds available bed capacity, then increased occupancy will impacts on flow, resulting in poor ED performance, increased staff workload and a negative patient experience. There will also be a knock-on impact on the elective programme, including increased likelihood of cancellations.

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

- This report is for **Assurance.**

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Recovery Delivery Programme Board	12 September 2022
Quality and Outcomes Committee	26 September 2022

Return to Agenda

UHBW Winter Plan 2022/23- Bedday Savings

Division	Scheme	Lead	Notes	RAG Status	Bed Savings Sept-22	Bed Savings Oct-22	Bed Savings Nov-22	Bed Savings Dec-22	Bed Savings Jan-23	Bed Savings Feb-23	Bed Savings Mar-23	Bed Savings Apr-23	Bed Savings May-23
Trustwide	Every Minute Matters - Discharge Lounge	Sarah Jenkins	Discharge Lounges supported as an "always event" as part of the Ambulance handover rapid improvement plan		3	3	6	8	10	12	15	15	15
Trustwide	Every Minute Matters - SAFER bundle	Nicky Gould	All wards will be live by mid January										
Trustwide	Every Minute Matters - Proactive Board / Ward Rounds	Nicky Gould											
Trustwide	Every Minute Matters - MCAP & CTR Review	Caroline Daley											
Trustwide	Every Minute Matters - Rapid Patients reviews >7/d LOS	Caroline Daley	Pilot initially in Division of Medicine and roll out Trustwide		2	2	2	4	4	4	4	4	4
Trustwide	Every Minute Matters - clinical leadership roles	Lucy Parsons / Sarah Dodds	National demand and capacity funding		Linked to Every Minute Matters bed saving calculations above								
Trustwide	Every Minute Matters - Perfect Weekend	Lucy Parsons / Sarah Dodds / Becky Thorpe	Perfect weekend to test ideas for increasing level of weekend discharges to 80% of weekday total (currently c40% for BRI site)		Bedday savings to be calculated as part of the project work								
Trustwide	Pre-emptive Boarding	Sarah Dodds, Heads of Nursing	SOPS being developed for testing		To be calculated once all ward assessments complete and full extend of pre emptive boarding capacity is known								
Trustwide	Pre-emptive escalation capacity	Sarah Chalkley, Helen Bishop	A413 and Cath Labs escalation areas will remain open pre emptively, rather than opening and closing.		1	1	1	1	1	1	1	1	1
Trust Services (IDS)	D2A Business case - Pathway 1 expansion	Lucy Parsons			0	Sirona recalculating winter delivery in beddays							
Trust Services (IDS)	D2A Business case - LA Pathway 0 Care Navigators	Lucy Parsons			0	0	0	ICB recalculating winter delivery in beddays					
Trust Services (IDS)	D2A Business case - TEC enabled care	Lucy Parsons			0	0	0	0	0	ICB recalculating winter delivery in beddays			
Trust Services (IDS)	D2A Business case - Frailty Virtual Ward	Lucy Parsons	Target discharge at day 5 acute LOS for P3 caseload v Q1 performance of 45 days acute LOS. Combined Live in Care model + existing P1 services provides "bridging" ahead of Local Authority assessment and decision on longer term support package. Addresses long term need to reduce P3 demand & delivers Admission to Referral bed day savings target in acutes (24 of the total 132 beds to be saved as per 22/23 plan plus additional acute savings from improved flow and reduced waiting lists created by freeing up P3 beds - impact to be modelled). Working at pace to launch in South Glos late Sept/ early Oct, with roll out to Bristol and NS to be planned for Q4 if first pilot phase successful		0	0	0	0	Sirona recalculating winter delivery in beddays				
Trust Services (IDS)	D2A Business case - P1 Integration of Sirona rehabilitation and LA reablement services	Lucy Parsons	Shared reablement/rehabilitation offer in each LA area with collaborative health and social care hubs that can create multi-disciplinary support packages for people to go home for rehab and reablement, drawing on all available health, social care and VCSE resources to meet their needs at home		Sirona recalculating winter delivery in beddays								
Trust Services (IDS)	D2A Business case - System agreement to extend P3 block of 133 beds until March 2023	Lucy Parsons	Provides financial stability for care market. Frailty virtual ward plans will reduce P3 demand – community capacity will be maintained and Acute waiting list reduced. If the system agrees a cap then we avoid "transitional beds" and inflationary impact on LA long term placement budgets		Sirona recalculating winter delivery in beddays								
Trust Services (IDS)	P2 rehabilitation model refresh (audit taking place Sept 22)	Lucy Parsons	Winter funding used to bolster medical support – with workforce drawn from system resource. Q1 22/23 – Average time from TOC (referral) to Acute discharge is 13 days, best practice is no more than 48 hours. Winter funding to bolster rehab support in the acutes required until Community LOS targets can be met.		0	Sirona recalculating winter delivery in beddays							
Trust Services (IDS)	Weekend IDS	Caroline Daley	Possible whilst there is vacancy underspend		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Trust Services (IDS)	ACP support to P1 no longer fit for discharge	Caroline Daley	ACP provided by Sirona		LOS savings to be calculated as part of the pilot work								
Medicine	Seven day SDEC	Sufi Husain	National demand and capacity funding		LOS Savings to be profiled once recruitment trajectory clearer								
Medicine	Expansion of acute medical model (medical take and 15 additional AMU beds)	Sufi Husain	National demand and capacity funding		LOS Savings to be profiled once recruitment trajectory clearer								
Medicine	City Centre UEC offer	Emily Spence and Helen Norton	In partnership with Sirona UTC, to deliver a UEC offer co-located with BRI ED as a winter pilot		Will deliver Fast Flow safety / crowding / performance benefits rather than bedday reductions per se								
Medicine	Maximise use of queuing areas A and B	Hayley Long	Queuing areas staffed as "always events" through the Ambulance Handover Rapid Improvement plan		4	4	4	4	4	4	4	4	4
Medicine	Assessment area queuing	Hayley Long			4	4	4	4	4	4	4	4	4
Medicine	Assessment Units Perfect Week	Angela Bezer / Sufi Husain	Trial interventions to improve flow including - board rounds that prioritse discharges		Bedday savings to be calculated as opportunities are identified as part of the perfect week								
Medicine	ENP capacity and demand alignment	Angela Bezer / Sufi Husain	Benefit is reducing crowding and improving safty and 4 hour performance in Fast Flow		Will deliver Fast Flow safety / crowding / performance benefits rather than bedday reductions per se								
Surgery	Additional STAU and SDEC capacity	Mel Broad	Additional seated capacity in place		3	3	3	3	3	3	3	3	3
Surgery	ENT Treatment Room	Mel Broad	Greater capacity for ENT direct admits from ED		1	1	1	1	1	1	1	1	1
Surgery	SDEC business case - phase 1 non recurrent expansion	Alison Lowndes			0	0	0	3	3	3	3	3	3
Surgery	Additional laparascopic equipment SBCH and replacement ENT surgical items for FESS	Alison Lowndes			0	0	0	2	2	2	2	2	2
Specialised Services	Cardiology SDEC	Sophie Nicholls			0	0	0	LOS savings to be calculated as part of the pilot					
Diagnostics & Therapies	Increasing the utilisation of the Discharge Medicines Service (Modelling still required)	Amy Tidyman	Pharmacy QI gold project working to increase the use of the DMS across BNSSG, this service enables community pharmacies to be notified of any medicines changes when a patient is discharged from hospital to. CQUIN for BNSSG, possible reduction in readmission rates (as there is a reduction of medicines omissions and discrepancies when patients are discharged into the community).		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Diagnostics & Therapies	Radiology as outpatients	Becky Maxwell/ Simon Steele	Proactive Hospital QI project - being scoped (discharge dependant scans). A review of inpatients radiology tests where the patients were discharged on the same day or subsequent day to the test taking place was done to look at the potential impact of discharging patients with an outpatient appointment for their radiology test. Will have a bed day saving impact TBC.		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Diagnostics & Therapies	All TTAs going via the Discharge Lounge	Kevin Gibbs/ Amy Tidyman	Project scoping commencing for review of whether TTAs can be sent through the discharge lounge for patients as required, rather than sent to ward and review of benefits this may bring.		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Diagnostics & Therapies	Radiographer-led discharge	Simon Brown	Further info to be added TBC		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Estates & Facilities	Winter deep clean capacity	Phili Body			Bedday savings to be calculated once capacity agreed								
Total (Bristol adults)													

UHBW Winter Plan 2022/23- Bedday Savings

Division	Scheme	Lead	Notes	RAG Status	Bed Savings Sept-22	Bed Savings Oct-22	Bed Savings Nov-22	Bed Savings Dec-22	Bed Savings Jan-23	Bed Savings Feb-23	Bed Savings Mar-23	Bed Savings Apr-23	Bed Savings May-23
Trustwide	Every Minute Matters - Discharge Lounge	Sarah Jenkins	Discharge Lounges supported as an "always event" as part of the Ambulance handover rapid improvement plan, includes 3/12 pilot of RN as part of DL team.										
Trustwide	Every Minute Matters - SAFER bundle	Nicky Gould			1	1	2	4	6	8	9	9	9
Trustwide	Every Minute Matters - Proactive Board / Ward Rounds	Nicky Gould											
Trustwide	Every Minute Matters - MCAP & CTR Review	Caroline Daley											
Trustwide	Every Minute Matters - Top 10 Pathways at the Front Door	Caroline Daley	Pilot initially in Weston ED and roll out to BRI		2	2	2	4	4	4	4	4	4
Trustwide	Every Miniute Matters - Clinical leadership roles	Lucy Parsons / Sarah Dodds	National demand and capacity funding		Linked to Every Minute Matters bed saving calculations above								
Trustwide	Every Minute Matters - Perfect Weekend	Lucy Parsons / Sarah Dodds / Becky Thorpe	Perfect weekend to test ideas for increasing level of weekend discharges to 80% of weekday total (currently c20-40% currently for Weston site)		Bedday savings to be calculated as part of the project work								
Trustwide	Pre-emptive Boarding	Jo Poole, Elaine Williams	Wards have been asked to identify 1 patient every day before 10am to be moved into Discharge Lounge to increase flow from ED.		To be calculated once all ward assessments complete and full extend of pre emptive boarding capacity is known								
Trust Services (IDS)	D2A Business case - Pathway 1 expansion	Lucy Parsons			0	Sirona recalculating winter delivery in beddays							
Trust Services (IDS)	D2A Business case - LA Pathway 0 Care Navigators	Lucy Parsons			0	0	0	ICB recalculating winter delivery in beddays					
Trust Services (IDS)	D2A Business case - TEC enabled care	Lucy Parsons			0	0	0	0	0	ICB recalculating winter delivery in beddays			
Trust Services (IDS)	D2A Business case - Frailty Virtual Ward	Lucy Parsons	Target discharge at day 5 acute LOS for P3 caseload v Q1 performance of 45 days acute LOS. Combined Live in Care model + existing P1 services provides "bridging" ahead of Local Authority assessment and decision on longer term support package. Addresses long term need to reduce P3 demand & delivers Admission to Referral bed day savings target in acutes (24 of the total 132 beds to be saved as per 22/23 plan plus additional acute savings from improved flow and reduced waiting lists created by freeing up P3 beds - impact to be modelled). Working at pace to launch in South Glos late Sept/ early Oct, with roll out to Bristol and NS to be planned for Q4 if first pilot phase successful		0	0	0	0	Sirona recalculating winter delivery in beddays				
Trust Services (IDS)	D2A Business case - P1 Integration of Sirona rehabilitation and LA reablement services	Lucy Parsons	Shared reablement/rehabilitation offer in each LA area with collaborative health and social care hubs that can create multi-disciplinary support packages for people to go home for rehab and reablement, drawing on all available health, social care and VCSE resources to meet their needs at home		Sirona recalculating winter delivery in beddays								
Trust Services (IDS)	D2A Business case - System agreement to extend P3 block of 133 beds until March 2023	Lucy Parsons	Provides financial stability for care market. Frailty virtual ward plans will reduce P3 demand – community capacity will be maintained and Acute waiting list reduced. If the system agrees a cap then we avoid "transitional beds" and inflationary impact on LA long term placement budgets		Sirona recalculating winter delivery in beddays								
Trust Services (IDS)	P2 rehabilitation model refresh (audit taking place Sept 22)	Lucy Parsons	Winter funding used to bolster medical support – with workforce drawn from system resource. Q1 22/23 – Average time from TOC (referral) to Acute discharge is 13 days, best practice is no more than 48 hours. Winter funding to bolster rehab support in the acutes required until Community LOS targets can be met.		0	Sirona recalculating winter delivery in beddays							
Trust Services (IDS)	Weekend IDS	Caroline Daley	Possible whilst there is vacancy underspend		0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Trust Services (IDS)	ACP support to P1 no longer fit for discharge	Caroline Daley	ACP provided by Sirona		LOS savings to be calculated as part of the pilot work								
Weston	SDEC	Julie Page/Jim Portal	Working towards all appropriate GP expected patients going to SDEC (AEC) rather than ED from 12.09.22		Bedday savings to be calculated as part of the project								
Weston	Minors redirection options	Amie Stanbury / Charlotte King	In partnership with Sirona MIU, to deliver a pilot for winter which strengthens reirection options from ED to Clevedon MIU		Will deliver minors end safety / crowding / performance benefits rather than bedday reductions								
Weston	MAU on Sandford	Jo Poole/Jim Portal	MAU model moves to larger ward footprint		Bedday savings to be calculated as part of the project								
Weston	ED Obs Unit	Julie Page/Jim Portal			Bedday savings to be calculated as part of the project								
Weston	Knightstone escalation SOP	Karen Maxfield			0	5	5	5	5	5	5	5	5
Weston	Criteria Led Discharge	Jo Poole, Elaine Williams			Bedday savings to be calculated as part of the project								
Weston	AEC - Pathway review - stream medical and surgical day case unit	Jo Poole/Jim Portal	Claire Pike has been asked to observe and review, then agree Medical oversight along side Sandford, GEMs.		Bedday savings to be calculated as part of the project								
Weston	Review Medical Day Case Unit	Paul Harris/Lucy Puckey	Review MAU,AEC and MDU patient functions and pathways		Bedday savings to be calculated as part of the project								
Weston	Sugical capacity planning	Judith Hernandez			Bedday savings to be calculated as part of the project								
Weston	Waterside Usage	Judith Hernandez			Bedday savings to be calculated as part of the project								
Weston	Knightstone Usage	Judith Hernandez			Bedday savings to be calculated as part of the project								
Weston	Identify surge capacity	Judith Hernandez			Bedday savings to be calculated as part of the project								
Weston	Reduced usage of Surgical Day Case	Judith Hernandez			Bedday savings to be calculated as part of the project								
Weston	Discharge Letters	Zoe Bradley	Process mapping and improvement to discharge letters and TTA process		Bedday savings to be calculated as part of the project								
Estates & Facilities	Winter deep clean capacity	Phil Body			Bedday savings to be calculated once capacity agreed								
Total (Weston)													

Key to RAG status	
	On track - delivering
	On track- but not started yet
	Delayed
	Embedded / BAU

Return to Agenda

UHBW Pipeline Winter Schemes - Require Funding								
Division	Scheme	Lead	Scheme details	Staffing	Cost		Potential Funding Source	Outcome
					Revenue £0,000s	Capital £0,000s		
Trust Services	BRI ED CSM	Sarah Jenkins	The ED CSM role is a role embedded and located in ED ensuring a focus on the timely flow of patients out of the department into inpatient beds	2.72 WTE B7 07.30 - 20.00 7/7	180 FYE	0	Regional D&C? EMM allocation	
Trust Services	Weston Outflow Night CSM	Sarah Jenkins	Direct support to ED; to manage DTA'd patients to wards decompressing crowding and reducing ambulance delays. Support to manage closure.	2.72 WTE B7 19.30 to 08.088 7/7	180 FYE	0	Regional D&C? EMM allocation	
Medicine	Mental Health ED	Nik Munien	Swast/Paramedics alongside Liaison Psych/Crisis Teams offer a swift response & turnaround for low risk MH patients; and a reboot of the POD 5 (Psychiatrist + AMHP immediately available to provide MHA assessments in the community/Sec 136).		TBC	TBC	System EOI	
Medicine	Medical SDEC and acute medicine expansion	Sufi Husain	Establish a weekend service. Expand SDEC criteria to increase throughput in the Unit				Regional D&C	Funded - moved to Winter plan in progress
Specialised Services	Cardiology SDEC	Sophie Nicholls					Regional D&C	Funded - moved to Winter plan in progress
Specialised Services	Cath lab escalation	Sophie Nicholls	Plan and staff cath lab escalation space to be open throughout winter period - support proactive planning and use, appropriate patient selection, reduced pressure on staff and reduced disruption/last minute cancellation of elective work.	8.2 RNs (B5) / 5.4 HSWs (B2) / 2 hotel services support (B2)	TBC	TBC		Added to Winter Plan in progress, as action agreed as part of AHO rapid improvement plan
Specialised Services / Weston	Cardiology Hot Clinics	Sophie Nicholls	Increase cardiology hot clinic capacity (Rapid Access Chest Pain and Arhythmia) in Bristol and Weston to support admission avoidance and referrals from SDEC.	1 ANP (B7) / 0.5 secretary (B3)	TBC	TBC		
Specialised Services	Evening Ward Clerks	Helen Bishop	Evening ward clerk cover (4 hours for 5 SpS wards in BHI and BHOC) to reduce queries for clinical staff and support flow.	3.7 WTE B2	TBC	TBC		
Specialised Services	BHI Porter	Sophie Nicholls	Support flow, reduce delays in cath lab and lost echo slots.	1 WTE B2	TBC	TBC		
Women's & Children's	CED Consultant	Laura Borg	Provide additional consultant presence within CED during the hours of 16.00 – 22.30 (to support the increased attendances during peak time) 7 days a week (Sept 22 – March 23)	Shifts would be offered as locum hours within the existing CED Consultant establishment	168 PYE	TBC	System UEC Slippage	
Women's & Children's	CED Nursing	Laura Borg	Additional Band 5 Nursing to support resilient staffing of CED overflow waiting area in Level 3 outpatients - to prevent overcrowding in the main department, manage peak times when attendance is high, manage acuity in the department when flow is poor (Oct 22 – March 23)	2.60WTE to cover twilight hours 11.00am – 11.30pm (7 days a week) – recruitment 0.35 WTE- Sat and Sun (5.5 hours) - Bank	67 PYE	TBC	System UEC Slippage	
Women's & Children's	Receptionist	Laura Borg	To provide support for CED with registration of patient, co-ordination of clinic appointments, management of paper notes, support working in overflow area (outpatients)	Band 2 – 7 days – 11 hour shifts 11.00am – 11.00pm	41 PYE	TBC	System UEC Slippage	
Women's & Children's	Health Support Worker	Laura Borg	To support patients in the waiting room and outpatients, support clinical staff with patient care in the main department and resus. Support our observatory ward and wheeze bay	Band 2 – 24 hours, 7 days Band 2 - 15.30 - 23.30 7 days	120 PYE	TBC	System UEC Slippage	
Women's & Children's	Mental Health Practitioner	Laura Borg	To support, assess, management mental health patients coming through CED, identify patients booking in through the department who requires a mental health assessment. Provide advocate support for vulnerable patients. There has been significant increase and acuity in these patients in the last 2 years.	16.00 – midnight, Thu, Fri, Sat & Sun	36 PYE	TBC	System UEC Slippage	
Women's & Children's	ENP & ACP Training	Laura Borg	To upskill our current nursing and ENP workforce to be senior decision makers		TBC	TBC	System UEC Slippage	
Women's & Children's	General Paeds	Laura Borg	Additional general paediatric consultant in the morning to cover 7 days a week during peak winter months in November to December.	Additional hours within current establishment Mon-Fri 8.30am to 12.30pm Sat & Sun 8.30am to 11.30am	24 PYE	TBC	System UEC Slippage	
Women's & Children's	Discharge Registrar	Laura Borg	Additional registrar to support discharge, fully focused on patients who are fit for discharge or awaiting a test to support discharge. This will enable earlier discharge on the wards enabling patients awaiting admission in CED to be transferred earlier (Oct 22– March 23)	8.30am to 12.30pm 7/7 through locum requests	54 PYE	TBC	System UEC Slippage	
Women's & Children's	Capital/Revenue for increased capacity	Ursula Emery/Jessica Whitton	2 x colposcopes - £20k 5 x hysteroscopes - £21k 1 x Paediatric Nasal Endoscope - £9k 1 x Gas insufflator for current bronch stack - £4k 1 x Neonatal Ultra Slim Nasal Endoscope - £18k	6 months of 0.8 WTE B8a hysteroscopy nurse (from Oct-March) - £25k B5 OP nurse 6 months - £19k B2 NA 6 months - £14k	£58K	£72K	TBC	
Women's & Children's	Outreach Nurses	Laura Borg	Outreach nurses provide support to patients in High Dependency Beds, attend resus in CED and rapid reviews.	2.6 WTE 1 x 11.5 hour shift per 24 hours (7.30am – 20.00 or 19.30 – 20.00)	72 PYE	TBC	System UEC Slippage	
Medicine	Frailty Expansion of service to 70 hours per week.	Alice Woolstenholmes	Investment in ACP and consultant staffing is the longer term aspiration. This temporary measure would increase the team's ability to review patients at the front door and reduce admission within the frail patient population-also to enable expansion into weekend working for nursing and additional medical shifts. High risk of not recruiting to this, particularly at consultant level if funding is not avaialble for non-recurrnet posts.	1 WTE locum consultant 2 WTE band 6 nurses	TBC	NA	System UEC Slippage	
Medicine	Division-wide ECO/RMN block booking	Angela Bezer / Jody Saunders		TBC	TBC	NA	System UEC Slippage	
Medicine	Respiratory advanced physio to support flu/ resp inf	Jody Saunders/D&T	Increased flow to A800 from ITU and improves patinet safety for admissions with respiratory infection.	1 WTE 8a	TBC	NA	System UEC Slippage	
Medicine	ED 2nd ED Matron (funded until end of Sep)	Angela Bezer		1 WTE 8a	TBC	NA	System UEC Slippage	
Medicine	AMU Porter	Estates and facilities			TBC	NA	System UEC Slippage	
Medicine	OPAU Pharmacist	Alice Woolstenholmes/D&T	Improve prescribing on OPAU to increase early discharge and turnaroudn on the ward	1 WTE 8a/b?	TBC	NA	System UEC Slippage	
Medicine	ED 4x SHO shifts per week to support post weekend recovery	Lorna Gregory		Cost at locum rate	TBC	NA	System UEC Slippage	
Medicine	ED ED Patient Flow Coordinator 1wte:	Lorna Gregory	improve tracking (and safety in department and ensure coverage of breaks)	B4	TBC	NA	System UEC Slippage	
Medicine	Acute Medicine AMU senior clinical fellow	Sydney Walsh	to support AMU flow and increase seniority of medical presence as well as cover 1.75 WTE gaps on registar on call rota due to sickness and LTFT working.	Registar level	TBC	NA	System UEC Slippage	
Medicine	Acute Medicine Acute Med Practice Education Facilitator	Angela Bezer	improve embedding of new clinical pathways and induct new starters (e.g. same day pathways, cardiology etc)	B7	TBC	NA	System UEC Slippage	
Medicine	GIM Consultant	Alice Woolstenholmes/Anne McCune	review outliers, GIM patients, support take on Mondays and Friday increase level of senior review and decision making for GIM patients especially those outside the Medicine bed base.	Agency spend likely. 1-2 WTE	TBC	NA	System UEC Slippage	
Medicine	GIM SHO for GIM/outliers 2=3 WTE	Alice Woolstenholmes	Additional locum SHO shifts for outlier cover. Outlier cover to support increase volumes in this group that take place over winter. We should have 2 WTE to cover this but this gives capacity for approx. 20 patients-we are often above this level of demand. These posts would also work with the discharge lounge to suport early discharge by prescribing TTAs from the discharge lounge improvging flow and early ward discharge.	3 WTE requested but also assume a level of locum spend for this work	TBC	NA	System UEC Slippage	
Medicine	Respiratory 2 WTW band 6 specialist nurses	Jody Saunders	Increase respiratory hot clinic capacity and discharge review at weekends for respiratory team supporting admission avoidance for this patient group.	2 WTE and band 6 with weekend working	TBC	NA	System UEC Slippage	
Medicine	ED Transfer team	Angela Bezer	To improve transfer times from ED and admission units improving flow and decompressing ED.	band 5-168 hours per week inclding some out of hours working	TBC	NA	System UEC Slippage	
Medicine	A516 (6 beds) - ?? now A518	Angela Bezer			136		System UEC Slippage	
Medicine	A515 (3 trolleys)	Angela Bezer			223		System UEC Slippage	
Surgery	A701 staffing	Mel Broad	Division of Surgery 22/23 OPP currently unresolved	Expected costs in year	587		System UEC Slippage	
Medicine	A801 staffing	Hayley Long			700		System UEC Slippage	
Medicine	Queue A & B	Hayley Long			263		System UEC Slippage	
Medicine	ED Clinical Navigators	Lorna Gregory			63		System UEC Slippage	
Weston	ED Nursing - ambulance handover	Elaine Williams			380		System UEC Slippage	

UHBW Pipeline Winter Schemes - Require Funding								
Division	Scheme	Lead	Scheme details	Staffing	Cost		Potential Funding Source	Outcome
					Revenue £0,000s	Capital £0,000s		
Weston	ED Nursing - rota change	Elaine Williams			380		System UEC Slippage	
Surgery	Surgical SDEC expansion	Victoria MacFarlane/ Mel Broad	Investment as per business case. Location would need to be secured	per operating plan + 2 ACP at 4/12 of FYE costing	182		System UEC Slippage	Funded - moved to Winter plan in progress
Surgery	Additional T&O trauma lists	Jack Beange	When peaks in inpatient trauma are experienced, additional lists to be mobilised to unblock T&O bed base	8.5k per list assumed, 12 lists	102		System UEC Slippage	
Surgery	Additional silver trauma ward cover for bank holidays	Jack Beange	To ensure patients on the silver trauma pathway continue to progress on days where there isn't usually silver trauma ward round input	Consultant for 5 hours	2		System UEC Slippage	
Surgery	Additional rota co-ordination support	AGM team	Anticipating challenges with junior level rotas, have additional rota co-ordination support over winter period	Additional band 5 for 4 months	12		System UEC Slippage	
Surgery	Additional specialist nurse hot clinics	Mel Broad	To be worked up, idea is to ensure all patients who require it are seen by specialist nurses in timely way to avoid admission / be redirected from ED. With more patients on waiting list this is a growing problem	Assumed CNS only (B6) 12 clinics	3.15		System UEC Slippage	
Surgery	Additional flow matron	Mel Broad	To free up matrons to support their main areas, which in turn will support flow and discharge, without distracting by covering the duty rota	Additional bd 8A for 4 months	20		System UEC Slippage	
Surgery	Additional pharmacy input on A700 and C808	Surgery team	To have earlier TTOs to enable discharge	Additional B7, 5 days 4 hours per day 4 months	9.5		System UEC Slippage	
Surgery	Additional junior doctor cover for A700 and C808	Sanchit Mehendale	To have earlier discharge plans to enable discharge	Additional SHO x 2 for 4 months	43		System UEC Slippage	
Surgery	Additional nurse co-ordinator for SDEC/STAU	Rebecca May	to ensure there is capacity to appropriately answer phone and direct patients to suitable area (to be funded as part of business case)	Additional band 6 for 4 months	14		System UEC Slippage	
Surgery	Additional band 6 to manage outliers	Mel Broad	To manage outliers	Additional band 6 for 4 months	14			
Specialised	BHOC Acute - admin support	Sophie Baugh	Admin cover for acute oncology to support increased attendances and ensure timely flow, reducing risk of need for ED support.	1 x B2 to provide cover 7 days / week, 7.5 hours, for Dec, Jan and Feb (12 weeks)			System UEC Slippage	
Specialised	Additional BHOC SHO	Sophie Baugh	Additional SHO Medical staff - BHOC to facilitate patient flow and discharge at the weekend 2 days a week - 4 months in BHOC	SHO 8 hours a day Sat and Sun Dec - end Mar (16 weeks) @ current Trust rates			System UEC Slippage	
Specialised	Additional BHOC SpR	Sophie Baugh	Additional Registrar Medical staff - BHOC to facilitate patient flow and discharge at the weekend 2 days a week - 4 months in BHOC	Registrar 8 hours a day Sat and Sun Dec - end Mar (16 weeks)@ current Trust rates			System UEC Slippage	
Specialised	Weekend ward clerk cover BHOC	Sophie Baugh	Weekend (16 hours) admin ward clerk cover for D603/D703/Acutes Dec - March (4 months) Support patient flow and discharge.	2 x B2 Saturday & Sunday (8 hours) for 4 Months			System UEC Slippage	
Specialised	Saturday CDU lists	Sophie Baugh	CDU Saturday lists 3 additional Saturdays over 3 months To assist with patient choice due to patients delaying chemo until after Xmas putting pressure on capacity in January in CDU therefore requiring additional capacity to ensure patients are treated within both clinical and performance timeframes. In addition to ensure achievement of the cancer 31 day subsequent chemotherapy target. (cross-divisional impact on D&T)	Oncology Registrar, 1 x Band 6; 2 x Band 5 and 1 x Band 2 (receptionist) for 3 additional days (10 hour days) across a 12 week period in Dec, Jan and Feb plus D&T Pharmacy/PSU costs				
Specialised	BHOC Deep Clean	Sophie Baugh	Extension of deep clean evening cover for BHOC B2 6hrs Mon-Sun (16:00-22:00) for 5 months to reduce turnaround delays and support patient flow.	B2 6hrs Mon-Sun (16:00-22:00) for 5 months			System UEC Slippage	
Specialised	BHOC Acute - nursing staff	Sophie Baugh	Increase support to AAU during weekends to ensure ANPs are not included in RN line. Also continue additional RN 18:00 to 20:00 hrs Monday to Friday (peak times)	1xRN 07:00 till 19:30 Satruday and Sunday 1xRN 2 hours 5 days (Mon-Fri) 18:00-20:00hrs	TBC	TBC		
Specialised Services	BHOC	Sophie Baugh	Cancer Outreach CNS to support ED through the early management and supportive care of patients diagnosed with cancer. This includes the facilitation of early discharge and contributing to patient flow from ED	1.0wte b6 outreach CNS till April 2023	TBC	TBC		
D&T	Increase of REACT Weekend Service	Amy Tidyman/ Simon Steel	(Idea) Funding to support/increase REACT service at weekends to avoid the need to pull therapists from the ward (so not directly for D&T but would have positive impact for us).					
D&T	Funding for Radiology support to SDEC	Amy Tidyman/ Simon Steel	(Idea)Funding for radiology to support SDEC(s) at weekends, increased radiographer and radiologist time to meet expected turnarounds.					
D&T	Radiology portering	Amy Tidyman/ Simon Steel	(Idea) Increased portering for Radiology to decrease time awaiting transfer for scan – helpful to have SDEC specific porters if possible.					
D&T	Increased Lab reception support	Amy Tidyman/ Simon Steel	(Idea) Increased support for Laboratory reception to increase turnaround time for blood tests for both ED and discharge. Recruit to turnover, increase temporary (bank) staffing					
D&T	Increased support for laboratory respiratory virus testing	Amy Tidyman/ Simon Steel	Increased support for laboratory respiratory virus testing to maintain TATs Recruit to turnover, increase temporary (bank) staffing.					
D&T	Permanent Over recruitment to Therapy Staff across all 4 professions to support the winter period. We know within Therapies, as across the Trust, we will have staff absent due to COVID / Flu this winter and the workforce will be reduced These post would be absorbed back into service structure by the end of Q1 May 23 - this model was completed last year with all post being absorbed by March / April 22	Amy Tidyman/ Simon Steel	Permanent Over recruitment to Therapy Staff across all 4 professions to support the winter period - this would be on top of current agreed 'normal' over recruitment for physio/OT. Posts at Band 5: - PT x6 & OT x4 Posts at Band 6:- N&D x2and SLT x1 Recruiting these posts at Band 5 means that we are adding staff to our skill-mix, if we went out for Band 6 our current Band 5 staff would apply - meaning that we have the same number of staff as we do currently but at a different grade. However we need to recognise that recruiting to B6 post, could excel care delivery as time is not lost training new graduates. The aim would be to absorbed them back into service structure by end of Q1- this model was completed last year with all post being absorbed by March / April 22. If any post beyond end of Q1 were still in situ we would hold off recruitment to other posts These posts would create a poole of resource to cover where pressures were being identified. They would flex to support the following areas to ensure flow and discharge was supported over the winter period: • **Front Door at Weston** - this will mean that current staffing that have been moved from Wards to	Posts at Band 5: - PT x6 & OT x4 Posts at Band 6:- N&D x2and SLT x1				

UHBW Pipeline Winter Schemes - Require Funding								
Division	Scheme	Lead	Scheme details	Staffing	Cost		Potential Funding Source	Outcome
					Revenue £0,000s	Capital £0,000s		
D&T	Introduce Level of Saturday Working at Weston for the 4 Therapy Professions and within the Speech & Language Therapy Team at the BRI. This would bring the above teams in to line with the rest of Therapy Services at the Bristol site.	Amy Tidyman/ Simon Steel	Introduce Level of Saturday Working at Weston for the 4 Therapy Professions and within the Speech & Language Therapy Team at the BRI. This would bring the above teams in to line with the rest of Therapy Services at the Bristol site. There will be a bid being submitted via D&T OPP for full year investment of Level of Saturday Service for April 23 onwards. This Winter bid would be to gain funding to start the Saturday Service from Jan - March 23 rather than waiting for April 23.The OPP bid would need to be agreed and signed off prior to the introduction of this winter scheme. Saturday working is essential, which has been proved and demonstrate at the Bristol site. Patients are seen on a Saturday ensuring flow, discharges and progression of patients is enabled. Not having a Saturday service does cause delays to patients progression and discharge.				System UEC Slippage	
D&T	20 additional beds and mattresses split evenly between Bristol and Weston.	Amy Tidyman/ Simon Steel	10 on the Bristol site would give us additional capacity as the bed store rarely has more than about 4 beds in it these days (it has capacity for ~15). Bed storage at Weston is ongoing issue.					
D&T	Weston additional portering for Radiology	Amy Tidyman/ Simon Steel	Radiology at Weston: additional porters specifically to support the 1700-0000 period for ED 7 days/week				System UEC Slippage	
D&T	Frailty/GEMS Pharmacist posts at WGH	Amy Tidyman/ Simon Steel	Support for additional Frailty/GEMS Pharmacist posts at WGH.				System UEC Slippage	
D&T	Additional support for Pharmacy Portering (BRI)	Amy Tidyman/ Simon Steel	To enable faster delivery of discharge medication to clinical areas to assist in more timely discharge, particularly at weekends.	TBC				
D&T	Additional technician support in BRI and WGH pharmacy	Amy Tidyman/ Simon Steel	Locum technicians to support workflow in BRI & WGH dispensaries. Or/Bank if available. SATO staff to remote dispense also an option, if available for a fixed term.					
D&T	Support for ICU step down patients	Amy Tidyman/ Simon Steel	1 x 1 wte 8a Critical Care Pharmacist to provide outreach service to review all ICU step downs across the Bristol site. This will address the need for additional input following a recent PSII in the short term as well as facilitating timely discharge from critical care areas to improve elective capacity. It could also enhance ECMO resilience as the service is stood up in November 2022. A band 7 pharmacist is considered a training role in critical care but could still provide service continuity during absence of the lead for sickness and annual leave. Note: Recruitment to a 3mth fixed term post may be problematic.	1 wte 8a Critical Care Pharmacist				
D&T	Barcode scanners	Amy Tidyman/ Simon Steel	To facilitate workflow through dispensaries	N/A - cost TBC				
D&T	A3 scanner	Amy Tidyman/ Simon Steel	To facilitate transfer of prescription chart information between WGH & BRI for agreed prescriptions at weekends.	N/A - cost TBC				
D&T	Boots Pharmacy Sunday provision	Amy Tidyman/ Simon Steel	Funding for Boots to open on Sundays and Lloyds at weekends if allowable under an extended contract and staff available. To facilitate faster out-patient / ED prescription dispensing at period when the out-patient partners are currently closed.	N/A - cost TBC				
Weston	Patient Flow Co-ordinators	Julie Page	Tracker/PFC in Major end of ED, plus uplift to Minors to allow cover for 7 day working. Currently there is no administration support for ED majors, having this role in place supports all clinical staff especially the nurse and consultant in charge which is invaluable at a time we have such high vacancy rates. Its also proven that having this role in place improves data quality, contributes to less breaches due to better organisation and an up to date patient ED screen. Having this role in place significantly reduces the admin work that nurses and clinical staff have to do meaning their time can be spent on providing patient care.	Band 3 A&C 2 PFC's x 11.5 hours/day x 7 days/week in Majors Uplift in Minors to provide cover across 7 days	£49,000	NA	System UEC Slippage	
Weston	ED RATT	Julie Page	Patients arriving by ambulance are put into the right place and seen and triaged timely, it also ensures treatments (including IVAB's for sepsis) are delivered within national targets. Additionally, patients being held in ambulance crews are brought into a safe area to be assessed and treated before being placed back onto the ambulance, preventing deteriorations and other associated complications.	A band 6RN and NA 1000-2200 (7 days a week)	£103,000	NA	System UEC Slippage	
Weston	GEMS/Frailty expansion	Julie Page	The GEMS service currently operates 5 days Monday-Friday and does not have any backfill funding of any of the workforce in the current budget. This request is to increase the current GEMS establishment to allow expansion of the service covering 7 day working. This supports the front door and the hospital at weekends where all other services are so limited	- 1 x B7 Therapist - 2 x B6 Therapists - 1 x B5 Therapist - 1 x B7 Physiotherapist - 0.5 x B8A APP	£127,000	NA	System UEC Slippage	
Weston	SWAST - Trial/Pilot Therapy Paramedic	Judith Hernandez						
Weston	Charitible Support - Red Cross/St Johns Ambulance supporting falls in the community	Judith Hernandez						
Weston	CEMs - Consultant Emergency Medicine provision	Judith Hernandez						
Weston	Primary Care Support - Winter based admission avoidance options	Judith Hernandez						
Medicine	Increase weekend discharge staffing	Alice Woolstenholmes	Offer locum shifts to physiciains associates and registars to improve both capacity and capability of discharge team at weekends	Registar locum shifts 16 hours per week PA locum shifts (band 7) 16 hours per week	TBC	TBC	System UEC Slippage	

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Meeting of the Board of Directors in Public on Tuesday October 11th, 2022

Report Title	**Maternity Perinatal Quality Surveillance Matrix (PQSM) Quarterly Update Report/ Clinical Negligence Scheme for Trusts update**
Report Author	**Sarah Windfeld / Ingrid Henderson**
Executive Lead	**Deirdre Fowler Chief Nurse and Midwife**

1. Report Summary

This report provides the Trust Board with a quarterly oversight of the safety matrix of UHBW maternity and neonatal services for the months of July and August 2022. This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 4 and the NHS England report, *Implementing a revised perinatal quality surveillance model*. Healthcare Safety Investigation Branch (HSIB) incidents are always reported at serious incidents (SI). The report also updates the Board how UHBW is progressing with the national Safety initiatives and maternity transformation .

2. Key points to note

(Including decisions taken)

- Capacity issues continue occasion to affect the flow of women being induced causing delays with induction
- Ongoing lack of antenatal scan capacity to implement recommended some specific scan pathways for large or small for gestational age (LGA/SGA) babies in line with RCOG guidance, due to difficulties with recruitment and retention of sonographers
- Ockenden safety action recommends consultant led ward rounds at start of night shift on delivery suite. Awaiting funding approval from Local Maternity System to implement this.
- Funding obtained and plan in progress to recruit 15.3 WTE (whole time equivalent) Band 5 nurses and 6, Band 6 nurses. Ten nurses undertaking QIS (Qualified in speciality) training. BAPM (British Association of perinatal medicine) standards for QIS should be 70%, NICU is presently at 58.8%.
- As recommended in Ockenden, there is a requirement to review the implementation of a centralised CTG monitoring system for St Michael's Hospital. This would need to integrate fully with the new maternity data system being procured city wide.
- There is a recommendation that bereavement services are available for women and their families, and that Trusts implement the national bereavement care pathway. The Trust is awaiting confirmation of funding from the Local Maternity system for a bereavement midwife.

3. Risks

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

The risks associated with this report include

1. 3343 - delayed elective LSCS (Lower Segment Caesarean Section)
2. 2264 - delayed induction of labour
3. 5652 - Risk that St Michael's Hospital (STMH) cannot offer an induction of labour (IOL) at 41 weeks as recommended by NICE guidelines

4. 33/3623/988 - NICU staffing/BAPM (British Association of Perinatal Medicine)
5. 3553 Risk that the trust will not achieve CNST safety standards
6. 4810 Risk that if the trust does not achieve continuity of carer we will not achieve CNST safety standards
7. 3643 Risk that patient care will be compromised if remote IT access is not improved to provide a reliable accessible secure system

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

- This report is for **Assurance.**

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

LMNS Safety and Quality Meeting 3rd October 2022

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Areas of excellence to celebrate

NICU (Neonatal intensive Care Unit) had achieved level three UNICEF Baby Friendly Standards accreditation in July.

Perinatal Quality Surveillance Matrix (PQSM)

Please see data for July and August 2022 reported in (Appendix 1.)

Maternal Morbidity and Mortality

There has been one maternal death in ICU (patient 8 weeks pregnant) and one in A and E (19weeks). Both suffered out of hospital cardiac arrests believed to be because of pulmonary embolism.

PSII (Patient Safety incident Investigations) findings and learning

Incidents related to perinatal care which have warranted further investigation:

- Datix 188478 This was a Divisional PSII Patient initially appropriately assessed. However, there was a failure to escalate abnormal fetal heart rate on monitoring. Baby admitted to NICU for respiratory treatment. Learning has been identified due to missed opportunities in relation to risk assessment and escalation.
- Datix 192581 has had a rapid review meeting with Trust Headquarters patient Safety team This was a postnatal readmission on day 10 with bilateral pulmonary embolism. The patient had been mistakenly discharged home without appropriate medication to prevent this event. Thematic review of cases over the last 12 months to take place and results to be shared Trust wide, to highlight importance of risk assessments to identify patients at risk of blood clots in pregnancy and post-natal period.

Healthcare Safety Investigation Branch (HSIB)

1 case had been reported to HSIB in July. Two cases had been reported in August. Details below:

Datix 189100. This was a maternal death which was not booked with maternity services. See above. The family have declined HSIB. Case has been referred to primary care to review for learning.

Datix 191621. This was a maternal death at approximately 19 weeks of pregnancy (See above). The family have consented to an HSIB investigation. Learning to be shared with primary care when HSIB investigation completed. Importance of undertaking.

Datix 193190: Neonatal death following birth. Baby born in unexpectedly poor condition. Full resuscitation by neonatal team including Consultant. Re- orientation of care with agreement of parents and palliative care provided on the neonatal unit.

SBLCB v2 update (saving babies lives care bundle version 2)

Saving Babies Lives Care Bundle is a national initiative to reduce the number of still births and neonatal deaths

- All women are screened at booking and 36 weeks for Carbon monoxide (CO) Screening audits improving, there is a requirement to achieve above 80% CO screening offered and recorded at booking and at 36 weeks of pregnancy for all women. June data 60%, July 70% last audit August was at 88%.
- Women should be educated about monitoring their baby; fetal movements by 28 weeks of pregnancy The Trust is achieving 100 %.
- The standard is that 100% of women less than 30 weeks gestation receive in magnesium sulphate prior to 24 hours of birth. This improves neonatal outcomes. In July and August there was 100% compliance with this standard.
- The standard that 100% of women less than 34 weeks of pregnancy with threatened preterm labour, receive a full course of antenatal corticosteroids at least 7 days prior to the birth. This improves neonatal outcomes. This was achieved 100% in July, and August.

Maternity Incentive Scheme, Year 4 (CNST) update:

The service is confident that it will be able to demonstrate compliance with 8 of the 10 safety standards. There are 2 standards the service is progressing with but where more work is required: Carbon Monoxide monitoring and recording and training.

Strengths:

- Implementation of Continuity of Carer (CoC) presently 44.6%, with Black, Asian or minority ethnicity at 57.5% and IMD 1 (most deprived) at 75.2%. As part of our continual risk assessment four CoC teams continue to run, two teams have been paused until staff have been recruited to fill newly vacant posts.
- Obstetric emergency and fetal monitoring training is non-compliant with the 90% target for all staff groups. It is anticipated the service will l be fully compliant at the end of the reporting period unless staff are redeployed to cover clinical areas due to critical absences.
- In Quarter 1 The Trust reported 100% compliance in the use of the perinatal mortality reporting tool.

Challenges:

- A risk associated with a potential failure of MIS clinical negligence scheme for trusts (CNST) is the IT connectivity issues and capacity constraints within the community midwifery teams. The Trust IM&T team are helping to resolve this issue. MIS allows for manual audit but expects data to be entered electronically.

Ockenden Implementation plan progress update:

The majority of the 92 standards in Ockenden the Trust is rated as green or amber with only 6 rated as red. Most of the red standards require investment and bids are in place through the Local Maternity System and some require national direction.

Leads have been assigned to each safety action and an oversight panel set up, commenced in September to monitor the implementation of actions. A week of workshops is planned to engage, update, and encourage collaboration with clinical teams in October.

Health Care Intelligence and Quality Improvement Services (CHKS) /MBRRACE

The Trust has received an outlier alert from CHKS relating to unexpected neonatal deaths. The Trust has contacted CHKS to identify which units the Trust is being benchmarked against and whether they have similar patient demographics.

Staff and Service user feedback:

Safety walk-arounds: staff concerns are shared monthly with the Maternity and Neonatal Safety Champions and actions fed back to staff. Current themes continue to include:

- Staffing.
- Capacity and flow of patients

Friends and Family Test (FFT):

- FFT July overall response rate 16%, score (% who rated 'very good' or 'good') 96%
- FFT August overall response rate 9%, score (% who rated 'very good' or 'good') 98%

Compliments

There were 29 Compliments in July and 0 in August.

Complaints

There were 3 Complaints in July and 3 in August.

Following the themes of attitude and communication in feedback, a series of workshops highlighting civility and reflection on how staff speak to each other and patients and their carers are being held. Civility saves lives' is included on the mandatory training and was highlighted in the fetal monitoring week in March. It will be repeated in the Ockenden week planned for October.

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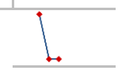
University Hospitals Bristol and Weston NHS Foundation Trust

UHBW perinatal quality surveillance matrix

		Jan	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year to date average	Trend
	Activity														
	NICU admission rate at term (excluding surgery and cardiac) % target 5%	3%	6.9%	3.50%	2.70%	5.10%	3.60%	2.40%	2.60%						
	Number of babies born alive at >=22 to 36+6 weeks gestation	18	36	22	35	31	24	32	33					29	
	Number of women who gave birth all gestations from 22+0 weeks	357	369	422	416	396	401	424	396					398	
	Induction of Labour rate %	35.4%	26.3%	28.1%	36.5%	29.8%	30.6%	30.8%	35.7%					31.7%	
	Unassisted Birth rate %	47.2%	45.1%	46.9%	46.8%	48.6%	47.7%	48.5%	45.8%					47.1%	
	Assisted Birth rate %	14.6%	15.9%	16.5%	17.2%	13.8%	17.4%	15.2%	16.0%					15.8%	
	Caesarean Section rate (overall) %	37.8%	39.0%	36.6%	36.0%	37.6%	35.0%	36.4%	38.2%					37.1%	
	Elective Caesarean Section rate %	16.0%	16.7%	16.5%	15.3%	15.5%	13.9%	13.8%	17.2%					15.6%	
	Emergency Caesarean Section rate %	21.8%	22.3%	20.0%	20.7%	22.1%	21.0%	22.4%	20.9%					21.4%	
	Perinatal Morbidity and Mortality inborn														
	Total number of perinatal deaths	6	1	5	3	3	5	3	4						
	Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	1	0	0	0						
	Number of stillbirths (>=24 weeks excl TOP)	2	0	1	2	1	2	2	2						
	Number of neonatal deaths : 0-6 Days	4	0	1	1	1	2	0	2						
	Number of neonatal deaths : 7-28 Days	0	1	3	0	0	1	1	0						
	Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	0	0	0	0	0	0	1						
	Maternal Morbidity and Mortality														
	Number of maternal deaths (MBRRACE)	0	0	0	0	0	0	1	1						
	Direct causes														
	Indirect causes							1	1						
	Number of women who recieved level 3 care (ITU or CCU) * not pregnancy related	1	1	1	0	2*	1*	1	1						
	Insight														
	Number of datix incidents graded as moderate or above (total)	2	0	1	0	2	3	1	3						
	Datix incident moderate harm (not SI, excludes HSIB)	0	0	0	0	2*	3*	1	0						
	Datix incident SI (excludes HSIB)	0	0	0	0	0	0	0	1						

New HSIB SI referrals accepted	2	0	0	0	0	0	0	1					
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0					
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0					
Workforce													
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	47%	47%	59%	58.80%	58.80%	58.80%	58.80%	63%					
Datix related to workforce (service provision/staffing)	18	18	15	9	18	10	12	2					
MDT ward rounds on CDS (minimum 2 per 24 hours) day staff	100%	100%	100%	100%	100%	100%	100%	100%					
MDT ward rounds on CDS with day to night staff handover	0%	0%	0%	0%	0%	0%	0%	0%					
One to one care in labour (as a percentage)	100%	100%	100%	100%	100.0%	100%	100%	100%					
Number of times maternity unit attempted to divert or on divert	1	2	0	0	0	2	1	0					
in-utero transfers													
in-utero transfers accepted													
in-utero transfers declined	6			2	1	1							
ex-utero transfers													
ex-utero transfers accepted	1			1									
ex-utero transfers declined		1	1	1	1								
attempted baby abduction	0	0	0	0	0	0	0	0					
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0					
Involvement													
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU		80%	97%		100%		100%						
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity						100%	96%	98%					
Service User feedback: Number of Compliments (formal)	5	17	13	12	155*	15	85	125					
Service User feedback: Number of Complaints (formal)	2	0	3	5	6	2	2	3					
Staff feedback from frontline champions and walk-abouts (number of themes)	4	3	4	4	1	5	4	3					
Improvement													
Progress in achievement of CNST /10	7	7	8	8	8	8	8	8					

Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives	88%	78%	82%	77%	78%	76%	80%	84						
Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians	77%	54%	61%	52%	65%	68%	77%	88						
Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists	71%	71%	75%	73%	85%	91%	94%	94						
Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants	62%	72%	72%	66%	57%	60%	67%	67%						
Training compliance fetal wellbeing day midwives	79%	61%	67%	71%	71%	63%	63%	73%						
Training compliance fetal wellbeing day doctors	69%	38%	44%	43%	62%	55%	55%	79%						
training compliance core competency 4. personalised care	65%	66%	66%	69%	73%	77%	78%	80.8%						
Continuity of Carer (overall percentage)	48%	49%	54%	48%	49.2%	41%	42.5%	44.6%						

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Meeting of the Trust Board of Directors in Public on 11th October 2022

Reporting Committee	**People Committee**
Chaired By	**Bernard Galton, NED and Chair**
Executive Lead	**Emma Wood, Chief People Officer**

For Information

This meeting focussed on the key strategic pillar of Growing for the Future together with current emerging issues.

Apologies from Dierdre Fowler, Chief Nurse and Midwife Officer who was represented by Mark Goninon, Deputy Chief Nurse Officer
Jean Scrase, Associate Director of Education was on leave and represented by Julian Newbury, Head of Education and Naomi Keserton. Learning and Development Manager

Agenda included:

- Status of People related strategic and corporate risks
- Updates on the new Appraisal system
- Briefing and discussion on Career Progression, Placement Capacity, Apprenticeships.
- BNSSG update
- Comprehensive paper on Leadership development and the draft Education Strategy for approval.
- Status paper on new roles and future Workforce Plan and discussion on KPIs and a deep dive into Specialised services.
- Also, a very interesting paper for approval on the Volunteers strategy.

For Board Awareness, Action or Response

The Committee discussed at length the emerging risk of Industrial action this Winter in the NHS and our response to this together with the approach being taken by BNNSG . SLT will no doubt be keeping a close watching brief on this.
The Committee was pleased that the number of TNA's had eventually been secured at 49 instead of the lower number which was non complaint with the System ambition and NHSE agreement discussed at the last meeting. The committee were also pleased that with new NHSE funding and a refocus of budgets the Trust is able to recruit an additional 77 International nurses between Jan and March 2023 and go faster on this to help with ongoing recruitment issues.
We were pleased to hear that more efficient use of the apprentice levy has been achieved and the teams should be commended for this.
Excellent progress has been made on the development of management and leadership offerings but this needs to be backed up with the necessary funding. SLT must resolve the issue of identifying Divisional spend that can be moved into central Education budget. Without this happening quickly we will not make the required progress in these vital areas.

Key Decisions and Actions

The committee will receive a new style risk report aligned to the People strategy pillars.
An update on the mitigation to address the low compliance with Resus and manual handling training will be provided at next committee
An update on the implementation of the new Band 3 HCSW job description will be provided at next meeting

Additional Chair Comments
Excellent meeting and real progress is being made across the CPO portfolio and it is encouraging to see the energy and positive approach being taken by the senior Team under Emma Wood's leadership.
Update from ICB Committee
The first People ICB committee took place in September 2022 with the Chair and CPO in attendance. This meeting focused on agreeing terms of reference and People programme governance.

Date of next meeting:	**24 November 2022**

Return to Agenda

Meeting of the Trust Board of Directors in Public – 11 October 2022

Reporting Committee	**Finance & Digital Committee – meeting held on 27 September 2022**
Chaired By	**Martin Sykes, Non-Executive Director**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

For Information

Digital Services Report

A number of smaller implementations were successfully delivered in the period, including ICNET (infection prevention and control) in Bristol and Dr Doctor (video consultations) in Weston.

The team are launching the next large strategic project, Medicines Management (Electronic Prescribing) having finalised contract terms with the preferred supplier. This will be an important Trust-wide change project that will require significant clinical and change management support.

The Committee once again discussed the roll-out of digital noting in outpatients. This continues to be well received in departments that have transitioned to digital, but the pace of rollout remains slower than had been hoped. The digital team are fully supported by the committee in their desire to increase the pace of this project and are looking for greater commitment from the wider Board and from key clinical and managerial divisional leaders.

Finance Report

The committee discussed the in-year Trust financial projection, noting that the Trust was projecting a potential deficit driven by two key items - the loss of junior doctors at Weston and an unfunded costs of international recruitment. Under new funding arrangements the Trust is unable to earn extra income to cover such costs (which were highlighted before the start of the financial year) as funding is now allocated (or not) from the ICB.

The committee noted the underlying position of the Trust is of a greater deficit and reviewed an outline recovery plan that had been discussed with divisional leads. It is important that the Trust gain traction with this recovery plan as well as ensuring that normal management controls are operating fully across the Trust (annual job plans, establishment and rostering controls, controls over agency and bank, and the like).

The committee reviewed the updated standing financial instructions and scheme of delegation and recommended that these be approved by the Board.

For Board Awareness, Action or Response

Be aware that the medicines management project is starting and note that this will be a significant change project for the organisation that must be appropriately resourced.

Note that the Digital team is requesting Board commitment to rolling out electronic noting at pace.

Note the recommendation to approve the SFIs and Scheme of Delegation. Note the risk of income allocation shortfalls leading to a potential deficit in the current financial year.
Key Decisions and Actions
None
Additional Chair Comments
None

Date of next meeting:	**24th November 2022**

Return to Agenda

Meeting of the Board of Directors in Public on Tuesday 11th October 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 Board of the Trust's financial performance for the period 1st April 2022 to 31st August 2022.

The Trust's net income and expenditure position is a deficit of £6.2m, £2.6m worse than the planned deficit of £3.6m. The adverse position against plan is primarily due to unachieved Trust CIP, unfunded escalation capacity, enhanced/premium rates of pay and unfunded costs associated with the Trust's international recruitment program and Weston Foundation 1 posts.

The Trust delivered CIP savings of £4.9m at the end of August, £1.7m below than plan. Currently only 39% or £5.8m of the Trust's forecast savings are recurrent. The year to date and forecast position is a significant concern and without action to recover the position, the Trust's recurrent deficit and financial challenge going into 2023/24 will increase by c£9m due to this year's predicted recurrent CIP shortfall.

The value of elective activity is marginally higher in August compared with July 2022 and remains c10% below 2019/20 activity levels. Against plan elective inpatients is at 98% of plan but day cases are at 85%. This remains a concern given the £10.5m investment approved by SLT to deliver elective recovery.

2. Key points to note

(Including decisions taken)

The Board is asked to note the adverse financial position of the Trust and the following recovery actions to mitigate the position:

- Led by the Director of Finance & Information, implementation of a financial recovery plan, with the objective of achieving the best possible financial position to take into 2023/24.
- For all Divisions to continue to prioritise the delivery of their operating plans, including the elective performance recovery targets we have committed to as an organisation.
- For all Divisions and corporate services to recover the shortfall in CIP delivery to date and ensure recurrent CIP schemes are fully identified by end of Q3; and
- For all Divisions to continue to assess the impact of the investments made since April 2020 and consider unwinding, or re-purposing these, where the expected benefits have not been realised.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.	
Risk that the Trust does not delivery the in-year financial plan – ID5375 Risk that the Trust fails to fund the Trust's strategic capital programme - ID416	
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	27th September 2022

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: August 2022

Executive Summary

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2022

YTD Income & Expenditure Position	• Net I&E deficit of £6,189k against a planned deficit of £3,588k (excluding technical items). • Total operating income is £2,937k adverse to plan due to lower than planned other operating income of £5,048k, offset by higher than planned income from activities of £2,111k. • Operating expenses are £200k adverse to plan primarily due to higher pay expenditure (£7,990k adverse), the shortfall in Trust CIP delivery of £1,711k, offset by lower than planned depreciation expenditure of £635k and lower than planned other non-pay expenditure of £8,866k. • Technical and financing items are £537k favourable to plan.
Key Financial Issues	• *Savings delivery below plan* – Trust-led CIP delivery is £4,851k or 74% of plan. Full year forecast delivery is £11,685k or 78% of plan of which recurrent savings are £5,781k, 39% of plan. • *Lower than planned elective activity* – if overall elective activity continues below plan there will be a reduction in ESRF income which could contribute to the Trust not meeting its plan. • *Pay costs higher than plan* – pay expenditure must be maintained within divisional and corporate budgets. • *Forecast overspend against divisional budgets* – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.
Strategic Risks	• Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook; • Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a Full Business Case/(s) by December 2022; • Continue to 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 medium-term financial outlook and system prioritisation process. • Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan being implemented during September.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: August 2022

Successes	Priorities
• Delivery of capital investment of £13,771k in the period 1st April 2022 to 31st August 2022. • The Trust's cash position remains strong at £157,166k. • BPPC improved in month from 80% by volume of invoices and 71% by value of invoices to 82% for both volume and value. • Relaunch of the Trust's productivity programme with a cross-divisional event.	• Implementation of a Trust financial recovery plan and productivity measures. • Divisions to continue to prioritise the delivery of their operating plans, including monthly monitoring of divisional forecast against budget and development of recovery plans where required. • Divisions and Corporate services to recover the shortfall in CIP delivery and ensure recurrent CIP schemes are fully identified. • Continue to assess the benefits impact of investments made since April 2020 and consider unwinding or re-purposing. • Acute provider Directors of Finance to conclude the review of system strategic capital and agreed prioritisation process. • Continued implementation of the BPPC recovery plan to improve performance against the national target.
Opportunities	**Risks & Threats**
• Significant opportunity to align the productivity improvements being driven by the Accelerator Programme and the Restoration Oversight Group. • SLT approval of reduced Covid-19 driven expenditure of up to £3m in 2022/23. • Provider and system submission of bids to help with winter bed pressures to NHSE to support elective recovery. Pending decision from NHSE. • Progression of the Community Diagnostics Centre Business Case at Weston to NHSE to support elective recovery.	• Workforce supply challenges to fill vacant posts and staff absences continues to impact on the Trust's ability to meet emergency and elective demand. • System challenges with deteriorating patient flow continues to undermine elective activity recovery plans, especially tertiary activity. • Lower than required elective recovery may result in a reduction in ESRF which may result in the Trust and system not achieving it's financial plan. • Other emerging cost pressures e.g. inflation may impact on the achievement of the financial plan. • Under-delivery on the Trust's recurrent savings programme may contribute to a deterioration in the Trust's underlying deficit. • CDEL and 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

University Hospitals Bristol and Weston NHS Foundation Trust

August 2022

Trust Year to Date Financial Position

	Month 5			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	77,740	77,315	(425)	385,617	387,728	2,111
Other Operating Income	9,059	8,507	(552)	47,725	42,677	(5,048)
Total Operating Income	**86,799**	**85,822**	**(977)**	**433,342**	**430,405**	**(2,937)**
Employee Expenses	(50,890)	(52,466)	(1,576)	(252,771)	(260,761)	(7,990)
Other Operating Expenses	(32,789)	(30,567)	2,222	(163,345)	(156,191)	7,155
Depreciation (owned & leased)	(3,133)	(2,978)	155	(15,528)	(14,893)	635
Total Operating Expenditure	**(86,812)**	**(86,011)**	**801**	**(431,645)**	**(431,845)**	**(200)**
PDC	(1,037)	(1,037)	(0)	(5,186)	(5,186)	(0)
Interest Payable	(244)	(239)	5	(1,220)	(1,206)	14
Interest Receivable	29	164	134	147	632	486
Other Gains/(Losses)	0	0	0	0	(19)	(19)
Net Surplus/(Deficit) inc technicals	**(1,265)**	**(1,301)**	**(36)**	**(4,562)**	**(7,219)**	**(2,657)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	196	200	4	974	1,030	56
Net Surplus/(Deficit) exc technicals	**(1,069)**	**(1,101)**	**(32)**	**(3,588)**	**(6,189)**	**(2,601)**

Key Facts:

- The position at the end of August is a net deficit of £6,189k, £2,601k higher than the planned deficit of £3,588k.
- YTD expenditure on International Recruitment is c£2m. The cost of F1 cover at Weston at the end of August is estimated at £625k.
- Pay expenditure is £52,466k in August, c£800k higher than July. YTD expenditure is adverse to plan by £7,990k, mainly due to enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £3,263k, c£300k higher than July and c£650k higher than plan. Overall, agency expenditure is 6% of total pay costs.
- Operating income is adverse to plan by £2,937k. The adverse position on 'Other Operating Income' is driven by lower than expected income levels for research, education and non-patient care activities. The plan also included provision for a rates rebate which is being reflected as a non-pay benefit rather than income.
- Income from Patient Care Activities is £2,111k favourable to plan. This includes c£4,000k of ESRF income not in the plan.
- Trust-led CIP achievement is 74% of plan. £4,851k has been achieved against a target of £6,562k, a shortfall of £1,711k.
- Additional costs of Covid-19 are £433k, a reduction of £55k from £488k incurred in July.

Savings – Cost Improvement Programme

University Hospitals Bristol and Weston NHS Foundation Trust

August 2022

Divisional Finance Report Aug – 2022/23 Savings Programme Summary including 2021/22 recurring shortfall carry forward

Division	2021/22 Programme c/f		Progress to Date					Total Variance to date (inc. 2021/22 shortfall)	Forecast Outturn					Forecast Outturn			Recurring Variance inc. 2021/22 recurring shortfall
			2022/23 Programme						2022/23 Programme					2022/23 Programme			
									Current Year					Recurring Full Year			
	2021/22 Recurrent shortfall	2021/22 Shortfall Variance to date	Plan	<-------- Actual ---------> Recurring	Non-Recurring	Total	Variance Fav / (Adv)		Plan	Recurring	Non-Recurring	Total	Variance Fav / (Adv)	Balance to FYE	Total Recurring	Variance Fav / (Adv)	
Financial Performance	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Diagnostics & Therapies	(1,401)	(584)	560	39	572	612	51	(532)	1,384	134	1,395	1,529	145	132	266	(1,118)	(2,519)
Medicine	(1,197)	(499)	927	305	167	472	(455)	(954)	1,777	948	400	1,348	(429)	50	998	(779)	(1,976)
Specialised Services	(1,513)	(630)	735	278	605	883	148	(483)	1,788	684	1,155	1,840	52	74	758	(1,030)	(2,543)
Surgery	(2,177)	(907)	989	354	103	458	(531)	(1,438)	2,514	1,101	388	1,489	(1,025)	673	1,774	(740)	(2,917)
Weston	(798)	(333)	894	613	193	806	(88)	(421)	1,666	1,062	464	1,526	(140)	106	1,168	(498)	(1,297)
Women's & Children's	(2,176)	(907)	1,246	532	527	1,059	(187)	(1,094)	2,900	1,310	1,213	2,523	(377)	7	1,317	(1,583)	(3,759)
Estates & Facilities	27	11	377	98	258	356	(21)	(10)	907	259	619	878	(29)	174	433	(474)	(447)
Trust Services	(991)	(413)	437	94	112	206	(231)	(644)	1,062	282	270	552	(510)	60	342	(720)	(1,711)
Corporate	-	-	397	-	-	-	(397)	(397)	953	-	-	-	(953)	-	-	(953)	(953)
Divisional Sub Totals	**(10,228)**	**(4,261)**	**6,562**	**2,313**	**2,538**	**4,851**	**(1,711)**	**(5,973)**	**14,951**	**5,781**	**5,905**	**11,685**	**(3,266)**	**1,276**	**7,057**	**(7,894)**	**(18,122)**
System Transformational Plans	-	-	2,194	-	-	-	(2,194)	(2,194)	7,366	-	-	-	(7,366)	-	-	(7,366)	(7,366)
Grand Totals	**(10,228)**	**(4,261)**	**8,756**	**2,313**	**2,538**	**4,851**	**(3,905)**	**(8,167)**	**22,317**	**5,781**	**5,905**	**11,685**	**(10,632)**	**1,276**	**7,057**	**(15,260)**	**(25,488)**

Key Points:

- The Trust's 2022/23 savings target is £22,317k. This includes £7,366k attributable to system transformation savings.
- At the end of August, the Trust had achieved savings of £4,854k, or 55% against a plan of £8,756k, resulting in a shortfall of £3,905k.
- £2,194k of the £3,905k shortfall is due to non-achievement of system savings.
- The Trust has a recurrent shortfall from the 2021/22 savings programme of £10,228k, resulting in a £4,261k shortfall to date. Therefore the total variance to date is £8,167k.
- The recurring forecast outturn for the 2022/23 plan is a shortfall of £15,260k and including the 2021/22 shortfall is £25,488k.
- At the end of August, all divisions have a shortfall against their recurring plans and all but the Division of Diagnostics and Therapies and the Division of Specialised Services have a shortfall against their non-recurring plans.
- Currently 51% of forecast savings are non-recurrent, which is a major cause for concern.

Appendix 1 – Action Log & Developments

University Hospitals Bristol and Weston NHS Foundation Trust

Summary of Recovery Actions

Ref	Date	Description of Action	Action Owner	Date Due	Committee Month	Status	Revised date	Update
014	Jun-21	Present the Trust Five Year Financial Strategy	OpDoF	Oct-21	November	Open	November	Plan to be presented at November Committee
023	May-22	Review corporate savings in Medicines including Procurement, CMU contracts and contract variances.	HoFMI	Aug-22	September	Open	October	
024	May-22	Develop divisional pipelines and convert to actual savings plans. Divisions to have implemented 2% savings on a recurrent basis by the year end.	HoFMI	Mar-23	Monthly Update	Open		Ongoing pipeline progress will be reported to cost savings delivery group each month to monitor progress
025	May-22	Continue work to develop and deliver productivity improvements and relaunch the Trust's approach to productivity.	HoFMI	Jul-22	August	Closed	October	Trust relaunch of productivity programme event planned for September – will be led by Mark Smith. Preparations will be finalised during July and August. Event held early September.
028	May-22	Establish robust Capital monitoring and reporting processes, including realistic assessment of FoT.	HoFFP	Sep-22	October	Open		
029	May-22	Re - establish BPPC Recovery Plan to support improvement towards national 95% target.	HoFFP	Sep-22	October	Closed		Improvement plan re-established. BPPC results improving.
030	May-22	Include a summary of the ICS financial position	HoFFP	TBC		Open		Reporting of the ICS financial position currently under discussion
032	May-22	Review and create mitigations for overspend on pay within E&F - cease premium rates of pay in line with approved timetable	HoFMI	Jul-22	August	Open	September	Not yet resolved
033	Jun-22	Review usage of traditional passthrough drugs now on block arrangements with clinical teams at BHOC.	HoFMI	Sep-22	October	Open		
034	Jun-22	Review W&C junior doctor rotas , action to recruit permanent staff in cardiac surgery to reduce premium costs, enhanced costs to cease in line with trust plan.	HoFMI	Sep-22	October	Open		
035	Jun-22	On going recruitment drive to reduce premium costs, tighter controls on junior doctor rotas, pay enhancements to cease in line with Trust timetable, review of junior staffing numbers on wards. (Weston)	HoFMI	Sep-22	October	Open		
036	Jun-22	Development of a financial recovery plan	DoFI	Nov-22	December	Open		In year recovery plan to be completed in September and Medium Term Finance Plan to be reported in December.
037	Jun-22	Divisions and Corporate services to recover the shortfall in CIP delivery and ensure recurrent CIP schemes are fully identified	HoFMI	Sep-22	October	Open		
038	Jun-22	Continue to assess the benefits impact of investments made since April 2020 and consider unwinding or re-purposing.	HoFMI	Mar-23	Quarterly Review	Open		
039	Jul-22	Review of medical staff rota's (Surgery)	HoFMI	Aug-22	September	Open	October	To be included as part of the divisional financial recovery plan
040	Jul-22	Review of staffing levels and premium costs with Head of Nursing. (Surgery)	HoFMI	Aug-22	September	Open	October	To be included as part of the divisional financial recovery plan
041	Jul-22	Investigate increased spend in the Eye Hospital. (Surgery)	HoFMI	Aug-22	September	Open	October	To be included as part of the divisional financial recovery plan
042	Jul-22	Review Haematology/BMT drug spend. (W&C)	HoFMI	Aug-22	September	Open	October	To be included as part of the divisional financial recovery plan
043	Jul-22	Recruit Enhanced Care Observation supervisor to tighten controls, accelerate recruitment to Knightstone ward to avoid premium costs. (Weston)	HoFMI	Aug-22	September	Open	October	To be included as part of the divisional financial recovery plan
044	Jul-22	Review and address increased costs for patient transport services. (Trust Services)	HoFMI	Aug-22	September	Open	October	To be included as part of the divisional financial recovery plan
045	Aug-22	D&T - Ensure MES implementation timeline is agreed.	HoFMI	Oct-22	November	Open		

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Key:

Role	Description	Name
DoFI	Director of Finance & Information	Neil Kemsley
OpDoF	Operational Director of Finance	Jeremy Spearing
HoFMI	Head of Financial Management & Improvement	Dean Bodill
HoFFP	Head of Finance - Financial Performance	Kate Herrick

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	**Standing Financial Instructions & Scheme of Delegation**
Report Author	**Kate Herrick, Head of Financial Performance**
Executive Lead	**Neil Kemsley, Director of Finance & Information**

1. Report Summary

The Standing Financial Instructions (SFIs), Scheme of Delegation (SoD) and Matters Reserved for the Board are required to be reviewed on an annual basis. Any changes must be considered by the Finance Committee before being recommended for approval at the Trust Board.

This report informs members of the proposed changes to the SFIs, SoD and Matters Reserved for the Board.

It should be noted that the Finance and Digital Committee were not quorate so were unable to approve the proposed changes but are recommending the changes for approval by the Board.

2. Key points to note

(Including decisions taken)

Following review, the changes to the SFIs can be summarised into three categories, changes to titles of people, groups and organisations, changes reflecting revised operational practice and other minor amendments.

Following review, a significant number of changes are being proposed, the majority of which are minor. However, Section 9 - Procurement of Good and Services and Section 10 - Tendering Procedure, have undergone a thorough review, in collaboration with the Bristol and Weston Procurement Consortium (BWPC).

Section 9 includes the proposal to incorporate the £10k minimum value for Single Tender Actions, introduced initially as a response to Covid-19 but continues to support more timely and efficient procurement processes. Section 9 also includes the addition of Section 9.4 - Use of Framework Agreements and Call Off Arrangements. The purpose of this is to formally acknowledge the use of such arrangements to streamline procurement processes and timescales where it is appropriate to do so.

Section 10 proposes changes necessary to reflect the UK leaving the European Union. The section also includes amendments to operational process to support the alignment of procurement processes across BWPC partner organisations. The proposed amendments seek to improve efficiency within the procurement function

whilst continuing to ensure robust and appropriate governance arrangements remain in place.

Section 10 also includes a proposal to increase the level at which variation to planned capital expenditure is reported to the Trust Board. The increase aligns with the Trust's Capital Investment Policy (s10.14.1).

The changes proposed have been reflected in the Trust's SoD and where relevant the Matters Reserved for the Board. This also encompasses amendments made to the Trust's Capital Investment Policy.

All changes are summarised in the 'Review of the SFIs' with amendments tracked within the SFI, SoD and Matters Reserves for the Board documents.

Following approval by the Trust Board, the revised SFIs will be communicated across the Trust, in particular at Divisional Management Team, Heads of Nursing and Junior Doctor meetings. The 'budget managers' guide to SFIs' will be updated and staff will be reminded of their responsibilities to ensure compliance.

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

None

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

- This report is for **Approval.**

The Board is asked to **approve** the changes to the SFIs, Scheme of Delegation and Matters Reserved for the Board

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

Finance and Digital Committee	***27th September, 2022***

Return to Agenda

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Finance and Digital Committee – Standing Financial Instructions

1. Introduction

The Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) are required to be reviewed on an annual basis. Any changes must be considered by the Finance and Digital Committee before being recommended for approval at the Trust Board.

The purpose of this report is to inform the Board of proposed changes to the SFIs and SoD following the review process which will cover the next 12 months.

The revised SFIs and supporting scheme of delegation as well as the schedule of matters reserved to the Board are attached as a separate document. To enable the Board to review the proposed changes within the SFIs, the changes have been tracked.

2. Proposed Change

The changes can be considered under the following categories:

- Changes to titles of people/groups/organisations
- Changes reflecting revised operational practice
- Other

2.1 Changes to title of people/groups

The following changes have been made throughout the document:

NHS England and Improvement to NHS England
The (Independent) Regulator to NHS England
Senior Leadership Team to Executive Committee
Deputy Director of Finance – Governance and People to Operational Director of Finance
Director of People, Workforce and Organisational Development to Chief People Officer
AC to Audit Committee

2.2 Changes reflecting operational practice

Section 2 — Reference to guidance and timescales set by NHS England
Removal of reference to NHS England and Improvement's Finance Score and the Oversight Framework (2.2.2), (2.4.2)

Update to the information provided in the financial plan presented to the Trust Board (2.2.2)

Update to the information provided to the Trust Board in the monthly financial report (2.4.2)

Section 5 Removal of reference to the 2020/21 block contracts arrangements (5.2.1)

Section 9 Alignment of the BWPC procurement process across the acute Providers and amendments in relation to the UK leaving the European Union.

Inclusion of a section on the use of call-off and framework agreements (9.4)

Confirmation of the adaptation to the Single Tender Action process initially implemented as part of the Covid response and removal of references to Covid.(9.5)

Section 10 Inclusion of the conditions whereby the Chief Executive may allow exceptions to the formal tendering procedures and a rationalisation of when the Chief Executive may waive formal tendering procedures (10.2.2) (10.2.3)

Removal of references to EU law and directives (10.3.1)(10.3.2)

Revision to the minimum value in relation to tender evaluation reports (10.10.2)

Removal of the exception to the provision of contract variation descriptions (10.13.1)

Reported variation to planned capital expenditure reported to the Trust Board increased and aligned with the Trust's Capital Investment Policy (10.14.1)

Section 16 Reporting of losses to the Chief Internal Auditor changed to reporting to the Trust's Counter Fraud Officer (16.3.1)

Section 19 Options for the Trust's insurance cover will be presented to the Trust's Executive Committee for consideration, who will recommend the preferred option to the Audit Committee (19.3.3)

2.3 Other

References to 'imprests' changed to 'petty cash'

References to Lead Pharmacist in Weston removed as the role has changed

Section 12.2.4 'Coal and oil' replaced with 'fuel stocks'

Section 19.3.1 Delete 'self-insuring' as duplication with reference to commercial insurance

Various	Small amendments have been made to improve clarity which require no further explanation.

3. Scheme of Delegation

The scheme of delegation has been amended and is attached. The amendments reflect the changes discussed in section 2.

4. Next review

The next review will be due in September 2023.

5. Recommendation

The Board is asked to consider and approve the changes to the SFIs, Scheme of Delegation, and Matters Reserved for the Board.

6. Next Steps:

Following approval the revised SFIs will be communicated across the Trust, in particular at Divisional Management Team, Heads of Nursing and Junior Doctor meetings. The 'budget managers' guide to SFIs' will be updated and staff will be reminded of their responsibilities to ensure compliance.

Return to Agenda

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS

FOUNDATION TRUST STANDING FINANCIAL INSTRUCTIONS

September~~May~~ 2022

Approved at Finance Committee: ~~18 May~~ 2022
Approved at Trust Board: ~~27 May~~ 2022

Contents

1 Introduction

1.1 Purpose and Content

1.1.1 These Standing Financial Instructions (SFIs) regulate the conduct of the Trust, its members, employees, and agents in relation to all financial matters.

1.1.2 These Standing Financial Instructions explain the financial responsibilities, policies, and procedures to be adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law, the requirements of the Independent Regulator and best practice in order to achieve probity, accuracy, economy, efficiency, and effectiveness in the way the Trust manages public resources. They should be used in conjunction with the Standing Orders, Schedule of Matters Reserved to the Trust Board (appendix 1) and the Scheme of Delegation (appendix 2) adopted by the Trust.

1.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to **everyone** working for the Trust and its constituent organisations including trading units. They do not provide detailed procedural advice and should be read in conjunction with the relevant departmental guidance and the financial procedure notes (available on the intranet or via the Finance Department). The Director of Finance and Information must approve all detailed financial procedures.

1.1.4 These Standing Financial Instructions do not include applicable Regulator's guidance; the current version of all relevant guidance should be consulted. They also do not contain every legal obligation applicable to the Trust.

1.1.5 Each section in the Standing Financial Instructions clearly sets out its objectives and the financial responsibilities, policies, and procedures relevant to it which must be complied with. When situations arise which are not specifically covered by this document, staff and Trust Board members are required to act in accordance with the spirit of the instructions as set out in the objectives.

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance and Information must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.1.7 These Standing Financial Instructions have been reviewed by the Trust's Finance Committee and approved by the Trust Board. It is expected that all staff employed by the Trust will comply with these instructions at all times. **The failure to comply with the Trust's standing financial instructions and standing orders could result in disciplinary action up to and including dismissal**. Should any other guidance or departmental policies appear to conflict with these instructions, these Standing Financial Instructions will prevail. Any apparent conflict should be brought to the attention of the Director of Finance and Information.

1.1.8 If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the Director of Finance and Information. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance and Information as soon as possible. The Director of Finance and Information shall investigate and decide on the appropriate action to be taken. This will be reported to the next formal meeting of the Audit Committee for consideration.

1.1.9 These Standing Financial Instructions and associated scheme of delegation should be reviewed annually.

1.1.10 ~~All references to NHS England and Improvement refer to the Independent Regulator of Foundation Trusts as established under the National Health Service Act 2006.~~

1.2 Responsibilities and Delegation

1.2.1 **The Trust Board**

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Schedule of Matters Reserved to the Trust Board at Appendix 1. Those aside, all executive powers are invested in the Chief Executive, who is the Accounting Officer.

The Board as a whole, and each member of the Board, is accountable for the financial performance of the Trust.

1.2.2 **The Chief Executive and Director of Finance and Information**

The Chief Executive and Director of Finance and Information will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Wherever the title Chief Executive or Director of Finance and Information is used in these instructions, it is deemed to include the deputies where they have been duly authorised by them to represent them.

The Chief Executive

The Chief Executive is ultimately accountable to the Board, and as Accounting Officer, to the Secretary of State and NHS England ~~and Improvement~~, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities, is responsible to the Chair and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

It is the responsibility of the Chief Executive to ensure that all staff are notified of and are required to understand their responsibilities within these instructions.

The Director of Finance and Information

The Director of Finance and Information is responsible for the implementation and monitoring of the Trust's financial policies and for ensuring any corrective action necessary to further these policies. In particular they will:

- provide financial advice to the Board, managers, and other employees of the Trust
- design, implement and supervise systems of financial control
- prepare and maintain such accounts, certificates, financial estimates, records, and reports as the Trust may require for the purpose of carrying out its statutory and other duties
- ensure that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time

The Director of Finance and Information requires that any officer who carries out a financial function does so in a manner and maintains records in a form that meets with their requirements.

The Director of Finance and Information shall prepare, document, and maintain detailed financial procedures and systems incorporating the principles of segregation of duties and internal checks. These procedures should be read as forming part of the Standing Financial Instructions.

1.2.3 **All Trust Employees**

All Trust eEmployees are responsible for:

a) the security of the property of the Trust.
b) avoiding loss.
c) ensuring economy, efficiency, and value for money in the use of public resources.
d) complying with the Trust's Standing Orders, Standing Financial Instructions, Financial Procedures, and the Scheme of Delegation.

The scheme of delegation at appendix 2 contains all delegated authorities to nominated officers. Whilst these officers remain responsible for these authorities, should they delegate matters to other individuals within their organisational control, evidence should be maintained of this ensuring the understanding by the delegated officer of their associated responsibilities. This must be regularly reviewed.

All references in these instructions to 'employee' or 'officer' shall be deemed to include all salaried staff or those under contract to the Trust. This includes staff supplied using agency contracts even though the terms of supply may be covered in an agreement with the supplying organisation.

It is the responsibility of managers to ensure that both existing staff and new appointees within their management area know and understand their responsibility to comply with these instructions.

1.2.4 **Hosting Arrangements**

Where the Trust hosts an organisation with a separate management board, the financial transactions supporting the day-to-day business of the organisation shall be strictly in accordance with the Trust's Standing Financial Instructions, policies, and procedures. Responsibility for decision making, planning, and reporting will be delegated in accordance with the hosting agreement or as specified in the scheme of delegation.

2 Planning, Budgets and Budgetary Control

2.1 Objective

2.1.1 To ensure the Trust Board is provided with the information required regarding the planning and development of the Trust's activities and finances to enable the Trust's Directors to fulfil their responsibilities. To provide assurance that the Trust exercises proper control of income and expenditure throughout the year. To inform budget managers of their delegated responsibilities.

2.2 Preparation and Approval of Annual Plans and Budgets

2.2.1 The Chief Executive will, with the assistance of, other Directors, compile and submit to the Trust Board an annual plan, strategic and operational plans required to support their accountability for the financial performance of the Trust. As a minimum this will meet the requirements laid down by NHS England ~~and Improvement~~. The annual plan will contain a statement of the significant assumptions on which the plan is based and details of major changes in workload, delivery of services or resources required to achieve the plan.

2.2.2 In accordance with the national guidance and timescales produced by NHS England, ~~Prior to the start of the financial year~~ the Director of Finance and Information will, on behalf of the Chief Executive, prepare and submit a financial plan supporting the annual plan for approval by the Board. This will include:

- the expected level of revenue income and the sources of that income
- ~~the planned level of surplus or deficit~~
- the expected level of revenue expenditure and type of expenditure ~~how expenditure is to be managed in order to achieve the planned surplus or deficit~~
- how revenue income and expenditure performance is to be managed in order to achieve the planned surplus or deficit
- ~~the effect on the NHS England and Improvement's Finance Score as per the Oversight Framework~~
- the expected capital investment plans
- the impact of revenue and capital plans on the Trust's Statement of Financial Position, cash flow and levels of borrowing
- ~~cash flow and levels of borrowing~~
- the cost pressures faced by the Trust
- savings plans which need to be achieved
- potential risks which may affect the financial performance and/or position of the Trust

The financial plan will

- be in accordance with the aims and objectives set out in the Trust's annual business plan
- accord with capacity and workforce plans
- be produced in accordance with principles agreed with the Executive Committee ~~Senior Leadership Team~~ as advised by the Director of Finance and Information.

2.2.3. The Director of Finance and Information is responsible for the preparation of the overall Trust budget within the total income receivable by the Trust, and in accordance with its agreed strategies and policies. Operational budgets shall be set at the beginning of each financial year by financial and operational managers in line with the Trust's approved budget.

2.2.4 Operational plans shall be compiled for each Division by the Clinical Chairs and Divisional Directors and for each corporate service area by the Head of Service. These plans should

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reflect the Trust's annual business plan and the budget and will be approved by the Chief Executive.

2.2.5 Appropriate Trust employees shall provide the Directors with all financial, statistical, and other relevant information, as required, in order to enable the compilation of plans and budgets.

2.3 Budgetary Delegation

2.3.1 The Chief Executive may delegate the management of budgets for defined services to the Clinical Chairs / Divisional Directors or Heads of Corporate Services responsible for the management of those services. Delegation and associated responsibilities must be clearly communicated. Control of budgets shall be exercised in accordance with these Standing Financial Instructions and supplementary guidance issued by the Director of Finance and Information.

2.3.2 Clinical Chairs, Divisional Directors and Heads of Corporate Service with budgetary responsibility must ensure that their budgets are structured appropriately to ensure effective budgetary control. Whilst accountable for the overall budget management, Clinical Chairs, Divisional Directors, and Heads of Corporate Service are authorised to delegate the management of specific budgets to named budget managers. Delegation and associated responsibilities must be clearly communicated to these budget managers. It is the responsibility of the Head of Division/Corporate Service to ensure the budget structure and delegation to budget managers is maintained in line with organisational and staff changes.

2.3.3 The Chief Executive and delegated budget holders must not exceed the budgetary total set by the Trust Board, except as specified below:

a) The Chief Executive may vary the budgetary limit of a Division or Service within the Trust's total budgetary limit.
b) Clinical Chairs, Divisional Directors and Heads of Corporate Services are permitted to authorise expenditure over the budget on individual budgets within their delegated areas provided this does not cause their delegated budget area to overspend or to exceed the financial limit set by (a)above.

2.3.4 Except where otherwise approved by the Chief Executive, taking account of advice of the Director of Finance and Information, budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purposes shall transfer to the Trust's reserves, unless covered by the delegated powers of virement.

2.3.5 Non-recurring budgets must not be used to finance recurring expenditure unless authorised by the Director of Finance and Information.

2.3.6 Expenditure for which there is no provision in an approved budget and is not subject to funding under the delegated powers of virement, or approved procedures for new funding obtained during the year, may only be incurred if authorised by the Chief Executive.

2.3.7 Budget limits, individual and group responsibilities for the control of expenditure, exercise of virement, and achievement of planned levels of income and expenditure, shall be set out annually in ~~a~~ the Annual Plan ~~Resources Book~~ approved by the Trust Board.

2.4 Budgetary Control and Reporting

2.4.1 The Director of Finance and Information is responsible for maintaining an effective system of

budgetary control. All Trust staff responsible for the management of a budget or for incurring expenditure or collecting or generating income on behalf of the Trust must comply with these controls.

2.4.2 The Director of Finance and Information is responsible for providing financial information and advice to enable the Board, Chief Executive, and other officers to carry out their budgetary responsibilities. This includes:

a) monthly financial reports to the Board in a form approved by the Board containing:
   i. income and expenditure to date against plan and forecast year-end position,
   ii. by exception, the statement of financial position, changes in working capital and other material balances
   iii. by exception, monthly cash flow monitoring of actual against plan and forecast year-end position,
   iv. by exception, capital expenditure against plan and forecast year-end position,
   v. achievement against the savings programme
   vi. explanations of any material variances from plan,
   vii. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance and Information's view of whether such actions are sufficient to correct the situation,
   viii. ~~performance against NHS England and Improvement's Single Oversight Framework~~

b) providing timely, accurate and comprehensible advice and financial information to all budget holders, covering the areas for which they are responsible,
c) providing clear financial processes and procedures governing the operation of budgets,
d) training and support to budget holders to allow them to undertake their financial responsibilities,
e) investigation and reporting of variances from financial, activity and workforce budgets,
f) monitoring of management action to correct variances,
g) arrangements for the authorisation of budget transfers.

2.4.3 The Director of Finance and Information shall keep the Chief Executive and Board informed of the financial consequences to the Trust of changes in government policy, pay, terms and conditions, accounting standards and any other events affecting the current or future financial plans of the Trust.

2.4.4 All delegated budget managers are responsible for ensuring that:

a) they check and validate all monthly budget statements,
b) they fully understand their financial responsibilities and have received the required training and support to understand the financial information presented to them to fulfil these responsibilities,
c) any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent of the Divisional Director or Head of ~~Division/~~Service as per 2.3.3 (b) above,
d) their delegated budget is only used in whole or in part for the purpose it was provided for, subject to the rules of virements,
e) no permanent employees are appointed without the required approval as set out in section 8.3 and are provided for within the available recurrent resources and workforce establishment as approved by the Board,
f) savings programme and income generation initiatives are implemented to achieve a balanced budget,
g) all expenditure is approved and authorised in advance of commitment in line with these standing financial instructions and financial processes and procedures issued by the Director of Finance and Information.

2.4.5 The Chief Executive is responsible for authorising the implementation of savings programmes

and income generation initiatives in accordance with the requirements of the Annual ~~Business~~ Plan. ~~to secure a balanced budget.~~

2.5 Capital Expenditure

2.5.1 The Director of Finance and Information shall keep the Chief Executive and Board informed of the financial consequences to the Trust of changes in government policy, pay, terms and conditions, accounting standards and any other events affecting the current or future financial plans of the Trust.

2.5.2 The Director of Finance and Information is responsible for submitting to NHS England ~~and Improvement~~ all capital programme information required by them in line with their requirements and timescales.

2.5.3 The general rules applying to delegation, control and reporting above shall also apply to capital expenditure, (refer to section 18 for details relating to capital investment).

3 Annual Accounts and reports

3.1 Objective

3.1.1 To ensure the production of the Trust's Annual Accounts and Report in accordance with statutory requirements.

3.2 General

3.2.1 The Director of Finance and Information, on behalf of the Trust, is responsible for the preparation and submission of financial reports and returns as required by NHS England ~~and Improvement~~ and c~~C~~ommissioners or other Government Departments in such form as they require and in accordance with their timetable.

3.2.2 The Director of Finance and Information, on behalf of the Trust, is responsible for the preparation and submission of the Trust's annual accounts as required by NHS England ~~and Improvement~~, in such form as they require and in accordance with their timetable

3.2.3 The Trust's financial returns and annual accounts will be prepared in accordance with the accounting policies and guidance issued by NHS England ~~and Improvement~~, the Trust's accounting policies, International Financial Reporting Standards, and other accounting standards applicable at the time. The Director of Finance and Information is responsible for ensuring the Trust's accounting policies are reviewed annually, updated as required and approved by the Audit Committee.

3.2.4 The Trust's annual accounts must be audited and certified by an independent external auditor (see section 20) and the Director of Finance and Information is responsible for ensuring this happens in accordance with NHS England's ~~and Improvement's~~ timetable.

3.2.5 The Trust's Director of Corporate Governance, on behalf of the Trust, is responsible for the preparation and submission of the Trust's Annual Report to NHS England ~~and Improvement~~ in such form as they require and in accordance with their timetable.

3.2.6 The Chief Nurse, on behalf of the Trust, is responsible for the preparation and submission of the Trust's Quality Report to NHS England ~~and Improvement~~ in such form as they require and in accordance with their timetable.

3.2.7 The Trust's annual report (including the quality report) must be audited and certified by an independent external auditor (see section 20) and the Director of Corporate Governance, is responsible for ensuring this happens in accordance with NHS England's ~~and Improvement's~~ timetable.

3.2.8 The Trust's annual report and statutory accounts must be presented to the Trust Board for approval. They must be laid before Parliament, after which they cannot be changed. They must be made available for inspection by the public. The annual report and accounts and the auditor's report must be presented at a meeting of the Council of Governors in accordance with the NHS England ~~and Improvement~~'s timetable.

4 Research and Innovation

4.1 Objective

4.1.1 To provide specific instructions relating to research and innovation and reference to general financial instructions and processes governing this area.

4.2 General

4.2.1 The undertaking of research or clinical trials by Trust employees (substantive or honorary) within the Trust's premises shall be strictly in accordance with the Trust's policies and strategies on research management and governance and shall be subject to approval accordingly.

4.2.2 The Standing Financial Instructions apply equally when undertaking externally funded research activity within the Trust, particularly:

- Section 2 – Planning, Budgets and Budgetary Control
- Section 8 – Payments of Trust Employees and Contractors
- Section 9 – Procurement of Goods and Services
- Section 10 – Tendering Procedure
- Section 11 – Payment of Goods and Services Received
- Section 12 – Stores and Receipt of Goods
- Section 19 – Risk Management and Insurance
- Section 22 – Acceptance of Gifts by Staff and Other Standards of Business Conduct
- Section 24 – Retention of Documents

4.2.3 The principles governing probity and public accountability shall apply equally to work undertaken through externally funded research or clinical trials.

4.3 Research & Innovation Applications

4.3.1 All applications for research and innovation funding require approval from the Director of Finance and Information or a designated deputy. This applies to applications to both NHS funders, such the National Institute for Health Research, and to non-NHS organisations, such as charitable bodies and research councils.

4.3.2 All other documents* relating to Research & Innovation will require approval from the Director of Research & Innovation or a designated deputy, once all the necessary checks have been carried out, including finance checks where applicable.

**other documents include research contracts with funding bodies, collaboration agreements, commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.*

4.4 Intellectual Property

4.4.1 The agreement covering any undertaking of research shall recognisegive cognisance to the Trust's policies governing Intellectual Property rights. Where there is any lack of clarity this shall be resolved prior to undertaking the project.

5 NHS Contracts for the Provision of Healthcare Services

5.1 Objective

5.1.1 To ensure the Trust's contracts for the provision of healthcare services are properly planned and controlled and that all income relating to these agreements is properly accounted for.

5.2 Contracts for the provision of healthcare services

5.2.1 The Chief Executive is responsible for ensuring the Trust enters into suitable Commissioning Contracts with service commissioners for the provision of NHS services. Appropriate legal advice identifying the Trust's liabilities within the terms of the contract should be considered in discharging this responsibility. ~~For 2020/21 block contracts have been introduced as part of the Department of Health and Social Care's Covid-19 response.~~

Where the Trust makes arrangements for the provision of services by non-NHS providers, the Chief Executive is responsible for ensuring that the agreements put in place have due regard to the quality and the cost-effectiveness of the services provided.

5.2.2 In carrying out these functions, the Chief Executive should take into account the advice of the Director of Finance and Information regarding:

- standard NHS contractual terms and conditions
- costing and pricing of services
- payment terms and conditions
- amendments to contracts and extra-contractual arrangements

5.2.3 Agreements should be devised as to minimise risk whilst maximising the Trust's opportunity to generate income. Where block contracts are not in place the Trust will use the National Tariff where appropriate and, for services not covered by the National Tariff, a local tariff agreed with the Commissioners.

5.2.4 All agreements should aim to implement the agreed priorities contained within the annual plan. National guidance on arrangements for contracting should be taken into account.

5.2.5 The Chief Executive shall ensure the contracting process is administered effectively and that appropriate service, quality, safety, clinical and financial input is provided.

5.2.6 The Director of Finance and Information is responsible for agreeing the financial details contained in service contracts.

5.2.7 NHS Contracts with commissioners for the provision of healthcare services can only be signed by the Chief Executive, Director of Finance and Information or Chief Operating Officer, without financial limit.

5.2.8 Service changes and developments initiated within the Divisions must be with the agreement of the Chief Executive or the Chief Operating Officer. The Director of Finance and Information must be informed to ensure appropriate financial scrutiny.

5.3 Service Agreement Monitoring and Reporting

5.3.1 The Director of Finance and Information is responsible for ensuring that systems and processes are in place to record patient activity, invoice and collect monies due under the agreements for the provision of healthcare services.

5.3.2 The Director of Finance and Information is responsible for reporting to the Board the Trust's actual contract activity and income due against the agreed contracts with an assessment of the financial impact of any contract under/over achievement.

5.3.3 The Director of Finance and Information is responsible for providing information to Clinical Chairs, Divisional Directors and Heads of Corporate Service for the actual contract activity and income due against the agreed contracts and the associated financial consequences for their service areas to facilitate financial management

5.3.4 The Director of Finance and Information is responsible for ensuring training and support to the Clinical Chairs, Divisional Directors, and Heads of Corporate Service to be able to understand the contracts for their service areas and the information relating to activity and financial performance.

5.3.5 All Clinical Chairs, Divisional Directors, and Heads of Corporate Service responsible for the management of service agreement income must ensure they understand and use the contract monitoring information for the financial management of their service areas.

6 Banking and Cash Management

6.1 Objective

6.1.1 To ensure the effective management of the Trust's cash and to ensure it is properly controlled and safeguarded from loss and fraud.

6.2 General

6.2.1 The Director of Finance and Information is responsible for producing a Treasury Management Policy, in accordance with any relevant guidance from NHS England ~~and Improvement~~, for Trust Board approval.

6.2.2 The Director of Finance and Information is responsible for the operation of the commercial bank and Government Banking Service accounts and for the management of accounts receivable, cash flow forecasting and investment of surplus funds. The Director of Finance and Information will ensure that these functions are properly managed, and that information is provided to the Trust Board to support this.

6.3 Banking Arrangements

6.3.1 The Director of Finance and Information is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of bank accounts. This advice will take into account guidance/directions issued by NHS England ~~and Improvement~~ and Treasury requirements for NHS banking.

6.3.2 The Director of Finance and Information is solely authorised to open, operate and control any bank account where Trust funds are received or expended. All such accounts must be held in the name of the Trust. It is a disciplinary offence for any officer of the Trust outside of the organisational control of the Director of Finance and Information to operate such an account with a Trust name or from a Trust address.

6.3.3 All income relating to Trust business must be paid into the Trust's bank account. This includes all income from the sale of goods and services, disposal of items, vending machines and courses/lectures/other outside work undertaken in paid Trust time.

6.3.4 Donations are required to be managed via accounts operated by the Trust's charitable body. Such accounts must not be opened by employees. Any donations received must be managed in accordance with section 23.

6.3.5 If a member of staff wishes to set up a bank account with reference to the Trust and/or Trust address for a purpose other than that which has been explicitly prohibited in the sections above, they must write to the Director of Finance and Information for approval.

6.3.6 The Director of Finance and Information shall establish and approve procedural instructions on the operation of all commercial bank accounts, investment accounts and Government Banking Service.

6.3.7 The Finance Committee shall ensure proper safeguards are in place for security of the Trust's funds by:

a) approving the Trust's commercial bankers, selected by competitive tender
b) approving a list of permitted 'relationship' banks and investment institutions
c) setting investment limits for each permitted investment institution
d) approving permitted types of investments /instruments
e) approving the establishment of new/ changes to existing bank accounts

6.3.8 The Director of Finance and Information is responsible for ensuring approved bank mandates are in place for all accounts and that these are updated regularly for any changes in signatories and authorised limits.

6.3.9 The Director of Finance and Information will review the banking needs of the Trust at regular intervals to ensure that they reflect current business patterns and represent value for money. Following such reviews, the Director of Finance and Information shall determine whether or not re-tendering for services is necessary. The Director of Finance and Information shall be responsible for organising and evaluating bank tendering processes. The Director of Finance and Information shall report the outcome of any tendering exercise for approval by the Finance Committee.

6.3.10 The Director of Finance and Information, on behalf of the Finance Committee, shall advise the Trust's commercial and relationship bankers in writing of the conditions under which each account shall be operated, the limits to be applied to any overdraft, the limitation on single signatory payments and the officers authorised to release money from and draw cheques or other payable orders on each account; this must contain the Chief Executive and Director of Finance and Information. The cancellation of any such authorisation shall be notified promptly to the bank.

6.3.11 Where a new banking relationship is suggested, this must be pre-approved by the Director of Finance and Information before a proposal is made to the Finance Committee. The Finance Committee will consider the need for and potential benefit of the new relationship and sanction or reject the proposal. The Trust's bankers shall be notified by the Director of Finance and Information, on behalf of the Finance Committee of any alterations in the conditions of operation of the Trust's accounts that may be required by the Finance Committee.

6.3.12 The Director of Finance and Information is required to approve any direct debit or standing order payment arrangements. The Director of Finance and Information is responsible for the effective control of payments made from the Trust's bank account through bank transfers, cheques, and payments by Bank Automated Credits (BACS).

6.3.13 The Director of Finance and Information may operate a credit/purchasing card on behalf of the Trust which must be used in accordance with a written policy approved by the Finance Committee.

6.4 Cash Management

6.4.1 The Director of Finance and Information is responsible for managing and monitoring the cash flow of the Trust and ensuring that it has enough cash balances to meet all its commitments.

6.4.2 Any member of Trust staff aware of significant and unexpected delays in the receipt of cash or of significant unexpected or early payments that will have an effect on the Trust's cashflow position must inform the Director of Finance and Information or other Senior Finance Manager.

6.4.3 The Director of Finance and Information is responsible for providing assurance to the Trust Board and Finance Committee on the management of the Trust's cash position through monthly reporting.

6.5 Investment of Temporary Cash Surpluses

6.5.1 Temporary cash surpluses shall be invested in line with the Trust's Treasury Management Policy, subject to the overall cash flow position and in line with any relevant guidance from NHS England ~~and Improvement~~ or HM Treasury.

6.5.2 The Director of Finance and Information is responsible for advising the Finance Committee on investments and shall report monthly to the Finance Committee concerning the performance of investments held.

6.5.3 The operation of investment accounts and the records maintained must be in accordance with detailed procedural instructions issued by the Director of Finance and Information and approved by the Finance Committee.

6.5.4 The Finance Committee shall:

a) approve a list of permitted investments institutions
b) set investment limits for permitted investment institutions
c) approve a schedule of permitted types of investments and financial instruments

6.5.5 Investments for purely speculative purposes are strictly prohibited.[1]

7 Income

7.1 Objective

7.1.1 To ensure that income due is promptly assessed and collected and income received is promptly banked and fully accounted for.

7.2 Income Due

7.2.1 The Director of Finance and Information is responsible for designing and maintaining systems for the proper recording, invoicing, and collection of all income together with systems for financial coding.

7.2.2 The Director of Finance and Information is responsible for the prompt banking of all monies received.

7.2.3 The Director of Finance and Information is responsible for the design and ordering of all receipt books, tickets, ~~agreement forms,~~ or other means of officially acknowledging or recording amounts received or receivable. They will be issued and controlled according to procedures established by the Director of Finance and Information and will be subject to the controls as are applied to cash (Section 14).

7.2.4 Cash payment for charges made by the Trust, for the provision of any goods or services, must not normally be accepted where the value of any single transaction is in excess of £10,000. Should this occur, the Head of Financial Services must be notified immediately to ensure the Trust complies with HM Revenue and Customs' regulations.

7.2.5 A contract or agreement must be in place for all income due to the Trust for the provision of goods or services to a third party. The nature of the contract or agreement will depend on the goods or services being provided. The Director of Finance and Information is responsible for signing all contracts and agreements with delegated responsibilities given within section 9 of the scheme of delegation (appendix 2).

Delegated Matter	**Authority Delegated to**
Agreeing / Signing agreement / contract	All require Director of Finance and Information agreement
- Hosting Arrangement	Director of Finance and Information or nominated deputy
- Research and Other Grant Applications	Director of Finance and Information or nominated deputy
- Staff Secondments	Service Manager
- Leases	Director of Finance and Information or nominated deputy
- Property Rentals	Below £5k per annum – Service Manager Above £5k and below £100k – Director of Estates and Facilities or nominated deputy Over £100k per annum - Director of Finance and Information or nominated deputy
- Residences	Residences Manager
- Peripheral Clinics and Provider to Provider arrangements	Below £25k per annum – Service Manager Above £25k and below £250k – Divisional/Corporate Director or nominated deputy Over £250k per annum - Director of Finance and Information or nominated deputy
- Trading Services	Below £25k per annum – Service Manager Above £25k and below £250k – Divisional/Corporate Director or nominated deputy Over £250k per annum - Director of Finance and Information or nominated deputy
- Other income generation	Below £25k per annum – Service Manager Above £25k and below £250k – Divisional/Corporate Director or nominated deputy Over £250k per annum - Director of Finance and Information or nominated deputy

7.2.6 Employees responsible for agreeing the prices of goods and services provided by the Trust should ensure that they cover all costs, including overheads. Support should be sought from the finance department as required. Appropriate, independent professional advice shall be taken on matters of valuation. Prices and charges shall be reviewed at least annually. This paragraph applies equally to:

- the sale of goods and services
- support to commercial research trials and projects
- pricing of non-patient care service agreements with other bodies.

7.2.7 The Trust's price tariff for private patient treatment is set by the Director of Finance and Information. The pricing structure ensures that prices are at least equal to those charged to NHS Commissioners and ensures that public funds are not used to subsidise private patient activity. Any proposed variations to the Private Patient Tariff prices must be approved by the Director of Finance and Information before patients are advised of the cost of their treatment.

7.2.8 All Trust employees shall promptly inform the Director of Finance and Information of money due to the Trust arising from transactions which they initiate including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

7.2.9 The notification of income due shall be as prescribed by procedures established by the Director of Finance and Information, ensuring sufficient details are included to enable the prompt payment by the debtor.

7.2.10 The Director of Finance and Information shall ensure that debtors are invoiced promptly on receipt of the advice of income due.

7.2.11 There must be clear separation of duties so that officers responsible for raising invoices or accounting for amounts due to the Trust shall not handle cash or cheques received by the Trust

7.2.12 The Director of Finance and Information shall take appropriate recovery action on all outstanding debts and no claims shall be abandoned except as in accordance with Section 16 - Losses and Special Payments.

7.2.13 Income from the disposal of assets, scrap material and items surplus to requirements shall be dealt with in accordance with Section 13 of these Instructions.

7.3 Income Received

7.3.1 All income received into the Trust must be collected, receipted, and accounted for in accordance with the procedures established by the Director of Finance and Information. It is the responsibility of all Trust employees responsible for these duties to ensure they comply with these procedures. It is the responsibility of the Senior Managers responsible for areas where income is received to ensure that their staff are complying with these procedures.

7.3.2 All cash and cheques shall be banked intact promptly in accordance with the Director of Finance and Information's instructions. Disbursements shall not be made from cash received. Payment by debit or credit card may only be accepted by staff designated by the Director of Finance and Information. All transactions must be processed in accordance with the instructions approved by the Director of Finance and Information.

7.3.3 The opening of incoming post must be undertaken by officers working in pairs and all cash, cheques, and other forms of payment shall be entered immediately in an approved form of register and certified by both officers.

7.3.4 Every employee authorised to receive remittances in cash or other forms must keep up to

date a record of the amounts received in accordance with procedures approved by the Director of Finance and Information. This record must be reconciled with the amount held in accordance with these instructions. Any discrepancy shall be reported immediately to their senior manager and the Director of Finance and Information.

7.3.5 Official receipts shall be issued in all cases involving cash and only where especially requested by the payer for cheques, debit card etc.

7.3.6 All cash received, if not paid directly into the bank, shall be locked as soon as possible in the safe or cash box provided for the purpose, which shall be safeguarded as specified in Section 6.

7.3.7 Collections from cash tills, other coin boxes and from night safes shall be made at such intervals as shall be prescribed by or with the approval of the Director of Finance and Information. The opening of each such box or safe and the counting and recording of the contents shall be undertaken by two employees together. Both shall sign the record and the keys shall, at other times, be separately held by a senior officer.

7.3.8 The Director of Finance and Information shall ensure that all income received into the Trust's bank accounts are accounted for promptly – as per section 16.

8 Payment of Trust Employees and Contractors

8.1 Objective

8.1.1 To ensure proper control over the appointment and payment of Trust employees and contractors.

8.2 Remuneration and Terms of Service of Directors

8.2.1 In accordance with Standing Orders and the 2006 Act, the Board shall establish a Remuneration, Nominations and Appointments Committee consisting of Non-Executive Directors to decide the remuneration and allowances and other terms of office of the Executive Directors, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

8.2.2 The Committee will:

a) Agree appropriate remuneration and terms of service for the Chief Executive and other Executive Directors employed by the Trust including:

i. All aspects of salary (including any performance-related elements/bonuses)
ii. Provisions for other benefits, including pensions, cars, allowances, payable expenses, and compensation payments
iii. Arrangements for termination of employment, including termination payments, and other contractual terms.

b) Consult the Chief Executive about proposals relating to the remuneration of the other Executive Directors.

c) Agree on the remuneration and terms of service of Executive Directors of the Board (and other senior employees) as ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate.

d) Monitor and assess the output of the evaluation of the performance of individual Executive Directors and consider this output when reviewing changes to remuneration levels.

e) Advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.

8.2.3 The Council of Governors will decide the remuneration and allowances and other terms of office of the Chair and Non-Executive Directors.

8.2.4 The Trust will pay allowances to the Chair and Non-Executive Directors in accordance with all relevant guidance.

8.3 Other Staff Remuneration and Appointments

8.3.1 The implementation of national pay directives relating to the remuneration of staff will be approved by the Chief Executive. Any local variation to these rates or implementation requiring local interpretation or negotiation requires Executive approval. This is delegated by the Chief Executive to Chief People Officer~~Directors of People, Workforce and Organisational Development~~ and Director of Finance and Information through the Trust Pay and Assurance Group (TPAG).

8.3.2 All Trust officers responsible for the engagement, re-engagement, and regrading of employees, either on a permanent or temporary contract, or for hiring agency staff or contractors, or agreeing to changes in any aspect of remuneration must comply with the scheme of delegation and act in accordance with the processes designated by the Chief People Officer.~~Director of People, Workforce and Organisational Development~~. In particular such actions must be within the limit of their approved budget and funded establishment.

8.3.3 The Board shall delegate responsibility to the Chief People Officer.~~Director of People, Workforce and Organisational Development.~~ for ensuring:

a) all employees are issued with a Contract of Employment in a form approved by the Board, and which complies with employment legislation
b) processes are in place for dealing with variations to, or termination of, contracts of employment

8.3.4 The Director~~s~~ of Finance and Information and the Chief People Officer.~~Director of People, Workforce and Organisational Development~~, through TPAG, must be informed when a reward (monetary and non-monetary) is being proposed for staff in recognition of their work, other than for length of service, for the Trust which will not be processed through the payroll. This is to ensure consistency and that appropriate legislation is being complied with. It should be noted that such rewards may constitute a taxable benefit. Length of service rewards are made in line with the approved policy.

8.4 Notification of Information to Payroll

8.4.1 All Trust Officers responsible for the engagement and management of staff must inform the Director of Finance and Information's Payroll Department promptly and in the agreed form of full details in respect of: -

a) Commencement of employment.
b) Change to terms and conditions of employment or circumstance.
c) Termination of employment.

8.4.2 On appointment, a properly authorised appointment form for Direct Hires or an e-Starter form for all staff recruited through ESR and such documents as required by the Director of Finance and Information and/or Chief People Officer.~~Director of People, Workforce and Organisational Development~~ shall be submitted to the Payroll Department immediately.

8.4.3 A properly authorised change of conditions e-form shall be submitted to the Payroll Department immediately a change in status of employment or personal circumstances of an employee is known.

8.4.4 A properly authorised termination of employment e-form and other relevant information shall be submitted to the Payroll Department immediately the effective date of an employee's resignation, retirement or termination is known. Where an employee fails to report for duty in circumstances which suggest that they have left without notice, the Payroll Department shall be informed immediately.

8.4.5 All absence due to sickness and other reasons as required shall be notified to the Payroll Department in the required form and timescales.

8.4.6 All documents used for payroll purposes such as time sheets and payment sheets must be in a form approved by the Director of Finance and Information and must be properly authorised.

8.5 Processing of Staff Payments

8.5.1 The Director of Finance and Information is responsible for:

a) specifying timetables for the submission to the Payroll Department of properly authorised time records and other notifications
b) the final determination of pay and allowances
c) making payment on agreed dates
d) agreeing method of payment

8.5.2 The Director of Finance and Information will issue instructions regarding:

a) Verification and documentation of data
b) The timetable for receipt of data, preparation of payroll and the payment of staff
c) Maintenance of subsidiary records for superannuation, income tax, national insurance, social security, and other authorised deductions from pay
d) Security and confidentiality of payroll information
e) Checks to be applied to completed payroll before and after payment
f) Authority to release payroll data under the provisions of the Data Protection Act
g) Methods of payment for ALL staff by BACS
h) Procedures for payment of BACS and in an emergency cheques, or cash to staff
i) Procedures for recall of BACS
j) Pay advances and their recovery
k) Separation of the duties of initiating and making payments
l) A system to ensure the recovery from leavers of sums due by them to the Trust
m) Maintenance and regular reconciliation of adequate control accounts with appropriate internal check procedures

8.5.3 Appropriately nominated managers have delegated responsibility for:

a) submitting properly authorised time records, and other notifications to the Payroll Department in accordance with agreed timetables
b) completing time records and other notifications in accordance with the Director of Finance and Information's instructions and in the form prescribed by the Director of Finance and Information
c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination, or retirement.

8.5.4 Regardless of the arrangements for providing the payroll service, the Director of Finance and Information shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5.5 The Director of Finance and Information shall pay salaries and wages on the currently agreed dates but may vary these when necessary due to special circumstances (e.g., Christmas and other bank holidays). Payments shall not normally be made in advance of the authorised normal pay date.

8.6 'Off Payroll' Arrangements

8.6.1 Off payroll arrangements relate to the payment of individuals for work undertaken on behalf of the Trust which is paid on receipt of invoice through personal services companies or as a sole trader rather than through the payroll. It does not include staff employed via employment agencies or those staff being seconded to the Trust, paid by another organisation which then recharges the Trust.

8.6.2 All senior staff must be on the payroll unless there are exceptional temporary circumstances, which will require the Chief Executive's approval. This includes all Trust Board members, members of Divisional Boards and staff with significant financial responsibility.

8.6.3 All 'off payroll' engagements are required to comply with the relevant requirements of this section of the Standing Financial Instructions and with section 11. In particular:

- all staff are required to be issued with a Contract of Employment which complies with employment legislation
- the terms of remuneration should be in line with national pay directives or locally Trust agreed variations. Payment outside of these terms requires Divisional Director and Human Resources approval.

8.6.4 The engagement of staff 'off payroll,' gives rise to tax, national insurance, and pension implications. It is the responsibility of Trust managers engaging the provision of such staff to ensure that the arrangements comply with the requirements of HM Revenue and Customs.

8.6.5 To comply with intermediaries' legislation all off payroll arrangements must be assessed to ensure compliance.

8.6.6 The Director of Finance and Information is responsible for ensuring there are detailed procedures in place to assist employing managers to assess and select the correct form of contractual relationship required (payable gross on invoice or subject to statutory deductions through PAYE) to comply with HM Revenue and Custom IR35 requirements.

8.6.7 All Trust officers responsible for procuring the provision of services by individuals not directly employed by the Trust must ensure that they comply with relevant Trust procedures and should seek guidance if required.

8.7 Travel and Subsistence

8.7.1 Payment of travel and subsistence costs incurred by staff on Trust business shall be made by the Payroll Department in accordance with the current regulations, subject to verification of claim details, upon receipt of the prescribed form, properly completed and authorised by an officer with delegated authorisation for this purpose.

9 Procurement of Goods and Services

9.1 Objective

9.1.1 To ensure that proper control is exercised and value for money is obtained in the procurement of all goods and services on behalf of the Trust.

9.2 General

9.2.1 The Trust Board may enter into contracts on behalf of the Trust within the statutory powers delegated to it. The procedure for letting all contracts shall comply with these powers and Standing Financial Instructions. A contract or agreement must be in place for all goods, services and works procured by the Trust. The nature of the contract or agreement will depend on the goods or services being provided. The Director of Finance and Information is responsible for signing all contracts and agreements with delegated responsibilities given within section 10d of the scheme of delegation (appendix 2).

9.2.2 All contracts made shall endeavor to obtain best value for money by using the Trust's procurement service and processes established by the Director of Finance and Information. The Director of Finance and Information shall nominate a Trust officer who shall be responsible for overseeing and managing each contract on behalf of the Trust.

9.2.3 Goods, services, and works shall only be ordered in line with the controls and systems established and approved by the Director of Finance and Information, which must comply with the financial limits and other principles set out in this section. These controls and systems cover all goods and services procured through the Trust's Electronic Requisitioning and Ordering System (EROS) and other processes agreed by the Director of Finance and Information

9.2.4 All employees must comply with the processes, systems, and controls for procuring all goods and services established by the Director of Finance and Information which are available from the finance department.

9.3 EU Directives, Legislation and Guidance

9.3.1 The Trust shall comply with all UK Procurement Legislation and any European Union Legislation retained in law to the extent that it still applies ~~all European Union and Government Directives regarding public sector procurement and prescribed procedures for awarding all forms of contracts.~~ in all of its procurements.

9.3.2 The Trust shall comply as far as is practicable with all guidance and advice issued by the Department of Health and Social Care and the independent regulator in respect of procurement, capital investment, estate and property transactions and management consultancy contracts.

9.3.3 No order shall be issued to any firm which has made an offer of gifts or rewards to Directors or employees – in line with Section 22.

9.4 Use of Framework Agreements and Call Off arrangements

9.4.1 The Director of Finance and Information is responsible for maintaining an approved set of Framework Agreements and Call Off Arrangements for use by the Trust.

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9.4.2 Requisitioners shall confirm with the Trust's procurement service whether there is an available Framework agreement or Call off Arrangement to meet their requirements.

9.4.3 The Trust shall, as far as is practical, use these Framework Agreements and Call off Arrangements to service their requirements for Goods or Services.

9.54 Financial Limits

9.54.1 A minimum of three competitive tenders is required in accordance with the requirements of Section 10 for any purchase of goods or services over £25,000 (excluding VAT) including:

a) a specification for equipment, goods, service contract, construction contract or other project
b) a period standing order, call-off contract, framework agreement or other purchase of goods or services where the aggregate value exceeds £25,000 in any year.

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9.54.2 Where such purchases exceed £105,000 but are less than £25,000 a minimum of three competitive quotations in writing shall be obtained.

9.54.3 Where such purchases do not exceed £105,000, non-competitive quotations in writing may be obtained with value for money being demonstrated on all occasions. Best practice should be a minimum of three such quotations.

9.54.4 Before placing an order for goods or services, potential suppliers and the cost should be adequately investigated and evaluated in line with the Scheme of Delegation through the recommendation report prepared by the Trust's procurement service.

Recommendation Report Authorising Levels (excl. VAT)	Authority
£105,000 to £100,000	Director of Procurement, Divisional Finance Manager and Divisional Director ~~Operations Director~~ or Corporate Director
£100,000 to £1m	As above, plus the Director of Finance and Information
Above £1m	As above, plus Director of Finance and Information recommendation to Trust Board

All Exception Reports will be reviewed and authorised by the Director of Procurement, Divisional Finance Manager, Divisional Operations Director or Corporate Director and Director of Finance and Information.

9.54.5 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Trust Board.

9.54.6 If the Trust's procurement service is asked to place orders outside these thresholds, they will refer the request back to the budget holder. The ordering of goods or services above £105,000 without three or more competitive quotes or £25,000 without three or more competitively priced tenders require approval as a Single Tender Action (STA) via the Trust's Single Tender Action procedure before placing the order. ~~As part of the Trust's Covid 19 response the STA process for emergency Covid goods has been adapted to ensure there was no unnecessary delay.~~

For all orders above £105,000 that are not supported by competitive quotations, the case for proceeding must be submitted to the applicable authorising officers shown below to decide whether to approve as a Single Tender Action.

Value of Contract Per Annum (excl. VAT)	Authorising Officer
£105,000 to £24,999	Divisional Director and the Director of Procurement
£25,000 to £100,000	As above, plus the Director of Finance and Information
Above £100,000	As above, plus the Chief Executive or Trust Board

~~Covid-19 goods adaption~~

~~Value of Contract Per Annum (excl. VAT)~~	~~Authorising Officer~~
~~Less than £100,000~~	~~BWPC and Chair of the PPE/Equipment Group~~
~~Above £100,000~~	~~As above, plus Director of Finance and Information~~

9.54.7 For any procurement that takes place outside of the Trust's procurement service and/or the Trust's electronic requisitioning and ordering system, EROS, the processes referred to in 9.2.3 must be followed and the limits in 9.4.6 shall apply and follow the process agreed by the Director of Finance and Information.

9.65 Requisitioning

9.65.1 The Director of Finance and Information is responsible for establishing procedures regarding the requisitioning of goods and services on behalf of the Trust. This will include a list of managers authorised to requisition goods and services, including levels of authorisation.

9.65.2 No requisition or order shall be placed for items for which there is no provision in an authorised budget.

9.65.3 Requisitioners should comply with the Trust's procedures in the procurement of goods and services. They should always seek to obtain best value for money for the Trust and ensure that there are no conflicts of interest. In doing this the advice of the Trust's procurement service should be sought.

9.65.4 Requisitioning is required to be placed using the Trust's electronic requisitioning and ordering system EROS. It is recognised that the procurement of some goods and services is not supported by EROS. These cases are clearly defined within the process approved by the Director of Finance and Information. Only the goods and services defined within this policy are able to be procured outside of EROS and the prescribed process must be followed.

9.65.5 Access to the Trust's electronic requisitioning and ordering system, EROS, shall only be granted to budget holders and officers delegated by them though the Trust's Authorised signatory list.

9.65.6 Information regarding every order shall be notified to the finance department in an agreed format immediately after the order is issued via both the Trust's electronic requisitioning and ordering system EROS or the process approved by the Director of Finance and Information.

9.65.7 Official orders shall be consecutively numbered, Orders must have a unique purchase order number and be in a form approved by the Director of Finance and Information, and shall include such information concerning prices, discounts, and other conditions of trade as they may require. The order shall incorporate an obligation on the contractor to comply with the conditions printed thereon as regards delivery, carriage, documentation, variations, etc.

9.65.8 Orders requisitioned through the Trust's electronic requisitioning and ordering system EROS are required to be independently authorised by a second person. The receipt of the goods can therefore be carried out by one of these officers. All orders requisitioned outside of EROS

must be certified by a separate person in accordance with the process approved by the Director of Finance and Information

9.76 Other

9.76.1 All contracts, leases, tenancy agreements and other commitments, which may result in a long-term liability, must be notified to the Director of Finance and Information for approval in advance of any commitment being made.

9.76.2 On completion of the procurement processes detailed within this section the signing of contracts and agreements to procure good and services on behalf of the Trust must be executed in line with the section 10d of the scheme of delegation

Delegated Matter	Authority
Contracts/ agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director or Director of Purchasing and Supply Over £100k, Chief Operating Officer or Director of Finance and Information
Purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer
All ~~Property~~ leases	Director of Finance and Information
~~Leases – non property~~	~~Director of Finance and Information~~
Outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance and Information
Facilities contracts	Director of Estates and Facilities or nominated deputy
Estates maintenance contracts	Director of Estates and Facilities or nominated deputy
Capital construction-based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section 19

9.76.3 Where consultancy advice is being obtained or where supply of staff is being sought via an agency, the procurement of such skills must be in accordance with the latest guidance issued by the NHS Executive, the Department of Health and Social Care and NHS England ~~and Improvement~~.

10 Tendering Procedure

10.1 Objective

10.1.1 To ensure that major purchases are tendered in a manner which ~~can be demonstrated to~~ encourages competition, are non-discriminatory, transparent, and ensure ~~fair competition and~~ value for money ~~and~~ and conducted in a manner which is compliant with UK procurement legislation ~~to comply with legislation~~.

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials, and manufactured articles
- the provision of services including all forms of management consultancy services
- the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens)

10.2 Requirements to Tender

10.2.1 The following instructions shall apply to any purchase over £25,000 as required by Section 9.4. The principles in this instruction apply equally to the tendering procedures operated by the Estates and Facilities Department (for capital construction contracts), Pharmacy (for drugs contracts) and the Procurement Department. ~~Formal tendering procedures may be waived by the Chief Executive, where the supply is proposed under special arrangements negotiated by the Department of Health and Social Care, in which event the said special arrangements must be complied with.~~

10.2.2 ~~Formal tendering procedures may be waived by T~~the Chief Executive shall allow for exceptions to the requirement for formal tendering procedures where: ~~in the following circumstances:~~

a) In accordance with 9.4 the purchase is a compliant call off against a Framework, Contract, or other appropriate legal mechanism which has been established following a formal tendering process carried out by its procurement services provider. ~~in very exceptional circumstances where it is decided that formal tendering procedures would not be practicable, and the circumstances are detailed in an appropriate Trust record.~~
b) In accordance with 9.4 the p~~P~~urchase is from a compliant call off against a Framework, Contract, or other appropriate legal mechanism which has been established by NHS or Government organisation, that has been evaluated and approved for use by its procurement services provider and authorised by the Trust.~~where the requirement is covered by an existing contract~~
c) Supply is proposed under special arrangements negotiated by the Department of Health and Social Care, in which event the said special arrangements must be complied with.~~where national NHS agreements are in place~~
d) The requirement is in relation to the purchase of Licenses, Permits, and Permissions required by the Trust to carry out its normal business. ~~where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.~~
~~e) where specialist expertise is required and is available from only one source.~~
~~f) when the task is essential to complete a project and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate.~~
~~g) there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.~~

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~~The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience.~~

~~Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit Committee.~~

In such circumstances no waiver is required (as permissions have already been provided) and the Trust's Purchase Order approval process shall provide the Trust's approval.

10.2.3 Formal tendering procedures may be waived by the Chief Executive in the following circumstances:

a) in very exceptional circumstances where it is decided that formal tendering procedures would not be practicable, and the circumstances are detailed in an appropriate Trust record.
b) where national NHS agreements are in place that have not been previously evaluated and approved for use by its procurement services provider and authorised by the Trust.
c) where specialist expertise is required and is available from only one source.
d) when the task is essential to complete a project and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate.
e) there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

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The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit Committee.

~~Where the tendering procedures are waived under (a) above this must be reported and approved by the Trust Board before being actioned.~~

10.2.4 Where the tendering procedures are waived under (a) above this must be reported and approved by the Trust Board before being actioned.

10.3 EU Directives Legislation, Guidance and Public Contract Regulations

10.3.1 ~~EU procurement directives and~~ UK procurement legislation and any European Union retained law governing procedures for awarding contracts by an NHS body shall have effect as if incorporated in these Standing Financial Instructions.

10.3.2 Contracts above specified thresholds must be advertised and awarded in accordance with ~~EU and other directives and~~ UK Government legislation. The Procurement Department will advise on these requirements.

10.3.3 The Trust should never enter into a contract which involves a contractor assessing and carrying out work on behalf of the Trust.

10.4 Selection of Suitable Firms to Invite to Tender

10.4.1 The Procurement Department shall ensure they source suitable suppliers to be invited to provide tenders or quotations for the supply of goods or services to the Trust. Suitability will include the technical and financial competence of the supplier.

10.4.2 The Estates and Facilities Department will refer to the relevant Register of Contractors (Constructionline) in considering suppliers suitable to be invited to provide tenders or quotations for their requirements.

10.4.3 All suppliers deemed suitable to be invited to submit quotations or tenders should comply with the Equality Act 2010, the Health and Safety at Work Act, procurement sustainability, fair and equitable trade policy and all other legislation concerning employment and the health, safety and welfare of workers and other persons. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

10.4.4 The Director of Finance and Information may make or institute any enquiries deemed appropriate concerning the financial standing and financial suitability of approved contractors. The Directors with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

10.5 Health Care Services

10.5.1 The tendering limits and processes in these standing financial instructions apply equally to the supply of non-SLA healthcare services. See Section 5 for SLA contracts.

10.6 Standard Selection Questionnaire

10.6.1 Statutory guidance states that the Trust may not include a pre-qualification stage in any procurement where the value of the goods and services is below the EU threshold, thus restricting the use of Selection Questionnaires. However, the Trust should ensure suitable assessment questions' relating to a potential supplier are asked making certain the questions are relevant to the subject matter of the procurement and proportionate.

For procurements above the EU threshold, the standardised set of selection questions should be followed as per the Crown Commercial Service guidance.

10.7 Invitation to Tender

10.7.1 The Trust shall ensure:

a) invitations to tender are sent to a sufficient number of firms to provide fair and adequate competition, unless this can be evidenced otherwise. In all cases a minimum of either:
   i. three firms shall be invited to tender
   ii. the most the market permits
b) the firms invited to tender are deemed suitable as described above, having regard to their capacity to supply the goods or materials or to undertake the services or works required.
c) the firms invited to tender are subject to the supplier selection questionnaire described above
d) invitations to tender shall clearly state the date and time as being the latest time for the receipt of tenders.

e) invitations to tender shall state that no tender will be accepted unless it meets the submission requirements of the Trust's e-tendering process or for manual tendering ūnless:
   i. submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) by the latest date and time for the receipt of such tender and addressed to the Chief Executive or nominated manager.
   ii. the tender envelopes / packages are free from any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

10.7.2 Before inviting tenders, the appropriate officers shall compile a formal estimate of the probable expense of meeting the specification. Such estimates must quote the value of the relative item in the capital and/or revenue budget for the year approved by the Trust Board.

10.7.3 Every tender for goods, services or disposals shall include sections of the NHS Standard Contract Conditions as are applicable.

10.7.4 Every tender for building, engineering works, land and property transactions shall comply with the industry standards for such contracts.

10.7.5 In the case of IT procurements, the requirements of relevant industry standards shall be followed.

10.8 Receipt and Safe Custody of Tenders and Records

10.8.1 Tenders received via the e-tendering system will be subject to the controls built into the system regarding the receipt and safe keeping of all tenders and records.

10.8.2 The date and time of receipt of each manual tender shall be endorsed on each unopened tender envelope/package.

10.8.3 The nominated employee shall be responsible for the receipt, endorsement and safe custody of manual tenders received until the time appointed for their opening.

10.9 Opening Tenders

10.9.1 E-Tenders

Within three working days after the date and time stated as being the latest time for the receipt of tenders, they shall be unlocked and opened in the e-tendering system by two officers within the Procurement Department.

10.9.2 Manual Tenders

a) Within three working days after the date and time stated as being the latest time for the receipt of tenders, they shall be opened in the presence of persons specified in the separate procedures for Capital and Procurement. In the case of JCT tenders, for capital projects, they shall be opened by:

- Executive members of the Trust Board
- Operational Director of Finance~~Deputy Director of Finance – Governance and People~~
- Deputy Chief Operating Officers
- Deputy Director of People Workforce and Organisational Development

b) Every tender received shall be stamped with the date of opening and initialed by the persons in Section 10.9.1 (a) above, who witnessed the opening.

c) Every envelope shall be referenced to the tenderer and shall be retained with the tender documents.

d) All pages of the tender documents containing the tender prices or making specific reference to terms and conditions stipulated by the tenderer shall be stamped in the presence of the persons witnessing the opening, with a uniquely identifiable stamp, which shall be held securely in the charge of a nominated officer.

e) A record shall be maintained by the Nominated employee for each set of competitive tender invitations dispatched, which shall be initialed by the witnesses to the opening of tenders. The register shall contain the following information:

i. The names of all the firms invited
ii. In the case of building and engineering contracts, the estimate of the probable cost
iii. The names and the number of firms from which tenders have been received and the amount of each tender where applicable
iv. The date the tenders were opened
v. The persons present at the opening and their signatures
vi. Particulars of any anomalies

f) Every price alteration appearing on the tender shall be initialed by two of those present at the opening.

g) Incomplete tenders, i.e., those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders.

10.10 Admissibility, Evaluation and Acceptance of Tenders

10.10.1 Admissibility

a) If for any reason it appears that the tendering process has not been carried out on a strictly competitive basis no contract shall be awarded without the approval of the Chief Executive.

b) Tenders received after the opening may not be considered unless it is agreed by the Chief Executive that there is adequate reason for the late arrival and that it is in the interest of the Trust to do so and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or the nominated officer or if the process of evaluation and adjudication has not started.

c) If none of the tenders that were received in time are economically or in other ways acceptable, re- tendering to a new date shall be invited

d) While decisions as to the admissibility of late, incomplete, or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

10.10.2 Evaluation

a) The evaluation of Procurement Department and Pharmacy tenders are undertaken via a recommendation report and the thresholds laid out in section 9.54.4. For capital construction procurements a tender evaluation report will be approved in accordance with the scheme of delegation below.

Tender Evaluation Reports (excl. VAT)	Authority
£105,000 to £250,000	Director of Estates and Facilities or nominated Deputy
£250,000 to £1m	As above, plus the Director of Finance and Information
Above £1m	As above, plus Director of Finance and Information recommendation to Trust Board

b) Necessary discussion and consultation with a tenderer to clarify the tender before the award of a contract need not disqualify the tender. However, if such discussions result in clarifications of the specification, which result in a tender price being reduced below what were previously lower prices of other tenderers, a contract shall not be awarded unless all the other tenderers have been given the benefit of any clarification to the specification that has resulted from the discussions, and an opportunity to re-tender if they wish. This is with the exception of a negotiated and competitive dialogue or innovation partnership procedure.

10.10.3 Acceptance

a) The most economically advantageous tender shall be accepted unless, for good and sufficient reasons which must be formally recorded, the Chief Executive decides otherwise. This is with the exception of a negotiated and competitive dialogue or innovation partnership procedure.

b) No tender shall be accepted until the professional officer concerned has formally agreed that it is technically satisfactory.

c) No tender for building works which is in excess of the budget sum under 10.7.2 by more than 10% or £5,000, whichever is the greater, should be accepted without the approval of the Chief Executive.

d) All tenders shall be treated as confidential and should be retained for inspection.

10.11 Form of Contract

10.11.1 a) Every contract including those for building and engineering works shall embody or be in the same terms and conditions of contract as those on the basis of which tenders were invited.

b) Every contract for building and engineering works, which exceeds the sum of £150,000, shall be executed under the common seal of the Trust (except those executed under the JCT form of contract for minor works). The use of the common seal of the Trust shall be in accordance with Section 24 of the Scheme of Delegation.

10.12 Payment to Contractors by Instalments

10.12.1 a) Where contractors provide for payment to be made by instalments, the Director of Finance and Information shall keep a contract register to show the state of account on each contract, between the Trust and the contractor, together with any other payments and the related professional fees.

b) Payment to contractors on account shall be made only on a certificate issued by the appropriate Estates Officer or Project Manager, Private Architect or other consultant nominated as Contract Administrator.

10.13 Variation of Contracts

10.13.1 ~~Contract variations shall only apply to works or services, not goods.~~ All contract variations must properly describe the additional work or services to be provided for the agreed additional cost.

10.13.2 Any contract variation must be considered and authorised in line with the scheme of delegation (appendix 2). Such variations or additional instructions must be issued prior to the commencement of the work in question, except in the case of an emergency when it must be issued on the next working day.

10.13.3 Any contract variation must not fundamentally change the scope of the procurement.

10.13.4 Contract variations are not subject to single tender actions.

10.14 Final Certificates and Accounts

10.14.1 a) The final payment certificate of any contract shall not be issued until the appropriate Contract Administrator, as in Section 10.12.1(b), has certified the accuracy and completeness of the value of the final account submitted by the contractor.

Any final account that is agreed at a figure in excess of the approved sum in the contract shall be reported to the Trust Board where:

i. Schemes with an initial cost >£500k and variations are >10%+
ii. Where variation has absolute cost of £1m

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i. ~~The Chief Executive if in excess of 5%~~
ii. ~~The Trust Board if in excess of 10%~~

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b) The Director of Finance and Information may examine final accounts for contracts and may make all such enquiries and receive such information and explanations as may be required in order to be satisfied of the accuracy of the accounts.

10.15 Competitive Tendering

10.15.1 The costs of support services may be tested by competitive tendering in accordance with appropriate legislation.

10.15.2 For each tendering exercise the following groups shall be set up: -

a) Service specification group, comprising a nominee of the Chief Executive and a specialist technical officer who will obtain such support from Management Services as is required.
b) In-house tender group, comprising a nominee of the Chief Executive with technical support, as necessary.
c) Evaluation team, comprising specialist support from the procurement department and a Director of Finance and Information representative.

10.15.3 All groups should work independently of each other. Individual officers may be members of more than one group, although no member of the in-house tender group may participate in evaluation of tenders.

10.15.4 The evaluation team shall make recommendations on the award of contracts to the Trust Board.

10.15.5 The price at which a tender is accepted becomes the new budget for the service and shall not be varied except for: -

a) Subsequent changes in specification authorised by the Chief Executive (being a different person to the in-house contract manager) at prices to be negotiated by the Divisional Director.
b) Price variations allowed for in the contract.

10.15.6 Monitoring of performance against the contract shall be the responsibility of the nominated Trust officer utilising such advice as is appropriate.

10.15.7 The provisions of this section relating to tendering and contracting shall also be observed in competitive tendering.

11 Payment for Goods and Services Received

11.1 Objective

11.1.1 To ensure that:

a) Payments are only made for goods and services which have been ordered and received in accordance with these instructions and are of the appropriate quality and quantity.
b) Payments are only made once an invoice has been properly checked and authorised by a person with delegated responsibility.
c) Contract invoices are paid in accordance with contract terms or otherwise in accordance with national guidance.
d) Invoices and other valid claims are paid promptly.

11.2 General

11.2.1 The Director of Finance and Information is responsible for the payment of all properly authorised invoices and claims.

11.2.2 The Director of Finance and Information is responsible for establishing procedures regarding the prompt notification of all monies payable by the Trust arising from transactions initiated by Trust officers. All Trust employees are responsible for complying with these procedures.

11.3 Verification and Payment

11.3.1 The Director of Finance and Information is responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by the Trust.

This system shall provide by certification or by compliance with an authorised computer system that:

a) Goods and services have been ordered in accordance with Section 9
b) Goods have been duly received, are in accordance with specification and order and that prices are correct
c) Services have been satisfactorily executed in accordance with the order and that the charges are correct
d) In the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time records, that the rates of labour are in accordance with the appropriate rates, that the materials have been checked as regards quantity, quality and price, and that the charges for the use of vehicles, plant and machinery and other expenses have been examined and are reasonable
e) The invoice is arithmetically correct
f) The account has not been previously passed for payment or paid
g) The account is in order for payment

11.3.2 The Trust will maintain an Authorised Signatory List of budget holders and officers delegated by them who are authorised to certify invoices.

11.3.3 The Director of Finance and Information shall ensure that all invoices and accounts are paid promptly having regard to:

a) The Trust's cash flow
b) The possibility of receiving a discount for early payment
c) Current Department of Health and Social Care guidance on prompt payment.
~~c)~~

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11.3.4 Where an employee authorising invoices for payment relies upon other employees to do preliminary checking, they must ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.

11.3.5 In the case of contracts for building or engineering works which require payment to be made on account during the progress of the work, the Director of Finance and Information shall make payment on receipt of a certificate from the appropriate technical consultant or officer. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, a contractor's account shall be subjected to financial and general examination by the person responsible to the Trust as Project Manager before the final certificate is issued.

11.4 Prepayments and commitments covering future financial years

11.4.1 Prepayments and commitments covering future financial years are only permitted where exceptional circumstances apply. In such instances: pPrepayments are only permitted where the financial advantages outweigh the disadvantages.

a) The appropriate employee must provide in writing, the case for a prepayment/future commitment, setting out all relevant circumstances of the purchase. This must include the effect on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments

b) The Director of Finance and Information will need to be satisfied with the proposed arrangements before contractual arrangements proceed

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Executive Director or Chief Executive if problems are encountered.

11.5 Duties of Managers and Officers

11.5.1 Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and Information and that:

a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance and Information for approval in advance of any commitment being made
b) contracts above specified thresholds are advertised and awarded in accordance with previously held EU and now UK rules on public procurement. See also section 10
c) where consultancy advice is being obtained or where supply of staff is being sought via an agency, the procurement of such skills must be in accordance with the latest guidance issued by the NHS Englandxecutive, the Department of Health and Social Care and the independent regulator and in line with section 8.6
d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees other than:
   I. isolated gifts of a trivial character or inexpensive branded seasonal gifts, such as calendars.
   II. (Conventional hospitality, such as lunches in the course of working visits; This provision needs to be read in conjunction with section 22.
e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance and Information on behalf of the Chief Executive

f) all goods, services, or works are ordered on an official order except purchases from petty cash
g) verbal orders must only be issued by exception, ~~by an authorised employee~~ and only in cases of emergency or urgent necessity. These process for emergency ordering must be followed including the issue a confirmation order
h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds laid out in section 9
i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase
j) changes to the Trust's Authorised Signatory List of budget holders and officers delegated by them authorised to certify invoices are notified to the finance department through the designated process.
k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance and Information.
l) petty cash records are maintained in a form as determined by the Director of Finance and Information.
m) orders should be placed using either the Trust's electronic requisitioning and ordering system EROS or, where specifically permitted, the Trust's non-EROS purchase to pay process as described in the applicable Trust policy.

11.5.2 The Chief Executive and Director of Finance and Information shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with best practice and guidance issued by the Department of Health and Social Care and NHS England ~~and Improvement~~. The technical audit of these contracts shall be the responsibility of the relevant Executive Director.

11.6 Petty Cash~~Imprests~~

11.6.1 The Director of Finance and Information may authorise advances ~~on the imprest system~~ for petty cash and other purposes as required. Individual payments ~~from such imprests~~ must not exceed an amount authorised by the Director of Finance and Information and must be properly reconciled to petty cash sheets, which are supported by vouchers showing details of the transaction.

11.7 Negotiation with Suppliers

11.7.1 Where there are ongoing disputes with suppliers that require compromise arrangements to resolve, these will be considered and approved as follows:

- £0 - £1,000 Operational~~Deputy~~ Director of Finance ~~– Governance and People~~
- £1,001 - £25,000 Director of Finance and Information
- Over £25,000 Chief Executive~~Finance Committee~~

12 Stores and Receipt of Goods

12.1 Objective

12.1.1 To ensure that all stockholdings of significant value are properly safeguarded and accounted for.

12.2 Control of Stores

12.2.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
a) kept to a minimum
b) subjected to annual stock take
c) valued at the lower of cost or ~~and~~ net realisable value

12.2.2 Subject to the responsibility of the Director of Finance and Information for the systems of control, the overall control of stores shall be the responsibility of the appropriate Divisional Manager/Head of Trust Corporate Services function. This responsibility may be further delegated to a service manager or staff member provided this is clearly documented.

12.2.3 The Director of Pharmacy ~~in Bristol and Lead Pharmacist in Weston~~ is responsible for the control of pharmaceutical stocks.

12.2.4 The Director of Estates and Facilities is responsible for the control of fuel stocks ~~(oil and coal)~~.

12.2.5 The Operations Manager Clinical Engineering is responsible for the control of MEMO stocks.

12.2.6 The Director of Finance and Information shall establish procedures and systems regarding the control of stores including receipting, issues, returns and losses. All staff responsible for the control of stores must comply with these procedures.

12.2.7 The responsibility for security arrangements and the custody of keys for all stores locations shall be clearly defined in writing by the designated employees and agreed with the Director of Finance and Information. Wherever practicable, stocks shall be marked as Trust property.

12.2.8 The Director of Finance and Information shall be informed of any variations in policy that are likely to result in any significant variation in overall stock levels.

12.3 Stocktaking

12.3.1 Stocktaking arrangements shall be agreed with the Director of Finance and Information and there shall be a rolling programme of physical check covering all items in store. The physical check shall involve at least one officer other than the designated responsible officer. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check.

12.3.2 Any surpluses or deficiencies revealed on stocktaking shall be reported to the responsible officer for investigation. Evidence of such investigation shall be recorded, and all confirmed surpluses or deficiencies shall be reported immediately to the Director of Finance and Information.

12.3.3 All responsible employees shall comply with the arrangements made by the Director of Finance and Information to certify stock values at the 31st March each year.

12.4 Losses and Slow-Moving Items

12.4.1 The responsible employee shall maintain a system approved by the Director of Finance and Information for reviewing slow moving and obsolete items at least annually and for the condemnation, disposal, and replacement of all unserviceable items. They shall formally report to the Director of Finance and Information any evidence of significant overstocking and of negligence or malpractice.

12.4.2 Breakages, deteriorations due to overstocking and other losses of goods in stores shall be recorded as they occur, and a summary should be presented to the Director of Finance and Information at quarterly intervals. Tolerance limits shall be established for all stores subject to unavoidable loss, such as certain foodstuffs and natural deterioration of certain goods.

12.4.3 It is a duty of employees responsible for the custody and control of stores to notify all losses including those due to theft, fraud, and arson, in accordance with Section 13 and 16 of these instructions.

13 Fixed Asset Register and Security of Assets, Disposal and Accounting of Assets

13.1 Objective

13.1.1 To ensure that assets are properly safeguarded and accounted for.

13.2 Asset Register

13.2.1 The Director of Finance and Information is responsible for the maintenance of the Trust's register of assets and for arranging for a physical check of assets against the asset register to be conducted on a rolling three-year programme.

13.2.2 The Director of Finance and Information must ensure the Trust maintains an asset register recording all fixed assets, including those used for the provision of Commissioner Requested Services, in accordance with the requirements of ~~the Independent Regulator~~ NHS England.

13.2.3 Additions to the fixed asset register must be clearly identified to an appropriate officer and be validated by reference to

a) properly authorised and approved agreements, architect's certificates, supplier's invoices, and other documentary evidence in respect of purchases from third parties.
b) stores, requisitions and payroll records for own materials and labour including appropriate overheads and
c) lease agreements in respect of assets held under a finance lease and capitalised.

The Trust shall maintain an asset register of every relevant asset used for the provision of Commissioner Requested Services in accordance with the guidance issued by ~~the Independent Regulator.~~ NHS England

13.2.4 Where capital assets are sold, scrapped, lost, or otherwise disposed of, the responsible officer must notify the Director of Finance and Information, who will ensure that their value is removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

13.2.5 Assets that are leased by the Trust must not be disposed of.

13.2.6 The Director of Finance and Information shall approve procedures for reconciling the fixed asset balances in the financial ledger with the balances on the fixed asset register.

13.2.7 The value of each asset shall be maintained in accordance with the Trust's agreed accounting policies.

13.2.8 The value of each asset shall be depreciated over its expected asset life in accordance with the appropriate accounting standards and any guidance issued by Department of Health and Social Care and ~~,~~ NHS England.

13.3 Security of Fixed Assets

13.3.1 The Chief Executive is responsible for the overall control of the Trust's fixed assets.

13.3.2 The Director of Finance and Information must approve asset control procedures (including fixed assets, donated assets, cash, cheques, and negotiable instruments). These procedures shall make provision for

a) recording the managerial responsibility for each asset
b) the identification of additions and disposals
c) the identification of all repairs and maintenance expenses
d) the physical security of assets
e) the periodic verification of the existence of condition of and title to, assets recorded
f) identification and reporting of all costs associated with the retention of an asset
g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments; detailed in section 14.

13.3.3 All discrepancies revealed by the verification of physical assets to the fixed asset register shall be notified to the Director of Finance and Information.

13.3.4 Each employee has a responsibility for the security of the Trust's property and should ensure that equipment and property is secured when not attended and should report suspicious incidents and losses to their appropriate manager. It is the responsibility of Directors and senior managers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Trust Board. Any breach of agreed security practices must be reported to the Chief Executive.

13.3.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported in accordance with the procedure for reporting losses in section 16.

13.3.6 Where practical, purchased, or donated assets should be marked as Trust property.

13.3.7 Where assets are loaned or leased to the Trust, responsible officers should ensure these are notified to the Director of Finance and Information in accordance with prescribed procedures. These assets must be clearly identified and must not be scrapped or otherwise disposed of. An inventory of such assets will be maintained but will not form part of the fixed asset register.

13.4 Restrictions on the disposal of assets

13.4.1 A register of every relevant asset for the provision of Commissioner Requested Services is required to be maintained in accordance with requirements issued by the Independent Regulator.

13.4.2 If NHS England ~~and Improvement~~ has given notice to the Trust that it is concerned about the ability of the Trust to carry on as a going concern, then the following shall apply.

a) The Trust shall not dispose of the whole or any part of, or relinquish control over, any relevant asset except with the consent in writing of NHS England ~~and Improvement~~

b) The Trust shall inform NHS England ~~and Improvement~~ of any proposals to dispose of, or relinquish control over, any relevant asset

c) Written consent from NHS England~~Improvement~~ shall not prevent the Trust from disposing of, or relinquishing control over, any relevant asset where:

I. NHS England ~~and Improvement~~ has issued a general consent, or
II. The Trust is required by the Care Quality Commission to dispose of a relevant asset.

13.5 Disposal of Assets

13.5.1 The Director of Finance and Information must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to Managers.

13.5.2 When a department decides to dispose of a Trust asset, the Head of Department, or authorised deputy must comply with the Trust's procedures. In particular by:

a) establishing whether it is needed elsewhere in the Trust; and if not
b) determining and advising the Director of Finance and Information of the estimated market value of the item, taking account of professional advice where appropriate.

13.5.3 In the event of a private sale (e.g., to a member of staff) the Head of Department should first follow the procedure in Section 13.5.1. If the private sale is more beneficial the Divisional Manager should be notified of the course of action. Advice should be sought from the Finance Department regarding the VAT liability of the proposed sale.

13.6 Condemnations

13.6.1 All unserviceable articles can only be condemned or otherwise disposed of by an officer authorised for that purpose by the Director of Finance and Information and in accordance with Trust procedures. In particular the condemnation must be appropriately recorded in line with these procedures identifying whether the articles are to be converted, destroyed, or otherwise disposed of. All records shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance and Information.

13.6.2 The officer condemning the item shall establish whether there is evidence of negligence in use and shall report such evidence to the Director of Finance and Information who will take appropriate action.

14 Security of Cash, Cheques and Other Negotiable Instruments

14.1 Objective

14.1.1 a) To ensure that cash, cheques, and similar documents of value are kept securely and properly controlled.
b) To design and securely control all controlled stationery e.g., receipt books~~, agreement forms, income books.~~

14.2 Cash

14.2.1 Cash handling represents an area of high risk; therefore, it should be kept to a minimum with banking facilities used whenever possible. All staff responsible for collecting or holding cash must comply with these standing financial instructions and all detailed system procedures issued by the Director of Finance and Information, in order to protect themselves and prevent their integrity from being called into question.

14.2.2 The Senior Manager responsible for an area where cash is handled must ensure that all staff:

- are aware of their duty to comply with Standing Financial Instructions and the procedures issued by the Director of Finance and Information.
- comply with the provisions of this section of the Standing Financial Instructions and cash handling procedures.

14.2.3 On every occasion when cash is transferred from the custody of one person to another it shall be the duty of the recipient to check it and of the other to obtain a written acknowledgement. Where this is not possible due to the cash being in sealed packets, the packets shall be counted and acknowledged unopened.

14.2.4 Cash handling procedures should always demonstrate segregation of duties. Where this is not possible, a Senior Manager must oversee the process including conducting regular checks to provide assurance.

14.3 Cash Expenditure

14.3.1 If a manager considers it necessary for a member of staff to use cash to purchase goods or services on behalf of the Trust, where cheque payment or bank transfer is impractical, they must comply with the 'petty cash' procedures established by the Director of Finance and Information.

14.3.2 The Trust's money shall not, under any circumstances, be used for the ~~en~~cashing~~ment~~ of private cheques or be used for private purposes.

14.3.3 Staff responsible for administering petty cash fund~~s~~~~imprests~~ must ensure that payments are only made in line with the petty cash procedure established by the Director of Finance and Information. Every payment must be recorded and authorised in accordance with these procedures with evidence supporting the transaction.

14.3.4 It is the responsibility of all staff authorised to hold cash to reconcile, at least once a week, the record of transactions with the amount actually in hand, in line with Trust procedures. It is the responsibility of their manager to review and make appropriate checks in line with Trust procedures. Any discrepancy or concerns must be reported to senior management and the Director of Finance and Information without delay.

14.4 Cash Income

14.4.1 Income received shall be handled and accounted for in accordance with the requirements of Sections 6.3 and 7.

14.5 Security of Cash

14.5.1 Staff involved in the handling of cash and their managers are responsible for ensuring that cash is kept securely and in accordance with the procedures issued by the Director of Finance and Information. They must ensure that they have notified the finance department of the cash handling within their area.

14.5.2 Safes and/or lockable cash boxes shall be provided for the custody of cash in all places where it is necessary for cash to be held. Coin-operated machines shall wherever possible be fitted with separately lockable compartments for cash.

14.5.3 Cash boxes holding cash shall not be left unattended at any time and shall be kept in a safe when not in use.

14.5.4 The loss of cash, cash boxes, safes or keys should be notified to the Ffinance Ddepartment immediately.

14.6 Unofficial Funds

14.6.1 The Trust shall not be liable in any circumstances for the loss of unofficial funds (funds not arising from Trust business). The holder of the key of a safe provided for the custody of official cash shall not accept unofficial funds for safe keeping.

14.7 Controlled Stationery

14.7.1 The Director of Finance and Information is responsible for approving the design of, and ordering, all controlled stationery such as receipt books, ~~agreement forms~~, invoices or other means of recording monies received or receivable.

14.7.2 All controlled stationery shall be issued and kept securely in accordance with procedures established by the Director of Finance and Information. Any loss of controlled stationery must be reported to the Director of Finance and Information immediately.

14.8 Cheques

14.8.1 All blank cheques or other orders for payment shall be ordered only on the authority of the Director of Finance and Information, who shall make proper arrangements for their safe custody. They shall be subject to the same security precautions as are applied to cash. Any loss of cheques shall be reported to the Director of Finance and Information immediately.

14.8.2 Cheques are not permitted to be drawn to "cash" without the authority of the Director of Finance and Information.

14.9 Movement of Cash

14.9.1 The Director of Finance and Information shall prescribe the system for the transporting of cash and shall be responsible for making all arrangements with any security company operating under a contract with the Trust. Cash in transit (including cash moved from one office or building to another on Trust premises) and the making up and paying out of cash payments shall be suitably safeguarded. When substantial amounts have to be moved, special security arrangements shall be made.

14.9.2 Any employee who has any indication that the safe custody of cash on the Trust's premises or in transit to or between premises may be at risk shall immediately notify the Director of Finance and Information and the Security Officer confidentially of the circumstances.

14.10 Transfer of Responsibilities for Cash, Cheques and Controlled Stationery

14.10.1 When an employee, whose duties include the holding of cash, cheques, or controlled stationery hands over responsibility prior to leave or termination of appointment, both the outgoing and the incoming officer shall sign a handing over certificate stating:

a) the composition of the cash
b) the consecutive numbers of the cheques or controlled stationery.
c) particulars of keys handed over
d) particulars of anything else being held for safekeeping

14.10.2 In the unavoidable absence of the outgoing employee, one or more other employees shall be appointed to carry out the hand-over to the incoming officer.

14.10.3 Where the responsibility for a petty cash funds~~n imprest~~ changes permanently, this fact shall be notified to the Director of Finance and Information. Hand-over certificates evidencing the change in responsibility should be retained within the area for future reference.

14.10.4 During any absence of the substantive holder of the key to a safe or cash box, the officer or officers appointed to act temporarily shall be fully accountable for the performance of such duties and shall be subject to these Standing Financial Instructions as though they were the substantive key holder.

15 Patients' Property

15.1 Objective

15.1.1 To ensure that property of patients is properly safeguarded and fully accounted for.

15.2 Responsibilities

15.2.1 The Trust has a responsibility to provide safe custody for money or other personal property (hereafter referred to as 'property') handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital, or dead on arrival.

15.2.2 Staff shall be informed on appointment in writing by the appropriate departmental head or senior officers of their responsibilities and duties for the administration of the property of patients.

15.2.3 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission that the Trust will not accept responsibility or liability for patients' monies and personal property brought into the Trust's premises, unless it is handed in for safe custody and a copy of the patients' property record is obtained as the official receipt.

15.2.4 Where possible patients should be advised to make their own arrangements for the safe custody of their property - outside of the hospital.

These matters shall be drawn to patients' attention by means of:

a) Notices and information booklets
b) Hospital admission documents and property records
c) The verbal advice of administrative and nursing staff responsible for admissions

15.2.5 The Director of Finance and Information must provide detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer in any way the property of patients.

15.2.6 Every employee of the Trust into whose personal custody any money or other property of a patient is received must comply with the requirements of these instructions. Valuable items shall be dealt with in the same way as cash and therefore instructions in sections 6 and 14 will apply.

15.2.7 Except as provided below in section 15.3, refunds of property handed in for safe custody shall be returned to the patient, as required, by the employee who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate and witnessed.

15.3 Deceased patients

15.3.1 The disposal of property of deceased patients shall be effected by the Director of Finance and Information and in accordance with Department of Health and Social Care and Treasury guidance. Disposal to relatives shall be dependent on clarification of the lawful kin or other such person entitled to the possessions in question.

15.3.2 In all cases where property, including cash and valuables of a deceased patient is of a total value of more than £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments Act 1965), the production of a Grant of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of the property is £5,000 or less, forms of indemnity shall be obtained.

15.3.3 In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests with the Crown, and particulars shall, therefore, be notified to the Treasury Solicitor, or to the Duchies of Lancaster and Cornwall, as appropriate.

15.3.4 Any funeral expenses necessarily borne by the Trust are a first charge on a deceased person's estate. Where arrangements for burial or cremation are not made privately, any cash of the estate held by the Trust shall be appropriated towards funeral expenses. No other expenses or debts shall be discharged out of the estate of a deceased patient.

16 Losses and Special Payments

16.1 Objective

16.1.1 To ensure losses and special payments are correctly recorded and fully accounted for.

16.2 General

16.2.1 The Director of Finance and Information is responsible for establishing procedures for the recording of and accounting for losses and special payments.

16.2.2 The Director of Finance and Information shall maintain a losses and special payments register in which all losses shall be recorded without delay. Appropriate officers must undertake a review of systems and processes to reduce the risk of similar losses arising in the future and seek advice where they believe a particular case raises a point of principle.

16.2.3 For any loss, the Director of Finance and Information shall consider whether any claim can be made against insurers and ensure this is pursued if appropriate.

16.3 Losses

16.3.1 Any employee discovering or suspecting a loss of any kind must immediately inform their Head of Department, who must ensure that their Divisional Director (or Head of Corporate Service in the case of Trust Services) is informed.

The Divisional Manager or Head of Service must appropriately inform the Chief Executive, Director of Finance and Information ~~or , Chief Internal Auditor. Employees may also report suspicions directly to the Chief Internal Auditor~~. Where a criminal offence (i.e., theft or arson) or loss due to fraud or corruption is suspected, the Chief Executive, Director of Finance and Information and the Trust's Counter-Fraud Officer ~~or Chief Internal Auditor~~ must be informed immediately.

16.3.2 The Director of Finance and Information is responsible for ensuring the Trust has a 'Counter Fraud Plan' setting out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it. Where loss due to fraud or corruption is suspected the Trust's countering fraud and bribery policy should be referred to.

16.3.3 Losses arising from accidental breakages, deteriorations due to overstocking and other losses of goods in stores should be recorded and notified as described in section 12.

16.3.4 All losses are required to be reported to the Audit Committee on a quarterly basis.

16.4 Write-Offs

16.4.1 The Trust Board shall approve a scheme of delegation for the approval and authorisation of write-offs within the limits of delegation granted to the Trust by NHS England ~~and Improvement~~. Write offs includes the abandonments of claims and the charging of fruitless payments.

16.4.2 The Director of Finance and Information shall report to the Audit Committee a summary of write offs each quarter with details of all cases for which the Trust Board's specific approval is required.

16.5 Special Payments

16.5.1 Special Payments include:

- Ex-gratia payments
- Compensation payments made under legal obligation
- Extra statutory or extra regulatory payments
- Extra contractual payments to contractors.

16.5.2 Ex gratia payments compensate patients, visitors, and staff for the loss of personal effects or for incurring unnecessary expense in exceptional circumstances. The authority to make ex-gratia payments and the process for doing so is included in the procedures referred to in section 16.2.1. Key points can be summarised as:

- Ex-gratia payments for loss or damage to employees' or patients' personal effects should only be paid if there has been negligence on the part of the Trust or of any of its employees. Divisional Director/Head of Corporate Service must confirm that the loss occurred on Trust property and that there was negligence on the Trust's part which contributed to the loss. Reference should be made to Section 15, patient property.

- Accidental damage to an employee's clothes, etc., where no other person is involved does not qualify for compensation unless caused by defects in equipment or conditions which is the responsibility of the Trust, and which could not reasonably have been foreseen or avoided by the employee. Accidental damage to staff's personal effects caused by a patient should be dealt with on the merits of the case.

- Reimbursement of unnecessary costs incurred, such as those associated with attending for treatment, which is subsequently cancelled, will only be considered in exceptional circumstances and only reasonable expenses as defined in the policy will be considered.

- Ex-gratia payments are only made once properly authorised and reimbursement is limited to actual costs incurred. Receipts are required to support all claims, although reimbursement for amounts below £50 can be made without a receipt at the discretion of the Director of Finance and Information.

- Recommendations for ex-gratia payments should be made to the Director of Finance and Information in accordance with Trust procedures. Only the Director of Finance and Information or delegated deputy can authorise such payments.

- Ex-gratia payments are authorised in accordance with the following delegated limits:

  - Up to £1,000 Director of Finance and Information
  - £1,001 - £50,000 Chief Executive
  - Over £50,000 Trust Board

16.5.3 Personal injury cases will be dealt with in the following manner:

- Over £10,000 decided in conjunction with the NHS Resolution
- Up to £10,000 may be settled without legal advice with the approval of the Chief Executive or Director of Finance and Information or the Chief People Officer~~Director of People, Workforce and Organisational Development~~

16.5.4 Public Liability cases will be dealt with in the following manner:

- Over £3,000 decided in conjunction with the NHS Resolution.
- Up to £3,000 may be settled without legal advice with the approval of the Appropriate Divisional Director /Head of Corporate Services or Director of Finance and Information or Chief Executive

16.5.5 All Clinical Negligence Cases are handled and decided by the NHS Resolution on behalf of the Trust. Whilst NHS Resolution is administratively and financially responsible for all clinical negligence cases the legal liability remains with the Trust.

16.5.6 Severance payments or voluntary severance schemes require a supporting business case for submission to the Trust's relationship manager at NHS England ~~and Improvement~~. NHS England ~~and Improvement~~ will then forward to HM Treasury for approval.

16.5.7 Special severance payments to staff outside contractual or statutory entitlements (including settlement of employment tribunal claims) in order to terminate employment, need to be approved by HM Treasury before settlement is offered. There are no delegated limits for special severance payments, and all cases need to go to HM Treasury.

16.5.8 All applications for severance payments must be approved by the Chief People Officer~~Director of People, Workforce and Organisational Development~~ and submitted by the Director of Finance and Information according to Trust procedures and in the appropriate form required by HM Treasury.

16.5.9 The Trust is required to obtain approval for time limited voluntary severance schemes, which obviates the need to make a submission for each individual non contractual or non-statutory payment made under the scheme.

16.5.10 All proposals for payment for maladministration and distress shall be dealt with in accordance with the Trust's policy. Divisional Directors shall sign off all payment requests for approval.

16.5.11 Delegated limits for approving maladministration and distress payments are as follows:

- Up to £1,000 Director/Operational~~Deputy~~ Director of Finance ~~– Governance and People~~
- £1,001 - £50,000 Chief Executive
- Over £50,000 Trust Board

16.5.12 All extra contractual payments to contractors must be approved within the delegated limits

Up to £25,000	Director of Finance and Information or Operational Deputy Director of Finance ~~– Governance and People~~
Between £25,000 and £100,000	Chief Executive
Over £100,000	Trust Board

16.5.13 All special payments are required to be reported to the Audit Committee on a quarterly basis.

16.6 Insurance

16.6.1 There is a scheme available, administered by the NHS Resolution, through which the Trust insures. A small number of specified risks are not insurable through the NHS scheme, and these may be insured commercially, see section 19. The Director of Finance and Information shall establish procedures so for reporting claims are made for all insured losses.

16.7 Bankruptcy and Liquidation

16.7.1 The Director of Finance and Information shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

17 External Borrowing and Public Dividend Capital

17.1 Objective

17.1.1 To ensure that external borrowing and public dividend capital is correctly approved, drawn and fully accounted for.

17.2 External Borrowings

17.2.1 The Trust can obtain a working capital facility from the commercial banking sector. Short term borrowing should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, comply with the Trust's Treasury Management Policy and all guidance issued by NHS England ~~and Improvement~~.

17.2.2 The Director of Finance and Information shall be responsible for advising the Trust Board regarding the Trust's ability to repay public dividend capital (PDC) and long-term loan principal together with the payment of dividends on PDC and interest on such borrowings. The Director of Finance and Information shall also be responsible for reporting periodically to the Trust Board concerning ~~the PDC debt and~~ all loans or short-term borrowings.

17.2.3 Any application for a loan or short-term borrowing will only be made by the Director of Finance and Information or an officer designated for this purpose following approval by the Finance Committee, and in accordance with the Scheme of Delegation as appropriate.

17.2.4 The Director of Finance and Information shall maintain a schedule of employees (including specimens of their signatories) approved by the Finance Committee who are authorised to make short term borrowings on behalf of the Finance Committee. This must include the Chief Executive and Director of Finance and Information.

17.2.5 Any short-term borrowing must be with the authority of two employees identified in 17.2.4 one of which must be the Chief Executive or the Director of Finance and Information. The Board must be made aware of all short-term borrowing at their next meeting.

17.2.6 The Director of Finance and Information will advise the Trust Board on the need for longer term borrowing. Following resolution of the Board, the Director of Finance and Information will make appropriate arrangements with NHS England ~~the Independent Trust Financing Facility~~ or other lender depending on the commercial arrangements available. All long-term borrowing in respect of Strategic Capital Schemes must be consistent with the plans outlined in the current Medium Term Capital Programme approved by the Finance Committee.

17.2.7 The Director of Finance and Information must ensure that any loan application is made in accordance with the instructions issued by the lender and NHS England ~~and Improvement~~. Records must be maintained, and all interest and loan principal must be repaid in accordance with the lender's loan agreements.

17.2.8 Assets defined as Commissioner Requested Services (CRS) relevant assets shall not be used or allocated for borrowing; non-CRS relevant assets will be eligible as security for loans.

18 Capital Investment and Private Financing

18.1 Objective

18.1.1 To ensure that the Trust has an appropriate policy to develop and deliver the Medium-Term Capital Programme.

18.2 Capital Investment

18.2.1 The Trust Board shall approve the funding contained within the Trust's Medium Term Capital Programme as part of the annual plan ~~budget~~ approval process and any subsequent updates.

18.2.2 The Director of Finance and Information shall ensure that the Trust produces a Capital Investment Policy, and this is reviewed annually and approved by the Trust Board.

18.2.3 The Chief Executive

a) shall ensure that there is an adequate appraisal and approval process in place in line with the Trust's Capital Investment Policy, for determining capital expenditure priorities and the effect of each proposal upon business plans

b) is responsible for the ensuring the effective management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost

c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including, the servicing of loan interest, loan principal repayment and capital charges.

18.2.4 For every capital expenditure proposal, the Chief Executive shall ensure~~.~~

a) that a business case is produced in line with guidance issued by NHS England, the Department of Health and Social Care or HM Treasury ~~Independent Regulator~~ and the Trust's Capital Investment Policy which includes~~sets out~~:

I. an options appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to cost
II. the involvement of appropriate Trust personnel and external agencies
III. appropriate project management and governance arrangements.

b) that the Director of Finance and Information has validated the capital costs and revenue consequences detailed in the business case.

c) approval of each business case prior to tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with appropriate guidance and the Trust's Standing Orders.

18.2.5 For capital schemes requiring stage payments, the Director of Finance and Information shall issue procedures on their management.

18.2.6 The Director of Finance and Information shall ensure that all capital schemes are accounted for in accordance with HM Revenue and Custom guidance for the purposes of VAT recovery.

18.2.7 The Director of Finance and Information is responsible for the regular reporting of donations,

expenditure, and commitments against the Trust's approved Medium Term Capital Programme via the Trust's Capital Programme Steering Group.

18.2.8 The approval of a Medium-Term Capital Programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall ensure that there are procedures in place identifying managers responsible for each scheme, specifying:

a) levels of authority to commit expenditure
b) authority to proceed to tender

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Trust's Standing Orders.

18.2.9 Schemes must be tendered and managed in accordance with the requirements of Section 10.

18.2.10 Donations (cash and goods) received from charitable parties for the purposes of capital investment will require submission to and the approval of the Capital Programme Steering Group prior to acceptance. Any associated legal agreement containing obligations on the part of the Trust requires signature by the Director of Finance and Information or Director of Strategy and Transformation.

18.2.11 The Director of Finance and Information shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

18.3 Commercial / Private Finance

18.3.1 The Trust should give consideration to private finance when considering material capital procurement. When the Trust proposes to use private finance, the following procedures shall apply:

a) The Director of Finance and Information shall demonstrate that the use of commercial/private finance represents a balance of value for money compared with using the Trust's own finance and where appropriate, genuinely transfers risk to the private sector.
b) The Trust Board must specifically agree the proposal.

18.3.2 The Director of Strategy and Transformation is responsible for ensuring that:

a) a programme of service delivery inspections is in place to ensure contract terms are monitored
b) payments to the commercial partners are authorised in accordance with the contracted availability and performance factors
c) clearly established dispute resolution procedures are in operation
d) effective procedures for agreement of changes to service delivery
e) the service is market tested in line with the contract

18.4 Leases

18.4.1 All proposals for finance or operating leases must be submitted to the Director of Finance and Information for advice and approval. Leasing proposals must demonstrate value for money. The Director of Finance and Information must sign all leases.

19 Risk Management and Insurance

19.1 Objective

19.1.1 To define the Trust's requirements for risk management and insurance.

19.2 Risk Management

19.2.1 The Chief Executive shall ensure that the Trust has robust risk management arrangements, in accordance with any requirements of NHS England ~~and Improvement~~ which must be approved and monitored by the Board.

19.2.2 The programme of risk management arrangements shall include:

a) a process for identifying and quantifying risks and potential liabilities.
b) engendering among all levels of staff a positive attitude towards the management of risk.
c) governance processes to ensure all significant risks and potential liabilities are identified, managed including identifying responsibility, effective systems of internal control, action/mitigation, cost effective insurance cover, and decisions on the acceptable level of mitigated risk.
d) contingency plans to offset the impact of adverse events.
e) audit arrangements including internal audit, clinical audit, health and safety review.
f) regular review of the Trust's risk management arrangements.
g) a clear indication of which risks shall be insured.

19.2.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by NHS England ~~and Improvement~~.

19.3 Insurance

19.3.1 The Chief Executive, in conjunction with the Director of Finance and Information, is responsible for ensuring that adequate insurance cover is held in line with the Trust's risk management policy approved by the Board. This will include insuring through the risk pooling schemes administered by ~~the~~ NHS Resolution~~, self-insuring for some or all of the risks covered by the risk pooling schemes~~ and purchasing insurance from commercial insurers for some or all of the risks not covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

19.3.2 Trust Officers are required to notify the Director of Finance and Information of all new risks or property which may require to be insured and of any changes that may affect risk or existing insurance.

19.3.3 The Trust's Risk Executive Group will propose to the Audit Committee the options for insurance cover on an annual basis. ~~Director of Finance and Information must approve all insurance policies.~~

19.3.4 The Trust may purchase commercial insurance policies for risks not provided for under the Property Expenses Scheme (PES) and Liabilities to Third Parties Scheme (LTPS). This includes:

a) Additional cover over and above the Trust's delegated limit under PES i.e., property (to the full reinstatement value of the property), contract works, fidelity, and business

interruptions.

b) Providing cover for specific activities outside the LTPS i.e., non-clinical professional indemnity, charitable trustees' liability, and Directors and Officers liability.
c) All such insurance policies must be approved by the Director of Finance and Information.

19.3.5 Arrangements to be followed in agreeing insurance cover:

a) Where the Board decides to use the risk pooling schemes administered by the NHS Resolution the Director of Finance and Information shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance and Information shall ensure that documented procedures cover these arrangements.

b) Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Director of Finance and Information shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance and Information will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

c) All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director of Finance and Information should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

20 Audit and Counter Fraud

20.1 Objective

20.1.1 To ensure a systematic and effective review of the Trust's financial and management controls to give assurance that resources are used efficiently and safeguarded against misuse or fraud.

20.2 Audit Committee

20.2.1 In accordance with Standing Orders, the NHS Act 2006 and the NHS Foundation Trust Code of Governance ~~as developed by the Regulator~~, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and membership consistent with relevant guidance issued by NHS England~~Regulators~~ or the Department of Health and Social Care, including the NHS Audit Committee Handbook.

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

- Definition
- Implementation
- Outcomes

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

The primary responsibilities of the Audit Committee are therefore to:

1. Review and seek assurance of the Trust's approach to Risk Management and internal control
2. Monitor and review the effectiveness of the internal audit function,
3. Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process
4. Seek assurance about Clinical Audit activity

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

5. Integrity of Financial Reporting
6. Activities to Identify and Counteract Fraud
7. Ensuring the effectiveness of the Freedom to Speak Out Policy

Finally, the Audit Committee must:

8. Communicate and report effectively to all its Stakeholders

20.2.3 Where the Audit Committee considers there is evidence of ultra-vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the NHS England ~~Regulator~~ via the Director of Finance and Information in the first instance.

20.3 Responsibilities of the Director of Finance and Information

20.3.1 The Director of Finance and Information is responsible for:

a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function.
b) ensuring that the Internal Audit is effective and meets the NHS mandatory audit standards and any directions given by the Independent Regulator.
c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.
d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
   i. a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards
   ii. major internal financial control weaknesses discovered
   iii. progress on the implementation of internal audit recommendations
   iv. progress against plan over the previous year
   v. strategic audit plan covering the coming three years
   vi. a detailed plan for the coming year

20.3.2 Director of Finance and Information or designated auditors are entitled without necessarily giving prior notice to require and receive:

a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature.
b) access at all reasonable times to any land, premises or members of the Board or employees of the Trust.
c) the production of any cash, stores, or other property of the Trust under a member of the Board or an employee's control; and
d) explanations concerning any matter under investigation.

20.4 Internal Audit

20.4.1 Internal Audit primarily provides an independent and objective opinion to the Chief Executive, the Board, and the Audit Committee on the degree to which risk management, control and governance support the achievement of the Trust's objectives. Internal Audit will review, appraise, and report upon:

a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures
b) the adequacy and application of financial and other related management controls
c) the suitability and reliability of financial and other related management data
d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
   i. fraud and other offences
   ii. waste, extravagance, inefficient administration
   iii. poor value for money or other causes
e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and Social Care and/or NHS England ~~and Improvement~~.

20.4.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property of the Trust or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance and Information must be notified immediately.

20.4.3 The Chief Internal Auditor will normally attend the Audit Committee meetings and has a right

of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

20.4.4 The Chief Internal Auditor shall be accountable to the Chief Executive. The reporting system for internal audit shall be agreed between the Director of Finance and Information, the Audit Committee, and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

20.4.5 The Chief Internal Auditor is responsible for developing and maintaining an Internal Audit Strategy to provide an objective evaluation of, and opinion on, the effectiveness of the organisation's risk management, control, and governance arrangements. The Chief Internal Auditor's opinion is a key element of the framework of assurance the Chief Executive needs to inform the completion of the Annual Statement on Internal Control. The delivery of this strategy will be realised through the delivery of considered and approved annual plans which will systematically review and evaluate risk management, control and governance of all the Trust's operations, resources, services, and responsibilities for other bodies.

20.4.6 The Chief Internal Auditor will co-ordinate Internal Audit Plans and activities with line managers, external audit, and other review agencies to ensure effective audit coverage is achieved and duplication of effort is minimised.

20.4.7 Internal Audit have the right to access all records, assets, personnel, and premises of the Trust in the pursuit of information necessary to fulfil its responsibilities. In any instances of conflict this will be referred for resolution to the Director of Finance and Information, Chief Executive or Chair of Audit Committee as appropriate.

20.4.8 If the Chief Internal Auditor, Chief Executive, Director of Finance and Information or the Audit Committee consider that the level of Internal Audit resources or the terms of reference in any way limit the scope of Internal Audit or prejudice the ability of Internal Audit to deliver a service consistent with the definition of internal auditing, they should advise the Board accordingly.

20.4.9 Internal Audit provides an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control, and governance. The service applies the professional skills of Internal Audit through a systematic and disciplined evaluation of the policies, procedures, and operations that management put in place to ensure the achievement of the organisation's objectives, and through recommendations for improvement. Such consultancy work contributes to the opinion, which Internal Audit provides on risk management, control, and governance.

20.4.10 Internal Audit must be sufficiently independent of the activities which it audits to enable auditors to perform their duties in a manner, which facilitates impartial and effective professional judgements and recommendations. Internal Audit will have no Executive responsibilities.

20.4.11 Internal Auditors must have an impartial, unbiased attitude, characterised by integrity and an objective approach to work, and should avoid conflicts of interest. Internal Auditors must declare any conflicts of interest to the Chief Internal Auditor. Any conflicts of interest encountered by the Chief Internal Auditor must be declared to the Director of Finance and Information.

20.4.12 The Director of Finance and Information is responsible for ensuring the Chief Internal Auditor is of sufficient status to facilitate the effective discussion and negotiations of the results of Internal Audit work with senior management.

20.4.13 Appointment at all levels within the Internal Audit team must endeavor to fulfil the four main principles of the code of ethics for Internal Audit, integrity, objectivity, competency (i.e.,

professional qualifications, skills, and experience) and confidentiality.

20.4.14 Within the parameters of the contract for the Internal Audit Service, the Chief Internal Auditor is responsible for ensuring the team is adequately staffed and that there is access to the full range of knowledge, skills, qualifications, and experience to deliver the Internal Audit Plan in line with the NHS Internal Audit Standards. The team will undertake regular assessments of professional competence through an on-going appraisal and development programme (Personal Development Plans and Continuing Professional Development) with training provided where necessary,

20.5 External Audit

20.5.1 The External Auditor is appointed by the Council of Governors Representative at a general meeting of the Council of Member Representatives and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and reported to the Audit Committee and Council of Governors Representatives.

20.5.2 The Trust will ensure that the external auditor complies with the Audit Code for NHS Foundation Trusts at the date of appointment and on and on-going basis throughout the term of appointments.

20.5.3 The Council of Governors shall determine the terms of the contract for the provision of the External Audit.

20.5.4 The Audit Committee will receive and agree the External Auditor's annual plan.

20.6 Fraud and Corruption

20.6.1 In line with their responsibilities, the Chief Executive and Director of Finance and Information shall monitor and ensure compliance with relevant directions and guidance on countering fraud and corruption within the NHS.

20.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the NHS Fraud and Corruption Manual and relevant directions and guidance.

20.6.3 The Local Counter Fraud Specialist shall report to the Director of Finance and Information and shall work with staff in NHS Protect in accordance with the NHS Fraud and Corruption Manual.

20.6.4 The Local Counter Fraud Specialist will provide a written report to the Audit Committee, at least annually, on counter fraud work within the Trust.

20.6.5 Counter fraud specialists are entitled without necessarily giving prior notice to require and receive:

a) access to all records, documents and correspondence relating to any relevant transactions, including documents of a confidential nature; (in which case, they shall have a duty to safeguard that confidentiality).
b) access at all reasonable times to any land, premises or members of the Board of Directors or employee of the Trust.
c) the production of any cash, stores, or other property of the Trust under an employee's control.
d) explanations concerning any matter under investigation from any employee, agent, or any employees of third parties contracted to the Trust when acting on behalf of the Trust.

20.7 Security Management

20.7.1 The Chief Executive is responsible for ensuring compliance with directions issued by the Department of Health and Social Care relating to NHS security management

20.7.2 The Trust shall nominate a director at Board level who will have delegated responsibility for security management as required by the Department of Health and Social Care guidance on NHS security management.

20.7.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.

21 Information Management and Technology

21.1 Objective

21.1.1 To define responsibilities for the management of the Trust's Information Management and Technology Systems.

21.2 Responsibilities and Duties of the Director of Finance and Information

21.2.1 The Director of Finance and Information is responsible for the accuracy and security of the computerised financial data of the Trust:

a) devising and implementing any necessary procedures to ensure appropriate protection of the Trust's data, programs, and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft, or damage, having due regard for the Data Protection Act 2018.
b) ensuring that appropriate controls exist over data entry, processing, storage, transmission, and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.
c) ensuring that adequate controls exist such that the computer operation is separated from development, maintenance, and amendment.
d) ensuring that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are carried out.
e) ensuring procedures are in place to limit the risk of, and recover promptly from, interruptions to computer operations.

21.2.2 The Director of Finance and Information is responsible for ensuring that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

21.2.3 Where computer systems have an impact on corporate financial systems, the Director of Finance and Information shall seek assurance that

a) systems acquisition, development and maintenance are in line with corporate policies including the Clinical Systems Strategy.
b) data produced for use with financial systems is adequate, accurate, complete, and timely, and that there is an audit trail.
c) Director of Finance and Information staff has access to such data.
d) appropriate computer audit reviews are undertaken.

21.3 Responsibilities and Duties of Other Directors in Relation to Computer Systems of a General Application

21.3.1 The Legal Services Department (with support from the Chief Information Officer) shall publish and maintain a Freedom of Information (FOI) Publication Scheme or adopt a model Publication Scheme approved by the Information Commissioner. This describes the information regarding the Trust that is made publicly available.

21.3.2 For the implementation, upgrade or changes to computer systems used generally within the Trust, the responsible manager for the system will present a business case to the Joint IT Management Group and Clinical Systems Implementation Programme Board for approval.

21.4 Contracts for Computer Services with NHS Bodies or Outside Agencies

21.4.1 The Director of Finance and Information shall ensure that contracts for computer services for financial applications with another NHS body or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission, and storage. The contract should also ensure rights of access for audit purposes.

21.4.2 Where another NHS body or any other agency provides a computer service for financial applications, the Director of Finance and Information shall periodically seek assurances that adequate controls are in operation.

21.5 Risk Management

21.5.1 The Director of Finance and Information shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk (refer to Section 19.2). This shall include the preparation and testing of appropriate disaster recovery plans.

22 Acceptance of Gifts by Staff and Other Standards of Business Control

22.1 Objective

22.1.1 To ensure that Trust staff comply with required standards of behaviour when using public funds.

22.2 General

22.2.1 The Chief Executive shall ensure that a Register of Interests, Gifts and Hospitality is established to formally record declarations of interests, gifts and hospitality made by Trust staff, and as the Accountable Officer has ultimate responsibility for ensuring the Trust has appropriate policies in place in respect of conflicts of interest and the acceptance of gifts or other benefits in kind conferring an advantage to a member of staff. These policies should be consistent with the Standards of Business Conduct for NHS Staff.

22.2.2 The Director of Corporate Governance of the Trust is responsible for implementing the Trust's Register of Interests, Gifts and Hospitality Policy across Clinical Divisions and Trust ~~Headquarters, and~~Headquarters and ensuring all Trust employees are aware of these Trust policies and the restrictions in relation to accepting gifts, inducements, benefits in kind or other personal advantage that could be considered to be bribes under the Bribery Act 2010.

22.3 Gifts

22.3.1 Casual gifts offered by contractors or others may be construed to be connected with the performance of duties so as to constitute an offence under the Bribery Act 2010 and therefore all such gifts should be declined. Business articles with little intrinsic value (of less than £50 per gift) such as diaries, calendars, pens etc. need not be refused, nor small tokens of gratitude from patients or their relatives.

22.3.2 Any gift accepted of value greater than £50 should be declared in writing to the Trust Secretary via the Register of Interests, Gifts, and Hospitality. If several small gifts worth a total of over £100 are received by an individual from the same or closely related source in a twelve-month period, these should also be declared on the Register of Interests, Gifts, and Hospitality.

22.3.3 Gifts offered to an individual where the value exceeds £50 should be declined. In exceptional circumstances and with the agreement of the line manager, the matter may be referred to the Trust Secretary for a decision as to whether the gift can be accepted.

22.3.4 Under no circumstances may staff accept cash or vouchers, even below the £50.00 threshold. Gifts of cash made to a ward or department are deemed to be charitable donations and should be dealt with as described in section 23. No further declaration is required.

22.3.5 All gifts to staff must be accepted in line with the Trust's Register of Interests, Gifts and Hospitality Policy.

22.4 Hospitality

22.4.1 Suppliers must not attempt to influence business decision making by offering hospitality to trust staff. Modest hospitality provided it is normal and reasonable in the circumstances may be accepted (e.g., lunches in the course of a working visit). If in doubt, advice should be sought from the employee's line manager or relevant Director.

22.4.2 Any offers of inappropriate hospitality should be notified to the Trust secretary for appropriate

action.

22.4.3 All hospitality to staff must be accepted in line with the Trust's Register of Interests, Gifts and Hospitality Policy.

22.5 Sponsorship

22.5.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks approval in advance from their line manager. Approval must depend on whether acceptance will, or could be believed to, compromise current or future purchasing decisions in any way.

22.5.2 The sponsorship of Trust events by existing suppliers to the Trust is acceptable subject to informing the Trust Board Secretary of the agreement for recording the details in the Register of Gifts, Hospitality and Sponsorship. Where the sponsor does not have a contract for supplies or services with the Trust, the Procurement Department should be consulted. The Trust Director of Corporate Governance be informed. In all such cases there must be no favouritism shown to any one supplier in a way that could later be challenged by a competitor. Where this could be the case the same opportunity to sponsor events should be offered to the other interested parties.

22.5.3 Some suppliers offer training as a part of supplying equipment, and this should be fully reflected through the contract entered into with the relevant organisation. In such cases no disclosure to the Trust Director of Corporate Governance is necessary.

22.5.4 The Trust shall not enter into commercial or charitable sponsorship arrangements which link such sponsorship to the supply of goods or services from any particular source.

22.5.5 Employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. This does not apply to concessionary agreements negotiated with companies by the Trust, or the NHS, or by recognised staff interests, on behalf of all staff for example, staff benefit schemes.

23 Funds held in Trust

23.1 Objective

23.1.1 To ensure that the Trust's charitable funds are properly safeguarded and used for the benefit intended.

23.2 General

23.2.1 'Charitable funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the NHS, the objects of which are for the benefit of the NHS in England.

23.2.2 The charitable trusts associated with the University Hospitals Bristol and Weston NHS Foundation Trust are administered by the Trustees of Bristol & Weston Hospitals Charity (formerly Above & Beyond) (hereafter called the Trustees). The Trustees have their own systems of accounting and financial control and operate separate bank accounts to the Trust. Charitable funds should not be confused with those operated by the Trust for its exchequer funds.

23.2.3 All gifts, donations and proceeds of fund-raising activities which are intended for the Trust's benefit shall be handed immediately to either the Trustees or to the Trust's cashier for Bristol donations or the Finance Department for Weston donations who will bank the money and transfer funds as appropriate. Any charitable funds paid in through the Trust's cashier must be clearly identified as such to ensure it is separated from the Trust's exchequer funds. However, the funds are passed to the charitable trusts, there must be clear instruction regarding the donor's intentions or the area to benefit.

23.2.4 The Director of Finance and Information shall be required to advise the Trust Board on the financial implications of any proposal for fund-raising activities which the Trust may initiate, sponsor, or approve.

23.2.5 The Trustees will designate a fund advisor for each fund held who must comply with the written procedures issued by the charitable trusts regarding the use of these funds.

23.2.6 Expenditure of any funds held in trust shall be conditional upon: -

a) the expenditure being within the terms of the appropriate fund
b) meeting the delegated limits which are:

- <£1,000 approved by the designated fund advisor
- >£1,000 approved by the charitable trusts in accordance with their scheme of delegation
- assets or enhancements >£5,000 also requires approval in the first instance by the Trust's Capital Programme Steering Group
- Expenditure can only be as prescribed by the approval given and cannot exceed the value approved.

c) the prior approval of the Trust's Capital Programme Steering Group being obtained for items falling within the capital definition
d) being authorised by the fund advisor in writing, or by a person to whom the fund advisor has delegated authority having advised the Trustees in writing

24 Retention of Documents

24.1 Objective

24.1.1 To ensure the Trust has appropriate arrangements for retaining documents to comply with legal responsibilities and to enable the effective operation of the Trust.

24.2 General

24.2.1 The Chief Executive shall be responsible for maintaining archives for all records, including electronic records, required to be retained in accordance with Department of Health and Social Care guidelines.

24.2.2 The documents held in archives shall be capable of retrieval by authorised persons.

24.2.3 Documents held in accordance with Department of Health and Social Care guidelines shall only be destroyed at the express instigation of the Chief Executive. Records shall be maintained of documents so destroyed.

Return to Agenda

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

Where the title 'Executive' is ~~used~~used, it is deemed to include their nominated deputy where they have been duly authorised by them to represent them

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
1. OVERALL RESPONSIBILITIES AND DELEGATION			
1a	Financial framework, ~~policies~~policies, and internal financial control systems. Maintain and update Trust's financial procedures.	Director of Finance and Information	SFIs section 1.2.3
1b	Requirement for all staff to be notified of and understand these instructions	Chief Executive, delegated to all managers	SFIs section 1.2.3
	Complying with the Trust's Standing Financial Instructions, Scheme of ~~Delegation~~Delegation, and financial procedures	All staff under contract to the Trust	SFIs section 1.2.5
2. PLANNING AND BUDGETS AND BUDGETARY CONTROL			
2a	Strategic and annual business plans	Chief Executive	SFIs section 2.2.1
	Annual (and longer term) financial plan and budget	Director of Finance and Information	SFIs section 2.2.3
	Divisional/Corporate Service operational plans and budgets	Clinical Chairs/Divisional Directors/Corporate Service Director	SFIs section 2.2.5
2b	Budget Management Responsibility		SFIs sections 2.3
	i. at individual cost centre level	Budget Manager or nominated deputy	
	ii. at departmental level	Departmental Manager or nominated deputy	
	iii. at divisional level	Clinical Chair / members of the Divisional Board as authorised by the Clinical Chair.	
	iv. at corporate service level	Director of Estates and Facilities or delegated deputy Chief Information Officer or delegated deputy Corporate Director or delegated deputy	
2c	Budget Virement/Transfer	Virements must be supported by appropriate paperwork and approved by the Senior Management Accountant	SFIs section 2.3
	i. Within a cost centre	Budget Manager and Department Manager	
	ii. Within a department/specialty between cost centres	Department Manager	
	iii. Between specialties/departments	Both department managers	

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
2d	iv. Between Divisions/Corporate Services below £5k	Both department managers	
	v. Between Divisions/Corporate Services above £5k	Divisional Director / Director of Estates and Facilities / Chief Information Officer / Corporate Director by joint agreement	
	vi. To and from Trust reserves	Director of Finance and Information or nominated deputy	
3. ANNUAL ACCOUNTS AND REPORTS			
4a	Preparation of annual accounts and associated financial returns for Board approval	Director of Finance and Information	SFIs section 3.2.1 - 2
4b	Preparation of Annual Report for Board approval	Director of Corporate Governance	SFIs section 3.2.5
4c	Preparation of Quality Report for Board approval	Chief Nurse	SFIs section 3.2.6
4. RESEARCH AND INNOVATION			**SFIs Section 4**
4a	Authorisation or research funding applications	Director of Finance or designated deputy for funding applications	
4b	Authorisation of commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.	Director of Research & Innovation or designated deputy	
4c	The West of England Clinical Research Network (CRN:WoE) Decision to provide additional funding to an NHS partner of the CRN:WoE following a request for financial ~~support;~~support. Of £50,000 or below In excess of £50,000	 West of England Clinical Research Network Executive Group West of England Clinical Research Network Partnership Group	
5. SERVICE AGREEMENTS NHS CONTRACTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provisions of healthcare services to NHS commissioners, other NHS providers or private organisations	Chief Executive, Deputy Chief Executive or Director of Finance and Information	SFIs section 5.2.7
5b	Agreeing changes and developments within existing contracts for healthcare services	Chief Executive, Deputy Chief Executive or Chief Operating Officer with Director of Finance and Information agreement	SFIs section 5.2.8
5c	Service agreement monitoring and reporting	Director of Finance and Information	
5d	Service agreement operational management	Clinical Chairs	

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
6. BANKING AND CASH MANAGEMENT			
6a	Opening, ~~operating and~~operating and controlling all bank accounts referencing the Trust's name or Trust address.	Director of Finance and Information	SFIs section 6.3.2
6b	Day to day operational management of the Trust's bank accounts	Head~~Deputy Director~~ of Finance – Financial Performance~~Governance and People~~	SFIs section 6.3.6
6c	Determining when to subject commercial banking services to competitive tendering. Organising and evaluating the tender process.	Director of Finance and Information	SFIs section 6.3.9
6d	Approval of bank signatories	Chief Executive or Director of Finance and Information or nominated Senior Finance Manager	
6e	Approval of direct debit or standing order payment arrangements	Director of Finance and Information	SFIs section 6.3.12
6f	Operation of Trust credit/purchasing cards	Director of Finance and Information	SFIs section 6.3.13
6g	Investment of temporary cash surpluses	Director of Finance and Information	SFIs section 6.5
7 INCOME (SEE SECTION 5 FOR NHS CONTRACTS)			
7a	Setting of fees and charges		SFIs Section 7.2.6 – 7.2.8
	i. Private Patients	Director of Finance and Information or nominated deputy	
	ii. Overseas Visitors	Director of Finance or nominated deputy	
	iii. Property rental (excluding residences)	Director of Estates and Facilities	
	iv. Residences	Director of Estates and Facilities	
	v. Trading services	Divisional/Corporate Director or nominated deputy	
	vi. Other income generation	Divisional/Corporate Director or nominated deputy	
7b	Agreeing/signing agreement/contract	All require Divisional Finance Manager agreement	SFIs Section 7.2.5
	i. Hosting arrangements	Director of Finance or nominated deputy	
	ii. Research and other grant applications	Director of Finance or nominated deputy	
	iii. Staff secondments	Service Manager	
	iv. Leases	Director of Finance or nominated deputy	

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7b	v. Property rentals (excluding residences)	Below £5k per annum, Service Manager Above £5k and below £100k per annum, Director of Estates and Facilities or nominated deputy Over £100k per annum, Director of Finance or nominated deputy	
	vi. Residences	Residences Manager	
	vii. Peripheral clinics and provider to provider arrangements	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	viii. Trading Services	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	ix. Other income generation	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
8. WORKFORCE AND PAYROLL			
8a	Remuneration and terms of service for Directors	Remuneration Committee	SFIs section 8.2.1
8b	Remuneration and allowances of Chair and Non- Executive Directors	Council of Governors	SFIs section 8.2.4
8c	Approval of implementation of national pay directives and local variations	Director of People Workforce and Organisational Development and Director of Finance and Information	SFIs section 8.3.1
8d	Approval of non-payroll rewards to staff	Director of People Workforce and Organisational Development and Director of Finance and Information	SFIs section 8.3.4
8e	Appointment of permanent staff (subject to any vacancy control process in place) or extension of fixed term contract		
	i. to funded established post	Budget holder or nominated deputy and divisional finance manager and HR advisor	
	ii. to post not within formal establishment	Divisional Director or nominated deputy and divisional finance manager and HR advisor	
8f	~~Granting of~~Granting ~~additional~~of ~~increments~~additional ~~to~~increments ~~staff in outside staff of~~ outside of national	HR Business Partner	
8g	Banding of new posts or re-banding of existing posts	Divisional/Corporate Director with Trust review panel scrutiny	

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
8h	Authorisation and notification ~~to payroll~~to payroll of all starters, ~~leavers~~leavers, and changes of conditions for staff	Budget holder or nominated deputy	SFIs section 8.4.1 - 4
8i	Authorisation of all timesheets, overtime, unsocial, oncall, bank shifts and any other approved form to vary pay	Budget holder or nominated deputy	SFIs section 8.5.3
8j	Authorisation and notification to payroll of all absences from work including sickness, special leave, maternity leave, paternity leave, time off in lieu,	Line manager in accordance with agreed policies and processes	SFIs section 8.5.3
8k	Authorisation of medical staff leave of absence	Clinical Chair/Medical Director	SFIs ~~section 8~~section 8.5.3
8l	Approve annual leave applications and carry forwards to next year		
	i. within national or local Trust approved limits	Line Manager	SFIs ~~section 8~~section 8.5.3
	ii. outside of the limits above	Divisional/Corporate/Executive Director	SFIs ~~section 8~~section 8.5.3
8m	Approve staff departure		
	i. under compromise agreement	Director of People and the Director of Finance and Information	
	ii. under redundancy scheme	Divisional/Corporate/Executive Director and Director of Finance and Information	
8n	Early retirements in furtherance of efficiency or on ill health grounds.	Director of People and the Director of Finance and Information	
8o	Authorise benefits in kind	In accordance with Trust policies:	
	i. new or changes to authorised car users	Budget Manager or nominated deputy	
	ii. mobile phones/land lines	Divisional/Corporate/Executive Director	
8p	Authorisation of travel and subsistence claims	Line Manager	SFIs section 8.7.1
8q	Authorisation of relocation expenses	Director of Finance and Information	SFIs section 8.7.1
8r	Engaging staff to undertake work outside of the payroll (subject to contracting/procurement		
	i. for consultancy work (excluding strategic capital projects)	Below £25k gross commitment – Divisional/Corporate Director Above £25k gross commitment – Chief Operating Officer or Corporate Executive Director Over £500k gross commitment – Chief Executive	SFIs section 8.6

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. to fill a defined post using self-~~employed, limited~~employed, limited company or umbrella professional services agency	For posts on the Trust Board, Divisional ~~Board~~Board, or those with significant financial responsibility – Chief Executive Other posts over £220 per day and/or over 6 months - Director of People Workforce and Organisational Development Other posts below £220 per day and less than 6 months – HR Business Partner	SFIs section 8.6.2 - 3
	iii. using agency or locum staff		
9 and 10. PROCUREMENT OF GOODS AND SERVICES INCLUDING CAPITAL SCHEMES (financial limits exclude VAT and the whole order/contract should be considered) All capital schemes must have been approved as per section 17 before orders/tenders are made) Goods/services will only be available for ordering via EROS once matters referred to under 9a to 9d have been followed – therefore staff requisitioning via EROS need only comply with 9e and 9f			
9a	Obtaining quotes/tendering for the provision of Goods and Services		SFI section 9.54
	i. Below £105k, best value to be demonstrated	Budget holder	
	ii. Between £105k and £25k, minimum three quotes to be obtained	Budget holder	
	iii. Over £25k and upto £1m, minimum three tenders to be obtained	Divisional/Corporate Director	
	iv. Over £1m, three tenders to be obtained	Trust Board	
9b	Procurement of main contractors and enabling works for ~~estates based~~estates-	~~<MOVED FROM SECTION 18>~~	SFI section 9.54
	iv. Below £105k, best value to be demonstrated	Requisitioner	
	v. Between £105k and £25k, three quotes to be obtained	Estates Manager	
	vi. Over £25k and up to £1m, three tenders to be obtained	Director of Estates and Facilities	
	vii. Over £1m	Capital Programme Steering Group	
9c	Recommendation Reports (BWPC)		SFI section 9.54.4
	i. Between £105k and £100k	Director of Procurement, Divisional Finance Manager and Divisional Operations Director	
	ii. Between £100k and £1m	As above plus Director of Finance and Information	
	iii. Over £1m	As above plus Director of Finance and Information recommendation to Trust Board	
9d i	Single tender actions – best value to be demonstrated		SFI section 9.54.6
	i. Between £105k and £25k	Divisional/Corporate Director and the Director of Purchasing and Supply	
	ii. Between £25k and £100k	As above plus Director of Finance and Information	
	iii. Over £100k	As above plus Chief Executive	
~~9d ii~~	~~Emergency Covid-19 Single tender actions adaptation~~		~~SFI section 9.4.6~~
	~~i. Upto £100k~~	~~BWPC and Chair of the PPE/Equipment Group~~	
	~~ii. Over £100k~~	~~As above plus Director of Finance and Information~~	

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
9e	Waiving of tendering and single tender action procedures	Chief Executive, reported to Audit Committee	SFI section 10.2.2 -3
9f	Tender Evaluation Reports (Capital Construction)		SFI section 10.10.2
	i. Between £105k and £250k	Director of Estates and Facilities or nominated deputy	
	ii. Between £250k and £1m	As above plus Director of Finance and Information	
	iii. Over £1m	As above plus Director of Finance and Information recommendation to Trust Board	
9g	Variations to approved capital schemes	~~<MOVED FROM SECTION 18>~~	SFI section 10.143
	i. Up to £250k	Capital Programme Steering Group	
	ii. Between £250k and £1m~~500k,~~	Executive Committee~~Senior Leadership Team~~	
	iii. Over £1m~~500k~~	Trust Board	
9h	Signing of contracts /agreements to procure good/services on behalf of the Trust	Following procurement processes described in 10a to 10c above	SFI section 9.6.2
	i. Contracts and agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director/Director of Purchasing and Supply Over £100k, Chief Operating Officer/Director of Finance and Information	
	ii. purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer	
	iii. property leases	Director of Finance and Information	
	iv. leases – non property	Director of Finance and Information	
	v. outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance and Information	
	vi. facilities contracts	Director of Estates and Facilities or nominated deputy	
	vii. estates maintenance contracts	Director of Estates and Facilities or nominated deputy	
	viii. capital ~~estates based~~estates-based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section18	
9i	Requisitioning/ordering after procurement and contract/ agreement is in place:	Authorised requisitioner, ensuring segregation of duties from procuring and receipting	SFI section 9.5
9j	Receipting	Authorised receiptor, ensuring segregation of duties from procuring and ordering	SFI section 9.5
11 PAYMENT FOR GOODS AND SERVICES (FOLLOWING APPROPRIATE PROCUREMENT PROCESSES)			
11a	Authorisation of invoices for goods and services procured	*(~~applies~~Applies to all procurement methods, not just EROS)*	SFIs section 11.3.1
	i. Where invoice price = order/quote	Budget holder or authorised signatory for the cost centre with regard to segregation of duties between ordering and approving in line with Trust procedures	
	ii. Where invoice price exceeds order/quote upto the lesser of 10% or £5,000	Budget holder	
	iii. Where invoice price exceeds order/quote over 10% or between £5,000 and £25,000	Divisional/Corporate Services Director	

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	iv. Where invoice price exceeds order/quote over 10% or over £25,000	Director of Finance and Information	
11b	Prepayments & commitments covering future financial periods	Director of Finance and Information or nominated deputy	SFIs section 11.4
11c	Receipting of goods and services procured via EROS	Budget holder or authorised receiptor for the cost centre, with regard to segregation of duties between ordering and approving in line with Trust procedures.	SFIs section 11.3.1
11d	Maintaining the Trust's authorised signature list	Budget holder to review and advise Head of Finance – Financial Performance~~Deputy Director of Finance – Governance and People~~ to update	SFIs section 11.3.2
11e	Authorisation of expenditure reimbursement via petty cash in line with the Trust's policy.	Below £50 budget holder or nominated deputy Over £50, Divisional Manager	SFIs section 11.5
11f	Agreeing compromise arrangements with suppliers	Below £1k, Operational~~Deputy~~ Director of Finance~~ Governance and People~~ Above £1k and below £25k, Director of Finance and Information Above £25k, Finance Committee	SFIs section 11.7
12 STORES AND STOCKS			
12a	System of stock control, receipting, issues, returns and losses	Director of Finance and Information	SFIs section 12.2.5
12b	Control of stores		
	i. Pharmaceutical	Director of Pharmacy~~ in Bristol and Lead Pharmacist in Weston~~	SFIs section 12.2.3
	ii. Fuel stores	Director of Estates and Facilities	SFIs section 12.2.4
	iii. MEMO	The Head of Clinical Engineering	SFIs section 12.2.5
	iv. All other stores	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
12c	Condemning and disposal of goods (excluding fixed assets – see section x)	All losses must be reported to the Director of Finance in accordance with section 14	
	i. Pharmaceutical Items	Director of Pharmacy	SFIs section 12.2.3
	ii. X-ray films	Head of Radiology	SFIs section 12.2.4
	iii. Computer equipment	Chief Information Officer	
	iv. All other goods with a current/estimate purchase price up to £1k	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
	v. All other goods with a current/estimate purchase price between £1k and £25k	Divisional/Corporate Director or nominated deputy	
	vi. All other goods with a current/estimate purchase price over £25k	Director of Finance and Information	

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UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
13 FIXED ASSET REGISTER AND SECURITY OF ASSETS, DISPOSAL AND ACCOUNTING OF ASSETS			
13a	Maintenance of a fixed asset register	Director of Finance and Information	SFIs section 13.~~-~~2.1
13b	Authority to dispose of (sell or transfer to another organisation or scrap) a fixed asset	Director of Finance and Information	SFIs section 13.5
13c	Security of fixed assets and notification of loss or transfer to another department	Service Manager	SFIs section 13.3
16 LOSSES WRITE OFFS AND SPECIAL PAYMENTS (to be reported to the Audit Committee on a quarterly basis)			
16a	Maintenance of losses and special payments register	Director of Finance and Information	SFIs section 16 2.3
16b	Loss/damage due to theft, fraud, ~~corruption~~corruption, or criminal activity	Chief Executive or Director of Finance and Information	SFIs section 16.2.3
16c	Write off of bad debts, abandoned claims and fruitless payments	Below £10k– Operational~~Deputy~~ Director of Finance ~~- Governance and People~~ Above £10k and below £100k– Chief Executive Over £100k – Trust Board	SFIs section 16 4.1
16d	Ex-gratia payments to compensate for loss or damage to personal effects or for ~~out of pocket~~out-of-pocket expenses	Below £1k – Operational~~Deputy~~ Director of Finance~~- Governance and People~~ Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs ~~section 16~~section 16.5.2
16e	Personal Injury Claims		SFIs ~~section 16~~section
	• Up to £10,000	Director of People or Chief Executive or Director of Finance and Information – without legal advisor	
	• Over £10,000	Director of People or Chief Executive or Director of Finance and Information – in conjunction with NHS Litigation Authority	
16f	Public Liability Claims		SFIs section 16.5.4
	• Up to £3,000	Divisional/Corporate Director or Chief Executive or Director of Finance and Information – without legal advice	
	• Over £3,000	Divisional/Corporate Director and Chief Executive or Director of Finance and Information – in conjunction with NHS Litigation Authority	
16g	Compensation ~~(no~~(no limit) payments made under legal obligation	Chief Executive and Director of ~~Finance~~ and~~Finance~~ and Information	

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16h	Maladministration and distress payments where there was no financial loss by the claimant. • Remedy up to ~~£1,000;~~£1,000. • Remedy between the value of £1,001 and ~~£50,000;~~£50,000. • Remedy over the value of £50,000.	Director of Finance and Information or Operational~~Deputy~~ Director of Finance ~~– Governance and People~~ Chief Executive Trust Board	SFIs section 16.5.10
SFI REF	**DELEGATED MATTER**	**AUTHORITY DELEGATED TO**	**REFERENCE DOCUMENT**
16i	Cancellation of NHS debts • Up to £5,000 • Over £5,000	Operational Director of Finance~~Deputy Director of Finance - Governance and People~~ or Divisional Financial Manager, Director of Finance or nominated deputy	
16j	Extra-contractual payments to contractors • Up to £25,000 • Between £25,000 and £100,000 • Over £100,000	Director of Finance and Information or Operational~~Deputy~~ Director of Finance ~~– Governance and People~~ Chief Executive Trust Board	SFIs section 16.5.11
17. EXTERNAL BORROWING AND PDC			
17a	Approval of ~~short term~~short-term borrowing	Finance Committee	SFIs section 17.2.4
17b	Approval of ~~long term~~long-term borrowing	Trust Board	SFIs section 17.2.6
17c	Application for borrowing	Director of Finance and Information	SFIs sections 17.2.3 and 17.2.7
18 CAPITAL INVESTMENT AND PRIVATE FINANCING			
18a	Approval of the Trust's Capital Investment Policy annually.	Trust Board	SFIs section 18. 2.2
18b	Business case approval – high risk schemes, and schemes >£12m		Capital Investment Policy
	i. >£3m~~1% of Trust turnover £8.77m)~~	Strategic Outline Case, Outline Business Case and Full business case to be approved by Trust Board and Council of Governors	
	ii. > £ 1 m < = £ 3 m ~~Between 0.25% and 1% of Trust turnover (between £2.19m and £8.77m)~~	Business Justification Case or Strategic Outline Case, Outline Business Case and Full Business Case ~~Comprehensive business case~~ to be approved by Trust Board and Council	
	iii. <£1m ~~Less than 0.25% of Trust turnover (less than~~	Business case form to be determined via the Operating Planning Process and~~Short form business case to be~~ approved by Trust Board and Council of Governors	
18c	Business case approval – other schemes outside of high risk ~~and less than 1% of trust~~		Capital Investment Policy
	i. >£3m <=£12m~~> 0.5% of Trust turnover (between £4.84m and £8.77m)~~	Strategic Outline Case, Outline Business Case and Full business case ~~Comprehensive business case~~ to be approved by Finance Committee	

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	ii. >£1m <=£3mBetween 0.25% and 0.5% of Trust turnover (between £2.19m and £4.84m)	Business Justification Case or Strategic Outline Case, Outline Business Case and Full Business Case to be approved by Capital Programme Steering GroupComprehensive business case to be approved by Senior Leadership Team	
	iii. >50k =<£3m (Major Medical)Less than 0.25% of Trust turnover (less than £2.19m)	Business case form to be determined via the Operating Planning Process andShort form business case to be approved by Capital Programme Steering Group	
	iv) >£50k =<£1m (Operational Capital)	Business case form to be determined via the Operating Planning Process and to be approved by Capital Programme Steering Group	
18d	Approval of Trust's Medium Term Capital Programme	Trust Board	
18e	Approval of all finance and operating leases	Director of Finance and Information	SFIs Section 18.18.3.3
18f	Private Finance Initiative	Trust Board	
18g	Management of the Trust's annual capital programme	Capital Programme Steering Group	Capital Investment Policy
SFI REF	**DELEGATED MATTER**	**AUTHORITY DELEGATED TO**	**REFERENCE DOCUMENT**
18h	Feasibility fees given compliance with 18d and 18and 18g	Capital Programme Steering Group	
19 RISK MANAGEMENT AND INSURANCE			
19a	Risk management arrangements	Chief Executive	SFIs section 19
19b	Insurance Policies		
	i. Arranging and eEnsuring adequate cover	Executive CommitteeDirector of Finance and Information	SFIs section 19.3
	ii. Arranging adequate cover	Director of Finance and Information	SFIs section 19.3
	iii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 19.3
20 AUDIT			
20a	Establishment of an internal audit function	Director of Finance and Information	SFIs section 20 3.1
20b	Appointment of External Auditors	Council of Governors	SFIs section 20.5.2
20c	Implementation ofImplementation agreedof internalagreed andinternal externaland	Divisional/Corporate Directors	
20d	Reporting of incidents to the police	Chief Executive, Director of Finance and Information, Chief Internal Auditor	SFIs Section 20.3
	▪ general	Appropriate departmental manager – need to inform Divisional Director or relevant Corporate Director as soon as possible. Also inform Local Security Management Specialist	

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	▪ where a fraud is involved	Director of Finance and Information or Local Counter Fraud Specialist	Counter Fraud Policy
21 INFORMATION MANAGEMENT AND TECHNOLOGY			
21a	Security and accuracy of Trust computerised financial data	Director of Finance and Information	SFIs section 21.2.1
21b	Implementation of new and amendments to existing financial IT systems and approval of any Trust systems with an impact on financial	Director of Finance and Information	SFIs section 21.2.3
21c	Compliance with Freedom of Information Act	Director of Corporate Governance	SFIs ~~section 21~~section 21.3.1
21d	Implementation, ~~upgrades~~upgrades, or changes to general computer systems	Information Management and Technology Committee	SFIs ~~section 21~~section 21.3.2

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
22 GIFTS HOSPITALITY AND SPONSORSHIP			
22a	Maintaining a register of gifts, ~~hospitality~~hospitality, and sponsorship	Director of Corporate Governance	SFIs section 22.2.2
22b	Acceptance of gifts		SFIs section 22.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 22.3.1
	ii. Gifts over £25 but below £40 per gift or several small gifts of a value over £100 from same source over ~~12 month~~12-month	Receiving member of staff may accept with if declared and registered	SFIs section 22.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 22.3.3
22c	Acceptance of hospitality		SFIs section 22.4
	i. Modest hospitality if normal and reasonable in the circumstances	Receiving member of staff may accept but should refer to line manager or relevant Director if in doubt	SFIs section 22.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Director of Corporate Governance.	SFIs section 22.4.2
22d	Sponsorship		SFIs section 22.5
	i. Commercial sponsorship for attendance at conference or	Approval from line manager	SFIs section 22.5.1
	ii. Sponsorship of Trust events	Approval by Director of Corporate Governance, contractual agreement signed by Director of Finance and Information	SFIs section 22.5.2
22e	Acceptance of preferential rates or benefits in kind for private transactions with companies with which there have been or could be dealings with on Trust business	Not permissible by any member of staff unless a concessionary agreement negotiated by the Trust or NHS on behalf of all staff.	SFIs section 22.5.5
23 CHARITABLE FUNDS/DONATIONS			
23a	Administration of Trust's charitable funds	Bristol and Weston Hospitals Charity which is administered by the Charity Fund Committee	SFIs section 23.2. 2
23b	Acceptance of donations of goods or cash from charitable bodies relating to capital defined expenditure	Trust's Capital Programme Steering Group	SFIs section 18.2.10
24 RETENTION OF DOCUMENTS			
24a	Retention of records and documents	Relevant Divisional/Corporate Director	SFIs section 24

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UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
25 OTHER DELEGATIONS NOT SPECIFICALLY REFERENCED IN THE STANDING FINANCIAL INSTRUCTIONS			
25a	Compliance with Freedom of Information Act	Director of Corporate Governance,	Freedom of Information Policy – December 2009
25b	Grievance procedure/appeals board procedures	Director of People Workforce and Organisational Development	Disciplinary Policy Managing Performance Policy Grievance Policy
25c	Dismissal	See Matrix	Disciplinary Policy and Procedure
25d	Authorisation of new drugs or significant change of use of existing drugs	Medicines Advisory Group - see specific guidelines and terms of reference of this committee	
	▪ Request for new drugs require authorisation before purchase	Senior Pharmacy Manager	
	▪ Orders placed to suppliers over £5,000 to be signed	Director of Pharmacy ~~(Bristol)/Lead Pharmacist (Weston)~~ or Pharmacy Purchasing Manager	
	▪ Pharmacy Payment Lists to be authorised ▪ Copy invoices over £10,000 and invoices from NHS bodies to be sent with the Payments Lists to Creditor Payments	Director of Pharmacy ~~Bristol)/Lead Pharmacist (Weston)~~ or Pharmacy Purchasing Manager or Senior Pharmacy Clerical Officer	
	▪ Pricing agreements and quotations should be authorised	Director of Pharmacy ~~Bristol)/Lead Pharmacist (Weston)~~ and Pharmacy Purchasing Manager	
	▪ Authorisation of coding slips for invoices and credits requirement payment to be	Senior Clerical Officer	
25e	Patients' & Relatives' ~~Complaints :~~Complaints:		
	▪ Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Nurse	
	▪ Responsibility for ensuring complaints relating to a division are investigated	Divisional Director and Head of Nursing / Midwifery	
	▪ Legal Complaints - Co-ordination of their management	Trust Solicitor	
25f	Relationship with the media	Director of Communications who reports to the Chief Executive	
25g	Infection Control and Prevention • Corporate Policy • Divisional and Clinical Delivery	Director of Infection Control and Prevention / Chief Nurse /Clinical Chairs	Standing Orders section 2.10

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
25h	Governance and Assurance Systems Corporate Risk Register Divisional Risk Registers Quarterly review of Risk Registers Reports on the Risk Registers quarterly Maintenance of the Assurance Framework Quarterly review of Assurance Framework Exception Reports on the Assurance Framework	 Relevant Executive Directors Divisional Directors and Divisional Managers Risk Management Group Senior Leadership Team Director of Corporate Governance Senior Leadership Team Audit Committee	SFIs Section 19
25i	All proposed changes in bed allocation	Chief Operating Officer	
25j	Review of Fire Precautions	Fire Safety Manager	Fire Safety Policy and Fire Standards Procedures and Guidelines
	Review of all statutory compliance: legislation and Health and Safety requirements including control of substances hazardous to health regulations	Director of Estates and Facilities / Health and Safety Advisor	Control of Substances Hazardous to Health (COSHH) Policy
25k	Review of compliance with environmental regulations for example those relating to clean air and waste disposal	Director of Estates and Facilities	Operational Policy for Handling Disposal of Waste – August 2005
25l	Review of Trust's compliance with Data Protection Act	Chief Information Officer	Health Records Policy
25m	Review the Trust's compliance with the Access to Records Act	Chief Information Officer	Health Records Policy
25n	Allocation of sealing in accordance with standing orders	Director of Corporate Governance on behalf of the Chief Executive	
25o	The keeping of a Register of Sealing	Director of Corporate Governance on behalf of the Chief Executive	Section 8 Standing Orders
25p	Affixing the Seal	Chief Executive (~~or~~ or should the Chief Executive not be ~~available, another~~available, another Executive Director not from the contract's originating department) and Director of Finance and Information or Operational Director of Finance~~Deputy Director of~~	
25q	Clinical Audit	Medical Director	
25r	Human Rights Act Compliance	Trust Solicitor	
25s	Equality and Diversity Schemes	Director of People Workforce and Organisational Development	
25t	Child Protection	Chief Nurse	Section 2.10 Standing Orders
26 In the case of a Major Incident			
26a	Commitment of resource in the event of a major incident	Executive Director on call	

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APPENDIX 1

UNIVERSITY HOSPITALS BRISTOL and WESTON NHS FOUNDATION TRUST

STANDING FINANCIAL INSTRUCTIONS

Schedule of matters reserved to Trust Board

- Defining the overall strategic aims and objectives of the Foundation Trust.
- Approving the Membership Council's proposals for amendments to the Constitution (unless routed through the Joint meeting)
- Approving the scheme of delegation to officers and committees
- Appointing, dismissing and receiving reports of Board Committees
- Approving the draft Annual Report and accounts for submission
- Approving the Annual Plan
- Approving corporate organisational structures
- Approving proposals for the acquisition, disposal or change of use of land and/or buildings
- Approving HR policies incorporating the appointment, dismissal and remuneration of staff
- Approving the health and safety policy
- Approving revenue and capital budgets
- Approving those matters reserved to it under the scheme of delegation:
  - approval of variations to capital schemes of over £1,000,000~~£500,000~~
  - ~~o~~ all ~~high-risk~~high-risk investments and all major investments (Strategic Outline Case, Outline Business Case and Full Business Case) and greater than £12m ~~1% (£5m) of the Trust's turnover~~.
- ~~o~~ individual write-offs over £100,000 and ex-gratia payments over £50,000
- ~~o~~ approving supplies or services contracts with a value over £1m

- Approving and monitoring the Foundation Trust's policies and procedures for the management of risk and provision of assurance
- Approving proposals for the acquisition, disposal or change of use of land and/or buildings affecting the Trust's services
- All monitoring returns required by the regulators shall be reported, at least in summary, to the Trust Board
- Approving major regulatory submissions affecting the Trust as a whole

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- Approving the Standing Orders and Standing Financial Instructions of the Foundation Trust

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University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	**South West and South Wales Congenital Heart Disease Network Annual Report 2021/22**
Report Author	**Andy Tometzki, SWSW CHD Network Clinical Director** **Jessica Hughes, SWSW CHD Network Lead Nurse** **Sheena Vernon, SWSW CHD Network Lead Nurse** **Rachel Burrows, SWSWCHD Network Support Manager**
Executive Lead	**Stuart Walker, Medical Director**

1. Report Summary

The South West and South Wales Congenital Heart Disease Network Annual Report 2021/22 sets out the key achievements of the network in its sixth year of operation, the key priorities for future years, and identifies risks to the delivery of NHS England's Congenital Heart Disease (CHD) standards (2015/16).

Background:
The SWSW CHD Network was established in April 2016 initially funded and delivered by UH Bristol and Weston. The network now functions as an operational delivery network, hosted by UHBW and funded by NHS England. The network reports quarterly to the Senior Leadership Team and W&C Divisional Board within UHBW. In addition, it reports formally to NHS England and NHS Welsh Health Specialised Services Committee (WHSSC) on a quarterly basis.

2. Key points to note
(Including decisions taken)

- Significant progress made against agreed work plan despite pandemic
- Flexibility required to support COVID recovery efforts and facilitate continued care

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

The risks associated with this report include:

- None relevant for UHBW – risks detailed on page 24 are regional

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

- This report is for **Assurance.**

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

UHBW Senior Leadership Team	August 2022
SWSW CHD Network Board	July 2022

Return to Agenda

South Wales and South West Congenital Heart Disease Network

South Wales and South West Congenital Heart Disease Operational Delivery Network

Annual Report 2021/2022

GIG CYMRU NHS WALES

NHS England

Document Control

Document Control	
Document Type	Annual Report
Document Status	Final
Document Owner(s)	South Wales and South West CHD Network Board
Document Authors(s)	CHD Network Team: John Mills, *Network Manager* (until April 2022) Andy Tometzki, *Network Clinical Director* Sheena Vernon, *Network Lead Nurse* Jess Hughes, *Network Lead Nurse* Rachel Burrows, *Network Support Manager*

Document Abstract
This annual report for the South Wales and South West CHD Network outlines the background to the network, its vision and key objectives, achievements and challenges, and key updates for the period from April 2021 to March 2022. It also looks to the future, providing an overview of plans from April 202 onwards.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
24-06-22	1.0	Jess Hughes Rachel Burrows	Final	

Contents

Foreword

Once again, I am delighted to present the annual report which covers 2021-22. I do so with a mixture of emotions; primarily pride in the way in which we have developed a service over the years that I have been in office, but also sadness in that this will be my last annual report as clinical director for the network.

I'm extremely grateful for the support of our host organisation University Hospitals Bristol and Weston. Some of you will know that I approached the Trust executive team ahead of the publication of the CHD standards in 2016 to ask for their investment for a network ahead of central funding from NHS England. We set the bar high nationally and were used by NHS England as a template with regard to ongoing funding structure of CHD networks across the UK. Along the way I have been supported by a strong and committed network team, and we helped other networks start up around the country.

This report further exemplifies the networks achievements. We have certainly come a long way from the blank page we started with in 2016. Strong engagement from clinical and commissioning partners has been pivotal to our successes, as well as dealing with the challenges. Not least of which was navigating the pandemic and the challenge to restore services which is very much an ongoing project. Perhaps more importantly I have witnessed the growing involvement of the patients and parent voice along the way, their input brings into focus where we should place our priorities for the future of the network. I hope we will see more of this going forward.

I hope that you will enjoy reading through the content and be enthused to participate in further developments in the future. I will be keeping a keen interest in the network having been invited to be the Clinical Director for Paediatric Cardiac Services at Bristol Royal Hospital for Children. So it is time to sign off for now and let the new team build on the foundation I am proud to have been part of for the last 6 years.

Dr Andrew J P Tometzki

Clinical Director

South Wales and South West Congenital Heart Disease Operational Delivery Network

About Us

Background

The South Wales and South West Congenital Heart Disease Operational Delivery Network (SWSW CHD) was officially formed in April 2016, following the publication of the NHSE, CHD standards and specification (2016). This followed on from a long established informal clinical network in South Wales and the South West of England, and a formal partnership agreement with South Wales signed in 2001.

The network brings together clinicians, managers, patient and family representatives, and commissioners from across these regions to work together supporting patients with congenital and paediatric acquired heart disease and their families. It is funded by NHS England and hosted by University Hospitals Bristol and Weston NHS Foundation Trust.

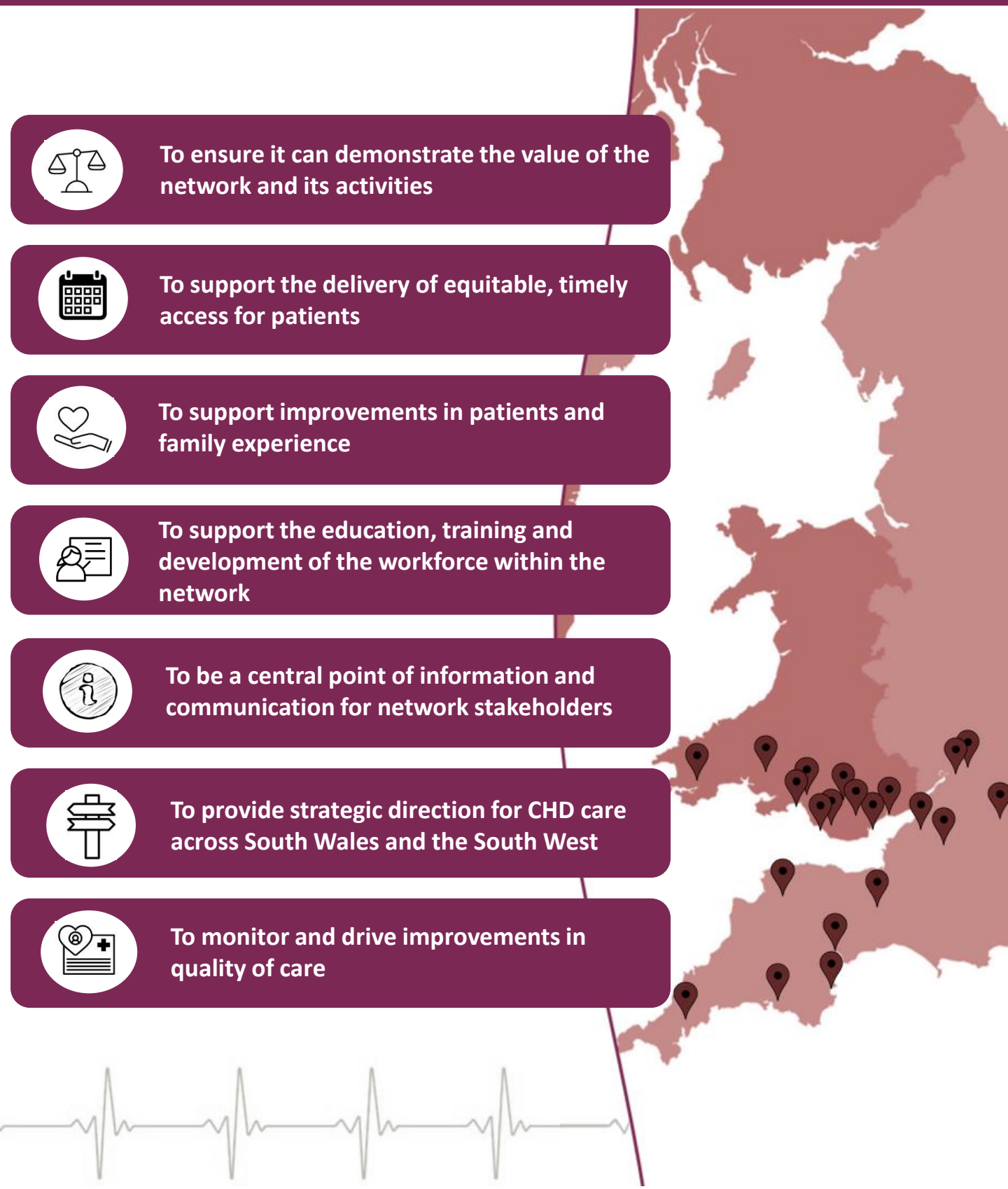
The network covers a broad geographical area of South Wales and South West of England (Aberystwyth to the Isles of Scilly), with a population of approximately 5.5 million people, 1 in every 100 people are born with congenital heart conditions. There have been more adults than children with congenital heart disease since 2002. This network is accountable to NHS England and works closely with the Welsh Health Specialised Services Committee to improve the quality and equity of care for CHD across the region.

Our Vision

#1	Patients have equitable access to services regardless of geography
#2	**Care is provided seamlessly** across the network and its various stages of transition (between locations, services and where there are co-morbidities)
#3	**High quality care** is delivered, and participating centres meet national standards of CHD care
#4	The provision of **high quality information** for patients, families, staff and commissioners is supported
#5	There is a strong and **collective voice** for network stakeholders
#6	There is a strong culture of collaboration and action to **continually improve** services
#7	To ensure it can **demonstrate the value** of the network and its activities

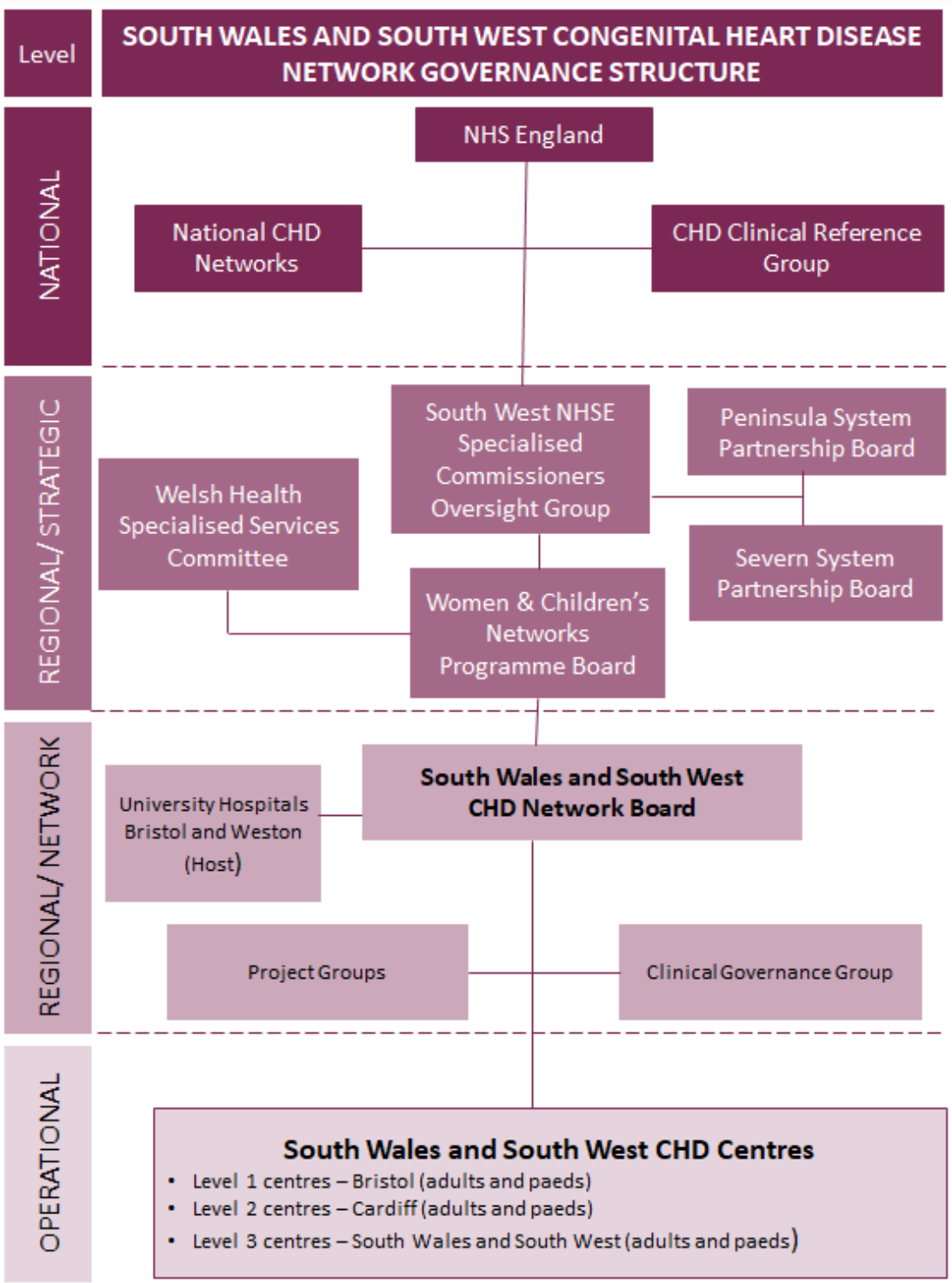
Network Objectives

- To ensure it can demonstrate the value of the network and its activities
- To support the delivery of equitable, timely access for patients
- To support improvements in patients and family experience
- To support the education, training and development of the workforce within the network
- To be a central point of information and communication for network stakeholders
- To provide strategic direction for CHD care across South Wales and the South West
- To monitor and drive improvements in quality of care



Network Governance

The oversight of the SWSW CHD ODN is through the SWSW CHD Network Board, with an established clinical governance group and ad hoc project groups feeding into the priorities and planning. The operational and governance structure is illustrated through the diagram below:



Meet the Core Network Team (2021/22)

Dirk Wilson
Network Board Chair

John Mills
Network Manager

Andy Tometzki
Clinical Director

Sheena Vernon
Lead Nurse

Jess Hughes
Lead Nurse

Ness Garratt
Lead Clinical Psychologist

Rachel Burrows
Network Support Manager

Our Network in Numbers 2021/22

CLINICAL CARE

350
Heart operations

636
Cardiac catheters

c. 15,500
Clinic attendances (level 1 and 2 only)

1,219
Psychology contacts

OUR NETWORK

18 Adult and 19 Paediatric centres

Covering level 1 (specialist surgical), level 2 (specialist medical), and level 3 (local centre) services

Consultants including:

4 Cardiac surgeons

17 Paediatric cardiologists

9 Consultants in adult congenital heart disease

31 Paediatricians with expertise in cardiology (PECs)

16 Adult cardiologists with specialist congenital interest

Nursing staff including:

17 Clinical nurse specialists

68 Link nurses in Level 1 (12), Level 2 (7) and Level 3 centres (49, 3 in paid positions)

Allied Health Professionals staff: c. 100

COMMUNICATION AND ENGAGEMENT

27
Webinars

11
Virtual Study Days

17,654
Website users

470 (↑ 80)
Twitter followers

Visit us: wwwswswchdco.uk

Follow Us: @CHDNetworkSWSW

Key achievements, developments and highlights from 2020/21

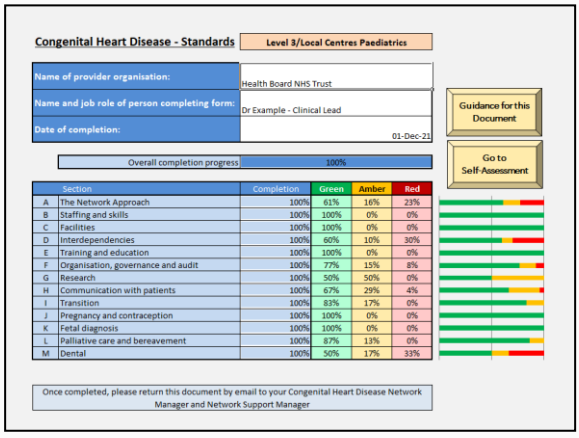
CHD national standards self-assessment process in Wales

In 2021/22, in collaboration with the Welsh Health Specialised Services Committee (WHSSC) and the North West, North Wales and Isle of Man CHD Network we supported all level 3 CHD services (12 in total, both paediatric and adult) in South Wales to complete a self-assessment against the NHS England CHD standards, and were impressed by the high level of engagement.

The first aim of the self-assessment process was to understand how centres are delivering the standards. It provided the opportunity for CHD centres to highlight areas that are working well, identify any gaps or concerns, and request any support.

In this process. a CHD national standards self-assessment strategy (Welsh CHD centres) to assess the Welsh centres against the National CHD Standards and specifications was developed by the CHD Network . As part of this, we created a standards template for centres to complete in order to identify an action plan that could be discussed at review meetings with each Health Board.

This template received positive feedback and we have received requests from other regional ODNs to use this for their speciality networks.



Congenital Heart Disease - Standards — Level 3/Local Centres Paediatrics

Name of provider organisation:	Health Board NHS Trust
Name and job role of person completing form:	Dr Example - Clinical Lead
Date of completion:	01-Dec-21

Guidance for this Document

Go to Self-Assessment

Overall completion progress: 100%

	Section	Completion	Green	Amber	Red
A	The Network Approach	100%	61%	16%	23%
B	Staffing and skills	100%	100%	0%	0%
C	Facilities	100%	100%	0%	0%
D	Interdependencies	100%	60%	10%	30%
E	Training and education	100%	100%	0%	0%
F	Organisation, governance and audit	100%	77%	15%	8%
G	Research	100%	50%	50%	0%
H	Communication with patients	100%	67%	29%	4%
I	Transition	100%	83%	17%	0%
J	Pregnancy and contraception	100%	100%	0%	0%
K	Fetal diagnosis	100%	100%	0%	0%
L	Palliative care and bereavement	100%	87%	13%	0%
M	Dental	100%	50%	17%	33%

Once completed, please return this document by email to your Congenital Heart Disease Network Manager and Network Support Manager

Action Plan - Health Board NHS Trust

Ref	Description	April 2016 timescal	R A G	Evidence/commentary	Proposed actions	Timescale
L12 (L3)	Children/young people and their families/carers must be made aware of multi-faith staff and facilities within the hospital.	Immediate	A	Not routinely shared	Ensure information added to patient leaflets	31-Jan-21
M3(L3)	All children at increased risk of endocarditis must be referred for specialist dental assessment at two years of age, and have a tailored programme for specialist follow-up.	Immediate	A	Capacity issues prevent this		
M6 (L3)	Local Children's Cardiology Centres will refer children with CHD to a hospital dental service when local dental services will not provide care.	Immediate	R	Referral pathway not in place		

The next step is for the network team to produce a recommendation report for WHSSC. This report will provide a summary of the findings of the Self-Assessment reviews to inform WHSCC and the Health Boards about the extent to which services meet the CHD standards to inform further decisions and actions.

It is hoped that based on this report WHSSC will formally adopt the NHSE Standards and Specifications on behalf of the local Health Boards.

The CHD Specification and Standards can be viewed on the NHS England website (correct at July 2021): https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e05/

Peripheral specialist CHD clinic project

In June 2021 the SWSW CHD Network compiled a draft report on behalf of NHS England including recommendations and draft Service Level Agreements with project team members. This was presented to Bristol Royal Hospital for Children (BRHC) and NHS England to discuss next steps.

Background: NHS England in collaboration with BRHC commissioned work to be undertaken by the SWSW CHD Network to review and improve the current specialist paediatric CHD peripheral clinic provision in the South West. There were a number of key aims agreed by both NHS England and BRHC. Over 152 specialist paediatric CHD clinics are delivered across the South West per annum in order to provide care for CHD patients in their local District General Hospitals (DGH's). This enables care to be delivered as close to home as possible and aligns with the CHD standards published in 2016. which recommends provision of specialist clinics locally.

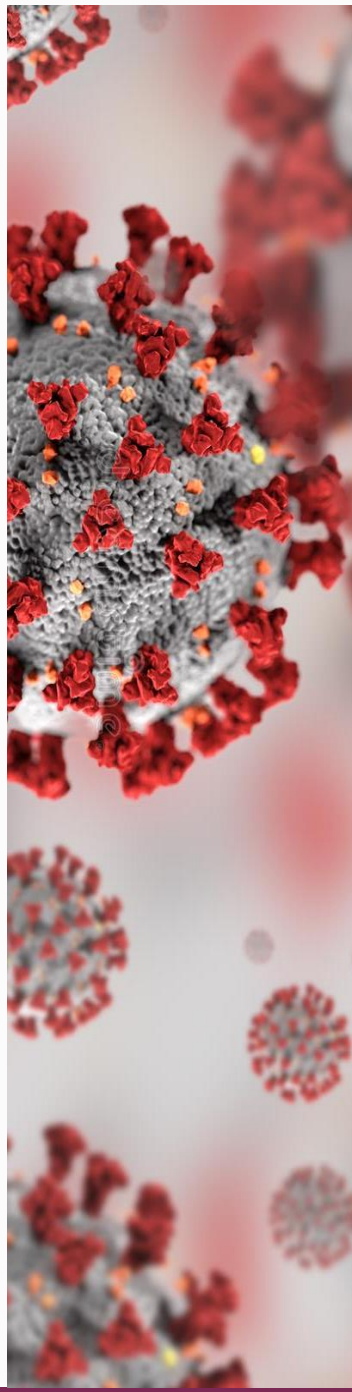
COVID-19 response, restoration and recuperation

The COVID-19 pandemic continues to impact the way our hospitals and community services function. A shared understanding of the challenges each service faces helps us to learn from each other when looking for solutions.

The National Network of CHD Networks meeting has continued to be chaired and supported administratively by the SWSW CHD Network. This has brought a shared understanding of the challenges each network faces, in particular the obstacles in systems that affect cardiac surgery. A few examples are:

- Social distancing in outpatient areas forcing lower numbers of patient that can be seen face to face
- Low nursing resource, particularly in the level 1 PICU.
- Reduced capacity in theatres where other specialities are also facing challenges with their own patient groups.

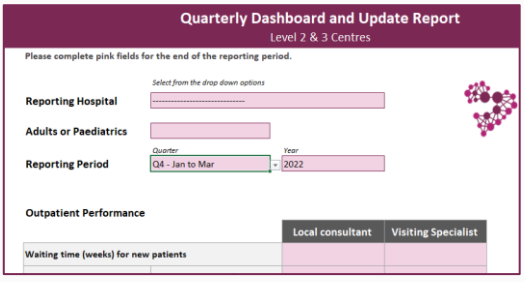
Some of the positive effects of the COVID-19 pandemic for SWSW CHD Network have been the continued improvements made in digital working. The Network has seen record numbers of participants join some virtual meetings, for example the ACHD day attracted 125 delegates from across the region and beyond, and the paediatric cardiology (PEC) study day attracted triple the number of attendees compared to before the pandemic. Feedback has shown that this is due to ease of access and convenience with no additional travel nor cost. Similarly, this change has continued to improve access to our key network meetings, including the Clinical Governance Group and Network Board.

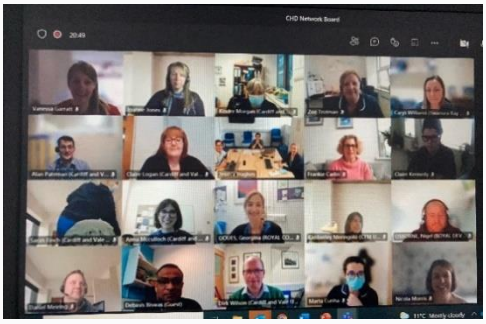


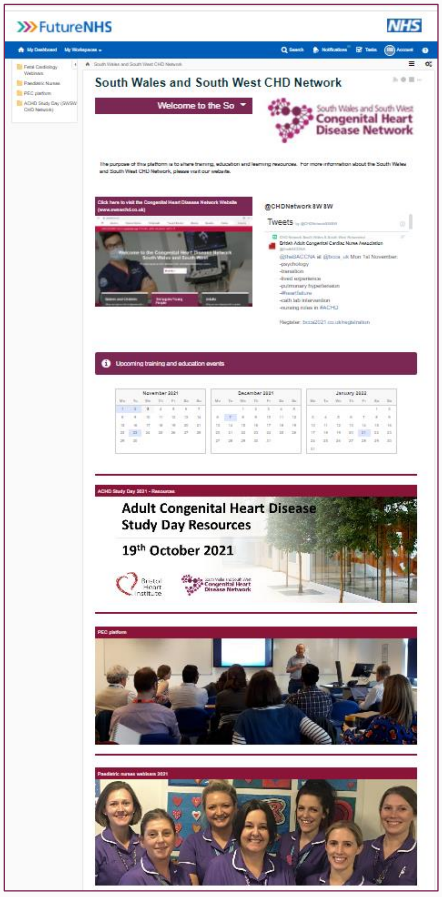
New CHD Network Board Chair

In June 2021 we were delighted to welcome Dr Dirk Wilson, consultant paediatric cardiologist in Cardiff, as our new chair of the Network Board.

"I have enjoyed my first year at the Network Board Chair, working closely with the network team and providers. This role has provided the opportunity to give valuable strategic input, for example helping to develop the network strategy and priorities for the coming years. I have also strived to make the network board meetings even more engaging and focused, by reviewing and contributing to the agenda, with a continued emphasis on the 'patient voice' through the patient representatives. Moreover, together with the network team, I support and encourage the quarterly data returns from the level 1, level 2, and level 3 centres to enable better understanding of gaps and risks across the region. The performance dashboards are available on the network website."







Digital working: Our Future NHS Platform

Over the last year we have further developed our network NHS Future Platform. Being a site for healthcare professionals within the network (who have to register to access this), the platform provides a space to share CHD related webinars, resources and information that may be helpful, primarily for training and education purposes.

The platform is home to the fetal cardiology webinar series; the paediatric nurses webinar series; the network 2021 ACHD study day webinars; the PEC platform; psychology webinars; the physiology platform (currently under development) and much more. These are accessible to all professional groups.

We have also launched chat forums seeking a safe space within professions to have open discussions across the region, and this has particularly been used by the PEC group. The platform is a work in progress and will continue to be developed. Feedback so far has been very positive and plans are already underway to expand this further in 2022/23.

Successes and challenges from around the region

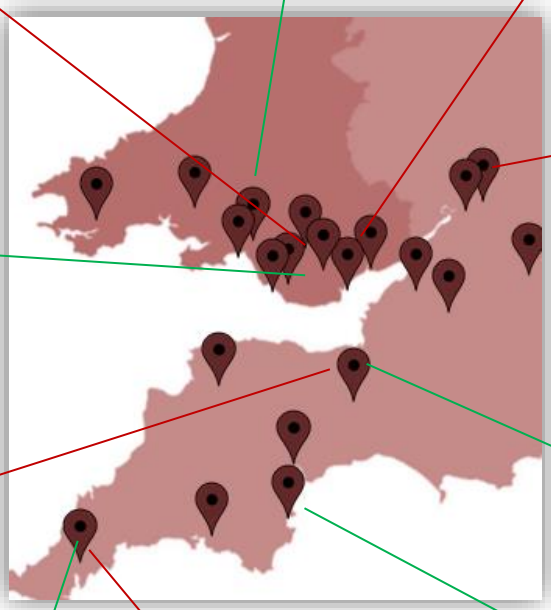
We asked our network members for their top successes (green) and challenges (red) from 2021/22. Here are a few things they highlighted to us.

Challenge:
Lack of physical space in our clinic.: Since COVID-19, various clinic rooms are out of action meaning we have fewer rooms to see patients and our ACHD nurses in particular have to be creative
Royal Glamorgan ACHD

Success:
Successful implementation of physiologist-led clinic for assessment of new-born infants with heart murmurs and consequent reduction in waiting times.
Swansea Paediatric CHD

Challenge:
Outpatient department capacity for face to face appointments – still have reduced footprint in outpatient departments across Wales. Temporary COVID-19 restrictions not lifted yet.
Cardiff Paediatric CHD

Success:
New post appointments: 6th consultant, 3rd sonographer, CNS (transition), Psychology (2nd post), support secretary.
Cardiff Paediatric CHD



Challenge:
Capacity challenges, in particular with young people clinics. Still awaiting decision on a business case for an ACHD nurse
Gloucester ACHD

Challenge:
Planned merger with Yeovil District Hospital is in process. This may have implications on our services and patients across the region
Taunton, ACHD

Success:
Recruitment made for the role of named Paediatric Cardiac Link Nurse
Taunton, Paediatric CHD

Success:
Improving Cardiac scientist capacity and supporting her development
Royal Cornwall, Paediatric CHD

Challenge:
Ongoing delays in accessing timely diagnostic investigations due to backlog caused by the

COVID-19 pandemic.

Royal Cornwall *ACHD*

Success:
Improved links and relationships with the Bristol Cardiac Nurse team and the network.
Torbay, Paediatric CHD

Spotlight on Physiology

Physiology teams play a vital role in the care of patients with Congenital Heart Disease. The CHD Network was keen that physiologists had a space in which they could collaborate and network effectively. A virtual 'Meet and greet' was set up in December 2020 and chaired by Daniel Meiring, lead physiologist from the paediatric team in Bristol. The teams have been meeting quarterly and have had fantastic engagement and enthusiasm from paediatric CHD and ACHD professionals across the South Wales and South West.

Together they have started a physiology section on the Network NHS Futures Platform and are working on improving guidelines and protocols that aid a standardised way of working with patients with CHD.

Daniel Meiring tells us more about the key developments:

- Royal Devon and Exeter and Bristol services have started a pilot in partnership providing a senior imaging physiologist to support the PEC clinics through the provision of echocardiograms.
- In partnership with Health Education England, we have set up a pilot to provide teaching to the physiologists in the Network. This continues to be well supported and two or three physiologists have used this scheme to work towards gaining their BSE congenital heart disease accreditation.
- The weekly congenital heart disease training sessions continue to be well supported by the physiologists from the region, and work is now underway to enable physiologists to lead some of this teaching.
- Work continues on the Network NHS Futures Platform and physiologists from across the region are working collaboratively to share content and ideas of how this can be shaped.
- Staffing and resources remain an issue across the region and the physiology virtual meet and greet has been used to support sharing of ideas and good practice in how to overcome obstacles. In addition, feedback from the virtual meet and greet is being used regionally to support a push to develop a funded national training program in Paediatric Cardiac Physiology.

Nursing update

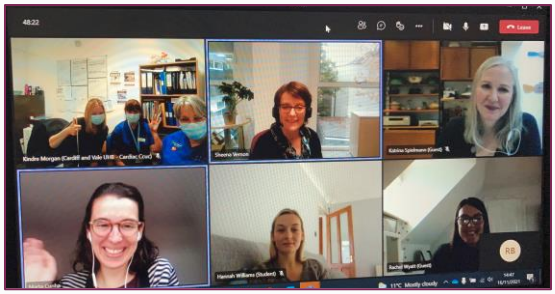
The SWSW CHD Network plays a key role in providing professional leadership, support and resource to the cardiac nurses and link nurses in our region. There were a number of exciting developments in 2021/22.

Taunton became the first District General Hospital in the Network to employ a Paediatric Cardiac Link Nurse with 7.5 hours per week available to attend clinics and provide local support to families. This role is such a valuable source of support and there is now scope to build upon this role including running transition clinics and setting up telephone or e-mail advice services for patients.

Link nurses / CHD nurses with an interest, play a vital role in the cardiac patients journey and the challenge to ensure that the value of these nurses is understood by those commissioning services remains. Some excellent progress was made in the self assessment visits with South Wales Health Boards as mentioned earlier in the report. Many of these centres recognised the gap in their services where nursing was concerned and some have already made progress in identifying a nurse with enthusiasm and passion in the area of CHD. This role is a crucial sign posting role for patients and families to offer clinical advice and support as they move along their cardiac pathway. The next challenge will be seeking funding for these nurses to be given the time they and their patients deserve in order to deliver the CHD standards.

Bi-monthly virtual meetings are held with the Level 3 link nurses. This is an opportunity for them to access clinical, educational and service development advice and support from the Network Lead Nurses. The meetings are very productive and address many day to day issues in Level 3 services. A similar but face to face meeting is held at Bristol Royal Hospital for Children to support all the nursing staff involved in the care of cardiac patients throughout the hospital. Some excellent pieces of work have come from this meeting such as the cardiac workbook for nursing staff across the SWSW CHD Network.

The Clinical Nurse Specialist teams from Cardiff and Bristol meet every six months to discuss both paediatric and adult patient pathways. The aim of this meeting is to facilitate excellent communication between level 1 and 2 to ensure the patient pathway is as seamless as possible. Education, development and SMART targets are part of these meetings. The effort and commitment all the nurse put into their roles is inspiring.



Education to equip nurses and AHPs to care for CHD patients across the CHD Network is an important part of the Lead Nurses role. A number of events have taken this year which are also mentioned on the education page in this report. The Paediatric Cardiac Nurse Specialist team put together a programme of cardiac webinars - each an hour long educational session presented live to delegates and now held on the Network's NHS Futures Platform. These were extremely well received and evaluated and will be repeated in the coming year. The 19th ACHD day was also evaluated very well and 125 delegates attended from across the Network.

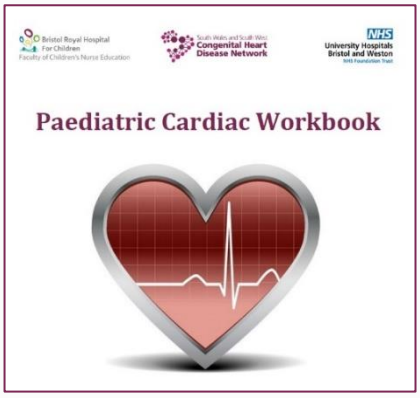
Education, Training and Audit

Education and training

A core objective of the network is to support and promote training and education opportunities for our healthcare professionals. Despite the continued challenges and recovery from the COVID-19 pandemic, the network has continued to achieve this objective. Several events have been supported and taken place with some highlights below:

- Paediatric Cardiac Nurse Specialist 2021 webinar series completed with six webinars delivered live – these were very well received and evaluated. The recorded webinars are published on the Network's NHS Future Platform
- 19th Annual ACHD study day held virtually in October with over 125 delegates from across the region and beyond. The recorded presentations are published on the Network's NHS Future Platform
- Four Paediatrician with Expertise (PEC) days were held virtually with a wide range of presentations.

- Cardiac physiologist quarterly regional virtual sessions with excellent engagement from across the region. Cardiac Physiologists presented an update on regional initiatives at the Network Board in March 2022.
- Two Level 1 and Level 2 Clinical Nurse Specialist events
- Link nurse (level 3) virtual drop in sessions held throughout 2021/22 to enable shared learning and best practice, as well as a link nurse education forum event.



- Paediatric cardiac handbook and nurse competencies development package for nursing staff launched
- 'Lesion of the month' – continued with this monthly bitesize education initiative for all CHD nurses across the network.
- Further development of the Network NHS future platform as a virtual space for staff to share useful resources and information, plus discussion forums and webinars
- Led a rapid development of national CHD e-learning for Health module to be published in May 2022

Education, Training and Audit

Education and training highlights continued

- Psychology network day held virtually including a presentation from a regional charity. With 10 attendees from across the region the event focused on supporting clinicians with developing core skills and applying a broad range of psychological models to young people and adults with a cardiac conditions. Also hosted a bite size event 'providing cardiac psychology in all of our pathways.'

- The network psychology team created a model of psychological skills training to support clinicians across the region to develop their skills and to support patients in distress. Following feedback, the network's initial bitesize training modules were developed and trialled in level 1 paediatric and adult services. With positive initial feedback, this programme will be developed for the wider network in 2022.

- Fetal cardiology study event held with 170 delegates including clinicians from international centres
- Network wide annual mortality and morbidity session with speakers from across the network – over 45 attendees and positively evaluated.

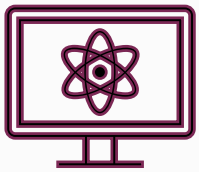
For more information on training, education days, and useful resources, please visit www.swswchd.co.uk

Quality Improvement (Audit)

The network quality improvement programme is an important part of the network's portfolio, coordinated by Dr Helen Wallis, Network Quality Improvement Lead and ACHD Consultant in South Wales. The SWSW CHD network aims to facilitate the presentation of 2 to 3 audits/quality improvement projects biannually at the network Clinical Governance Group.

This year, two network-wide quality improvement sessions were held virtually with audits presented by different staff from across the network. This provided a great opportunity to share learning and best practice.

In 2021/22, the following quality improvement/audits were presented:



- ✓ Patient experience feedback on virtual clinics (Cardiff Adults)
- ✓ Infective endocarditis audit (Bristol Paediatrics)
- ✓ Right aortic arch project (Bristol Paediatrics)
- ✓ Developing a parental arrythmia information sheet (Truro Paediatrics)
- ✓ Update on South Wales self-assessment process (both adults and paediatrics)

Feedback on our training events

Through a mixture of surveys, email and debrief conversations, the SWSW CHD network routinely collected feedback from events throughout the year to ensure they continue to meet the needs of CHD staff and services in the region. Our virtual events have been generally very well received, but the limitations of virtual settings was also noted and the lack of informal networking opportunities was a loss compared with previous years.

Meeting online helps us attend more of the network meetings and enables us to join remotely without having to drive long distances for attendance

Network Board - June 21

A really good talk pitched at a good level for people who have some but not extensive knowledge of the topic. Georgia was able to pick out the key issues clearly and succinctly
PEC day - Jan 22

Excellent presentation. Explained the common practically useful things we must face in critical situations. Helpful in saving lives
PEC day - July 21

Exploration of some building blocks of psychological intervention including subtle core skills and strategies, and the indirect work of the psychologist in the clinical health setting. Interactive, shared learning experience, and the opportunity to reflect on experiences.
Psychology day - Feb 22

As always, patient stories & lived experience are the most powerful aspect of this meeting. As clinicians we can learn so much from our patients & what we can do better
Network Board - March 22

Very worthwhile day with a good mixture of education/ discussion and networking. Allows team building across the network

Level 1 and 2 Cardiac Nurse Specialist day Nov 21

Always a pertinent & worthwhile meeting, with lots of learning points identified
Morbidity and mortality meeting - Sept 21

Research update

Research in the network

Enhancing patient care through research is a key objective of the many studies being conducted within the South Wales and the South West Congenital Heart Disease Network. It is widely accepted that a research active culture can bring a host of benefits for patients, clinicians and the NHS. Research drives innovations, enables better and more cost-effective treatments and creates opportunities for staff and patients. In 2021/22 there were a large number of publications within our region.

The CHD research community in the SWSW region continues to be very active and there is much more planned for 2022/23!

Research update from the Paediatric Cardiac Research Team

The last year has been one of highs and lows. We have moved out from the shadow of COVID-19 to reopen cardiac studies and commence new cardiac studies.

The CARDIOCEL study was one of the first commercial studies to be reopened in the Trust. It is a post marketing registry for Cardiocel products used to repair congenital defects. We were the first site to open in the UK and quickly met our target and agreed to over recruit. The study has since changed sponsor and we have been asked to reopen recruitment to cover specific groups of operations still needing to be recruited to.

OMACp (Outcome Monitoring after Cardiac Procedure) has gone from strength to strength with recruitment now standing at around 1500 patients/parents. It has also gone multicentre, with Leicester and Dublin open to recruitment.

DESTINY

A new BHF funded, multicentre, randomised control trial (DESTINY) looking at different types of cardioplegia has started recruitment. The study is comparing the standard cardioplegia (medicine used to stop and protect the heart during cardiac surgery) used in the UK to a cardioplegia used in America. It aims to see whether the American cardiolplegia helps children recover faster and with fewer complications. It is run in 4 UK centres, Birmingham, Bristol, GOSH and Leeds.

Along with these successes we have had difficult times. Some of the research nurse posts are funded through the Biomedical Research Centre which was due for renewal of its 5-year funding. Unfortunately, the cardiac component was not successful, and we will lose this funding later this year. This will inevitably reduce our numbers and subsequently our ability to deliver research. We will still have a core group of nurses however and have grant bids in progress to try and replace those posts lost. The team are focused on delivery first class research in Bristol to improve the outcomes for all our patients across the network. Watch this space!

For more details on our research strategy and research in the network please visit www.swswchd.co.uk

Communication and Engagement

Network communication

The network acts as a central point of communication and information for network stakeholders. With well-established communication channels, we have been able to support our network members and wider teams with rapid and effective communication particularly in response to COVID-19.

Highlights include:

- Led a national network of CHD networks COVID-19 response forum which has continued to run throughout the year with our admin support and our Clinical Director co-chairing this
- Developed and launched a 'demystifying the network' social media campaign in collaboration with network patient representatives and charity support groups to raise awareness of the network and signpost patients/families to website support resources. The featured posts included information about the network, the team, a patient/family story, and information on how to access support

- Arranged a professional photo shoot with the support of patients from around the region who consented to take part, for new high-quality photos to refresh the network website, social media and publications.

- Enhancing the network website – updates include:
  - ✓ New homepage rolling photo banner with refreshed professional photo shoot images of regional CHD patients and staff
  - ✓ Refreshed patient story page and accessibility functions
  - ✓ Arranged a free external audit from website supplier
  - ✓ COVID-19 information frequently updated with resources for patients, families and staff – this includes general advice, CHD specific advice and useful resources for wellbeing and mental health
  - ✓ New accordion (opening and collapsing function); and the development of a new 'events' calendar page for training and education events to be launched in May 2022.
- Redesigned our biannual CHD network newsletters - published and distributed to network members and further afield.

Communication and Engagement

Highlights continued

- Launched a new staff photographic competition as a wellbeing initiative and published photos on the network website. The winning photo (right) with the theme 'February scenes across the network' was taken by Dr Nigel Osborne, Paediatrician with Expertise in Exeter.

- Relaunched a series of patient and family support webinars, including a new webinar on mindfulness, facilitated by the psychology network team. The recorded webinars are now available on the website, and will also form part of new psychology resource QR posters to be launched in Summer 2022 to give families easier access to resources.

1. Living with a cardiac condition – Supporting your child coming into hospital
2. Living with a cardiac condition – Managing the impact of a cardiac condition for parents
3. Living with a cardiac condition – Supporting siblings
4. Living with a cardiac condition – Mindfulness

- The psychology team specifically reviewed resources in the ACHD service in 2021/2022 with adults patient representatives. Following feedback a new resource focussing on support and how to cope as an inpatient was developed.
- Patient stories presented at Network Board – piloted new format of presentation with pre-recorded voiceover: well-received by Network Board.
- Bristol Heart Institute Virtual Tour film created and premiered in October 2021 to support young people during the COVID-19 restrictions and beyond. The film makes the information widely available to all those young people and families who may be seen in peripheral clinics across South Wales and the South West network

- Lead Nurse attended patient engagement training with the Transformation Team and BNSSG CCG

- Increased engagement with patient representatives with a virtual pre-meet before the network board, as well as debriefs. Positively received by patient reps and has led to more active engagement in board meetings. The patient representatives have discussed their specific areas of interest and have supported various network projects.

Patient representatives update

The network have continued to work closely with our excellent patient and parent representatives to ensure that the patient voice is central to our activities. This team are made up of both adults with CHD and parents of children with CHD, and work closely with the network team to feedback their views on various aspects of the service in both the paediatric and adult CHD services. They are already making plan to welcome more individuals into this group and improve our engagement further in the coming year. Frankie Carlin shares more:

"I have been a Patient Rep since the inception of the role and I can honestly say, that as the years have gone by, we have been taken very seriously by the South Wales and South West CHD Network.

Both as patients or parents of patients, all of our suggestions and points of view have been listened to, acknowledged and validated. It can be quite daunting speaking to consultants, nurses and members of the board, especially via online, but we have always been made to feel welcome, supported and thanked for our input.

This year we have been working particularly on the mental health side of both the patients and the parents of patients.

I was honoured to be asked to sit on the interview panel for a new cardiac psychologist role in Cardiff and I felt this was a real step forward in the appreciation of what a patient needs - to be treated holistically. I will leave you with our guiding principle/strap line that we promote…"

'If a patient is involved, discussions should include a Patient/Parent representative'

Work with charity partners

The SWSW CHD Network collaborates frequently with local charities in the interests of CHD patients in the region to promote activities and support. We are grateful to our charity and support group partners for their support and for promoting the CHD website and resources. In 2021/22, charity partners were invited to include updates in our network newsletter and a charity and support page was further developed on the SWSW CHD network website - www.swswchd.co.uk/en/page/charities - to direct patients and families to further sources of support. The network team and partners regularly support one another on Twitter to raise awareness of CHD and the support available. It is hoped a meeting will take place in September with the local charities and the network team.

In 2021/22 the network promoted the Youth at Heart provision of youth worker support for 15-25 year olds, the Heart Heroes 'I can' project and support hubs across the SWSW region, and much more support. Several representatives of charity partners have fed into the network's 'Demystifying the network' campaign (where we posted weekly posts on the network), and have volunteered their expertise to support the network in improving its website and social media strategy, in order to engage and inform more patients across the region.

Financial Report

The SWSW CHD network is funded by NHS England and was allocated an annual budget of £194,435 in 2021/22, after overhead contributions to University Hospitals Bristol and Weston NHS Foundation Trust as the host organisation.

The end of year statement for the network is shown in the table below. The SWSW CHD network closed the financial year with an overspend of just over £6,000. The overspend was due to long term sickness cover in the team which is in part offset by a reduction in non-pay spend, owing to COVID-19 restrictions preventing travel and face to face network events.

Network funding		**2021/22**	
	Expenditure	**Budget**	**Variance**
Pay			
Total	£ 193,815	£ 174,747	£ -19,068
Non-Pay			
IT (inc. website), office	*£ 4,930*	-	
Travel	*£ 85*	-	
Training/events	*£ 1,418*	-	
Miscellaneous	*£ 191*	-	
Refunds/income	*£ 0*	-	
Total	£ 6,624	£ 19,688	£ 13,064
Total			
	£ 200,439	**£ 194,435**	**£ -6,004**

Risks and Challenges

The top risks/challenges for the CHD network are highlighted below. All our network risks are monitored through the SWSW CHD network board. Please note that from April 2022 the CHD network will no longer hold a risk register on the UHBW Datix system, following a change in approach from NHS England. Instead, it will hold a local issues log, which will be reviewed by the network board quarterly and be available on request. Risks will be held on provider or commissioner risk registers as appropriate.

Top Risks for South Wales and South West CHD Operational Delivery Network			
Risk / Challenge	**Score (1-25)**	**Owner**	**Mitigation**
Risk that CHD patients come to harm because of delays to appointments and procedures across the network caused by backlogs since COVID-19	15	Provider Trusts	Network has quarterly reporting which enables organisations to report into CHD Network Board. Every organisation has elective recovery back logs, CHD will be part of organisations recovery plans.
The CHD Standards and Specification 2016 NHSE states *'Each Specialist ACHD Surgical Centre will employ a minimum of 5 WTE ACHD specialist nurses whose role will extend across the network'* The ACHD service has 3 ACHD CNS unchanged since 2013	12	Provider Trust	Proposal for staffing increase submitted October 2018 and Spring 2022, was not successful. Work load assessed on a daily basis and clinical work prioritised. Education, audit, service development and professional development takes place when possible. ACHD CNS advised to apply for charity funding to support a CNS for 18 months.
Risk that CHD patients in South Wales are not having the same standards of care because the NHSE CHD standards are not currently adopted by services in Wales.	9	WHSSC	South Wales forms part of network and reports into the network board on performance, escalating any issues. Approval in principle by WHSCC and Health Boards to adopt the English CHD standards. Self-assessment visits now conducted with level 3 centres and summary report is being completed to inform this decision.
Risk that network centres will be unable to identify or fund link nurses, reducing quality of service to patients (Note: link nurses may be named but without funded time to deliver the role)	8	Provider Trusts	The network team has met with managers, clinicians and/or senior nurses in each hospital to explore the local options. A link nurse development programme has been put in place. Plans are under way to increase access to level 1 and 2 Clinical Nurse Specialist for those patients in greatest need of support.
Risk that adult CHD service provision will be compromised across the network due to recruitment and retention of specialist ACHD medical workforce	9	Provider Trusts	National drive to increase ACHD staffing across CHD Networks

Our Focus for 2022/23

To ensure the continued development and delivery of CHD services across the South Wales and South West, we will be focusing on the following priorities in 2022/23 (in addition to our core 'business as usual' activities, such as education and engagement):

#1 Post-COVID restoration and recuperation	Continue to monitor CHD activity across the region and work to improve equity of access. Support the restoration and recovery of CHD activity. Signpost access to resources and support for staff wellbeing.
#2 Recruitment in the core Network team	Recruitment of a permanent network manager will become a focus for the months ahead. Securing nursing time in order to make up the shortfall in lead nurse hours, reduced manager hours and succession planning for the clinical director role will also be key to a stable workforce and ensure smooth running of the Network.
#3 CHD standards in Wales & South West of England	Continue to support the adoption of NHSE national CHD Standards and Specifications across Wales by delivering a report to the Welsh Commissioning and health boards. Our focus will also be to plan for the next phases of self-assessment reviews across the South West of England to measure compliance with the CHD standards.
#4 Patient experience	Work with patient representatives to strengthen their role and embed the voice of the patient further into the network. - recruit more patient representatives focusing on a sample representative of the CHD population - plan a patient representative workshop to provide training and resource
#5 Transition between paediatric and adult services	Continue to drive forward the transition pilot project and support the level 1 taskforce to implement transition clinics in some peripheral centres with Level 1 Cardiac Nurse Specialist support. Letters to be sent out in the next phase of the project outlining the offer of the pilot. Centres to be chosen and pilot to start in the coming year

Looking to the future

Saying goodbye to… John Mills

The SWSW CHD Network will see a few changes going into 2022/23.

After more than 10 months as Network Manager for the South Wales and South West CHD Network, John accepted a promotion to a different challenge as Deputy Divisional Director at University Hospitals Bristol and Weston. John led the Network team superbly and will be greatly missed by the core team as well as the patient representatives and wider board members.

What's next?

The hard work that John put in on the WHSSC report and accompanying self assessment process will be continued by the network team who will aim to submit the report along with its recommendations to WHSSC and the Health Boards in June 2022. Our attention will also be turned to continuing our level 3 self-assessments across the South West of England in collaboration with local services and teams.

A key focus for the Network in the next year is recruitment. We are keen to ensure that our next manager brings a wealth of experience and professionalism that will enhance and continue the progress made so far by the network. A huge amount of work has taken place over the past year despite the continuing challenges of COVID-19 and we are grateful to all our network members and partners.

We were very pleased to have Jess Hughes continue her secondment and job share with Sheena Vernon in the Network Lead Nurse role. We look forward to the ongoing work they are doing with network partners. Transition and education being key areas of focus, as well as supporting nurses involved with CHD care across the region.

Our Clinical Director, Andy Tometzki, who has been with the network since its inception is coming to the end of his tenure and a new Clinical Director will need to be recruited in the coming year. This role provides clinical medical leadership across the Operational Delivery Network and is vital to the smooth running of the network. Andy will be a tough act to follow, his experience and leadership has played a major role in bringing together colleagues across the network to improve care for patients with CHD.

Whilst our working this year has remained digital, we have two upcoming events planned that will be held face to face. Our level 1 and level 2 Cardiac Nurse Specialist day will be held in Cardiff and our Network Board and Clinical Governance meetings in July 2022 will be our first hybrid events. We are so excited to meet with colleagues in person again to continue and build upon the fantastic work that has become synonymous with the South Wales and South West CHD Network.

How to get involved

There are many ways to get involved with the network:

Professionals can:	Patients and families can:
- Express interest in becoming a board member - Attend one of our training events - Take part in our virtual annual morbidity and mortality meeting in October 2022 - Come to our stakeholder day – date tbc.	- Visit our website (www.swswchd.co.uk) - Sign-up to our newsletter mailing list - Apply to become a patient or parent representative for the network - Attend one of our engagement events - Come to our stakeholder day – date tbc.

For more information, please:

Visit our website: www.swswchd.co.uk

Follow us on twitter: @CHDNetworkSWSW

Email: rachel.burrows2@uhbw.nhs.uk.

South Wales and South West Congenital Heart Disease Network

Return to Agenda

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	**Reimbursement of Governor Expenses Policy**
Report Author	**Emily Judd, Corporate Governance Manager**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

This policy is being brought to the Board of Directors for approval, as per the scheme of reservation.

2. Key points to note
(Including decisions taken)

The Reimbursement of Expenses for the Council of Governors Policy expired in July 2022. Due to changes within the Corporate Governance Team, the policy was temporarily extended to allow for the changes to take place and the correct sign off routes for Governor Expenses to be agreed.

The Reimbursement of Expenses for the Council of Governors Policy has been updated to reflect job title changes, the current policy template and to ensure the correct reimbursement of mileage according to HMRC. There are no substantial changes proposed.

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

The risks associated with this report include:
None

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

- This report is for **Approval.**

The Board of Directors is asked to approve the Reimbursement of Expenses for the Council of Governors Policy

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

N/A

Reimbursement of Expenses for the Council of Governors Policy

Document Data			
Document Type:	Policy		
Document Reference:			
Document Status:	Draft		
Document Owner:	~~Trust Secretary~~Director of Corporate Governance		
Executive Lead:	~~Deputy Chief Executive and Chief Operating Officer~~Director of Corporate Governance		
Approval Authority:	Trust Board of Directors		
Review Cycle:	36 Months		
Date Version Effective From:	~~30 July 2019~~	**Date Version Effective To:**	~~29 July 2022~~

What is in this policy?
This policy sets out the circumstances under which governors of University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) may be reimbursed for travel and other expenses as a result of carrying out pre-agreed governor duties.

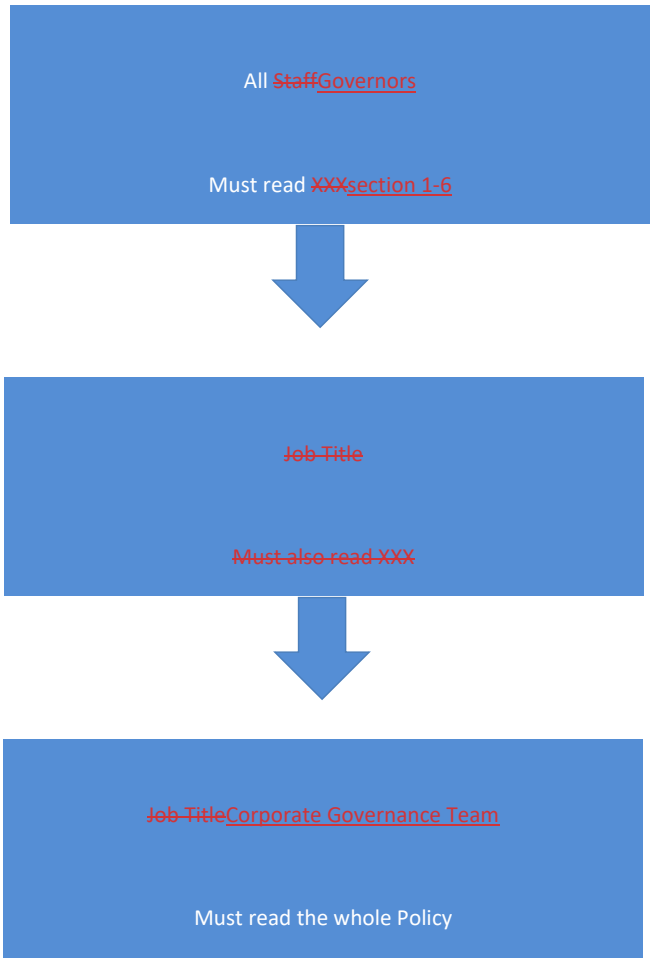
Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
Aug 2015	1.0	Trust Secretary	Major	First draft
Aug 2018	1.2~~2.0~~	Trust Secretary	Minor	Review of policy, amendment of expenses rate, input into updated template
July 2019	1.3~~3.0~~	Trust Secretary	Minor	Change to standard mileage rate in line with HMRC guidance
Sept 2022	2.0	Membership and Governance Officer	Major	Update to template, addition of sections 4, 7, 8 and 9 in line with updated template, Updates to terminology used throughout

Sign off Process and Dates	
Groups consulted	**Date agreed**
Policy Assurance Group	N/A
Board of Directors meeting in Public	Click here to enter a date.

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

Table of Contents

Do I need to read this Policy?



1. Introduction

~~As a~~A Foundation Trust~~, University Hospitals Bristol~~ is accountable to the public, patients and staff members through the elected and appointed governors on the Council of Governors. The roles and responsibilities of a governor require the governors to communicate with their constituencies and attend meetings (as agreed through the ~~Membership Office~~Corporate Governance team). This ensures that the public, patient and staff members are engaged in planning, delivering and improving NHS services.

2. Purpose

The post of governor of a Foundation Trust is voluntary, and it is a fundamental principle that no governor shall receive any form of salary or remuneration for being a governor, however reasonable expenses should be covered to ensure governors are not out of pocket.

The Trust's Constitution makes the provision for reimbursement of expenses to members of the Council of Governors[1].

In line with principles of transparency for good governance, the Trust, along with other NHS Foundation Trusts, is required to publish expenses paid to governors in its Annual Report.

3. Scope

This document applies to all governors including staff and appointed governors. ~~This document applies to all governors. The Trust will reimburse governors for reasonable travel and other expenses incurred through participation in pre-agreed governor activities.~~

4. Definitions

4.1 Governor

The council of governors, collectively, is the body that binds a trust to its patients, service users, staff and stakeholders. It consists of elected members and appointed individuals who represent members and other stakeholder organisations (Monitor, 2013).

5. Duties, Roles and Responsibilities

5.1 Governors

(a) It is the responsibility of each individual governor to ensure value for money when incurring expenses, taking into account both cost and convenience. If there is any doubt, then governors must seek prior approval from the ~~Trust Secretary~~Director of Corporate Governance before committing expenditure. Governors should agree with the ~~Trust Secretary~~Director of Corporate Governance the general nature and

[1] ~~The Trust Constitution is available at the following link: http://www.uhbristol.nhs.uk/about-us/key-publications/~~

level of expenditure to be incurred prior to the expenses being incurred. Failure to do so may result in reimbursement being withheld.

(b) It is the responsibility of governors to ensure that correct claims are made.

(c) If a governor is receiving State Benefits, it is their responsibility to check with their local government agency whether the receipt of any expenses might affect their entitlements.

(d) Governors should make their claim for reimbursement of expenses promptly; ideally within four weeks of incurring~~, and this should be done within~~ but no later than three months of the expense being incurred.

(e) All governors should complete a BACs form so that reimbursements can be paid electronically directly into a governor's bank account.

5.2 ~~Membership Office~~Corporate Governance Team

(a) It is the responsibility of the ~~Membership Office~~Corporate Governance Team to circulate the policy to all governors, including the claim form and BACS form on a regular basis but at least once a year~~, and to~~

(b) The Corporate Governance Team will process expense claims promptly.

5.3 Corporate Governance Manager

(a) The Corporate Governance Manager will approve all Governor expenses, escalating any non-standard requests to the Director of Corporate Governance where required.

~~5.3~~5.4 ~~Trust Secretary~~ Director of Corporate Governance

(a) It is the responsibility of the ~~Trust Secretary~~Director of Corporate Governance to ~~approve travelling and subsistence expenses incurred by a governor while attending any external meetings, seminars and events on behalf of the Trust in his/her capacity as a governor.~~ ~~C~~consider a~~A~~ny expenses relating to ~~caring should be discussed and agreed with the Trust Secretary~~ non-standard requests before any commitments are made.

6. Policy Statement and Provisions

6.1 Reimbursement of expenses

Expenses will be reimbursed for the following activities:

(a) Travelling expenses incurred by a governor while attending meetings, seminars and events organised by the Trust;

(b) Travelling and subsistence expenses incurred by a governor while attending external meetings, seminars and events at the request of or on behalf of the Trust in his/her capacity as a Governor.~~ Expenses of this type must be approved in advance by the Trust Secretary and, if necessary, can be arranged by the~~

~~Membership Office through current Trust travel booking/accommodation mechanisms~~.

Any expenses other than vehicle mileage must be supported by valid receipts. Failure to produce such receipts may result in reimbursement being ~~withheld~~ refused. Any expenses outside of the above must be agreed with the ~~Trust Secretary~~Director of Corporate Governance.

In line with Bristol City Council and the Trust's commitment to encouraging greener travel, the general expectation is that governors will use public transport to carry out their duties e.g. standard class rail return, bus and coach. However, if it is necessary to use a vehicle, mileage may be claimed as set out in Appendix E. Please note that where vehicle use applies, the Trust will pay mileage and reasonable parking costs only.

In extreme circumstances (for example, due to physical disability/medical reasons/late evening meetings in circumstances when personal safety may be compromised), reimbursement may be considered for reasonable taxi fares and agreed in advance by the Trust. Where this is the case, the claimant may be required to provide documentary evidence to support such a request, for example a doctor's letter to confirm they are unable to use public transport or walk the required distance.

If a governor meeting or event takes place over a lunchtime appropriate provision of food and drink will be made.

Subsistence allowance, where the governor is away from their home for longer than five hours for the purpose of attending a designated meeting and where no refreshment is provided at the Trust's expense, or provided at the venue, will be paid up to a maximum of £5 per person per meeting.

~~The Trust will also reimburse governors for any reasonable carer costs incurred during the course of carrying out their role.~~ Any cost relating to caring should be discussed and agreed with the ~~Trust Secretary~~Director of Corporate Governance before any commitments are made.

The Trust ~~will aim to provide the governors with hard copies of meeting papers where required, however, on occasions where this does not happen, the Trust will~~ will reimburse governors for "out of pocket expenses" for personal office equipment disposables and stationery up to a maximum of £50.00 per year.

The Trust will not reimburse governors for use of utilities in their home when meetings are held virtually.

6.2 Reimbursement process

Any persons claiming for travel costs must do so using the appropriate expenses claim form (see Appendix F). All governors are encouraged to submit the form electronically to the ~~Membership Office~~Corporate Governance Team. Receipts must be provided for any travel, carer and other expenses (with the exception of vehicle mileage).

If vehicle mileage is being claimed, the return mileage will be calculated for the actual journey undertaken but will not exceed that from the post code of the governors home address to the

venue. This ensures that the Trust does not pay inappropriate mileage, for example in the event that a claimant travels from outside of the local area to a Trust event as a result of commitments unrelated to the Trust.

Reimbursed expenses should be for the exact amount claimed; not for a rounded-up or average amount.

Reimbursement will normally be paid electronically directly into a governor's bank account. This is the quickest and most secure form of payment. All governors should complete a BACs form, see Appendix G, and submit the completed form to the ~~Membership Office~~Corporate Governance Team. If any governor seeks an alternative payment method then they should speak to the ~~Membership Office~~Corporate Governance Team.

If any reimbursements are not approved by the Corporate Governance Team, the governor will be advised in writing the reasons for this. The governor is able to resubmit an amended version of the expenses form, should it be reasonable to do so and in agreement with the Corporate Governance Team or Director of Corporate Governance. Where there is any disagreement, the Chair of the Trust will make the final decision.

7. Standards and Key Performance Indicators

7.1 Applicable Standards

All reimbursements are to be made to governors in line with the Trust Constitution, HMRC mileage rates and NHS England/Improvement policies on expenses.

7.2 Measurement and Key Performance Indicators

All reimbursements should be received no more than three months after the governor incurred them. All reimbursements will be paid to the governor within one month of the Membership Team receiving the form. Copies of all reimbursements should be held on the Foundation Trust Drive for a reasonable period of time to allow for any issues to be raised by governors to be effectively investigated.

8. References

Your statutory duties

HMRC Mileage Rates for reimbursement

9. Associated Internal Documentation

UHBW Constitution

10. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

Objective	Evidence	Method	Frequency	Responsible	Committee
Reimbursements made by Governors are received within three months of governor incurring them~~All governors receive a copy of this policy, claims form and BACS form~~	Copy of expenses form dated and saved on the Foundation Trust Membership drive~~Email or hard copy of policy to all governors~~	Hard copy received in post, electronic signed copy held on file	As received~~On induction, and after any approved changes to the policy~~	~~Membership Office~~Corporate Governance Team	Council of Governors
Expenses forms are processed by the ~~Membership Office~~Corporate Governance Team in accordance with the policy	Copy of expenses form dated and saved on the Foundation Trust Membership drive~~Expenses recorded on governor database~~	Hard copy received in post, electronic signed copy held on file~~Expense claims checked and signed off by Membership Manager before being sent on to Finance Department~~	As received	~~Membership Office~~Corporate Governance Team	Council of Governors
~~Finance Department reimburses expenses~~	~~Claims recorded on monthly membership budget~~		~~As received~~	~~Finance Department~~	~~Council of Governors~~

11. Appendix B – 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:	~~Trust Secretary~~Director of Corporate Governance
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	A
If answer above is B: Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	Council of Governors
Method of dissemination:	By email, and hard copy where required
Is Training required:	No
The Training Lead is:	[DITP - Training Lead Job Title]

Additional Comments
[DITP - Additional Comments]

12. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:
http://nww.avon.nhs.uk/dms/download.aspx?did=17833

Query	Response
What is the main purpose of the document?	This policy sets out the circumstances under which governors of University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) may be reimbursed for travel and other expenses as a result of carrying out pre-agreed governor duties.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	Add ☑ or ☒ Staff Patients Visitors Carers Others ☑ Governors

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 in relation to your response.
Age (including younger and older people)		X	All governors are paid based on the request submitted
Disability (including physical and sensory impairments, learning disabilities, mental health)		X	All governors are paid based on the request submitted

Gender reassignment		X	All governors are paid based on the request submitted
Pregnancy and maternity		X	All governors are paid based on the request submitted
Race (includes ethnicity as well as gypsy travelers)		X	All governors are paid based on the request submitted
Religion and belief (includes non-belief)		X	All governors are paid based on the request submitted
Sex (male and female)		X	All governors are paid based on the request submitted
Sexual Orientation (lesbian, gay, bisexual, other)		X	All governors are paid based on the request submitted
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		X	All governors are paid based on the request submitted
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		X	All governors are paid based on the request submitted

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		All governors are paid based on the request submitted
Will it help to get rid of discrimination?	X		All governors are paid based on the request submitted
Will it help to get rid of harassment?	X		All governors are paid based on the request submitted
Will it promote good relations between people from all groups?	X		All governors are paid based on the request submitted
Will it promote and protect human rights?	X		All governors are paid based on the request submitted

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

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.

Is a full equality impact assessment required? YES / NO

Date assessment completed: ~~15 July 2019~~13 September 2022

Person completing the assessment: ~~Kate Hanlon, Membership Manager~~Rachel Hartles, Membership and Governance Officer

13. Appendix D – Evidence of Learning from Incidents

The following table sets out any incidents/ cases which informed either the creation of this document or from which changes to the existing version have been made.

Incidents	Summary of Learning
N/A	N/A

14. Appendix E -– Governor Mileage Allowances

These mileage allowances are consistent with the HMRC maximum tax exempt level.

Type of vehicle/allowance	Mileage allowance
Car (all types of fuel) up to 10,000 miles	45p per mile
Motor cycle	24p per mile
Pedal cycle	20p per mile
Passenger allowance	5p per mile (tax-free)

15. Appendix F – Governor Expenses

Please note: Receipts must be provided for public transport fares (bus, coach, train, taxi, etc.) and should be attached to this form. If you are unable to obtain a car parking receipt, please note details i.e. where you parked.

Name: _____ **Mileage allowance (see back for allowance)**: _____

Date	Description *(what was the title of the meeting etc. you attended? Or include other items i.e. stationery)*	Location *(where was meeting held)*	Travel details *(how did you travel i.e. car, bus, cycle, taxi etc. Include other i.e. car parking)*	Number of car miles *(if applicable)*	Costs £	p
				TOTAL		

PTO

Type of vehicle/allowance	Annual mileage up to 10,000 miles (standard rate)	All eligible miles travelled
Car (all types of fuel)	45 pence per mile	
Motor cycle		24 pence per mile
Pedal cycle		20 pence per mile
Passenger allowance		5 pence per mile

I declare that:

a) The travelling expenses and allowances are in accordance with the appropriate regulations and are in connection with official visits to places indicated on the date(s) shown.
b) The details shown match the vehicle used in respect of this claim.
c) Where a claim for mileage is made:
   - A valid third party insurance policy (including cover against risk of injury to, or death of passengers and damage to property in respect of the vehicle) was held for the period of the claim.
   - This policy will continue to be maintained while the vehicle is used by me on official duties and will cover the use of the vehicle in official business.
d) No other claim has been made or will be made by me on any public body for expenses or allowances in connection with the business stated.

Signature of claimant: _____ Date: _____

Address of claimant including post code:

_____

_____

Authorised by Membership Manager: _____ Cost centre: 150227 Acct code: 30216

This form to be emailed, posted or handed to the ~~Membership Office~~Corporate Governance Team for reimbursement

16. Appendix G – BACS Form

Expenses for Governors

BACS FORM

Finance Department
Creditor Payments
Trust Headquarters
Marlborough Street
PO Box 1053
Bristol BS99 1YF
Email: Ann.Clark@uhbristolw.nhs.uk

Field Code Changed

Full Name :	
Payee Name if Different to Above :	
Postal Address :	
Tel number :	
Email address :	

Bank Name :	
Bank Branch :	
Bank Address :	
Bank Sort Code	
Bank Account Number :	
Building Society Number :	

Return to Agenda

Meeting of the Board of Directors in Public on Tuesday 11th October 2022

Report Title	**Governors' Log of Communications Report**
Report Author	**Emily Judd, Corporate Governance Manager**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.
2. Key points to note
Since the previous Board of Directors meeting on 9 August 2022, two questions have been added to the Governors' Log which relates to Boots Pharmacy and safe staffing levels. One has also been responded to on patient data and is waiting for the Governor to confirm closure.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
N/A
4. Advice and Recommendations
• This report is for **Information.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

ID **Governor Name**

271 **Paul Hopkins** ***Theme:*** Safe Staffing ***Source:*** Governor Direct

Query **01/09/2022**

Currently the trust appears to have a number of unfilled shifts each day, whilst also providing a number of extra capacity beds. With this in mind, how are safe levels of patient care being measured? Can the Governor's be reassured that the trust is able to provide safe patient care?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 29/09/2022

Response

Status: *Assigned to Executive Lead*

270 **Ben Argo** ***Theme:*** Pharmacy SLAs ***Source:*** Governor Direct

Query **01/09/2022**

How are the NEDs assured the contract with Boots Pharmacy is upheld to the agreed service level agreements (SLAs) and key performance indicators (KPIs)?

Division: Diagnostics & Therapies ***Executive Lead:*** *Medical Director* ***Response requested:*** 29/09/2022

Response

Status: *Assigned to Executive Lead*

ID	Governor Name		
269	Charles Bolton	***Theme:*** Patient Records	***Source:*** Governor Direct

Query **03/08/2022**

How confident is the Trust about the quality of data it holds about patient contact details? Are there measures it could be taking which could improve this, and maybe help reduce the number of no-shows?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 01/09/2022

Response **02/09/2022**

The Trust Data Quality Improvement Group was established in the Spring of 2022 to review our approach to data quality and develop a future strategy for improvement. The group receives reports monthly on the validity and completeness of the information captured for outpatients and inpatients and it is encouraging to see that patient post codes were at 99.9% and 100% respectively in the latest reports. This was from the Commissioning Data Set Data Quality Dashboard. However, the accuracy of the information heavily relies on the users of clinical systems regularly syncing patient records with the national spine. The Spine supports IT infrastructure for thousands of health and care organisations nationally, and is used by the Trust to pull patient information including addresses before patients are seen by the Trust, but also push information if it changes whilst the patient is on the caseload.

The UHBW Clinical Systems Support Office undertake monthly Data Quality reports for Weston and Bristol, where records are synched with the Spine so the patient record is updated.

In Weston if any changes are made to the patient demographics by Weston staff in Careflow EPR the information is returned to the spine and the spine record updated accordingly. In Bristol a similar approach is used where batch tracing and verification takes place to update patient records. If any results are not verified, or there are any unresolved conflicts in information held, then these are escalated to the relevant department to resolve.

These are the main safety nets in place to ensure correspondence is targeted to the right people. We are also rolling out the DrDoctor Patient Engagement Platform which is a key part of our strategy to reduce DNA appointments by putting patients in charge of their care, including any changes in how they wish to be contacted.

Status: *Awaiting Governor Response*