

Board of Directors (in Public)

**Meeting of the Board of Directors to be held in Public on
Wednesday 31st March 2021 at 11.00 – 13.30 Video Conference
AGENDA**

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence – <i>Verbal update</i>	Information	Chair	11.00
2.	Declarations of Interest – <i>Verbal update</i>	Information	Chair	11.02
3.	Patient Story	Information	Interim Chief Nurse	11.05
4.	Minutes of the Last Meeting • 28 January 2021	Approval	Chair	11.25
5.	Matters Arising and Action Log	Approval	Chair	11.27
6.	Chief Executive's Report	Information	Chief Executive	11.30
Strategic				
7.	Healthier Together Sustainability and Transformation Partnership Update	Assurance	Chief Executive	11.40
8.	Integration Update	Assurance	Director of Finance and Information	11.45
Quality and Performance				
9.	Integrated Quality & Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	11.55
10.	Committee Chair Reports • Quality and Outcomes Committee • Finance & Digital Committee	Assurance	Chairs of the Committees	12.15 To follow

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
	<ul style="list-style-type: none"> People Committee 			
12.20 - BREAK				
11.	Transforming Care Quarter 3 report	Assurance	Medical Director	12.30
12.	Quality and Patient Experience Quarter 3 Report	Assurance	Interim Chief Nurse	12.35
13.	Patient Complaints Reports – Quarter 3 Report	Assurance	Interim Chief Nurse	12.40
14.	Six-monthly Nurse Staffing Report	Information	Interim Chief Nurse	12.45
15.	Flu Vaccination Programme Uptake	Assurance	Director of People	12.50
Finance				
16.	Finance Report	Assurance	Director of Finance and Information	13.00
Governance				
17.	Governors' Log of Communications	Information	Director of Corporate Governance	13.15
Concluding Business				
18.	Any other urgent business	Information	Chair	13.20
19.	Date of next meeting: 27 May 2021	Information	Chair	

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Meeting of the Board of Directors in Public on Wednesday 31st March 2021

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

<p>1. Report Summary</p> <p>Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.</p> <p>The purpose of presenting a patient story to Board members is:</p> <ul style="list-style-type: none"> • To set a patient-focussed context for the meeting. • For Board members to understand the impact of the lived experience for this patient and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.
<p>2. Key points to note <i>(Including decisions taken)</i></p> <p>In this story we will hear from Beci and Caden about their experiences of care at the Bristol Royal Hospital for Children and, what it means to them to be taking part in a research trial at the trust that aims to improve the treatment of a condition called Osteogenesis Imperfecta.</p> <p>Shortly after he was born Caden, who is 9 years old, was diagnosed with a condition called Osteogenesis Imperfecta, also known as Brittle Bone disease. Osteogenesis Imperfecta is a genetic condition which occurs as the result of a defect in the Collagen 1 gene leading to either a reduced amount of collagen or the production of a poor type of collagen. Collagen is the major structural protein in the human body, a lack of good quality collagen increases a person's susceptibility to bone fractures and a range of other symptoms which may include muscle weakness and fatigue.</p> <p>In March 2018, following extensive discussions with the consultants involved in his overall care, Caden (who was then 6 years old) and his parents gave their consent to join a research trial at UHBW – a trial which aims to evaluate the use of a new drug in the treatment of Osteogenesis Imperfecta.</p> <p>In sharing their story Beci and Caden will reflect on how they are made to feel special by the team caring for them. How, over the years, the relationship between the UHBW team and the family has developed and what this has meant to them; and, how the team ensure that Caden has always been and remains centre stage in the conversations and shared decision making about his care. The story will explore what lessons they can share with the team and what really matters most to the family as</p>

they embark on an extended trial.

By way of further context, the research trial involves Caden receiving a single injection every 6 months. The anticipation is that this will adequately treat the condition by means of improving the lumbar spine bone mineral density. The trial is taking place globally and involves approximately 150 children ranging in age from 2 to 17 years old. Each injection is given at a study visit in conjunction with seeing the consultant for a full assessment of how well the trial drug is working as well as being tolerated by Caden. This includes meetings with physiotherapists, occupational therapists, blood tests, X-rays and bone density scans for the ongoing management of the condition.

Prior to the research trial the treatment of the condition would often mean long days in hospital for patients like Caden whilst they received a drip through a cannula into their arm over several hours. This could be a very uncomfortable experience with the cannula needing to be re-sited several times during the day. Combined with attendance at outpatient consultant appointments, accessing the other therapy input required and coming to hospital with complications of the condition meant that children often end up needing a great deal of time off from school.

3. Risks

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

The risks associated with this report include:

N/A

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

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

5. History of the paper

Please include details of where paper has previously been received.

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

Minutes of the Board of Directors Meeting held in Public

Thursday 28 January 2021, 11:00-13:30, by videoconference

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

Present

Board Members

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

In Attendance

Name	Job Title/Position
Eric Sanders	Director of Corporate Governance
Mark Pender	Head of Corporate Governance
Sarah Murch	Membership Manager (minutes)
Sarah Windfeld	Head of Midwifery

The Chair opened the Meeting at 11:00

01/01/21	Welcome and Introductions/Apologies for Absence	
	The Chair, Jeff Farrar, welcomed attendees to the meeting, extending a particular welcome to Deirdre Fowler, who had taken up the role of Interim Chief Nurse at the Trust this month. Apologies had been received from Steve West, Non-Executive Director.	
02/01/21	Declarations of Interest	

	<p>Members of the Board noted the following interests:</p> <ul style="list-style-type: none"> • William Oldfield, Medical Director, confirmed that he was a trustee of Above and Beyond, in relation to Minute Ref: 21/01/21. • Kam Govind, Non-Executive Director (Associate) was an employee of Bristol City Council. 	
03/01/21	Minutes of the previous meeting	
	<p>The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust held in public on 27 November 2020.</p> <p>Members of the Board resolved to approve as a true and accurate record the above minutes.</p>	
04/01/21	Matters arising and action log	
	<p>Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows:</p> <p>03/11/20 What Matters To Me – A Patient Story <i>Ensure that staff are appropriately recognised for their contribution to Laura's care.</i> This action had been completed since the last meeting. <u>Action closed.</u></p> <p>03/11/20 What Matters To Me – A Patient Story <i>Consideration be given as to how to take forward the suggestions for improvements for information to give to patients and their families at St Michael's Hospital.</i> This action had been completed since the last meeting.. <u>Action closed.</u></p> <p>07/11/20 Covid-19 Update <i>Consider ways in which the efforts of staff could be adequately recognised.</i> The Board noted the difficulty in adequately recognising the enormous efforts of staff during the pandemic and that this was still actively under consideration. <u>Action ongoing.</u></p> <p>11/11/20 Finance Report <i>Terms of reference for internal audit into Trust cybersecurity arrangements to be shared with the Board.</i> The Director of Finance and Information confirmed that this had now been done. <u>Action closed.</u></p> <p>17/09/20 Safe Working Hours Guardian Report <i>Implementation programme for the roll-out of e-rostering to be provided to the Board including timeframe.</i> The Board heard that there had been good progress against the roll-out plan but there were still some issues to resolve. <u>Action ongoing.</u></p> <p>11/07/20 Strategic Capital Update <i>Chief Executive to review the strategic capital connection to the wider STP.</i> The Board agreed that this action could be closed and responsibility for monitoring future development of the capital planning framework should be delegated to the Finance and Digital Committee.</p>	

	<p><u>Action closed.</u></p> <p>17/07/20 Emergency Preparedness Annual Report <i>Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.</i> Eric Sanders, Director of Corporate Governance, reported that there was a proposal that would be brought back to the next meeting. <u>Action ongoing.</u></p> <p>84/09/2019 Chief Executive's Report <i>Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle. This was still in progress and would come back to a future meeting. <u>Action ongoing.</u></i></p> <p>23/09/20: Education Annual Report <i>Appreciation to be communicated to Sarah Green, Director of Education, for Education Annual Report. Matt Joint, Director of People reported that this particular action had been completed but that he was still giving thought as to how the report should be disseminated to a wider audience. <u>Action closed.</u></i></p> <p>It was noted that a number of actions described as completed still appeared to be work in progress and it was agreed to check this.</p> <p>Action – Ensure that actions were fully completed before they were closed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the action log. 	Director of Corporate Governance
05/01/21	Chief Executive's Report	
	<p>Chief Executive Robert Woolley gave a verbal update on the following key issues:</p> <ul style="list-style-type: none"> • In response to national nurse shortages, the Trust's Senior Leadership Team had agreed to support an international nurse recruitment drive, with an aim to recruit 100 nurses from abroad over the course of the financial year. A financial contribution had been received from Health Education England in support of this. • The Senior Leadership Team had supported a pre-consultation business case around the reconfiguration of stroke services in BNSSG (Bristol, North Somerset and South Gloucestershire). This would mean substantial changes to the way the service was provided, particularly at Bristol Royal Infirmary. There was further work to do around affordability and a proposal would be received by the Board next month for support. • In relation to the Covid-19 coronavirus pandemic, the country was still in a Level 5 national emergency and UHBW was still seeing very high numbers of Covid inpatients in its hospitals though there had been a slight decline over the past week. Any members of the public watching the meeting at home were encouraged to do their bit by 	

	<p>staying at home where possible and keeping safe.</p> <ul style="list-style-type: none"> • The Trust was supported in its efforts to deal with the pandemic by other health and care organisations in the region including significant additional investment in community beds and the use of the independent sector for elective procedures. • At Weston General Hospital, the Trust had started an initiative to reduce Emergency Department numbers by redirecting attenders into services that were more appropriate for their level of need such as urgent treatment centres or GPs. • The Trust was making good progress with its vaccination programme of health and care staff: there was a hub at its Bristol and Weston campuses supporting the vaccination of frontline and at-risk staff from UHBW and other healthcare organisations. • The Trust had managed the greatly increased pressure at Weston General Hospital during this wave of the pandemic without a recurrence of the risks in May which had led to the closure of the hospital for a period. This was testament to the work of the staff and the learning that the Trust had taken from the Lessons Learned report into the outbreak which had been published by the Outbreak Control Team in December. <p>Jeff Farrar, Trust Chair, voiced appreciation for all the Trust's staff on behalf of the Board for their phenomenal efforts to deal with the pandemic. He informed the Board that staff in the Emergency Department had recently seen an increase in violence and aggression from some patients which was very concerning.</p> <p>Board members congratulated the team on the outstanding progress of the staff vaccination programme. In response to a request for more information about the extra corporeal membrane oxygenation (ECMO) plans, William Oldfield, Medical Director, explained that there were a limited number of ECMO centres in the country which meant that currently patients requiring this treatment had to travel some distance. UHBW was working with North Bristol NHS Trust to provide a centre in Bristol for the whole of the South West. It would however probably take five years to come to fruition.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's Report for information. 	
Strategic Items		
06/01/21	Integration Update	
	<p>Neil Kemsley, Director of Finance and Information, introduced a report which provided an update on service integration following the merger of University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust on 1 April 2020.</p> <p>The Board noted progress in clinical and corporate services integration. They heard that had been some slippage in the integration of clinical services due to the need to focus on operational pressures, but progress continued. The Month 9 review showed a number of recovery actions</p>	

	<p>which would be reported back through the Board's sub-committees in the months ahead. There was still a continuing commitment to complete clinical services integration by March 2022. Corporate services integration was progressing well with just Digital Services and the Communications Team unable to complete their integration within the financial year as planned.</p> <p>The implementation of the Medway patient administration system at Weston General Hospital had taken place in September 2020, with the next stage being to merge the two systems into a single platform. Board members asked that the implementation of MS Office 365 be prioritised in order to help the integration of HR systems. They also emphasised that sufficient attention be given to ensuring that staff on both sites were engaged in the integration process and were receiving regular communications on progress.</p> <p>After further discussion, members resolved to:</p> <ul style="list-style-type: none"> • Receive the Integration Update for assurance. 	
07/01/21	Strategic Capital 6-monthly Update	
	<p>Neil Kemsley, Director of Finance and Information, presented a report providing an update on the overall progress of the Strategic Estates Development Programme, which had previously been received by the Finance Committee. It set out the status of live schemes and, where applicable, significant dates for construction or design completion. A rapid review of the Trust's strategic capital programme and its associated revenue costs was ongoing to take into account the changed context in which the Trust was operating. The outcome of this was scheduled to be received by the Board in April 2021.</p> <p>In terms of current schemes, the Board noted that the Trust was unable to proceed with planned investment in a new Cardiovascular Research Unit but were in discussions about potential alternatives. However, other schemes were progressing, including the planned Cardiac and General Intensive Care Unit, development of the Bristol Haematology and Oncology Centre, and the Neonatal Intensive Care Unit.</p> <p>Sue Balcombe, Non-Executive Director, asked for assurance that the review would take into account lessons learned from Covid in terms of building design, social distancing requirements and prioritising staff welfare, for example inclusion of adequate staff rest areas. Neil Kemsley confirmed that all schemes had been reconsidered in the light of the lessons from the pandemic and added that there was scope for some immediate improvements in terms of staff rest areas.</p> <p>Action: Board members to receive update on improvements to staff rest areas.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Strategic Capital Six-month update for assurance. 	Director of Finance and Information

08/01/21	Board Assurance Framework <ul style="list-style-type: none"> - Strategic Risk Register – Q3 update - Corporate Objectives update – Q3 update 	
	<p>Strategic Risk Register – Q3 Update Robert Woolley, Chief Executive, introduced the Strategic Risk Register Q3 update report which provided assurance to the Board that any risks to the achievement of the strategic objectives were being adequately mitigated and controlled. Of the 16 risks currently on the Strategic Risk Register, the Board noted that there were no significant changes apart from the reduction of one risk: no. 3898 (the risk to business continuity following a major event). He suggested that there would be a need to review all risks at the start of the next financial year.</p> <p>David Armstrong, Non-Executive Director, asked that the review address the need for ongoing training for risk owners to ensure coherence between risk mitigation and actions and timescales.</p> <p>Jeff Farrar enquired whether UHBW aligned its risks with others in the area. Robert Woolley responded that there was no process in place at present, but there would need to be consideration of risk management and the sharing of risks in the move towards an integrated care system for the area.</p> <p>Corporate Objectives update – Q3 update. Neil Kemsley, Director of Finance and Information, introduced the Quarter 3 update on progress in delivering the Trust's Annual Corporate Objectives for 2020/2021. He noted that some objectives were rated as amber due to Covid pressures, and asked the Board to note the red ratings which related to the cardiovascular research unit (as the project had now been postponed) and the implementation of MS Office 365 across the Trust (due to a delay in purchasing licences which had now been resolved).</p> <p>After further discussion, Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Q3 updates on the Strategic Risk Register and Corporate Objectives for assurance. 	
Quality and Performance		
09/01/21	Integrated Performance Report Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced a report on the Trust's performance against Access, Quality, and Workforce standards.	
	<p>Mark Smith reported that the past month had seen exceptionally high numbers of patients with Covid in the Bristol Royal Infirmary and Weston General Hospital. This was now starting to plateau and reduce gradually. The organisation and staff had reacted magnificently to reconfigure the hospitals on a regular basis to deal with the surge. The high Covid numbers had impacted on the Trust's elective programme but the Trust had oversight of waiting lists to ensure patients with time-sensitive conditions did not come to harm and had managed to maintain</p>	

	<p>its trajectory for recovering waiting lists. The Trust was unable to meet the usual constitutional standards due to the pressures of the pandemic but was still performing well in relation to the rest of the country.</p> <p>In relation to Quality metrics, William Oldfield, Medical Director, provided assurance that the Trust had maintained good performance over the past year despite the enormous challenge of the pandemic. He highlighted that medicines management remained on track and that the reported mortality rates remained below the national average. In relation to Fractured Neck of Femur patient pathway, this continued to be a work in progress but there had been a significant amount of work with North Bristol NHS Trust on plans to develop a cross-system Trauma and Orthopaedics pathway.</p> <p>Deirdre Fowler, Interim Chief Nurse, also confirmed the stability of quality indicators despite the intense pressures. Covid had impacted the ability to seek patient feedback, for example, through Friends and Family Tests, and attention would now move to getting these back on track.</p> <p>Quality and Outcomes Committee Chair's Report: Julian Dennis, Chair of the Quality and Outcomes Committee reported the key issues from the committee's meeting on 25 January 2021. The committee had noted the current position in relation to the pandemic. With regard to elective work, waiting lists were growing though the committee had been assured that time-sensitive patients were still being seen and prioritised. The committee had discussed the Quality Strategy 2021-25 and had received the Quality Accounts and a report on Infection Prevention and Control. The Committee had received the Covid Coordinating Group Close Down Report and had noted that 11 of the 13 recommendations had been completed, with the remaining 2 to be taken forward as 'business as usual'.</p> <p>Members of the Board noted that the Trust had continued to maintain good performance in a lot of areas, despite the extreme pressures of the pandemic. They emphasised the need to tackle waiting lists and elective activity backlogs once it was possible to do so. They welcomed the news that consultant job-planning policy was now agreed and ready to be rolled out when appropriate.</p> <p>In relation to Workforce metrics, Matt Joint reported that staff sickness rates were generally less than 4% but had spiked at 7% during January. Turnover and vacancies were also very stable and well within target. However, the Trust was concerned about the after-effects of the pandemic on these metrics and was already looking at ways in which they could mitigate this, for example, by offering more flexible working, setting up a psychological wellbeing hub and the recruitment of international nurses. The arrival of short-term military support for the hospitals in January had provided a much-needed boost to staff morale. There were challenges in terms of progressing with organisational development goals, for example, in diversity and inclusion, cultural</p>	
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	<p>integration, and leadership development, particularly as many of the national schemes had been postponed due to Covid.</p> <p>People Committee Chair's Report: Bernard Galton, Chair of the People Committee, reported the key issues from the committee's meeting on 25 January 2021. The Committee had received an update on issues facing the Trust's medical staff including wellbeing and had asked that the Trust improve its provision of rest areas for doctors. The Committee had discussed the Trust's progress on its Diversity and Inclusion strategy and the workforce elements of the merger integration programme. They had agreed that investment in training and development and measures to improve staff culture would be vital as part of the post-pandemic staff recovery programme. The Committee had expressed its concern at the increased incidence of violence and aggression towards staff and had noted a new Violence Prevention Standard was in place with which the Trust would need to comply.</p> <p>The Board discussed the report and the update from the Director of People and praised the outstanding resilience of staff. Jeff Farrar, Trust Chair, asked that the request from the People Committee for extra investment in areas such as training and development be prioritised in the Trust's financial plans for the year ahead. In relation to a question about whether the Trust was confident that it was going to meet challenging targets for international recruitment, Matt Joint confirmed that there was a good recruitment team leading this locally and they also had national support to ensure that it was being done in the right way.</p> <p>Following further discussion Board members resolved to:</p> <ul style="list-style-type: none"> • Receive the Integrated Performance Report and Committee Chairs' reports for assurance. 	
10/01/21	Committee Chair reports	
	<p><i>Note: The Chairs' reports for the People Committee, Quality & Outcomes Committee and Finance & Digital Committee were discussed as part of minute numbers 09/01/21 and 19/01/21.</i></p> <p><u>Audit Committee</u></p> <p>David Armstrong, Chair of the Audit Committee, introduced a report of the Committee's most recent meeting on 26 January 2021. He highlighted that the committee had reviewed governance around business continuity and divisional risk management.</p> <p><u>Acute Services Review Programme Board</u></p> <p>Jayne Mee, Non-Executive Director, reported back from the third meeting of the Acute Services Review Board held on 11 January 2021. This was a new committee-in-common for UHBW and North Bristol NHS Trust to oversee closer working and opportunities for collaboration between the two organisations. She described the updates that the group had received against the four priority areas for closer working : neo-natal intensive care services, stroke services, cancer services, and adult intensive care services.</p>	

	<p>A programme director was now in place for the Acute Services Review (Owen Ainsley) and the group had supported the proposed resourcing requirements which he would need to support him going forward.</p> <p>Weston Charity Board Jeff Farrar, Trust Chair and Chair of the Weston Charity Board, presented a report of the meeting held on 17 December 2020 including the amount of money in the fund and what it would be spent on. He reminded the Board that charity funds should be spent on value-added benefits for staff and patients in Weston, rather than on core business.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Committee Chair reports for assurance 	
11/01/21	Quality Strategy 2021-25	
	<p>William Oldfield, Medical Director, presented the Quality Strategy 2021-25 to the Board for approval. The strategy set out four strategic priorities for quality at UHBW for the next four years:</p> <ul style="list-style-type: none"> • to make quality the first priority for every member of staff, the “why” behind everything we do; • to reduce unwanted variation in the quality and safety of services through an unswerving focus on continuous evidence-informed improvement; • to work closely with patients, families and other healthcare partners to improve healthcare experience and co-design better joined up care; and • to be recognised by our patients, staff and regulators for delivering consistently outstanding patient care. <p>Board members welcomed the strategy and its clear priorities. Martin Sykes, Non-Executive Director, suggested the inclusion of more indicators to enable clinical effectiveness to be benchmarked. Julian Dennis, Non-Executive Director, asked for the inclusion of a roadmap for implementation. He also enquired about the report’s comment on the lack of designated expert resource to deliver objective systems-based patient safety incident investigations. William Oldfield confirmed that this was being addressed through a business case in development for resourcing harm panel reviews and root cause analyses.</p> <p>In response to a question about how the strategy related to the Trust’s Quality Improvement methodology, William Oldfield confirmed that it should inform which Quality Improvement projects were selected going forward and guide the application of resources.</p> <p>Jayne Mee, Non-Executive Director, enquired whether the Trust intended that the introduction of a ‘Just Culture’ would help to reduce unwanted variation in quality and safety of services. William Oldfield responded that the variation issue would largely be addressed by clinical practice groups across Weston and Bristol but that this would be supported by the move to a Just Culture (instilling an organisational</p>	

	<p>culture that supports consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents).</p> <p>The Chair asked for reports against the Quality Strategy to include a softer narrative around patient experience as well as reporting performance against targets. Board members further discussed the proposed move to a Just Culture, which it was hoped would encompass policies and processes, cultural development, and a framework that would support increased mediation and resolution of issues to bring down the numbers of disciplinary and grievance processes. It was noted that while the Quality and Outcomes Committee would receive regular updates on progress against the Quality Strategy, the People Committee should also receive regular updates on the Just Culture initiative.</p> <p>Members resolved to</p> <ul style="list-style-type: none"> • APPROVE the Trust's Quality Strategy 2021-25. 	
12/01/21	Quality Accounts 2019/20	
	<p>William Oldfield, Medical Director, presented annual Quality Accounts for both UHBW's former Trusts (University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust) to the Board for approval. He explained that the reports, which related to the period April 2019-March 2020, had been significantly delayed due to the suspension of normal reporting processes during the pandemic. He reported progress against quality objectives for the Bristol Trust and noted that the Weston report was effectively a closure report.</p> <p>He added that limited quality objectives had been set for 2020/21 for the unified Trust which focussed on continuing work in areas which had not been fully achieved in 2019/20.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the Quality Accounts 2019/20 for University Hospitals Bristol NHS Foundation Trust and for Weston Area Health NHS Trust. 	
13/01/21	Maternity Provider Annual Report (antenatal and new born screening)	
	<p>Sarah Windfeld, Head of Midwifery, introduced an annual report on antenatal and new born screening which measured UHBW's performance against key performance indicators. It demonstrated that overall UHBW performance was good although there were some areas for improvement, particularly ongoing concerns regarding the avoidable repeat rate for the new born blood spot test, but there was an action plan in progress to address this issue including increased training.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Maternity Provider Annual Report (antenatal and new born screening) for assurance. 	
14/01/21	Ockenden Review of Maternity Services	

	<p>Sarah Windfeld, Head of Midwifery, introduced a self-assessment of the Trust's maternity services against NHS England/Improvement's assurance toolkit resulting from the Ockenden Review of Maternity Services.</p> <p>All maternity services were required to undertake this assessment and share the results with the Board following the publication in December 2020 of the initial emerging findings and recommendations from the Ockenden Review (the Independent Review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust).</p> <p>This report provided evidence that the UHBW Maternity Services had implemented the actions identified by Ockenden and set out the key areas in which the Trust needed to take additional action or provide further evidence to meet the requirements. Sarah Windfeld described the outstanding areas to the Board and provided assurance that actions were underway to resolve these.</p> <p>Board members noted that according to the recommendations, all maternity serious Incidents should be received by the full Board, rather than at Committee-level as at present, and asked for consideration as to how this could be achieved without duplication.</p> <p>The Board noted that Sue Balcombe was now the nominated Non-Executive Director for maternity services. She welcomed the report and the recommended actions and asked for greater clarity on timescales and progress reports going forward.</p> <p>Deirdre Fowler, Interim Chief Nurse, added that this draft version would now be presented to stakeholders for comment, including women who used the maternity service. She also commented that there were no maternity metrics in the Trust's monthly integrated performance report, and Sarah Windfeld explained that the service had its own dashboard.</p> <p>In relation to one of the outstanding actions in the report, Neil Kemsley noted that there was an issue with the software company that the Trust used, System C, which was causing the Trust to fail to submit its data accurately to the National Maternity Dataset. He added that this was one of several issues to be raised in his next meeting with System C following which he would report back to the Board.</p> <p style="text-align: right;">Action: Board to receive update on System C issues (including maternity data reporting issue) from the Director of Finance and Information.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the report on the Ockenden Review of maternity services for assurance. 	Director of Finance and Information
15/01/21	Learning from Deaths	
	William Oldfield, Medical Director, introduced this report which	

	<p>summarised the learning from deaths process for Q3, including the impact of the recently-introduced Medical Examiner system, and a review of patient deaths from Covid -19.</p> <p>He drew the Board's attention to the Trust's approach to patient deaths relating to hospital-acquired Covid infections. Any potential Covid-related deaths would be referred to a Harm Panel Review which would decide whether a patient's death had been caused by hospital-acquired Covid. If it had, it would proceed down a formal Duty of Candour route, which meant there would be a Serious Incident investigation which would be shared with commissioners and the families concerned. He provided assurance that all 18 hospital-acquired Covid deaths that had resulted from the outbreak at Weston General Hospital in May-June 2020 had now been fully investigated and the outcome had been shared with families.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Learning from Deaths report (Q3) for assurance. 	
16/01/21	Patient Experience Report	
	<p>Deirdre Fowler, Interim Chief Nurse, introduced the Quarterly Patient Experience Report which provided a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust.</p> <p>The Board heard that during the pandemic, an increasing number of outpatient appointments had been carried out remotely by telephone and online and surveys were showing that that these changes had been received positively by most patients. There appeared to have been a dip in inpatient survey scores for the Division of Medicine, postnatal maternity wards, and South Bristol Community Hospital but there was a plan in place to resolve this.</p> <p>The pandemic continued to affect the Trust's ability to undertake Patient and Public Involvement (PPI) activities, but there was now a commitment and desire to increase and strengthen these.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience Report (Q2) for assurance. 	
17/01/21	Patient Complaints Report	
	<p>Deirdre Fowler, Interim Chief Nurse, reported that the Quarter 2 Patient Complaints Report had revealed an increase in complaints in the period, and an opportunity for improvement in the Trust's performance in responding to complaint which demonstrated the extent of current conflicting commitments.</p> <p>She highlighted that following a delay in recruitment to vacancies in the Patient Support & Complaints Team due to ongoing corporate service consultations, the Trust had now recruited a new complaints officer to create additional capacity in the Weston Division.</p>	

	<p>Julian Dennis, Chair of the Quality and Outcomes Committee, commented that the committee had noted the upward trend in complaints and a reduction in performance in terms of complaints responded to within the agreed timescale, and had requested that there be greater scrutiny of this.</p> <ul style="list-style-type: none"> • Members resolved to: Receive the Patient Complaints Report (Q2) for assurance. 	
18/01/21	Finance Report	
	<p>Neil Kemsley, Director of Finance and Information, presented a report informing the Board of the financial position of the Trust for the period 1 April 2020 to 31 December 2020. The Board noted that at Month 9 the Trust was reporting a deficit of £2.4m against a planned deficit of £3.8m. The reason for this largely related to national funding assumptions of which the Board was already aware but last week there were positive indications that these issues may be resolved. Neil Kemsley added that the expectation for the year-end forecast was to achieve a break-even position bar an adjustment for increased annual leave accrual.</p> <p>A high level of activity had been maintained through December though the Trust was still forecasting an adverse impact in terms of the elective incentive scheme of approximately £1.25m.</p> <p>In relation to planning for next year, the expectation from initial guidance was that Quarter 1 would see a rollover of current arrangements. The Trust's full planning submission would focus on Quarters 2-4.</p> <p>In relation to capital plans, the Trust would reach the end of the year with an underspend. Work was ongoing to mitigate the impact of that.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Finance Report for assurance. 	
19/01/21	Finance and Digital Committee Chair's Update	
	<p>Martin Sykes, Chair of the Finance and Digital Committee introduced a report from a meeting of the committee on 26 January 2021. The Committee had discussed the Trust's finances and were assured that they had held up well during the pandemic. Looking towards next year, it was clear that the Trust's financial management and strategy would have to change as the region moved towards integrated care system status.</p> <p>The Committee had recently changed its name and focus to encompass the Trust's IT and digital agenda, and this month had received a comprehensive report on the Trust's digital programme which gave an insight into current challenges.</p> <p>Board members agreed that while governance had been improved in relation to scrutiny of the Trust's digital programme, it had revealed improvements that needed to be made. They asked that future digital programme reports include an analysis of how the programme was</p>	

	<p>meeting the needs of all its stakeholders. In response to an enquiry about challenges relating to System C which were not within the Trust's control, Neil Kemsley reiterated that he would meet with System C and report back next month.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Finance and Digital Committee Chair's update for assurance. 	
20/01/21	Diversity and Inclusion Update	
	<p>Matt Joint, Director of People, introduced the Quarter 3 update report against the Trust's Equality, Diversity and Inclusion (EDI) objectives. Highlights of the quarter had included a well-attended online event for Black History Month in November 2020, a half-day seminar for the senior leadership team in which divisional progress had been reported, and the appointment of an interim EDI manager. The paper outlined a forward plan including a range of initiatives for Quarter 4 and for 2021/22.</p> <p>Bernard Galton, Chair of the People Committee, added that the Committee had received the report and had welcomed the ambitious forward plan particularly its focus on all the protected characteristics. He added that an innovative means of communicating it to staff would be helpful, perhaps with a calendar of events throughout the year.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Receive the Diversity and Inclusion update for assurance. 	
21/01/21	Role of the UHBW nominated Trustee on the Board of Trustees of Above & Beyond	
	<p>Eric Sanders, Director of Corporate Governance, presented a paper seeking Board approval on a proposal to clarify the role of the Trust nominated Trustee on the governing body of Above & Beyond. The aim was to balance the Trustee's legal duties with the conflict of interest inherent in the role and define what was in and out of scope.</p> <p>The Board noted that the contents of the document had been broadly agreed with the Chair and Chief Executive of Above & Beyond and had been discussed with the Medical Director who currently undertook the role of Trust-nominated Trustee.</p> <p>It was agreed to amend the proposal to further clarify that the role did not involve managing the Trust on behalf of the charity.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the proposal to clarify the role of the Trust-nominated trustee on the governing body of Above & Beyond subject to the above amendment. 	
22/01/21	Governors' Log of Communications	
	<p>The purpose of this report was to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and responses added or modified since the previous meeting. Board</p>	

	members noted that one response was outstanding.	
	Members resolved to: • Receive the Governors Log of Communications for information.	
23/01/21	Register of Seals	
	<p>Eric Sanders, Director of Corporate Governance, introduced a report providing a summary of the applications of the Trust Seal made since the previous report in November 2020. The seal had been used once: for a Deed of Termination and Deed of Surrender between the University of Bristol and UHBW in respect of the Clinical Research Imaging Centre, St Michael's Hospital, Bristol.</p> <p>Members resolved to: • Receive the Register of Seals for information.</p>	
Concluding Business		
24/01/21	Any other urgent business	
	<p>There was no other urgent business.</p> <p>The Chair closed the meeting at 1.30pm</p>	
25/01/21	Date of next meeting: 31 March 2021 by video conference.	

**Public Trust Board of Directors Meeting
31 March 2021
Action Log**

Outstanding actions from the meeting held on 27 November 2020					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	07/01/21	<u>Strategic Capital 6-monthly Update</u> Board members to receive update on improvements to staff rest areas	Director of Finance and Information	March 2021	<u>Work in Progress</u> Verbal update to be given.
2.	14/01/21	<u>Ockenden Review of Maternity Services</u> Board to receive update on System C issues (including maternity data reporting issue) from the Director of Finance and Information.	Director of Finance and Information	March 2021	<u>Work in Progress</u> Verbal update to be given.
3.	07/11/20	<u>Covid-19 Update</u> Consider ways in which the efforts of staff could be adequately recognised.	Director of People	January 2021	<u>Completed since last meeting</u> 'Pause, Reflect, Recover' period launched and underway.
4.	17/09/20	<u>Safe Working Hours Guardian Report</u> Implementation programme for the roll-out of e-rostering to be provided to the Board including timeframe.	Director of People	November 2020	<u>Work in Progress</u> Verbal update to be given.
5.	17/07/20	<u>Emergency Preparedness Annual Report</u> Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.	Director of Corporate Governance	September 2020	<u>Completed since last meeting</u> Review of responsibilities of non-Executive Directors circulated to Non-Executive Directors on 9th February 2021.
6.	84/09/2019	<u>Chief Executive's Report</u> Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.	Director of Strategy and Transformation and Director of Corporate	July 2020	<u>Work in Progress</u> Verbal update to be given.

			Governance		
Closed actions from the meeting held on 27 November 2020					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	03/11/20	<u>What Matters To Me – A Patient Story</u> Ensure that staff are appropriately recognised for their contribution to Laura's care.	Chief Nurse	January 2021	<u>Completed</u> This action had been completed since the November meeting.
2.	03/11/20	<u>What Matters To Me – A Patient Story</u> Consideration to be given as to how to take forward the suggestions for improvements for information to give to patients and their families at St Michael's Hospital.	Chief Nurse	January 2021	<u>Completed</u> Suggestions/learning for service developments have been discussed at Women's governance meeting
3.	11/11/20	<u>Finance Report</u> Terms of reference for internal audit into Trust cybersecurity arrangements to be shared with the Board	Director of Finance and Information	January 2021	<u>Completed</u> The Director of Finance and Information confirmed that this had now been done
4.	11/07/20	<u>Strategic Capital Update</u> Chief Executive to review the strategic capital connection to the wider STP.	Chief Executive	January 2021	<u>Completed</u> The Board agreed that this action could be closed and responsibility for monitoring future development of the capital planning framework should be delegated to the Finance and Digital Committee.

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

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

1. Report Summary	
To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team.	
2. Key points to note (Including decisions taken)	
The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in February and March 2021.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: N/A	
4. Advice and Recommendations (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> This report is for Information. The Board is asked to NOTE the report 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]
N/A	

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MARCH 2021

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

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

3. STRATEGY AND BUSINESS PLANNING

The group received an update on mobilisation of the Senior Leadership Team to support restoration and **supported** the proposed revised structure and direction of travel.

The group confirmed their **support** to move the Bristol North Somerset and South Gloucestershire Stroke Reconfiguration business case to the next phase of consideration.

The group **supported** the recommendation to proceed and accept a grant awarded from Salix finance to run a number of projects to decrease carbon emissions across both Bristol and Weston sites.

The group **supported** the progression of a number of options for in year development of the Clinical Site Management Team.

The group **approved** proceeding with the transfer of the 60 inpatient beds at South Bristol Community Hospital to Sirona on 1 April 2021, with the final decision to proceed with the transfer to be delegated to the Director of Finance on 26 March 2021 on the recommendation of the internal project transfer group.

The group noted the commissioner intention for a two year extension to the Unity Integrated Sexual Health Service contract and **approved** the preferred option for the Trust to extend the current contract for a further two years until 31 March 2024 at the current financial value.

The group **approved** a decision to bid for the Sexual Assault Referral Centre and Sexual Offences Examiner Service when the invitation to tender was advertised (expected in late April/May 2021).

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on the financial position 2020/21, budget setting for the remainder of the year and for 2021/2022.

The group received an update on the Neonatal Intensive Care Unit (NICU) project, noting the intent to progress the development of a Full Business Case, and **approved** the establishment of a Joint NICU Service Partnership Board between UHBW and North Bristol Trust.

The group **received** an update following the Clinical Genetics Service Review.

The group confirmed its **support**, in principle, for the proposed direction of travel and establishment of a project group to develop a Business Case for the future clinical model for the Weston Microbiology Service

The group **approved** an updated version of the Cancer Alliance Cancer Surgery Mutual Aid Operational Policy.

The group **approved** the car parking policy implementation and communication plan, noting the costs to implement and changes to the infrastructure required.

The group **received** a briefing on the new national Patient Safety Incident Responses Framework and on the implications for the Trust.

The group **supported** recommendations for the harm review process, following NHS England's proposed approach, pending further guidance and the development of a consistent model with North Bristol Trust.

The group **noted** the implementation of a new declaration of conflicts of interest system and the request to complete their return.

The group **noted** informal feedback from the Care Quality Commission following a focussed inspection of the Emergency Department at the Bristol Royal Infirmary and the draft action plan to mitigate the violence and aggression experienced by staff in that department.

The group **noted** an update on planned work on the SBAR standby generator SBAR Standby Generator and Generator Control Panel Integration.

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

The group **received** two positive Internal Audit reports (Payroll and Main Accounting), an update on overdue recommendations and the draft Audit and Assurance Plan for 2021/2022. The group **approved** a proposal for categorisation of recommendations to be effective from 2021/2022.

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

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
March 2021

Healthier Together Integrated Care System (ICS) monthly update

March 2021



1. Introduction

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

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

This month's report covers:

- Publication of the Government white paper: 'Integration and Innovation: working together to improve health and social care for all'
- ICS designation and formalising how we will work together
- Population health, prevention and inequalities workstream

2. Publication of the Government white paper: 'Integration and Innovation: working together to improve health and social care for all'

On Thursday 11 February, the Department of Health and Social Care published a white paper detailing the legislative recommendations for Integrated Care Systems (ICSs). The paper, ['Integration and Innovation: working together to improve health and social care for all'](#), sets out proposals for legislating for ICS. It reinforces the goal of joined up care for everyone and sets some key measures, including:

- Support for the NHS England and Improvement proposal to create statutory Integrated Care Systems.
- Scrapping mandatory competitive procurements by which NHS staff currently waste a significant amount of time on unnecessary tendering processes for healthcare services.
- Putting the Healthcare Safety Investigations Branch permanently into law as a Statutory Body so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong, so that mistakes can be learned from, and this strengthens its legal footing.
- Support for the NHS England and Improvement proposal to formally fold Monitor and the Trust Development Authority (i.e. NHS Improvement) into NHS England.
- A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and improve powers for the Secretary of State to directly make payments to adult social care providers where required.
- The pandemic has shown the impact of inequalities on public health outcomes and the need for Government to act to help level up health across the country.

Legislation will help to support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed.

The paper builds on engagement that was undertaken by NHS England/Improvement in late 2020. As a system we jointly responded setting out our support for the principle of further developing ICSs, but recognised that questions relating to accountability would need to be addressed as the policy is further developed.

The white paper sets out a clear direction of travel that we have all been working towards for a number of years. One of its central aims is to remove outstanding barriers and fragmentation that exists in partnership working. While movement on this at a national level is crucial, we should not forget the amount of work we have already undertaken as a partnership locally, nor underestimate what else we have to do to help solidify our BNSSG Integrated Care Partnership further through 2021.

Further information regarding the white paper is set out in [NHSE/I frequently asked questions](#) and also a [letter sent out from Amanda Pritchard](#), Chief Operating Officer at NHSE/I to system leaders.

3. ICS designation and formalising how we will work together

We established Healthier Together as a partnership in 2016 to work together across the NHS, local government and social care to improve health and wellbeing for the people of Bristol, North Somerset and South Gloucestershire (BNSSG).

In December 2020, our Partnership was recognised as a 'maturing' Integrated Care System (ICS) by NHS England. This is welcome recognition of the progress we have made in developing collaborative ways of working and integrating services to deliver better outcomes for BNSSG residents.

Yet we recognise there is more work to be done to change how we operate to make best use of resources within an integrated system. This is timely given the great strides that have been made in cooperation and partnership working from across the system in response to the Covid-19 pandemic, and to prepare for the legislative changes that will require further integration by April 2022.

As a Partnership we have agreed to formalise how we will work together in our next phase of development as an ICS through a Memorandum of Understanding (MoU). This will be a series of documents that we will develop together so that we can build shared ownership and commitment to collaborative ways of working. It covers a range of topics, including; communications and engagement, organisational development and financial frameworks.

Our Chief Executives started this work in January 2021. The next step that we are currently working through is engaging with the leadership of each of our constituent organisations.

A timeline of next steps is broadly as follows:

Date	Activity
February – March	Workshops to engage the leadership of each partner organisation to explore roles in the partnership and collect feedback
March – May	Functional experts develop and review key areas of agreement
July	Draft documents reviewed by the Partnership Board
September	MoU endorsed by the partners and signed off by the Partnership Board
Monthly	Touchpoints with CEOs through BNSSG Executive Group

4. Population health, prevention and inequalities workload

As we develop as an Integrated Care System (ICS) our system leaders have agreed to have a *‘shared ambition for the people of BNSSG via a collaborative approach to leadership that sees beyond and operates across organisational boundaries, holding the focus on the benefit and impact for the people we serve together; being person-centred and outcome oriented.’*

To achieve this ambition a focus on improved population health, prevention and reducing inequalities (PHPI) is required.

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. It is driven by the outcomes and experience that matter to the people we serve and so is shaped by population health management (data to help plan and deliver care for maximum impact), communications and engagement activities, value based health and care programmes and Building Healthier Communities (working with the voluntary and community sector).

The PHPI steering group has recently been expanded and includes representation from across the Partnership. It now reports directly into the Healthier Together Executive Group, which at its last meeting agreed the overarching strategic intent of the workload:

1. To support and challenge partners across the system to embed a population health approach, share best practice and ensure that all programmes identify opportunities to prevent ill health, improve wellbeing and reduce inequalities in the delivery of their programmes;
2. To develop a work programme based on population need priorities and the achievement of population outcomes as agreed by the system in order to reduce inequalities and improve health;
3. To focus on the importance of place. This involves setting system-wide PHPI medium and long term objectives and outcomes whilst enabling place-based approaches to prioritisation and delivery, for example via Integrated Care Partnerships.

4. To focus on the impact of the wider determinants of health on outcomes; and enable system-wide focus and resource on tackling these to reduce inequalities across BNSSG and improve outcomes.

A recent example of work undertaken by the PHPI workstream is a high-level overview report of the health inequalities observed across the BNSSG population. It presents data from a range of sources, and mostly focuses on the part deprivation plays in health outcomes. The findings from this report will help to provide system oversight and further guide the priorities of our work programme.

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

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	Integration Progress Report
Report Author	Robert Gittins, Programme Director
Executive Lead	Neil Kemsley, Director of Finance and Information

1. Report Summary	
This report provides an update to the Board on the progress of the Trust's Integration Programme.	
2. Key points to note <i>(Including decisions taken)</i>	
Board members should note: <ul style="list-style-type: none"> The progress being made with the programme and the steps being taken to adjust the schedule in light of the Covid19 impact. 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
Corporate risk, 4539 states that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	

Recommendation Definitions:

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

**Meeting of Board of Directors in Public
March 2021**

Report Title	Integration Progress Report
Report Author	Rob Gittins, Programme Director
Executive Lead	Neil Kemsley, Executive Director of Finance and Information

1. Introduction

As the impact of Covid-19 on hospital services has progressively lessened over recent weeks, there has been more capacity for clinical services to re-engage and accelerate the integration agenda. Meanwhile, our work to integrate corporate services across the Trust has gone well. From 1st April over 90% of corporate services will be fully integrated and working as single functions cross the trust.

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

2. Clinical services update

We are currently at differing stages of developing plans for integration with 17 of our clinical services. These will go to Divisional Boards for decision making as they become ready to do so - and provided that integration does not detract from current operational priorities. Most recently, Paediatrics and Audiology have gained Divisional Board approval for integration, and this will take place from April 21, 2021. Priorities for the next phase of the integration programme are under active discussion as the Trust sets its operational priorities for the next 12 months.

The planned service transfer of the Weston Urology service to North Bristol NHS Trust management remains a key priority. It is expected to go ahead in summer 2021, once approvals of the necessary internal business cases are completed satisfactorily by the Boards of both Trusts.

3. Corporate Trust Services integration

By the end of March, 90% of our corporate services will be integrated formally into single teams / functions across the Trust. The remaining teams expect to start their staff consultations shortly. Integrating corporate services is an important building block of our approach to developing a new and common approach across University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

4. Staff wellbeing

To support staff across the Trust, there are a number of wellbeing services available covering physical and psychological wellbeing, as well as supporting staff with healthy lifestyles. This support ranges from individual one-to-one support and self-care packs, to dedicated resources for teams and their managers.

5. Communication and engagement

The focus of communications and engagement during February has been on supporting newly combined teams to develop and share important information. This has been done with a clear focus on what information staff need to know to support them professionally.

Plans are in development to produce a package of videos, articles and photographs of newly integrated teams. This planned activity will be taken forward when current limitations on the availability and access to staff are eased.

Work continues to develop a road map of key milestones. This will be a visual aid supporting the journey of the integration, including digital convergence. The roadmap includes all clinical and corporate services integrations as well as more personal milestones for staff once known, for example one ID card, one appraisal system, one intranet. This will be something that can be developed for sharing within the different stakeholder groups; internal, interested stakeholders, patients and public.

The roll out of the next phase of our cultural integration programme is planned to take place after Easter.

6. Digital Convergence

Planning work for the full merger of the two Medway patient administration systems used at Bristol and Weston has begun in earnest, with the project due to commence from April 21. Once complete, this will provide a trustwide platform from which to deliver clinical modules across all hospitals within UHBW.

One such module is the Bluespир Operational theatres project. Once in place Weston General will be able to access the same functionality that is currently available at the Bristol hospitals. This is planned to be operational in the summer. Finally, the Philips patient IT system in ICU is due to go live in April, after concluding final works were unavoidably delayed due to Covid-19 operational pressures.

7. Healthy Weston

Implementation of the Healthy Weston Programme of service changes continues. This includes the introduction of new arrangements for patients identified as requiring emergency surgery and endoscopy overnight in February. As set out in the Healthy Weston Business case, these patients are now being transferred to the Bristol Royal Infirmary for their surgery. In addition, a small number of people who also require more complex surgery (including thoracic, pancreatitis; and upper GI conditions) are now being transferred to Bristol to receive support from specialists unavailable at Weston General Hospital.

Also in line with the Healthy Weston plan, PushDoctor (a digital GP service to allow people to have an on-line consultation in their own home) was implemented within the Emergency Department at Weston General in October 2020. Feedback so far has been positive, with a high proportion of the ten available slots per day being used.

8. Nurse recruitment

The Trust is developing a targeted campaign for recruiting nurses to Weston General Hospital. The comprehensive recruitment package will include information relating to benefits, work-life balance and relocation assistance for the candidate and their family. There is also a plan to shoot a promotional film in the spring.

In the meantime, a Weston specific registered nurse social media campaign is running which targets general, newly qualified and experienced nurses, for wards and service areas with the highest demand.

As part of the wider recruitment plan for the Trust, we are also pleased to say that a group of international nurses are being recruited into vacancies at Weston General Hospital, with a the pipeline of further recruitment, subject to on-going approvals.

Finally, the Trust is going out to advert, seeking nurses who wish to return to practice (RTP). The adverts will actively target Weston and the surrounding areas to generate interest in the RTP programme.

Meeting of the Public Trust Board 31st March 2021

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

1. Report Summary	
To provide an overview of the Trust's performance on Quality, Workforce, Access and Finance standards.	
2. Key points to note (Including decisions taken)	
- No further changes to the content of the report in this period.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: <ul style="list-style-type: none"> - Not applicable as this report is for information and assurance only, although risks referenced within the main body of the report. 	
4. Advice and Recommendations (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> • This report is for Assurance. 	
5. History of the paper Please include details of where paper has previously been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]

Recommendation Definitions:

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

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

Integrated Quality & Performance Report

March 2021

Executive Summary

Reporting Month: February 2021

Performance across all domains remained extremely challenged during the month of February, although there were some modest improvements in unscheduled care performance and elective activity coinciding with a drop in COVID patients that has allowed the Trust to begin decompressing. At the end of February, COVID bed occupancy had dropped to less than 7% and Trust wide bed occupancy within the core stock for all types of beds was running at 86%. There was a 58% drop in the number of incidents where patients were delayed from being admitted to a Ward by more than 12 hours from a decision to admit, but published data continues to show the Trust as the most challenged in this area nationally. 38% of ambulance handovers in the Bristol Royal Infirmary were also reported to have been delayed by more than 30 minutes from 1st January to 7th March 2021, which is the highest in the South West.

Recovery planning of the urgent care performance position continues with support from partners within the BNSSG system footprint. The underlying issues within UHBW are due to the necessary reconfiguration of the BRI ED and inpatient wards resulting in a net loss of 10 beds to gain additional ED spaces for streaming, isolation and social distancing requirements; staffing issues; ward closures due to infection control; capacity constraints when offloading patients in ED; and bedding of patients overnight in ED at the Weston site which has been required due to the lack of access to Ward beds. During February an average of 131 beds were occupied by patients medically fit for discharge, and the risk of demand outstripping capacity for transfer pathways (such as Pathway 3 to care homes with a sub-acute bed facilitating recovery and complex assessment), means performance is expected to be further challenged in the coming months. The Trust is also due to transfer 60 South Bristol Community hospital community sub-acute beds with rehab and reablement to Sirona Health Care in April, and capacity is only expected to be at 50% initially due to staffing limitations which could further affect hospital flow.

Activity within elective services rebounded modestly in the month of February but most points of delivery were behind target. The exception to this was CT scans and Endoscopy which continue to exceed activity levels compared to the same point last year. Overall diagnostic performance against the national 6 week standard remains well below plan, but improved from 53.6% in January to 58.9% in February. Cancer performance continues to be more affected by the treatment phase of the pathway rather than diagnostics due to ongoing problems in accessing elective beds and critical care, but long waiting patients continue to be safely managed and clinically prioritised to avoid harm. Targets for 104 day avoidable breaches have so far been met but the threshold of less than 10 avoidable breaches is expected to be exceeded in the coming months due to the increasing likelihood of patients waiting who have a lower clinical priority and are safe to wait for surgery.

The easing of lockdown and anticipated return to pre-pandemic levels of unscheduled care in July presents a significant risk to recovery, especially as productivity continues to be affected by Infection, Prevention and Control requirements. At the end of February there were 4,807 patients waiting over a year for the start of treatment, an increase of 1,017 from the previous month and a variance of 16% against the NHS England approved recovery trajectory. The limited access to elective pathways has been clinically prioritised for P2 patients who need to be seen within 1 month and there is still a sizeable backlog of patients in this category due to the lack of availability of theatres, beds and staffing, particularly in Ophthalmology, Cardiac Surgery and General Surgery.

Mitigations are in place including weekend and evening operating, working smarter productivity initiatives, clinical utilisation review, outpatient transformation, utilisation of the independent sector, interim resourcing solutions such as mobile dental units and exploration of mutual aid in extreme cases to support recovery. Planning guidance dictating the pace, prioritisation and likely affordability of the national recovery effort is expected at the end of March 2021.

Contents – Headline Indicators



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2021

	Page
Executive Summary	3
Success, Priorities, Opportunities, Risks and Threats (SPORT)	4
Summary Dashboard	7

Domain	Metric	Executive Lead	Page
Safe	Infection Control (C. diff & MRSA)	Chief Nurse	8
	Serious Incidents	Chief Nurse	10
	Patient Falls	Chief Nurse	11
	Pressure Ulcers	Chief Nurse	12
	Medicines Management	Medical Director	14
	Essential Training	Director of People	15
	Nurse Staffing Levels	Chief Nurse	16
	VTE Risk Assessment	Medical Director	17
Caring	Friends & Family Test	Chief Nurse	19
	Patient Surveys	Chief Nurse	20
	Patient Complaints	Chief Nurse	22
Responsive	Emergency Care Standards	Chief Operating Officer	22
	Delayed Discharges	Chief Operating Officer	30
	Referral To Treatment (RTT)	Chief Operating Officer	31
	Cancelled Operations	Chief Operating Officer	37
	Cancer Waiting Times	Chief Operating Officer	38
	Diagnostic Waits	Chief Operating Officer	43
	Outpatient Measures	Chief Operating Officer	45
	Outpatient Overdue Follow-Ups	Chief Operating Officer	47

Domain	Metric	Executive Lead	Page
Effective	Mortality (SHMI/HSMR)	Medical Director	48
	Fracture Neck of Femur	Medical Director	50
	30 Day Emergency Readmissions	Chief Operating Officer	52
Well-Led	Bank & Agency Usage	Director of People	53
	Staffing Levels – Turnover	Director of People	55
	Staffing Levels – Vacancies	Director of People	56
	Staff Sickness	Director of People	57
	Staff Appraisal	Director of People	58
Use of Resources	Average Length of Stay	Chief Operating Officer	59
	Performance to Plan	Director of Finance	60
	Divisional Variance	Director of Finance	61
	Savings	Director of Finance	62

	Page
Care Quality Commission Ratings (Bristol and Weston)	63
Explanation of Charts (SPC and Benchmarking)	65
Covid-19 Summary	67
Trust Scorecards	69

Reporting Month: February 2021

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> The Summary Hospital Mortality Indicator (available to October 2020) shows fewer people have died (708) in our hospitals than were statistically expected to die (772.46) in 2020/21 year to date, although this should be treated with caution as the design of current mortality indicators did not take into account a pandemic situation. 	<ul style="list-style-type: none"> To restore nurse staffing ratios across our hospitals to pre-Wave 3 COVID-19 levels. To develop and take forward a patient safety improvement programme at Weston General Hospital during 2021/22 (using the established approach at our Bristol hospitals) which has been delayed since merger due to the COVID-19 pandemic.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> To enable staff to gradually re-engage with quality improvements at a pace that supports their recovery from the impact of Waves 2 and 3 of the COVID-19 pandemic whilst capitalising on learning from the pandemic. Clinical teams are involved in taking forward medium/long term actions to improve both quality and safety of patient care and in routine quality assurance monitoring e.g. digital projects which support improvements in venous thrombo-embolism risk assessments and medicines safety, cross system working on fractured neck of femur pathways. 	

Reporting Month: February 2021

Responsive

Effective

Successes

- The subsequent oncology cancer standards continue to be achieved on a monthly basis and the two week wait first appointment standard has sustained its significantly improved position (albeit still slightly below compliance in January)
- The number of patients waiting over 62 days on GP referred cancer pathway has fallen despite the impact of the second wave of COVID, partly through better validation but also reflecting how services have been maintained.
- The Trust continues to report against the national clinical prioritisation programme and is maintaining the position of over 90% of our patients with a clinical prioritisation status. We continue to send an apology letter to patients who have had an admission date delayed due to Covid-19, giving the patient the option to discuss their treatment and current timescales with their clinicians.

Opportunities

- Integration of the Weston and Bristol Medway Patient Administrative System into a single instance remains a medium term opportunity to improve the management of patient pathways across the Trust, and in the short term there are opportunities to optimise the Bristol instance of Medway with new functionality such as review dates for on-hold patients. Scoping of this opportunity is currently underway.
- Pre-COVID harm review panels have been suspended with interim arrangements based on elective waiting list clinical prioritisation, and there are opportunities to extend this further into other areas of backlog management including new outpatient waiting lists and overdue partial bookings. National guidance is expected on this during Quarter 1.
- Securing ongoing elective capacity from the Independent Sector and sustain recovery in the form of local agreements that replace the nationally set contracts from 1st April 2021.

Priorities

- Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons.
- Maintain improvements to the A&E 4 hour and 12 hour breach position with cross system support from partners.
- Development and implementation of transformational opportunities to better manage the expected increase in non-elective admissions, A&E attendances and outpatient referrals following the easing of lockdown restrictions.
- Restoration of outpatients, where activity levels have been affected following the redeployment of clinical capacity to support the urgent care and patient flow pathways.
- Focus on delivering elective activity for patients prioritised to be seen within 1 month, including cross-system and potentially cross-regional support to mitigate risks relating to theatre staffing and access to beds, including critical care.

Risks & Threats

- The number of patients waiting over 104 days from referral on a GP suspected cancer pathway is rising gradually and the number of such waiters for potentially avoidable reasons (i.e. capacity) may exceed the trajectory agreed by the Trust and NHS England of 10. This is due to patients of lower clinical priority who are safe to wait for surgery starting to exceed the 104 day time period.
- The number of routine patients who are waiting for more than 52 weeks continues to grow. The prediction for the end of March 2021 is that 6,100 routine patients will have waited for treatment for more than a year. At the end of February, the Trust is reporting 19 patients who have waited over 2 years for treatment.
- Funding arrangements and operating plan requirements for 2021-22 have not yet been confirmed which is creating ongoing uncertainty with regards to the pace and affordability of recovery plans.
- CCG and University of Bristol modelling suggests non elective admissions and A&E attendances will return to pre-pandemic levels in July 2021, which will put significant pressures on flow and elective recovery given that Infection Prevention and Control requirements are expected to remain throughout the year.

Reporting Month: February 2021

Well-Led

Successes

- A successful UHBW led BNSSG Health Care Support Worker recruitment event has been held in collaboration with NBT, Community and Social Care partners, raising awareness of this essential role across health and social care settings.
- A renewed provision of the Cycle Scheme is to begin in April 2021.
- Following consultation and a successful recruitment campaign, the HR Services team has seen several appointments and new starters. The team will soon be recruited to establishment.
- Successful completion of the 2020/2021 seasonal peer influenza vaccination programme. Final uptake of all staff, students and volunteers is 73.7% (9,418 vaccines) including 88.1% (7,667) of frontline healthcare workers against a national CQUIN target of 90%. The Trust is ranked highest across BNSSG providers and holds 4th position within the South West region with the largest headcount of all providers.

Opportunities

- Funding bids for both international nurse recruitment and pastoral care support for the Health Care Support Worker programme.
- A Resolution Focused Culture Task and Finish Group has been established, with the aim of reducing the quantity of formal employee relations cases and improving staff experience with HR policies.
- The Local Authority Public Health team have approached UHBW to seek engagement and support as a primary partner in reinstating the Healthy Weight Declaration - NHS Partner Pledge to improve staff, patient and visitor access to healthy food and drink and opportunities to be physically active on the respective sites across the system; positively supporting the delivery of numerous strategic actions for Physical Wellbeing and Lifestyles.
- Wellbeing Advocate promotion and recruitment activity to increase membership within each Division; in support of this Above and Beyond are highlighting the role of the Wellbeing Advocate in a series of online blogs from February - June 2021.
- Re-commencement of the Allocate system merge project to bring together the Weston and Bristol HealthRoster systems.

Priorities

- Further communication and support for the Trust's EU staff to encourage applications for Settled Status by the end of June 2021.
- Development of a communication plan and dissemination of materials for managers and staff for the implementation of the new pay progression requirements starting September 2021.
- Implementation of the national agreement to back-pay overtime pay to include the entitlement to annual leave within the hourly pay rate for financial years 2019-21.
- A review and revision of the suite of HR Policies. Policy Group has been re-established and a review of the terms of reference is underway.
- Development of a revised roll out plan for medical e-rostering to ensure full implementation Trust-wide by the end 2021/22.
- Communication across the Trust of the 2020 Staff Survey results. All divisions are now in receipt of local heat-maps to support action planning at team level.

Risks & Threats

- Risk that not all of the Trust's existing EU workforce have applied for Settled Status, preventing EU staff from working in the UK after 1st July 2021.
- Changes in quarantine and testing rules are leading to an increase in recruitment costs and will have an adverse effect on previously agreed start dates as the logistics of moving to the UK are becoming increasingly more complicated.
- Risk of delays in responding to Subject Access Requests associated with employee requests due to lack of resources, process and training.
- The significant roadmap of people system developments and changes in 2021/22 poses a risk to the end user experience and engagement, particularly for the Weston site.
- Overall compliance for Essential Training decreased by another percentage point in February, to 84%, with the largest reduction seen in Moving and Handling.
- Appraisal compliance continues to be below target, reducing again in February 2021.

Dashboard



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2021

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

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

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

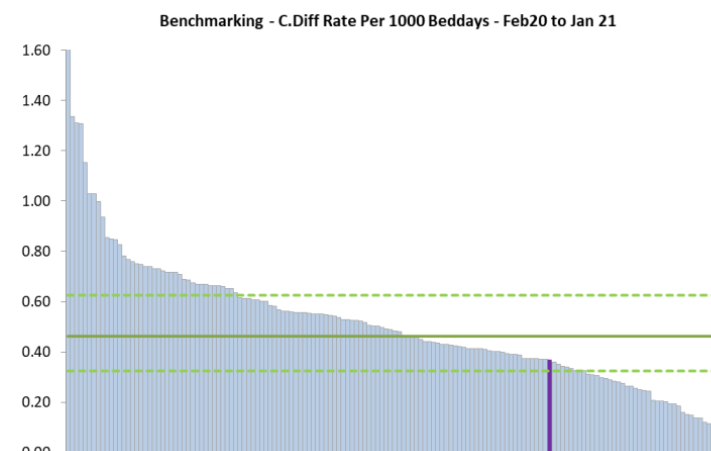
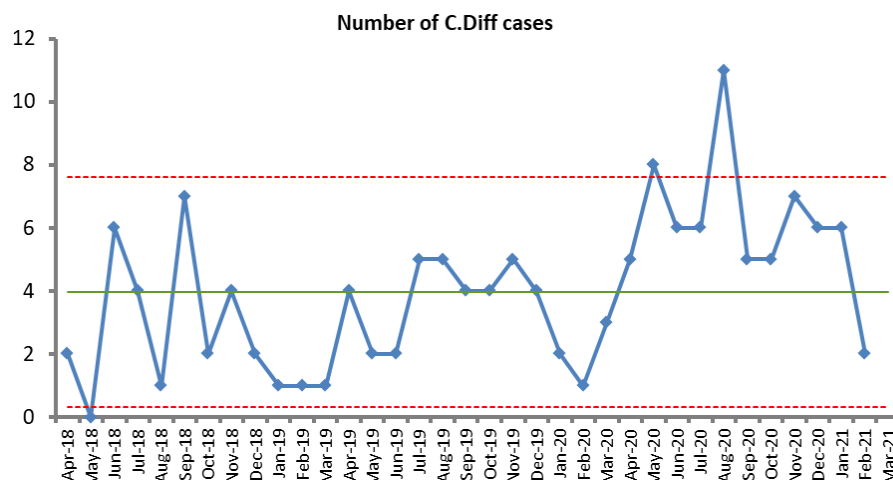
N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

February 2021

Y Achieved

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol and 15 cases for Weston. The limit for UHBW has not yet been set for 2020/21 as it will be based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases (57 plus 15) for UHBW as a whole for 2020/21 would give a trajectory of 6 cases a month. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.
Performance:	There were two cases of C.Difficile attributed to UHBW in February 2021, one in Medicine division and one in Specialised Services division.
Commentary:	This is shown as normal variation and is below the trajectory of six cases a month. However, year to date there have been 67 cases which puts us close to the limit of 72 cases for 2020/21. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. First sets of data including post infection reviews have been sent to the commissioners for the outstanding reviews Q4 19/20 and Q1 20/21 – this is for cases across the Trust. Further post-infection reviews will be scheduled to deal with each of the remaining outstanding quarters in 20/21.
Ownership:	Chief Nurse



	Feb-21	2020/2021
Medicine	1	20
Specialised Services	1	13
Surgery	0	13
Weston	0	11
Women's and Children's	0	10
TOTAL	2	67

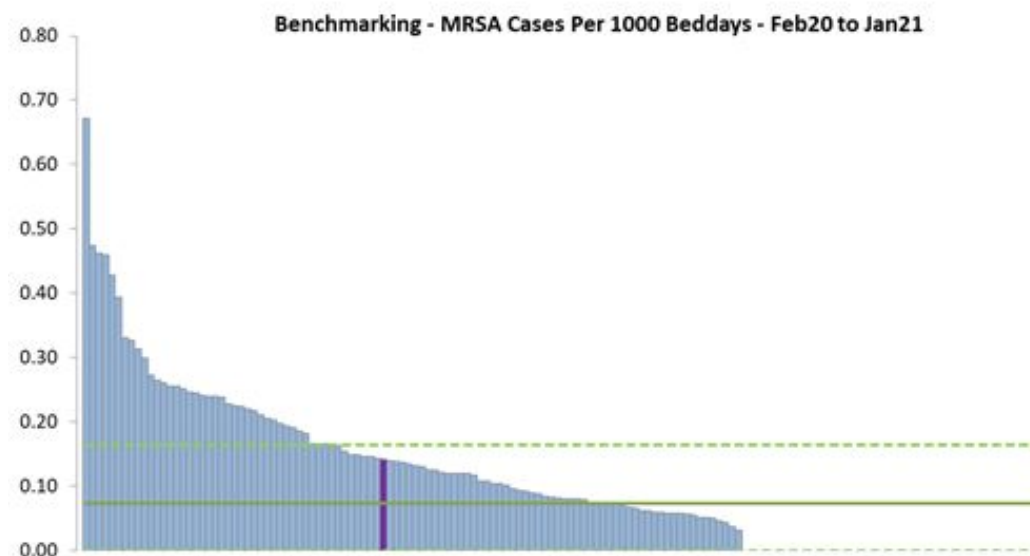
Infection Control - MRSA

February 2021

Y *Achieved*

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

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



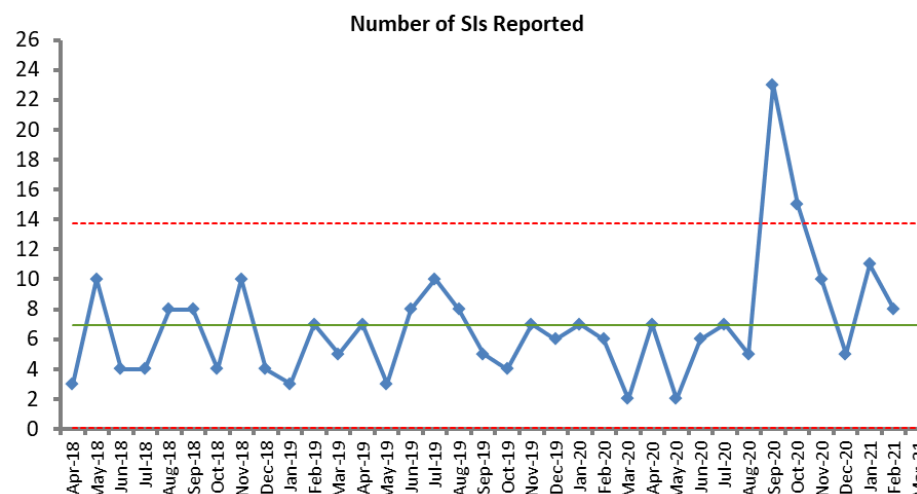
Serious Incidents

February 2021

N/A No Standard Defined

Standards:	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in the NHS providers following learning from early adopters.
Latest Data:	Eight serious incidents were reported in February 2021, five in Weston division, two in medicine division and one in maternity services.
Commentary:	The eight cases comprise three pressure ulcers, one patient fall, one unexpected death, one diagnostic incident, one neonatal death and one sub-optimal care of the deteriorating patient. The outcomes of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Feb-21	2020/2021
Medicine	2	27
Specialised Services	0	6
Surgery	0	11
Trust Services	0	1
Weston	5	46
Women's and Children's	1	8
TOTAL	8	99



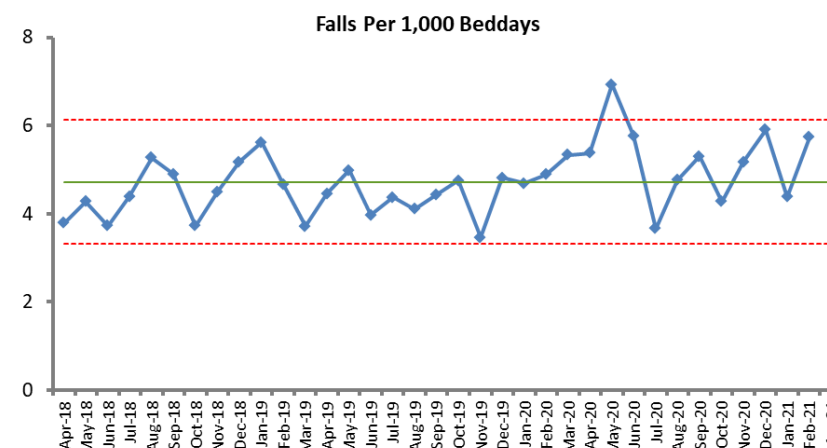
Harm Free Care – Inpatient Falls

February 2021

N Not Achieved

Standards:	To reduce and sustain the number of falls per 1,000 beddays below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month. Sustaining a falls rate below the target due to the impact of physical deconditioning for patients due to Covid which has led to an increase in falls.
Performance:	During February 2021, the rate of falls per 1,000 bed days was 5.73 across UHBW. There were 154 falls in total: 127 in our Bristol Hospitals and 27 in the Division of Weston. Three falls resulted in moderate or a higher level of harm, (one in Medicine, one in Surgery and one in Weston) and are subject to patient safety incident investigations.
Commentary:	<p>The total number of falls increased (from 124 in January to 154 in February) but rate per 1,000 bed days remains within the upper and lower control limits. The increase in the number of falls was seen across sites. Actions:</p> <ul style="list-style-type: none"> The Dementia, Delirium and Falls Team as well as the Manual Handling Team have been providing support and advice to specific ward staff regarding issues relating to the environment and also post falls guidance that have arisen when patients have fallen. Nursing staff at Weston have been receiving training for using the SCOOP equipment following a fall where a patient is suspected of having a major limb fracture or spinal injury; with a clear plan in place to ensure that there will be an increase in staff trained across all areas. The Falls Steering Group was stood down due to the operational pressures in the Trust experienced at the time but background audits have been undertaken. The results and action plan generated from the two falls audits will be shared and managed by the Falls Operational Group and reported to the steering group in April 2021 to ensure Trust wide learning. The Falls Team are reviewing their work plan and focus ready for launching in April; ensuring that the plans are deliverable in the current operational situation.
Ownership:	Chief Nurse

	Falls	Per 1,000 Beddays
Diagnostics and Therapies	1	-
Medicine	61	7.12
Specialised Services	38	11.31
Surgery	25	7.84
Trust Services/Trustwide	0	-
Weston	27	4.79
Women's and Children's	2	0.33
TRUST TOTAL	154	5.73



Harm Free Care – Pressure Injuries

February 2021

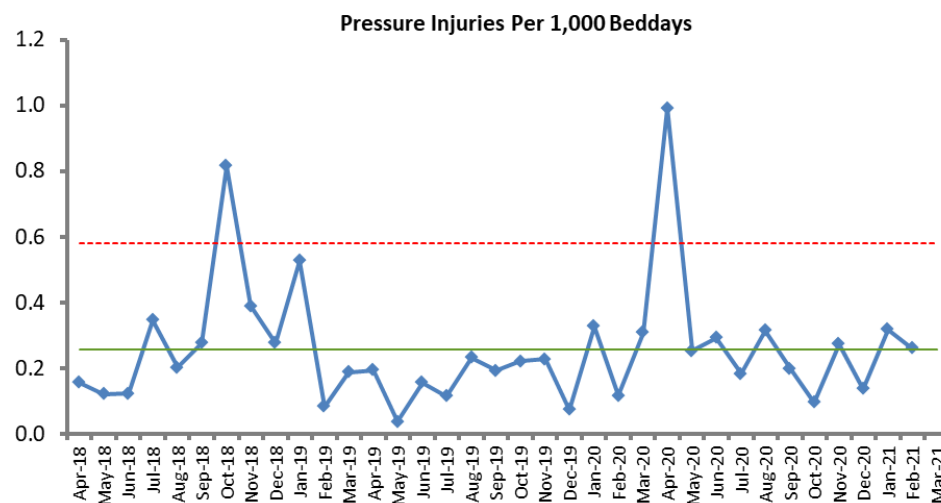
Y Achieved

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	During February 2021, the rate of pressure injuries per 1,000 beddays was 0.26 across UHBW. There were seven category 2 pressure injuries across UHBW, one in Surgery Division (sacrum) one in Specialised Services (heel) and five in Weston Division. Of the five in Weston, two were to the ears (medical device related – oxygen tubing) one to the spine, one to the sacrum and one to the heel.
Commentary:	<p>There were two unstageable injuries reported in Weston Division – one injury to the nasal bridge (medical device related – NIV mask), the patient in question was elderly, confused with poor nutritional intake. The second injury to the sacrum, was a complex patient, doubly deemed to have mental capacity but consistently declining to have skin checks or to be supported to re-position.</p> <p>Investigations are underway for the unstageable pressure injuries and a Weston Division specific action plan has been formulated to include:</p> <ul style="list-style-type: none"> • Targeted ward staff tissue viability training for all wards. • Implementation of heel off-loading equipment for vulnerable patients, on which training will be incorporated into ward based teaching sessions. • Implementation of nasal cannula with built in ear guards (as used in Bristol) to reduce the risk of pressure damage to the ears. • Implementation of pressure relieving mattress flowchart to support staff in mattress decision making. • Implementation of Bristol pressure ulcer prevention, wound assessment and Care log documentation. <p>Actions (All Sites):</p> <ul style="list-style-type: none"> • Continue to deliver “hot spot” face to face targeted training for staff. • Share with staff the enhanced resources for staff on tissue viability connect page. • Monthly tissue viability newsletter uploaded to trust-wide “Newsbeat” and disseminated to all nursing staff with each edition incorporating pertinent / current themes to raise staff awareness of tissue viability matters. • Continued promotion of the “Why Wait” Poster campaign to raise staff awareness of pressure relieving and pressure re-distributing aids preventatively. • Ongoing engagement with TV champions across divisions to support good practice locally.
Ownership:	Chief Nurse

Harm Free Care – Pressure Injuries

February 2021

	Pressure Injuries	Per 1000 Beddays
Medicine	0	0.24
Specialised Services	1	0.13
Surgery	1	0.38
Weston	5	0.89
Women's and Children's	0	0.03
TOTAL	7	0.26



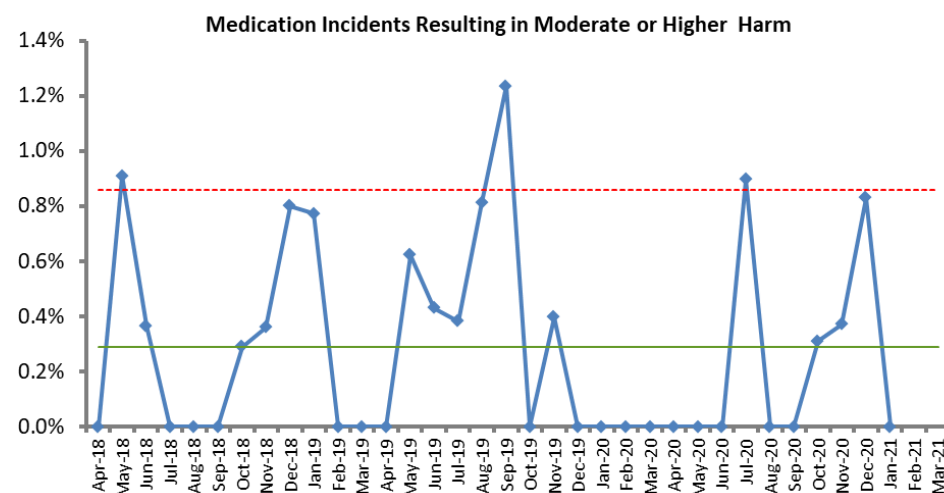
Medicines Management

Jan/Feb 2021

Y Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were no moderate harm incidents out of 257 medication incidents reported in UHBW in January . There was one (1.19%) omitted doses of a critical medicine identified in 521 patients audited in our Bristol Hospitals in February. Data on omitted doses has not been collected in Weston since the suspension of the National NHS Medicines Safety Thermometer data collection in March 2020.
Commentary:	The one omitted dose in Bristol was a Parkinson's disease medicine that was not available on the ward. The medicine was ordered urgently by the pharmacist on discovering the omitted dose. The nurse was shown how to use the drug finder. Actions: <ul style="list-style-type: none"> To continue to promote the use of drug finder. To identify one ward where all Parkinson's disease medicines can be kept as stock so that there is a central location for accessing these time critical medicines 24 hours a day.
Ownership:	Medical Director

	Jan-21		
	Moderate or Higher Harm Incidents	Total Audited	Percentage
Bristol	0	226	0.00%
Weston	0	31	0.00%
TOTAL	0	257	0.00%



Essential Training

February 2021

N No Achieved

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In February 2021, Essential Training overall compliance reduced to 84%, compared with 85% in the previous month (excluding Child Protection Level 3).
Commentary:	<p>February 2021 compliance for Core Skills (mandatory/statutory) training reduced to 84% overall across the eleven programmes. There were no increases seen by programme. There were reductions in six of the programmes, with the largest reduction seen in Moving and Handling, where compliance reduced by three percentage points. Fire Safety, Preventing Radicalisation, Safe Guarding Adults and Safeguarding Children each reduced by one percentage point; Information Governance reduced by two percentage points. The remaining five programmes remained static in comparison to the previous month.</p> <p>Overall compliance for 'Remaining Essential Training' remained static at 91%. This figure continues to exclude Weston data.</p> <ul style="list-style-type: none"> In February, the Education Department continued to focus on maximum induction intake of Nursing Assistants, supporting the drive to reach a zero vacancy target by 1 April 2021. Facilitated eLearning access sessions are planned through 2021, specifically for new starters and staff in Estates and Facilities. The Education Department supported an extra induction for clinicians (20) in addition to the regular intake of two February Corporate Inductions.
Ownership:	Director of People

Essential Training	Feb-21	KPI
Equality, Diversity and Human Rights	89%	90%
Fire Safety	80%	90%
Health, Safety and Welfare (formerly Health & Safety)	90%	90%
Infection Prevention and Control	83%	90%
Information Governance	80%	95%
Moving and Handling (formerly Manual Handling)	79%	90%
NHS Conflict Resolution Training	89%	90%
Preventing Radicalisation	90%	90%
Resuscitation	66%	90%
Safeguarding Adults	88%	90%
Safeguarding Children	87%	90%

Essential Training	Feb-21	KPI
UHBWNHS Foundation Trust	84%	90%
Diagnostics & Therapies	87%	90%
Medicine	81%	90%
Specialised Services	84%	90%
Surgery	84%	90%
Women's & Children's	83%	90%
Trust Services	87%	90%
Facilities & Estates	89%	90%
Weston	83%	90%

Nurse Staffing Levels

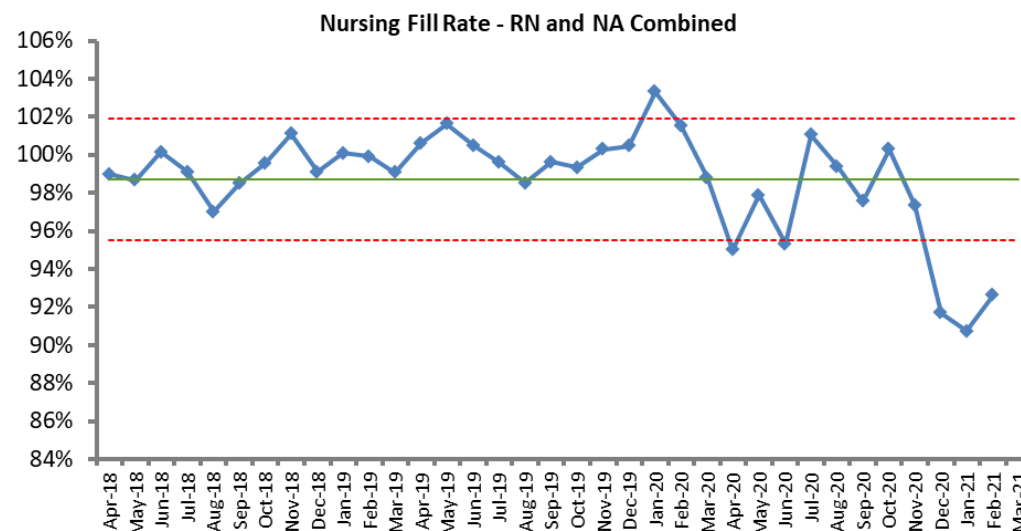
February 2021

N/A No Standard Defined

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.
Performance:	The report shows that in February 2021, UHBW had rostered 268,628 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 248,779. This gave an overall fill rate of 93% for UHBW .
Commentary:	<p>The combined figures for UHBW in February 2021 show that the trust had 89% cover for RN's on days and 91% RN cover for nights. The unregistered level of 97% for days and 103% for nights reflects the activity seen in February 2021. This was due to the impact of COVID-19 on staff absence, the inability to cover shifts at times with temporary staff, and the reconfiguration on the wards to manage COVID-19 patients with increasing acuity and dependency.</p> <p>The fill rates in the graph are based on the staffing levels agreed on wards as of November 2020. There is a decrease in fill rate for the past 3 months as the in-patient wards had moved to the Covid surge staffing plan to ensure all areas were staffed as safely as possible. In addition both Bristol and Weston have continued to have a reduced bed occupancy over this period, with Bristol at 81.5% and Weston at 70% occupancy in January and 82.1% and 82% respectively in February.</p>
Ownership:	Chief Nurse

Staffing Fill Rates: Feb-21

	Total	RNs	NAs
Medicine	97.7%	93.9%	102.6%
Specialised Services	91.8%	87.7%	103.0%
Surgery	97.3%	90.9%	114.5%
Weston	79.2%	74.5%	98.0%
Women's and Children's	92.6%	95.2%	80.5%
Bristol Divisions	94.8%	92.7%	100.0%
TRUST TOTAL	92.6%	89.9%	99.4%



Venous Thromboembolism Risk Assessment

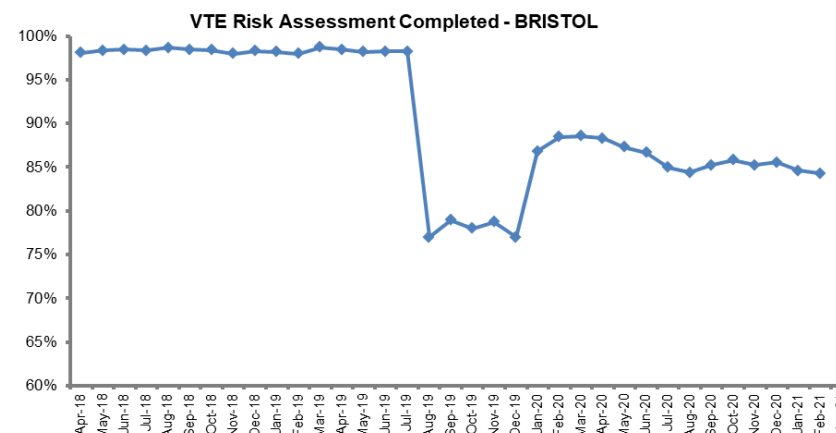
February 2021

N Not Achieved

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thrombo-prophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for February 2021 is 84.3% which has remained fairly static throughout 2020 and remains below the lower control limit. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. Alternative interim sample audits are planned, potentially via the Perfect Ward App, pending a longer term digital solution to capture data for all relevant patients.
Commentary:	<ul style="list-style-type: none"> The VTE Group (comprising front line clinicians) has again been paused due to the impact of Wave 2/3 of the COVID-19 pandemic on our hospitals The new Patient Safety Improvement Nurses are in post to support clinical teams in improvement work remain redeployed part-time to support the COVID-19 vaccination programme. The long term goal is to integrate VTE risk assessment within another digital system in routine use, either admission or prescribing with a force function. This continues to be in the pipeline and the VTE group think this is the only way national compliance standards will be consistently met. Unfortunately, there have been several delays in the development of this which has meant it has not yet been available and is unlikely to be so in the next few months. In the meantime, maintaining compliance relies on continuous regular education and support/pressure from divisional leadership and the consultant body. However, maintaining this in the COVID-19 pandemic has been challenging.
Ownership:	Medical Director

Bristol - VTE Risk Assessment Performance

	Feb-21		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	28	28	100.0%
Medicine	1,587	2,100	75.6%
Specialised Services	2,186	2,400	91.1%
Surgery	1,055	1,340	78.7%
Women's and Children's	1,361	1,509	90.2%
TOTAL	6,217	7,377	84.3%



Venous Thromboembolism Risk Assessment

February 2021

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

		Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	26	26	100.0%
Diagnostics and Therapies Total		28	28	100.0%
Medicine	Medicine	1,587	2,100	75.6%
Medicine Total		1,587	2,100	75.6%
Specialised Services	BHOC	1,933	2,011	96.1%
	Cardiac	253	389	65.0%
Specialised Services Total		2,186	2,400	91.1%
Surgery	Anaesthetics	7	7	100.0%
	Dental Services	48	63	76.2%
	ENT & Thoracics	96	179	53.6%
	GI Surgery	803	956	84.0%
	Ophthalmology	21	23	91.3%
	Trauma & Orthopaedics	80	112	71.4%
Surgery Total		1,055	1,340	78.7%
Women's and Children's	Children's Services	34	66	51.5%
	Women's Services	1,327	1,443	92.0%
Women's and Children's Total		1,361	1,509	90.2%
Grand Total		6,217	7,377	84.3%

Friends and Family Test (FFT)

February 2021

N/A No Standard Defined

Standards:	The Friends and Family Test (FFT) was relaunched nationally on 1 st December 2020. The FFT question has changed in line with national requirements to "Overall, how was your experience of our service?" A score is calculated based on the number of 'Very good' and 'Good' responses divided by the number of overall responses.
Performance:	The Trust received 3,787 responses in February 2021 across all the FFT areas. This was through a combination online, SMS, postal survey responses and FFT cards where it has been safe to do so. The overall scores and response rates are shown in the table below.
Commentary:	<p>For the BRI adult emergency department (88.6% positive, response rate 8.1%), the Trust monitored this feedback on a weekly basis during January and February in light of recent service pressures / ambulance queuing: only a handful of negative FFT comments were received by the Trust in relation to ambulance queuing during this period.</p> <p>The FFT score for the Weston General Hospital Emergency Department / Maternity / Inpatients / Outpatients is not commented on this month due to a very low number of responses (20 responses were collected in total for all FFT settings for the Division of Weston excluding day case). A high proportion of inpatient wards in the Division of Weston have been blue COVID-19 wards since November 2020. This has resulted in a temporary pause of the paper-based survey approach on advice of the IPC team and this has contributed to a low level of responses.</p> <p>Actions:</p> <ul style="list-style-type: none"> The Trust will continue to work across all divisions to embed the new FFT question in a way that is sensitive to the operational pressures being experienced across our hospitals. This includes specific work in the Division of Weston to align to the approach across all our hospitals and improve FFT response volumes.
Ownership:	Chief Nurse

		Positive Response	Total Responses	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	383	397	2,200	99.0%	18.0%
	Weston	19	19	524	100.0%	3.6%
	UHBW	402	416	2,724	99.0%	15.3%
Day Cases	Bristol	256	260	1,545	98.5%	16.8%
	Weston	237	237	521	100.0%	45.5%
	UHBW	493	497	2,066	99.2%	24.1%
Outpatients	Bristol	2,151	2,263		96.0%	
	Weston	0	0		-	
	UHBW	2,151	2,263		96.0%	

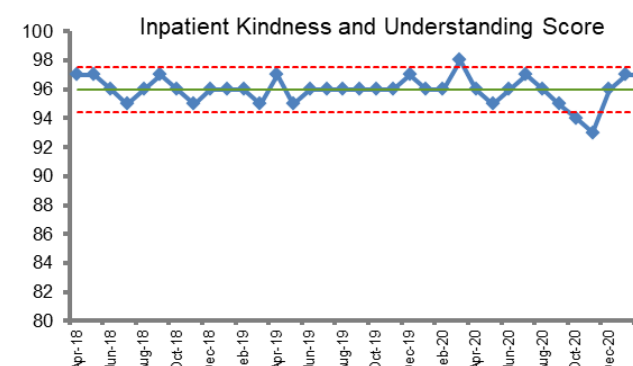
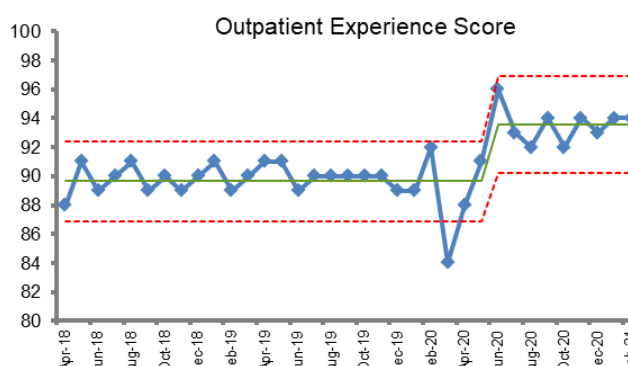
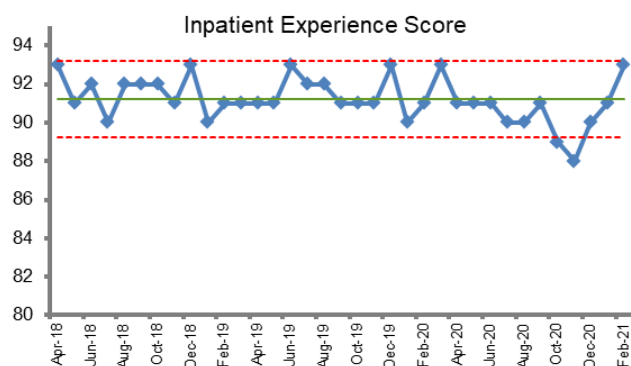
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	186	211	2,620	88.6%	8.1%
	BRHC	180	189	1,589	95.7%	11.9%
	BEH	0	0	1,449	-	0.0%
	Weston	1	1	376	100.0%	0.3%
	UHBW	367	401	6,034	92.0%	6.6%
Maternity	Bristol	205	210	759	99.5%	

Patient Surveys (Bristol)

February 2021

Y Achieved

Standards:	For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For February 2021, the inpatient score was 93 out of 100 (January was 91), for outpatients it was 94 (January was 93). The kindness and understanding score was 97 (January was 97).
Commentary:	<p>The latest (February) data exceeded the target thresholds. The inpatient score is the highest monthly score this financial year to date. The survey continues to be affected by a lag in response times and so the data should be treated with caution. This is primarily as a result of delays in the postal system and the effects of the national lockdown.</p> <p>Actions:</p> <ul style="list-style-type: none"> We will report the final February score next month, to allow the number of responses to build up further. We will continue to carefully review our patient experience measures and wider feedback from patients in order to understand whether the pandemic pressures are translating into a change of the experience for patients.
Ownership:	Chief Nurse



Patient Surveys (Weston)

February 2021

N/A No Standard Defined

Standards:	In the Division of Weston, an exit survey is offered to inpatients and day-case patients. This survey is a legacy of merger and no specific targets have previously been set by Weston Trust. Please note that the exit survey did not run between April and August 2020 due to Covid-19.
Performance:	During February, 100% of patients in the Weston survey reported being treated with dignity and respect; they also reported an overall positive experience on the wards. However there were only 18 responses from inpatients; by way of comparison, the average monthly response to this survey in the last financial year 2019/2020 was 227 for inpatients. There was an increase in the number of survey responses from day cases to 142 in February 2021 from 88 in January.
Commentary:	Compared to pre-pandemic levels, the number of responses to the exit survey is currently very low; combined with concerns over data quality; this makes it difficult to draw any significant conclusions from the data that we have received for February 2021. A high proportion of inpatient wards in the Division of Weston have been blue COVID-19 wards up to and including February 2021. This resulted in a temporary pause of the paper-based survey approach on advice of the IPC team and this has contributed to a low level of responses. These restrictions on paper-based surveys have now been removed. Actions: <ul style="list-style-type: none"> The patient experience programme in the Division of Weston has not yet been aligned to the overall corporate programme at UHBW. Work has now started on the extension of Bristol's postal survey programme and FFT processes to the Division of Weston. We anticipate that this work will be completed by the autumn of 2021. This will improve the volume and robustness of patient feedback, and provide a consistent basis for analysing patient experience information across all our sites. The patient experience team is working with the Head of Nursing, Division of Weston, on the data quality and validation issues highlighted above. The team is also working directly with matrons and ward sisters to encourage a renewed focus on patient feedback.
Ownership:	Chief Nurse

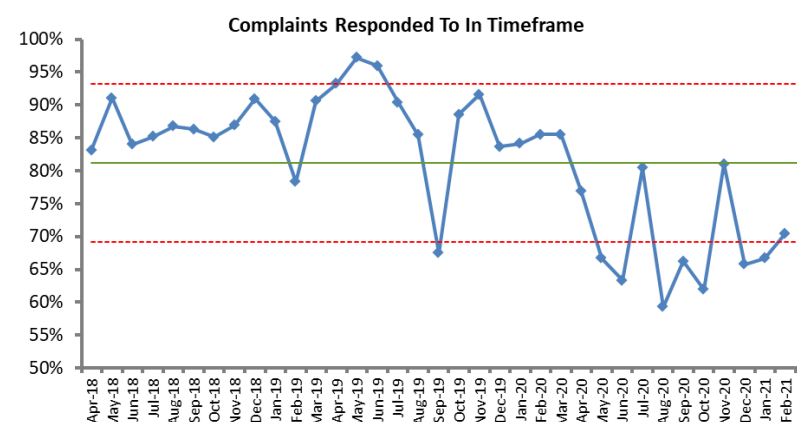
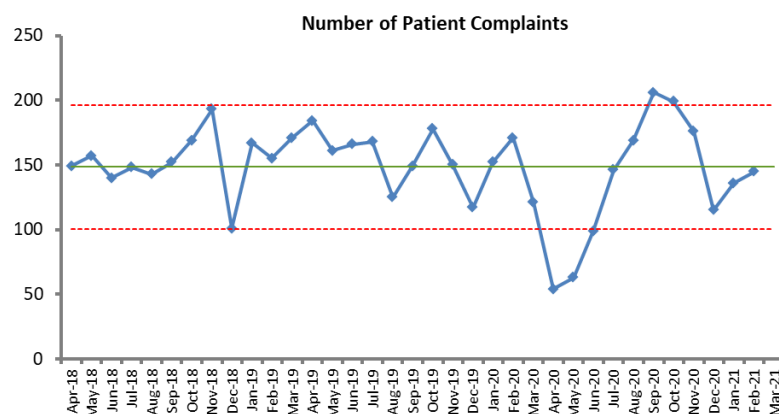
		2019/20	2020/2021					
		Monthly Average	Sep	Oct	Nov	Dec	Jan	Feb
Inpatients	Q2. Did you feel we listened to you?	Responses Per Month	227	98	94	77	17	10
		% Positive	91.4%	87.8%	96.8%	77.9%	94.1%	90.0%
	Q5. Did we treat you with dignity and respect?	Responses Per Month	227	99	93	78	17	10
		% Positive	96.7%	98.0%	98.9%	87.2%	100.0%	100.0%
	Q8. What did you think of the ward overall?	Responses Per Month	225	95	92	77	17	10
		% Positive	93.2%	95.8%	97.8%	80.5%	100.0%	90.0%
Day Cases	Q2. Did you feel we listened to you?	Responses Per Month	207	58	79	52	50	86
		% Positive	99.1%	98.3%	100.0%	100.0%	98.0%	100.0%
	Q5. Did we treat you with dignity and respect?	Responses Per Month	206	58	79	53	49	87
		% Positive	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
	Q8. What did you think of the ward overall?	Responses Per Month	207	58	79	53	49	86
		% Positive	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Patient Complaints

February 2021

P Partially Achieved

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	<ul style="list-style-type: none"> In February 2021, 145 complaints were received. In February, 44 Formal complaints were responded to, with 31 (71%) being responded to within timeframe. This is a further slight monthly improvement on the 67% reported in January 2021 and the 65.8% reported in December. Divisions returned 75% of formal responses to the Patient Support & Complaints Team (PSCT) by the agreed deadline in February, compared with 64% in January 2021. 92% of informal complaints (35 of 38) were responded to within the agreed timeframe in February 2021, compared with 98% in January 2021 and 93% in December 2020. There were four complaints reported in December 2020 where the complainant was dissatisfied with our response, which represents 5.5% of 73 first responses sent out in December (this measure is reported two months in arrears).
Commentary:	Of the 13 breaches of the overall response time for formal complaints: 10 were attributable to delays within the divisions, two were due to delays during the Executive signing process and one was due to a delay during the checking process by the PSCT. There were four breaches for the Division of Weston, three for Specialised Services, and two each for Medicine, Surgery, and Trust Services. Note: At the time of submitting this report, this data had not yet been validated by Divisions.
Ownership:	Chief Nurse



Emergency Care – 4 Hour Standard

February 2021

N Not Achieved

Standards:	<p>Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits". There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
Performance:	<p>Trust level 4 hour performance for February was 72.6% across all four Emergency Departments (10,433 attendances and 2,863 patients waiting over 4 hours). There were 195 patients who had a Trolley wait in excess of 12 hours (82 in Bristol and 113 at Weston). Between 1st January and 7th March 2021 there were 1,708 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 30% of all Handovers.</p>
Commentary:	<p>Bristol Royal Infirmary</p> <p>Performance against the 4 hour standard remains poor but has improved slightly from the previous month (56.7% in February and 54.9% in January). The number of covid positive patients in hospital declined from 142 at the beginning of the month to 48 by month end which has led to a reduction in 12 hour trolley waits from 211 in January to 82 in February.</p> <p>The need for testing, streaming and need for deep cleaning between patients with confirmed/suspected covid 19 creates significant challenges around patient flow leading to overcrowding and long waits in ED. A further impact of the flow challenges has been ambulance queuing due to lack of capacity in ED to offload patients.</p> <p>The Trust has operated a strict redirection policy for patients with minor illness/injuries during the internal critical incident. Patients with minor illnesses/injuries were streamed to appropriate alternative providers such as urgent treatment centres and primary care. This initiative supports reducing overcrowding in ED and ability to utilise staff to care for more acutely unwell patients. The Trust is also planning a trial of a same day emergency care (SDEC) unit to improve flow further.</p> <p>Achieving flow, remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Incident Triage Area, Ambulance Queuing and Admissions Overflow Standard Operating Procedures (SOPs) have been established along with increased nursing and medical staffing to support decompressing ED and reducing patient safety risks. The flow challenges have been exacerbated by the following factors:</p> <ul style="list-style-type: none"> • Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not consistently be staffed • Bed closures due to outbreaks including 15 beds closed at South Bristol Community Hospital • Fluctuation in the numbers of covid positive (Blue) and covid negative (Green) patient demand during this period has reduced our inpatient capacity as the covid status of patients requiring admission did not match the covid status of available beds. The Trust has been monitoring trends in Covid admissions to predict demand and proactively convert wards between to align with the . • Availability of P3 bed capacity in the community has also been a challenge leading to delays in discharges

Emergency Care – 4 Hour Standard



University Hospitals
Bristol and Weston
NHS Foundation Trust

February 2021

Commentary:

Bristol Royal Hospital for Children:

Attendances remain lower than compared to last year but are increasing. Patients managed within the 4 hours in February was 90.6%. The use of Sunflower Ward as an observation unit will stop from the 12th April and ED will return to the original footprint, opening outpatients regularly on an evening and weekend to support social distancing. ED staffing numbers are due to reduce and return to summer staffing level, this is a concern as the department still needs to operate a separate triage and streaming process but will be reviewed regularly.

Breaches recently within the department have been related to delayed COVID results, hopefully this will improve at the end of March as the department has received a new machine, ABBOTT which enables a COVID result within 10 minutes, this will enable better flow around the hospital.

We have secured charity funding for a soft space cubicle and are looking at starting these works as soon as possible, this room will be vital for the mental health patients especially at a time with increased numbers. As part of COVID response we supported the BRI with accepting 16-17 years, as from the 1st March we are no longer accepting these patients and are back attending the BRI.

Weston General Hospital:

Performance against the 4 hour standard improved to 70.86% in February (vs 62.40% in the month of January). Attendances to the department remain lower than usual and are slightly lower than attendances in the previous month at 2361 (vs 2436 in January). The department are seeing fewer minor illness and injury patients and much of this is a result of the redirection policy and patients being streamed to appropriate alternate providers, such as primary care and urgent treatment centres.

The lack of flow within the Emergency Department has significantly affected performance and in terms of breach reasons, waiting for a bed was the most common reason. The high number of patients requiring a bed and the lack of capacity across the hospital has meant that the Emergency Department continues to bed patients overnight. The continued overcrowding has also led to ambulance handover delays.

The challenges with flow have led to a number of 12 hour trolley breaches; this number was significantly reduced at 113 in February from 257 in January. Other contributing factors for these breaches are the reduced bed base following social distancing, zoning of patients across 4 types of patient categories green, amber, blue and covid recovered. The number of patients who are Medically Fit for Discharge has been consistently high, particularly around P2 and P3 capacity.

Emergency Care – 4 Hour Standard

February 2021

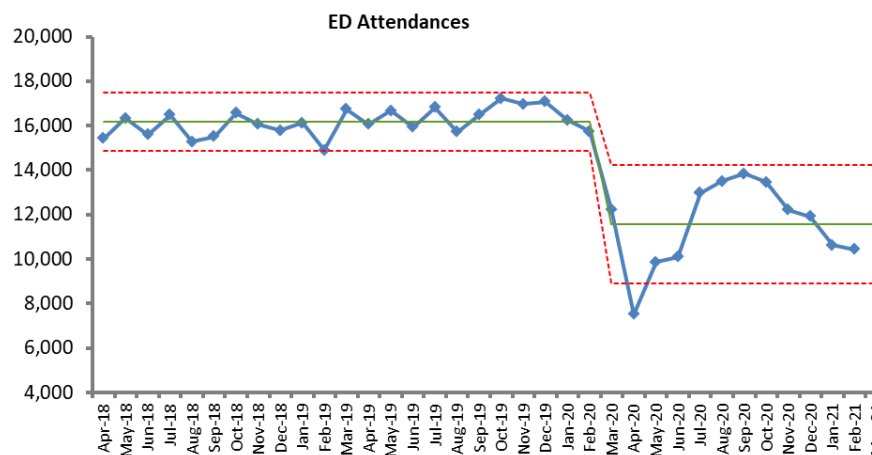
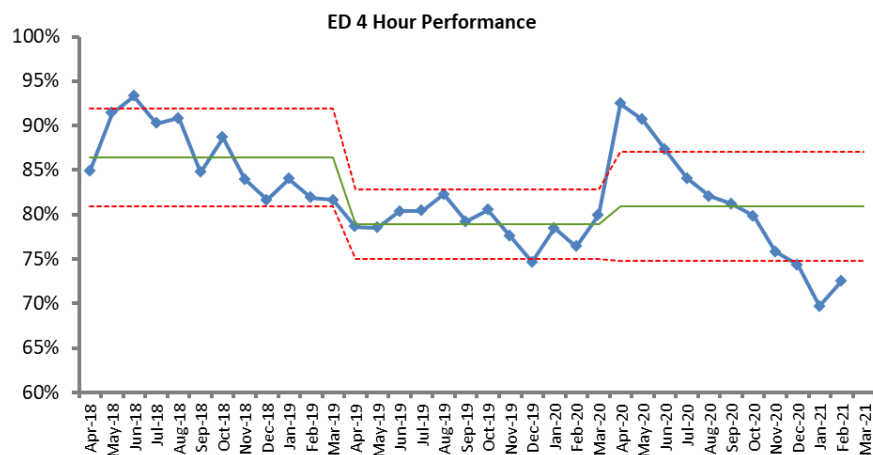
Commentary:	<p>Bristol Eye Hospital:</p> <p>4 hour breaches remain low despite increasing pressure from short notice staffing issues and the ward closure, not being able to admit later in the day. The BEH ED achieved 98.14% in February, reporting 27 breaches for the whole month. The main theme was diagnostic delay especially when patients are sent to the main site. Currently we are working with the BI team to create a dashboard for ED attendances to enable "live" monitoring of patients in the department to give overview of the department pressures. A rota has also been drawn up for the POM Team to monitor the ED queue at the front door. Recent changes to patient flow at the front door have occurred so the patient is registered on Medway, then to nurse triage which should help bottlenecks at the front waiting area. The Blue Zone works have been completed, and will be in use from April following final sign off and deep clean.</p>
Ownership:	Chief Operating Officer

4 Hour Performance	Feb-21	2020/2021
Bristol Royal Infirmary	56.7%	71.0%
Bristol Children's Hospital	90.6%	92.3%
Bristol Eye Hospital	98.1%	98.7%
Weston General Hospital	70.9%	77.8%

Total Attendances	Feb-21	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	4,498	38,645	6,190
Bristol Children's Hospital	2,120	23,511	3,849
Bristol Eye Hospital	1,454	16,181	2,095
Weston General Hospital	2,361	30,195	4,258

Emergency Care – 4 Hour Standard

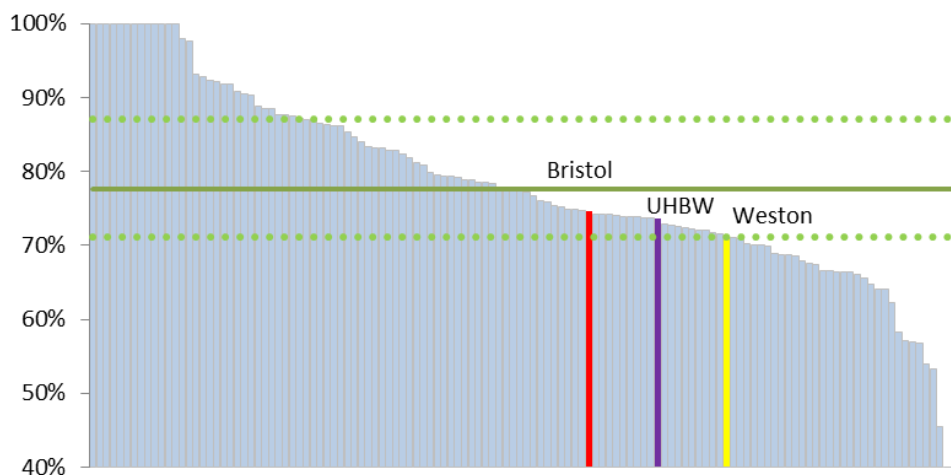
February 2021



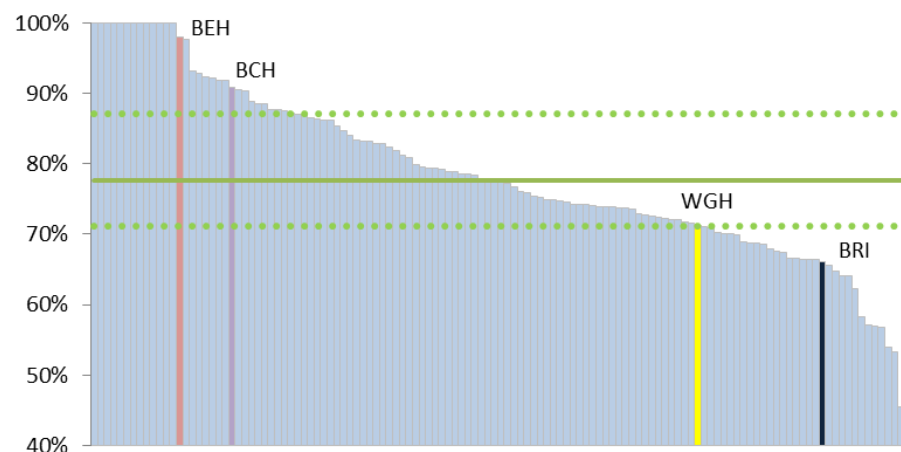
Note:

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

Benchmarking - ED 4 Hour Performance 2020/21 Quarter 3



Benchmarking - ED 4 Hour Performance 2020/21 Quarter 3



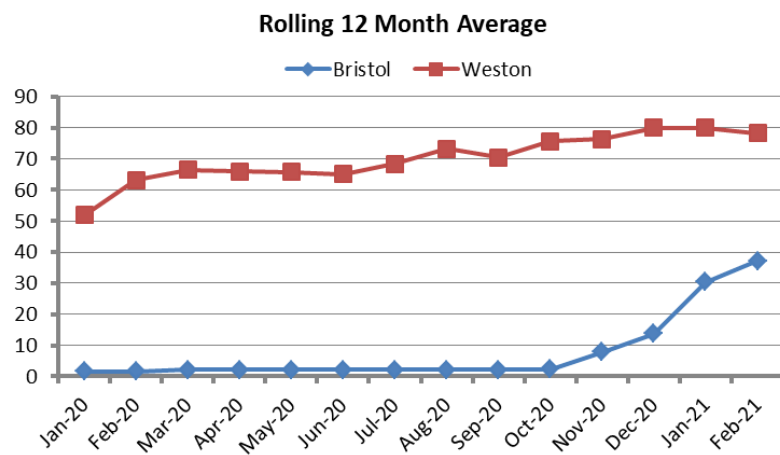
Emergency Care – 12 Hour Trolley Waits

February 2021

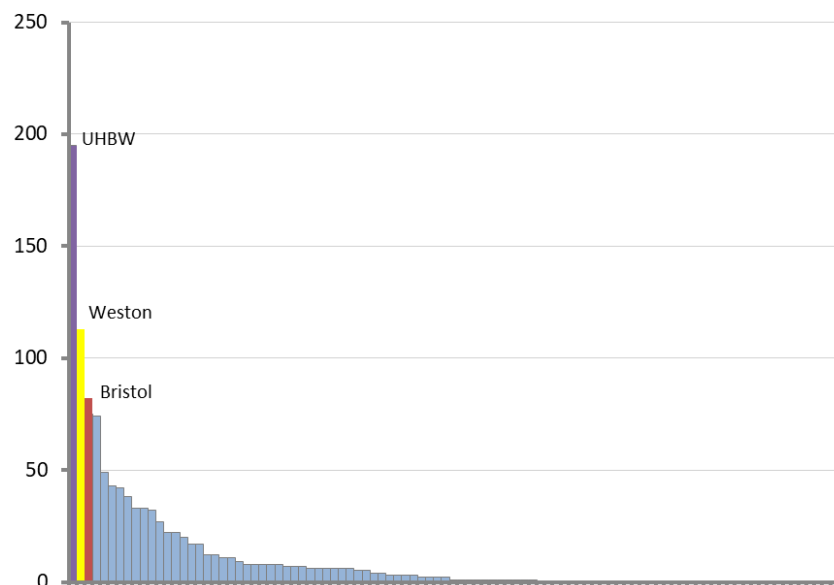
12 Hour Trolley Waits

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

	2019/2020												2020/2021											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	0	0	0	0	0	0	0	0	8	11	1	5	0	0	0	0	0	0	3	66	79	211	82	
Weston	5	4	15	18	11	39	21	127	124	257	134	41	0	1	7	58	68	6	84	135	168	257	113	
UHBW	5	4	15	18	11	39	21	127	132	268	135	46	0	1	7	58	68	6	87	201	247	468	195	



Benchmarking - 12 Hour Trolley Waits - February 2021



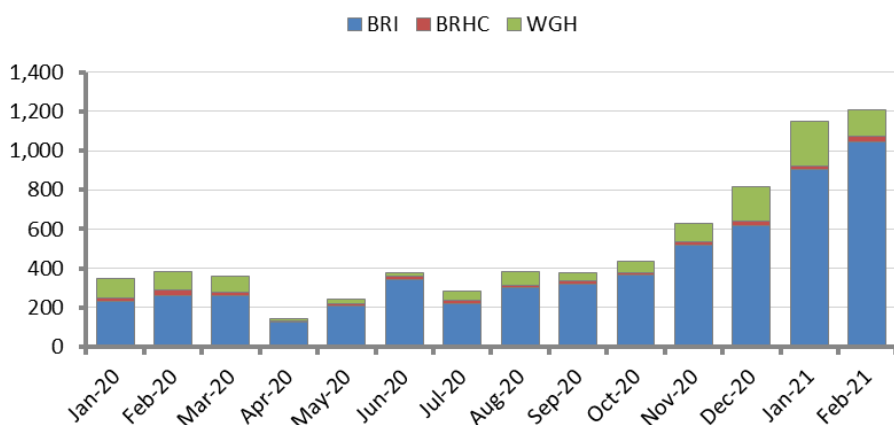
Emergency Care – Ambulance Handovers

Quarter 4 2020/21

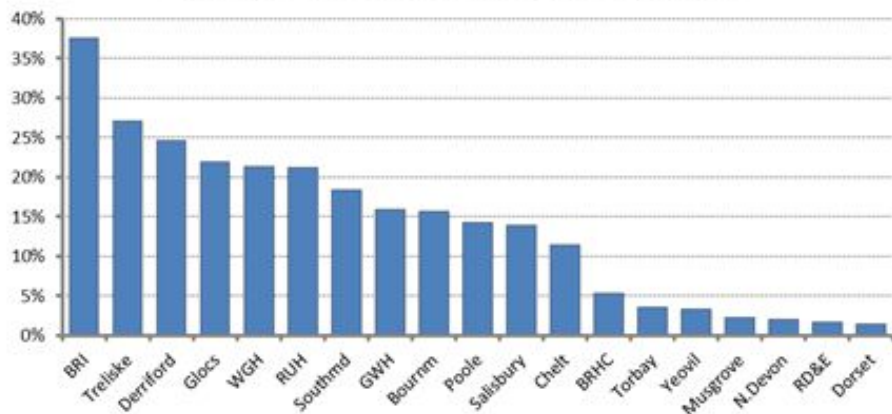
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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

UHBW Ambulance Handovers In Excess of 30 Minutes



Percentage of Handovers Over 30 Minutes (1st Jan - 7th Mar 2021)



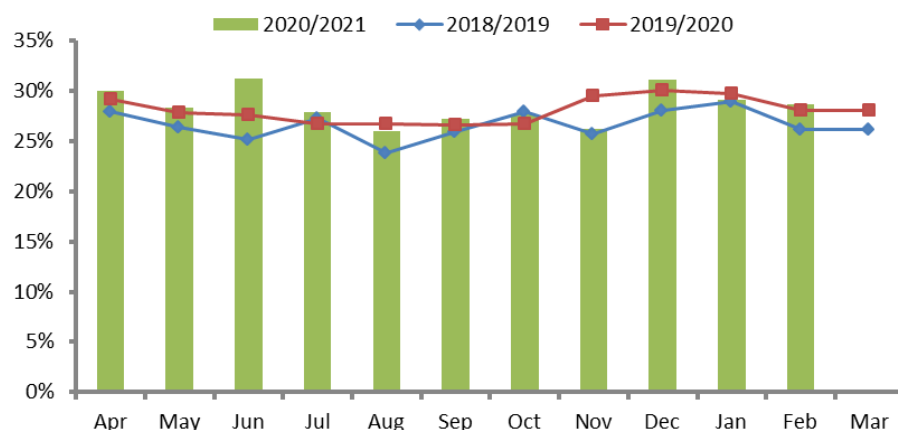
Total Ambulance Service Handovers - South West Region - 1st January to 7th March 2021

Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	527	28	5%	2	0
BRISTOL ROYAL INFIRMARY	3,668	1,379	38%	725	272
CHEL TENHAM GENERAL HOSPITAL	122	14	11%	4	0
DERRIFORD HOSPITAL	4,920	1,211	25%	318	27
DORSET COUNTY HOSPITAL	2,116	31	1%	3	0
GLOUCESTER ROYAL HOSPITAL	5,373	1,181	22%	548	158
GREAT WESTERN HOSPITAL	3,515	559	16%	251	86
MUSGROVE PARK HOSPITAL	3,611	83	2%	4	0
NORTH DEVON DISTRICT HOSPITAL	1,852	38	2%	1	0
POOLE HOSPITAL	2,766	395	14%	118	22
ROYAL BOURNEMOUTH HOSPITAL	3,329	523	16%	202	68
ROYAL DEVON AND EXETER WONFORD	4,074	70	2%	1	0
ROYAL UNITED HOSPITAL - BATH	3,631	771	21%	328	89
SALISBURY DISTRICT HOSPITAL	1,768	246	14%	121	30
SOUTHMEAD HOSPITAL	4,744	875	18%	322	107
TORBAY HOSPITAL	3,343	120	4%	21	0
TRELISKE HOSPITAL	4,667	1,266	27%	656	303
WESTON GENERAL HOSPITAL	1,414	301	21%	170	66
YEOVIL DISTRICT HOSPITAL	2,021	67	3%	6	1
TOTAL	57,461	9,158	16%	3,801	1,229

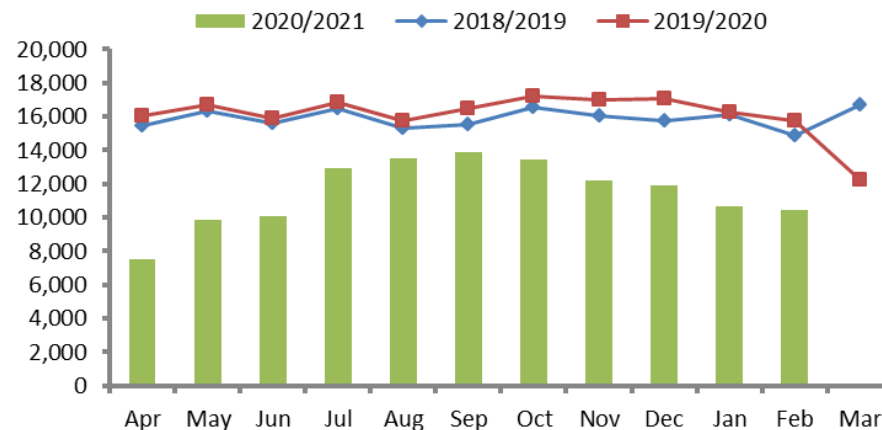
Emergency Care – Supporting Information

February 2021

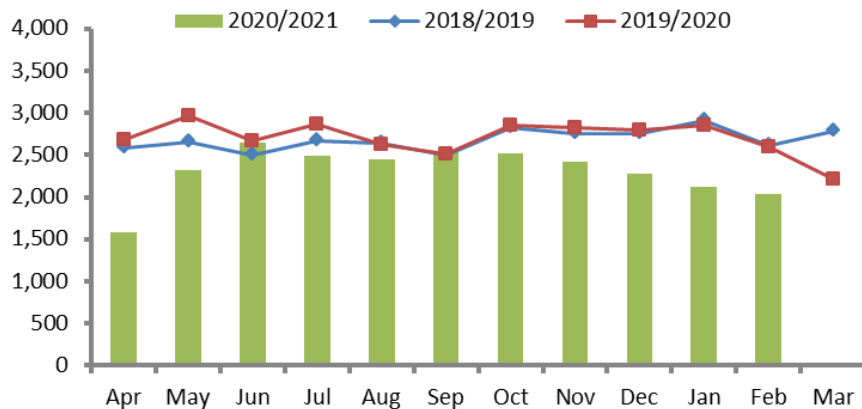
Percentage of Emergency BRI Spells - Patients Aged 75+



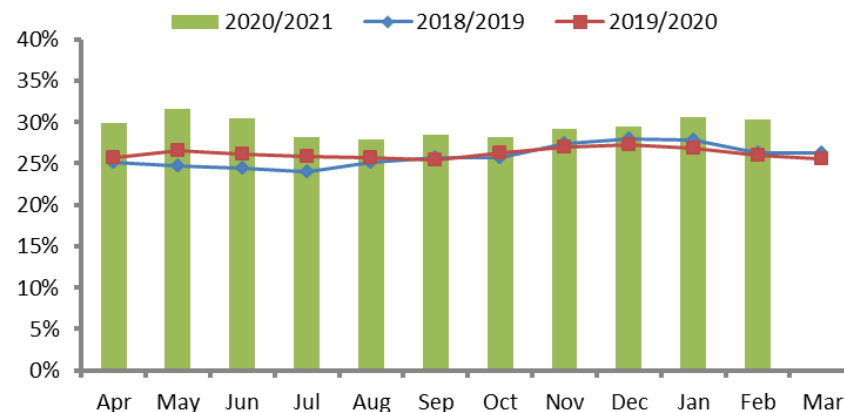
Emergency Department Attendances (UHBW)



Emergency Inpatient Activity (BRI Discharges)



Percentage of ED Attendances Resulting in Admission



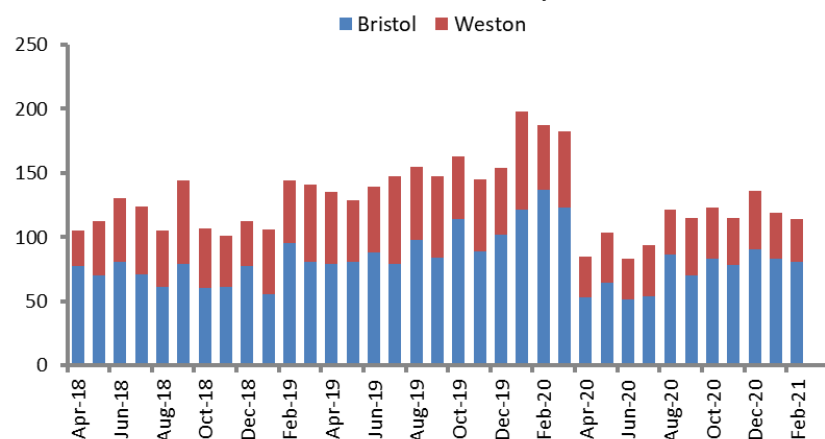
Delayed Discharges

February 2021

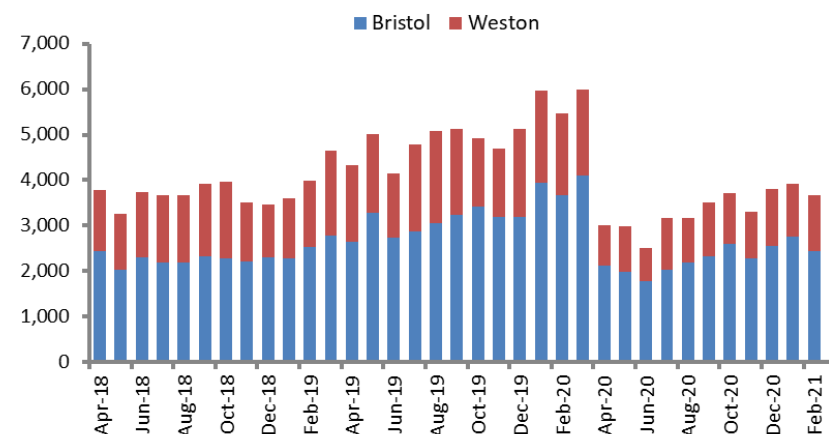
N/A No Standard Defined

Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its Medically Fit For Discharge (MFFD) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of February there were 114 MFFD patients in hospital: 81 in Bristol hospitals and 33 at Weston. There were 3663 beddays consumed in total in February (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 131 beds were occupied per day by MFFD patients.
Commentary:	Although delays remain lower than pre covid levels there are indications that the lists in Bristol and Weston are starting to rise. Demand for all D2A pathways exceeds capacity but pathway 3 pressure in Bristol has been the most significant, mainly because these are patients requiring dementia care. Additional surge beds were opened in BNSSG to help with this but these are now being withdrawn and the numbers waiting will inevitably rise. Staffing limitations at SBCH have led to a reduction in the number of P2 beds available in the lead up to the transition to Sirona on 1st April. By the 1 st April only 30 beds will be open although Sirona anticipate 45 beds being available by mid April and the remaining 15 beds shortly thereafter. This is impacting on the number of delays on the G2G (on the risk register).
Ownership:	Chief Operating Officer

Number of Patients - Last Thursday In Month



Number of Beddays Occupied In The Month

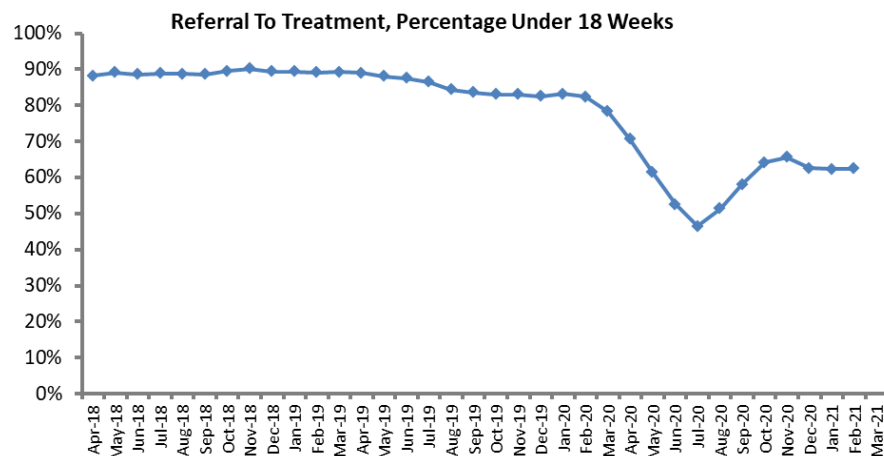


Referral To Treatment

February 2021

N Not Achieved

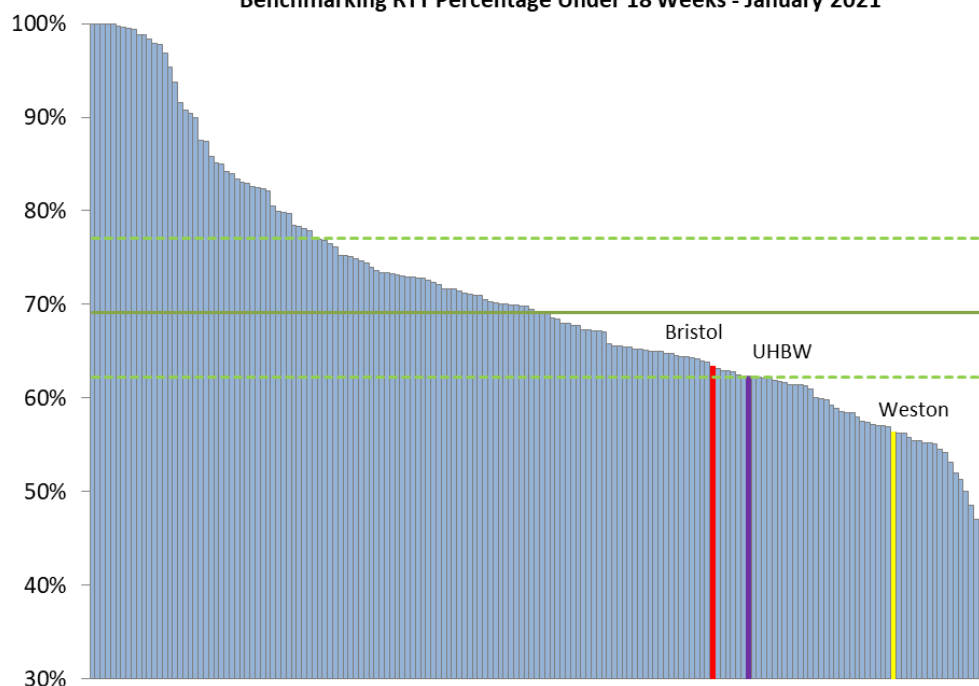
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of February, 62.5% of patients were waiting under 18 weeks. The total waiting list was 44,314 and the 18+ week backlog was 16,629. Note that the charts below are Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	<p>The focus of discussions with divisions and wider system partners is on restoring of activity through the Phase 3 planning process. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives. There continue to be difficulties with planning WLI initiatives at the current rate of pay which requires an Executive decision to resolve to agree an agreeable rate of pay for consultants to do extra during the evening / weekends.</p> <p>Compared to end of March 2020, the overall wait list has increased by 4,611 patients. The largest Bristol increases are In Ophthalmology (3,627 increase), Adult Cardiac (461) and Adult Trauma & Orthopaedics (510). There was also a reduction in the Dental list of 229 cases and 479 in Paediatrics. The Weston list had decreased by 130 patients.</p> <p>The largest volumes of 18 week backlog patients are in Bristol Dental (3,835 patients), Bristol Ophthalmology (2,465) and Bristol Paediatrics (1,857). Weston has 3,167 patients waiting 18+ weeks, which represents 19% of the overall UHBW 18+ week backlog.</p>
Ownership:	Chief Operating Officer



Referral To Treatment

February 2021

Benchmarking RTT Percentage Under 18 Weeks - January 2021



	Feb-21		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	367	375	97.9%
Medicine	3,303	3,942	83.8%
Specialised Services	2,720	4,217	64.5%
Surgery	13,303	22,534	59.0%
Weston	3,574	6,741	53.0%
Women's and Children's	4,418	6,505	67.9%
TOTAL	27,685	44,314	62.5%

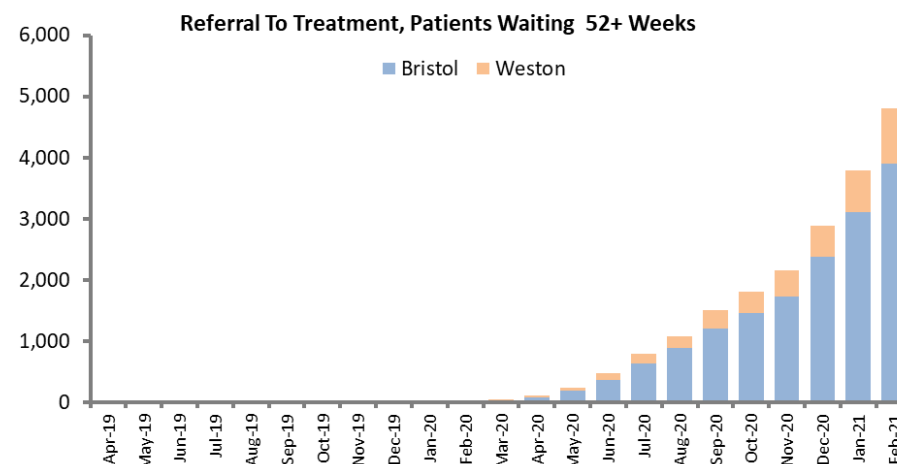
Referral To Treatment – 52 Weeks

February 2021

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of February 4,807 patients were waiting 52+ weeks; 3894 across Bristol sites and 913 at Weston.
Commentary:	<p>Patients who are 52+ week breach continue to grow due to the third wave of the Covid-19 pandemic, those who were previously booked have been cancelled due to the need to free-up capacity for Covid patients. Patients who have been clinically prioritised as P2 patients who require treatment within one month is resulting in all available capacity being utilised to treat patients by priority and although where capacity allows long waiting patient will be added to the list, we are seeing an unprecedented number of breaches which continues to grow. The prediction of long waiting patients by the end of March 2021 is 4,830 Trustwide – compared to pre-covid when we had 29 long waiting patients at end of February 2020.</p> <p>The largest Bristol volumes are in Dental (1,354 patients), Ophthalmology (493) and Paediatrics (596). Weston has 913 waiting 52+ weeks. Clinical prioritisation of patients who are on the waiting list without a “to come in” date continues. Starting with the longest waiting, patients have been sent a letter regarding the delay in their treatment. 93% of the patients who have been waiting 18+ weeks have now been clinically prioritised. Offers of dates will be made for treatment in the independent sector or the additional capacity in place for the waiting list initiatives, however due to the continued pressures with Covid and general increase in attendances due to winter, UHBW have stepped down the majority of routine operations which will have a further impact on those patients who are considered low priority even though they have waited the longest in the number of weeks they have waited. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list.</p>
Ownership:	Chief Operating Officer

	Feb-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	1	0	0
Medicine	46	1	0
Specialised Services	378	23	1
Surgery	2,858	112	5
Weston	913	75	5
Women's and Children's	611	29	0
TOTAL	4,807	240	11



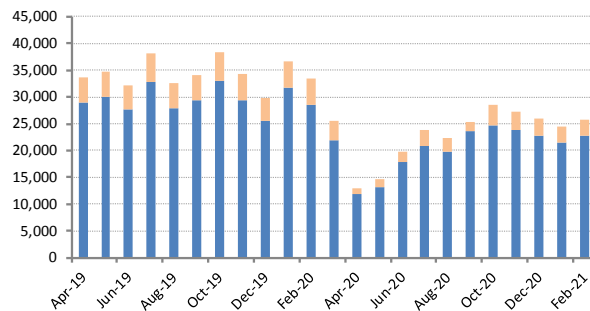
Elective Activity and Referral Volumes

February 2021

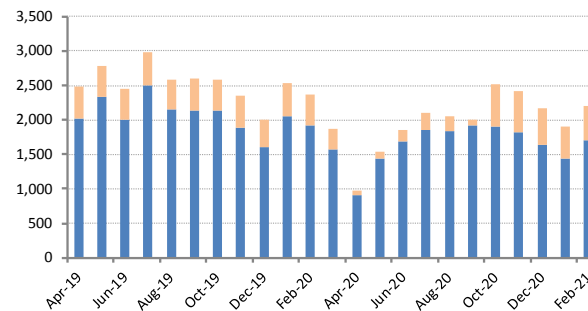
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO FEBRUARY 2021

■ Bristol ■ Weston

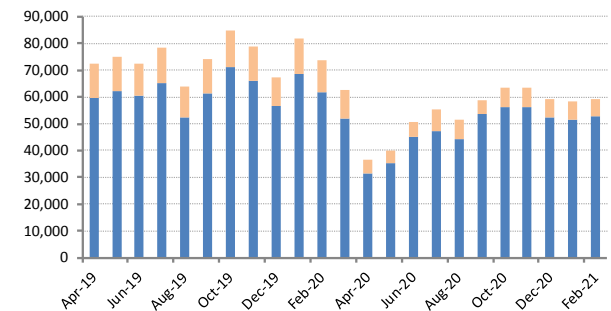
Outpatient Referrals (All)



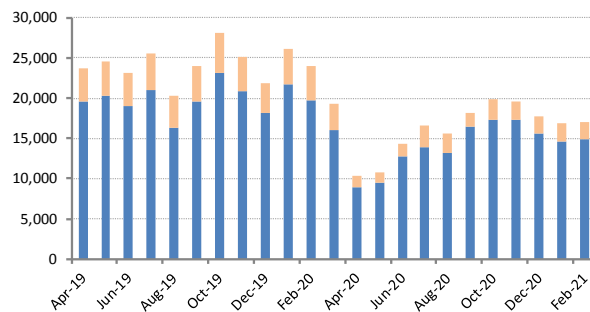
Outpatient Referrals (2 Week Wait)



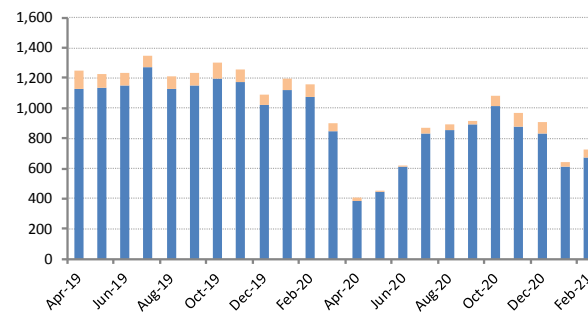
Outpatient Attendances (All)



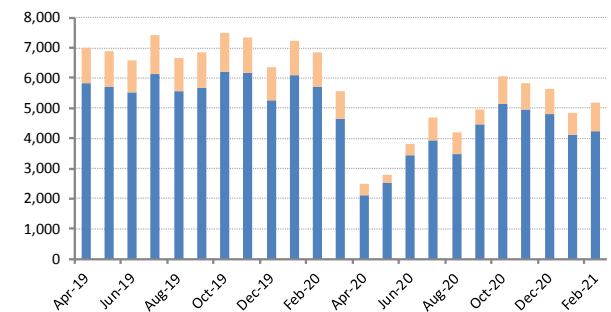
Outpatient Attendances (New)



Elective Inpatients



Elective Day Cases

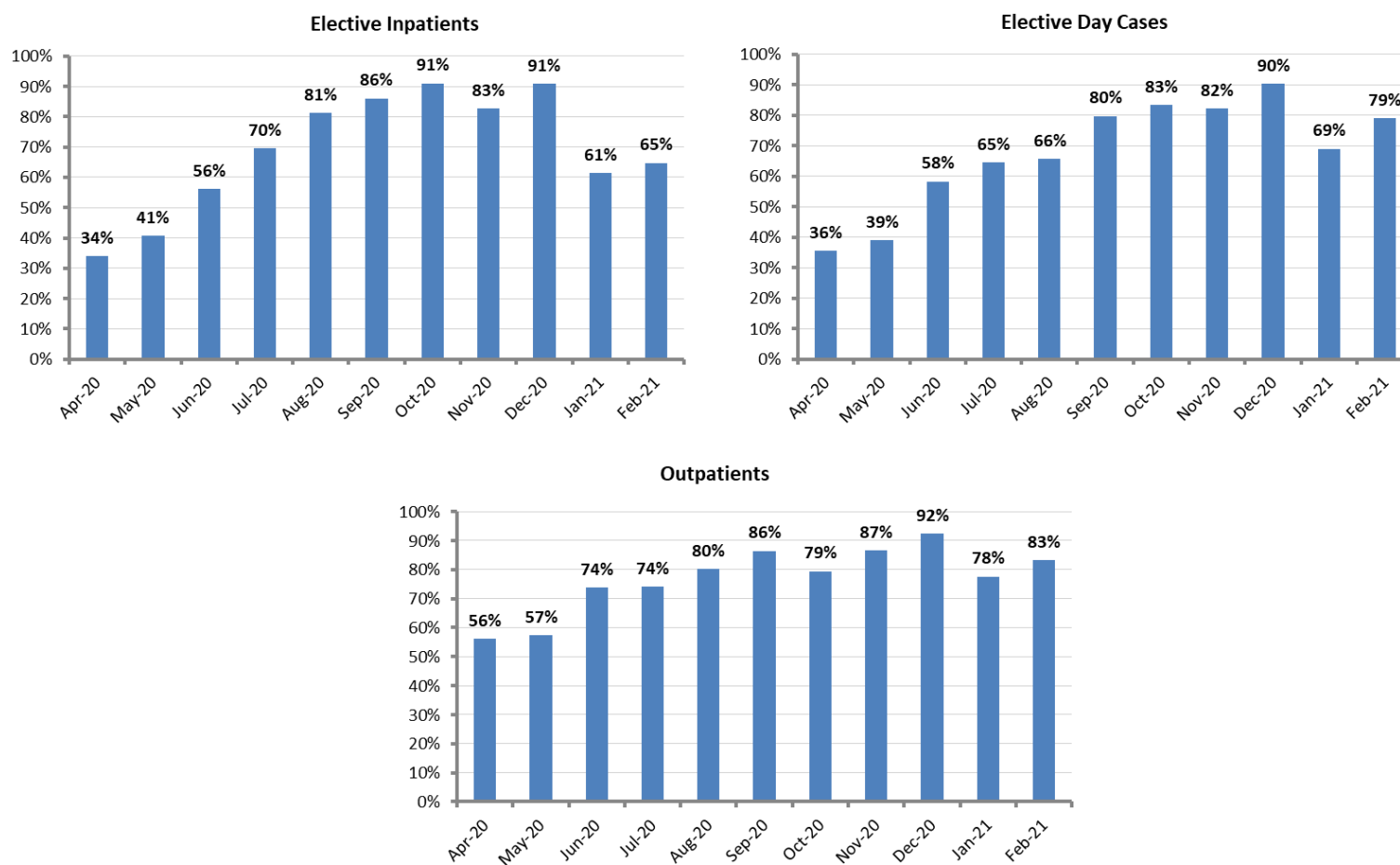


Elective Activity – Restoration

February 2021

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

Business As Usual (BAU) Percentages.

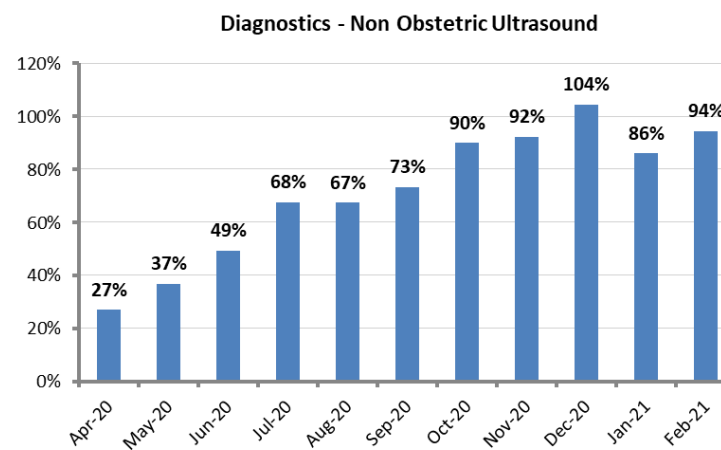
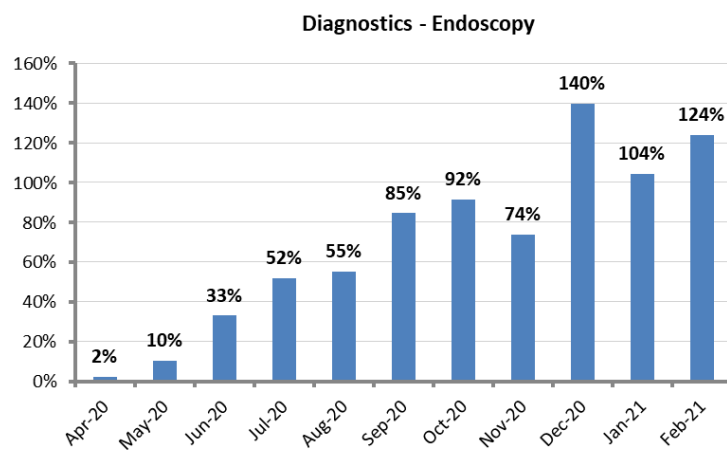
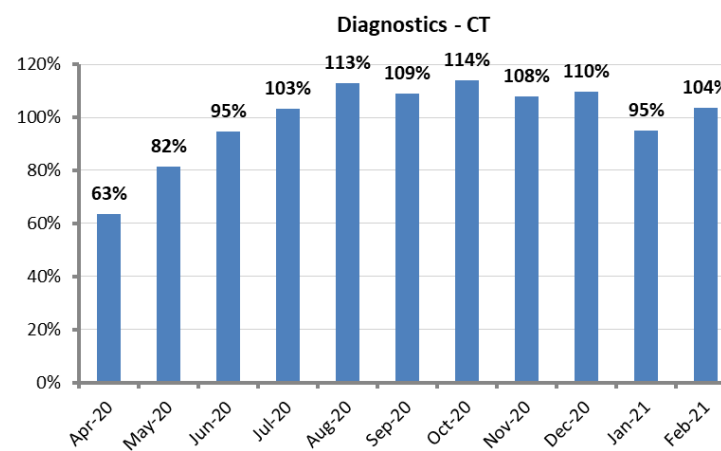
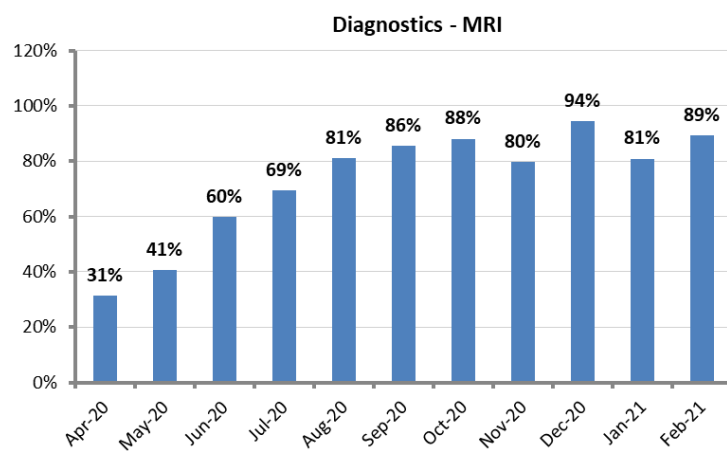


Elective Activity – Restoration

February 2021

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

Business As Usual (BAU) Percentages.

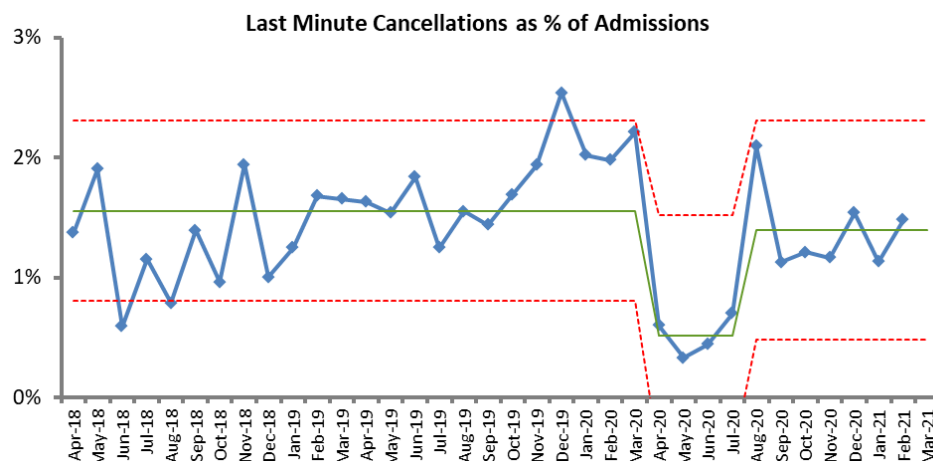


Cancelled Operations

February 2021

N Not Achieved

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In February, there were 74 last minute cancellations, which was 1.5% of elective admissions. Of the 52 cancelled in January, 35 (67%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August onwards has seen an increase to near Pre-Covid levels. The most common cancellation reasons for February were "No Beds Available" (17), "Other Emergency Patient Prioritised" (14) and "Equipment Failure" (9). The largest Bristol volumes were in Cardiac (15), General Surgery (14), Paediatrics (13) and Ophthalmology (8). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer



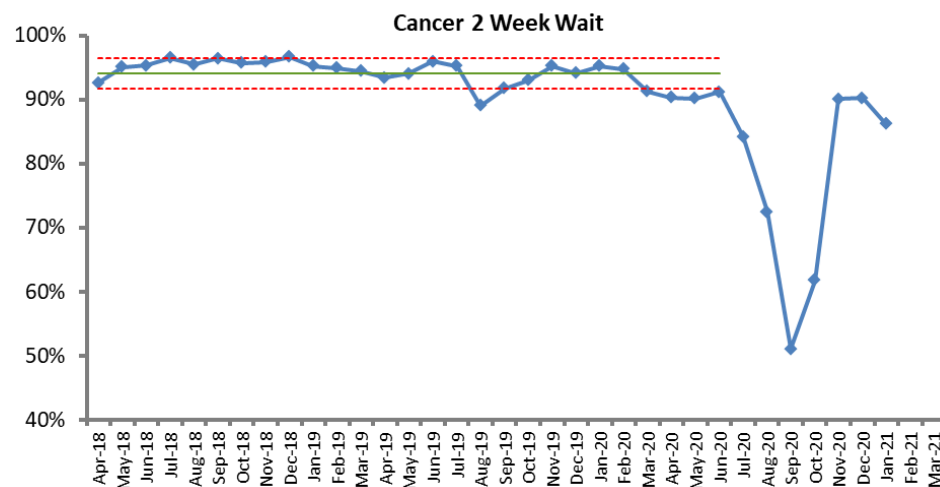
LAST MINUTE CANCELLATIONS	Feb-21	2020/2021
Diagnostics and Therapies	0	0
Medicine	0	11
Specialised Services	15	161
Surgery	36	267
Weston	9	32
Women's and Children's	14	96
TRUST TOTAL	74	567

Cancer Two Week Wait

January 2021

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For January, 86.2% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard remains non-compliant due to the impact of the Covid-19 outbreak and the ongoing precautions to reduce the risk of infection. Performance has been sustained at or above 85% but below the 93% compliance threshold since November. Slightly lower performance is always seen in January due to patients deferring over the Christmas period. Patient choice, pre-procedure isolation requirements, and patients isolating due to suffering from Covid or having had contact with someone who has, continue to impact the standard. It is unlikely compliance with the standard will be regained consistently until all social distancing and Covid related restrictions are lifted.
Ownership:	Chief Operating Officer



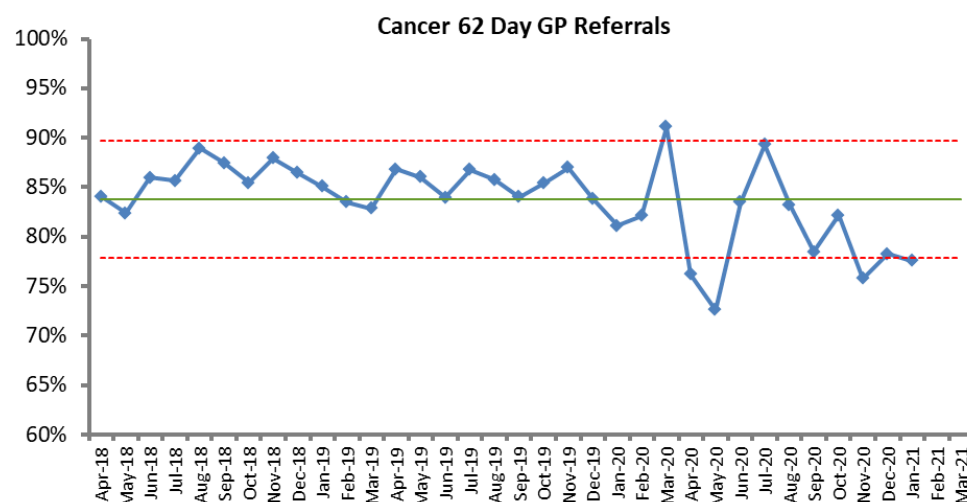
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	5	6	83.3%
Suspected children's cancer	11	12	91.7%
Suspected gynaecological cancers	110	123	89.4%
Suspected haematological malignancies excluding ac	19	23	82.6%
Suspected head and neck cancers	317	327	96.9%
Suspected lower gastrointestinal cancers	172	264	65.2%
Suspected lung cancer	23	24	95.8%
Suspected skin cancers	460	488	94.3%
Suspected testicular cancer	5	5	100.0%
Suspected upper gastrointestinal cancers	87	133	65.4%
Suspected urological cancers (excluding testicular)	29	32	90.6%
Grand Total	1,238	1,437	86.2%

Cancer 62 Days

January 2021

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For January, 78% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in January (78% against an 85% standard). The majority of breaches were due to the impact of the Covid pandemic on capacity, patient choice, and medical deferrals. It is expected that the standard will deteriorate before it improves as the standard is measured retrospectively after treatment takes place, so when longer waiting low clinical priority patients (and those declining to attend pre vaccination) are treated, the performance will drop at that point. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

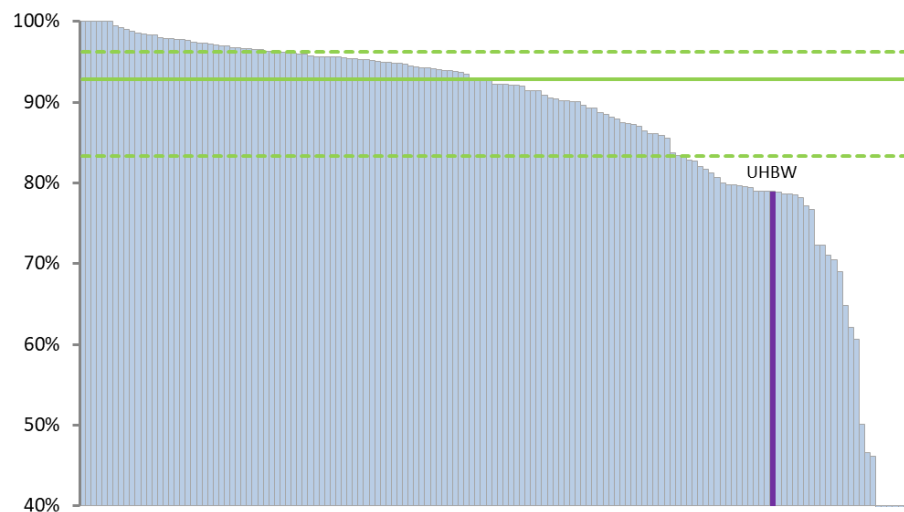


	Within Target	Total Pathways	Performance
Breast	3.5	3.5	100%
Gynaecological	1.0	5.0	20%
Haematological	5.0	5.0	100%
Head and Neck	3.5	5.5	64%
Lower Gastrointestinal	5.0	10.0	50%
Lung	9.5	11.5	83%
Other	0.5	0.5	100%
Sarcoma	3.0	4.0	75%
Skin	51.0	56.5	90%
Upper Gastrointestinal	8.0	12.0	67%
Urological	3.5	7.0	50%
Grand Total	93.5	120.5	78%

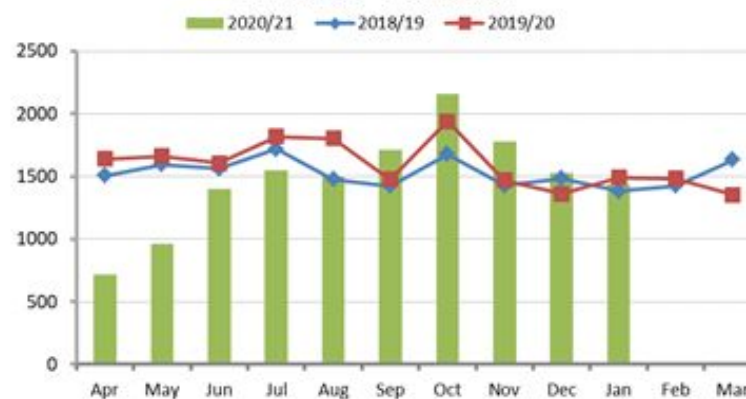
Cancer – Additional Information

January 2021

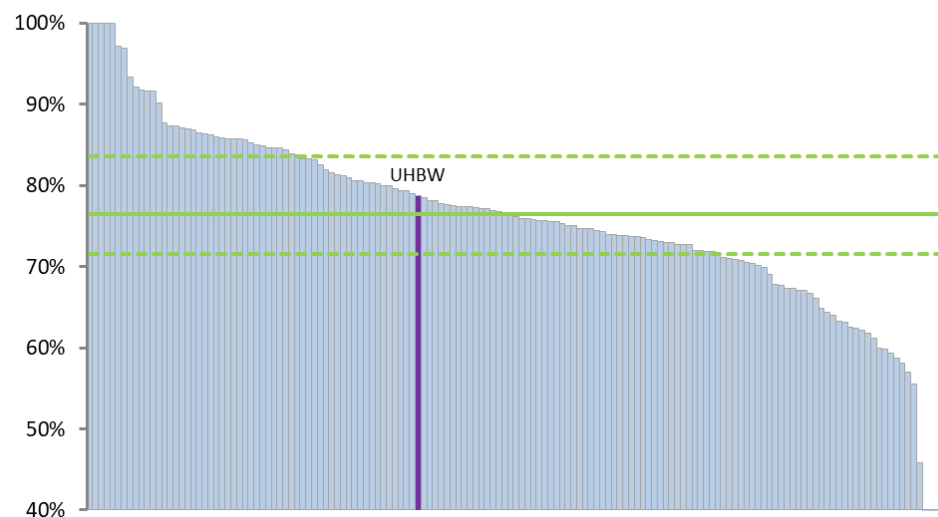
Benchmarking - 2 Week Wait Performance - 2020/21 Quarter 3



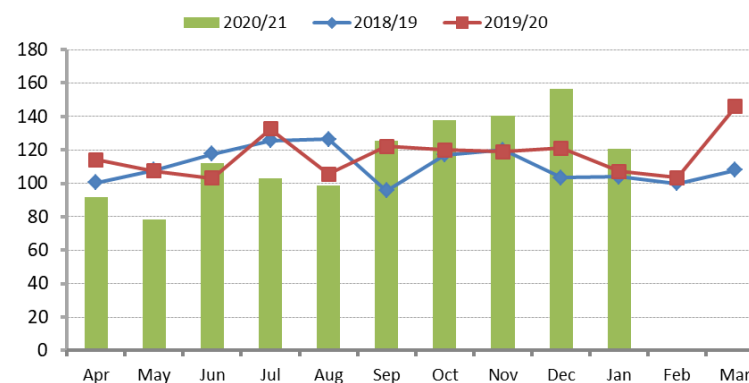
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2020/21 Quarter 3



62 Day - Patients Treated



Cancer 104 Days



University Hospitals
Bristol and Weston
NHS Foundation Trust

Snapshot taken: 7th March 2021

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
Performance:	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 7 th March 2021 there were six such waiters. This compares to a peak of 53 such waiters in early July. Total numbers of 104 day waiters are rising again due to the impact of the 'second wave' of Covid but are not yet significantly above the baseline (February 2020) level.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The 'second wave' and its impact is causing the total number of waiters to rise gradually although it may be possible to still achieve the target for minimal numbers of waiters for 'inappropriate' reasons. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, this appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days



University Hospitals
Bristol and Weston
NHS Foundation Trust

Snapshot taken: 7th March 2021

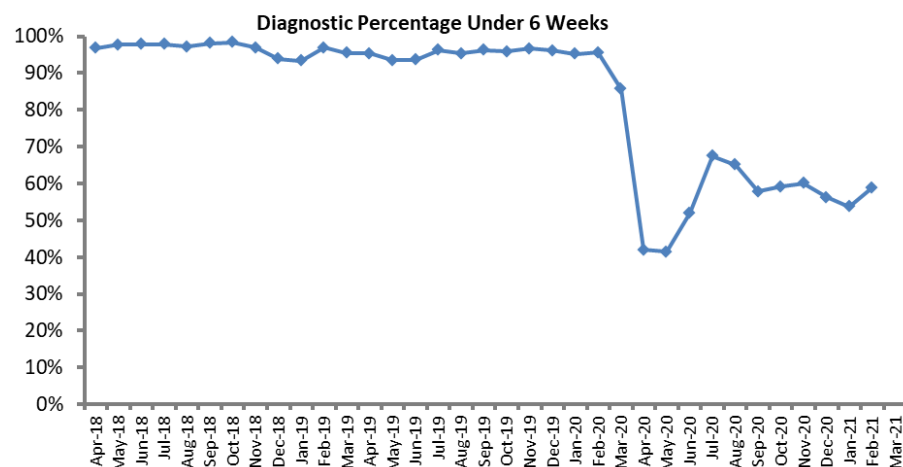
Standards:	<p>This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. The exact measurement for this baseline has not been agreed by NHSE therefore the Trust is using the average weekly figures for February 2020 for internal monitoring .</p> <p>Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.</p>
Performance:	<p>During February 2020 the Trust had an average of 141 patients waiting >62 days on a GP suspected cancer pathway. As at the snapshot date of 7th March 2021, this figure was 163. This is a significant fall in waiting list size from previous months (195 on 7th February), which is partly due to improved validation methodology but also reflects how cancer services have been successfully maintained despite the challenges of the 'second wave' of the pandemic. The Trust is therefore performing well against the agreed standard of not exceeding 235 patients waiting >62 days.</p>
Commentary:	<p>It is important to note that the majority of patients on a '62 day cancer pathway' (93%) will eventually have cancer ruled out. A greater proportion of patients waiting for longer periods will be non-cancer patients, as patients with greater clinical urgency will be prioritised and patients whose symptoms are mild (or have gone) are more likely to choose to wait. As such the number of waiters in this category is not necessarily an indicator of a significant problem with waiting times for cancer patients. The priority remains to ensure all patients waiting are safe and that avoidable delays (i.e. for capacity) are kept to a minimum. Improved validation is now in place, enabled by the move over Christmas of Bristol and Weston services to a single instance of the cancer register.</p>
Ownership:	Chief Operating Officer

Diagnostic Waits

February 2021

N Not Achieved

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of February, 58.9% of patients were waiting under 6 week, with 14,252 patients in total on the list. This is Bristol and Weston combined.
Commentary:	<ul style="list-style-type: none"> Endoscopy recovery plans are behind plan for core capacity. This is due to only 1 of 3 additional Endoscopy rooms opening. The two main reasons for the delay in opening the additional 2 rooms relate to nursing staff recruitment and delays in purchasing new endoscopy equipment. Recruitment is progressing as is the procurement of the additional equipment. The Diagnostic Advisory Group has approved a business case for the system to outsource non-obstetric ultrasound to a third party. Options are currently being scoped for this with the likelihood of a 12 week pilot with ICS to test the robustness of plans for staffing, expected to commence by the end of March / beginning of April. Significant data quality issues remain in the Weston diagnostic wait list position (e.g. endoscopy and cystoscopy). This is due to the creation of waiting list entries in the previous PAS that were migrated without being closed, and therefore showing as on the waiting list even though procedures have been completed. Some surveillance patients are also incorrectly appearing on the waiting list which is currently being cleansed. Source Group have been commissioned to support waiting list validation in Weston and this is expected to be completed by July 2021. Lack of capacity for CT Cardiac and echocardiography long waits at Weston has been reviewed with the Bristol site to ensure clinical prioritisation is in place to reduce the incidence of 13 week breaches across both sites.
Ownership:	Chief Operating Officer

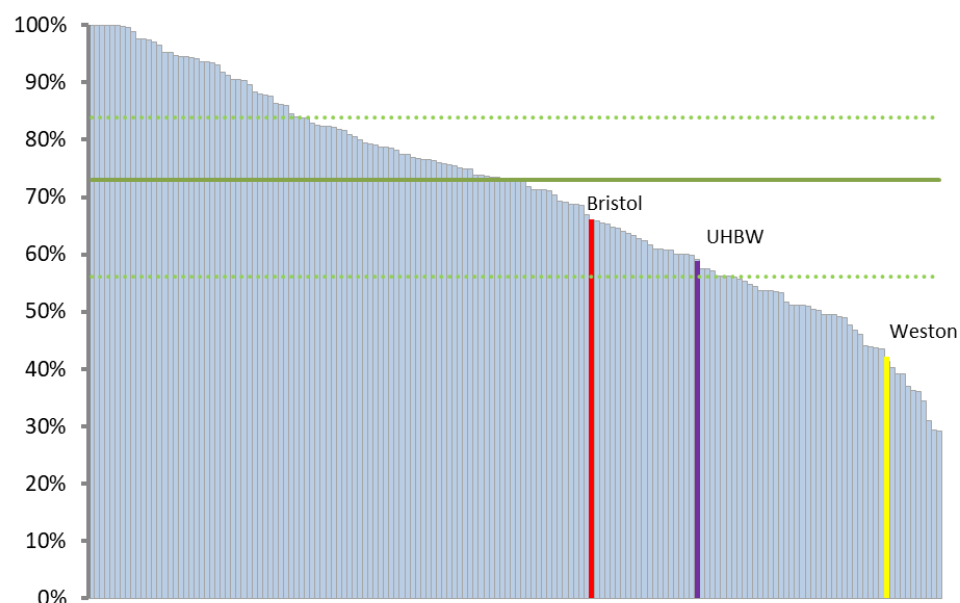


	Feb-21		
	Under 6 Wks	Total Pathways	Performance
Diagnostics and Therapies	4,615	5,749	80.3%
Medicine	77	320	24.1%
Specialised Services	1,318	2,251	58.6%
Surgery	404	1,410	28.7%
Weston	1,821	4,311	42.2%
Women's and Children's	153	211	72.5%
TOTAL	8,388	14,252	58.9%

Diagnostic Waits

February 2021

Benchmarking - Percentage Under 6 Weeks - January 2021



Weston

	6+ Weeks	Total On List	% Under 6 Weeks	13+ Weeks
Audiology	1	28	96.4%	0
Colonoscopy	627	676	7.2%	609
Computed Tomography (CT)	5	144	96.5%	1
Cystoscopy	361	462	21.9%	285
DEXA Scan	388	492	21.1%	303
Echocardiography	421	670	37.2%	224
Flexi Sigmoidoscopy	64	97	34.0%	61
Gastroscopy	407	471	13.6%	388
Magnetic Resonance Imaging (MRI)	27	383	93.0%	12
Ultrasound (Non-obstetric)	189	888	78.7%	18
TOTAL	2,490	4,311	42.2%	1,901

Bristol

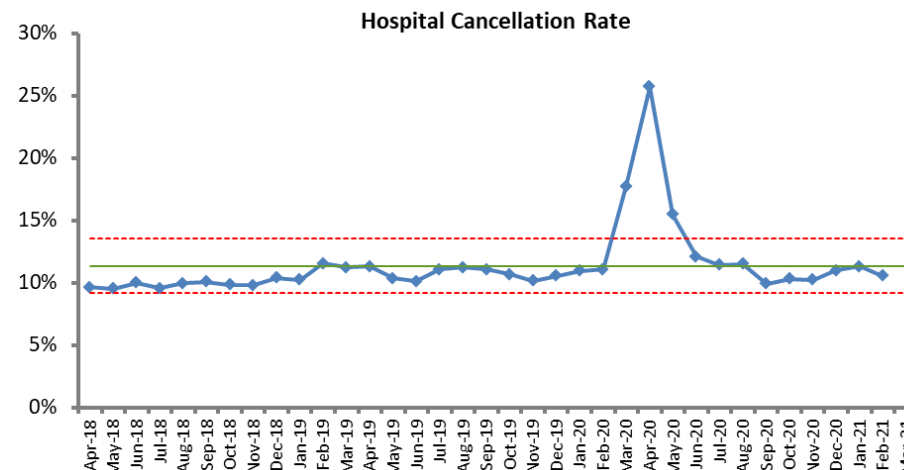
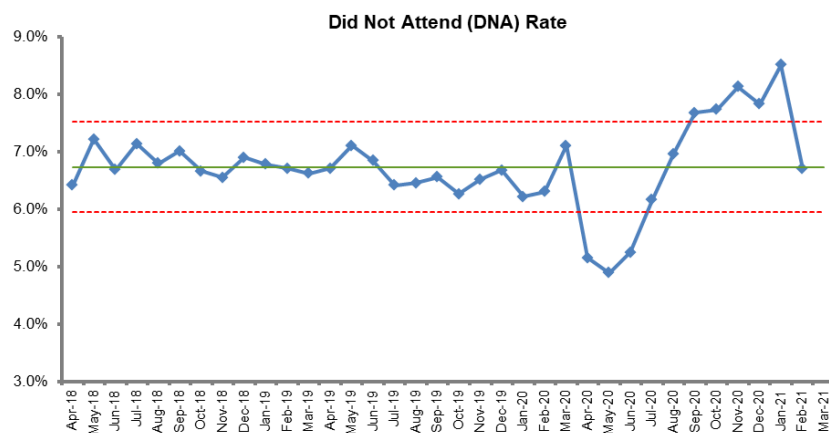
	6+ Weeks	Total On List	% Under 6 Weeks	13+ Weeks
Audiology	0	250	100.0%	0
Colonoscopy	456	613	25.6%	319
Computed Tomography (CT)	171	1,078	84.1%	57
Cystoscopy	2	3	33.3%	2
DEXA Scan	182	342	46.8%	93
Echocardiography	467	1,514	69.2%	10
Flexi Sigmoidoscopy	176	229	23.1%	150
Gastroscopy	430	644	33.2%	339
Magnetic Resonance Imaging (MRI)	762	2,253	66.2%	405
Neurophysiology	0	106	100.0%	0
Sleep Studies	63	82	23.2%	2
Ultrasound (Non-obstetric)	665	2,827	76.5%	159
TOTAL	3,374	9,941	66.1%	1,536

Outpatient Measures

February 2021

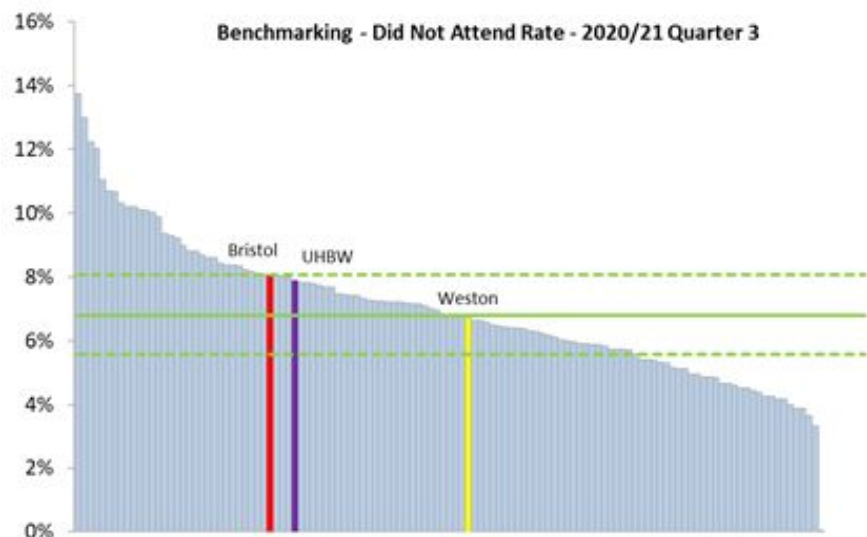
P Partially Achieved

Standards:	<p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p>
Performance:	<p>In February, the DNA Rate was 6.7% across Bristol and Weston, with 4,295 DNA'd appointments.</p> <p>The hospital cancellation rate was 10.6% with 9,026 hospital cancelled appointments</p>
Commentary:	<ul style="list-style-type: none"> Internal critical incident has been stood down, restoration of Outpatient activity is in progress. Cancellation rates are returning to trust average rates Notice has been given for providers to vacate the Nightingale Hospital at the end of March. This will impact upon ophthalmology delivery. The Eye Hospital are developing a proposal to move administrative staff out of the old Eye Hospital building to Whitefriars. This option would enable the first floor medical records corridor to be decanted and converted into an outpatient facility, therefore reducing reliance on commercial premises for elective recovery purposes. DNA rates reduced to 6.8% in February following a spike in January relating to the peak of COVID cases. Envoy, the trusts text message reminder system, has been restored for the majority of specialities to recover performance.
Ownership:	Chief Operating Officer

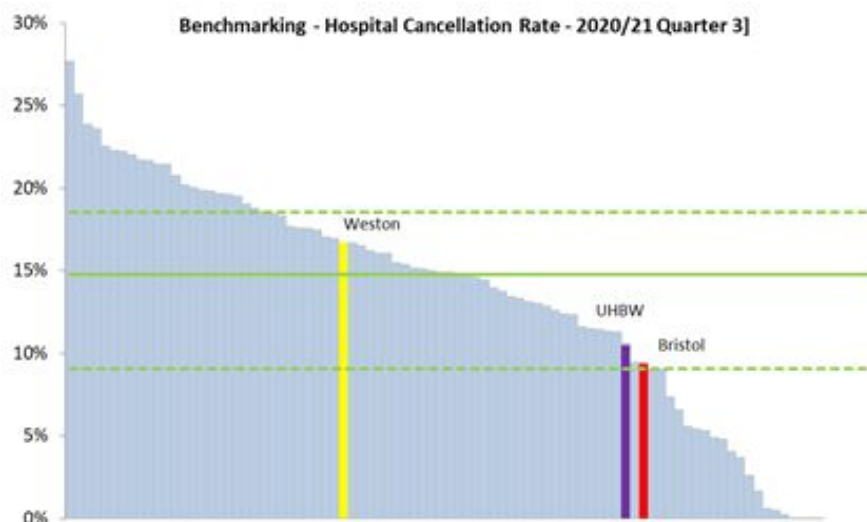


Outpatient Measures

February 2021



	Feb-21	
	DNAs	DNA Rate
Diagnostics and Therapies	254	4.8%
Medicine	589	8.4%
Specialised Services	441	4.1%
Surgery	1,633	8.3%
Weston	431	5.4%
Women's and Children's	947	7.1%



	Feb-21	
	Cancellations	Rate
Diagnostics and Therapies	416	6.4%
Medicine	1,015	11.1%
Specialised Services	2,386	16.1%
Surgery	1,823	6.7%
Weston	1,665	16.0%
Women's and Children's	1,721	10.0%

Outpatient Overdue Follow-Ups

February 2021

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List" at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported.
Performance:	Data for Bristol: Total overdue at end of February was 47,199 of which 8,102 were overdue by 9+ months. Data for Weston is available this month and the table below-right shows the end of February position, with 21,041 total overdue.
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has increased to 82% of pre-covid levels in March, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases. The Weston Data Quality Improvement Group reviewed the reporting of follow-ups and made a decision to use data direct from the Medway Patient Administration System, rather than validation spreadsheets maintained locally. The impact of this decision is a further 13,000 overdue follow ups reported in the UHBW position and a review is scheduled as part of data quality and validation exercises currently in place.
Ownership:	Chief Operating Officer

	Bristol - Overdue by 9+ Months					
	Apr-19	Apr-20	Jul-20	Oct-20	Jan-21	Feb-21
Diagnostics and Therapies	0	0	3	3	4	12
Medicine	4	208	162	976	2,759	3,348
Specialised Services	181	555	293	373	456	533
Surgery	264	1,371	1,805	2,713	3,830	3,867
Women's and Children's	349	67	94	187	316	342
TRUST TOTAL 9+ months	798	2,201	2,357	4,252	7,365	8,102

Weston Overdue Follow-Ups at end of February 2021		
110	Trauma and Orthopaedics	3,364
101	Urology	2,147
104	Colorectal Surgery	1,560
410	Rheumatology	1,445
502	Gynaecology	1,328
320	Cardiology	1,062
301	Gastroenterology	971
130	Ophthalmology	887
655	Orthoptics	873
340	Thoracic Medicine	780
420	Paediatrics (General)	670
560	Midwifery	669
120	ENT	598
103	Breast Surgery	582
100	General Surgery	528
302	Endocrinology	521
	Other	3,056
WESTON TOTAL		21,041

Mortality - SHMI

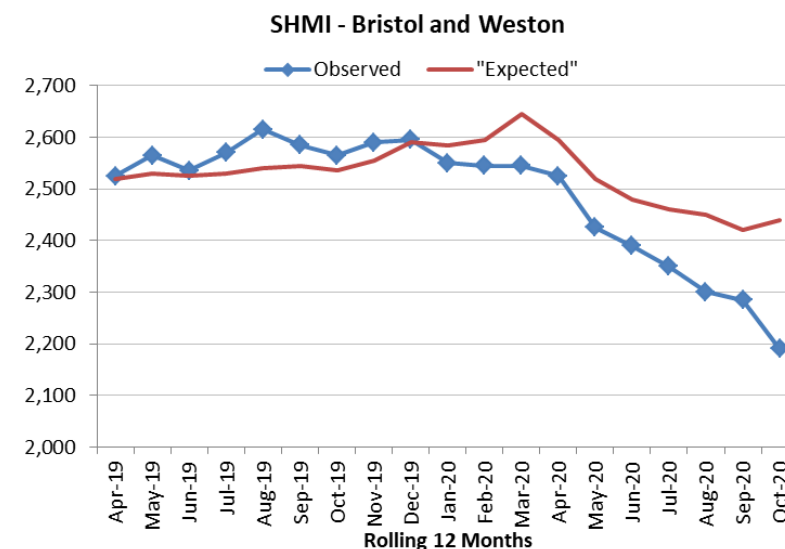
October 2020

A Achieved

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to July 2020 and is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for UHBW for the 12 months to October 2020 was 89.8 and in NHS Digital's "as expected" category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Month SHMI

	UHBW			Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Apr-19	2,525	2,520	100.2	1,750	1,645	106.4	775	875	88.6
May-19	2,565	2,530	101.4	1,755	1,650	106.4	810	880	92.0
Jun-19	2,535	2,525	100.4	1,730	1,650	104.8	805	875	92.0
Jul-19	2,570	2,530	101.6	1,755	1,655	106.0	815	875	93.1
Aug-19	2,615	2,540	103.0	1,765	1,660	106.3	850	880	96.6
Sep-19	2,585	2,545	101.6	1,720	1,670	103.0	865	875	98.9
Oct-19	2,565	2,535	101.2	1,705	1,665	102.4	860	870	98.9
Nov-19	2,590	2,555	101.4	1,720	1,690	101.8	870	865	100.6
Dec-19	2,595	2,590	100.2	1,720	1,715	100.3	875	875	100.0
Jan-20	2,550	2,585	98.6	1,685	1,715	98.3	865	870	99.4
Feb-20	2,545	2,595	98.1	1,665	1,720	96.8	880	875	100.6
Mar-20	2,545	2,645	96.2						
Apr-20	2,525	2,595	97.3						
May-20	2,425	2,520	96.2						
Jun-20	2,390	2,480	96.4						
Jul-20	2,350	2,460	95.5						
Aug-20	2,300	2,450	93.9						
Sep-20	2,285	2,420	94.4						
Oct-20	2,190	2,440	89.8						



Mortality - HSMR

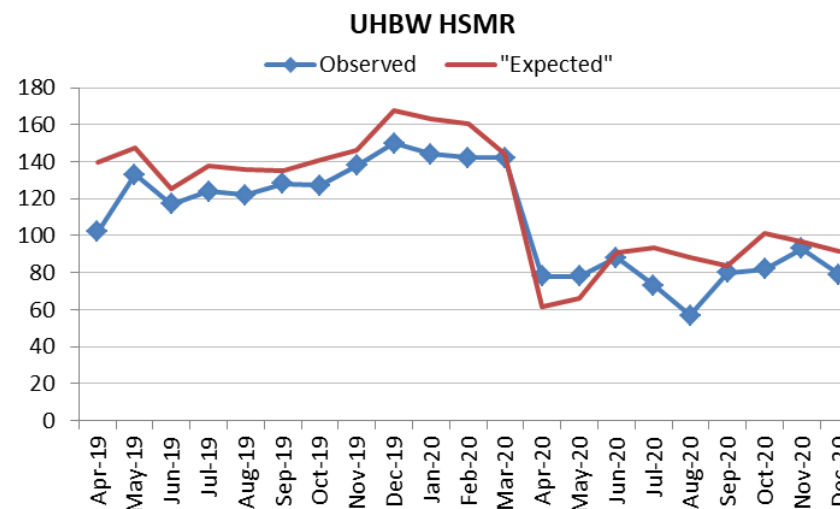
December 2020

A Achieved

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr.Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR for UHBW for the solely the month of December 2020 is 86.5; this is below the comparative national peer value. Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.
Commentary:	<p>Actions:</p> <p>The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.</p>
Ownership:	Medical Director

HSMR Monthly Data

	UHBW		
	Observed	"Expected"	HSMR
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.2
Feb-20	142	160	88.6
Mar-20	142	144	98.5
Apr-20	78	61	127.0
May-20	78	66	118.2
Jun-20	88	91	96.9
Jul-20	73	94	77.9
Aug-20	57	88	64.8
Sep-20	80	83	95.9
Oct-20	82	101	80.9
Nov-20	93	96	96.5
Dec-20	79	91	86.5



Fractured Neck of Femur (NOF)

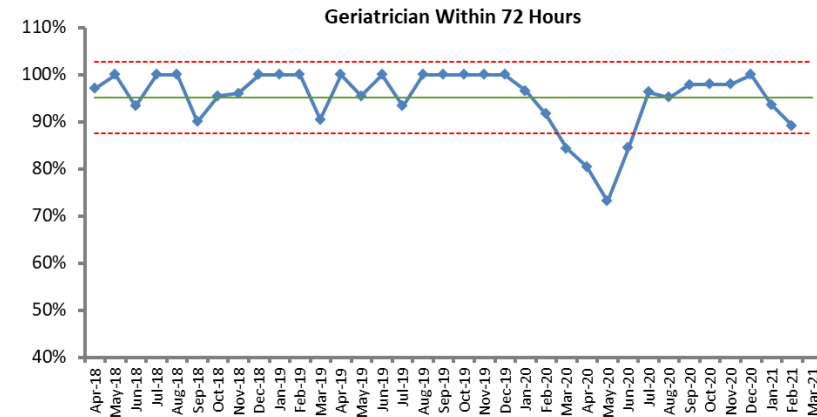
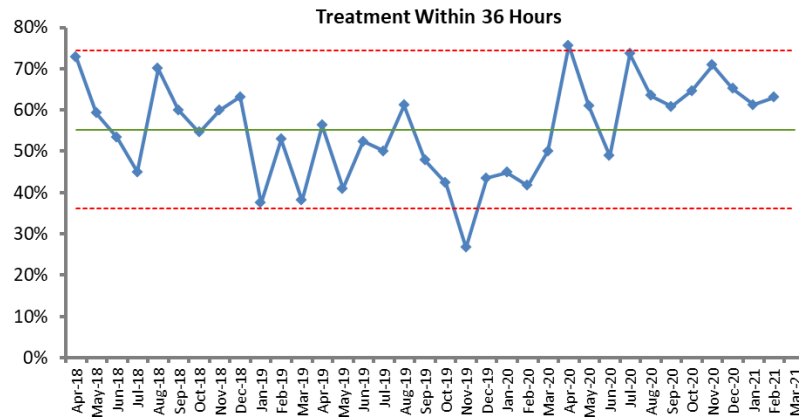
February 2021

N Not Achieved

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In February 2021, there were 46 patients eligible for Best Practice Tariff (BPT) across UHBW. 68% (29 patients) received surgery within 36 hours and 89% (41 patients) had ortho-geriatrician review within 72 hours. Overall Best Practice Tariff performance was 58.7%.
Commentary:	<p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> • Availability of specialist surgeon is still a challenge. • Lack of theatre capacity is impacting on ability to deliver elective limb reconstruction lists. This means that some urgent limb recon has to be treated on the allocated trauma lists, displacing other trauma patients. • Difficulty starting new team on call approach <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> • Theatre capacity is being actively monitored and prioritised on a weekly basis across all specialties. • Formal job planning completed and actioned to provide multi-specialist trauma cover each day. <p>Challenges to be addressed in Weston:</p> <ul style="list-style-type: none"> • Access to trauma theatre space due to other trauma or other surgical priorities including shared operating theatres at weekend • Availability of specialist surgeon due to fracture type complication or specialist surgery kit required • Unavoidable medical issues preventing timely surgery <p>Actions for Weston in March:</p> <ul style="list-style-type: none"> • Continue to access full day trauma operating to allow for prioritisation of fractured neck of femur on trauma lists • Continue to create additional capacity for trauma by utilising vacant theatre sessions • Monitor theatre efficiency and kit availability to prevent avoidable delays where possible
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

February 2021



		36 Hours	
	Total Patients	Seen In Target	Percentage
Bristol	29	14	48%
Weston	17	15	88%
TOTAL	46	29	63%

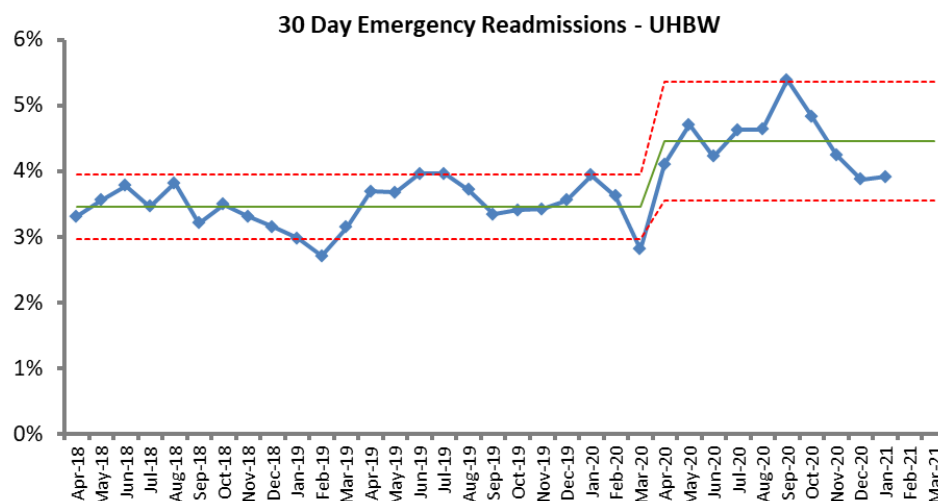
		72 Hours	
	Total Patients	Seen In Target	Percentage
Bristol	29	27	93%
Weston	17	14	82%
TOTAL	46	41	89%

Readmissions

January 2020

N Not Achieved

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In January, there were 10,912 discharges, of which 427 (3.9%) had an emergency re-admission within 30 days. From April this is Bristol and Weston combined.
Commentary:	The review of Readmission methodologies across the two Trusts has not concluded due to other priorities. The activity data (discharges last month and admissions this month) is accurate but the approach to defining a readmission needs reviewing. The historic Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity may not be appropriate going forward. The rules will be reviewed within the Chief Operating Officer team.
Ownership:	Chief Operating Officer



	Jan-21		
	Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	23	0.0%
Medicine	202	2,210	9.1%
Specialised Services	28	2,438	1.1%
Surgery	63	1,509	4.2%
Weston	78	1,416	5.5%
Women's and Children's	56	3,316	1.7%
TOTAL	427	10,912	3.9%

Workforce – Bank and Agency Usage

February 2021

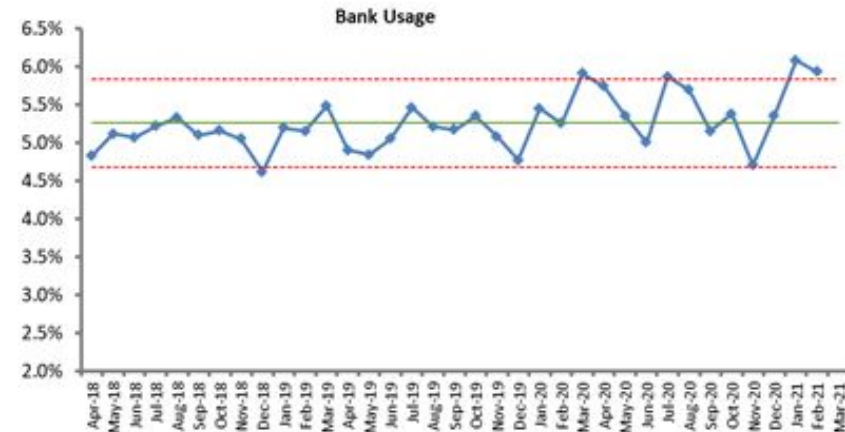
N Not Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In February 2021 total staffing was at 11335 FTE. Of this, 5.9% was Bank (671 FTE) and 2.5% was Agency (283 FTE).
Commentary:	<p>Bank usage reduced by 11.8 FTE. There were reductions in five divisions, with the largest reduction seen in Trust Services, reducing to 36.5 FTE compared to 45.2 FTE in the previous month. Usage increased in the remaining three divisions, with the largest increase seen in Specialised Services, increasing to 68.6 FTE from 65.9 in the previous month.</p> <p>Agency usage increased by 60.6 FTE. There were increases in all divisions with the exception of Medicine, where usage reduced by 0.2 FTE to 72.1 FTE. The largest divisional increase was seen in Facilities and Estates, increasing to 83.0 FTE compared to 54.9 FTE in the previous month.</p> <ul style="list-style-type: none">• A further 60 appointments and reappointments have been made to the Trust Staff Bank across all staff groups, supporting the aim to reduce reliance on agency supply.• A procurement process is underway for a new supplier for the provision of agency doctors across Bristol and Weston.• High cost, non-framework nurse agency supply increased further during February, due to the ongoing operational pressures.• The Bank 'Winter Recruitment Campaign' saw 11 non-clinical and 15 clinical interviews and offers during February. Development of a Summer Bank recruitment campaign is taking place to continue the drive to increase the availability of staff working through the Bank.• A review is being undertaken of the current short term Bank incentive payments which were put into place to support Covid pressures.
Ownership:	Director of People

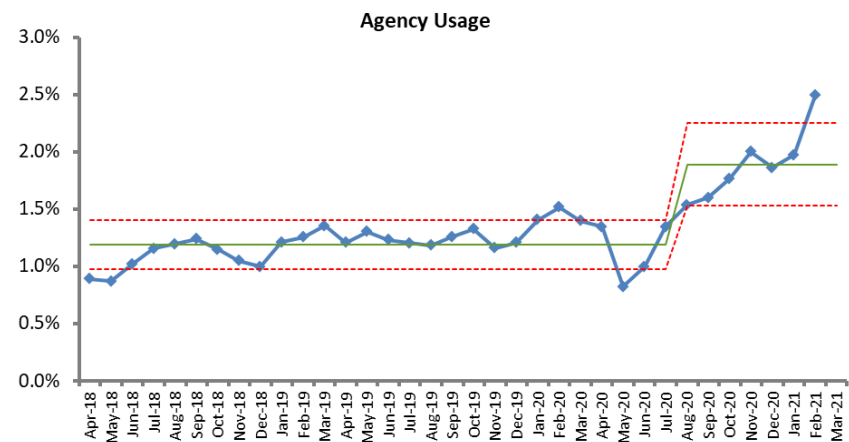
Workforce – Bank and Agency Usage

February 2021

Bank	February FTE	February Actual %	KPI
UHBWNHS Foundation Trust	671.7	5.9%	4.6%
Diagnostics & Therapies	23.9	1.9%	1.4%
Medicine	155.1	11.0%	9.9%
Specialised Services	68.6	5.9%	5.3%
Surgery	105.2	5.4%	3.9%
Women's & Children's	77.3	3.4%	1.5%
Trust Services	36.5	3.3%	3.0%
Facilities & Estates	90.9	9.0%	6.6%
Weston	114.3	9.4%	6.1%



Agency	February FTE	February Actual %	KPI
UHBWNHS Foundation Trust	282.5	2.5%	1.7%
Diagnostics & Therapies	2.9	0.2%	1.0%
Medicine	72.1	5.1%	2.7%
Specialised Services	15.1	1.3%	1.1%
Surgery	30.4	1.6%	1.5%
Women's & Children's	23.3	1.0%	0.7%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	83.0	8.2%	0.2%
Weston	55.6	4.6%	5.1%



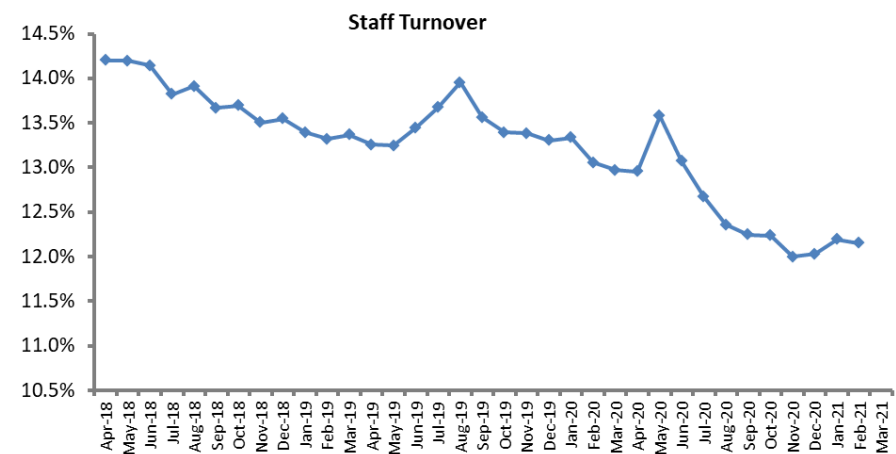
Workforce – Turnover

February 2021

Y Achieved

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In February 2021, there had been 1061 leavers over the previous 12 months, with 8727 FTE staff in post on average over that period; giving a turnover of $1061 / 8727 = 12.2\%$.
Commentary:	<p>Turnover remained at 12.2% compared with the previous month. Five divisions saw reductions whilst three divisions saw increases in turnover in comparison to the previous month.</p> <p>The largest divisional reductions were seen within Facilities and Estates and Weston, each reducing by 0.5 percentage points compared with the previous month. Medicine had the largest divisional increasing, rising from 13.5% to 14.2%.</p> <ul style="list-style-type: none"> All divisions are now in receipt of local Staff Survey heat-maps to support action planning at team level. This will be supported by a corporate plan focusing on the key priorities for 2021/22. Work to review the Leavers Exit process and also to agree retention initiatives for the Trust is underway. Initiatives like 'stay conversations' are being developed.
Ownership:	Director of People

Turnover	Feb-21	KPI
UHBWNHS Foundation Trust	12.2%	13.1%
Diagnostics & Therapies	9.7%	12.1%
Medicine	14.2%	14.7%
Specialised Services	13.1%	13.5%
Surgery	11.5%	13.5%
Women's & Children's	9.6%	10.1%
Trust Services	9.4%	13.0%
Facilities & Estates	13.8%	13.1%
Weston	19.1%	15.9%



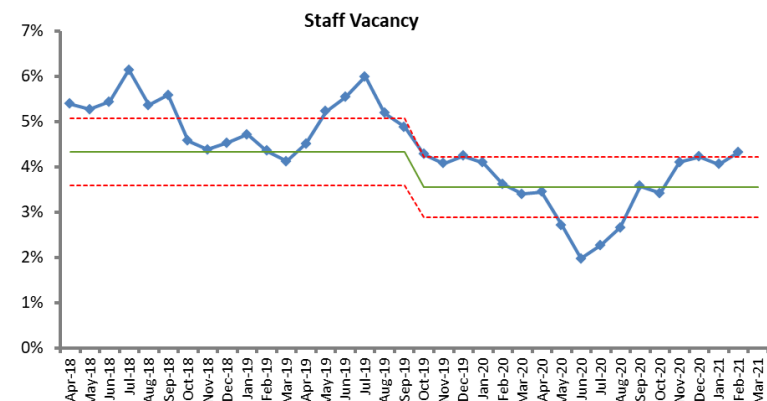
Workforce – Vacancies

February 2021

Y Achieved

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In February 2021, funded establishment was 10,850 FTE, with 469 FTE as vacancies (4.3%).
Commentary:	<p>Overall vacancies increased to 4.3% compared to 4.1% in the previous month. The largest divisional increase was seen in Surgery, where vacancies increased to 114.0 FTE from 56.4 FTE the previous month. The largest divisional reduction was seen in Specialised Services, where vacancies reduced to 17.9 FTE from 48.9 FTE the previous month.</p> <p>The over-establishments within the divisions of Trust Services and Women's and Children's have the effect of lowering the overall total vacancy position for the Trust.</p> <ul style="list-style-type: none"> Plans are being progressed for the recruitment of 150 international nurses for Bristol and Weston, with the first cohort arriving in April 2021. This includes an arrival welcome package, OSCE assessment support, induction, on-boarding and clinical adaptation support. Continued focus on reducing the Trust's Nursing Assistant vacancies to meet the NHSE target position of zero by April 2021. 30 substantive offers have been made during February, with 20 new starters. NHSE investment funding is also supporting a focus on clinical support and retention. Successful international recruitment of Radiographers has been seen as part of the Health Education England (HEE) 'Adopt and Adapt' programme, with 3 new starters in Weston during February, 3 arriving in Bristol in March, and 4 more due to arrive in May. The Trust is developing a 'Unique Selling Point (USP)' for recruiting nurses to the Weston Division specifically. The package being created will include information relating to finance, work-life balance and relocation assistance for the candidate and their family.
Ownership:	Director of People

Vacancy	Feb-21	KPI
UHBWNHS Foundation Trust	4.3%	5.6%
Diagnostics & Therapies	3.7%	5.5%
Medicine	8.6%	6.5%
Specialised Services	1.6%	5.5%
Surgery	5.9%	4.5%
Women's & Children's	-1.5%	1.0%
Trust Services	-1.1%	4.9%
Facilities & Estates	9.9%	9.1%
Weston	11.0%	10.9%



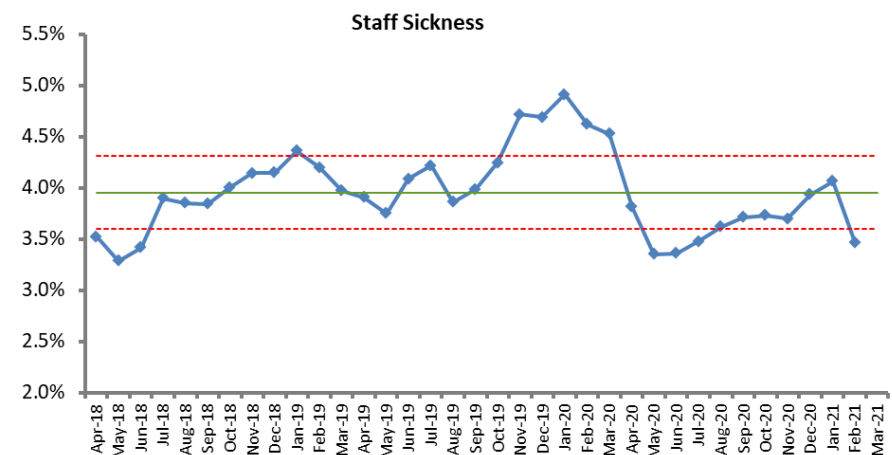
Workforce – Staff Sickness

February 2021

Y Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In February 2021, total available FTE days were 291,388 of which 10,112 (3.5%) were lost to staff sickness.
Commentary:	<p>Sickness absence reduced to 3.5% compared with 4.0% in the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting. There was an increase in one division, Specialised Services, where sickness increased by 0.2 percentage points to 3.5% from 3.3% the previous month. The largest divisional reduction was seen in Medicine, reducing by 1.5 percentage points to 3.2% from 4.7% the previous month. Medical Suspension continues to be the method used to record short-term Covid-19 absences. (Long Covid absence is included in the sickness absence figure above). During February, 2.88% of available FTE was lost to Medical Suspension compared to 4.1% the previous month (based on updated figures): 0.94% Covid-19 Sickness, 1.94% Covid-19 Isolation/Shielding.</p> <ul style="list-style-type: none"> Promotion of a free online NHS fitness platform is being promoted to colleagues to increase physical activity options and to reduce the prevalence of MSK issues. Staff areas are being explored to improve available rest space to promote and enable staff to take breaks as part of their wellbeing at work. A pilot has commenced within the Trust Services, Estate and Facilities Divisions which will offer targeted supporting attendance advice. A Supporting Attendance 'hub' approach is being implemented which will support attendance management and improved employee experience. The Trust's Supporting Attendance Policy is currently being reviewed in order to reflect staff recovery and restoration, and with an increased focus on employee wellbeing. Collaboration with Occupational Health Service to support the introduction of an onsite health check and smoking cessation advice in Q1
Ownership:	Director of People

Sickness	Feb-21	KPI
UHBWNHS Foundation Trust	3.5%	4.0%
Diagnostics & Therapies	3.2%	3.1%
Medicine	3.2%	4.2%
Specialised Services	3.5%	3.3%
Surgery	3.9%	4.0%
Women's & Children's	3.1%	3.8%
Trust Services	2.5%	3.5%
Facilities & Estates	5.1%	6.3%
Weston	3.7%	4.1%



Workforce – Appraisal Compliance

February 2021

N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In February 2021, 6,728 members of staff were compliant out of 10,477 (64.2%).
Commentary:	<p>Overall appraisal compliance reduced to 64.2% from 66.4% compared to the previous month. All divisions are non-compliant. There were reductions in all divisions. The largest reduction was seen within Trust Services reducing to 63.4% from 68.4% the previous month.</p> <p>The programme of work to deliver the Appraisal Improvement Plan continues. In summary, it includes:</p> <ul style="list-style-type: none"> Aligning the review and governance of Appraisal policies across both Bristol and Weston. Development of a simple appraisal form to include wellbeing and diversity & inclusion; with a planned launch for the summer. Pay progression 2021 implementation, which has been delayed until September 2021.
Ownership:	Director of People

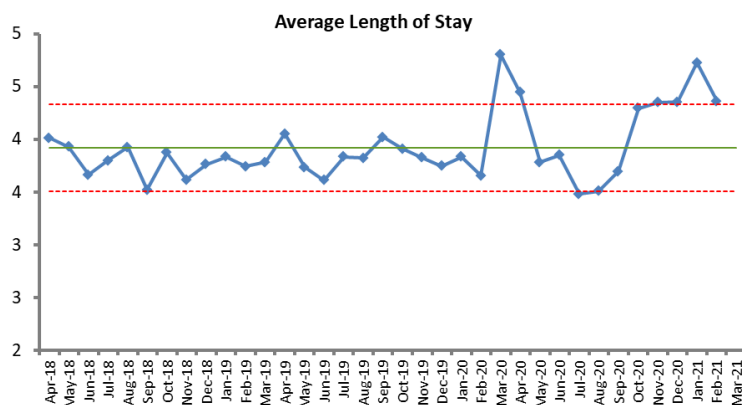
Appraisal (Non-Consultant)	Feb-21	Jan-21	KPI
UHBW NHS Foundation Trust	64.2%	66.4%	85.0%
Diagnostics & Therapies	67.3%	69.4%	85.0%
Medicine	52.0%	54.1%	85.0%
Specialised Services	72.1%	75.6%	85.0%
Surgery	51.0%	52.8%	85.0%
Women's & Children's	71.4%	72.0%	85.0%
Trust Services	63.4%	68.4%	85.0%
Facilities & Estates	69.2%	71.5%	85.0%
Weston	69.3%	71.0%	85.0%

Average Length of Stay

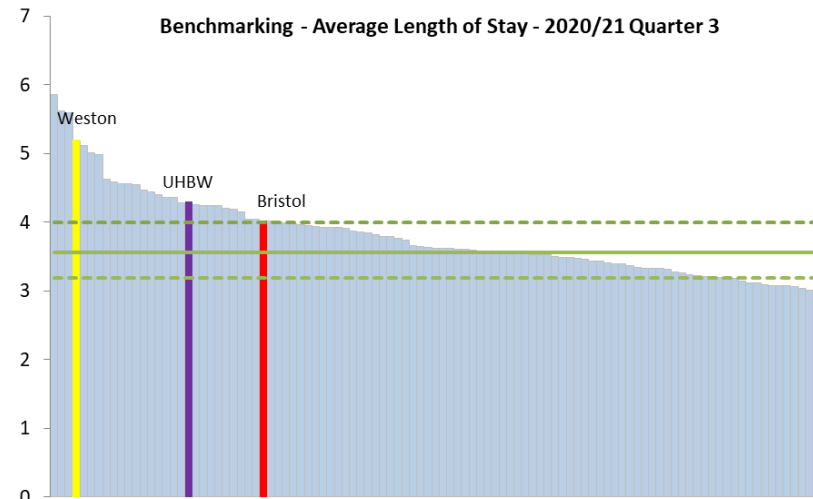
February 2021

N/A No Standard

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In February there were 5,969 discharges at UHBW with an average length of stay of 4.36 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
Ownership:	Chief Operating Officer



	Feb-21
Medicine	5.85
Specialised Services	6.63
Surgery	4.15
Weston	6.20
Women's and Children's	2.24



Finance – Performance to Plan



University Hospitals
Bristol and Weston
NHS Foundation Trust

February 2021

Performance to NHSEI Plan	Plan to date Month 11 £m	Actual to date Month 11 £m	Variance to date favourable/ (adverse) £m
Income from patient care activities	716.079	717.725	1.646
Other operating income	108.588	123.050	14.462
Employee expenses	(510.005)	(509.053)	0.952
Other operating expenses	(287.581)	(297.651)	(10.070)
Depreciation (owned & leased)	(23.006)	(22.432)	0.574
PDC	(10.778)	(10.776)	0.002
Interest Payable	(2.170)	(2.105)	0.065
Interest Receivable	0.001	0.001	0.000
Net Surplus/(deficit) inc technicals	(8.872)	(1.241)	7.631
Remove depreciation (donated)	1.731	1.734	0.003
Remove donated Income	(0.271)	(0.427)	(0.156)
Net Surplus/(deficit) exc technicals	(7.412)	0.066	7.478

Finance – Divisional Variance

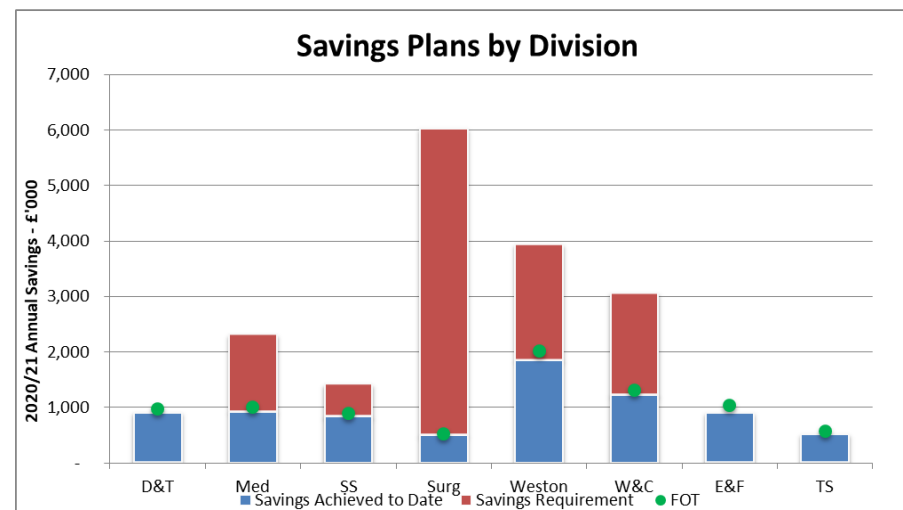
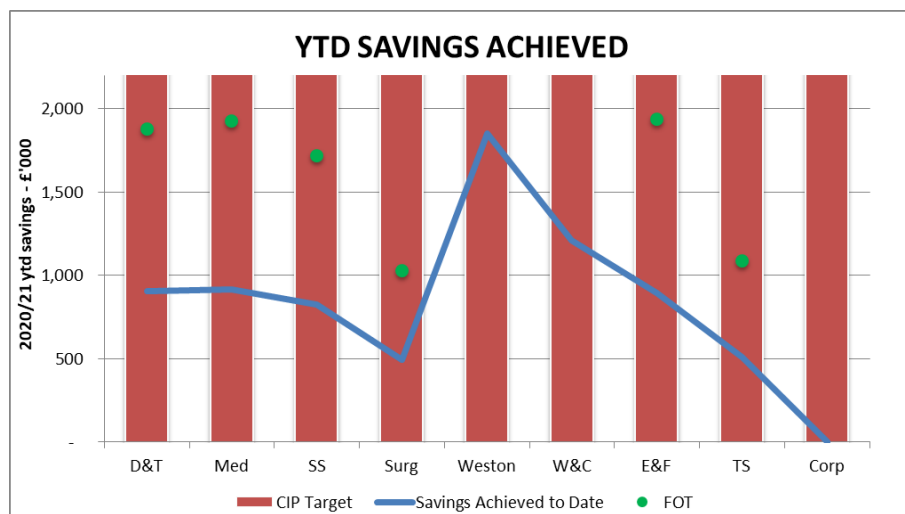
February 2021

Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Total
Nursing & Midwifery	5	652	295	(319)	(16)	(615)	(5)	(59)	(62)
Medical & Dental Pay	(39)	(105)	121	104	(295)	(812)	0	(456)	(1,481)
Other Pay	(238)	(86)	45	(138)	(209)	(22)	(6)	(354)	(1,009)
Non Pay	(179)	(259)	(1,637)	(896)	(358)	(2,000)	968	(500)	(4,860)
Income from Activities	26	(19)	(50)	1	(451)	(349)	1	0	(840)
Income from Operations	(221)	(126)	1,158	150	98	15	49	898	2,021
Total	(645)	57	(68)	(1,098)	(1,231)	(3,782)	1,007	(471)	(6,231)

Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(7)	(3,444)	(824)	(992)	(1,068)	(1,671)	0	(240)	(194)	(8,440)
Medical & Dental Pay	(7)	(1,008)	(285)	(1,364)	(481)	(817)	0	(165)	(24)	(4,151)
Other Pay	(553)	(128)	(139)	(130)	(258)	(58)	(305)	(407)	(10)	(1,988)
Non Pay	(571)	(3,095)	(325)	(1,378)	(1,284)	(209)	(1,414)	(4,401)	(3)	(12,679)
Income from Activities	0	0	0	0	0	0	0	0	(15)	(15)
Income from Operations	(39)	0	(201)	0	(798)	(260)	(1,318)	(175)	13	(2,777)
Total	(1,177)	(7,675)	(1,773)	(3,864)	(3,889)	(3,015)	(3,036)	(5,388)	(233)	(30,050)

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

February 2021



Care Quality Commission Rating - Bristol

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

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

Rating for acute services/acute trust

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

Care Quality Commission Rating - Weston



University Hospitals
Bristol and Weston
NHS Foundation Trust

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

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

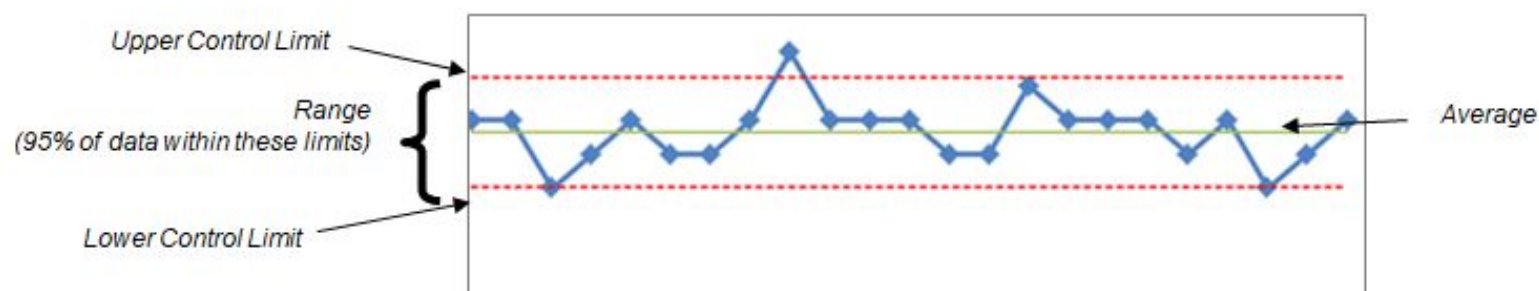
Ratings for Weston General Hospital

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

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

Explanation of SPC Charts

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

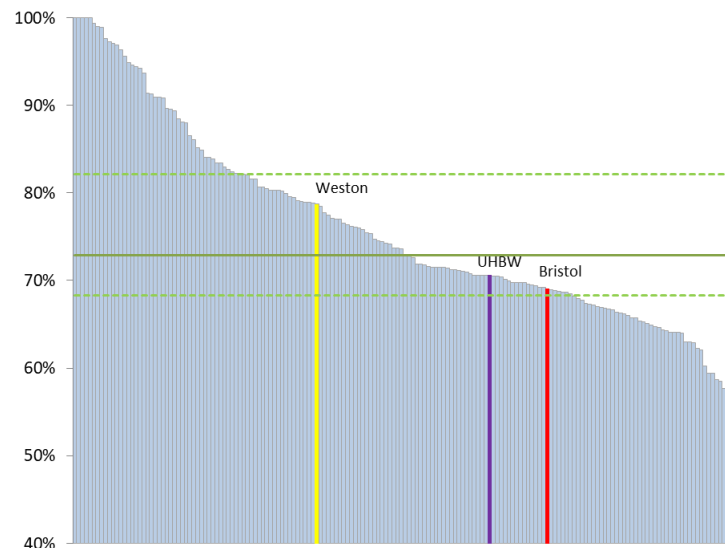


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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

Explanation of Benchmarking Charts

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



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

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

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

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

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

Appendix – Covid19 Summary

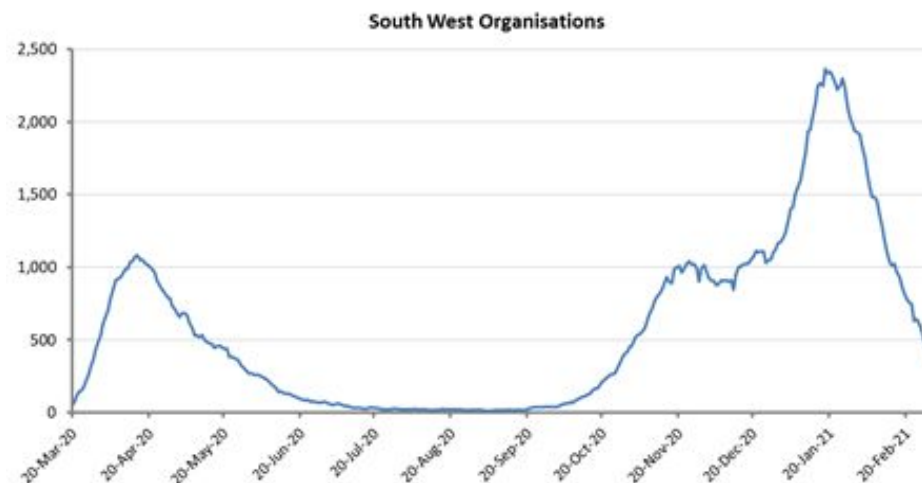
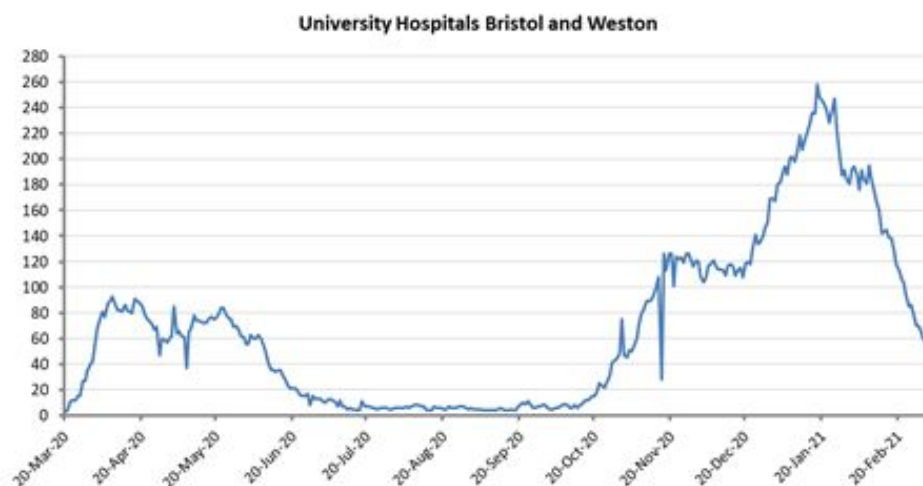


University Hospitals
Bristol and Weston
NHS Foundation Trust

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 12 th March 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 4th March 2021.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 20th January 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Commentary:	Daily monitoring and reporting of all Covid -19 results is reviewed and approved by an Executive Director . In February there was a total of 151 inpatients diagnosed with Covid -19 following their admission; 41 cases were acquired either as probable or definite healthcare associated. The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare- Associated	Hospital-Onset Probable Healthcare- Associated	Hospital-Onset Definite Healthcare- Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
	1,076					1,323

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

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	University Hospitals Bristol and Weston NHS Foundation Trust			
SAFE DOMAIN																				
ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21		20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Infection Control																				
DA01	MRSA Trust Apportioned Cases	4	4	1	1	0	0	0	0	1	1	0	0	1	0		1	1	1	1
DA02	MSSA Trust Apportioned Cases	48	41	1	0	5	2	3	2	5	1	3	5	6	9		7	10	9	15
DA03	CDiff Trust Apportioned Cases	41	67	3	5	8	6	6	11	5	5	7	6	6	2		19	22	18	8
Patient Falls																				
AB01	Falls Per 1,000 Beddays	4.52	5.16	5.33	5.38	6.93	5.77	3.66	4.76	5.3	4.28	5.18	5.9	4.38	5.73		6.05	4.6	5.1	5.04
	Numerator (Falls)	1411	1546	121	114	164	138	100	136	160	134	151	171	124	154		416	396	456	278
	Denominator (Beddays)	312447	299507	22693	21194	23666	23917	27319	28557	30205	31336	29161	28979	28301	26872		68777	86081	89476	55173
AB06A	Total Number of Patient Falls Resulting in Harm	26	22	1	2	1	1	1	1	1	4	4	1	3	3		4	3	9	6
Pressure Injuries																				
DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.284	0.308	0.991	0.254	0.293	0.183	0.315	0.199	0.096	0.274	0.138	0.318	0.26		0.494	0.232	0.168	0.29
	Numerator (Pressure Injuries)	57	85	7	21	6	7	5	9	6	3	8	4	9	7		34	20	15	16
	Denominator (Beddays)	312447	299507	22693	21194	23666	23917	27319	28557	30205	31336	29161	28979	28301	26872		68777	86081	89476	55173
DE02	Pressure Ulcers - Grade 2	49	80	7	20	5	5	5	9	6	3	8	4	8	7		30	20	15	15
DE03	Pressure Ulcers - Grade 3	8	5	0	1	1	2	0	0	0	0	0	0	1	0		4	0	0	1
DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Serious Incidents																				
S02	Number of Serious Incidents Reported	73	99	2	7	2	6	7	5	23	15	10	5	11	8		15	35	30	19
S01	Total Never Events	4	6	0	0	0	0	1	0	2	1	2	0	0	0		0	3	3	0
Medication Errors																				
WA01	Medication Incidents Resulting in Harm	0.33%	0.26%	0%	0%	0%	0%	0.9%	0%	0%	0.31%	0.37%	0.83%	0%	-		0%	0.34%	0.48%	0%
	Numerator (Incidents Resulting In Harm)	10	7	0	0	0	0	3	0	0	1	1	2	0	0		0	3	4	0
	Denominator (Total Incidents)	2999	2716	188	192	258	283	335	274	284	323	269	241	257	0		733	893	833	257
WA03	Non-Purposeful Omitted Doses of the Listed Critical Meds	0.41%	0.47%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.19%		0.47%	0.39%	0.58%	0.55%
	Numerator (Number of Incidents)	25	24	1	0	3	2	4	1	3	3	3	1	3	1		5	8	7	4
	Denominator (Total Audited)	6036	5062	231	0	302	770	825	675	557	479	442	281	210	521		1072	2057	1202	731
VTE Risk Assessment																				
N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	85.6%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	85.8%	85.2%	85.5%	84.6%	84.3%		87.3%	84.9%	85.5%	84.4%
	Numerator (Number Risk Assessed)	102013	69741	7199	4265	5280	6369	6566	6151	7104	7525	7089	6925	6250	6217		15914	19821	21539	12467
	Denominator (Total Patients)	116784	81520	8127	4830	6050	7349	7726	7287	8333	8770	8317	8095	7386	7377		18229	23346	25182	14763

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			 University Hospitals Bristol and Weston <small>NHS Foundation Trust</small>			
SAFE DOMAIN																						
ID	Measure	19/20	20/21 YTD		Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21		20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	

Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	100.3%	96.2%	98.8%	95%	97.9%	95.3%	101.1%	99.4%	97.6%	100.3%	97.4%	91.7%	90.7%	92.6%	96.1%	99.4%	96.4%	91.6%
	Numerator (Hours Worked)	2860897	3162826	241115	273656	291583	278873	302851	296436	286125	306243	295331	294407	288541	248781	844112	885411	895981	537322
	Denominator (Hours Planned)	2851065	3286122	244007	288040	297862	292575	299682	298223	293298	305348	303349	321059	318057	268629	878476	891203	929756	586686
RP02	Staffing Fill Rate - RN Shifts	96.6%	93.2%	94.9%	91.8%	91.9%	91.2%	97.2%	94.9%	94.9%	98.6%	96.7%	89.4%	88.6%	89.9%	91.6%	95.7%	94.8%	89.2%
	Numerator (Hours Worked)	1998312	2112875	168794	183957	187979	183315	199195	194533	186598	206328	200176	199026	194809	176960	555251	580326	605530	371769
	Denominator (Hours Planned)	2067891	2267907	177872	200310	204554	201026	204937	204886	196552	209357	207114	222595	219755	196821	605890	606374	639066	416576
RP03	Staffing Fill Rate - NA Shifts	110.1%	102.8%	109.4%	102.2%	111%	104.4%	109.4%	109.2%	101.5%	103%	98.9%	96.9%	95.3%	99.4%	106%	106.8%	99.5%	97.3%
	Numerator (Hours Worked)	862585	1049243	72321.6	89698	103604	95557.5	103655	101903	88084.7	93006.9	95156.6	95381.7	93731.4	89463.4	288860	293643	283545	183195
	Denominator (Hours Planned)	783175	1020731	66135.4	87730	93307.7	91548.9	94745.3	93337.7	86795	90291.1	96235.8	98464.6	98302.1	89972.8	272587	274878	284992	188275

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			 University Hospitals Bristol and Weston NHS Foundation Trust			
CARING DOMAIN																						
ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4			

Patient Surveys																			
P01D	Patient Survey - Patient Experience Tracker Score			93	91	91	91	90	90	91	89	88	90	91	93	91	90	90	92
P01G	Patient Survey - Kindness and Understanding			98	96	95	96	97	96	95	94	93	96	97	97	96	96	94	97
P01H	Patient Survey - Outpatient Tracker Score			84	88	91	96	93	92	94	92	94	93	94	94	91	93	93	94

Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1842	1508	121	54	63	99	146	169	206	199	176	115	136	145	216	521	490	281
T01C	Patient Complaints - Formal	597	503	32	10	19	44	58	61	90	51	65	24	49	32	73	209	140	81
T01D	Patient Complaints - Informal	1245	1017	89	44	50	61	88	108	116	148	111	91	87	113	155	312	350	200


Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	88%	69%	85.5%	76.9%	66.7%	63.3%	80.4%	59.3%	66.2%	61.9%	81%	65.8%	66.7%	70.5%	71.3%	68.2%	69.1%	68.1%
	Numerator (Responses Within Timeframe)	668	400	59	40	8	19	41	32	49	39	47	48	46	31	67	122	134	77
	Denominator (Total Responses)	759	580	69	52	12	30	51	54	74	63	58	73	69	44	94	179	194	113
T03B	Formal Complaints Responded To Within Divisional Timeframe	91%	74%	91.3%	86.5%	75%	96.7%	90.2%	61.1%	63.5%	71.4%	84.5%	67.1%	63.8%	75%	88.3%	70.4%	73.7%	68.1%
	Numerator (Responses Within Timeframe)	691	429	63	45	9	29	46	33	47	45	49	49	44	33	83	126	143	77
	Denominator (Total Responses)	759	580	69	52	12	30	51	54	74	63	58	73	69	44	94	179	194	113

Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.51%	7.07%	2.9%	3.85%	0%	6.67%	9.8%	1.85%	9.46%	17.46%	1.72%	5.48%	-	-	4.25%	7.26%	8.25%	-
	Numerator (Number Dissatisfied)	57	33	2	2	0	2	5	1	7	11	1	4	0	0	4	13	16	0
	Denominator (Total Responses)	759	467	69	52	12	30	51	54	74	63	58	73	0	0	94	179	194	0

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN																	<div> University Hospitals Bristol and Weston NHS Foundation Trust</div>			
ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	
Emergency Department Performance																				
B01	ED Total Time in Department - Under 4 Hours	80.44%	80.5%	80.99%	92.49%	90.68%	87.31%	84.05%	82.09%	81.24%	79.82%	75.84%	74.35%	69.72%	72.56%	89.94%	82.43%	76.79%	71.12%	
	Numerator (Number Seen In Under 4 Hours)	114976	101814	7425	6950	8957	8811	10900	11092	11253	10740	9263	8865	7413	7570	24718	33245	28868	14983	
	Denominator (Total Attendances)	142939	126474	9168	7514	9878	10092	12969	13512	13851	13455	12213	11924	10633	10433	27484	40332	37592	21066	
B06	ED 12 Hour Trolley Waits	25	1338	5	0	1	7	58	68	6	87	201	247	468	195	8	132	535	663	
Emergency Department Clinical Indicators																				
B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	81.5%	93.5%	92.4%	89%	88.8%	82.3%	79.7%	76.6%	73.6%	81.7%	78.7%	80.3%	82.2%	90%	79.5%	77.8%	81.2%	
	Numerator (Number Assessed Within 15 Minutes)	34887	48835	2567	3591	4126	3585	5241	5145	5014	4689	4748	4499	4167	4030	11302	15400	13936	8197	
	Denominator (Total Attendances Needing Assessment)	36037	59923	2744	3886	4637	4035	6368	6456	6543	6374	5814	5715	5190	4905	12558	19367	17903	10095	
B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	68.4%	62.3%	92.8%	80.6%	68.1%	65.4%	63.1%	58.3%	63.7%	70.1%	65.6%	68.5%	66.8%	79.4%	62.6%	66.4%	67.7%	
	Numerator (Number Treated Within 60 Minutes)	70327	82846	5546	6943	7902	6767	8362	8364	5861	8490	8455	7731	7158	6813	21612	22587	24676	13971	
	Denominator (Total Attendances)	138496	121131	8907	7485	9803	9941	12793	13259	10048	13319	12062	11776	10442	10203	27229	36100	37157	20645	
B04	ED Unplanned Re-attendance Rate	3.7%	4.4%	3.7%	4.1%	4.1%	3.3%	4.4%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	4.3%	3.8%	4.4%	4.9%	4.6%	
	Numerator (Number Re-attending)	5221	5613	342	311	405	328	567	589	612	609	654	565	525	448	1044	1768	1828	973	
	Denominator (Total Attendances)	142939	126378	9168	7518	9930	9927	12847	13512	13973	13456	12216	11925	10636	10438	27375	40332	37597	21074	
B05	ED Left Without Being Seen Rate	1.6%	1%	1.2%	0.4%	0.6%	1%	1.2%	1.2%	1.3%	1.2%	1%	1.1%	1%	1%	0.7%	1.2%	1.1%	1%	
	Numerator (Number Left Without Being Seen)	2244	1302	112	32	64	98	152	158	174	161	121	135	103	104	194	484	417	207	
	Denominator (Total Attendances)	142939	126474	9168	7514	9878	10092	12969	13512	13851	13455	12213	11924	10633	10433	27484	40332	37592	21066	
Referral To Treatment Ongoing																				
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	78.3%	70.6%	61.4%	52.6%	46.5%	51.4%	58.1%	63.4%	65.6%	62.6%	62.3%	62.5%	-	-	-	-	
	Numerator (Number Under 18 Weeks)	0	0	25698	25559	21213	18842	17319	20216	23729	27022	27942	26416	26493	27685	0	0	0	0	
	Denominator (Total Pathways)	0	0	32832	36214	34564	35847	37270	39363	40827	42654	42624	42222	42523	44314	0	0	0	0	
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	19668	30	114	245	475	796	1077	1500	1809	2164	2891	3790	4807	834	3373	6864	8597	
Referral To Treatment Activity																				
A01A	Referral To Treatment Number of Admitted Clock Stops	39526	24937	2772	832	1053	1754	2319	2202	2731	3583	3658	2817	2022	1966	3639	7252	10058	3988	
A02A	Referral To Treatment Number of Non Admitted Clock Stops	102130	77763	8760	5655	3874	4712	5680	5366	6944	9106	9178	9730	8935	8583	14241	17990	28014	17518	
A09	Referral To Treatment Number of Clock Starts	149419	103677	9360	4717	4971	7421	9347	8902	11150	12913	11900	10997	10312	11047	17109	29399	35810	21359	
Diagnostic Waits																				
A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	85.73%	41.97%	41.43%	51.97%	67.49%	65.09%	57.78%	59.09%	60.08%	56.28%	53.65%	58.86%	-	-	-	-	
	Numerator (Number Under 6 Weeks)	0	0	6121	3184	3577	5227	8093	8285	8623	8628	8761	8563	7544	8388	0	0	0	0	
	Denominator (Total Waiting)	0	0	7140	7586	8633	10058	11991	12728	14925	14602	14582	15215	14062	14252	0	0	0	0	

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																		University Hospitals Bristol and Weston NHS Foundation Trust	
RESPONSIVE DOMAIN																			
ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks <i>Numerator (Number Seen Within 2 Weeks)</i> <i>Denominator (Total Seen)</i>	93.5%	78.8%	91.2%	90.3%	90.2%	91.2%	84.2%	72.5%	51.1%	61.8%	90%	90.2%	86.2%	-	90.7%	68.6%	78.9%	86.2%
		17868	11624	1234	654	881	1275	1306	1085	873	1332	1601	1379	1238	0	2810	3264	4312	1238
		19106	14756	1353	724	977	1398	1551	1497	1709	2157	1778	1528	1437	0	3099	4757	5463	1437
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	95.7%	95.6%	97.4%	94.5%	89.8%	95%	96%	98.4%	95.6%	97.8%	97%	95.5%	94%	-	93.3%	96.7%	96.7%	94%
		3029	2384	294	208	167	207	217	246	262	270	260	298	249	0	582	725	828	249
		3166	2495	302	220	186	218	226	250	274	276	268	312	265	0	624	750	856	265
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	98.7%	99.3%	99.1%	100%	100%	99.2%	100%	98.8%	98.5%	99.3%	99.2%	99.3%	99.2%	-	99.6%	99%	99.3%	99.2%
		1397	1221	107	54	95	118	116	166	128	140	129	151	124	0	267	410	420	124
		1415	1230	108	54	95	119	116	168	130	141	130	152	125	0	268	414	423	125
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	92.7%	86.4%	92.5%	83.3%	90.2%	72.7%	89.1%	92.3%	92.9%	91.5%	82.9%	80%	89.2%	-	81.9%	91.6%	85%	89.2%
		606	418	62	45	46	40	41	48	52	43	34	36	33	0	131	141	113	33
		654	484	67	54	51	55	46	52	56	47	41	45	37	0	160	154	133	37
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	85.5%	79.7%	91.1%	76.2%	72.6%	83.5%	89.3%	83.2%	78.5%	82.2%	75.8%	78.3%	77.6%	-	78.1%	83.3%	78.7%	77.6%
		1199.5	929	133	70.5	57	93.5	92	82	98.5	113	106.5	122.5	93.5	0	221	272.5	342	93.5
		1402.5	1165	146	92.5	78.5	112	103	98.5	125.5	137.5	140.5	156.5	120.5	0	283	327	434.5	120.5
E03B	Cancer 62 Day Referral To Treatment (Screenings) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	66.1%	57.8%	81.8%	100%	-	0%	0%	85.7%	100%	100%	100%	27.3%	71.4%	-	25%	70%	60%	71.4%
		40	13	4.5	1	0	0	0	3	0.5	1	3.5	1.5	2.5	0	1	3.5	6	2.5
		60.5	22.5	5.5	1	0	3	1	3.5	0.5	1	3.5	5.5	3.5	0	4	5	10	3.5
E03C	Cancer 62 Day Referral To Treatment (Upgrades) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	86.7%	89.1%	91.2%	84.5%	91.3%	93.2%	89.4%	92.4%	90.4%	94%	88.2%	87.5%	80.7%	-	89.4%	90.8%	89.9%	80.7%
		560.5	447.5	46.5	35.5	31.5	34.5	42	54.5	51.5	55	41	56	46	0	101.5	148	152	46
		646.5	502.5	51	42	34.5	37	47	59	57	58.5	46.5	64	57	0	113.5	163	169	57
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.79%	1.15%	2.21%	0.6%	0.33%	0.44%	0.7%	2.09%	1.13%	1.21%	1.17%	1.54%	1.13%	1.48%	0.45%	1.28%	1.3%	1.31%
		1394	567	115	14	9	17	32	87	59	72	66	84	53	74	40	178	222	127
		77948	49534	5201	2321	2718	3829	4549	4154	5220	5951	5656	5463	4672	5001	8868	13923	17070	9673
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	92.6%	83.6%	86.7%	67%	69.2%	88.9%	76.5%	96.8%	98.8%	91.1%	93%	88.5%	83.1%	67.3%	68.6%	95.4%	91%	76.7%
		1291	489	111	77	9	8	13	30	82	51	66	54	64	35	94	125	171	99
		1394	585	128	115	13	9	17	31	83	56	71	61	77	52	137	131	188	129

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



University Hospitals
Bristol and Weston
NHS Foundation Trust

ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Delayed Transfers of Care (DToc)																			
Q01A	Acute Delayed Transfers of Care - Patients	289	60	21	9	10	14	13	10	4	0	-	-	-	-	33	27	0	-
Q01B	Acute Delayed Transfers of Care - Beddays	8304	1902	962	278	238	396	350	335	251	54	-	-	-	-	912	936	54	-
Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	7	9	7	1	0	1	-	-	-	-	-	-	17	1	-	-
Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	521	249	201	150	88	32	40	10	-	-	-	-	-	439	82	-	-
Green To Go/Fit For Discharge																			
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	87	64	85	71	86	99	96	97	97	125	107	103	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	36	21	18	12	8	22	19	26	18	11	12	11	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	3110	2133	2453	2107	2582	2704	2973	3013	2745	3356	3572	3218	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	1002	871	531	403	588	464	528	698	564	458	340	445	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate <i>Numerator (Number of Hospital Cancellations)</i> <i>Denominator (Total Appointments)</i>	11.4%	12.5%	17.7%	25.7%	15.5%	12.1%	11.5%	11.5%	9.9%	10.3%	10.3%	11%	11.3%	10.6%	18.1%	10.9%	10.5%	10.9%
		126443	111336	17444	19914	9500	8477	8785	8421	8785	9443	9607	9512	9866	9026	37891	25991	28562	18892
		1109925	891140	98326	77528	61327	70010	76680	73097	88393	91339	93649	86470	87155	85492	208865	238170	271458	172647
R05	Outpatient DNA Rate <i>Numerator (Number of DNAs)</i> <i>Denominator (Total Attendances+DNAs)</i>	6.6%	7%	7.1%	5.1%	4.9%	5.3%	6.2%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	6.7%	5.1%	6.9%	7.9%	7.6%
		51399	44797	3933	2024	2051	2809	3625	3831	4848	5292	5610	5029	5383	4295	6884	12304	15931	9678
		780935	641112	55355	39298	41949	53504	58844	55092	63156	68473	69071	64312	63319	64094	134751	177092	201856	127413
Overdue Partial Booking																			
R22N	Overdue Partial Booking Referrals <i>Numerator (Number Overdue)</i> <i>Denominator (Total Partial Booking)</i>	20.2%	33.5%	22.5%	26.7%	29.8%	33.6%	34.6%	35.2%	35.2%	34.7%	34.2%	35%	35.2%	34%	30%	35%	34.6%	34.6%
		286098	520602	31438	38408	42949	48234	49150	49821	49068	48149	48773	49352	49499	47199	129591	148039	146274	96698
		1415507	1556238	139960	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	138821	431473	422813	422689	279263
R22R	Overdue Partial Bookings (9+ Months) <i>Numerator (Number Overdue 9+ Months)</i> <i>Denominator (Total Partial Booking)</i>	1.1%	3%	1.6%	1.5%	1.3%	1.6%	1.7%	1.9%	2.4%	3.1%	3.7%	4.6%	5.2%	5.8%	1.5%	2%	3.8%	5.5%
		15664	46131	2179	2104	1928	2256	2357	2753	3318	4252	5274	6422	7365	8102	6288	8428	15948	15467
		1415507	1556238	139960	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	138821	431473	422813	422689	279263
R22H	Overdue Partial Bookings (12+ Months) <i>Numerator (Number Overdue 12+ Months)</i> <i>Denominator (Total Partial Booking)</i>	0.5%	1.4%	0.8%	0.8%	0.8%	0.9%	1%	1.1%	1.2%	1.3%	1.5%	1.8%	2.2%	2.6%	0.9%	1.1%	1.5%	2.4%
		6628	21629	1099	1167	1191	1341	1419	1569	1710	1808	2086	2557	3154	3627	3699	4698	6451	6781
		1415507	1556238	139960	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	138821	431473	422813	422689	279263

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



University Hospitals
Bristol and Weston
NHS Foundation Trust

ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Mortality																			
X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	94.8	96.2	97.3	96.2	96.4	95.5	93.9	94.4	89.8	-	-	-	-	96.6	94.6	89.8	-
	Numerator ("Expected" Deaths)	21515	16465	2545	2525	2425	2390	2350	2300	2285	2190	0	0	0	0	7340	6935	2190	0
	Denominator (Deaths)	21080	17365	2645	2595	2520	2480	2460	2450	2420	2440	0	0	0	0	7595	7330	2440	0
X02	Hospital Standardised Mortality Ratio (HSMR)	89.9	91.7	98.5	127	118.2	96.9	77.9	64.8	95.9	80.9	96.5	86.5	-	-	111.8	79.2	87.9	-
	Numerator ("Expected" Deaths)	1569	708	142	78	78	88	73	57	80	82	93	79	0	0	244	210	254	0
	Denominator (Deaths)	1744.63	772.46	144.14	61.42	65.99	90.86	93.74	87.96	83.4	101.35	96.42	91.32	0	0	218.27	265.1	289.09	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	64.6%	50%	75.6%	61%	48.9%	73.6%	63.4%	60.9%	64.6%	70.8%	65.1%	61.3%	63%	61.4%	66.4%	66.9%	62.3%
	Numerator (Treated Within 36 Hrs)	134	312	16	31	25	22	39	26	28	31	34	28	19	29	78	93	93	48
	Denominator (Total Patients)	294	483	32	41	41	45	53	41	46	48	48	43	31	46	127	140	139	77
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	91.7%	84.4%	80.5%	73.2%	84.4%	96.2%	95.1%	97.8%	97.9%	97.9%	100%	93.5%	89.1%	79.5%	96.4%	98.6%	90.9%
	Numerator (Seen Within 72 Hrs)	283	443	27	33	30	38	51	39	45	47	47	43	29	41	101	135	137	70
	Denominator (Total Patients)	294	483	32	41	41	45	53	41	46	48	48	43	31	46	127	140	139	77
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	57.8%	37.5%	61%	46.3%	40%	69.8%	61%	52.2%	60.4%	64.6%	58.1%	61.3%	58.7%	48.8%	61.4%	61.2%	59.7%
	Numerator (Number achieved BPT)	128	279	12	25	19	18	37	25	24	29	31	25	19	27	62	86	85	46
	Denominator (Total Patients)	294	483	32	41	41	45	53	41	46	48	48	43	31	46	127	140	139	77
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	3.6%	4.5%	2.81%	4.1%	4.7%	4.23%	4.62%	4.64%	5.39%	4.82%	4.25%	3.87%	3.91%	6.25%	4.35%	4.9%	4.33%	4.25%
	Numerator (Re-admitted in 30 Days)	5459	5114	296	304	408	422	547	524	688	658	545	477	427	114	1134	1759	1680	541
	Denominator (Total Discharges)	151572	113523	10531	7408	8679	9989	11831	11304	12766	13651	12830	12328	10912	1825	26076	35901	38809	12737
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	61.6%	60.5%	57.6%	54.3%	71.4%	51.4%	46.2%	48.6%	67.7%	71.7%	74.2%	66.7%	-	61.8%	49%	71.3%	66.7%
	Numerator (Achieved Target)	163	213	23	19	19	30	18	12	18	21	33	23	20	0	68	48	77	20
	Denominator (Total Patients)	290	346	38	33	35	42	35	26	37	31	46	31	30	0	110	98	108	30
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	75.2%	65.8%	82.4%	85.7%	82%	82.6%	91.4%	69.8%	75.6%	68.3%	64.6%	66.7%	20%	83.1%	79.9%	69.3%	55%
	Numerator (Achieved Target)	204	348	25	42	30	41	38	32	37	34	41	31	20	2	113	107	106	22
	Denominator (Total Patients)	290	463	38	51	35	50	46	35	53	45	60	48	30	10	136	134	153	40

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS University Hospitals Bristol and Weston NHS Foundation Trust			
WELL-LED DOMAIN																				
ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21		20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Bank and Agency Usage																				
AF11A	Percentage Bank Usage	-	-	5.91%	5.74%	5.35%	5%	5.86%	5.69%	5.15%	5.37%	6.05%	5.35%	6.07%	5.93%		-	-	-	-
	Numerator (Bank wte)	0	0	554.95	622.02	581.743	548.58	651.44	631.14	565.39	595.03	675.77	595.4	683.53	671.71		0	0	0	0
	Denominator (Total wte)	0	0	9398.06	10844.9	10867.7	10966.5	11119.5	11099.7	10977.4	11076.1	11165.3	11126.2	11253.9	11335.3		0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.4%	1.35%	0.82%	1%	1.35%	1.54%	1.6%	1.77%	1.95%	1.86%	1.97%	2.49%		-	-	-	-
	Numerator (Agency wte)	0	0	131.34	146.06	89.3349	109.17	149.62	170.64	175.52	195.62	218.18	207.2	221.92	282.54		0	0	0	0
	Denominator (Total wte)	0	0	9398.06	10844.9	10867.7	10966.5	11119.5	11099.7	10977.4	11076.1	11165.3	11126.2	11253.9	11335.3		0	0	0	0
Turnover																				
AF10	Workforce Turnover Rate	-	-	13%	13%	13.6%	13.1%	12.7%	12.4%	12.2%	12.2%	12.2%	12%	12.2%	12.2%		-	-	-	-
	Numerator (Leavers in last 12 months)	0	0	947.325	1104.96	1156.64	1113.62	1079.09	1054.77	1051.86	1056.83	1067.3	1042.85	1060.5	1060.45		0	0	0	0
	Denominator (Average Staff in Post)	0	0	7302.51	8529.53	8519.43	8518.68	8516.87	8535.73	8588.47	8637.1	8780.6	8670.13	8695.71	8726.77		0	0	0	0
Vacancy																				
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	3.4%	3.4%	2.7%	2%	2.3%	2.7%	3.6%	3.4%	4.1%	4.2%	4.1%	4.3%		-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	0	0	306.15	359.39	284.52	207.53	239.45	281.27	379.66	363.63	438.47	455.28	437.35	468.72		0	0	0	0
	Denominator (Actual WTE)	0	0	9017.92	10436.2	10481.2	10516.3	10557.9	10579.2	10616.2	10649.1	10709.8	10778.9	10785.8	10849.8		0	0	0	0
Staff Sickness																				
AF02	Sickness Rate	4.3%	3.7%	4.5%	3.8%	3.4%	3.4%	3.5%	3.6%	3.7%	3.7%	3.7%	3.9%	4.1%	3.5%		3.5%	3.6%	3.8%	3.8%
	Numerator (Total WTE Days Lost)	133584	125321	12170.7	11567.3	10311.3	10417.9	11068	11435.2	11363	11849.1	11651.5	12553.5	12991.8	10112.4		32296.4	33866.3	36054	23104.2
	Denominator (Total WTE Days)	3108524	3419310	268845	303115	307672	309671	318140	315856	305946	317549	311168	319067	319737	291388		920458	939942	947785	611125
Staff Appraisal																				
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	63.4%	60.9%	60.7%	62.1%	64.1%	64.3%	65.5%	66.4%	67.2%	68.2%	66.4%	64.2%		-	-	-	-
	Numerator (In-Date Appraisals)	0	0	5425	5930	5978	6240	6482	6484	6637	6747	6891	7005	6859	6728		0	0	0	0
	Denominator (Total Staff)	0	0	8560	9740	9850	10044	10116	10090	10128	10167	10247	10277	10337	10477		0	0	0	0
INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS University Hospitals Bristol and Weston NHS Foundation Trust			
USE OF RESOURCES DOMAIN																				
ID	Measure	19/20	20/21 YTD	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21		20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Average Length of Stay																				
J03	Average Length of Stay (Spell)	3.89	4.04	4.8	4.44	3.78	3.85	3.48	3.51	3.69	4.29	4.35	4.35	4.72	4.36		4	3.56	4.33	4.54
	Numerator (Total Beddays)	307581	289648	26562	22073	22052	23889	26599	26326	26723	31180	29087	28343	27360	26016		68014	79648	88610	53376
	Denominator (Total Discharges)	79083	71607	5536	4966	5831	6204	7639	7507	7234	7262	6690	6512	5793	5969		17001	22380	20464	11762

Paper to follow:

Agenda item 10

Committee Chair Reports:

Quality and Outcomes Committee

Finance and Digital Committee

People Committee

Meeting of the Board in Public on 31st March 2021 in the Conference Room, Trust Headquarters

Report Title	Transforming Care Programme Board Report
Report Author	Melanie Jeffries, Transformation Programme Manager
Executive Lead	Bill Oldfield, Medical Director (Cover)

1. Report Summary	
This Transforming Care update provides highlights of the key transformation and improvement work that has progressed during Quarter 3 (Oct -Dec 2020), including new projects undertaken as part of the Trust Covid 19 response	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> Ongoing pressures due to Covid 19 have impacted progress of some Transforming Care Programmes 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: <ul style="list-style-type: none"> None 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for INFORMATION The Board is asked to NOTE the report 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]
Business SLT	20th January 2021

Quarter 3 Transforming Care programme report

This Transforming Care update provides highlights of the key transformation and improvement work that has progressed during quarter 3 (Oct-Dec 2020). The SPORT report below (Appendix 1) provides further detail of initiatives.

2020/21 Transforming Care programme



Programme	Highlights
Healthy Weston	Design of processes to agree and approve transfer of appropriate Emergency Surgery patients from Weston General Hospital to Bristol site when required
Redesign of outpatient care	Self- assessment tool and improvement plans underway with a range of specialty teams in services who are not as operationally impacted by the Covid-19 pressures System-wide work commenced for the development of Referral assessment services, patient initiated follow up pathways and improvements to the advice and guidance system.
Critical Care Outreach	A project team, led by two intensivists, has been established to develop and write a business case for the implementation of a Critical Care Outreach team for adult services in Bristol. The business case will be progressed through the 2021/22 OPP process.
Proactive Hospital	Work is underway to develop a model of working which will support operational teams to deliver continuous improvement to inpatient flow. The proposed model includes cross-divisional working, swifter access to data and coaching and training for staff to make improvements across all phases of an inpatient journey. Presentation of the proposed model is planned for Business SLT in January for approval
Space Review and Home working	Following approval of the space review paper at Covid 19 silver in October 2020. 28 moves were co-ordinated during November and December, enabling space to be released for clinical services. This included decant of services on BRI site to enable planned work to create additional inpatient beds.
Transformation, Improvement and Innovation capability	Quality Improvement training was paused in November 2020 due to Covid 19. 51 staff attended the remote Bronze training following the relaunch in September. The new quality improvement trainer was recruited, to start in January. An improvement survey was answered by 500 staff with results to be published in January.

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Covid 19 response

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

- **Weston bed capacity**

Development of plan to reconfigure part of Quantock Outpatient Department into space for an additional 12 inpatient beds, and deliver the displaced outpatient activity. Funding for the plan was approved in December 2020.

- **Waiting list clinical validation**

Design and implementation of processes to enable the Trust to respond to the NHS E mandated clinical prioritisation of all undated patients on inpatient or day case waiting list. The final phase planned is to embed the prioritisation criteria into ongoing management of waiting lists.

- **Mass Vaccinations**

Design and implementation of vaccination services on both Bristol and Weston sites, as part of the BNSSG programme. Bristol site go live was 28th December 2020, and Weston site commenced on 4th January 2021.

Quality Improvement (QI) and Bright Ideas

- **Institute of Health Improvement (IHI) annual conference**

In December 2020 the team* presented a training session on 'Moving from a top down to bottom up improvement approach- An NHS Trust's Journey'. The session shared our experience and learning of setting up the programme in 2016, the five core components of the programme (QI Academy, Forum, Hub, Faculty, Resources), the benefits we have seen, and what we are planning next through our Transformation, Improvement and Innovation strategy and dosing model to increase capability.

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

- **QI Diagnostic tool**

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

The responses received from over 500 staff show there is an appetite for improvement in the Trust, however, staff struggle to have time to make improvements, and are not always aware of the training and support available.

Next steps include promoting the quality improvement training and support available to staff, development of further training, and options for how protected time for staff to work on improvement projects can be achieved. We will also spread the QI approach to the Weston site.

- **Bright idea Spring 2020 and Covid 19 winners**

The following ideas were winners of the delayed spring and Covid 19 specific competitions, at present the projects are paused due to operational pressures.

Idea	Ambition	Who
Storing Voice Recordings within Patient Records:	To improve the management of patients with voice problems by enabling voice recordings to be uploaded to the patient's digital records	Sam Brady, SLT St Michaels Hospital
Developing films to support parents, children and young people on their cancer journey	To produce short films to provide the essential information that children/young people and their families need following a cancer diagnosis.	Rachel Dommett & Emily Parsons, BRCH Haem & Oncology
Quality Outcome Measures in Paediatric Anaesthesia: You can't improve what you don't measure	To develop a tool that captures outcome measures in core digital systems in order to improve the post operative care of children	Amelia Pickard, BRCH Theatres
Reduction in use of plastic bags for dispensed medications	To implement a reusable bag system to transport medications to the wards and reduce plastic usage.	Ola Rutkowska-Howell, Pharmacist, BRI
Digital 'Prepare for Surgery'	To repurpose the current 'Prepare for Surgery' appointment into a digital format to ensure that this can be accessed by pre-operative patients during the pandemic	Drs Hannah Wilson, Helen Howes and Adam Duffen, Consultant Anaesthetists UHBW
PreVid: a new safe tool for preoperative assessment of patients during the pandemic	To use the PreVid assessment tool to upload videos of the patient undergoing stress tests as part of the pre-operative assessment process during the pandemic	Drs Mat Molyneux & Natasha Joshi, Anaesthetists UHBW
Children Eating Together	To enable children with gastro-intestinal conditions to be able to eat their food out of their beds & in a social situation to support the normalisation of eating and decrease the pressure that these children may feel.	Sophie Velleman, Specialist Clinical Psychologist, BRCH
Text message surveys to evaluate post-operative pain and patient/parent satisfaction in paediatric surgery	To implement a text message system to the parents of post-operative day surgery patients to improve post-operative pain requirements.	Dr Amelia Pickard, Paediatric Anaesthetist, BRCH

- **Clinical lead for Transformation**

Kathryn Bateman (Consultant Physician in Respiratory and Adult Cystic Fibrosis) commenced the role 22nd December 2020.

Anne Frampton (Consultant in Emergency Medicine), previous clinical lead for transformation has been shortlisted for Clinical Leader of the year in the Health Service Journal (HSJ) awards for her work establishing the Quality Improvement (QI) programme. The winner will be announced in March 2021.

Appendix 1: Transforming Care – Progress Summary Q3 Oct- Dec 2020/21

Successes	Priorities
<ul style="list-style-type: none"> • Institute of Health Improvement (IHI) annual conference training session • Anne Frampton, shortlisted for Clinical Leader of the year in HSJ awards • Vaccination service go live on Bristol and Weston sites • Sharing of clinical practice group toolkit with North Bristol Trust transformation leads, to collaboratively develop an approach for the Acute Services clinical review process • Implementation of GP at BRI Emergency department front door five sessions a week, treating approx. 10 patients per shift • Space review office moves undertaken, including decant of A701/801 • Speech Language and Therapy (SLT) job planning workshops • Redesign of Outpatient programme presentation at Association of Groups action learning set • Recruitment of Quality Improvement (QI) trainer • Pilot of Adult Dermatology inpatient referral management using Careflow, Trust clinical communication system • Use of Simul8 software to develop a bed model which can be adapted to test different scenarios • Over 500 responses to the Trust wide improvement survey, and 295 responses to the follow up manager survey. 	<ul style="list-style-type: none"> • Approval of Critical Care outreach business case • Approval of proactive hospital methodology • Project management support for Oversea Nurse recruitment • Commence support for digital signature project • Undertake redesign of Outpatient Care self-assessment tool with prioritised specialties • Completion of key toolkits for Redesign of Outpatient programme e.g. Patient initiated follow up, Referral Assessment service • Implementation of redesign of outpatients processes with identified specialties • Weston whiteboard improvement project to reduce movement on and off wards • Development and trial of alternative urgent/care pathways for patients who do not require Emergency Department care, supporting • Proof of concept project for Robotic Automation processes • Review of project pipeline and allocation of resource when possible • Development of 2021/22 Transforming Care priorities • Transforming Care programme benefits realisation report • Development of approach for Quality Improvement (QI) for Leaders, and QI e-learning module, for launch in April 2021.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Use learning from virtual visit with Somerset NHS Foundation Trust Improvement programme team • Review of successful ideas identified from the Beneficial Changes Network and Association of Groups action learning sessions 	<ul style="list-style-type: none"> • Impact of restoring services on operational teams, and their capacity to engage with Transforming Care priorities • Ability to maintain delivery of projects at pace, as operational and transformation capacity becomes stretched • Ability to deliver QI training programme and provide support to project leads from the QI faculty due to Covid

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	Quarter 3 Patient Experience & Involvement Report
Authors	Matthew Areskog and Paul Lewis Patient Experience & Voluntary Services Team
Executive Lead	Deirdre Fowler, Interim Chief Nurse

1. Report Summary
The Quarterly Patient Experience Report provides a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust.
2. Key points to note <i>(Including decisions taken)</i>
<p>The Trust's postal survey data (which currently covers the Bristol hospitals) shows that patients continued to report a positive experience of inpatient services up to Quarter 3 despite the challenges presented by the COVID-19 pandemic. However, the pandemic continues to disrupt the Trust's survey programme; in particular, reduced response rates and service reconfigurations hamper our ability to carry out in-depth analysis of our postal survey data below Divisional-level.</p> <p>During the pandemic, a significant proportion of outpatients have been seen via Virtual Clinics. Our postal survey data suggests that these changes have been received positively by many patients. This also coincides with a decrease in reported wait times in hospital-based clinics. However, we do not yet understand the impact of virtual clinics on particular groups in the population, including those who are digitally excluded and those with a sensory impairment.</p> <p>Patient and Public Involvement activity is once again gathering pace including facilitation of a number of virtual focus groups and engagement with Weston Patient Council re: the redevelopment of Quantock ward.</p> <p>FFT has been relaunched across the Trust using the new national FFT question ("Overall, how was your experience of our service?").</p> <p>Integration of the Division of Weston into the Trust's patient experience programme continues to be a key priority; specifically, extending the current Bristol hospitals' postal survey process for inpatients and outpatients to replace the existing exit survey at Weston to create comparable data across the hospitals.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>

<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has previously been received.	
Senior Leadership Team	17/3/21
Quality and Outcomes Committee	25/3/21

Quarterly Patient Experience and Involvement Report

Incorporating patient survey data up to and including Quarter 3 2020/21

1. Overview of patient-reported experience and involvement

Successes	Priorities
<p>The Trust's postal survey data (which currently covers the Bristol hospitals) shows that patients continued to report a positive experience of inpatient services up to Quarter 3 despite the challenges presented by the COVID-19 pandemic.</p> <p>During the pandemic, a significant proportion of outpatients have been seen via Virtual Clinics. Our postal survey data suggests that these changes have been received positively by many patients. This also coincides with a decrease in reported wait times in hospital-based clinics.</p> <p>Patient and Public involvement activity is gathering pace including facilitation of a number of virtual focus groups and engagement with Weston Patient Council re: the redevelopment of Quantock ward.</p> <p>FFT has been relaunched across the Trust using the new question.</p>	<p>Integration of the Division of Weston into the Trust's patient experience programme, specifically, extending the current Bristol hospitals' postal survey process for inpatients and outpatients to replace the existing exit survey. This will create comparable data across the hospitals.</p> <p>Improving our understanding of outpatient virtual clinic experience by demographic groups, including engagement with those who are digitally excluded to understand access barriers (see risks and threats) by working with the Outpatient Services Manager.</p> <p>Providing Sirona care & health with a detailed briefing on the history of patient-reported experience at South Bristol Community Hospital (SBCH) as part of handover arrangements, highlighting any key actions the new provider may wish to consider from 1 April 2021.</p> <p>Defining the future role of the Weston Patient Council and learning from the WPC as part of the Trust's wider approach to Patient and Public Involvement approach.</p>
Risks & Threats	Opportunities
<p>In Quarter 3, there was a slight dip in the inpatient survey scores for the Division of Medicine and postnatal maternity wards. South Bristol Community Hospital (SBCH) inpatient scores are also negative outliers, potentially affected by smaller sample sizes (over and above the longer-term trend of below-average survey scores for this hospital).</p> <p>Outpatient experience is broadly positive, however, we do not yet understand the impact of virtual clinics on particular groups in the population, including those who are digitally excluded and those with a sensory impairment. We must prioritise engagement with these groups of patients in order to reduce the risk of widening health inequalities.</p> <p>The current pandemic continues to disrupt the Trust's survey programme. In particular, reduced response rates and service reconfigurations hamper our ability to carry out in-depth analysis of our postal survey data below Divisional-level.</p>	<p>The pandemic has created a 'pause' in the roll out of the rapid-time patient feedback touchscreens and system. Taking learning from other organisations, the Patient Experience Team is using this time to scope a route to integrate all patient experience data at the Trust into a single repository using the IQVIA system. Patient feedback data will be accessible by staff across the Trust on a profile basis (i.e. based on organisational structure). This change will ensure that patient feedback is seen by teams and departments in a timely way which will support quality and service improvement activity. This approach will also engender a culture of transparency and local ownership.</p>

2. About this report

This report provides an analysis of patient-reported experience and also summarises patient and public involvement activities being carried out at the Trust.

3. Patient and Public Involvement

The most significant medium-term impact of the COVID-19 pandemic on the Trust's corporate patient experience programme has been on Patient and Public Involvement, much of which was previously carried out face-to-face and in groups. Nevertheless, the Trust's Patient and Public Involvement Lead continues to support both corporate and divisional initiatives, including:

- The design and delivery of online **Haemoglobinopathy patient focus groups** to inform developments in the Clinical Nurse Specialist role, the scope of psychological support services and the role the hospital plays in community based services
- The design and delivery of patient focus groups to inform the content and production of a **cancer fatigue self-care workbook** for use by patients as part of their rehabilitation process
- The delivery of patient focus groups in collaboration with the Weston General Hospital Patient Council to bring a patient voice into the design of the redeveloped **Quantock Ward at Weston General Hospital**
- Working with Maternity Services to re-start plans to deliver focus groups with mothers and partners to **explore experiences of an induced labour** as part of a national initiative to reduce neo-natal deaths
- Supporting the Manual Handling Team to explore the **experiences of larger patients** who attend our hospitals as part of a safety improvement initiative
- Supporting colleagues in the Simulation Centre to develop a **training simulation for staff** to explore issues connected with the care of patients who are transgender
- Developing and delivering **patient and public involvement training** for the Trust's Transformation Team
- Supporting the delivery of the Trust's new **"Virtual Visiting" service** which connects patients in our care with friends, relatives and carers via Attend Anywhere.

4. Patient Surveys: Quarter 3 postal survey scores for Bristol hospitals

The charts in this section of the report show data from the Trust's postal survey programme. These surveys, which are currently sent to patients who attend the Trust's Bristol hospitals, will be extended to the Division of Weston by end of Q2 2021/22.

Despite the considerable challenges and pressures faced across the Trust during 2020/21, inpatient-reported experience has remained consistently positive during the Covid-19 pandemic. Please see Charts 1 and 2 overleaf. Quarter 3 data highlights that at the point demand on services was increasing (due to a rising number of inpatients with Covid-19) there was a corresponding dip in the patient reported experience. However, it should be noted that the temporary dip in the kindness and understanding score and the inpatient tracker score remained above the alert threshold. This provides the Trust with assurance that despite the considerable challenges faced by staff, they continued to afford patients an excellent experience of care.

Chart 1: Kindness & Understanding Score (Trust-level / inpatients)

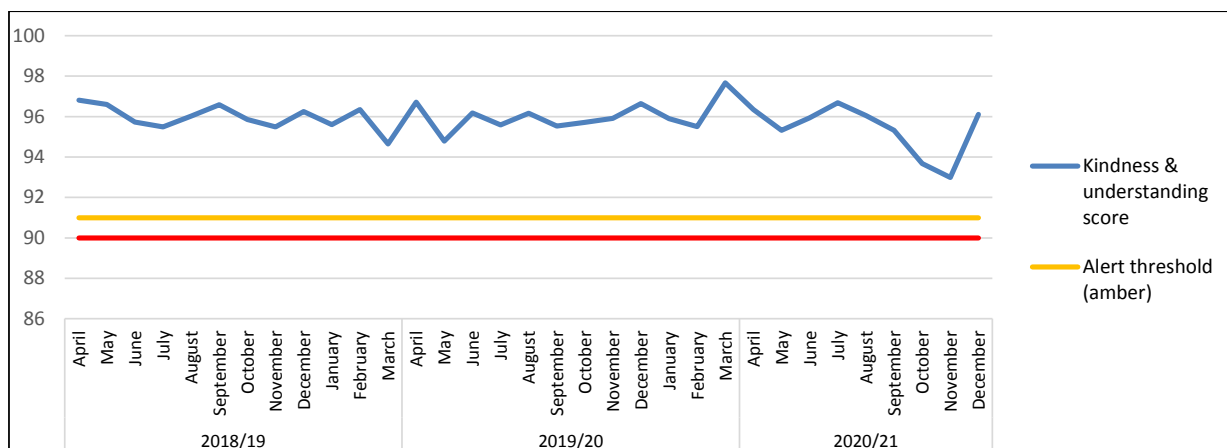
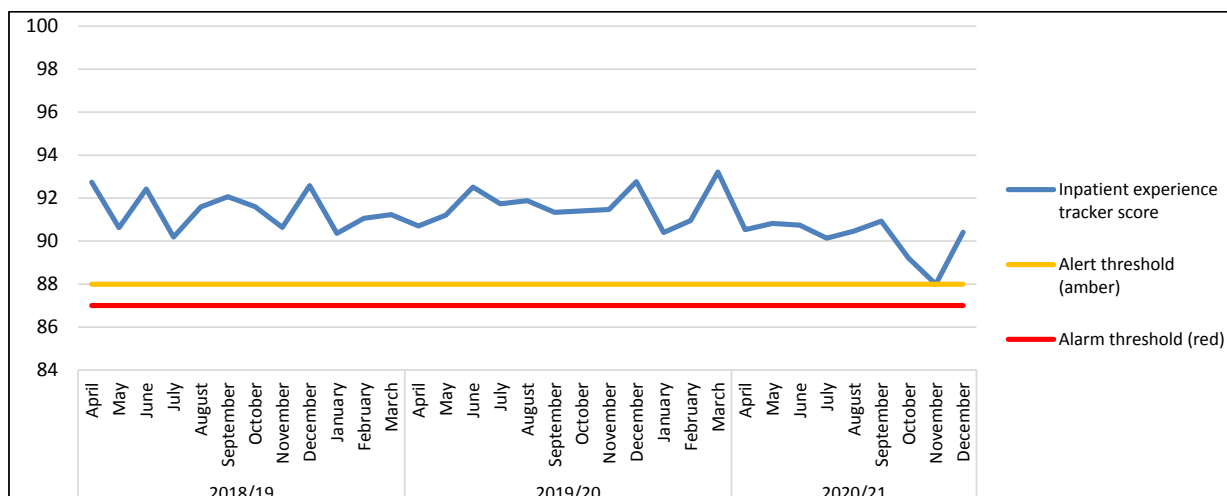


Chart 2: Inpatient Experience Tracker Score (Trust-level)



It is difficult at present to establish a reliable picture of patient-reported experience below a Trust-level due to the impact of Covid-19 on our surveys¹. However, with caution, we have been able to examine inpatient-reported experience at a Divisional-level - by aggregating the data for Quarters 1 to 3 (i.e. April to December 2020) and comparing this to the long-term trend score for each Division (Charts 3 and 4).

These charts suggest that inpatient-reported experience has remained very positive, with most Divisions broadly in line with their long-term average score once normal fluctuation in the data is taken in to account. An exception here is that the scores for the Division of Medicine were at the bottom end of their expected range and, in the case of the tracker score (Chart 4 - over), sat just on our minimum target. Whilst the year-to-date fall in the scores for the Division of Medicine is marginal (87/100 compared to the longer-term average of 88/100), this dip has been a consistent trend since April 2020 and we can be reasonably confident that it is a real effect. This may reflect the impact of demand pressures during the period with many 'care of the elderly' wards at capacity.

¹ The response rates have been lower, leading to smaller sample sizes. A number of hospital services have also been reconfigured, disrupting our ability to aggregate data over several months (which we have to do to get a reliable result at ward level).

The maternity “kindness and understanding” score (Chart 3) was below the minimum target in Quarter 3. The score (which is in line with national norms for postnatal wards) does tend to fluctuate around this level and is typically lower than for inpatient wards. However it does appear that the score has dipped slightly during the pandemic - from a long term average of 89 /100 down to 87/100 since April 2020. The Head of Midwifery in Maternity (HoM), Sarah Windfeld, believes this dip is at least in part explained by women missing having their partners with them on the ward due to the visiting restrictions in place during the period. The HoM also reports that information about what to expect on wards has been absent because ante natal classes were not running during the period in question. In order to address this, work is underway to support ante natal information via videos to support with information and, in addition, partners are now able to attend for induction.

Chart 3: Divisional kindness and understanding scores April-December 2020. *The year-to-date mean score for each Division is shown as a diamond, with two lines around this showing the historical variation in the score over time (the “standard deviation”); therefore you would expect the current score, represented by the diamond, to sit somewhere between these two dots.*

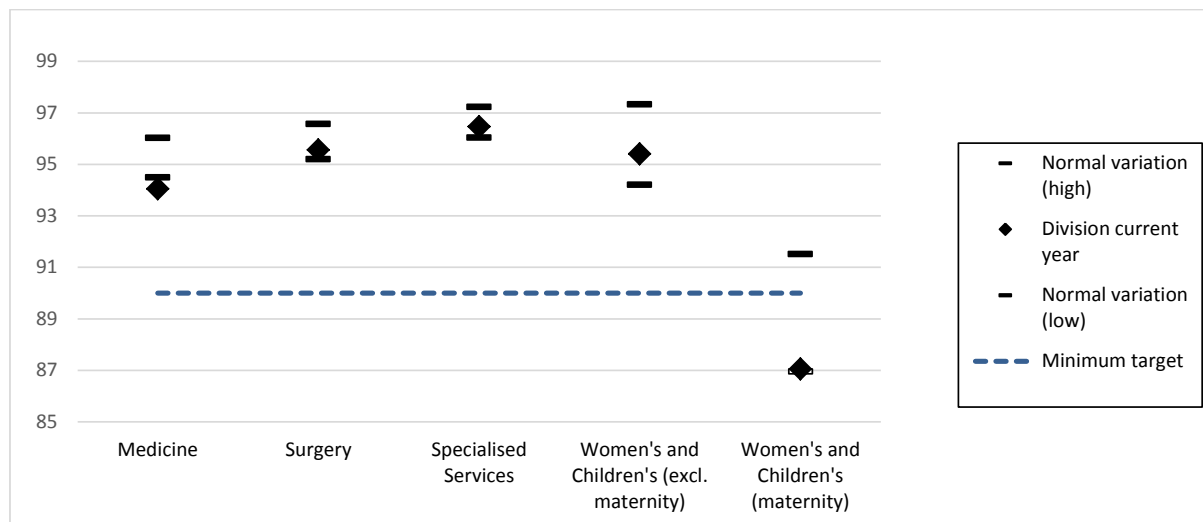
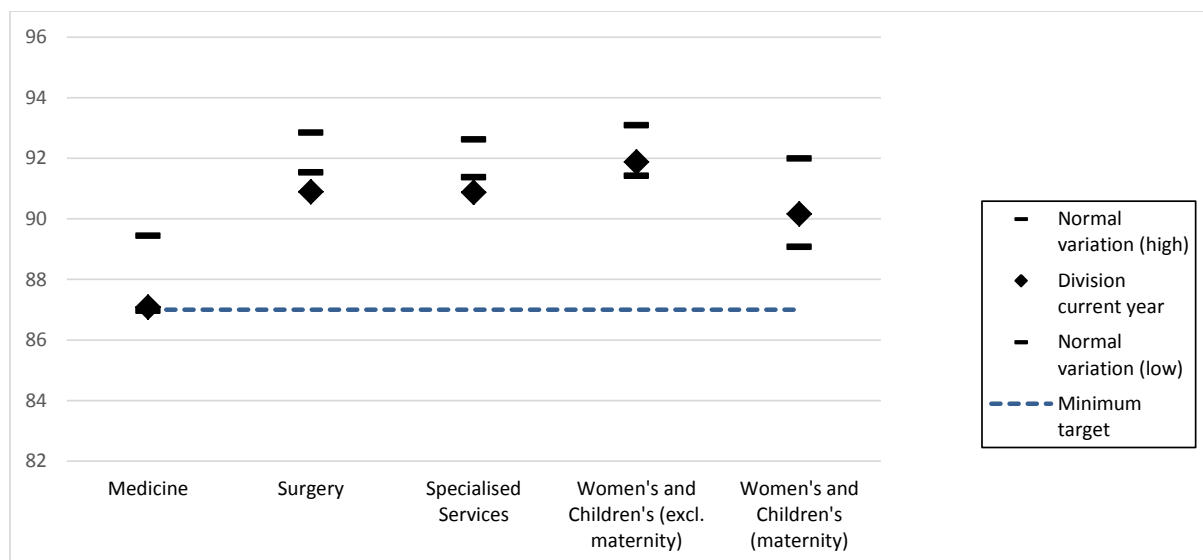


Chart 4: Divisional inpatient experience tracker scores April-December 2020.



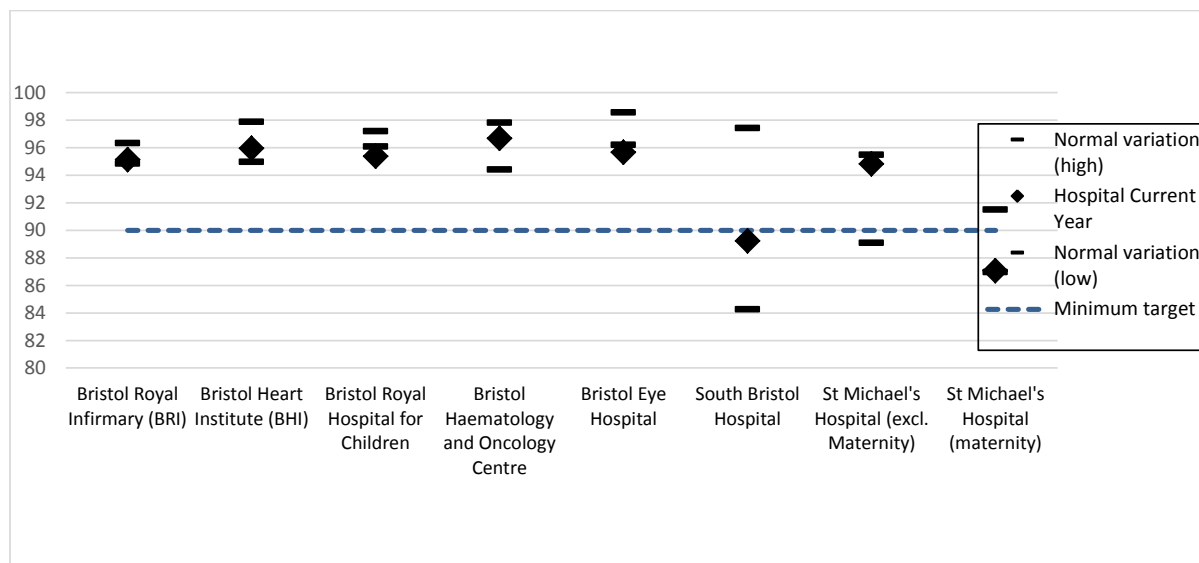
By aggregating the survey data between April and December 2020, the sample sizes are now large enough to build a picture of inpatient hospital experience during the pandemic (Charts 5 and 6 - over).

The most notable aspect of this data is that South Bristol Community Hospital (SBCH) is a negative outlier; particularly in respect of the inpatient experience tracker score (Chart 6). The long-term range for this score at SBCH is 79 – 87 based on historical data. However, the score during this quarter is 78, below the expected range. Caution is needed because the sample size for the hospital over this period remains small - around 60 patients - making the margin of error very large². This could easily account for the slightly below-target “kindness and understanding” score (Chart 5), and could also exaggerate the “tracker score” because it is an aggregate of five key survey scores, primarily relating to the theme of “communication”.

Nevertheless, the results for SBCH broadly correlate with a longer-term trend of lower survey scores for the hospital. Patient experience scores do vary between different types of specialty and treatment. SBCH specialises in rehabilitation services - for example for patients following a stroke - which presents unique challenges for both staff and patients. It is not altogether surprising that patients at the hospital, who are often already facing long-term medical support and uncertain health outcomes, should report that their experience is made even more difficult by the current challenges and restrictions of the pandemic.

The Patient Experience Team has carried out a number of projects with SBCH hospital staff and also external organisations, such as Healthwatch Bristol in recent years. These projects have consistently shown that patients at the hospital are very positive about the care they receive. In this respect the surveys scores don't seem to reflect the experience of patients at the hospital when they give face-to-face feedback. However, whatever the nuances of surveys versus qualitative methods, there appear to be opportunities to improve the experience of patients at SBCH at the present time. We will highlight patient experience themes to the new provider of SBCH (Sirona care & health) who may wish to consider improvement actions from 1 April 2021.

Chart 5: Hospital-level kindness and understanding scores April-December 2020.



² Indeed, since April 2020 the monthly score for the hospital on this measure has fluctuated from a low of 63 to a high of 98, primarily because even one negative response can skew the whole the result.

Chart 6: Hospital-level inpatient experience tracker scores April-December 2020

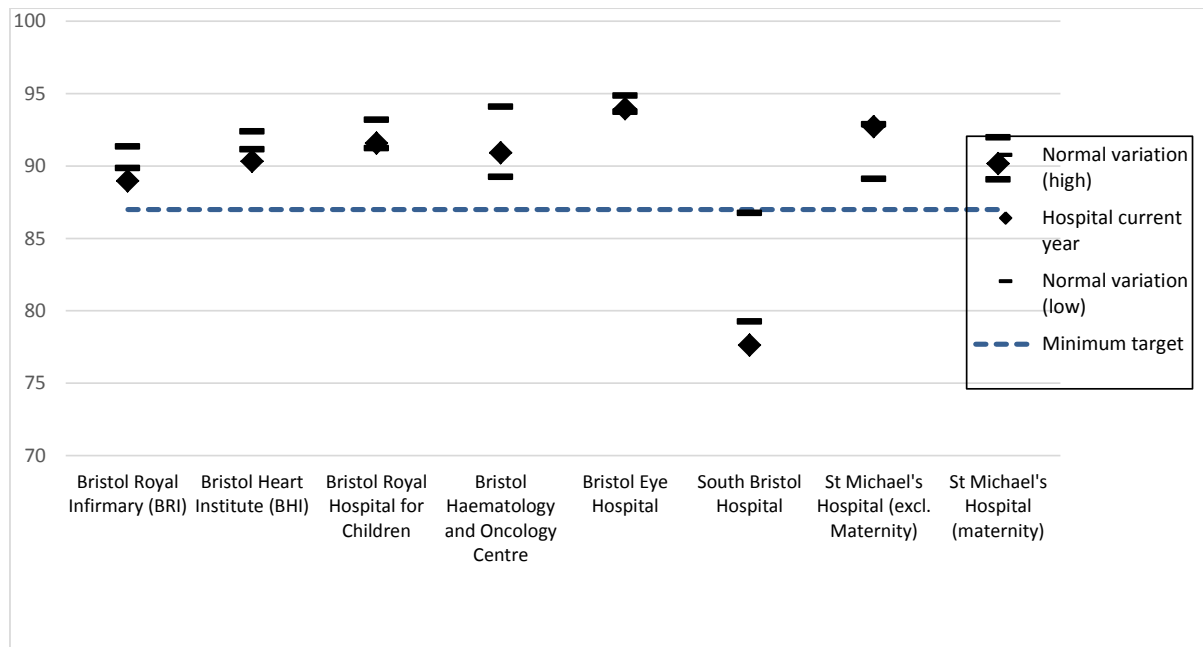
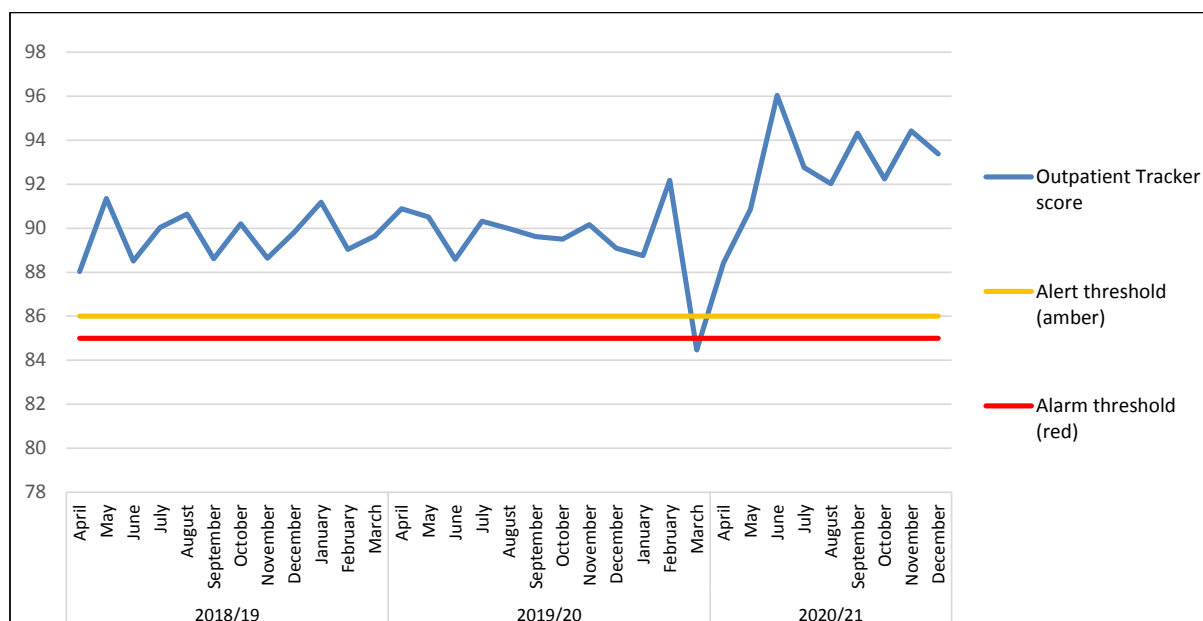


Chart 7: Outpatient Experience Tracker Score (Trust-level)



Outpatient experience initially dipped in our March 2020 survey, which was completed by patients attending clinics the day before the Government's announced the first COVID-19 "lockdown". This was a time of rapid service reconfiguration and much uncertainty. The scores improved over subsequent months, as staff and services adjusted to the pandemic, and more recently they have been trending above their long-term average. (See chart 7 above).

This improvement is being driven by two factors in our data:

- Patient-reported waiting times in hospital outpatient clinics are much reduced
- In response to the pandemic, a significant number of appointments are now carried out by telephone or online.

Caution is needed when interpreting the outpatient data due to the relatively small sample sizes for this survey. However, the positive increase in the scores (chart 7) continued through Q3 and, as we build up our data, we will be able to gain further insights in to patient experiences of “remote” outpatient services.

Patient Experience of ‘Virtual Clinics’

During the past year, there has been a growing body of local survey work taking place across the Trust to understand the quality and suitability of remote outpatient services, known as ‘Virtual Clinics’ in more depth. The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of Virtual Clinics; this survey received 7,467 responses from the launch in June, up to 31 December 2020.

It should be noted that patients are selected for virtual consultations by clinicians at the Trust based upon technical and clinical suitability to the electronic medium. Individuals were deselected if they were deemed to be lacking support to use the technology or if a detailed physical or otherwise intimate examination was required. Therefore this data is based on those who were able to access the service.

Some key headlines from this data are:

- 96% of respondents reported they were given all the information they needed about the video consultation process / system before their appointment
- 20% of respondents did not know who to contact if they had a problem in accessing the video consultants
- 87% rated the process of booking as ‘excellent’ or ‘good’
- 84% rated the quality of the sound as ‘excellent’ or ‘good’ with 89% rating the quality of the picture as ‘excellent’ or ‘good’
- 38% of respondents preferred having their consultation by video; when asked what they would prefer post-pandemic, this drops to 30%
- 24% of respondents would have preferred the consultation face to face, when asked what they would prefer post-pandemic, this rises to 33%
- Approximately a third of respondents had no preference between face to face and video consultation

Note: Divisional-level data will be reported on in the Q4 report.

There are tentative indications that for some patients accessing virtual clinics generally welcome the changes that the Trust has made to the delivery of outpatient services, although a need and/or preference for a remote or hospital-based appointment will vary between individuals and situations. A current limitation of our data is that we do not ask demographic questions, therefore we are unable to disaggregate by age, ethnicity or disability or postcode (to map to Indices of Multiple Deprivation). The Patient Experience Manager has requested that Outpatient Services add demographic questions to the survey in order that the Trust can understand whether the experience of patients differs within these demographic groups.

An important next step for the Trust is to understand which groups of patients are unable to access virtual clinics due to their needs, for example, for those with a sensory impairment or those who are digitally excluded for

other reasons. In doing so, the Trust has the opportunity to work in partnership with patients, carers, with the local healthcare system and the Voluntary and Community Sector to better understand what steps can be taken to ensure the service is inclusive and mitigate the risk of amplifying health inequalities.

5. Patient Surveys: Division of Weston

Patients seen at Weston General Hospital are offered the opportunity to provide feedback as part of an exit paper survey which was established by Weston Area Health NHS Trust prior to merger. This data is shown below for Quarter 3 (table 1). A sub-set of questions from the survey is shown here. Scores for Quarter 3 are broadly comparable to 2019/20, however, the number of responses is low which has been driven by a high number of 'blue' Covid wards during the period which resulted in a temporary suspension of the paper-based survey as an infection control and prevention measure.

Note that the survey was paused from April 2020 to August 2020 due to the pandemic.

Currently, the Trust operates a separate patient experience programme in the Division of Weston to that in place for Bristol hospitals; a legacy of the merger. We anticipate that work to align the approaches will be completed by the autumn of 2021 at the latest and this will improve the volume and robustness of patient feedback.

Table 1: Weston Patient Survey data

Attendance Type / Question	2019/20	2020/21 Q3 (Oct - Dec)
Inpatients		
Q2. Did you feel we listened to you?		
Responses	2729	188
Score (%)	91.4%	88.8%
Q5. Did we treat you with dignity and respect?		
Responses	2727	188
Score (%)	96.7%	94.2%
Q8. What did you think of the ward overall?		
Responses	2695	186
Score (%)	93.2%	90.9%
Day cases		
Q2. Did you feel we listened to you?		
Responses	2479	180
Score (%)	99.1%	99.5%
Q5. Did we treat you with dignity and respect?		
Responses	2470	181
Score (%)	99.5%	100%
Q8. What did you think of the ward overall?		
Responses	2478	181
Score (%)	97%	100%

6. Patient surveys: Friends and Family Test

The Friends and Family Test (FFT) is a national patient survey mandated by NHS England. The Friends and Family Test (FFT) was relaunched nationally on 1st December 2020 having been paused since February 2020 due to the pandemic. We have successfully submitted FFT data to NHS Digital for December 2020 for the first time as an integrated Trust. FFT was reintroduced to the Trust at a time of considerable operational pressure. We therefore worked in a proportionate way, taking into account the significant pressures on ward staff during this period and some of the restrictions in place on 'blue' Covid wards due to IPC guidelines. This means that response volumes will build over time, and the Patient Experience Team is working on a division-by-division to re-embed FFT using a phased approach. Where possible, methods such as online, SMS or postal surveys are being prioritised to avoid unnecessary burden on staff.

The FFT question has changed to "Overall, how was your experience of our service?". FFT data for December 2020 is shown below (table 2). Please note that as this is a new question, it is not valid to compare results to data previously collected and therefore no historic data is shown in this report. We will build data over time and include analysis of trends when we are able to do so.

Table 2: Friends and Family Test Data – December 2020

Attendance type by Division/Site Response rate FFT score*

Inpatients		
Medicine	4.8%	90.3%
Surgery	24.7%	91.0%
Specialised Services	19.2%	93.8%
Women's and Children's	11.5%	95.2%
Weston	3.3%	100.0%
Total	12.1%	93.1%
Emergency Department		
Bristol Royal Infirmary	10.0%	87.0%
Children's Hospital	14.5%	97.0%
Weston	2.2%	87.5%
Total	8.5%	91.6%
Maternity		
St Michaels Hospital	Not available	94.4%
Day case		
Bristol	10.6%	99.0%
Weston	34.5%	100.0%
Total	14.4%	99.4%

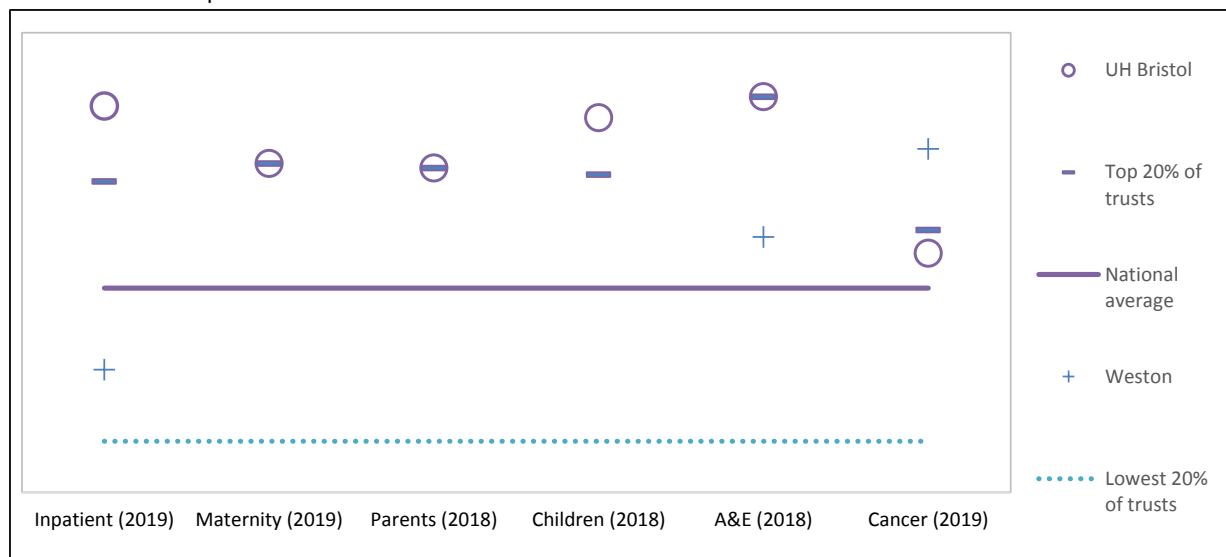
*The FFT score is calculated as those reporting their overall experience of care as 'very good' or 'good' divided by the total number of responses

7. Patient Surveys: national benchmarks

The Care Quality Commission's national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England. The data currently available pre-dates the UH Bristol / Weston Area Health Trust merger. Chart 8 overleaf shows that UH Bristol (as-was) tended to perform around or above the top 20% of trusts nationally in these surveys; whilst Weston Area Health NHS Trust (WAHT) performed broadly in line with the national average. There were particularly strong performances for UH Bristol in the national inpatient and Children's surveys, and for WAHT in the 2019 National Cancer Survey.

The results of each national survey, along with improvement actions / learning, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board. (Please note that no national survey results were due / published in Quarter 3).

Chart 8: Overall experience relative to national benchmarks³



³ This is based on the national survey question that asks patients to rate their overall experience. We have indexed (=100) each score to the national average to ease comparability. This overall question is not included in the national maternity survey and so we have constructed this score based on a mean score across all of the survey questions. Weston Area Health Trust does not participate in the national children's survey, national A&E survey, or the national maternity survey. Please note that the 2020 National Maternity Survey was cancelled for all Trusts by the CQC in response to the COVID-19 pandemic.

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	Quarter 3 Complaints Report
Report Author	Tanya Tofts, Patient Support and Complaints Manager
Executive Lead	Deirdre Fowler, Interim Chief Nurse

1. Report Summary

Summary of performance in Quarter 3

	Q3	
Total complaints received	490	↓
Complaints acknowledged within set timescale	84.5%	↓
Complaints responded to within agreed timescale – formal investigation	69.1%	↓
Complaints responded to within agreed timescale – informal investigation	92.1%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	11.5%	↑

2. Key points to note

(Including decisions taken)

Improvements:

- The number of complaints received by the Trust in December 2020 reduced, although it should be noted that this follows a familiar seasonal pattern.
- The number of compliments received by the Trust via the PSCT doubled in Q3.
- The Division of Women & Children continued to perform strongly in respect of meeting deadlines for complaint responses and the Division saw a significant decrease in complaints about cancelled/delayed appointments and operations.
- Complaints received by Weston Emergency Department (ED) reduced by 28%.

However:

- The Trust's ability to conduct timely complaints investigations continues to be significantly impacted by wider divisional operational capacity in the face of the ongoing pandemic. Of particular note is the significant reduction in formal complaints responded to within the agreed timeframe by the Division of Weston where only 30% of responses were sent out on time in Q3. The Division of Medicine also struggled with timely responses in Q3, with only 40% of formal responses meeting their agreed deadline.
- The volume of complaints being received by the Trust post-merger, coupled with staff sickness and long-standing vacancies in the corporate complaints team, has resulted in a backlog of cases waiting to be assigned to a PSCT Complaints Officer and shared with Divisions for investigation. This backlog is being closely

monitored by the PSCT Manager and the Head of Quality; interim agency staff continue to be employed to create the necessary additional temporary capacity to maintain the service whilst staff are recruited to new complaints posts (both Bristol and Weston).	
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):	
<ul style="list-style-type: none"> This report is for ASSURANCE 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Senior Leadership Team	17/3/21
Quality and Outcomes Committee	25/3/21

Complaints Report

Quarter 3, 2020/2021

(1 October 2020 to 31 December 2020)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 3 Executive summary and overview

	Q3	
Total complaints received	490	↓
Complaints acknowledged within set timescale	84.5%	↓
Complaints responded to within agreed timescale – formal investigation	69.1%	↓
Complaints responded to within agreed timescale – informal investigation	92.1%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	11.5%	↑

Successes	Priorities
<ul style="list-style-type: none"> The Patient Support & Complaints Team has worked closely with all Divisions during the second wave of the Covid-19 pandemic, providing support and allowing 'breathing space' around complaint resolution for the divisions during a time of enormous operational pressure for them. The number of complaints received by the Trust in December 2020 reduced, although it should be noted that this follows a familiar seasonal pattern. The number of compliments received by the Trust via the PSCT doubled in Q3. Complaints received by Weston Emergency Department (ED) reduced by 28%, which is particularly notable during a period of intense pressure for EDs around the country, including the Bristol Royal Infirmary ED, for which the number of complaints remained relatively high. The Division of Women & Children continued to perform strongly in respect of meeting deadlines for complaint responses and the Division saw a significant decrease in complaints about cancelled/delayed appointments and operations. A new staff e-learning package, Handling Complaints with Confidence, has been successfully launched and is available for all staff working in Bristol and Weston. 	<ul style="list-style-type: none"> To support divisions to return to pre-pandemic levels of compliance with the important target of sending out 95% of complaint responses by the time agreed with the complainant. To re-open the PSCT 'drop in' service in the Bristol Royal Infirmary as soon as this can safely be done in 2021 once lockdown restrictions and hospital visiting arrangements are eased.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Opportunity to review the format of this report in 2021 as part of post-merger plans. Opportunity for significant improvement in complaints performance in Weston Division following recruitment to roles in the new divisional complaints, PALS and bereavement team. 	<ul style="list-style-type: none"> The Trust's ability to conduct timely complaints investigations continues to be significantly impacted by wider divisional operational capacity in the face of the ongoing pandemic. Of particular note is the significant reduction in formal complaints responded to within the agreed timeframe by the Division of Weston where only 30% of responses were sent out on time in Q3. The Division of Medicine also struggled with timely responses in Q3, with only 40% of formal responses meeting their agreed deadline. The volume of complaints being received by the Trust post-merger, coupled with staff sickness and long-standing vacancies in the corporate complaints team, has resulted in a backlog of cases waiting to be assigned to a PSCT Complaints Officer and shared with Divisions for investigation. This backlog is being closely monitored by the PSCT Manager and the Head of Quality; interim agency staff continue to be employed to create the necessary additional temporary capacity to maintain the service whilst staff are recruited to new complaints posts (both in Bristol and Weston). Complaints about Trust staff attitude and communication increased again in Q3. The PSCT Manager is actively monitoring this pattern, however no obvious themes or 'hot spots' emerge from the data. The increase in complaints about security staff is also being monitored by the PSCT Manager and the Trust Security Manager, although it should be noted that the rise in complaints in Q3 related to contracted temporary security staff and not the substantively employed Trust Security Officers. These complaints also contributed to the overall increase in complaints received by Bristol Eye Hospital and Bristol Dental Hospital.

1. Complaints performance – Trust overview

The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

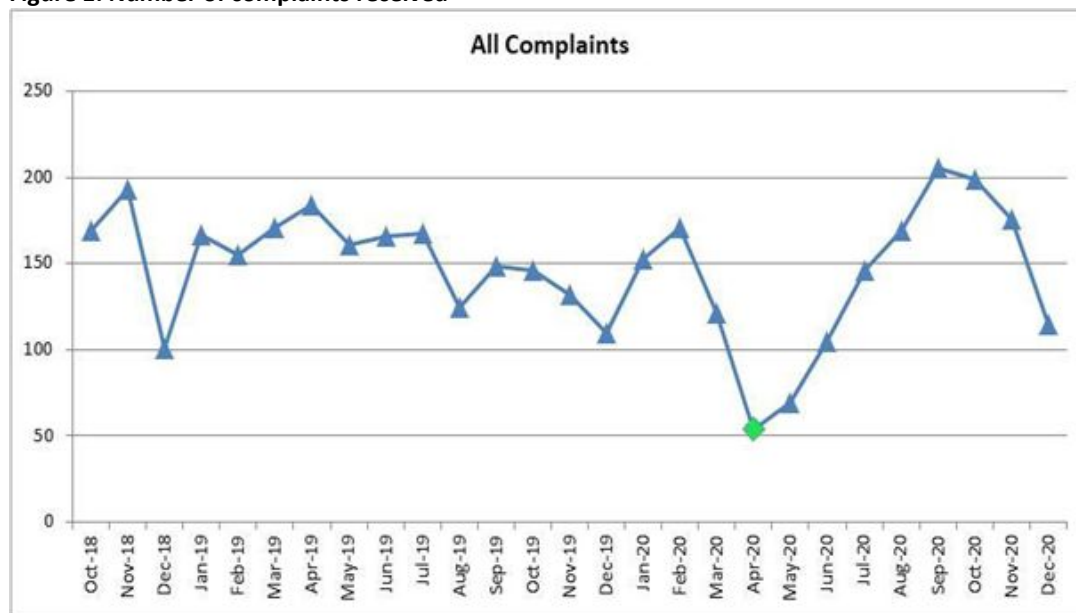
During Quarter 3 (Q3) of 2020/21, the Trust received 490 complaints, a slight reduction on the 521 received in Q2 but 26.3% higher than during the same period a year ago. As reported previously, Q1 of 2020/21 was very quiet for the complaints service, during the height of the first wave of the Covid-19 pandemic. In Q2, there was a 128% increase compared with Q1 and the service has remained very busy during the second wave of the pandemic and throughout Q3. December is traditionally a quieter month for complaints received, which was again the case in 2020.

1.1 Total complaints received

The Trust received 490 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month.

In figures 1 to 5, the point at which Weston Area Health Trust (WAHT) merged with University Hospitals Bristol NHS Foundation Trust (UH Bristol) is indicated by a green diamond-shaped marker.

Figure 1: Number of complaints received



¹ Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Figure 2: Numbers of formal v informal complaints

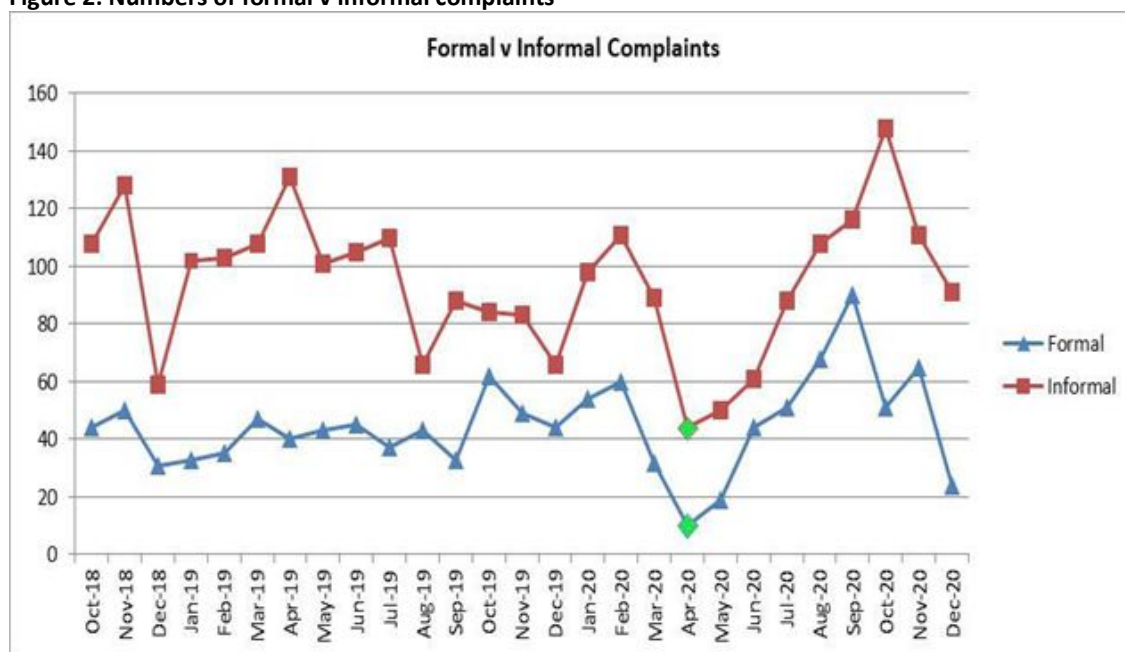


Figure 2 (above) shows complaints dealt with via the formal investigation process (140) compared with those dealt with via the informal investigation process (350), over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

1.2.1 Formal Investigations

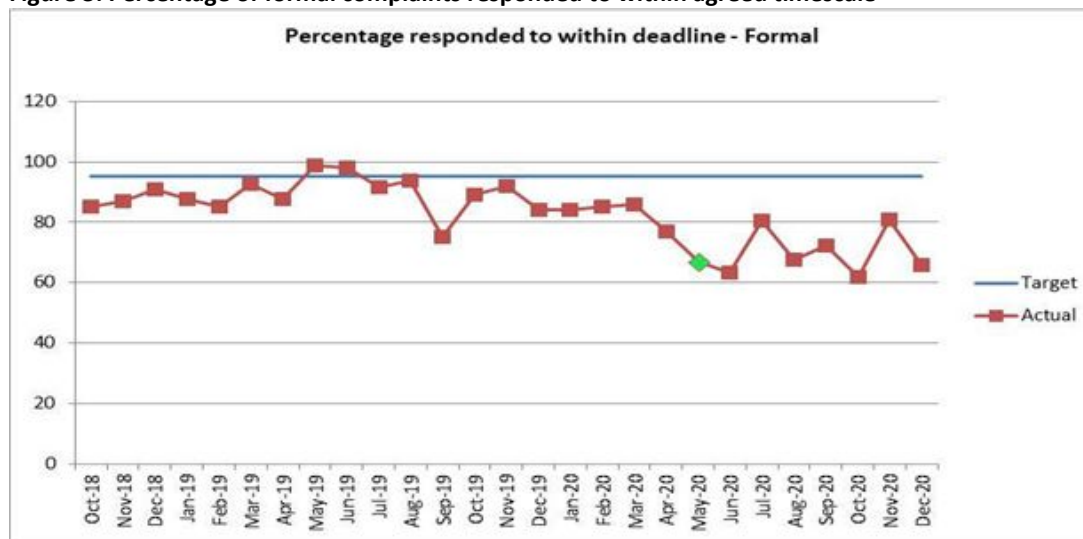
The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant.

In Q3 2020/21, 69.1% of responses were sent to complainants within the agreed timescale. This represents 60 breaches out of the 194 formal complaint responses which were sent out during the quarter². This is a further deterioration on the 73.4% reported in Q2.

² Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

Figure 3 shows the Trust's performance in responding to complaints since October 2018. Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

Figure 3: Percentage of formal complaints responded to within agreed timescale

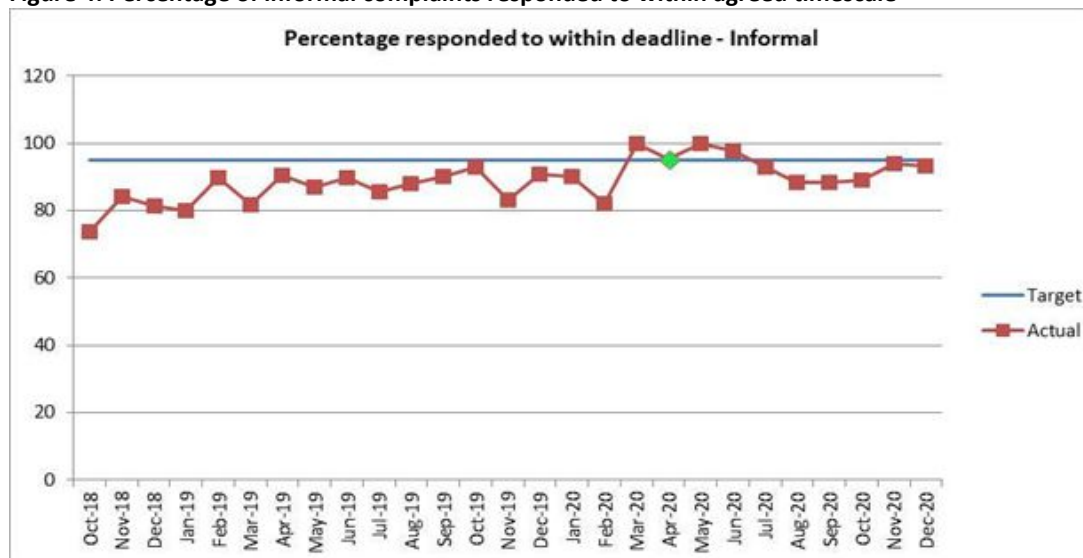


1.2.2 Informal Investigations

In Q3 2020/21, the Trust received 350 complaints that were investigated via the informal process. During this period, the Trust responded to 240 complaints via the informal complaints route and 92.1% (221) of these were responded to by the agreed deadline, a slight improvement on the 90% reported in Q2.

Figure 4 (below) shows performance since October 2018, for comparison with formal complaints.

Figure 4: Percentage of informal complaints responded to within agreed timescale



1.3 Dissatisfied complainants

The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

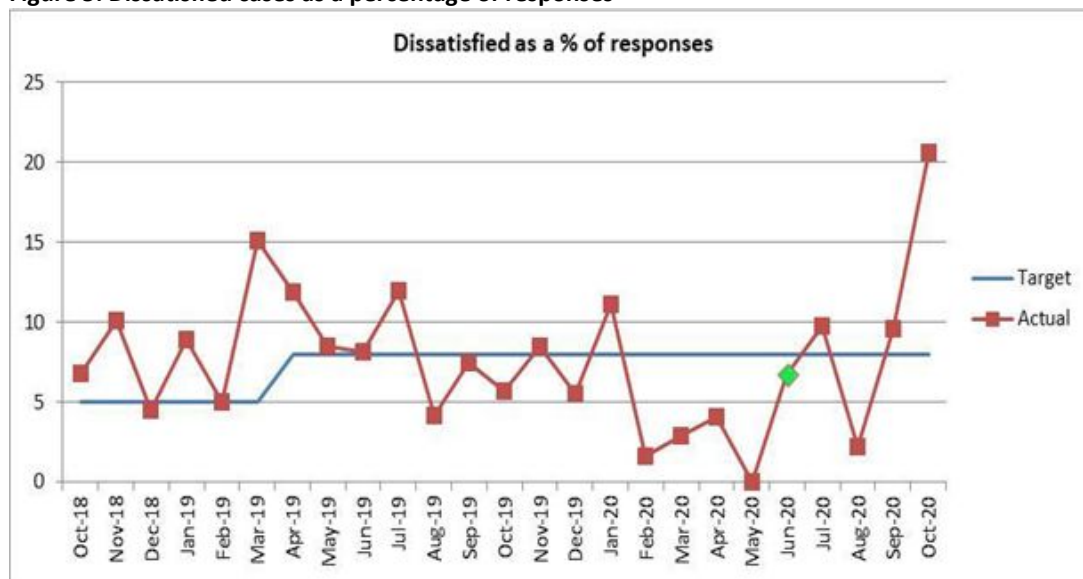
This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q3 2020/21, we are able to report dissatisfied data for August, September and October 2020. Of the 182 complainants who received a first response from the Trust during those months, 21 have since contacted us to say they were dissatisfied. This represents 11.5% of the 182 first responses sent out during that period and compares with 7.7% reported in Q2.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 2018. This data includes dissatisfied cases for the Division of Weston since June 2020, relating to responses sent out in April 2020, as this is reported two months in arrears.

The sharp rise in cases reported in December, for complainants who had a first response in October 2020, was reviewed by the Patient Support & Complaints Manager and no themes or trends were identified - this appears to have been a one-off spike in numbers but will be monitored closely.

Figure 5: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q3 2020/21 compared with Q2.

Complaints decreased in the majority of categories in Q3, with the exception of 'Attitude & Communication', 'Access' and 'Documentation'. The top three categories of 'clinical care',

'appointments and admissions' and 'attitude and communication' accounted for 77.8% (381/490) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2020/21)	Number of complaints received in Q2 (2020/21)
Clinical Care	144 (29.4% of total complaints) ↓	178 (34.2% of all complaints) ↑
Attitude & Communication	134 (27.3%) ↑	104 (19.9%) ↑
Appointments & Admissions	103 (21%) ↓	126 (24.2%) ↑
Information & Support	32 (6.5%) ↓	35 (6.7%) ↑
Facilities & Environment	31 (6.3%) ↓	37 (7.1%) ↑
Discharge/Transfer/Transport	17 (3.5%) ↓	23 (4.4%) ↑
Access	15 (3.1%) ↑	8 (1.5%) ↑
Documentation	14 (2.9%) ↑	10 (2%) ↑
Total	490	521

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 74.7% of the complaints received in Q3 (366/490).

There are large increases in all sub-categories for the same reason as given above for categories.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q3 (2020/21)	Q2 (2020/21)	Q1 (2020/21)	Q4 (2019/20)
Cancelled/delayed appointments and operations	77 (17.2% decrease compared with Q2) ↓	93	31	101
Clinical care (Medical/Surgical)	74 (35.7% decrease) ↓	115	33	85
Communication with patient/relative	40 (17.6% increase) ↑	34	18	17
Clinical care (Nursing/Midwifery)	33 (13.8% increase) ↑	29	12	10
Appointment administration issues	23 (21.1% increase) ↑	19	5	30
Failure to answer phones / failure to respond	20 (42.9% increase) ↑	14	6	17
Attitude of Nursing/Midwifery	17 =	17	12	9
Attitude of medical staff	17 =	17	7	12
Visiting hours/restrictions	14 (100% increase) ↑	7	0	0
Discharge arrangements	12 (36.8% decrease) ↓	19	10	6
Lost/misplaced/delayed test results	11 (83.3% increase) ↑	6	2	10
Attitude of A&C staff	11 =	11	6	5
Lost personal property	9 (10% decrease) ↓	10	12	10
Attitude of security staff	8 (300% increase) ↑	2	1	2

The largest increases in percentages of complaints received were in the sub-categories of 'attitude of security staff' and 'visiting hours/restrictions', although the absolute numbers remained small. It should be noted that the complaints about security staff were all in respect of the temporary contracted security staff and not the Trust's permanent Security Officers. The complaints received

have been discussed with the Trust's Security Manager and will continue to be closely monitored. The increase in complaints about visiting was to be expected given the restrictions on visiting due to the Covid-19 pandemic.

Complaints about the attitude of medical, nursing and administrative staff all remained at the same level as reported the previous quarter.

Figures 6-9 (below) show the longer term pattern of complaints received since October 2018 for a number of the complaints categories and sub-categories reported in Tables 1 and 2.

Figure 6 shows that, following a sharp increase during Q2, complaints about 'clinical care (medical/surgical)' reduced during Q3.

Figure 7 shows that complaints about 'cancelled/delayed appointments and operations' began to climb significantly from May 2020 and followed this trajectory until there was a significant reduction in the latter part of Q3.

Figures 8 and 9 demonstrate the increase in complaints about 'attitude and communication', which peaked in November 2020. The increase in complaints reported in this category was raised as a concern during the December 2020 meeting of the Quality Outcomes Committee, which prompted a detailed review by the Patient Support & Complaints Manager. No themes or trends were identified in this category of complaints, i.e. there were not any particular divisions or departments with high numbers of complaints; however, this will continue to be closely monitored.

Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 6: Clinical care – Medical/Surgical

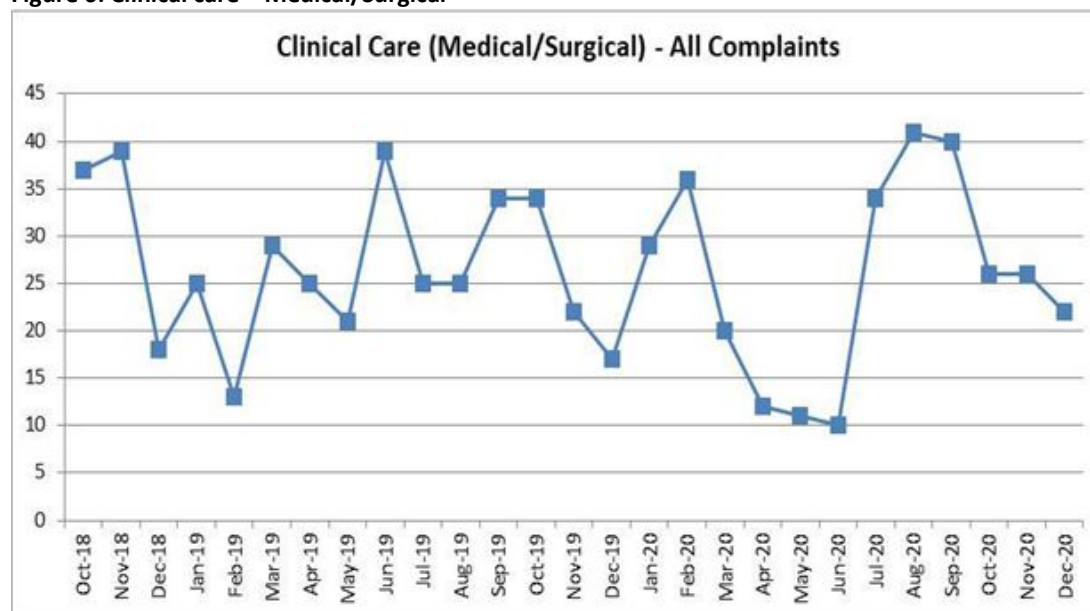


Figure 7: Cancelled or delayed appointments and operations



Figure 8: Communication with patient/relative

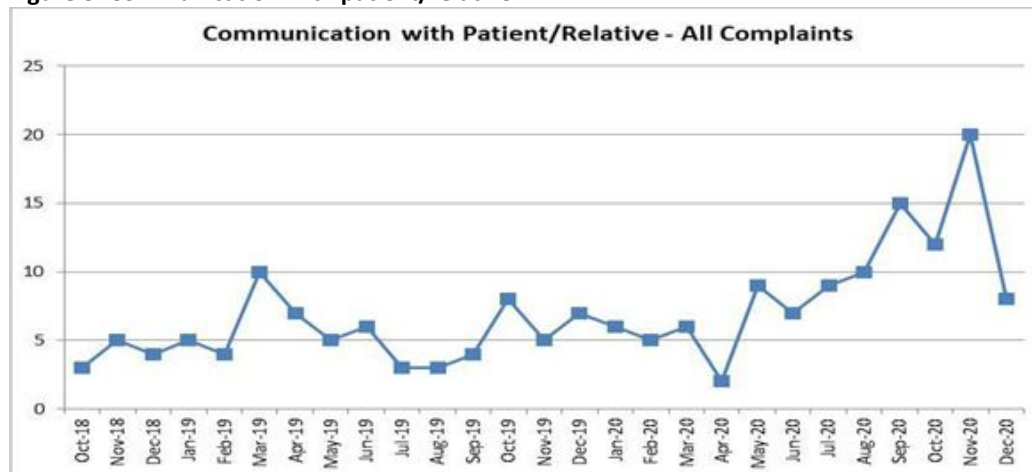
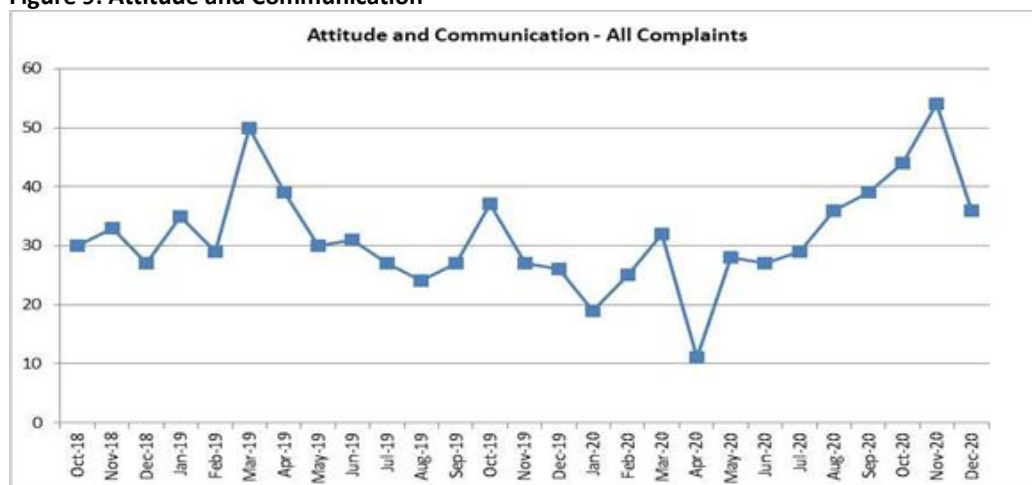


Figure 9: Attitude and Communication



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.7 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received	121 (120) ↑	115 (107) ↑	63 (51) ↑	76 (91) ↓	23 (19) ↑	64 (103) ↓
Number of complaints about appointments and admissions	49 (57) ↓	18 (15) ↑	21 (14) ↑	9 (19) ↓	3 (6) ↓	3 (15) ↓
Number of complaints about staff attitude and communication	32 (20) ↑	31 (21) ↑	19 (15) ↑	15 (18) ↓	6 (6) =	20 (18) ↑
Number of complaints about clinical care	29 (32) ↓	36 (44) ↓	16 (11) ↑	29 (43) ↓	6 (2) ↑	28 (48) ↓
Area where the most complaints have been received in Q3	Bristol Eye Hospital (BEH) – 32 (23) Bristol Dental Hospital (BDH) – 32 (21) ENT – 14 (21) Oral & MaxFax Surgery – 12 (12) Trauma & Orthopaedics – 8 (10)	Emergency Department (BRI) (inc. A413 EMU) – 37 (35) Dermatology – 23 (24) Ward A400 – 6 (8) Clinic A410 – 7 (5)	BHI (all) – 46 (39) BHOC (all) – 16 (12) BHI Outpatients – 31 (21) BHOC Outpatients – 6 (4) Ward C708 (Cardiac Surgery) – 5 (3)	BRHC (all) – 40 (46) Carousel Outpatients – 7 (7) Penguin Ward (E602) – 5 (1) StMH (all) – 34 (41) (plus 2 community midwifery) Central Delivery Suite – 8 (8) Ward 73 (Maternity) – 9 (6)	Radiology – 13 (13) Speech & Language Clinic Rooms – 6 (0)	Accident & Emergency – 15 (21) Berrow Ward – 3 (7) Outpatients (Main) – 5 (7) Cancer Services – 4 (1) Harptree Ward – 4 (4) Steeptolm Ward – 3 (2)
Notable deteriorations compared with Q2	Bristol Eye Hospital (BEH) – 32 (23) Bristol Dental Hospital (BDH) – 32 (21)	No notable deteriorations, although numbers remain high for the BRI ED and Dermatology	BHI Outpatients – 31 (21)	Penguin Ward (E602) – 5 (1) Ward 73 (Maternity) – 9 (6)	Speech & Language Clinic Rooms – 6 (0) Numbers remain high for Radiology, which includes Ultrasound at StMH	No notable deteriorations
Notable improvements compared with Q2	ENT – 14 (21)	No notable improvements	No notable improvements	Apollo Ward – 1 (5) Caterpillar Ward – 1 (7) Gynae Outpatients – 4 (11)	No notable improvements	Waterside Ward – 2 (7) Sandford Ward – 2 (6) Outpatients (Quantock) – 4 (9)

3.1.1 Division of Surgery

Complaints received by the Division of Surgery in Q3 remained similar to the number received in Q2 and is in line with the same period a year ago. The majority of these complaints were investigated via the informal complaints process (98) compared with 23 which were investigated through the formal process.

The categories of complaints received remained largely in line with those received in Q2, with the largest increase in complaints about 'attitude and communication'. Although complaints about 'appointments and admissions' remained the largest category of complaints for the Division, figure 11 shows that these peaked in October and reduced significantly towards the end of the quarter.

The Division achieved 90.2% (37/41) against its target for responding to formal complaints within the agree timescale in Q3 and 97.1% (66/68) for informal complaints. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q3 2020/21	Number and % of complaints received – Q2 2020/21
Appointments & Admissions	49 (40.5% of total complaints) ↓	57 (47.5% of total complaints) ↑
Clinical Care	32 (26.4%) ↑	31 (25.7%) ↑
Attitude & Communication	29 (24%) ↑	20 (16.7%) ↑
Information & Support	4 (3.3%) ↑	2 (1.7%) ↓
Discharge/Transfer/Transport	2 (1.7%) ↓	3 (2.5%) ↑
Documentation	2 (1.7%) =	2 (1.7%) =
Access	2 (1.7%) ↑	0 (0%) ↓
Facilities & Environment	1 (0.7%) ↓	5 (4.2%) =
Total	121	120

Table 5: Top sub-categories

Category	Number of complaints received – Q3 2020/21	Number of complaints received – Q2 2020/21
Cancelled or delayed appointments and operations	34 ↓	40 ↑
Clinical care (medical/surgical)	14 ↓	20 ↑
Appointment administration issues	11 =	11 ↑
Attitude of medical staff	7 ↑	4 ↑
Communication with patient/relative	7 ↑	4 ↑
Failure to answer phone/respond	7 ↑	3 ↓
Clinical Care (dental)	5 =	5 ↑
Referral errors	3 ↓	8 ↑
Attitude of A&C staff	3 ↓	4 ↑

Figure 10: Surgery – formal and informal complaints received

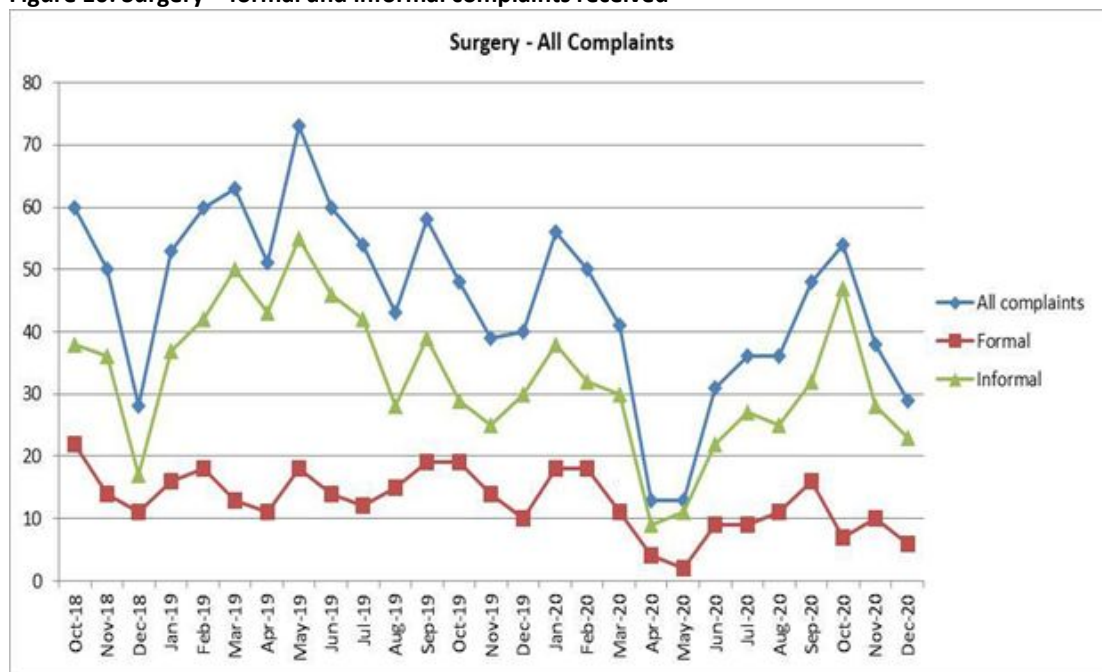


Figure 11: Surgery – Appointments and admissions



3.1.2 Division of Medicine

There was a slight increase in the number of complaints received by the Division of Medicine in Q3 (115) compared with 107 in Q2.

Of the 115 complaints received by the Division in Q3, 37 were investigated via the formal complaints process and 78 via the informal route.

The Division achieved just 39.4% (13/33) against its target for responding to formal complaints within the agreed timescale in Q3, a further deterioration on the 63.2% reported in Q2 and 73.7% in Q1. There was however a significant improvement in the number of informal complaints being responded to within the agreed deadline in Q3, with 84.9% (45/53), compared with 72.9% in Q2. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

The largest increase in in complaints was in those recorded in the category of 'clinical care' with a 138.9% increase compared with Q1. There was however only a very small increase in complaints about 'attitude and communication', with reductions in some of the sub-categories in this category.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q3 2020/21	Number and % of complaints received – Q2 2020/21
Clinical Care	36 (31.3% of total complaints) ↓	43 (40.2% of total complaints) ↑
Attitude & Communication	31 (27%) ↑	21 (19.6%) ↑
Appointments & Admissions	18 (15.7%) ↑	15 (14%) ↑
Facilities & Environment	9 (7.8%) ↑	7 (6.5%) ↑
Discharge/Transfer/ Transport	7 (6.1%) ↓	9 (8.4%) ↑
Documentation	7 (6.1%) ↑	2 (1.9%) =
Information & Support	6 (5.2%) ↓	8 (7.5%) ↑
Access	1 (0.8%) ↑	2 (1.9%) ↑
Total	115	107

Table 7: Top sub-categories

Category	Number of complaints received – Q3 2020/21	Number of complaints received – Q2 2020/21
Clinical care (medical/surgical)	17 ↓	32 ↑
Cancelled or delayed appointments and operations	15 ↑	10 ↑
Clinical care (nursing/midwifery)	13 ↑	3 ↓
Communication with patient/ relative	7 ↑	6 ↓
Attitude of nursing/midwifery	7 ↑	5 ↓
Discharge arrangements	5 ↓	7 ↑
Attitude of medical staff	5 ↑	4 =
Lost property	5 ↑	3 ↓
Failure to answer phone / respond	5 ↑	4 ↑

Figure 12: Medicine – formal and informal complaints received

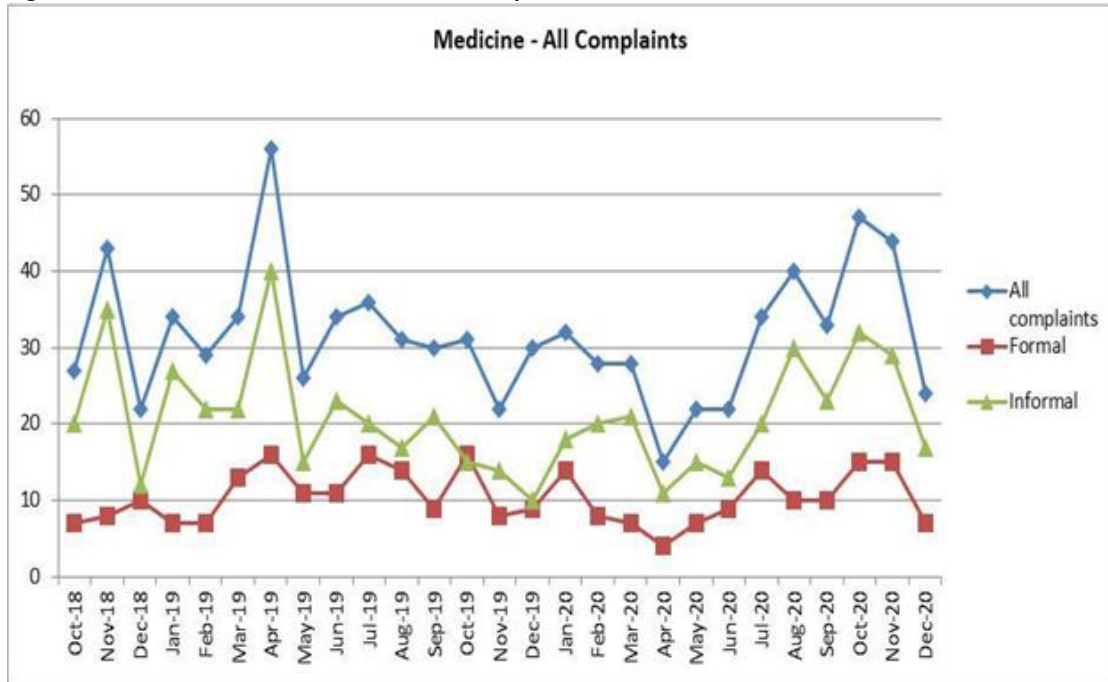
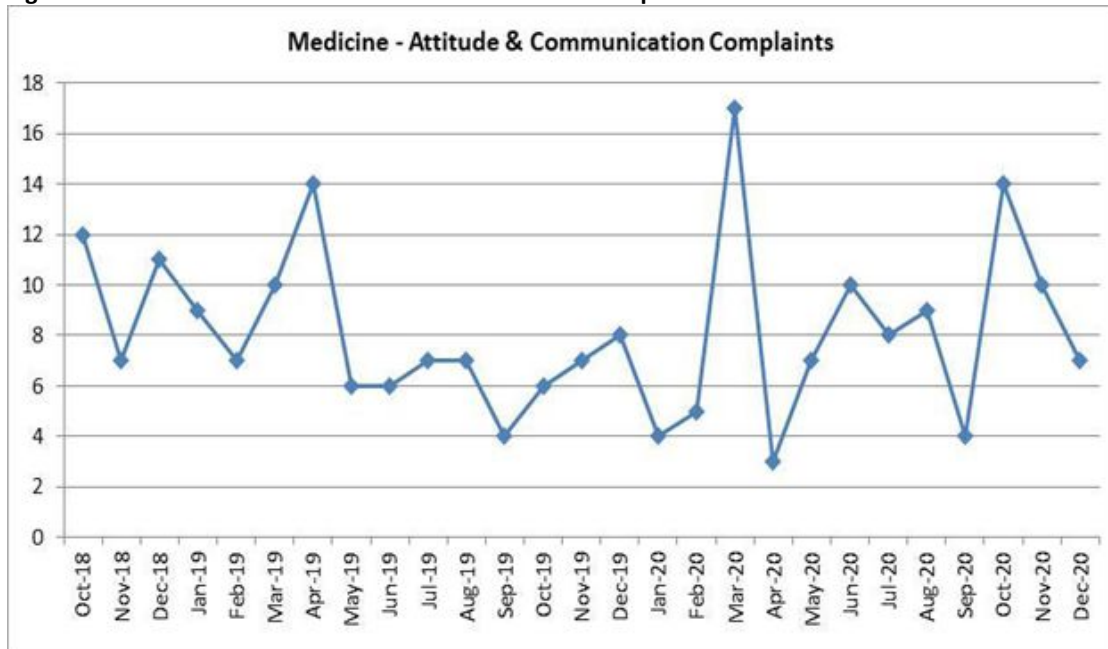


Figure 13: Medicine – All attitude and communication complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 63 new complaints in Q3, compared with 51 in Q2. Over half of the complaints received in Q3 (63.5%) were about 'appointments and admissions' or 'attitude and communication'.

Of the 63 complaints received, nine were investigated via the formal complaints process, whilst the majority (54) were dealt with informally.

Specialised Services achieved 78.6% (11/14) against its target for responding to formal complaints within the agreed timescale in Q3. This is a significant deterioration on their achievement of 100% in Q2. The Division did however achieve 95% (38/40) performance for responding to informal complaints.

Table 8: Complaints by category type

Category Type	Number and % of complaints received – Q3 2020/21	Number and % of complaints received – Q2 2020/21
Appointments & Admissions	21 (33.3% of total complaints) ↑	14 (27.5% of total complaints) ↑
Attitude & Communication	19 (30.2%) ↑	15 (29.4%) ↑
Clinical Care	16 (25.4%) ↑	11 (21.7%) ↑
Information & Support	2 (3.2%) ↓	4 (7.8%) ↑
Facilities & Environment	2 (3.2%) ↓	3 (5.9%) ↓
Discharge/Transfer/Transport	2 (3.2%) =	2 (3.9%) ↑
Documentation	1 (1.5%) =	1 (1.9%) ↓
Access	0 (0%) ↓	1 (1.9%) ↑
Total	63	51

Table 9: Top sub-categories

Category	Number of complaints received – Q3 2020/21	Number of complaints received – Q2 2020/21
Cancelled or delayed appointments and operations	15 ↑	9 ↑
Clinical care (medical / surgical)	9 ↓	10 ↑
Communication with patient / relative	7 ↑	4 ↑
Failure to answer phone / failure to respond	6 =	6 ↑
Appointment administration issues	4 =	4 =

Figure 14: Specialised Services – formal and informal complaints received



Figure 15: Complaints received by Bristol Heart Institute

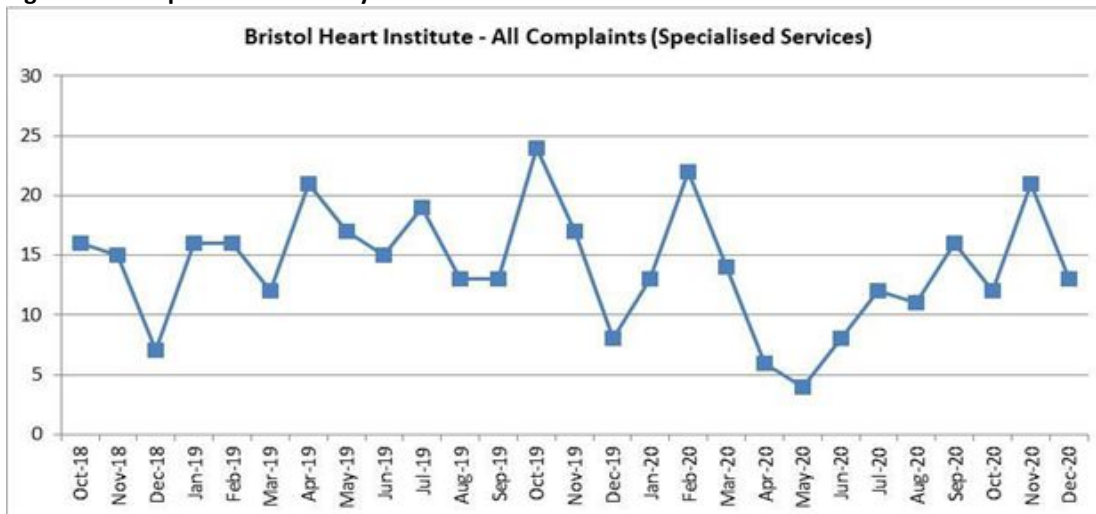
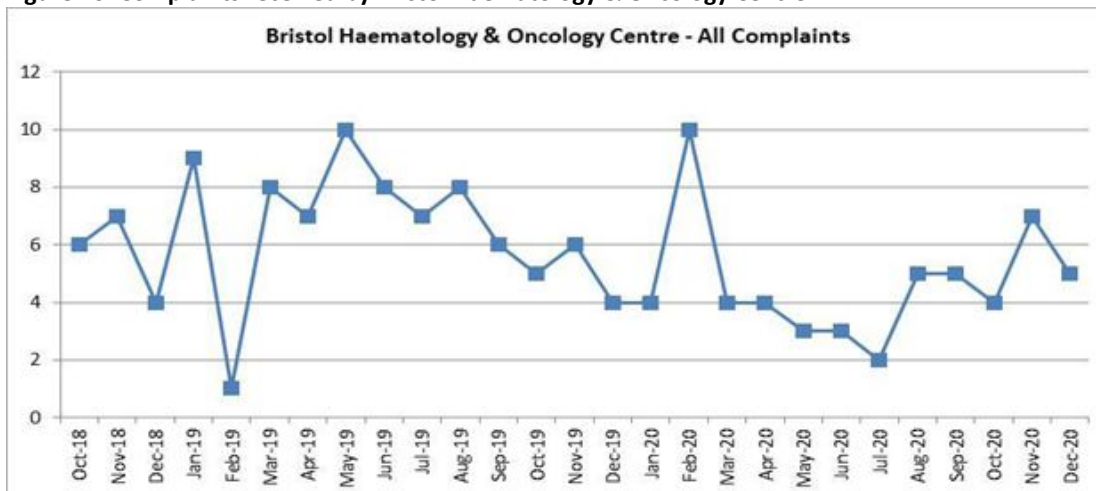


Figure 16: Complaints received by Bristol Haematology & Oncology Centre



3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division in Q3 was 76, compared with 91 in Q2. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 40 of the 76 complaints and 34 were received by St Michael's Hospital (StMH). In addition, there were two complaints for community midwifery services.

Of the 76 new complaints received in Q3, the Division managed 30 through the formal complaints process and 46 were investigated via the informal complaints process.

There was a significant reduction in the number of complaints received in respect of 'clinical care' and the largest increase was in complaints under the category of 'access', which were all in respect of visiting restrictions at StMH. There was also a significant reduction in complaints about cancelled/delayed appointments and operations, with only four reported in Q3, compared with 18 in Q2.

The Division achieved 94.4% (51/54) against its target for responding to formal complaints within the agreed timescale in Q3, a slight improvement on the 93.3% reported in Q2. However, none of the three breaches were attributable to the Division and they would have achieved 100% if it were not for delays in other parts of the process outside of their control. They achieved 100% (24/24) of target for informal responses within the agreed timescale, compared with 97.1% in Q2. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q3 2020/21	Number and % of complaints received – Q2 2020/21
Clinical Care	29 (38.3% of total complaints) ↓	43 (47.3% of total complaints) ↑
Attitude & Communication	15 (19.7%) ↓	18 (19.8%) ↑
Access	10 (13.2%) ↑	3 (3.3%) ↑
Appointments & Admissions	9 (11.8%) ↓	19 (20.8%) ↑
Information & Support	8 (10.5%) ↑	7 (7.7%) ↑
Documentation	2 (2.6%) ↑	1 (1.1%) =
Facilities & Environment	2 (2.6%) ↑	0 (0%) =
Discharge/Transfer/Transport	1 (1.3%) ↑	0 ↓
Total	76	91

Table 11: Top sub-categories

Category	Number of complaints received – Q3 2020/21	Number of complaints received – Q2 2020/21
Clinical Care (medical/surgical)	14 ↓	21 ↑
Cancelled or delayed appointment or operation	4 ↓	18 ↑
Clinical Care (nursing/midwifery)	13 ↓	17 ↑
Visiting	10 ↑	9 ↑
Communication with patient/relative	9 ↑	7 ↑

Figure 17: Women & Children – formal and informal complaints received

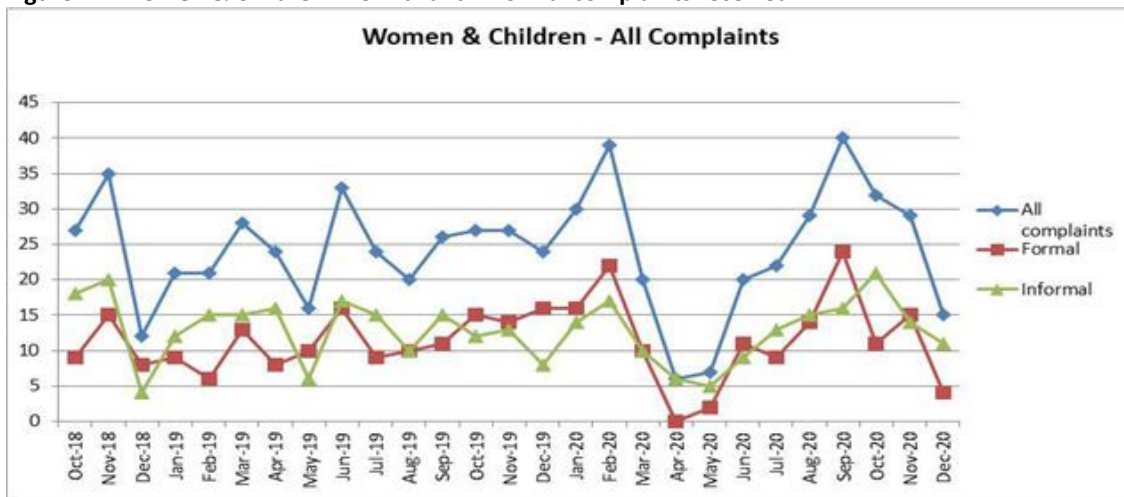


Figure 18: Complaints received by Bristol Royal Hospital for Children

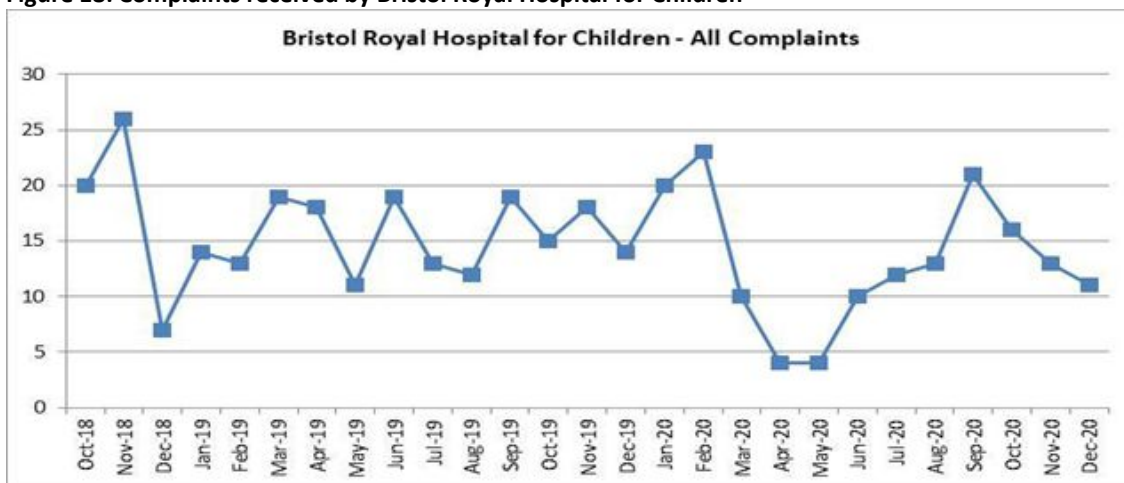


Figure 19: Complaints received by St Michael's Hospital



3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies increased from 19 in Q2 to 23 in Q3.

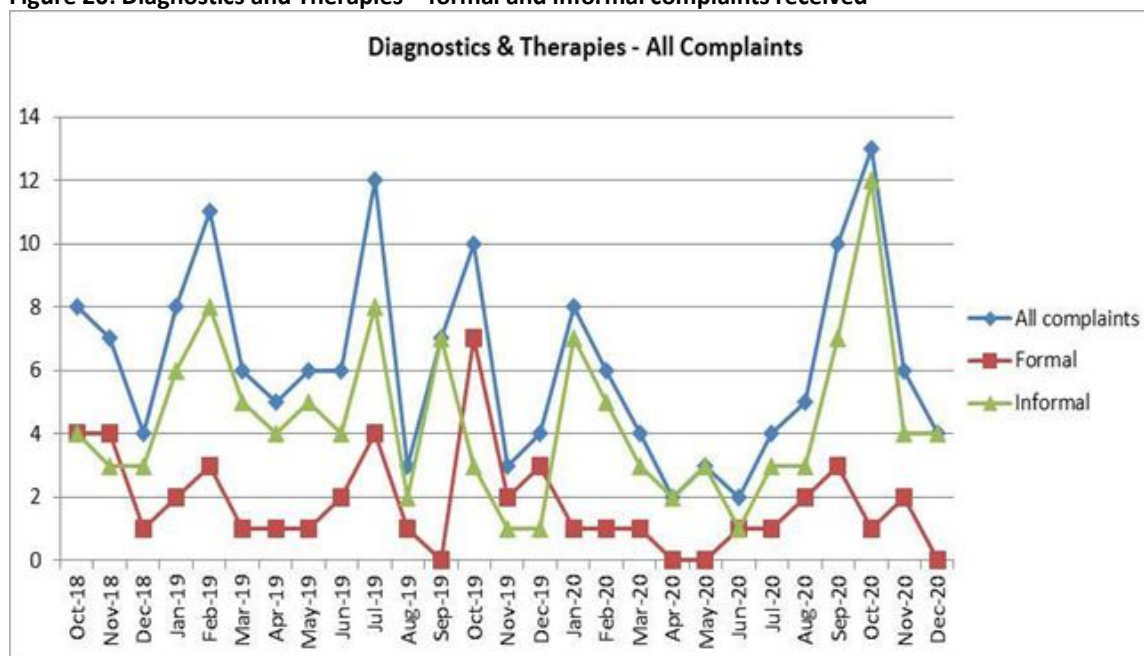
Numbers of complaints across all categories and sub-categories are very low, although the number of complaints about Radiology remained high at 56.5% of all complaints received (13/23). Three complaints were investigated via the formal complaints process, with the remaining 20 investigated through the informal process.

During Q3, the Division responded to five formal complaints, which were all sent to the complainant within the agreed timescale, meaning that the Division achieved 100% against its target for the third quarter in succession. They responded to 95% (19/20) of informal complaints within the agreed timescale, missing out on 100% for the third quarter in succession by just one case, but still meeting the overall target of 95%.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q3 2020/21	Number and % of complaints received – Q2 2020/21
Attitude & Communication	6 =	6 ↑
Clinical Care	6 ↑	2 =
Information & Support	5 ↑	3 =
Appointments & Admissions	3 ↓	6 ↑
Access	1 =	1 ↑
Facilities & Environment	1 ↑	0 =
Documentation	1 ↑	0 =
Discharge/Transfer/Transport	0	1 ↑
Total	23	19

Figure 20: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

The Division of Weston received 64 new complaints in Q3, which is a significant reduction on the 103 complaints received in Q2. The most notable decrease was in complaints received about 'clinical care' and, in particular 'clinical care (medical/surgical)'.

Of these 64 complaints, 36 were managed through the formal complaints process and the remaining 28 via the informal process.

During the same period, the Division responded to 40 formal complaints, achieving 30% (12/40) of responses being sent to complainants within the agreed timescale, compared with 44.1% (15/34) in Q2 and 66.7% (4/6) in Q1. The Division achieved 86.7% in respect of informal responses being responded to on time (13/15), compared with 90.5% (19/21) in Q2 and 80% (4/5) in Q1. See section 3.3 Table 16 for details of where delays occurred.

More information about complaints for the Division of Weston will be included in future Quarterly Complaints Reports, as data is gathered, including identification of themes and trends.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q3 2020/21	Number and % of complaints received – Q2 2020/21
Clinical Care	28 (43.8% of total complaints) ↓	48 (46.6% of total complaints) ↑
Attitude & Communication	20 (31.3%) ↑	18 (17.5%) ↑
Facilities & Environment	5 (7.8%) ↓	15 (14.6%) ↑
Discharge / Transfer / Transport	4 (6.3%) ↓	6 (5.8%) ↑
Appointments & Admissions	3 (4.7%) ↓	15 (14.6%) ↑
Information & Support	2 (3.1%) ↓	6 (5.8%) ↑
Documentation	1 (1.5%) ↓	2 (1.9%) ↑
Access	1 (1.5%) ↑	0 =
Total	64	103

Table 14: Top sub-categories

Category	Number of complaints received – Q3 2020/21	Number of complaints received – Q2 2020/21
Clinical care (medical/surgical)	20 ↓	32 ↑
Communication with patient /relative	8 =	8 ↑
Attitude of nursing/midwifery	4 ↑	3 ↑
Discharge arrangements	3 ↓	6 ↑
Clinical care (nursing/midwifery)	3 ↓	6 ↑
Lost personal property	3 ↓	5 ↑
Cancelled or delayed appointment or operation	3 ↓	10 ↑

Figure 21: Division of Weston - formal and informal complaints received

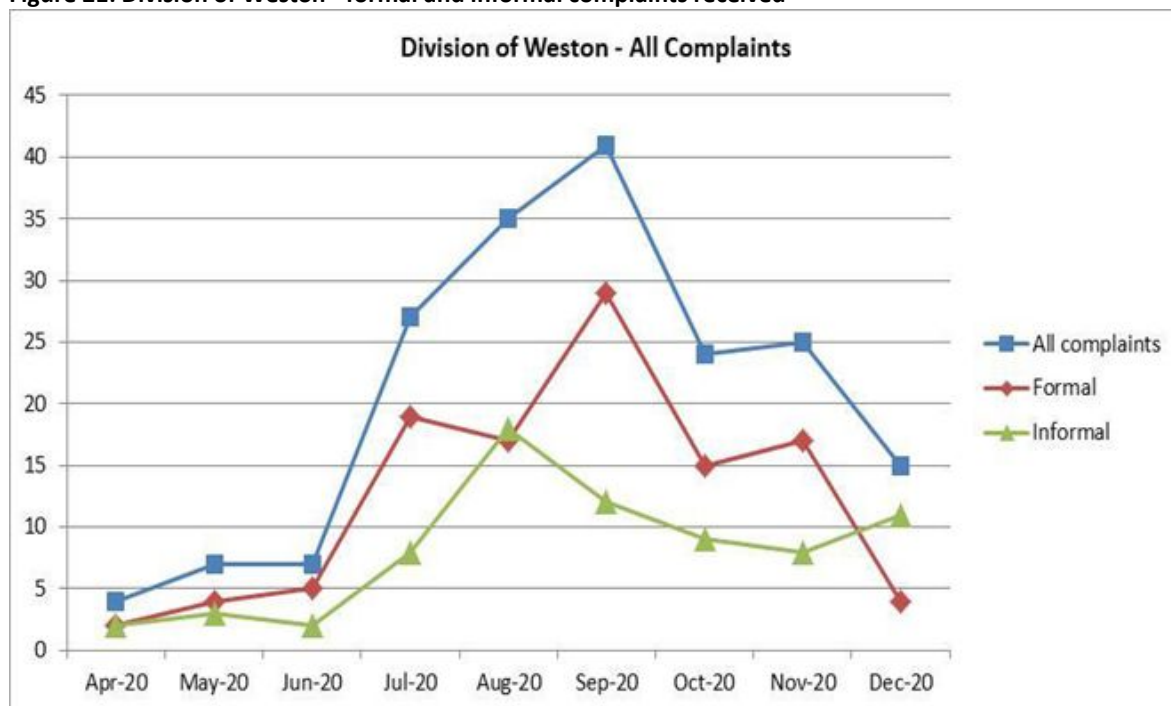
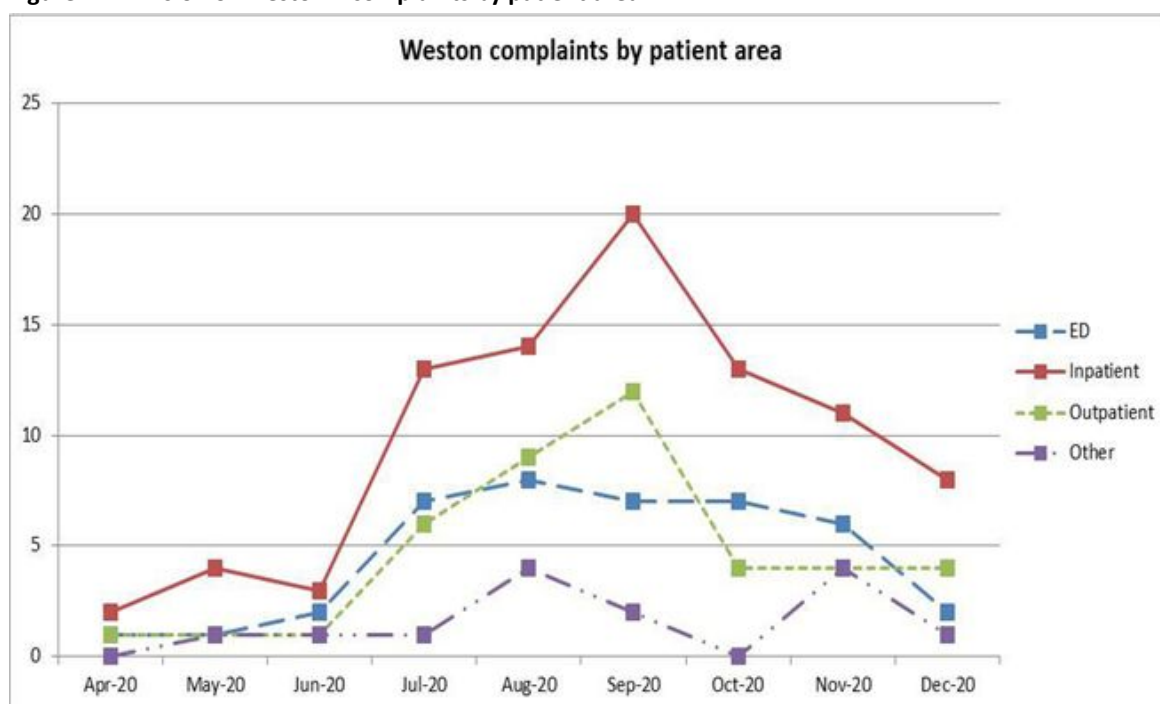


Figure 22: Division of Weston – complaints by patient area



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 28 complaints in Q3 of 2020/21, compared with 30 in Q2. Of the 28 complaints received in Q3, eight were about the attitude of contracted security staff (not Trust security officers), and seven were in respect of car parking issues. Of the 28 new complaints received, two were investigated via the formal complaints process, with the majority (26) being managed informally.

The Division achieved 71.4 (5/7) against its target for responding to formal complaints within the agreed timescale in Q3; a deterioration on the 85.7% achieved in Q2. Of the 20 complaints resolved by the Division informally in Q3, 80% (16) were resolved by the agreed timescale, the same percentage as reported in Q2. Please see section 3.3 Table 16 for details of where in the process any delays occurred.

Figure 23: Trust Services – all complaints received



With effect from May 2020, Estates & Facilities complaints have been reported separately, as well as being included in the data produced for Trust Services. Figure 23 below shows all complaints received for Estates & Facilities – it should however be noted that these are also included in the overall Trust Services data reported above and are not *in addition* to these.

Figure 23: Estates & Facilities – all complaints received

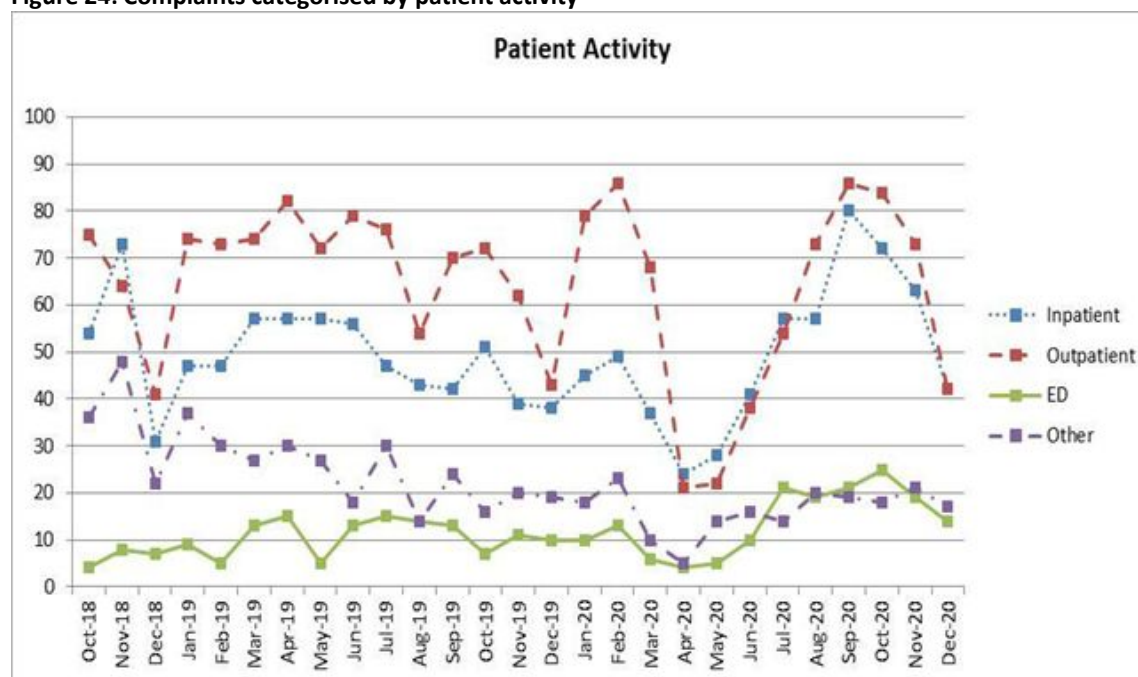


3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 24 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q3, 40.6% (*41%) of complaints received were about outpatient services, 36.2% (37.2%) related to inpatient care, 11.8% (11.6%) were about emergency patients; and 11.4% (10.2%) were in the category of 'other' (as explained above). * Q2 percentages are shown in brackets for comparison.

Figure 24: Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions, with the exception of Diagnostics & Therapies, reported breaches of formal complaint deadlines in Q3, with a total of 60 breaches reported Trustwide. This is the highest number of breaches since this report commenced, surpassing the previous highest number of 45 breaches reported in Q2.

The Division of Weston reported 28 breaches of deadline, Medicine reported 20, Surgery had four, Women & Children and Specialised Services reported three each and Trust Services reported one breach. Please see Table 15 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q3, the Trust responded to 194 complaints via the formal complaints route and 73.4% (134) of these were responded to by the agreed deadline, against a target of 95%, compared with 73.4% in Q2 and 71.3% in Q1.

Table 15: Breakdown of breached deadlines – Formal

Division	Q3 2020/21	Q2 2020/21	Q1 2020/21	Q4 2019/20
Weston	28 (70%)	19 (55.9%)	2 (33.3%)	
Medicine	20 (60.6%)	14 (36.8%)	5 (26.3%)	14 (28%)
Surgery	4 (9.8%)	9 (23.1%)	11 (33.3%)	4 (6.7%)
Women & Children	3 (5.6%)	2 (6.5%)	5 (20.8%)	3 (5.4%)
Specialised Services	3 (21.4%)	0 (0%)	3 (33.3%)	6 (22.2%)
Trust Services	2 (28.6%)	1 (14.3%)	1 (50%)	4 (26.7%)
Diagnostics & Therapies	0 (0%)	0 (0%)	0 (0%)	1 (20%)
All	60 breaches	45 breaches	27 breaches	32 breaches

(So, as an example, there were 28 breaches of timescale in the Division of Weston in Q3, which constituted 70% of the 40 complaint responses which were sent out by that division in Q3).

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 16 shows a breakdown of where the delays occurred in Q3. During this period, 54 breaches were attributable to the Divisions, three were caused by delays in the Patient Support & Complaints Team, two occurred during the Executive sign-off process and one was due to a delay in another Trust providing input for a response.

Table 16: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	3	18	3	0	0	2	28	54
PSCT	1	1	0	1	0	0	0	3
Execs/sign-off	0	0	0	2	0	0	0	2
Other Trust	0	1	0	0	0	0	0	1
All	4	20	3	3	0	2	28	60

3.3.1 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are attributable to the Divisions, as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q3, the Trust responded to 240 complaints via the informal complaints route (compared with 219 in Q2) and 92.1% of these were responded to by the agreed deadline; a slight improvement on the 90% reported in Q2.

Table 17: Breakdown of breached deadlines - Informal

Division	Q3 2020/21	Q2 2020/21	Q1 2020/21	Q4 2019/20
Trust Services	4 (20%)	3 (20%)	2 (9.5%)	1 (4.2%)
Specialised Services	2 (5%)	0 (0%)	0 (0%)	0 (0%)
Surgery	2 (2.9%)	3 (4.2%)	0 (0%)	7 (8.9%)
Weston	2 (13.3%)	2 (6.1%)	1 (20%)	
Diagnostics & Therapies	1 (5%)	0 (0%)	0 (0%)	1 (6.7%)
Medicine	1 (11.1%)	11 (22.9%)	0 (0%)	0 (0%)
Women & Children	0 (0%)	0 (0%)	0 (0%)	2 (6.3%)
All		19	3	11

4. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made. Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitor progress.

Below are some examples of actions taken by the Trust in response to complaints during Q3 2020/21.

- A patient who had a wonderful experience both before and during the birth of her baby at St Michael's Hospital, was very disappointed by her experience on the ward post-natally. She found the midwives on duty during the night to be uncaring and unsupportive, stating that they separated her from her baby against her wishes and failed to help her with breast-feeding. As a result of the complaint, all ward staff were reminded of the importance of carrying out 'comfort rounds' to ensure the wellbeing of new mothers. Laminated information cards have also been created for all new mothers admitted to the ward, which contain information about meal times, drug rounds, where to make hot drinks, etc. (Women & Children).
- As the result of a complaint made about a doctor not wearing his PPE mask properly (the patient had to keep asking him to put it over his nose when it kept slipping down), not only were clinicians reminded of the importance of wearing PPE correctly, but weekly walk-rounds have also been implemented to check clinician compliance with infection control protocol (Surgery).
- A number of actions were identified and actioned following a complaint from a patient's daughter following her mother-in-law's numerous admissions to Weston General Hospital. These actions included the implementation of a checklist to ensure patient allergies are recorded on their drug chart and the patient is wearing a red wristband; a change of process to ensure that contact with the patient's next of kin in respect of the discharge arrangements is clearly documented; and 'Focus of the Month' posters are clearly displayed to remind staff of the importance of the correct handling of patient data and information (Weston).

5. Patient Support & Complaints Team activity

5.1 Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. A total of 346 enquiries were received in Q3, an increase of 28.6% on the 269 received in Q2. This figure includes 26 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, compared with 37 recorded in Q2. The number of concerns recorded decreased again Q3 as Weston had diverted callers to the PALS service to the corporate complaints team in Bristol so numerous cases that had previously been recorded as 'concerns' were recorded as informal (or occasionally formal) complaints.

The Patient Support and Complaints Team also recorded and acknowledged 106 compliments received during Q3 and shared these with the staff involved and their Divisional teams. This is a significant increase when compared with 50 compliments reported in Q2 and 31 in Q1.

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints Team recorded 126 enquiries that did not proceed, compared with 172 in Q2. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to

enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team continues to deal with an increasingly high volume of activity, with a total of 936 separate enquiries in Q3. In addition, the Division of Weston directly recorded 26 concerns in Q3.

5.2 Acknowledgement of complaints by the Patient Support and Complaints Team

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q3, 284 complaints were received in writing (269 by email and 15 letters) and 199 were received verbally by telephone. Seven complaints were also received in Q3 via the Trust's 'real-time feedback' service. Of the 490 complaints received in Q3, 98.8% (484/490) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

5.3 PHSO (Ombudsman) cases

During Q3, the PHSO notified the Trust of its interest in six new complaints, for which copies of the complaint file and medical records have been sent to them.

Two cases were closed by the PHSO during Q3, one of which was recorded with an outcome of 'No Further Action' (this means that, based on their review of the Trust's complaint file and the patient's medical records, the Ombudsman decided not to carry out a full investigation) and the other was 'Not Upheld' following a full investigation.

There are currently 14 cases that are open with the PHSO whilst they decide whether or not to carry out a full investigation or for which a decision is awaited following their investigation.

5.4 Complaint Survey

The Patient Support & Complaints team sends a complaint survey to all complainants six weeks after their complaint is resolved and closed.

Data/feedback has not been included in the report again for this quarter, due to the very small number of completed surveys being returned, which would render the results inconclusive. The survey has however been extended into Weston Division with effect from 1st July 2020.

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	6 Monthly report of Safe Staffing August 2020 to January 2021
Report Author	Sarah Dodds Deputy Chief Nurse, Andy Landon Clinical Informatics Dave Don HR Pay, Reward and Policy Lead
Executive Lead	Deirdre Fowler Interim Chief Nurse, Bill Oldfield Medical Director

1. Report Summary

The purpose of the paper is to provide assurance to the Trust Board that wards and departments have been safely staffed over the last six months.

The paper outlines

- Any significant changes that have occurred in nursing, midwifery, Allied Healthcare Professionals and medical staff staffing establishments and skill mix in the last six months
- Any risks on the corporate risk register related to nursing, midwifery, Allied Healthcare Professionals and medical staffing.
- How the Trust knows the wards and departments have been safely staffed over the last six months, including Care Hours Per Patient Per Day and Weighted Activity Unit data

The NHS Improvement “Developing Workforce Safeguards” (October 2018) recommends that Trust reports include safe staffing information for Allied Healthcare Professionals (AHPs) and Medical staff as well as nursing and midwifery staff.

This report includes the significant challenges to all professions safe staffing which has occurred during both wave 2 and wave 3 of the Covid-19 pandemic, and aims to provide the Trust Board with the assurance that staffing has been managed during this time in line with National recommendations¹, with close oversight by the Incident Management structure which was in place.

2. Key points to note

(Including decisions taken)

The Trust has been experiencing unprecedented challenges on its workforce due to the Covid -19 Pandemic. The hospitals have been reconfigured to enable the safe zoning of patients into blue, amber or green areas, depending on their Covid status which has led to a change in the hospital reconfiguration across both Bristol and Weston sites impacting on nursing staff,

¹ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0833_advice-on-acute-sector-workforce-models-during-COVID-with-apps_10dec.pdf

many of whom have moved specialty or ward to accommodate these changes. Led by the Chief Nurse, interim divisional reviews of nursing and midwifery establishments and skill mix took place from September to January, to review the impact of these changes and to provide assurance for ongoing safe staffing.

The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care was managed as safely as possible.

Where lower than expected staffing forms are submitted, the actual harm was generally assessed as near miss to minor actual harm impact.

The Trust has recognised the importance of staff wellbeing and support throughout the pandemic and has invested using Health Education England money to employ a number of Practice educator facilitators to work within each Division.

This paper can assure the Trust Board that UHBW has had sufficient processes and oversight of its staffing arrangements in place to ensure safe nursing and midwifery staffing levels. However it is acknowledged that the Covid pandemic; particularly over the past 3 months has presented significant challenge with regards to ensuring safe staffing across all disciplines at all times.

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. **ID 920** - Risk that there are insufficient numbers of doctors in training to safely cover rotas.¹
 The current rating is 12 and the level is high risk.
2. **ID 4748** - Risk that rates of substantive clinical staffing across Weston General Hospital are insufficient¹
 The current rating is 16 and the level is very high risk

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	25 th March 2021

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.

- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

University Hospitals Bristol and Weston NHS Foundation Trust

Report on Medical, Nurse and Allied Health Professionals (AHP's) Staffing Levels UHBW (August 2020– January 2021).

March 2021 Trust Board

1.0 Introduction

Following publication of the Francis Report 2013¹ and the subsequent “Hard Truths” (2014)² document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift
- Provide a 6 monthly report on nurse staffing to the Board of Directors.

The NHS Improvement “Developing Workforce Safeguards” (October 2018)³ recommends that Trust reports include safe staffing information for Allied Healthcare Professionals (AHPs), Medical staff as well as nursing and midwifery staff. The document suggests that best practice on the following areas at board level should be included.

“Any workforce review and assessment and the safeguards reported should cover all clinical groups, areas and teams. Nursing/midwifery is the most often represented group at board level, but a focus on medical staff, AHPs, healthcare scientists and the wider workforce is needed too. Reports need to cover all areas, departments and clinical services”.

This report includes the significant challenges to all professions safe staffing which has occurred during both wave 2 and wave 3 of the Covid-19 pandemic, and aims to provide the Trust Board with the assurance that staffing has been managed during this time in line with National recommendations⁴, with close oversight by the Incident Management structure which was in place.

This report details:

¹ [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274811/Report_of_the_Mid_Staffordshire_NHS_Foundation_Trust_Public_Inquiry_-_GOV.UK_(www.gov.uk).pdf)

² [NHS England » Guidance issued on Hard Truths commitments regarding the publishing of staffing data](https://www.england.nhs.uk/wp-content/uploads/2014/08/hard-truths-commitments-regarding-the-publishing-of-staffing-data.pdf)

³ [Developing workforce safeguards.pdf \(improvement.nhs.uk\)](https://www.improvement.nhs.uk/documents/developing-workforce-safeguards.pdf)

⁴ https://www.england.nhs.uk/wp-content/uploads/sites/52/2020/12/C0833_advice-on-acute-sector-workforce-models-during-COVID_with-apps_10dec.pdf

1.1 Nursing and Midwifery

- Any significant changes that have occurred in nursing and midwifery staffing establishments and skill mix in the last six months and any risks on the corporate risk register related to nursing and midwifery staffing.
- How the Trust knows the wards have been safely staffed over the last six months, including Care Hours Per Patient Per Day and Weighted Activity Unit data
- A specific section on the actions undertaken to manage the increased demands placed on nurse staffing during wave 2 and 3 of the Covid-19 Pandemic.

1.2 Allied Healthcare Professionals (AHPs)

- Any significant changes that have occurred in Allied Healthcare Professionals staffing establishments and skill mix in the last six months and any risks on the corporate risk register related to Allied Healthcare staffing.
- How the Trust knows the services have been safely staffed over the last six months, including Weighted Activity Unit information

1.3 Medical Staff

- Any significant changes that have occurred in Medical & Dental staffing establishments and skill mix in the last six months and any risks on the corporate risk register related to Medical & Dental staffing.
- How the Trust knows the wards and rotas have been safely staffed over the last six months, including Weighted Activity Unit information

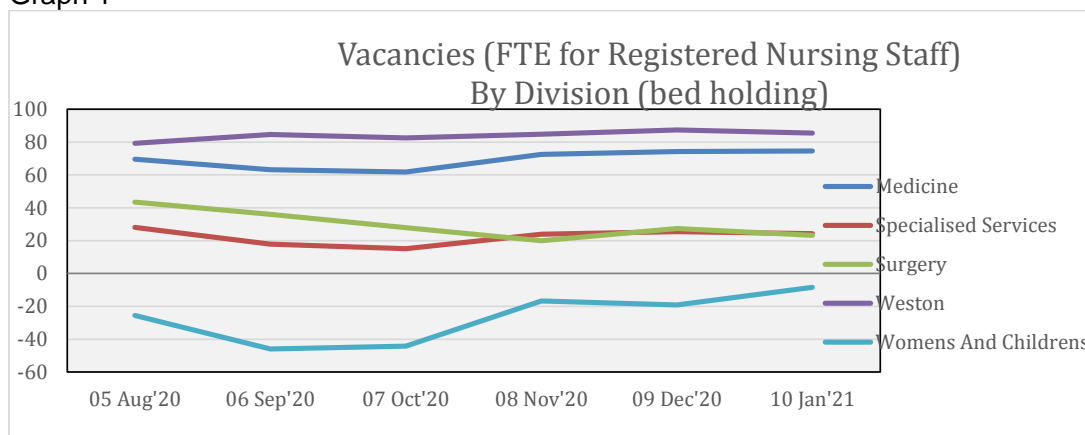
2.0 Significant changes to staffing levels in the last six months

2.1 Nursing and Midwifery

As detailed in appendix 1 there are a number of triggers that indicate when a nurse staffing review is required, these are unchanged. Any adhoc reviews triggered, would be in addition to the annual divisional reviews of nursing and midwifery establishments and skill mix, undertaken with the Chief Nurse.

In January 2021 the percentage of Band 5 Registered Nurses vacancies across the adult divisions was 207 w.t.e (14%). The number of vacancies over the past 6 months has increased in both the divisions of Medicine and Weston.

Graph 1



Improving the vacancy position using a variety of advertising strategies continues at pace; along with the planned international recruitment, with monitoring and oversight by the Trust wide recruitment and retention steering group.

The Trust has been experiencing unprecedented challenges on its workforce due to the Covid -19 Pandemic. The hospitals have been reconfigured to enable the safe zoning of patients into blue, amber or green areas, depending on their Covid status which has led to a change in the hospital reconfiguration across both Bristol and Weston sites impacting on nursing staff, many of whom have moved specialty or ward to accommodate these changes.

Led by the Chief Nurse, interim divisional reviews of nursing and midwifery establishments and skill mix took place from September to January, to review the impact of these changes and to provide assurance for ongoing safe staffing.

The following changes have taken place as part of the divisional reviews:

Division	Service	WTE
Women's	As part of Midwifery developments, in January 2021, 3 continuity of carer teams were implemented. These Midwives now have a community caseload of women and then care for them in the intra partum (hospital and community settings) and post -natal period. To support these new teams additional funding from the Local Maternity System and Health Education England was utilised to employ an additional 3 Practice education facilitators. Following an assessment of Birth Rate Plus requirements for the Neonatal Intensive Care additional registered Nurses / Midwives were approved in the past 6 months with further planned as part of the Operating plan in 2021/22.	Band 6 - 3 .00 Band 6 - 2 .00
Specialised Services	Significant changes occurred in the acute oncology/ haematology units which led to them joining together and increasing service provision in order to manage Covid safely. This required additional Band 6 and Band 5 Registered nurses. In order to support the CAR- T cell therapy provision on ward D703 an additional ward sister post was approved.	Band 6 - 2.69 Band 5 - 2.58 Band 7 - 1.0
Surgery	Full review of all areas took place during staffing review, there are some wards in different locations with different bed base which is being managed in line with overarching Trust principles for safe staffing, no changes required.	
Medicine	Full review of all areas took place during the staffing review in October 2020 to ensure that with the current ward configurations were within agreed staffing levels in line with overarching Trust principles. A900 - Staffing establishment increased for Covid pathways and to facilitate high care gastrointestinal beds A512/A525 – Staffed as one unit and staffing establishment reviewed in line with specialty change.	Band 5 - 4.52 Band 5 - 5.42

Weston	Full review of all areas took place in January 2021 to ensure all current ward configurations were in line with overarching Trust principles. Waterside - Increases due to Covid pathway	Band 5 - 5.42 Band 2 - 5.42
Children's	Full review of all areas took place with no changes in the past 6 months.	
Trust wide	Practice Educator Facilitator posts were approved for all Divisions utilizing Health Education England funding, these are all predominantly for 1 year and cover a variety of specialties including Trust wide End of life care, Endoscopy and Respiratory. They will have a key role in upskilling staff and supporting new staff in each of the clinical environments.	Band 6 - 17.70

2.2 Allied Healthcare Professionals (AHPs)

In line with service changes and to support some Covid recovery work there have been some changes to establishments agreed. The current vacancy rate for AHP's trust wide for January 2021 is 2.9%.

The changes are seen below:

Division	Service	WTE
Women and Children	Neuromuscular : Neuromuscular physiotherapist Paediatric Cardiac Physiology: Cardiac Healthcare Science Assistant (fixed term 12 months) Cardiac Healthcare Science Associate (Fixed term 12 months) Senior Cardiac Healthcare Science Practitioner(Fixed term 12 months)	Band 7 - 0.6 Band 2 - 1.0 Band 4 – 1.0 Band 6 – 1.0
Adult and Children's Psychology services	Psychology: Haemoglobinopathies Adult Cancer Psychology at Weston	Band 8a – 0.3 Band 4 – 0.3 Band 8a - 0.6 Band 7 - 0.5
Diagnostic and Therapies: Adult Therapies	Critical Care - Additional 5 beds opened: Clinical specialist Occupational Therapist Occupational Therapist Speech and Language Therapist Reconfiguration of ED Physiotherapist Occupational Therapist To support winter pressures and increased Respiratory Outpatient referrals and backlog	Band 8a - 1.0 Band 6 – 1.0 Band 5 – 1.0 Band 6 – 0.6 Band 6 – 1.0 Band 6 -1.0

	Physiotherapist	Band 6 – 1.4
Adult Radiology	Adult Radiology at Bristol required to support Covid recovery plan: General Radiographers Radiographic Assistants Adult CT - additional capacity to support imaging recovery CT Radiographers Radiographic Assistants	Band 5 – 10.0 Band 2 - 3. 2 Band 6 – 3.4 Band 3 – 1.7

2.3 Medical Staff

The Trust is dependent upon Health Education England to allocate sufficient numbers of doctors in training to ensure services can be delivered and rotas run safely. Frequently the number of doctors the Trust is allocated does not correlate with optimum staffing levels and the notification process of how many doctors the Trust will receive for each rotation is not robust. This results in high vacancy rates which impacts on the compliance of rotas, the wellbeing and quality of training that we can provide to our junior medical workforce.

In August 2020 to January 2021, there were 28.8 whole time equivalent vacancies (including doctors in training and locally employed doctors) across Bristol and 24 vacancies at Weston. These were absorbed by a mix of locum shifts, short term clinical fellow posts, acting up, additional hours, and rewriting of rotas.

To support the Covid pandemic, a number of year 5 medical students took up post to support the potential resource demand as a result of the changed operational pressures.

3.0 Principles of Safe Staffing for General Inpatient Wards

The principle for the ratio of registered to unregistered nurses across UHBW adult inpatient areas has been set based on a 60:40 ratio, registered nurse to nursing assistant in general inpatient areas. This will be higher in some specialist ward areas due to the increasing complexity of care, for example medication regimes and the number of intravenous drugs given and increased dependency and complexity of elderly patients being admitted.

For the ratio of number of patients per nurse when setting wards establishment and skill mix, UHBW use the principles of one registered nurse to 6 patients on a day shift and one registered nurse to 8 patients on a night shift.

Based on the above principles nursing and midwifery establishments continue to provide a ratio of the number of patients per registered nurse to be between 2.3 - 8 on a day shift and 2.3 - 8 on a night shift. The ratio of registered to unregistered staff for UHBW for adult inpatient areas continues to range between 50:50 and 90:10. Where the ratio of registered nurses is less than 60% this is based on the professional judgment of the senior nurses and supported by patient acuity and dependency

scoring.

For wards and departments that have specialty specific safe staffing guidance the annual staffing reviews have confirmed that the Trust is compliant with the relevant guidance/ recommendations.

Staffing required during Covid surge

In November 2020, the Chief Nurse and Divisional Heads of Nursing reviewed the nurse staffing levels and ratios in line with the pressures of the Covid -19 pandemic. This required an immediate and flexible response to multi professional staffing whilst maintaining safety. At this point due to a shortfall in both registered and non-registered nurses and the inability to provide cover for shifts with temporary staff; a change in registered nurse to patient ratios was made. In line with national advice⁵ phase 2 of this plan was enacted as the number of Covid patients increased requiring critical care nursing. In order to support all front line and critical care areas the following measures were taken to release and optimize the number of staff available to care for patients.

- Redeployment of Theatre and Recovery staff.
- Redeployment of Nurse Practitioners, Clinical Nurse Specialists and Research Nurses.
- Cancellation of all non-essential training.
- Significant mutual aid by the Children's Hospital Nursing Team, Allied Health Professionals and Medical staff.
- Supervisory Sisters working clinically for minimum of 80% of time, Matrons working clinically in some divisions.
- Managerial, Administrative and Clerical staff released to support wards.
- Military Aid provided for both clinical and non-clinical roles.

In addition the Trust employed 104 student nurses as Band 4 aspirant nurses to support the provision of clinical care in line with the Nursing and Midwifery Council Emergency standards.

The management of nurse staffing across the Bristol site is managed through twice daily staffing meetings led by the Divisional Heads of Nursing with mitigation of risk made as safely as possible through cross divisional working with additional oversight and support provided where required by the Chief Nurse/ Deputy Chief Nurse. When staffing was not able to meet the revised agreed staffing levels, staff are encouraged to report incidences of concerns regarding safety.

4.0 Regulatory requests for staffing information

A CQC inspection took place in the Emergency Department at Weston General Hospital in July 2020. The report identified that the service did not have enough permanent nursing staff with a heavy reliance on bank and agency staff although it was noted that steps had been taken to mitigate the risks of short staffing effectively by creating a pool of temporary staff and using the same agency and bank staff over extended periods of time. Recruitment and retention within the Weston Division is closely managed as part of the Trust wide recruitment and retention steering group.

⁵ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0833_advice-on-acute-sector-workforce-models-during-COVID_with-apps_10dec.pdf

A CQC inspection took place in the Emergency Department in Bristol in February 2021 and the report is awaited, any staffing findings will be highlighted and actions included in the next 6 monthly report.

5.0 How the Trust knows it has been safely staffed over the last six months?

5.1 Nursing and Midwifery

The Trust continues to submit monthly returns to the Department of Health via the NHS national staffing return. This return details the overall Trust position on actual hours worked versus expected hours worked for all inpatient areas, the percentage fill rate for Registered Nurses (RN) and Nursing Assistants (NA) for day and night shifts, together with the overall Trust percentage fill rate. This includes care hours per patient per day (CHPPD).

A detailed report on nurse staffing is received and reviewed monthly at the Quality and Outcomes Committee a Non-Executive sub-committee of the Board. This report gives a detailed breakdown of any staffing variances by ward/department and Division. It includes detailed information regarding any NICE (2014)⁶ staffing red flags that have been reported, the reasons and any actions that have been taken.

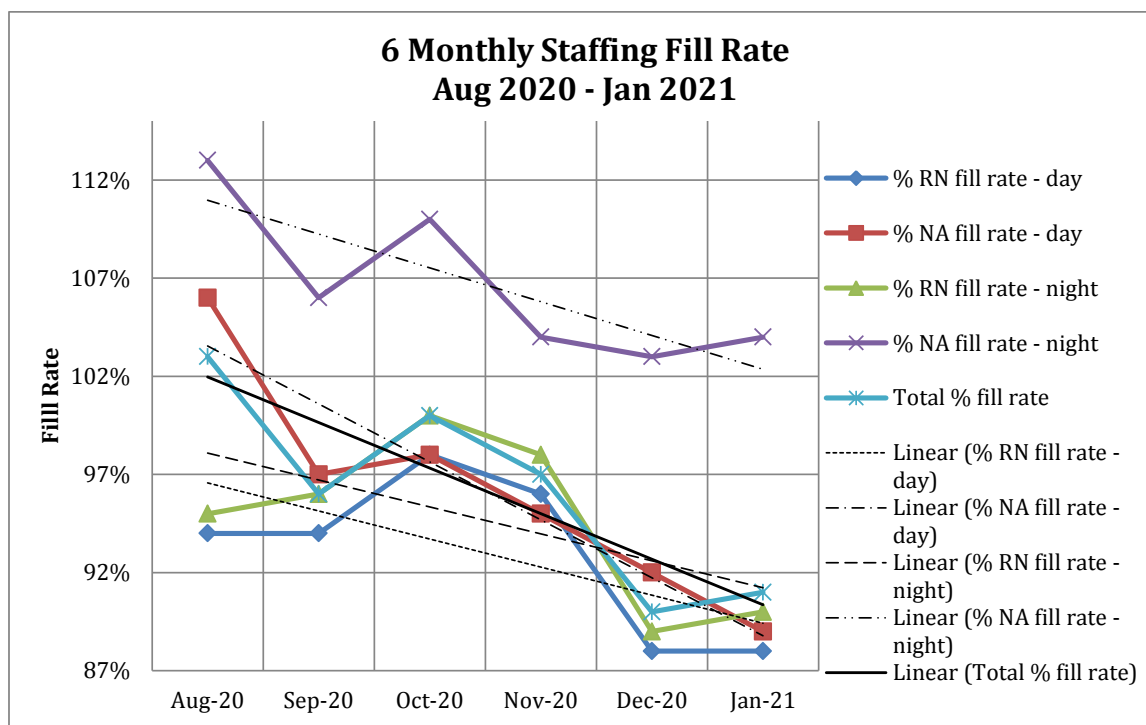
The graph and table below (Fig 1) show 6 monthly staffing fill rates for inpatient ward areas.

Key issues to note:

- The total average fill rate for RN and NA staffing has remained within the green threshold over 95% for each month except for December 2020 and January 2021 which saw marked drops to 90 and 91 % in line with the impact of the Wave 2 and 3 of the pandemic
- The average RN day fill rate for the Trust has remained above 90% until December and January. There is a definite correlation to the fill rate in the high 80's and low 90's and the months when the 2nd and 3rd wave of the Covid pandemic was exerting its fullest effect on both patients and staff. The overall fill rate has not exceeded 100% in any month.
- The average RN night fill rate follows a similar pattern as the day fill rate, there is a definite decrease in December and January as the hospital experienced increased staffing absences which were Covid related and increased vacancies. The overall fill rate for RN's at night has not exceeded 100% in any month.
- The average NA day fill rate has also decreased to below 100% in most months due to the staffing absence level created by the Covid pandemic and increased vacancies. This has previously trended above 100% in all months.
- The NA night fill rate continues to be consistently above the planned staffing levels for nights. This is driven by the requirement to cover most of the Enhanced Care Observation assignments due to generally having less staff on duty at night. The fill rate above 100% has been maintained through this 6 month period.

⁶ [Overview | Safe staffing for nursing in adult inpatient wards in acute hospitals | Guidance | NICE](#)

Fig 1.



RAG rating for Fill Rate	Red	Amber	Green	Blue
Thresholds (75% is the national red flag level)	< 75%	76%- 89%	90%-100%	101%>

Trust Total	% RN fill rate - day	% NA fill rate - day	% RN fill rate - night	% NA fill rate - night	Total % fill rate
Aug-20	94%	106%	95%	113%	103%
Sep-20	94%	97%	96%	106%	96%
Oct-20	98%	98%	100%	110%	100%
Nov-20	96%	95%	98%	104%	97%
Dec-20	88%	92%	89%	103%	90%
Jan-21	88%	89%	90%	104%	91%
6 Monthly Average	93%	96%	95%	107%	96%

Note: the red rating has been set at 75% to be in line with the national guidance that states that:-

A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 33 hours of registered nurse time, a red flag event would occur if 5:45

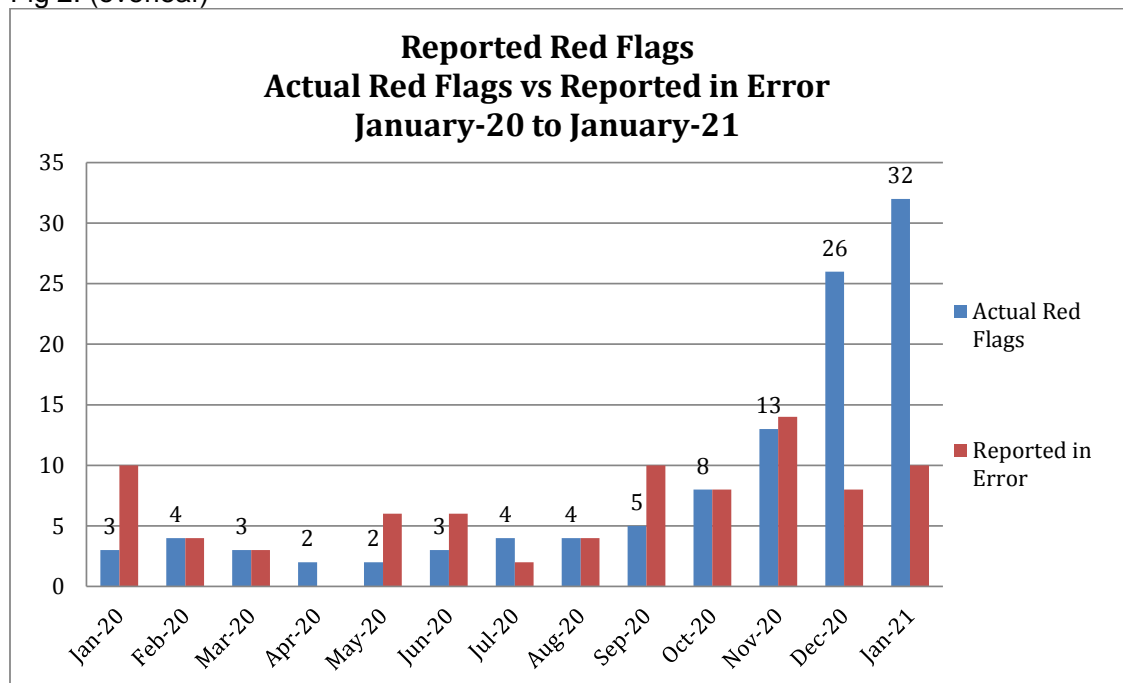
hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

5.2 Red Flags

The combined UHBW red flag incident (fig 2) reporting commenced from April 2020.

- The number of correctly reported red flag incidents across all in patient wards for this period was 88, compared to 18 in the previous 6 months (see Fig 2).
- The number of incorrectly report red flag incidents increased from 47 to 54 in the same period.
- It should be noted that there has been an increase in the number of reported Red flag incidents as the nurse staffing numbers were reduced during the 2nd and 3rd wave of the pandemic due to increased acuity and bed capacity demand, increased staff absence and reduced availability of both bank and agency staff.

Fig 2. (overleaf)



The two most common themes identified through a review of the reported red flags in the last six months were;

- There were some unfilled staffing gaps where the Trust was unable to secure a temporary staff member to cover at short notice mainly due to Covid related absence. In this situation the Trust Standard Operating Procedure for ensuring safe staffing was followed.

- Staff being moved from ward areas to care for patients in other areas of the Trust. This included moving high numbers of staff to support the Intensive Care areas. The movement of staff is risk assessed by the Heads of Nursing and by the on call/site management teams and staff are moved to minimize, as much as possible, risks in staffing levels in other areas.

5.3 **Weighted Activity Unit (WAU) and Care Hours per Patient Day (CHPPD) (see appendix two for definitions)**

5.3.1 Weighted Activity Unit (WAU)

Nursing and Midwifery

The graphs below (fig 3 and 4) shows the total staff cost for UHBW nursing and midwifery staff per Weighted Activity Unit. It should be noted however, that this remains the latest information available on the Model Hospital dashboard. Bristol and Weston hospitals are shown separately and indicated in black. This metric includes both substantive and temporary staff.

For the financial year 2019 – 2020 Bristol (fig 3) sits in quartile 1 (best) for cost per WAU and shows a slight increase £812 up from £797 from the previous year 2018/2019. This means that the Bristol site spends less on staff per unit of activity than a number of Trusts both nationally and within our peer group (Trust Size -Clinical Output).

For the financial year 2018-2019 Weston (fig 4) sits in quartile 4 (worst) for cost per WAU £1127 down from £1143). This means that it spends more on staff per unit of activity than a number of Trusts both nationally and within our peer group, this is due to the high use of agency required to mitigate the number of vacancies. A detailed staffing review for Weston was carried out in January 2021.

For the period January 2021 UHBW agency spend as a % of total spend was noted as benchmarking well at 3.5% against a national median of 5.5%.

The continued use and improvement plans for the e-rostering system for nurses and midwives together with use of SafeCare ensures the Trust is able to review nursing spend at a divisional level. This continues to enhance the understanding of nursing costs and reasons behind budget spend and creates a greater visibility of critical staffing shortages.

This evidence, together with the clear processes in place, gives assurance that the nursing workforce is being productively utilised and productivity is constantly monitored.

Fig 3. April 18- Mar 19 Weighted Activity Unit Data – Bristol

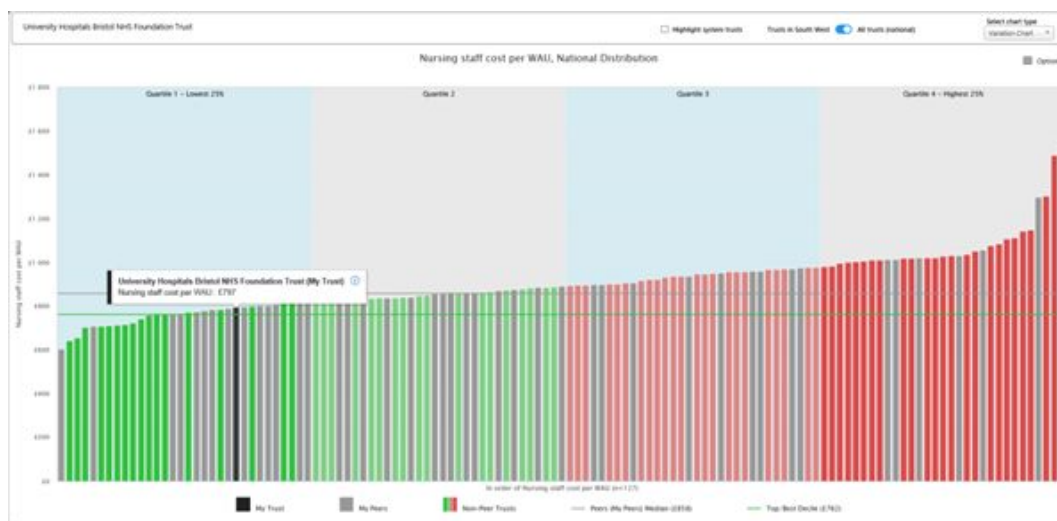


Fig 4. April 18- Mar 19 Weighted Activity Unit Data – Weston



Allied Healthcare Professionals (AHPs)

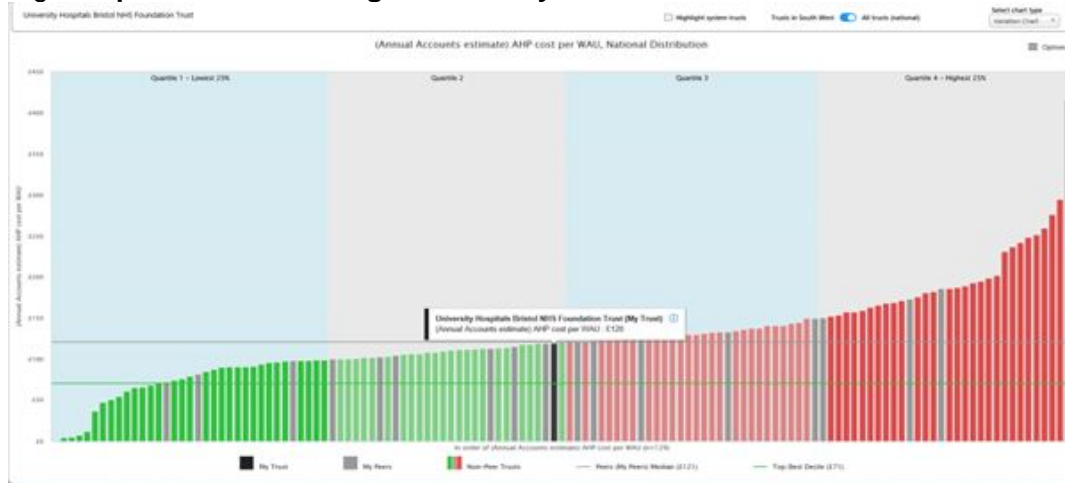
For the financial year 2018 – 2019 Bristol (fig 5) sits in quartile 2 (This is the latest data set available).

E-Rostering is in place for a number of AHP teams, which include :-

- All Adult Physiotherapists, Occupational Therapists, Dieticians and Speech and Language Therapists within the Diagnostics and Therapies Division.
- Adult Radiology including MRI – Bristol site

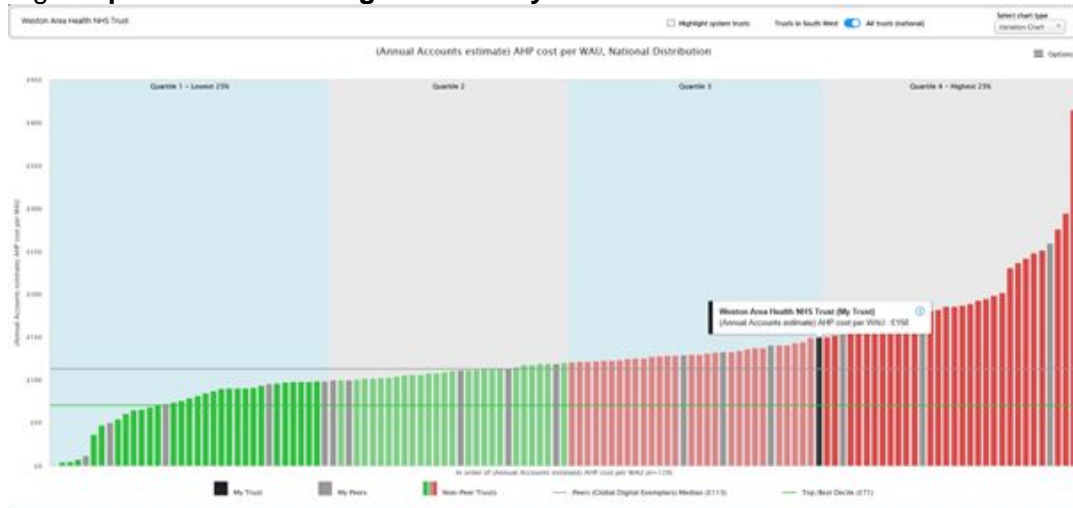
In line with NHS Improvement levels of attainment work mandating all clinical teams are on E-Rostering by 2021, a bid has been submitted to extend E-Rostering to all the other AHP groups and will be included in the divisional operating plans for 21/22. This will allow improved reporting on AHP activity and resource management.

Fig 5. April 18- Mar 19 Weighted Activity Unit Data – Bristol



For the financial year 2018 – 2019 Weston (fig 6) sits in quartile 3.

Fig 6. April 18- Mar 19 Weighted Activity Unit Data – Weston



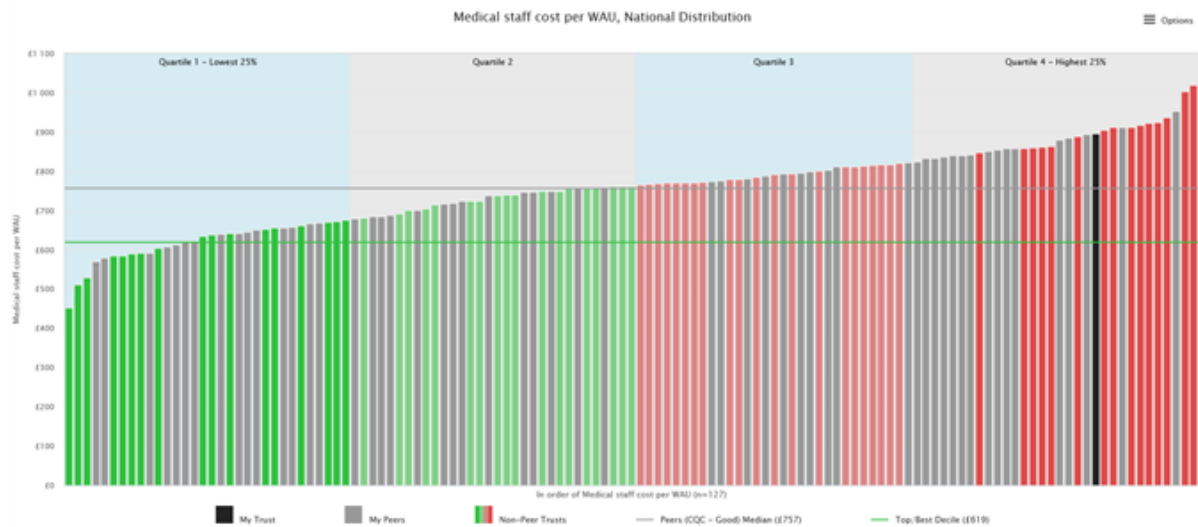
Medical Staff

The graph below (fig 7) shows the staff cost for medical & dental staff per Weighted Activity Unit, with University Hospital Bristol shown in black.

At £897 per WAU for University Hospital Bristol (UH Bristol) and £888 for Weston, the Trust is in the highest quartile for this measure. Previously, it was possible to report the mitigation that the Trust's non-substantive staff spend was in the lowest quartile. However, this legacy measure is no longer reported by the Model Hospital.

When broken down by role, the consultant cost per WAU is £560 for UH Bristol and £531 for Weston against a national median of £450, and the other doctors cost per WAU is £337 for UH Bristol and £358 for Weston against a national median of £318.

Fig 7.

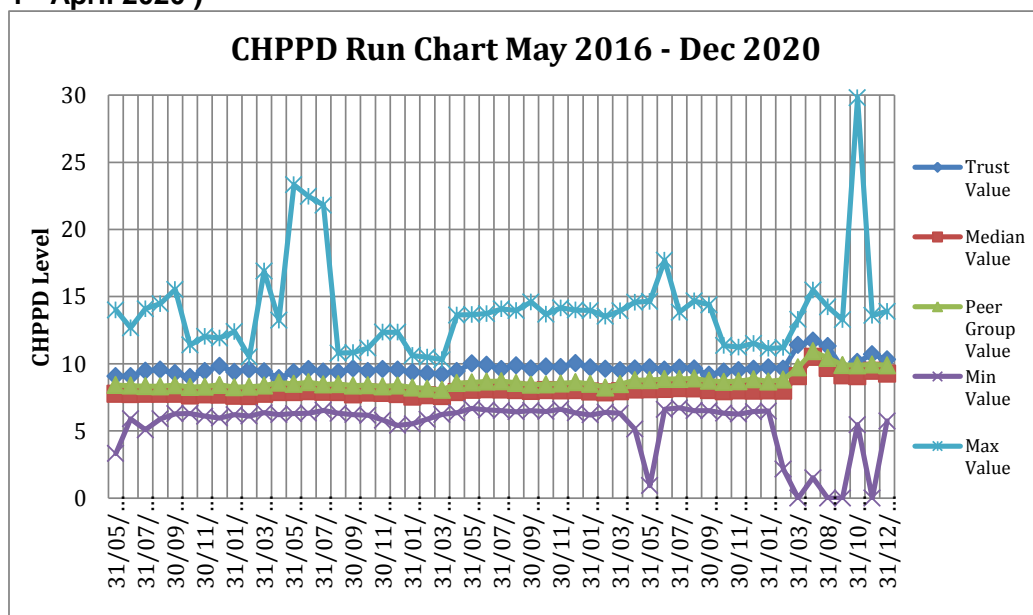


5.3.3 Nursing Care Hours per Patient per Day (CHPPD)

The graph below (fig 8) shows that UHBW CHPPD sits above the national mean and that of the model hospital peer group giving assurance that the Trust has safe levels of staffing. This figure needs to be considered alongside the WAU productivity measure and the Trust's performance against quality metrics and workforce metrics.

The Model Hospital updates were halted during the initial Covid -19 lockdown and restarted in August 2020. The run chart illustrates the impact of Covid across the Trust, peer group and National median all showing an elevation from October – December 2020 in line with the 2nd wave of the pandemic.

Fig 8. CHPPD May 2016 – December 2020 – Bristol , (Weston included from 1st April 2020)



6.0 Staffing Risks held on the corporate risk registers

6.1 Nursing and Midwifery

There is one nursing workforce related risk on the corporate risk register relating to 'Risk that rates of substantive clinical staffing across Weston General Hospital are insufficient'

The current rating is 16 and the level is very high risk. Increasing the substantive workforce is a key objective of the Trust - wide recruitment and retention steering group with prioritization of the additional international nurse recruitment to the Division of Weston commencing in April 2021.

A number of nurse staffing risks are held by the divisions which are reviewed regularly at Divisional Board meetings, on a rotational basis at the Trust Risk Management Group and at annual staffing reviews.

6.2 Allied Healthcare Professionals (AHPs)

There are no AHP staffing risks on the corporate risk register. A number of AHP staffing risks are held by divisions which are reviewed regularly at Divisional Board meetings and on a rotational basis at the Trust Risk Management Group.

6.3 Medical Staff

There is a medical staff risk on the corporate risk relating to the 'Risk that there are insufficient numbers of doctors in training to safely cover rotas'. The current rating is 12 and the level is high risk.

There is an increasing reliance upon locally employed doctors to support rota compliance however; there are insufficient numbers of suitably qualified locally employed doctors, both within the UK and overseas.

The Trust continues to develop innovative approaches to try and attract locally employed doctors, but the competition for these individuals when coupled with the widespread shortage and impact of the Covid Pandemic, means this staff group is challenging to recruit to and an unpredictable resource.

The roll out of e-Rostering will support rota compliance, provide information to provide assurance or action required regarding productivity and provide greater levels of governance with regards to the management of safe working hours. However, it will bring improved efficiencies in the deployment of medical staff and support the development of sustainable workforce solutions. It will provide visibility and a better understanding of our allocation of resource and where there are shortfalls to assist with workforce redesign to help drive effective re-organisation.

There are also a number of hard to fill Consultant roles across both Weston and Bristol which in some cases are being covered by long term agency locum use.

With the merger of Bristol and Weston, changes in services and increased activity demand in light of the pandemic, a Recruitment and Retention Steering Group has been established to oversee the significant priorities to recruit and retain the medical workforce across both sites. This is focusing on overseas recruitment potential, Medical Training Schemes, rotational roles, partnerships with international hospitals and GMC sponsorship. The Trust recruitment website has also been further developed to show case Weston and the newly merged trust. The UHBW marketing brand and range of innovative recruitment and attraction initiatives continue in order to promote the Trust as an employer of choice.

7.0 Performance against key quality metrics.

The Trust level quality performance dashboard for Safety and Caring domains the last six months are reported below in Fig 9, with more detailed review monthly within each Division and triangulated through the monthly detailed safe staffing report to the Quality and Outcomes committee.

Fig 9. Integrated Performance report for Safe and Caring domains

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
SAFE DOMAIN																			
ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Infection Control																			
DA01	MRSA Trust Apportioned Cases	4	4	0	1	1	0	0	0	0	1	1	0	0	1	1	1	1	1
DA02	MSSA Trust Apportioned Cases	48	32	2	1	0	5	2	3	2	5	1	3	5	6	7	10	9	6
DA03	CDiff Trust Apportioned Cases	41	65	1	3	5	8	6	6	11	5	5	7	6	6	19	22	18	6
Patient Falls																			
AB01	Falls Per 1,000 Beddays	4.52	5.11	4.89	5.33	5.38	6.93	5.77	3.66	4.76	5.3	4.28	5.18	5.9	4.38	6.05	4.6	5.1	4.38
	Numerator (Falls)	1411	1392	125	121	114	164	138	100	136	160	134	151	171	124	416	396	456	124
	Denominator (Beddays)	312447	272635	25561	22693	21194	23666	23917	27319	28557	30205	31336	29161	28979	28301	68777	86081	89476	28301
AB06A	Total Number of Patient Falls Resulting in Harm	26	19	4	1	2	1	1	1	1	1	4	4	1	3	4	3	9	3
Pressure Injuries																			
DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.286	0.117	0.308	0.991	0.254	0.293	0.183	0.315	0.199	0.096	0.274	0.138	0.318	0.494	0.232	0.168	0.318
	Numerator (Pressure Injuries)	57	78	3	7	21	6	7	5	9	6	3	8	4	9	34	20	15	9
	Denominator (Beddays)	312447	272635	25561	22693	21194	23666	23917	27319	28557	30205	31336	29161	28979	28301	68777	86081	89476	28301
DE02	Pressure Ulcers - Grade 2	49	73	2	7	20	5	5	5	9	6	3	8	4	8	30	20	15	8
DE03	Pressure Ulcers - Grade 3	8	5	1	0	1	1	2	0	0	0	0	0	0	1	4	0	0	1
DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents																			
S02	Number of Serious Incidents Reported	73	91	6	2	7	2	6	7	5	23	15	10	5	11	15	35	30	11
S01	Total Never Events	4	6	0	0	0	0	0	1	0	2	1	2	0	0	0	3	3	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.33%	0.29%	0%	0%	0%	0%	0%	0.9%	0%	0%	0.31%	0.37%	0.83%	-	0%	0.34%	0.48%	-
	Numerator (Incidents Resulting In Harm)	10	7	0	0	0	0	0	3	0	0	1	1	2	0	0	3	4	0
	Denominator (Total Incidents)	2999	2459	270	188	192	258	283	335	274	284	323	269	241	0	733	893	833	0
WA03	Non-Purposeful Omitted Doses of the Listed Critical Med	0.41%	0.51%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.47%	0.39%	0.58%	1.43%
	Numerator (Number of Incidents)	25	23	1	1	0	3	2	4	1	3	3	3	1	3	5	8	7	3
	Denominator (Total Audited)	6036	4541	474	231	0	302	770	825	675	557	479	442	281	210	1072	2057	1202	210
INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
CARING DOMAIN																			
ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Patient Surveys																			
P01D	Patient Survey - Patient Experience Tracker Score	#N/A	#N/A	91	93	91	91	91	90	90	91	89	88	90	91	91	90	90	91
P01G	Patient Survey - Kindness and Understanding	#N/A	#N/A	96	98	96	95	96	97	96	95	94	93	96	97	96	96	94	97
P01H	Patient Survey - Outpatient Tracker Score	#N/A	#N/A	92	84	88	91	96	93	92	94	92	94	93	93	91	93	93	93

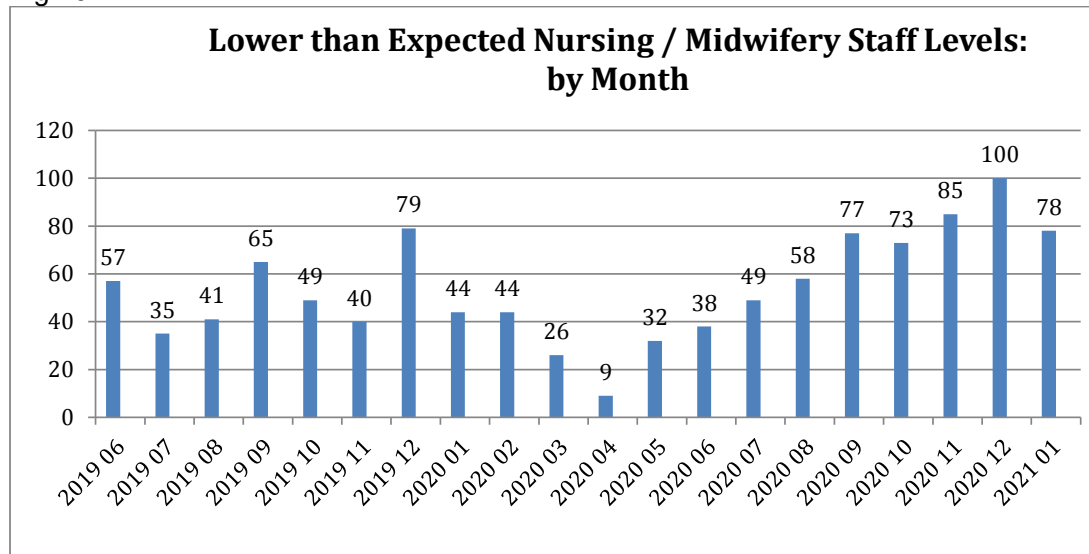
6 Monthly Report. Safe Staffing SD/AL/DD. March 2021 Trust Board

7.1 Staffing Incidents

Nursing and Midwifery

The number, content and any themes arising from incidents related to staffing (fig 10), are reviewed and discussed monthly at the Nursing Controls Group and via the Divisional Performance and Operational Reviews. Fig 10 includes incidents at Weston from April 2020.

Fig 10.



There was a significant decrease in reported incidents during March and April 2020 due to the impact of the Covid 19 pandemic on all areas and functions in the Trust with reduced bed occupancy. There has been a steady rise in reported incidents since May 2020 as services started to return to usual capacity.

In November 2020 the Trust reviewed the staffing levels in line with the increasing demands which the Covid-19 pandemic was exhibiting on services. The increase in reports was due to staff moving to revised Covid staffing numbers as the country experienced the 2nd and 3rd waves of the pandemic and the number of staff absences rose. The staff risk was spread out across the Trust to ensure both staff and patients remained as safe as possible whilst in the hospital.

Where lower than expected staffing forms were submitted, the actual harm was generally assessed as near miss to minor actual harm impact, there were no lower than expected staffing incidents reported with more than minor in this period.

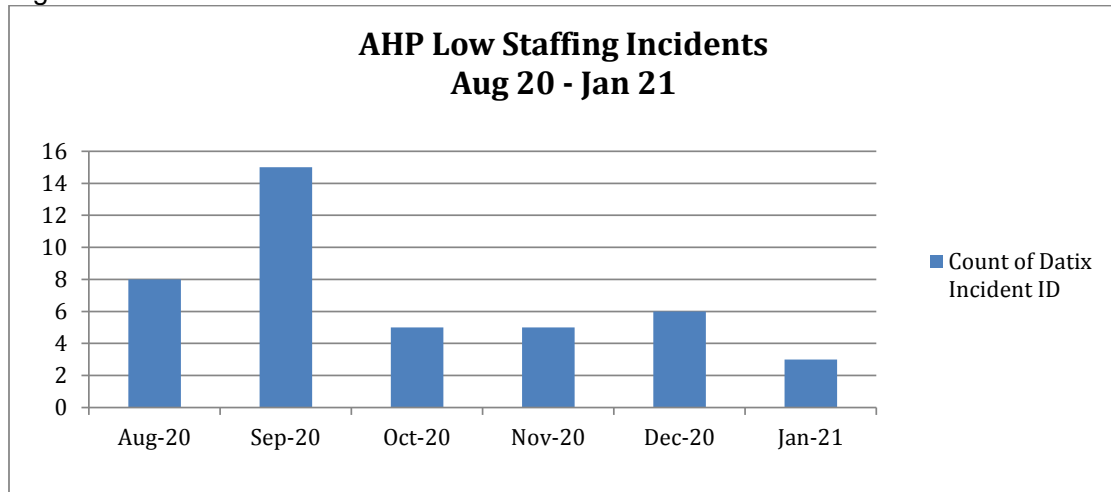
Allied Healthcare Professionals (AHPs)

The number of lower than expected staffing level incidents for AHP's for August 2020 to January 2021 is shown in Fig 11.

Where lower than expected staffing forms were submitted they were assessed as near miss to minor actual harm impact only.

The majority of reported incidents were either reported in error and were reporting reduced Nursing Assistant cover or due to unforeseen service provision reduction due to the pandemic.

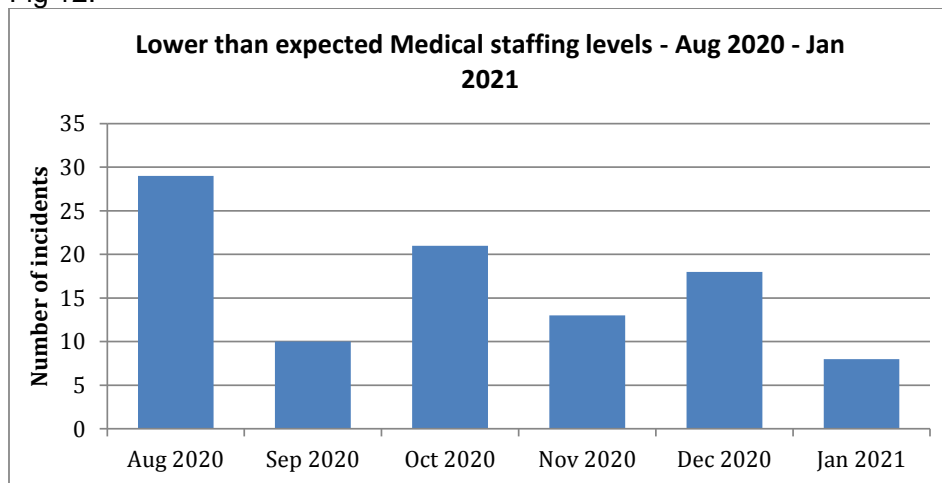
Fig 11.



Medical Staff

There have been a number of occasions where there were lower than expected staffing levels, the volume of which are detailed in fig 12 below. Each incident is reviewed within the relevant Division.

Fig 12.



The incidents were across a variety of different specialties and mainly relate to sickness absence, vacant shifts or rota management.

The number of reported incidents across the period was somewhat higher than during the period of Feb-20 to July-20, largely due to the requirement in the 2nd wave of the

pandemic to adhere to the full safe working requirements of the junior doctor contract as well as maintaining a full scope of service delivery, unlike during the first wave.

Where lower than expected staffing forms are submitted, the actual harm was assessed as near miss to minor actual harm impact only.

8.0 Workforce Planning for the Future

Nursing and Midwifery

8.1 Nursing Associates

Two thousand Nursing Associate roles were introduced in England as a pilot scheme in 2017. The introduction of Nursing Associates aims to bridge the gap between healthcare support workers and registered nurses providing a clear career pathway into the latter role, the role is a registered role with the Nursing and Midwifery Council focussed on supporting Registered Nurses to spend more time using their skills and knowledge to focus on complex clinical duties and leading decisions in the management of patient care.

A business case for 20 Trainee Nursing Associates per year, over 3 years was approved by the Trust Senior Leadership Team in June 2019. The first cohort commenced their training in October 2019 of which 14 remain on the programme. The programme was paused across the Bristol, North Somerset and South Gloucestershire (BNSSG) system during the start of the pandemic but has subsequently recommenced. A cohort of 16 started in March 2021 and an active marketing and recruitment campaign has been developed ready for the next cohort including some work to support the upskilling of current health care support workers so that they are able to fulfil the expected entry criteria of the programme. A BNSSG placement coordinator role has now been successfully appointed to which will support the oversight of necessary placements across the system.

8.2 Nursing Degree Apprenticeships

Health Education England announced additional national funds for organisations able to support a nursing degree apprenticeship. The funding may go some way toward backfill however, the scale of supernumerary demands of the programme still results in significant affordability questions that currently no immediate solution has been identified. A possible BNSSG system wide approach is being explored.

Medical Staff

8.3 Doctors in Training and Locally Employed Doctors (Junior Doctors)

The review of junior doctor exception reporting enables the rotas to be regularly reviewed by the Guardian of Safe Working Hours in conjunction with the relevant clinical lead.

New models of working continue to allow for a risk based integration of Physician Associates and Advanced Practitioner roles to support more sustainable models of working.

8.4 Physician Associates

The Division of Medicine continues to support the recruited Physician Associates (PA). The work-stream is being supported by a medical lead and fellow and feedback indicates that the PAs have felt well supported and inducted into the clinical environments. The medicine division is also reporting a positive impact of the roles. This ambition is now being resumed with the aim to review the opportunity to support from April 2021. An undergraduate placement circuit is planned to be implemented with the aim to secure a future supply route and support overall engagement of our recruited physician associates.

8.5 Apprenticeship pathways

A number of new pathways for longer term career pathways and workforce roles have also been developed as part of the AHP workforce response. Two band 4 assistant practitioner posts to support radiology with Weston College commenced in November 2020. Four Operating Department Practitioner apprenticeships for supporting a longer term theatre workforce commenced in January 2021 along with two diagnostic radiographers. Collectively these will support the development of a broader workforce response for future service and patient care demands.

8.6 Health Care Support Worker (Nursing Assistants)

In November 2020, NHS England funding was received to accelerate Healthcare Support Worker (HCSW) recruitment, and to address the ongoing challenges of Covid-19 and winter pressures. The funding aimed to achieve a position of zero vacancies by end of March 2021 and to support induction, on-boarding of new staff, pastoral support, mentorship and retention.

To date, 121 Nursing Assistants have received offers of employment and 56 have already commenced in the Trust with the expectation that the Trust will therefore have achieved the aim of zero vacancies in this staff group by the end of March 2021. The additional funding will support enhanced development opportunities aligned to retention strategies and the Trust will continue to maintain recruitment to turnover.

8.7 International Recruitment

A business case for a substantial plan for the next 3 years for international recruitment for nursing across the Trust was supported in December 2020. This was supplemented further more recently with NHS England funding and therefore an increase in the first year of recruitment has been instigated. There are 150 international nurses planned to arrive in the Trust over the next 9 months.

The initiative includes funding to support English language training for any staff in an unregistered nursing role, education support and the Objective Structured Clinical Examination preparation. The funding also includes the required pastoral care for the nurses on arrival in the UK and will provide ongoing support during their first few months within the hospital. The management of the international recruitment process is being carefully and closely managed by the Senior HR and Nursing leads.

9.0 Conclusion

Nursing and Midwifery

Reviewing and aligning nursing and midwifery staffing against the care needs of our patients remains a high priority across the Trust. The last 6 months have been an extraordinarily challenging time due to the pandemic with the Trust reconfiguration of beds and staff adjusting to new environments and teams. The Chief Nurse and Divisional Teams have continued to review and monitor both short term and longer term staffing, skill mix and establishments, in line with UHBW principles for initiating a staffing review and the principles of safe staffing in line with speciality specific guidance/recommendations and the 'Developing Workforce Safeguards guidance'.

The Trust has recognised the importance of staff wellbeing and support throughout the pandemic and has invested using Health Education England money to employ a number of Practice educator facilitators to work within each Division.

This paper can assure the Board of Directors that UHBW has had sufficient processes and oversight of its staffing arrangements in place to ensure safe nursing and midwifery staffing levels. However it is acknowledged that the Covid pandemic particularly over the past 3 months has presented significant challenge with regards to ensuring safe staffing across all staff groups.

Allied Healthcare Professionals

With the information available, this paper can assure the Board of Directors that UHBW has had sufficient oversight of its staffing arrangements to ensure safe AHP staffing levels over the last six months. During the 2nd and 3rd waves of the pandemic the AHP teams monitored staffing in line with service requirements and as with other professions it was significantly depleted due to Covid related absence. Staff however adapted rapidly and upskilled to support their inpatient and community therapy colleagues and worked alongside nursing staff at the bedside.

The level of detail and evidence to assure the Trust of safe staffing for AHP's will significantly increase when e-Rostering is fully rolled out to all AHP staff groups.

Medical Staff

The Trust continues to implement medical e-Rostering for the junior doctors. During 2nd and 3rd wave of the pandemic the junior doctors remained on their respective rosters however a twice daily meeting chaired by a senior divisional manager was established to highlight any areas that required junior doctor cover, spare capacity on the day could then be moved around in a similar way to the nursing daily safe staffing meetings. Gaps could also be covered by using a mixture of locum shadow shift to provide resilience to the rosters.

The Senior Leadership Team in August 2020 approved an accelerated e-Rostering rollout to ensure all medics in Bristol are on the HealthRoster system in close partnership with Allocate, the supplier of the medical e-Rostering system. This has commenced and in addition a staffing dashboard is being developed to allow a Trust overview of medical staffing gaps. From reviewing usage of the system, some areas

which have implemented HealthRoster are not fully utilising it, leading to inefficiencies and in some cases confusion between different ways of operating, for example, locum payments. The work which Allocate will undertake in partnership with the e-rostering team will focus on these areas to enhance the benefits of use. The pandemic has highlighted even further the need to have all medics and departments using the system. It will enable full workforce reporting of the medical workforce which is, for particular metrics, very challenging currently.

In Weston, there were a number of Covid rotas set up in a similar way to Bristol for ITU, ED and Surgery and Medicine combined. Registrar rotas remained in place albeit with some changes to their working patterns. The roll out of HealthRoster for all medics in the Weston campus is being reviewed as part of the wider medical e-Rostering exercise to establish the best approach to move forward.

Appendix 1:

University Bristol and Weston NHS Foundation Trust principles for initiating a nurse staffing review (2014)

As a minimum a staffing and skill mix ratio review will be undertaken annually for each clinical area.

OR when there is:

- A significant change in the service e.g. changes of specialty, ward reconfiguration, service transfer.
- A planned significant change in the dependency profile or acuity of patients within a defined clinical area e.g. demonstrated by sustained high acuity/dependency scores or an increased enhanced care requirement.
- A change in profile and number of beds within defined clinical area.
- A change in staffing profile due to long term sickness, maternity leave, other leave or high staff turnover.
- If quality indicators in the key performance indicators a failure to safeguard quality and/or patient safety.
- A Serious Incident (SI) where staffing levels was identified as a significant contributing factor.
- If concerns are raised about staffing levels by patients or staff.
- Evidence from benchmark group that UHBW is an outlier in staffing levels for specific services.

Appendix 2.

Care Hours per Patient Per Day and How it's calculated

CHPPD was developed, tested and adopted by the NHS to provide a single consistent way of recording and reporting deployment of staff on inpatient wards/units. The metric produces a single figure that represents both staffing levels and patient requirements, unlike actual hours alone. The data gives a picture of how staff are deployed and how productively they are used. It is possible to compare a ward's CHPPD figure with that of other wards in the hospital, or with similar wards in other hospitals. If a wide variation between similar wards is found it is possible to drill down and explore this in more detail.

Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. This figure is reported monthly to NHSI.

The care hours per patient day required to deliver safer care can vary in response to local conditions, for example the layout of wards or the dependency and care needs of the patient group it serves. Therefore, higher levels of CHPPD may be completely justifiable and reflect the assessed level of acuity and dependency. Lower levels of CHPPD may also reflect organisational efficiencies or innovative staffing deployment models or patient pathways.

Weighted Activity Unit

Weighted Activity Unit (WAU) is defined as a 'common currency' to describe an amount of clinical activity, with a weighting applied that takes account of case mix and complexity. It is used in the Model hospital, following the work under taken by Lord Carter, as a method of viewing NHS operational productivity and comparing this between Trusts.

A WAU is quantity of any types of clinical activity including inpatients, outpatients, diagnostic testing and others. The national average cost is taken of each clinical activity, and divided by 3,500 to say how many WAUs that clinical activity is 'worth'. The national average cost of a procedure comes from reference costs. One WAU equates to £3,500 'worth' of healthcare services.

Slightly different methodologies are used to calculate all staff cost per WAU (weighted activity unit) metrics at trust level and for individual clinical service lines

.A simple calculation is used for staff cost per WAU metrics at clinical service line level, using data from ESR (the Electronic Staff Record) for costs:

$$\text{Clinical service line pay cost per WAU} = \frac{\text{Pay cost from ESR}}{\text{Number of WAUs for clinical service line}}$$

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	Peer Influenza Vaccination Programme Evaluation
Report Author	Claire Haley, Workplace Wellbeing Lead
Executive Lead	Matt Joint, Director of People

1. Report Summary	
<p>This paper confirms the Trust final vaccination uptake of frontline healthcare workers to be 86.4% against the national CQUIN 2020/21 performance target of 70%-90%. Vaccination uptake of frontline and non-frontline staff combined is 74.4%.</p> <p>This paper also provides the governance required to satisfy that Boards have been engaged and are leading the compliance requirements as set out by The Department of Health and Social Care and Public Health England.</p>	
2. Key points to note (Including decisions taken)	
<p>This paper ensures that the Trust has met all regulatory requirements in relation to the undertaking of a best practice self-assessment for public assurance in December 2020 and end of programme evaluation in March 2021 to include data, successes, challenges and lessons learnt.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
<p>The risks associated with this report include: N/A</p>	
4. Advice and Recommendations (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]

Recommendation Definitions:

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

Peer Influenza Vaccination Programme 2020/2021: Evaluation

1.0 Introduction

This year's flu vaccination programme commenced on 28th September 2020 and concluded on 28th February 2021. To meet regulatory compliance, the Board received a self-assessment and action plan in December 2020, with a further requirement to provide an evaluation in March 2021 to include data, successes, challenges and lessons learnt.

This paper provides the governance required to satisfy that Boards have been engaged and are leading the compliance requirements as set out by The Department of Health and Social Care, Public Health England and NHS England and Improvement.

2.0 Evaluation

Co-ordination of the 2020/21 programme was led by the Trust Workplace Wellbeing Lead, supported by a series of bank workers who undertook manual administration processes including the capturing, recording and submission of uptake data per occupational group via ImmForm and National Immunisation and Vaccination System (NIVS) reporting.

In preparation for the season, the robust self-assessment and action plan in Appendix 1 was developed with key stakeholders to take a multicomponent approach to delivery. This resulted in the Trust achieving its highest vaccination coverage to-date through the provision of 477 trained peer vaccinators who delivered static and remote drop-in clinics to patient-facing colleagues, and planned appointments for non-clinical colleagues, bookable via the Kallidus portal.

2.1 Data

Final PHE (ImmForm) submission of Frontline Healthcare Workers (FHCW): 86.4%

Occupational Group	Total Frontline Healthcare Workers	Frontline Healthcare Workers Vaccinated	Uptake
Doctors	1,575	1,543	98.0%
Qualified Nurses, midwives and health visitors	3,286	3,018	91.8%
All other professionally qualified clinical staff	1,133	1,132	99.9%
Support to Clinical Staff	2,898	1,987	68.6%
Total	8,892	7,680	86.4%

The final uptake of frontline healthcare workers reported to commissioners at the end of the season was 86.4%. This exceeds last years end position of 84%. UHBW achieved the highest uptake of FHCW vaccinations of BNSSG providers and had the greatest headcount.

The Division of Weston achieved the highest number of FHCW vaccinations. Estates and Facilities Division experienced the lowest vaccination up-take despite steps taken throughout the season to increase uptake access within this particular group.

Final uptake inclusive of frontline and non-frontline staff, students, volunteers and hosted colleagues, per Division: 74.4%

Division	Total Staff	Total Vaccines	% Staff Vaccinated
Women's and Children's	2,493	2,119	85%
Diagnostics and Therapies	1,324	984	74%
Medicine	1,694	1,238	73%
Weston	1,280	1,233	96%
Specialised Services	1,371	1,069	78%
Surgery	2,187	1,531	70%
Trust Services	1,196	809	68%
Estates and Facilities	1,133	451	40%
Total	12,678	9,434	74.4%

National Immunisation and Vaccination System (NIVS)

NIVS is a centralised data collection tool, designed to support the capture of data from the NHS flu immunisation programme and the subsequent flow of information nationally. The requirement to upload to NIVS was received at week 6 of the programme with the necessity to submit additional data than that required for ImmForm including demographic data, vaccination type, manufacturer, batch number and expiry date. This additional request resulted in flu administrators having to re-submit data from over 3,000 paper consent forms to update the central record (spreadsheet).

Declination data 2020/21: 351 respondents Trust wide

To assist Public Health England and the CCG plan next season's flu vaccination programme, an anonymous online survey was conducted via Newsbeat to capture reasons why colleagues have chosen not to receive this year's flu vaccination, as illustrated below.

Key reasons for flu vaccination declination	
I don't like needles	7.4%
I don't think I need the vaccine to protect me from flu	22.2%
I don't believe the evidence that being vaccinated is beneficial	9.4%
I'm concerned about the possible side effects	20.2%
I don't know how or where to get vaccinated	1%
It was too inconvenient to get to a place where I could get the vaccination	8.8%
The times when the vaccination is available are not convenient	2.3%
I am waiting for the COVID-19 vaccination and know I have to wait for seven days after the flu vaccine	2.6%
I don't want to risk delaying the COVID vaccine	1.9%
I only want to have one vaccine and want the COVID-19 one rather than flu	24.2%

2.2 Success

This year, each Division nominated a Flu Lead/s to oversee local delivery and to review progress of the strategic plan via fortnightly Flu Implementation Group meetings. High level engagement with this group and other programme contributors was considered to be a key success factor last year and so this was highlighted as a priority again for this season and helped to ease integration of Weston and Bristol practices.

In addition this year, the implementation group benefited from the input and leadership of the Deputy Chief Nurse who encouraged last year's vaccinators to refresh their skills. 477 flu vaccinators completed training this year - more than double the previous season.

Regular internal communications and progress updates were issued to contributors by the wellbeing team via the 'Flusbeat' email. A dedicated intranet page and section in Newsbeat was also maintained to ensure vaccination was offered to 100% of colleagues with information to help them to make an informed decision to receive flu vaccination.

As in previous years, Medirest offered a free hot drink to all vaccinated staff, redeemable at their onsite Bristol COSTA outlets. The Trust also funded an equivalent offer at Rrafters, Weston. This incentive remains very popular and was available to colleagues who informed the Wellbeing team of a vaccination received outside of the organisation e.g. GP/Pharmacy.

2.3 Challenges

Discussions about where the strategic leadership of the programme should sit meant there was little time to devise and roll-out an electronic consent form to replace the existing paper based system. Whilst using a paper form is advantageous for vaccinators with limited access to an internet device, this outdated format requires an administrator to manually input data from each consent form. There is also risk of misplacement, loss or delay in returning completed forms for processing.

Due to the pandemic, social distancing, lock down restrictions and safety concerns, a staggered approach was introduced to vaccine administration - targeting frontline staff only until December via ward vaccinators and static clinics within department. Following this, clinics were available for all colleagues, supported by Pharmacy, Occupational Health and the Manual Handling team including a dedicated clinic held within Estates and Facilities.

2.4 Lessons learnt

The suitability and appropriateness for this mass clinical vaccination programme being led by a small OD function (non-clinical wellbeing team) should be considered for future delivery. Limited resourcing experienced throughout the season resulted in the delay to other corporate wellbeing initiatives that are crucial during a pandemic. If repeated again next year, it could result in a single point of failure of having one person relied upon to lead.

3.0 Next Steps

The Board of Directors are asked to note current compliance against the regulatory requirements by receiving an evaluation of the flu programme 2020/21.

Seasonal Influenza Programme: Implementation Plan 2020-2021

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

A	Committed leadership	Trust Self-Assessment	Additional Actions	Lead	Timeline	RAG
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Ambition to be recorded at Trust Board in November 2020	Identify 'higher risk environments' with Chief Nurse/HoN colleagues	Chief Nurse team	Aug 20	
			Create a league table to demonstrate uptake within 'higher risk environments'	Wellbeing	Oct 20 – Feb 21	
			Board assurance paper for inclusion at 27 th November board meeting	Wellbeing	Nov 20	
			Data from consent form to be logged daily	Wellbeing	Oct 20 – Feb 21	
			Declination process to be implemented by Divisional service leads throughout season	Wellbeing		
			Uptake logged daily /weekly to NIVs & CCG	Wellbeing		
			Attendance at CCG System Flu Group			
			Uptake logged monthly to CQUIN group	Wellbeing		N/A
			Uptake logged monthly to Immform	Wellbeing Och		
			Uptake logged quarterly to People Com'	Wellbeing		

			& SLT			
			Partake in SW PHE telecoms and visit campaign resource centre for updates	Wellbeing OCH		
			Evaluation paper for inclusion at 31 st March board meeting	Wellbeing	March 2021	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Ordered 9,000 + 200 doses (Bristol) & 2,150 (Weston) <u>Bristol</u> 1: 2,250 delivered 15/09/20 2: 1,800 delivered 24/09/20 3: 2,250 delivered 29/09/20 4: 2,700 w/e 02/11/20 <u>Weston</u> 1: 540 w/e delivered 18/09/20 2: 430 w/e delivered 25/09/20 3: 540 w/e delivered 02/10/20 4: 640 w/e 02/11/20	Continue to liaise with supplier to confirm dates as planned and to respond to any pending delays, etc.	Pharmacy	Feb 2020 – Oct 2021	
			Dispatch vaccines and packs to vaccinators clinical areas and COVID testing stations (as required) as per agreed process per site	Pharmacy	Sept 20 – Feb 21	
			Occ Health: additional 200 doses of Flucelvax Tetra - suspension for injection in pre-filled syringe ordered- subject to revised PGD (delivered 01/10/20). Suitable for vegans and extreme egg allergy			
A3	Board receive an evaluation of the flu programme 2019/20, including data, success, challenges and lessons learnt	Report submitted following successful flu programme: 84.7%	Evaluation for the 2020-21 to be provided to the Board as stated in A1	Wellbeing	March 2020	
A4	Agree on a board champion for flu campaign	Matt Joint Director of People	Support provided by strategic lead: Workplace Wellbeing Lead	Director of People	Aug 20 – Feb 21	

A5	All board members receive flu vaccination and publicise this	Comm's publicise images of Board vaccinations in internal & external media	Dedicated flu comm's plan to reflect inclusive mix of board and non-board level engagement /promotional activity	Comms	Oct – Nov 2020	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu Implementation team in place to comprise core stakeholders from multi-disciplinary backgrounds	Strategy, Accountability, Implementation Plan to be agreed and executed by stakeholders	Flu Group	July 20– March 21	
			Access to dedicated workspace available to all stakeholders to access information	Wellbeing	Aug 2020	
A7	Flu team to meet regularly from Sept 2020	See A6 – formed July 2020	See A6. Fortnightly meetings planned July	Wellbeing	July – Feb	
			Acquire absence data for S13 cold, cough, flu via HRIS and NHS Digital	HRIS	Sept 20 – Feb 21	

B	Communication Plan	Trust Self-Assessment	Additional Actions	Lead	Timeline	RAG
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Myth busing activities feature within comm's plan which takes a whole system approach with partners from the local health economy (BNSSG) Inclusive use of local broadcast media and social media to depict high-profile organisational leaders and staff representatives	Explore use of flu wallpaper (both sites)	Comms	Aug 20	
			Utilise PHE resources/materials available via flu campaign centre	Comms	Aug 20 – Feb 21	
			Agree design and distribution of PHE promotional materials in all team locations	Flu Group	Aug 20	Not used
			Produce and communicate videos of staff promoting flu vaccine (PHE/Trust)	Comms	Sept 20	

			Attach message to paper and e-Payslips	Wellbeing	Oct 20	
B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Vaccination clinic calendar published on intranet	Explore options for hard copy calendar	Comms Wellbeing	Sept 20	
			Create hyperlink (QR) to view calendar on any internet device Inc. vaccinator contact			
B3	Board and senior managers having their vaccinations to be publicised	See A6. Photo of board having flu vaccination	Selfie frame to commissioned in PHE campaign format as option for promotion	Comms	Oct 20	Not used
B4	Flu vaccination programme and access to vaccination on induction programmes	Vaccinations to be available onsite following fortnightly clinical induction (tbc -subject to vaccinator availability)	Identify dates and times of inductions	Wellbeing	Aug 20	
			Calculate No of vaccines required to ensure adequate stock and resource packs in fridge	Pharmacy	Sept 20	
B5	Programme to be publicised on screensavers posters and social media	See B1	Included in communications plan. IT to confirm options available	Comms	Aug 20	
B6	Weekly feedback on percentage uptake for directorates, teams and prof' groups	See A5	Provide uptake and declination figures to Exec Sponsor and strategic lead	Wellbeing	Oct 20 – Feb 21	

C	Flexible Accessibility	Trust Self-Assessment	Additional Actions	Lead	Timeline	RAG
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	180 previous peer vaccinators encouraged to refresh training as agreed with service lead, to deliver planned and impromptu vaccines as required on "shop floor". Departmental leads responsible for driving vaccine uptake in their areas/Division	Create PGD and update(and publicise) eLearning as appropriate – on Kalidus & ESR National Flu Programme Training Slide set	Pharmacy Deputy Chief Nurse OcH	Aug 20	
			Undertake recruitment exercise to increase peer vaccinator list (400 trained vaccinators as at 10/11/20. Training available until mid-February	Wellbeing Divisional Flu Leads	Aug 20	
			Seek support of wellbeing advocates and Trust Volunteers to promote vaccinator role and awareness of clinic offer	Wellbeing	Sept 20	
			Maintain engagement with vaccinators to provide feedback, successes and to drive motivation to achieve targets %	Wellbeing	Sept 20 – Feb 21	
			Acknowledge vaccinators and managers via Newsbeat and individual thank you's	Comms Wellbeing		
C2	Schedule for easy access drop in clinics agreed	See B2	Develop and publicise support available to colleagues with needle phobia within Occupational Health as per comm's plan	OcH Comms	Sept 20 – Feb 21	
C3	Schedule for 24 hour mobile vaccinations to be agreed	See B2	Availability and register of "roaming" vaccinators to be formed – to visit clinical areas as required/opportunisticly	Wellbeing	Sept 20 - Feb 21	

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

RAG Key:

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

Updated: 08/03/21

References

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

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	Finance Directors Report
Report Author	<i>Neil Kemsley / Jeremy Spearing / Kate Parraman / Dean Bodill</i>
Executive Lead	<i>Neil Kemsley, Director of Finance & Information</i>

1. Report Summary	
The purpose of this report is to inform the Finance & Digital Committee of the financial position of the Trust for the period 1 st April 2020 to 28 th February 2021 and the forecast year-end position.	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The Trust's year to date net income and expenditure performance, excluding technical items, is a net surplus of £0.066m compared with a surplus of £0.103m last month.</p> <p>In line with last month, the Trust has again notified NHSEI of a year-end break-even net income and expenditure position compared with the planned deficit of £13.5m.</p> <p>It should also be noted that the break-even forecast position includes the part resolution of the NHSEI presumption that providers can restore non-block or other operating income to pre-Covid-19 pandemic levels. There is potential for a material improvement in the forecast I&E position beyond break-even and this is pending further discussions with NHSEI and BNSSG CCG.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
As reported in November.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
This report is for INFORMATION .	
5. History of the paper Please include details of where paper has previously been received.	
<i>[Name of Committee/Group/Board]</i>	<i>[Insert Date paper was received]</i>
Not applicable.	

Report of the Finance Director

Section 1 – Executive Summary

Performance to NHSEI Plan	Plan to date Month 11 £m	Actual to date Month 11 £m	Variance to date favourable/ (adverse) £m
Income from patient care activities	716.079	717.725	1.646
Other operating income	108.588	123.050	14.462
Employee expenses	(510.005)	(509.053)	0.952
Other operating expenses	(287.581)	(297.651)	(10.070)
Depreciation (owned & leased)	(23.006)	(22.432)	0.574
PDC	(10.778)	(10.776)	0.002
Interest Payable	(2.170)	(2.105)	0.065
Interest Receivable	0.001	0.001	0.000
Net Surplus/(deficit) inc technicals	(8.872)	(1.241)	7.631
Remove depreciation (donated)	1.731	1.734	0.003
Remove donated Income	(0.271)	(0.427)	(0.156)
Net Surplus/(deficit) exc technicals	(7.412)	0.066	7.478

The Trust's year to date net income and expenditure position including technical items is a net deficit of £1.241m compared with a planned net deficit of £8.872m, a favourable position against plan of £7.631m.

The Trust's year to date net income and expenditure position excluding technical items i.e. the NHSEI reported financial performance position, is a net surplus of £0.066m (£0.103m net surplus last month), a favourable position against plan of £7.478m.

Excluding the impact of the pass-through high cost drugs and devices, the favourable position against plan is primarily driven by additional operating income and lower than planned expenditure set aside to date for elective activity recovery plans and lower than planned expenditure to date for additional Winter operating costs.

Income from patient care activities is £1.646m favourable to plan. This position includes a reduction in income of £7.536m in February primarily relating to slippage on the delivery of elective activity recovery. This position is offset by additional variable income from NHS England Specialised Commissioning for variable high cost and low volume pass-through drugs and devices. This additional income, from outside of the BNSSG STP system financial envelope, totals £20.915m and is £8.739m favourable to plan.

Other operating income is £14.462m favourable to plan compared with £6.193m favourable last month. In February, the Trust received additional income of £7.738m from NHSEI as payment towards the Trust's planned shortfall in non-block income. The balance of the favourable variance is primarily due to additional education and training income of £2.129m; higher than planned income for services provided to other NHS bodies such as staff recharges of £1.431m; and other income of £2.140m, mainly Clinical Excellence Awards (CEAs).

Employee expenses are £0.952m favourable to plan. This is primarily due to lower than planned additional pay costs linked to slippage in elective activity recovery plans.

Other operating expenditure is £10.070m adverse to plan primarily due to higher than planned non-pay costs such as clinical supplies of £1.242m and drugs of £6.229m. The position is mainly due to pass-through drugs and devices and is mainly offset by the additional income due from NHS England Specialised Commissioning.

To date the Trust has incurred £30.050m of additional costs and lost income relating to the Covid-19 pandemic. £2.274m was incurred in February compared with £2.132m January.

Section 1 – Executive Summary continued

The Trust has again notified NHSEI of a year-end break-even net income and expenditure position compared with the planned deficit of £13.5m. The year-end forecast position of break-even takes into consideration the following estimates of actual income and expenditure compared with the assumptions applied in the plan for the second half of the financial year:

- c£6.0m underspend on elective activity recovery versus the £13.7m planned;
- c£2.3m underspend on Winter operating expenditure versus the £5.9m planned;
- c£2.0m benefit from additional other operating income;
- c£1.5m benefit on PDC dividend as a result of forecast capital slippage; and
- c£1.0m underspend on Covid expenditure versus the £13.3m planned.

It should also be noted that the break-even forecast position includes the part resolution of the NHSEI presumption that providers can restore other operating income to pre-Covid-19 pandemic levels. The potential for a material improvement in the forecast I&E position beyond break-even is pending further discussions with NHSEI and BNSSG CCG.

Section 1 – Executive Summary continued

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

Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(7)	(3,444)	(824)	(992)	(1,068)	(1,671)	0	(240)	(194)	(8,440)
Medical & Dental Pay	(7)	(1,008)	(285)	(1,364)	(481)	(817)	0	(165)	(24)	(4,151)
Other Pay	(553)	(128)	(139)	(130)	(258)	(58)	(305)	(407)	(10)	(1,988)
Non Pay	(571)	(3,095)	(325)	(1,378)	(1,284)	(209)	(1,414)	(4,401)	(3)	(12,679)
Income from Activities	0	0	0	0	0	0	0	0	(15)	(15)
Income from Operations	(39)	0	(201)	0	(798)	(260)	(1,318)	(175)	13	(2,777)
Total	(1,177)	(7,675)	(1,773)	(3,864)	(3,889)	(3,015)	(3,036)	(5,388)	(233)	(30,050)

The NHSEI PFR reports additional expenditure of £27.450m. This is higher than the expenditure in the table above as it requires the Nightingale costs to be reported in full rather than the marginal actual cost. The PFR excludes lost income due to Covid-19. The analysis of this expenditure is as follows:

	Q1 £m	Q2 £m	Q3 £m	M10 £m	M11 £m	Total £m
Staff related costs*	4.396	3.485	2.656	0.434	1.112	12.083
National procurement	1.191	0.149	0.014	(1.105)	0.002	0.251
Increased ITU capacity (inc staff)	1.057	0.625	0.629	0.399	0.235	2.945
Testing	0.657	0.864	1.172	0.500	0.393	3.586
Release of bed capacity	0.436	0.592	0.583	0.190	0.158	1.959
Nightingale costs (inc staff)	0.530	0.119	0.002	0.002	0.002	0.655
Other	1.328	1.513	1.046	1.712	0.372	5.971
Total	9.595	7.347	6.102	2.132	2.274	27.450

*Excludes ITU or Nightingale Staff

Expenditure incurred on Covid-19 shows a marginal increase of £0.142m in February compared with January. However, staff related costs increased by £0.678m in February by offset reductions in all other headings.

The expenditure to date on staff includes £6.672m for additional shifts worked by existing staff, £2.762m for workforce expansion and £2.649m for sickness backfill.

Testing costs have increased in recent months compared with quarter 1 and quarter 2 as additional testing is now being undertaken in response to changes in national policy and increased testing capacity.

Other significant costs include: decontamination (£0.518m); isolation pods (£0.194m); remote working support (£1.341m); enhanced patient travel services (£0.645m); pathway segregation (£0.790m); PPE (£1.461m) and vaccination programme (£0.251m).

Section 2 – Division and Corporate Services Performance

The focus of financial performance is on income and expenditure run rate. Divisional budgets for the second half of the financial year have been reset in line with the Trust's month 7-12 financial plan. Divisional financial performance is summarised in the tables and commentary below. The costs associated with Covid-19 have been removed from both the current and previous months report.

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Diagnostics & Therapies								
Pay - Nursing & Midwifery	(95)	(89)	(288)	(294)	(306)	(107)	(105)	(1,100)
Pay - Medical & Dental	(680)	(674)	(2,065)	(2,155)	(2,214)	(839)	(724)	(7,998)
Pay - Other	(3,119)	(3,146)	(10,839)	(10,868)	(11,165)	(3,689)	(3,787)	(40,348)
Pay Subtotal	(3,894)	(3,909)	(13,193)	(13,318)	(13,685)	(4,635)	(4,616)	(49,446)
Non Pay - Blood	29	33	39	72	69	16	25	220
Non Pay - Drugs	(543)	(627)	(1,685)	(1,779)	(1,537)	(783)	(486)	(6,272)
Non Pay - Clinical Supplies & Services	(685)	(731)	(1,816)	(2,149)	(2,655)	(641)	(808)	(8,070)
Non Pay - Other	(520)	(539)	(1,522)	(1,512)	(1,448)	(402)	(504)	(5,388)
Non Pay Subtotal	(1,719)	(1,864)	(4,986)	(5,368)	(5,573)	(1,810)	(1,773)	(19,510)
Income from Activities	44	157	6	8	(20)	4	32	30
Income from Operations	497	541	1,050	1,186	1,111	368	295	4,017
Total	(5,072)	(5,075)	(17,122)	(17,490)	(18,168)	(6,073)	(6,062)	(64,910)

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Medicine								
Pay - Nursing & Midwifery	(2,910)	(3,122)	(8,866)	(8,845)	(8,618)	(2,873)	(3,093)	(32,296)
Pay - Medical & Dental	(1,843)	(1,964)	(5,801)	(6,046)	(6,287)	(2,456)	(2,351)	(22,941)
Pay - Other	(648)	(672)	(2,030)	(2,106)	(2,143)	(740)	(751)	(7,771)
Pay Subtotal	(5,401)	(5,758)	(16,697)	(16,998)	(17,048)	(6,069)	(6,195)	(63,009)
Non Pay - Blood	(36)	(41)	(118)	(114)	(102)	(37)	(40)	(410)
Non Pay - Drugs	(1,526)	(2,005)	(5,790)	(5,241)	(8,005)	(2,419)	(2,474)	(23,929)
Non Pay - Clinical Supplies & Services	(463)	(601)	(776)	(923)	(1,001)	(333)	(387)	(3,420)
Non Pay - Other	(645)	(723)	(1,672)	(1,902)	(1,821)	(601)	(549)	(6,544)
Non Pay Subtotal	(2,670)	(3,370)	(8,354)	(8,180)	(10,928)	(3,390)	(3,451)	(34,302)
Income from Activities	213	710	11	2	2,906	660	957	4,536
Income from Operations	209	302	656	537	380	167	175	1,916
Total	(7,649)	(8,116)	(24,383)	(24,639)	(24,691)	(8,632)	(8,514)	(90,860)

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Specialised								
Pay - Nursing & Midwifery	(1,906)	(1,968)	(5,558)	(5,944)	(5,977)	(1,982)	(2,076)	(21,538)
Pay - Medical & Dental	(1,763)	(1,863)	(5,073)	(5,468)	(5,383)	(2,098)	(1,787)	(19,810)
Pay - Other	(1,043)	(1,068)	(3,175)	(3,247)	(3,282)	(1,089)	(1,042)	(11,836)
Pay Subtotal	(4,712)	(4,899)	(13,806)	(14,660)	(14,642)	(5,169)	(4,906)	(53,184)
Non Pay - Blood	(650)	(587)	(1,629)	(1,817)	(1,809)	(643)	(595)	(6,492)
Non Pay - Drugs	(3,221)	(3,617)	(9,813)	(10,936)	(10,783)	(3,872)	(3,743)	(39,147)
Non Pay - Clinical Supplies & Services	(1,523)	(1,802)	(2,824)	(5,358)	(6,625)	(1,850)	(1,565)	(18,221)
Non Pay - Other	(698)	(683)	(1,596)	(1,588)	(2,221)	(813)	(659)	(6,876)
Non Pay Subtotal	(6,092)	(6,689)	(15,861)	(19,699)	(21,436)	(7,178)	(6,562)	(70,736)
Income from Activities	433	1,095	303	(56)	1,227	411	(59)	1,827
Income from Operations	387	391	569	844	769	222	157	2,560
Total	(9,984)	(10,102)	(28,795)	(33,572)	(34,082)	(11,714)	(11,370)	(119,532)

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Surgery								
Pay - Nursing & Midwifery	(2,546)	(2,671)	(7,241)	(7,677)	(7,886)	(2,754)	(2,804)	(28,361)
Pay - Medical & Dental	(3,437)	(3,598)	(10,282)	(10,750)	(10,972)	(4,340)	(3,879)	(40,223)
Pay - Other	(1,697)	(1,691)	(5,157)	(5,185)	(5,213)	(1,747)	(1,763)	(19,065)
Pay Subtotal	(7,679)	(7,961)	(22,680)	(23,612)	(24,070)	(8,841)	(8,446)	(87,649)
Non Pay - Blood	(93)	(98)	(267)	(286)	(290)	(92)	(114)	(1,050)
Non Pay - Drugs	(1,295)	(1,238)	(2,437)	(3,005)	(3,159)	(1,084)	(991)	(10,676)
Non Pay - Clinical Supplies & Services	(1,178)	(1,363)	(2,331)	(2,916)	(3,436)	(905)	(939)	(10,527)
Non Pay - Other	(544)	(615)	(1,398)	(1,380)	(1,536)	(447)	(567)	(5,326)
Non Pay Subtotal	(3,110)	(3,314)	(6,434)	(7,587)	(8,422)	(2,528)	(2,610)	(27,578)
Income from Activities	(174)	(44)	33	12	30	6	10	91
Income from Operations	311	296	631	697	670	202	180	2,380
Total	(10,652)	(11,023)	(28,450)	(30,490)	(31,790)	(11,161)	(10,867)	(112,756)

Section 2 – Division and Corporate Services Performance continued

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Weston								
Pay - Nursing & Midwifery	(2,807)	(2,849)	(6,808)	(7,343)	(7,408)	(2,377)	(2,471)	(26,406)
Pay - Medical & Dental	(2,278)	(2,384)	(5,816)	(5,956)	(6,482)	(2,267)	(2,057)	(22,579)
Pay - Other	(1,285)	(1,303)	(2,599)	(2,326)	(2,296)	(796)	(821)	(8,838)
Pay Subtotal	(6,370)	(6,536)	(15,223)	(15,624)	(16,186)	(5,440)	(5,349)	(57,822)
Non Pay - Blood	(51)	(51)	(136)	(119)	(137)	(63)	(35)	(490)
Non Pay - Drugs	(743)	(721)	(1,774)	(1,822)	(2,182)	(648)	(655)	(7,081)
Non Pay - Clinical Supplies & Services	(575)	(554)	(702)	(889)	(1,144)	(287)	(245)	(3,267)
Non Pay - Other	(528)	(607)	(793)	(182)	(308)	(60)	(129)	(1,472)
Non Pay Subtotal	(1,897)	(1,933)	(3,406)	(3,011)	(3,770)	(1,059)	(1,064)	(12,310)
Income from Activities	30	25	0	1	(208)	(137)	(104)	(448)
Income from Operations	280	300	220	640	529	166	108	1,657
Total	(7,957)	(8,144)	(18,409)	(17,994)	(19,635)	(6,471)	(6,408)	(68,924)

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Women's and Children's								
Pay - Nursing & Midwifery	(4,554)	(4,660)	(13,668)	(13,722)	(14,309)	(4,739)	(4,958)	(51,396)
Pay - Medical & Dental	(3,729)	(3,966)	(11,277)	(11,505)	(11,986)	(4,523)	(4,211)	(43,501)
Pay - Other	(1,329)	(1,364)	(4,255)	(4,236)	(4,278)	(1,446)	(1,511)	(15,726)
Pay Subtotal	(9,612)	(9,990)	(29,199)	(29,463)	(30,573)	(10,709)	(10,680)	(110,623)
Non Pay - Blood	(179)	(198)	(553)	(563)	(573)	(161)	(187)	(2,040)
Non Pay - Drugs	(1,169)	(1,545)	(4,590)	(4,312)	(5,253)	(1,902)	(1,867)	(17,925)
Non Pay - Clinical Supplies & Services	(1,063)	(1,139)	(1,880)	(2,573)	(3,373)	(884)	(819)	(9,528)
Non Pay - Other	(723)	(814)	(1,970)	(2,014)	(2,254)	(714)	(909)	(7,861)
Non Pay Subtotal	(3,134)	(3,696)	(8,994)	(9,462)	(11,452)	(3,660)	(3,783)	(37,354)
Income from Activities	180	400	30	221	948	356	517	2,073
Income from Operations	573	626	1,317	1,091	1,146	345	409	4,308
Total	(11,993)	(12,660)	(36,846)	(37,613)	(39,931)	(13,667)	(13,537)	(141,596)

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Estates and Facilities								
Pay - Nursing & Midwifery	0	0	(0)	(0)	(3)	(1)	(1)	(5)
Pay - Medical & Dental	0	0	0	0	0	0	0	0
Pay - Other	(2,249)	(2,226)	(6,945)	(6,969)	(7,064)	(2,453)	(2,546)	(25,977)
Pay Subtotal	(2,249)	(2,226)	(6,945)	(6,969)	(7,066)	(2,454)	(2,547)	(25,983)
Non Pay - Blood	0	0	0	(2)	0	0	(0)	(2)
Non Pay - Drugs	0	0	(1)	(2)	(1)	0	(0)	(3)
Non Pay - Clinical Supplies & Services	(32)	(41)	(126)	(64)	(49)	(19)	(30)	(288)
Non Pay - Other	(2,276)	(2,569)	(6,243)	(6,526)	(6,202)	(1,876)	(2,060)	(22,907)
Non Pay Subtotal	(2,308)	(2,609)	(6,369)	(6,594)	(6,253)	(1,895)	(2,091)	(23,200)
Income from Activities	7	4	0	0	0	0	0	0
Income from Operations	443	423	639	1,756	1,164	326	374	4,259
Total	(4,107)	(4,409)	(12,675)	(11,807)	(12,155)	(4,022)	(4,264)	(44,924)

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Trust Services								
Pay - Nursing & Midwifery	(368)	(360)	(1,118)	(1,092)	(1,064)	(406)	(403)	(4,082)
Pay - Medical & Dental	(175)	(205)	(641)	(523)	(627)	(199)	(219)	(2,207)
Pay - Other	(2,776)	(2,896)	(8,414)	(8,445)	(8,617)	(2,930)	(3,065)	(31,471)
Pay Subtotal	(3,319)	(3,460)	(10,172)	(10,058)	(10,308)	(3,534)	(3,687)	(37,760)
Non Pay - Blood	(2)	0	0	0	0	0	0	0
Non Pay - Drugs	(15)	(15)	(21)	(67)	(47)	(4)	(1)	(140)
Non Pay - Clinical Supplies & Services	(15)	(20)	(37)	(56)	69	(2)	(3)	(30)
Non Pay - Other	(1,174)	(1,337)	(3,029)	(1,955)	(2,913)	(1,851)	(1,474)	(11,223)
Non Pay Subtotal	(1,205)	(1,372)	(3,087)	(2,078)	(2,893)	(1,857)	(1,478)	(11,393)
Income from Activities	0	0	0	0	0	0	0	0
Income from Operations	757	1,073	1,373	1,150	1,515	393	624	5,054
Total	(3,768)	(3,760)	(11,886)	(10,987)	(11,685)	(4,998)	(4,541)	(44,098)

Section 2 – Division and Corporate Services Performance continued

	1920 Monthly Average £'000	1920 Q4 Average £'000	20/21 Actuals Q1 (Excl. Covid) £'000	20/21 Actuals Q2 (Excl. Covid) £'000	20/21 Actuals Q3 (Excl. Covid) £'000	20/21 Actuals M10 (Excl. Covid) £'000	20/21 Actuals M11 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Research & Innovation								
Pay - Nursing & Midwifery			(182)	(176)	(238)	(6)	(85)	(687)
Pay - Medical & Dental			(143)	(151)	(213)	(28)	(52)	(588)
Pay - Other			(710)	(746)	(766)	(304)	(279)	(2,805)
Pay Subtotal	0	0	(1,036)	(1,073)	(1,219)	(338)	(416)	(4,081)
Non Pay - Blood			0	0	0	0	0	0
Non Pay - Drugs			0	0	0	0	0	0
Non Pay - Clinical Supplies & Services			(6)	(1)	(7)	3	(2)	(15)
Non Pay - Other			(3,536)	(4,409)	(3,384)	(1,488)	(1,530)	(14,348)
Non Pay Subtotal	0	0	(3,543)	(4,410)	(3,392)	(1,485)	(1,533)	(14,362)
Income from Activities			0	0	0	0	0	0
Income from Operations			5,843	6,457	5,783	2,192	2,327	22,602
Total	0	0	1,265	975	1,173	369	378	4,159

Section 2 – Division and Corporate Services Performance continued

The following narrative excludes any impact relating to Covid-19.

Diagnostic and Therapies

Run rate

The overall run rate for month 11 is £0.009m lower than month 10 and is now £0.987m higher than quarter 04 2019/20.

The pay run rate decreased this month by £0.019m, following a gradual increase throughout the year with month 11 being £0.200m higher than the average for the first half of the year. The run rate for other clinical staff has remained consistent all year and is higher than 2019/20 due to vacant posts being filled.

The non-pay run rate decreased this month by £0.037m including an increase on clinical supplies of £0.167m and a decrease on drugs £0.297m. Overall, the month 11 run rate is now broadly consistent with the run rate for quarter 04 2019/20.

The month 11 income run rate is £0.045m lower than month 10 and remains lower than the run rate in 2019/20 partly due to lower than expected research income and the loss of recharge income from Weston.

Variance to budget

The division reports an adverse variance to budget of £0.646m.

Non-pay reports an adverse variance of £0.179m with adverse variances on drugs of £0.614m (predominately high tech home care) and clinical supplies of £0.642m offset by a favourable variance on other non-pay of £1.077m. A significant element of the clinical supplies adverse variance relates to MEMO recharges which is offset within the favourable variance on other expenditure.

Pay reports an adverse variance of £0.271m due to seasonal recruitment into vacancies.

Income reports an adverse variance of £0.196m due to lower than planned private patient income, research income and pathology referrals.

Medicine

Run rate

The overall run rate in month 11 is £0.118m lower than month 10 and is now £0.398m higher average the run rate for quarter 04 2019/20.

The pay expenditure run rate showed an increase this month of £0.126m. The nursing run rate increased by £0.220m compared with month 10 and is now broadly consistent with the run rate for 2019/20. The medical staff run rate decreased this month by £0.105m as month 10 included backdated CEA payments but remains higher than 2019/20 mainly due to the medical staff pay ward, CEA payments and additional rotas as a result of Covid.

The non-pay expenditure run rate increased this month by £0.061m and is now broadly consistent with quarter 04 in 2019/20. The drug expenditure run rate is considerably higher than 2019/20 due to higher expenditure on pass-through cystic fibrosis drugs. The clinical supplies run rate is, however, lower than quarter 04 2019/20. The non-pay run rate can however vary each month due to changes in drug pass-through activity.

The run rate on income is higher than month 10 by £0.305m but this can vary between months due to the nature and variability of pass-through drugs.

Variance to budget

The division reports a favourable variance of £0.057m this month with a favourable variance of £0.461m on pay, mainly nursing of £0.652m, caused by higher staff turnover compared with a higher rate of spend in month 05, the month used to set the budget for the second half of the year.

The favourable pay variance is offset by an adverse variance on non-pay of £0.259m including a favourable variance on drugs of £0.336m (pass through drugs costs can vary significantly between months) and an adverse variance on income of £0.145m.

Section 2 – Division and Corporate Services Performance continued

Specialised Services

Run rate

The overall run rate decreased by £0.344m in month 11 and is now £1.386m higher than the average for 2019/20 and £1.268m higher than quarter 04 2019/20.

The pay run rate at month 11 is £0.263m lower than month 10 due to CEA payments being paid in month 10. The pay run rate is now in line with the average run rate for quarter 04 last year.

The non-pay run rate this month is £0.616m lower than month 10. The run rate is subject to much variability due to changes in pass through activity. The cost of clinical supplies in month 11 is £0.285m lower than month 10 due to a reduction in the use of high cost devices in month 11. The drug expenditure run rate decreased by £0.129m this month and can be variable due to changes in pass through activity.

Variance to budget

The division reports an adverse variance to month 11 of £0.068m. However there is much variability between subjective headings.

Income reports a favourable variance of £1.108m mainly due to higher than planned research and training income than was in the month 05 run rate, the month used for setting the budget in the second half of the year.

Pay reports a favourable variance of £0.461m. Non-Covid nursing is favourable by £0.296m due to vacancies and medical staff report a favourable variance of £0.121m.

Non-pay reports an adverse variance of £1.637m. Other non-pay report an adverse variance of £0.840m due to increased stem cell donor charges for BMT and CART C activity which are no longer being reimbursed on a variable basis. There have also been charges of £0.090m year to date regarding linacc repairs. Drugs are £0.405m adverse due to increased pass-through activity. Clinical supplies are also reporting an adverse variance of £0.392m mainly due to increased pass-through activity.

Surgery

Run rate

The month 11 run rate decreased by £0.294m from month 10, however, the run rate for month 11 is now consistent with the average run rate for quarter 04 2019/20.

The pay run rate in month 11 is £0.395m lower than month 10 as a consequence of the backdated CEA payments in month 10. The pay run rate is now £0.485m higher than the run rate for quarter 04 2019/20. Taking into account inflation and the CEA award this means that the pay run rate is broadly in line with quarter 04 2019/20.

The non-pay run rate in month 11 increased by £0.082m. The run rate across drugs and clinical supplies has, however, seen a gradual increase over the past few months as patient activity increases with the implementation of elective mitigation plans. The overall non-pay run rate remains below levels experienced in 2019/20 due to overall lower levels of patient activity.

Variance to budget

The division reports an adverse variance to budget of £1.098m.

Non-pay reports an adverse variance of £0.896m (mainly on clinical supplies at £0.620m) due to increased activity above month 05, the month used to set the budget for the second half of the financial year.

Pay reports an adverse variance of £0.353m with an adverse variance on nursing of £0.319m from increased costs over the past two months due to the impact of the second wave of Covid 19. Medical staff report a favourable variance of £0.083m.

Section 2 – Division and Corporate Services Performance continued

Women's and Children's

Run rate

The run rate at month 11 has decreased from month 10 by £0.130m resulting in the current run rate being higher than the average run rate for quarter 04 2019/20 by £0.877m. It should be noted, however, that the winter months usually show higher levels of spend than on average.

The non-pay run rate increased by £0.123m.

The drug expenditure run rate has been on an upward trend through the year with the month 11 run rate being £0.322m higher than the average for quarter 04. There have been increases in run rate for both pass-through and non pass-through drugs. Overall, the non-pay run rate is now consistent with quarter 04 2019/20.

The clinical supplies run rate reduced this month by £0.065m although the run rate for clinical supplies had been on an upward trend driven by increased spend on cardiology devices, cochlear replacement processors and ventilators as a consequence of increased activity. This now seems to have slowed down over the past two months.

The pay run rate for month 11 decreased by £0.029m from month 10 but is now £0.690m higher than the average for quarter 04 2019/20. This is primarily due to a seasonal increase in staffing in preparation for winter. There has also been an increased level of expenditure on junior doctors relating to the introduction of new rotas in PICU, ED and general paediatrics. The increased medical staff is also due to the 2020/21 pay award and CEA payments.

Variance to budget

The division reports an adverse variance to budget of £3.782m.

Pay reports an adverse variance of £1.448m across most pay headings. This is mainly driven by seasonal increases in staffing above the month 05 base which is normal for this time of year. Nursing reports an adverse variance of £0.615m due to winter seasonality and the cost of supernumerary running at £0.300m. Medical staff reports an adverse variance of £0.811m which is due to the impact of introducing 1in3 rotas, the resolution of backdated pay issues and expensive agency cover in NICU and Trauma and Orthopaedics.

Non-pay reports a significant adverse variance of £2.000m. This position is being driven by increased costs relating to cochlear implants and repairs as well as increased activity over and above the month 05 run rate on which the budget was based.

Income reports an adverse variance of £0.334m due to lower private patient income compared and a reduction in charitable income for palliative care.

Weston

Run rate

The overall run rate is £0.063m lower than for month 10 and, significantly, £1.736m lower than the monthly average in quarter 04 2019/20. This is primarily due to the impact of Covid on activity throughout the hospital.

The pay run rate decreased by £0.091m this month compared with month 10 and is £1.187m below the monthly average in quarter 04 2019/20 across all pay headings: £0.379m nursing staff; £0.327m medical staff; and £0.482m other staff.

The run rate for non-pay is consistent with month 10 but remains significantly lower (by £0.869m) compared with the previous financial year reflecting lower levels of activity year on year.

Variance to budget

The division reports an adverse variance to budget of £1.231m.

Pay expenditure is adverse to budget by £0.520m with adverse variances for other clinical staff £0.161m and medical staff £0.295m mainly due to the additional costs of covering sickness and other absence.

Non-pay is adverse to budget by £0.358m mainly on clinical supplies £0.318m which due to increased activity over the month 05 base.

Income reports an adverse variance of £0.353m driven by increased R&D income offset by an adverse variance related to an underperformance on the variable element of pass-through activity.

Section 2 – Division and Corporate Services Performance continued

Estates and Facilities

Run rate

The overall expenditure run rate has been broadly consistent all year and is broadly consistent with the average monthly for 2019/20. This is to be expected as most categories of expenditure are not impacted by variations in clinical activity.

The pay run rate has remained consistent all year and is only slightly higher than 2019/20. The small increase this year can be attributed to pay awards and an increase in cleaning costs linked to the Trust's restoration of clinical activity.

There has been a reduction in the non-pay run rate in recent months. This is due to the planned impact of the new combined heat and power unit coming on line and delivering the expected savings.

Variance to budget

Overall, the division reports a favourable variance to budget at month 11 of £1.005m. This is driven by a significant favourable variance on non-pay expenditure of £0.968m due to reduced energy expenditure as a result of the combined heat and power facility coming on line in the past few months.

Trust Services

Run rate

The run rate in month 11 is £0.457m lower than month 10 due to a non-recurrent VAT adjustment in month 10 which resulted in a higher than usual level of expenditure. Excluding this and other non-recurrent issue, the run rate has been broadly consistent all year with the monthly average for 2019/20 across all expenditure headings. This is not surprising as costs in this division vary little with changes in clinical activity.

Variance to budget

Trust services reports an adverse variance to budget of £0.471m.

Non-pay reports an adverse variance of £0.500m which includes £0.106m for connecting care costs and increased costs of £0.221m for the use of private ambulances over and above the month 05 baseline funding.

Pay reports an adverse variance of £0.869m which includes the cost of hosted services above the month 05 baseline an additional consultant in Occupational Health, additional posts relating to Weston integration and other non-recurrent items. The majority of the over spend is offset by the favourable variance on income below.

Income from operations reports a favourable variance of £0.898m. This is due to increased income related to the recharging of staff on secondment and further income from hosted services. The majority of the favourable variance is offset by the adverse variance on pay expenditure reported above.

Research and Innovation

Run rate

With the exception of a backdated correction to the income from operations figure in month 09, the run rate across headings for research and innovation has remained relatively consistent all year.

Variance to budget

Research and Innovation reports a nil variance position.

Section 3 – Clinical and Contract Income

Volumes by Point of Delivery (Bristol Sites)

	2019/20 M1-12 Average	2020/21 Q1 Average	2020/21 Q2 Average	2020/21 Q3 Average	2020/21 M10	2020/21 M11
Activity Based						
Accident & Emergency	11,715	7,407	9,882	9,473	8,259	8,116
Emergency Inpatients	4,007	2,872	3,454	3,369	3,016	2,929
Day Cases	5,043	2,390	3,609	4,551	3,745	3,935
Elective Inpatients	1,044	497	886	925	642	694
Non-Elective Inpatients	1,241	1,067	1,168	688	994	1,045
Excess Beddays	1,508	1,243	901	1,068	1,333	462
Outpatients	54,090	32,017	41,834	46,758	44,221	44,187
Bone Marrow Transplants	13	9	11	14	11	11
Critical Care Beddays	4,349	3,086	3,568	4,146	4,867	4,019

The tables opposite show the changes in activity volumes we have seen this year since April. In general, emergency activity volumes fell marginally and planned activity increased in February compared with January. Understandably, with the exception of day case activity at Weston General Hospital, elective activity levels in February remained significantly (c20%) below the quarter 03 average.

NHSE&I introduced the Elective Incentive Scheme (EIS) with the goal of accelerating the return to near-normal levels of non-COVID19 health services. This proposed that Systems would be rewarded or penalised based on the financial value of the activity they perform and the scheme was due run between September 2020 and March 2021. However, as systems and/or organisations saw more than 15% of their beds occupied with COVID patients and materially higher staff absence from October 2020, NHSEI suspended the scheme. There was no financial adjustment either for the STP or the Trust since September 2020.

Volumes by Point of Delivery (Weston Site)

	2019/20 M1-12 Average	2020/21 Q1 Average	2020/21 Q2 Average	2020/21 Q3 Average	2020/21 M10	2020/21 M11
Activity Based						
Accident & Emergency	4,184	1,771	3,580	3,094	2,419	2,364
Emergency Inpatients	1,196	638	1,055	973	664	828
Day Cases	1,107	338	750	842	735	908
Elective Inpatients	86	12	40	79	31	47
Non-Elective Inpatients	9	9	10	1	2	4
Excess Beddays	389	186	208	236	193	128
Outpatients	10,804	5,367	7,903	7,275	7,274	7,060
Critical Care Beddays	144	106	128	144	174	145

From 1 October 2020, reimbursement for high cost drugs via the Cancer Drugs Fund (CDF) including treatments under the Hepatitis C programme, reverted to a pass-through cost and volume basis resulting in additional funding above the NHS provider block contract values. For the majority of other high cost drugs and devices, in-year provider spend will be tracked against a notional level of spend included in the block funding arrangements with adjustments made in-year to ensure that providers are reimbursed for actual expenditure on high cost drugs and devices. This leaves a smaller list of high cost drugs and devices which will continue to be funded as part of the block arrangements.

The nature of these arrangements is such that, for high cost drugs and devices we need to estimate the value of the additional income due to the Trust in the reported position. The estimated additional income for the October to February is £20.915m.

Section 4 – Savings Programme

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

Analysis by work streams:

	2020/21 Annual Target £m	Year to date (Month 11)		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.062	0.056	0.044	(0.013)
Diagnostic Testing	0.207	0.190	0.052	(0.138)
Estates & Facilities	0.619	0.541	0.516	(0.025)
Healthcare Scientists Productivity	0.198	0.181	0.119	(0.062)
HR Pay and Productivity	0.028	0.028	0.028	-
Income, Fines and External	0.615	0.553	0.146	(0.407)
Medical Pay & Productivity	0.348	0.317	0.244	(0.074)
Medicines	0.535	0.501	0.513	0.012
Non Pay	4.063	3.656	3.050	(0.605)
Nursing Pay & Productivity	0.364	0.331	0.331	(0.000)
Productivity	2.252	2.083	0.481	(1.602)
Trust Services	0.447	0.410	0.451	0.042
Weston Merger	2.700	2.475	1.635	(0.840)
Plans to be developed from Pipeline	6.138	5.647	-	(5.647)
Total	18.575	16.970	7.610	(9.360)

Analysis by Division:

	2020/21 Annual Target £m	Year to date (Month 11)			Forecast Outturn £m
		Plan £m	Actual £m	Variance fav/(adv) £m	
Diagnostics & Therapies	0.868	0.802	0.905	0.104	0.976
Medicine	2.303	2.111	0.918	(1.194)	1.012
Specialised Services	1.407	1.260	0.825	(0.435)	0.891
Surgery	6.019	5.526	0.494	(5.033)	0.533
Weston	3.930	3.594	1.850	(1.744)	2.018
Women's & Children's	3.054	2.773	1.212	(1.561)	1.320
Estates & Facilities	0.505	0.454	0.897	0.443	1.041
Finance	0.000	0.000	0.181	0.181	0.198
Human Resources	0.135	0.124	0.048	(0.077)	0.051
Trust Headquarters	0.090	0.083	0.132	0.050	0.141
Digital Services	0.264	0.242	0.148	(0.094)	0.187
Total	18.575	16.970	7.610	(9.360)	8.369

The Trust has delivered savings of £7.610m year to date, 45% against its target. Forecast outturn savings total £8.369m (45% achievement).

The savings target for 2020/21 is £18.575m. The Trust has achieved savings of £7.610m to date, a shortfall of £8.369m.

Divisions behind plan include Surgery £5.033m; Weston £1.744m; Women's & Children's £1.561m; Medicine £1.194m; and Specialised Services £0.435m. Diagnostics & Therapies, Estates & Facilities, Finance and Trust HQ are slightly ahead of the target, while Human Resources and Digital Services are behind target.

Section 5 – Capital Programme

Updated Programme and Forecast Outturn

The Trust's approved 2020/21 capital programme is £128.644m before planned slippage.

The agreed STP funding envelope for the Trust of £53.161m was reduced to £48.161m in month 11 due to the deferral of funding related to the Weston merger. During February, the Trust was notified of additional Public Dividend Capital (PDC) funding of £2.200m for Covid expenditure relating to the Bristol Eye Hospital Diagnostic Hub and Dental Hospital reconfiguration works. The revised target spend is £73.379m.

The Trust's current forecast outturn is £53.500m as set out below.

Category	Target Spend £m	Revised Forecast Outturn £m	Forecast Outturn Variance £m
STP Envelope – Core	48.161	31.402	(16.759)
STP Envelope	48.161	31.402	(16.759)
Outside Envelope - PDC	24.586	21.466	(3.120)
Outside Envelope - Donations	0.632	0.632	-
Outside Envelope	25.218	22.098	(3.120)
Total Gross Expenditure	73.379	53.500	(19.879)

It is recognised that delivering the forecast outturn is a significant challenge. The most recent assessment of the programme suggests a significantly lower forecast outturn with c£20m slippage of which £16.759m relates to the STP envelope.

Year to date expenditure – 28th February 2021

Capital expenditure to date was £42.001m, £3.484m behind the internal plan. The position is summarised in the table below.

Applications to Month 11	Profile Spend £m	Actual Spend £m	YTD Variance £m
Strategic Schemes	18.499	17.595	(0.904)
Medical Equipment	7.561	7.797	0.236
Operational Capital	8.409	6.329	(2.080)
Fire Improvement	-	0.601	0.601
Digital Services	5.891	5.644	(0.247)
Estates Replacement	3.090	2.513	(0.577)
Weston	2.035	1.522	(0.513)
Total Gross Expenditure	45.485	42.001	(3.484)

The adverse variance is primarily driven by the delays in the operational capital schemes due to continuing Trust wide Covid-19 priorities.

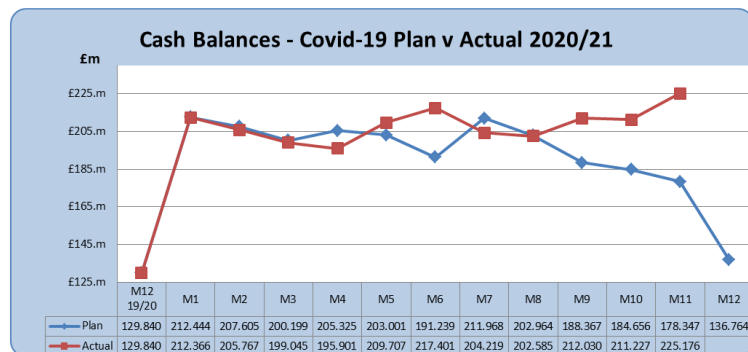
In order to achieve the target spend of £73.379m, expenditure of £31.378m has to be delivered in March, which is recognised as unachievable. Achieving the revised forecast outturn of £53.500m will require expenditure of £11.499m in March. Whilst this is also challenging, it is considered possible with the range of mitigations in place. However, the access and potential workforce risks associated with the current Covid pressures remain.

Challenges and Risks

- Delivery of the mitigations to achieve the revised forecast outturn of £53.500m.
- While the Trust is monitoring performance against the target position of £73.379m, the gross capital programme is £128.644m. The total forecast slippage into 2021/22 will be £75.144m with an expected STP envelope in line with 2020/21. The Trust will have to assess and re-prioritise the slippage schemes before allocating additional funds for 2021/22.
- The adverse impact of underspends against the STP envelope or PDC allocations include the potential reduction of future years' envelopes and the loss of PDC cash.

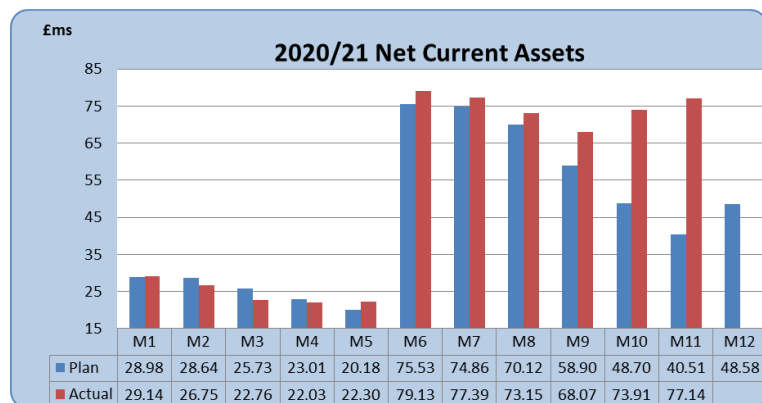
Section 6 – Statement of Financial Position and Cashflow

Cash and cash equivalents balance



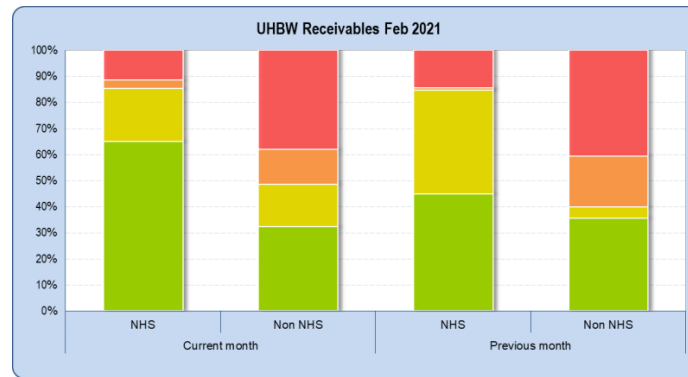
The Trust's cash and cash equivalents balance was £225.176m, £46.630m above plan. The favourable position is primarily attributable to: £21.981m cash slippage on the original NHSEI capital programme; £7.226m movement against the revenue income and expenditure plan; net favourable movement of £6.961m on working capital and PDC funding of £5.442m received ahead of plan.

Net Current Assets



Net current assets at 28th February 2021 were £77.149m, £36.633m above the plan. The variance relates to the increased cash balance of £46.630m offset by an adverse variance on deferred income of £5.084m relating to the quarterly Health Education England income arrangements.

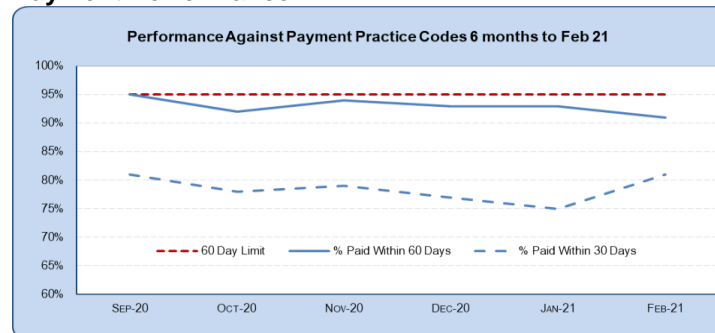
Receivables position



Days	Current Month (£M)			Previous Month (£M)			Movement (£M)		
	NHS	Non NHS	Total	NHS	Non NHS	Total	NHS	Non NHS	Total
90+	2.754	2.539	5.293	3.148	3.283	6.431	(0.394)	(0.744)	(1.138)
60-90	0.761	0.883	1.644	0.188	1.581	1.769	0.573	(0.698)	(0.125)
30-60	4.820	1.090	5.910	8.582	0.346	8.928	(3.762)	0.744	(3.018)
0-30	15.458	2.145	17.603	9.702	2.882	12.584	5.756	(0.737)	5.019
Total	23.793	6.657	30.450	21.620	8.092	29.712	2.173	(1.435)	0.738

The receivables position at 28th February was £30.450m, a £0.738m increase on last month. The year to date balance is split £23.793m NHS and £6.657m Non NHS, with over 60 days balances of £3.515m and £3.422m, respectively.

Payment Performance



In February, 91% of invoices were paid within the 60 day Prompt Payments Code target and 81% within the 30 day Better Payment Practice Code. An increase in 30 day performance is offset by a decline in 60 day performance.

Meeting of the Board of Directors in Public on Wednesday 31 March 2021

Report Title	Governors' Log of Communications
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary	
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.	
2. Key points to note (Including decisions taken)	
Since the last public Board of Directors meeting in January, one question has been added to the Log and a response received, and a response has also been received for a previous question. There are no questions awaiting response at present.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
N/A	
4. Advice and Recommendations (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> This report is for Information. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
N/A	

ID **Governor Name****247** **Martin Rose****Theme:** Flood in Bristol Eye Hospital**Source:** Governor Direct

Query **02/03/2021**

Recently, I had an appointment at Bristol Eye Hospital that was cancelled on the day for safety reasons because of a flood. My questions are: What happened for the flood to happen? What damage was caused? What has been done to prevent this from happening again?

Division: Specialised Services**Executive Lead:** Chief Operating Officer**Response requested:** 11/03/2021**Response** **12/03/2021**

We experienced a failure of a joint on a mains water pipe and were concerned there were some safety issues relating to the potential impact on electrical services in the area.

The repairs were completed on the water main and services fully returned to normal.

We will be conducting further risk assessments in the plant room area to assess whether further remedial works are required.

Status: *Closed*

ID	Governor Name		
246	Sophie Jenkins	Theme: Staff rest rooms	Source: From Constituency/ Members
Query	07/01/2021		
<p>I would like assurance that there are adequate, accessible rest areas across the Trust to provide respite for all our staff at a time when many staff may be experiencing the undue pressure of this pandemic across our sites. Do we know where all our rest rooms are to give us a full picture of what we provide for staff in their breaks or when they need some downtime - this includes such items as a kettle or microwave/adequate seating/ access to water etc?</p>			
Division:	Trust-wide	Executive Lead: Director of People	Response requested: 07/01/2021
Response	22/02/2021		
<p>The provision of rest areas for staff have been a significant challenge during the pandemic. It is essential that we ensure that staff are able to maintain appropriate social distancing when using rest areas. Unfortunately, evidence from other trusts indicates that areas where staff consume meals and drinks can present a greater risk of infection transfer, particularly if it is difficult to adhere to the proper distancing. This has resulted in the need to reduce the capacity of some rest areas. We have carried out an audit of rest areas, which has identified a need for increased provision in certain parts of the trust. Plans are now advanced for additional staff rest areas and for the expansion of some of our larger rest areas (and the amenities that serve them), which will be implemented in the coming weeks.</p>			
Status:	Closed		