NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Friday 28 January 2022 at 11:00 - 13:30 via Microsoft Teams

AGENDA

FOCUSED AGENDA – ITEMS FOR APPROVAL AND COVID-19 ASSURANCE ONLY				
NO	**AGENDA ITEM**	**PURPOSE**	**SPONSOR**	**TIMINGS**
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	11:00
2.	Declarations of Interest	Information	Chair	11:02
3.	Minutes of the Last Meeting: 30 November 2021	Approval	Chair	11:03
4.	Matters Arising and Action Log	Approval	Chair	11:05
5.	Chief Executive's Report	Information	Chief Executive	11:10
Strategic				
6.	Board Assurance Framework Quarter 3 6.1 Strategic Risk Register 6.2 Corporate Objectives	Assurance	Chief Executive	11:15
7.	General Intensive Care Full Business Case	Approval	Director of Strategy and Transformation	11:30
8.	Charity Accounts	Approval	Director of Corporate Governance	11:45
Quality and Performance				
9.	Quality and Outcomes Committee Chair's Report	Assurance	Committee Chair	11:50
	9.1 Integrated Quality & Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse and Midwife, Medical Director	
Break				12:30
People Management				
10.	People Committee Chair's Report	Assurance	Committee Chair	12:40
	10.1 Vaccination Programme Update	Assurance	Director of People	
Finance				
11.	Finance and Digital Committee Chair's Report	Assurance	Committee Chair	13:05
	11.1 Trust Finance Performance Report	Assurance	Director of Finance and Information	

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

NO	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
FOCUSED AGENDA – ITEMS FOR APPROVAL AND COVID-19 ASSURANCE ONLY				
Audit				
12.	Audit Committee Chair's Report	Assurance	Committee Chair	13:20
Governance				
13.	Committee Terms of Reference 13.1 Quality and Performance Committee 13.2 People and Organisational Development Committee 13.3 Finance and Digital Committee 13.4 Audit Committee 14.5 Remuneration Committee	Approval	Director of Corporate Governance	13:25
Concluding Business				
13.	Any other urgent business	Information	Chair	13:30
14.	Date of next meeting: **30 March 2022 11am-1.30pm**	Information	Chair	

PAPERS CIRCULATED FOR INFORMATION			
15.	COVID-19 Inquiry	Information	Director of Corporate Governance
16.	Plan to achieve Midwifery Continuity of Carer as the default model of care	Information	Chief Nurse and Midwife
17.	Monthly Integration Report	Assurance	Director of Strategy and Transformation
18.	Transforming Care Programme Board Report Quarter 3	Information	Director of Strategy and Transformation
19.	Register of Seals Quarter 3	Assurance	Director of Corporate Governance
20.	Governors Log of Communications	Information	Director of Corporate Governance
Previously Considered at Quality and Outcomes Committee			
21.	Maternity Perinatal Quality Surveillance Matrix Quarter 2	Assurance	Chief Nurse and Midwife
22.	Learning from Deaths Report	Assurance	Medical Director

ITEMS POSTPONED			
23.	Healthier Together Sustainability and Transformation Partnership	Information	Chief Executive
Previously Considered at Quality and Outcomes Committee			
24.	Patient Complaints Report (Quarter 2)	Assurance	Chief Nurse and Midwife
25.	Patient Experience Report (Quarter 2)	Assurance	Chief Nurse and Midwife
26.	National Urgent and Emergency Care Patient Survey 2020	Assurance	Chief Nurse and Midwife
27.	National Inpatient Survey Results 2020	Assurance	Chief Nurse and Midwife
Previously Considered at People Committee			
28.	Diversity and Inclusion Report	Assurance	Director of People

University Hospitals Bristol and Weston NHS Foundation Trust

Minutes of the Board of Directors Meeting held in Public
Tuesday 30 November 2021, 11:00-14:00
Engineers House, The Promenade, Clifton Down, Bristol, BS8 3NB
Broadcast live online for public viewing

Present

Board Members

Name	Job Title/Position
Jayne Mee	Interim Chair
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Deirdre Fowler	Chief Nurse and Midwife
Neil Kemsley	Director of Finance and Information
Alex Nestor	Interim Director of People
Jane Norman	Non-Executive Director
Emma Redfern	Interim Medical Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Steve West	Non-Executive Director

In Attendance

Name	Job Title/Position
Eric Sanders	Director of Corporate Governance
Natashia Judge	Head of Corporate Governance
Sarah Murch	Membership Manager (minutes)
Tony Watkin	Patient and Public Involvement Lead (Item 03/11/21 only)
Victoria	Patient (for Patient Story - item 03/11/21 only)
Chrissie Thirlwell	Clinical Director of South West Genomic Medicine Service Alliance (Item 08/11/21)
Sarah Dodds	Deputy Chief Nurse (Item 15/11/21)

The Chair opened the Meeting at 11:00

01/11/21	**Welcome and Introductions/Apologies for Absence**	
	Jayne Mee, Interim Chair of the Trust, welcomed members of the Board to the meeting. As the meeting was taking place during the Covid-19 pandemic and Board members were attending in person, Jayne Mee confirmed that all attendees had conducted a lateral flow test before attending. In order that members of the public did not also need to attend in person, the meeting was being livestreamed on YouTube for public access and the recording would remain available online for two weeks. Apologies had been received from Julian Dennis, Non-Executive Director and Bernard Galton, Non-Executive Director.	
02/11/21	**Declarations of Interest**	

	There were no new declarations relevant to the meeting to note.	
03/11/21	**Patient Story**	
	Board members listened to a story from one of the Trust's patients, Victoria. Victoria had attended the Bristol Royal Infirmary many times over the past 7 years as she had Crohn's disease. She reflected on the differences in the care she had received as an inpatient before and during the pandemic. She felt that pre-Covid, staff had more time to listen and understand, while since the pandemic, staff were noticeably busy and pressured. She described one occasion when she had been admitted with sepsis, and was extremely unwell, but had felt forgotten about by staff, to the extent that she had needed to prompt staff to give her the medication she needed at the right time and had actually experienced a significant medication error. There were times when she had needed to advocate for other patients whose needs were not being met because staff were too busy, for example, a patient who was not eating her meals because the food was not right for her. She also described processes that had seemed inefficient (for example, having to remain in hospital when all that was required was the periodic administration of antibiotics), and cleanliness issues on one of the wards, such as bedpans remaining unemptied for longer than they should have. She concluded that the care that she had received was generally very good, and she talked about the kindness of staff who had gone the extra mile to find one of her possessions that had been lost on the ward. As an outpatient, she had been pleased with the introduction of videocalls, which meant that she did not have to travel to the BRI every week. Board members thanked Victoria for her honest reflections on her experiences and they noted the feedback, both positive and negative. Deirdre Fowler, Chief Nurse and Midwife, acknowledged the shortcomings in her care and apologised on the Trust's behalf. She emphasised that when a patient asks for help and support from staff, they should never be told 'we're too busy'. She expressed interest in finding out more about the medication error and the cleanliness issues so that they could be better understood and learned from. She reported that since Victoria's admission many nursing vacancies had been filled, which was beginning to relieve the pressures for patients and staff. David Armstrong, Non-Executive Director, expressed concern that patients may not be getting medication at right time without their intervention. It was agreed that this would be investigated. It was also agreed to look into whether there were other ways of administering antibiotics in cases like Victoria's. **Action: Chief Nurse and Midwife to investigate the medication issues in the patient story.**	Chief Nurse and Midwife
04/11/21	**Minutes of the previous meeting**	
Judd,Emily 01/27/2022 16:26:21	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 30 September 2021. **Members of the Board resolved to approve as a true and accurate record the above minutes.**	

05/11/21	**Matters arising and action log**	
	Board Members received and reviewed the action log. Updates on completed actions were noted, and others were discussed as follows: 09/09/21 Integration Progress Report *Chief Nurse and Midwife to send a report to the Board detailing the progress of the recruitment programme for overseas nurses.* The Chief Nurse and Midwife had provided the Board with regular updates on the recruitment programme for overseas nurses, and the People Committee would oversee this going forward. **Action Closed.** 14/09/21 People Committee Chair's Report *Finance and Digital Committee to receive a detailed report on the status of e-rostering implementation including challenges.* It had been decided that the People Committee would be the more appropriate committee to receive an update. A report was due to be received at the People Committee's January meeting. **Action Closed.** 14/09/21 People Committee Chair's Report *People Committee to receive a report on staff rest facilities.* The People Committee had not received a report on the current provision of staff rest facilities. This issue had been partly addressed through the Board's Campaign Plan, but more clarity was required and would be provided in NED briefing sessions. **Action Ongoing** 13/03/21 Patient Complaints Report *The Patient Complaints Report to be updated to show year-on-year trends going forward and to be presented at the Quality and Outcomes Committee.* This had been done. **Action Closed.** 14/03/21 Six-monthly Safe Staffing Report *To include the consultant workforce data in the Six monthly Staffing Report going forward.* Emma Redfern, Interim Medical Director, updated the Board that this was a work in progress and was dependent on the rollout of Allocate. It was agreed to close this action on the understanding that the Board would receive a further update in six months. **Action Closed (but the Board to receive an update on Allocate roll-out in six months' time)** **Members of the Board resolved to note the updates against the action log.**	
06/11/21	**Chief Executive's Report**	
	Robert Woolley, Chief Executive, provided a verbal update on the following key issues: • The Trust remained under severe pressure as the Covid-19 pandemic continued. Emergency Department demand was extremely high. The Trust had remained in an Internal Critical Incident throughout October and November, with the pressures escalated to 'Opel 4' at system level (the highest level of escalation). A lot of the Trust's beds were still occupied by Covid patients. However, 20% of hospital beds were also occupied by patients who were medically fit for discharge but were waiting for care arrangements elsewhere. This was creating significant delays for patients coming in, and was largely due to workforce shortages in the community and in social care. The Trust was working very hard with its partners to	

	identify mitigations inside and outside hospitals, He apologised to those who were unable to access care in a timely fashion as a result. Added to this was the as-yet unknown impact of Covid over the winter, in particular in the light of the new Omicron variant. His advice to the public was to continue to access the care they need, but do so wisely, to make use of NHS111, and to only use A&E for serious injury and illness. He asked for understanding about the delays and the pressures on staff. • Robert Woolley further informed the Board that there were still plans to create integrated care systems on a statutory footing from April 2022. The Integrated Care System for Bristol, North Somerset and South Gloucestershire (BNSSG ICS) had now appointed its Chair (Jeff Farrar) and Chief Executive (Shane Devlin). • The Trust had been placed in Segment 3 of the Single Oversight Framework (SOF) for Trusts by NHS England/Improvement, which meant that it was required to seek support and submit improvement plans *(see agenda item 09/11/21).* The BNSSG ICS was now also under the SOF and also in Segment 3. • A report had been published in November of the Care Quality Commission's inspection of the Trust's hospitals. A formal action plan addressing the CQC's recommendations would be brought back to the Board in due course. • The transfer of urology services in Weston to North Bristol NHS Trust would be effective tomorrow, though patients and public should see no change in the service. • The Trust had received new national guidance that all NHS staff had to be vaccinated against Covid-19 by April 2022. The Trust would work with staff to make the vaccine available and try to understand the implications for any staff who did not wish to get vaccinated. **Members of the Board resolved to receive the Chief Executive's Report for information**.	
07/11/21	**CQC Final Inspection Report**	
	Deirdre Fowler, Chief Nurse and Midwife, introduced the Care Quality Commission's final report following its core services and well-led inspection at the Trust in June 2021. In the report, which had been published on 4 November 2021, the CQC had changed the Trust's overall rating from Outstanding to Good and the rating for the Bristol site from Outstanding to Good, while the rating for the Weston site was Inadequate. She noted that the Trust's overall rating in the 'Caring' domain was Outstanding, and she commended staff for achieving this despite the pandemic. The Trust would be working hard to get its Outstanding rating back and was working on an action plan to address the CQC's recommendations, which would be overseen by the Quality and Outcomes Committee. Members of the Board discussed the report. In response to a question from Sue Balcombe, Non-Executive Director, about how it had been received by staff, differing responses were noted though staff at Weston had been particularly disappointed. Robert Woolley emphasised that the Inadequate rating for the	

	Weston site was not a reflection on staff nor their hard work, but on the Trust management and their inability to progress the integration plans during the pandemic. **Members of the Board resolved to receive the CQC Final Inspection Report for information**	
08/11/21	**Genomics Medicine Service Alliance**	
	Professor Chrissie Thirlwell, Clinical Director of the South West Genomic Medicine Service Alliance (SW GMSA) was in attendance for this item. She gave the Board a presentation on the creation of the SW GMSA, a new service which was part of the NHS Genomic Medicine service that had arisen out of the UK's 100,000 Genomes Project. She outlined the governance structure of the SW GMSA, its relationship with UHBW and others within the health and care system, its plans for the coming year, and the potential impact of its work on diagnosis and treatment in the future. Members of the Board discussed this work and noted its groundbreaking nature and wider implications. In response to points raised by Jane Norman and Steve West about the impact on research and education for staff about this, Chrissie Thirlwell explained that a research director was due to start in post from January 2022 and there would be considerable potential to use the service in clinical trials. A number of engagement and educational opportunities were planned to engage Trust staff in the work. Robert Woolley reminded the Board that UHBW hosted clinical genetic services in the region but that there were risks in capacity which would need to be addressed to ensure they had a sustainable future. The Board thanked Chrissie Thirlwell for attending and she left the meeting. **Members of the Board resolved to receive the Genomics Medicine Service Alliance Report for information**	
09/11/21	**Single Oversight Framework Report**	
	Robert Woolley, Chief Executive, updated the Board on NHS England/Improvement's Single Oversight Framework segmentation decision for the Trust. NHSEI allocate ICSs, Trusts and CCGs to one of four 'segments' depending on the level of support they are judged to require, with Segment 2 being the default segment. The Regional team of NHSEI had now confirmed that the Trust had been moved into Segment 3, which is described as "Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence". The Bristol, North Somerset and South Gloucestershire system had also been put in Segment 3. The Trust was now required to develop an improvement plan with the other providers in BNSSG to get back to Segment 2. **Members of the Board resolved to receive the Single Oversight Framework Report for information.**	
10/11/21	**Strategic Capital Programme Report**	

	Paula Clarke, Director of Strategy and Transformation introduced the bi-annual update on the Trust's Strategic Capital Programme. The report outlined the progress of the delivery of strategic capital schemes under three category headings: - Category 1 - Infrastructure and Restoration (1-2 years) - Category 2 - Medium scale strategic developments (2-4years) - Category 3 - Major strategic developments (3 -5+ years) She reported that the Category 1 schemes were all on track to deliver by summer 2023. This included additional intensive care beds and 29 additional ward beds. The Trust now operated at a system level in relation to capital funding, so it also needed to make sure the plans were aligned with the system investment programme, and also that the system would support the revenue consequences of the capital programme. The Board discussed this report at length. There was concern expressed as to whether the Trust's digital strategy and estates strategy were sufficiently aligned, in terms of how far the Trust's estates needs could in fact be met by better use of technology. There was also significant challenge from a number of Non-Executive Directors about how far the Trust's buildings were accessible for those with disabilities. They asked that the Trust's estates development plans include this as a priority and emphasised the need for effective equality impact assessments for new schemes. Paula Clarke responded that this would be factored into the new developments, but for the rest of the Trust's estate it would need to be assessed on a case-by-case basis and include consideration of cost and time pressures. The use of the AccessAble scheme was suggested as a way of assessing this. In response to a question from Martin Sykes about whether there was now more of a system-based approach to strategic schemes rather than a Trust-based approach, Robert Woolley explained that there would be a review of the system's Estates Strategy in December which would include the Trust's Estates Strategy in its considerations, and the Board would be kept updated on the progress of this. **Action: Board to receive a progress update on the BNSSG system Estates Strategy and the implications for the UHBW Estates Strategy.** **Members of the Board resolved to receive the Strategic Capital Programme Report for assurance.**	Director of Strategy and Transformation
11/11/21	**Integration Report**	
	Paula Clarke, Director of Strategy and Transformation, introduced the monthly report of the progress of the programme to integrate Bristol and Weston services. She highlighted progress that had been made in the month in corporate and clinical integration. Progress against the Trust's workforce trajectories was being made though there were still considerable gaps, and the Trust was looking into how it could strengthen on-site leadership in Weston in the long-term. **Members of the Board resolved to receive the Integration Report for assurance.**	
12/11/21	**Sustainability Annual Report**	

	Paula Clarke, Director of Strategy and Transformation, introduced the annual report demonstrating how the Trust was achieving the commitments in its Sustainable Development Strategy. She asked the Board to note that the team had achieved a significant amount in the year, though there would be more to do to achieve the net zero carbon target by 2030. The Board commended the report as clear and concise, and they noted how important this agenda was to staff. They requested that this report be shared with governors, who were also interested in this area. **Action: Sustainability Annual Report to be shared with governors.** **Members of the Board resolved to receive the Sustainability Annual Report for assurance.**	Director of Corporate Governance
13/11/21	**Operational Planning 2021/22: H2 - Oversight of Submission**	
	Paula Clarke, Director of Strategy and Transformation, introduced a paper on the operational planning for the second half of the financial year (H2). This provided an update to the 2021-22 Operating Plan paper submitted to the board in July 2021. She highlighted that the Trust had worked collaboratively with system partners to submit Activity, Finance and Workforce plans. In addition, work had been undertaken to respond to the national request to submit bids against the Targeted Investment Fund (funds available to support elective recovery). She asked the Board to note the key risks, particularly with regard to workforce. **Members of the Board resolved to receive the H2-Oversight of Submission Report for information**	
14/11/21	**Acute Provider Collaborative Board Chair's Report**	
	Jayne Mee, Interim Chair, introduced a report providing a summary of the business undertaken by the Acute Provider Collaborative Board at its meeting on 4 November 2021.This had been the first meeting of the APCB which was a meeting-in-common of UHBW and North Bristol NHS Trust and had developed out of the Acute Services Review Board. Jayne Mee asked the Board to note the endorsement of the APCB's outline communications plan, which aimed to ensure that staff at both Trusts were clear that it was a collaborative between the two Trusts, and not a merger. The APCB had also discussed the Patient First programme and had delegated to the chief finance officers in each Trust agreement of the extension of ongoing programme resource. **Members of the Board resolved to receive the Acute Provider Collaborative Board Chair's Report for information**	
15/11/21	**Quality and Outcomes Committee Chair's Report** **15.1 Integrated Quality & Performance Report** **15.2 Quarterly Maternity Perinatal Quality Surveillance Matrix** **15.3 Infection Control Annual Report** **15.4 Six-Monthly Nurse Staffing Report** **15.5 Learning from Deaths Report Quarters1&2**	
	Sue Balcombe, Non-Executive Director, introduced the report from the meeting of the Quality and Outcomes Committee held on 25 November 2021, which she had chaired. Most of the meeting had focussed on the Integrated Quality and Performance Report and the ongoing critical incident situation in the hospitals.	

She highlighted in particular that the Committee had looked at the work around the Emergency Department waiting times and ways that the Trust was trying to reduce pressure on ED, such as the redirection of patients to other services. They had received a briefing on the clinical summit that had been held recently at the Trust which considered how to balance the risk across urgent and elective care. They had also received an update on the Accelerator programme which aimed to accelerate tackling the elective care backlog, and an update on the Care Quality Commission maternity monitoring visit. Covid vaccination uptake among staff was discussed and it was agreed that performance in this regard should be included in the Integrated Quality and Performance Report and monitored by the People Committee.

Integrated Quality and Performance Report

The Board received the Integrated Quality and Performance Report (IQPR) which provided an overview of the Trust's performance against Quality, Workforce, Access, and Finance standards in October. Performance continued to remain extremely challenged due to unprecedented urgent care demand and poor flow out of hospital, and the Trust had remained in internal critical incident throughout the month. Mark Smith, Deputy Chief Executive and Chief Operating Officer, explained that the Trust had seen a stabilisation of Covid patients during October but this was still high (55 beds were occupied with Covid patients at the end of October). There had been a surge of Respiratory Syncytial Virus among children which meant that Bristol Royal Hospital for Children was very busy. It was a struggle to balance the elective care programme and urgent care pressures. However, the readmission rate for the Trust was low, which suggested that patients were not discharged too soon. He explained the Trust's focus on delivering recovery priorities over the winter and described some of the some of the measures that the Trust was taking.

Deirdre Fowler, Chief Nurse and Midwife, informed the Board that two new sections had been added to the IQPR: the Maternity Quality Perinatal Matrix and mixed sex accommodation status, and she reported that there had been 13 justified Mixed-Sex Accommodation Breaches in October 2021. She drew the Board's attention to a new process to aid decision-making regarding the identification of serious incidents (Rapid Incident Review) which was being trialled at Weston General Hospital and would be rolled out across the Trust over the coming months. The nurse staffing report highlighted a significant improvement in the Band 5 nursing vacancy rate, but the Trust still had one of lowest fill rates for registered and non-registered nurses combined. This was a theme running through many of reports because it was significantly impacting staff and patient experience.

Emma Redfern, Interim Medical Director, highlighted to the Board the recent measures to improve compliance and harmonise processes in relation to Venous Thromboembolism in Bristol and Weston, which included access to VTE risk assessment through the Careflow electronic patient record (EPR).

The Board discussed the report. In response to a question from David Armstrong about whether the criteria used to measure the Well-Led and Use of Resources domains in the IQPR were appropriate, Mark Smith explained that these were specific definitions from the Care Quality Commission for the purposes of the report.

Quarterly Maternity Perinatal Quality Surveillance Matrix

	This report provided the board with monthly oversight with regards to the safety matrixes of the Trust's maternity and neonatal services. Deirdre Fowler, Chief Nurse and Midwife, highlighted the challenges caused by the increasing activity in maternity services, particularly regarding induction of labour, and the plans to address it with use of a 24/7 triage area which would allow inductions to be carried out in more timely manner. She asked the Board to note non-compliance in night-time consultant ward rounds and the plan to mitigate this, and considerable maternal anxiety around Covid, with the clinical psychology team working closely with the maternity team on this. **Infection Prevention and Control annual report** This provided a summary of UHBW's infection prevention and control performance in 2020-21. The Board thanked the team for their considerable work during the pandemic, which had been commended by the Care Quality Commission. **Six-Monthly Safe Staffing report for Nursing, Midwifery and Allied Health Professionals** Sarah Dodds, Deputy Chief Nurse, presented a report on staffing levels in wards and departments, which on this occasion covered an 8-month period (February 2021-September 2021) rather than a 6-month period. The Board noted that the past 8 months had been extremely challenging. Due to a high number of vacancies, the requirement for staff isolation and absences due to Covid, and increased demand for elective recovery and use of escalation beds, some wards had frequently worked with fewer staff than planned. This had undoubtedly affected staff resilience and staff morale, though patient safety and patient outcomes had been maintained. Mitigations included initiatives to improve recruitment, retention, education, and skills development. The impact of staffing on patient quality outcomes at ward level would continue to be monitored through monthly reporting to the Quality and Outcomes Committee. Martin Sykes, Non-Executive Director, enquired whether the Trust was not meeting its nursing numbers because it had higher expectations in terms of nurse-patient ratios than other Trusts. Deirdre Fowler responded that the Trust was not well-staffed in relation to the average Trust, but that the calculation of the ratios was not straightforward and she offered to provide further information to the Board if needed. **Learning from Deaths Report Quarters1&2** Emma Redfern, Interim Medical Director, introduced this report which summarised the learning from deaths process for quarters one and two in 2021/22. The number of Structured Judgement Reviews identified was lower than in previous quarters, and the numbers of deaths was also lower than in the corresponding quarters of 2020/21. Among the risks going forward, she highlighted that there was currently no mortality lead identified for the Weston division. The Board noted that Dr Mark Callaway had stepped down from his role as Deputy Medical Director and Trust mortality lead in October. The mortality lead would now be the newly-appointed Associate Medical Director for Patient Safety, Dr Rebecca Thorpe. **Members of the Board resolved to receive the Quality and Outcomes Committee Chair's Report, Integrated Quality & Performance Report, Quarterly Maternity Perinatal Quality Surveillance Matrix, Infection Control Annual Report, Six-Monthly Nurse Staffing Report and the Learning from Deaths Report Quarters 1 & 2 for information.**	

16/11/21	**Research and Innovation Six-Monthly Report**	
	Emma Redfern, Interim Medical Director, introduced this report, which provided the Board with an update on performance and governance in the previous six months. It had been a busy period for the team as they had begun to re-open research projects that had been suspended due to the pandemic (or closing them where it was no longer feasible to continue), as well as continuing to support Covid-19 research. The Board discussed the report. In response to a question about how the Trust could best compare itself with other Trusts in terms of benchmarking progress in research and innovation, Emma Redfern responded that the team had not been able to find a meaningful way of benchmarking against other trusts. There was however comparative data for the West of England research network which could be circulated. It was also suggested that the team bring an update report against the Trust's R&I Strategy. **Members of the Board resolved to receive the Research and Innovation 6-monthly report for information.**	
17/11/21	**People Committee Chair's Report** **17.1 Embedding of the new Trust Values** **17.2 Diversity and Inclusion Report/WRES and WDES Action Plan** **17.3 Flu Board Assurance Framework** **17.4 Freedom to Speak Up Quarter 2 Report**	
	People Committee Chair's Report Sue Balcombe, Non-Executive Director, introduced this report in the People Committee Chair's absence. Because of the staffing challenges, the discussion had mainly focussed on recruitment and retention, and updates had been received on overseas recruitment, extending the nurse associate programme and medical recruitment. The Committee had received a presentation describing the Trust's approach to embedding the new values and had they emphasised the importance of linking this with the development of a positive leadership culture at the Trust. **Diversity and Inclusion Report/WRES and WDES Action Plan** Alex Nestor, Interim Director of People, introduced the Trust's second bi-annual equality, diversity and inclusion integrated performance report, covering the period from April 2021 to Sept 2021. The report set out Q1 & Q2 corporate and divisional progress against the Trust's 2021/2022 strategic action plan. The Board had discussed this at People Committee. **Flu Board Assurance Framework** The Board noted this report which outlined the current Influenza vaccination activity taking place across University Hospitals Bristol and Weston NHS FT and included the Trust's self-assessment against the national healthcare worker flu vaccination best practice checklist. Jayne Mee noted that the People Committee had asked to see Covid vaccination data as well as flu vaccination data in this report at their next meeting. **Embedding of the new Trust Values** Alex Nestor, Interim Director of People, presented a report introducing the Trust's new Staff Values and expected leadership behaviours and the roll-out plan for embedding these across the organisation.	

	The Board discussed the plan. Non-Executive Directors emphasised the importance of leaders at all levels understanding that the purpose of the values and expected leadership behaviours was to set the tone of the organisation. Steve West questioned how staff would be supported to call out leadership behaviours that were contrary to those expected. The Board asked for more consideration to be given to how success would be measured in embedding the values and requested assurance in future reports as to how far the values were reaching staff and the difference they had made. **Action: Board to be provided with update reports on embedding of the Trust Values which contained success measures and information about how they were making a difference.** **Freedom to Speak Up Quarter 2 Report** – Eric Sanders, Freedom to Speak Up Guardian, introduced this report, which updated the Board on the work of the Freedom to Speak Up Guardian in Q2 2021. The number of concerns raised remained high. He highlighted that it was disappointing that half of the concerns still related to attitude and behaviours, and the launch of the new values and leadership behaviours was therefore timely. Other themes of concerns included staff feeling that they were not being listened to, and concerns about unfair recruitment processes. There was work going on with HR business partners to provide guidance for managers in this regard, and it would be important to ensure that the new leadership management training was put into place. There had been good progress in the take-up of mandatory Freedom to Speak up training, with the Weston Division seeing the highest take-up, though also the highest level of concerns raised. He highlighted the fantastic work of the Trust's 95 Freedom to Speak Up champions, who were working to change behaviours around the Trust. **Members of the Board resolved to receive the People Committee Chair's Report, the report on Embedding of the new Trust Values, the Diversity and Inclusion Report/WRES and WDES Action Plan, the Flu Board Assurance Framework, and the Freedom to Speak Up Quarter 2 Report for information and assurance.**	Interim Director of People
18/11/21	**Finance and Digital Committee Chair's Report** **18.1 Trust Finance Performance Report**	
	Martin Sykes, Chair of the Finance and Digital Committee, introduced a report of the Committee's most recent meeting. The Committee had received an update on the Trust's digital agenda, which had demonstrated that some progress was being made, such as on the merger of the patient administration systems across Bristol and Weston. The investment required to deliver the Trust's digital programme was highlighted and it was noted that further work was required to understand all of the competing priorities for funding. The Committee had received the Finance Report and had noted a stable position with some uncertainty around funding and had considered changes to the Trust's Standing Financial Instructions. **Trust Finance Performance Report** Neil Kemsley, Director of Finance and Information, introduced a report informing the Board of the financial position of the Trust for the period 1 April 2021 to 31 October 2021. He expressed confidence in terms of the financial year-end and positive progress in terms of investment plans for next year. He asked the Board	

	to note risks to the delivery of the capital plan and the mitigations in place. The Trust was also developing a short and medium term workforce strategy with a focus on retention and recruitment. **Members of the Board resolved to receive the Finance and Digital Committee Chair's Report and the Trust Finance Performance Report for assurance.**	
19/11/21	**Register of Seals Quarter 2**	
	This report provided a summary of the applications of the Trust Seal made since the previous report in July 2021. The seal had been used twice in this period. **Members of the Board resolved to receive the Register of Seals Report for assurance.**	
20/11/21	**Governors' Log of Communications**	
	Members of the Board received a report on the Governors' Log of Communications with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. **Members of the Board resolved to receive the Governors' Log of Communications Report for information**.	
21/11/21	**Any Other Urgent Business** **21.1 Amendment to Standing Financial Instructions**	
	Neil Kemsley, Director of Finance and Information, asked the Board to consider amendments to the Trust's Standing Financial Instructions (SFIs). He explained that the SFIs were regularly reviewed. The current review was delayed to allow for further work to be completed within several areas and the updated SFIs were expected to be presented in their entirely early in 2022. However, in advance of this full review, an amendment to the SFIs was required to support the Trust to deliver the 2021/22 capital programme and activity recovery programme. The context of the changes was described in the report, and the proposed amendments would remain in place for a maximum of six months. **Members of the Board resolved to receive the report on the standing financial instructions and approve the following amendments:** **1. the Trust can waive the need to tender for goods or services that the Trust has recently been through a robust evaluation and selection process for** **2. the Trust can waive the need to tender for goods or services which could be procured using a compliant framework** **3. the threshold for which three written quotations are required should be raised from £5,000 to £10,000** There was no other urgent business.	
22/11/21	**Date of next meeting: 28 January 2022 at 11am.**	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting 28 January 2022
Action Log

Outstanding actions from the meeting held on 30 November 2021					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	03/11/21	Patient Story Chief Nurse and Midwife to investigate the medication issues in the patient story.	Chief Nurse and Midwife	January 2022	**Suggest Action Closed** Escalation and oversight of medication safety metrics in discussion with Medication Safety Officer in pharmacy and will be incorporated into the IQPR in due course
2.	10/11/21	Strategic Capital Programme Report Board to receive a progress update on the BNSSG system Estates Strategy and the implications for the UHBW Estates Strategy.	Director of Strategy and Transformation	January 2022	**Action Ongoing** Paula to provide verbal update
3.	12/11/21	Sustainability Annual Report Sustainability Annual Report to be shared with governors	Director of Corporate Governance	January 2022	**Suggest Action Closed** Circulated by Sarah Murch, Membership Manager
4.	17/11/21	Embedding of the new Trust Values Board to be provided with update reports on embedding of the Trust Values which contained success measures and information about how they were making a difference.	Interim Director of People	January 2022	**Suggest Action Closed** Trust wide and divisional briefings and immersion exercises have been progressed since December. Approximately 400 leaders/managers have been briefed at over 40 divisional meetings. Value sessions and leadership behaviour development sessions were stepped down due to operational pressures but we have seen 3100 views of 'values' videos, 911 connect page views, 4600 social media reach/impressions, 1365 views on leaders connect and 1788 managers have received collateral on our new values

5.	14/09/21	**People Committee Chair's Report** People Committee to receive a report on staff rest facilities.	Director of Finance and Information	November 2021	**Action Ongoing** People Committee to receive further reports on staff wellbeing and rest areas
Closed actions from the meeting held on 30 November 2021					
No.	**Minute reference**	**Detail of action required**	**Action for**	**Due Date**	**Action Update**
4.	09/09/21	**Integration Progress Report** Chief Nurse and Midwife to send a report to the Board detailing the progress of the recruitment programme for overseas nurses.	Chief Nurse and Midwife	November 2021	**Action closed** Action complete after the September Board meeting.
5.	14/09/21	**People Committee Chair's Report** Finance and Digital Committee to receive a detailed report on the status of e-rostering implementation including challenges.	Director of Finance and Information	November 2021	**Action closed** This has been discussed between Committee executive leads and People Committee agreed to be the more appropriate home for this report. This has been added to the People Committee work plan for the next meeting in January.
6.	13/03/21	**Patient Complaints Report** The Patient Complaints Report to be updated to show year-on-year trends going forward and to be presented at the Quality and Outcomes Committee.	Chief Nurse and Midwife	July 2021	**Action closed** This is included in the Quarterly Report presented to the Quality and Outcomes Committee.
7.	14/03/21	**Six-monthly Safe Staffing Report** To include the consultant workforce data in the Six-monthly Staffing Report going forward.	Interim Medical Director	September 2021	**Action closed** Emma Redfern, Interim Medical Director, updated the Board that this was a work in progress and was dependent on the rollout of Allocate. It was agreed to close this action on the understanding that the Board would receive a further update in six months. Action Closed (but the Board to receive an update on Allocate roll-out in six months' time)
8.	03/07/21	**Patient Story** Mark Smith, Deputy Chief Executive and Chief Operating Officer, agreed to take forward the importance of a multi-disciplinary approach to virtual appointments, as well as a suggestion on digital support volunteers, to the Trust's Outpatient Improvement Group.	Deputy Chief Executive, Chief Operating Officer	September 2021	**Action closed.** Mark Smith confirmed that discussions had taken place with regard to implementing a multidisciplinary approach to virtual appointments. This issue was also being discussed with other organisations through the

					Outpatients workstream of the Integrated Care System.
9.	23/07/21	**Bi-Annual Equality and Diversity Report** The Board Business Cycle to be updated regarding WRES/WDES and Gender Pay Gap information.	Head of Corporate Governance	September 2021	**Action closed.** The planner had been updated.
10.	19/05/21	**Research and Innovation Report** Benchmarking against other Trusts to be included in the Annual Report for Research and Innovation.	Medical Director	September 2021	**Action closed.** Emma Redfern reported that following discussions with the Research and Innovation Team, it had been decided that the best measure to use for benchmarking UHBW's performance against other Trust would be research capability funding. This would be recorded in the Annual R&I Report going forward.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Friday 28 January 2022

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

1. Report Summary

To report to the Board on matters of topical importance, including a report 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 December 2021 and January 2022.

3. Risks

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

The risks associated with this report include:

N/A

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

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

5. History of the paper

Please include details of where paper has previously been received.

N/A

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – JANUARY 2022

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in December 2021 and January 2022.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

3. STRATEGY AND BUSINESS PLANNING

The group **noted** updates on progress around the Campaign Plan.

The group **noted** outputs from the Clinical Summit and requested that an action plan be developed to support the priorities identified.

The group **approved** a proposal for permanent recruitment for the Critical Care Outreach service.

4. RISK, FINANCE AND GOVERNANCE

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

The group **noted** updates on the operating plan process for 2022/2023.

The group **approved** in-year funding flexibility to support the back scanning of medical records in the Bristol Eye Hospital, replacement processors for patients with hearing implants, to reduce the waiting list and time for upgrading cochlear implants and investment in the communications strategy, acknowledging that these schemes met the criteria set out.

The group **supported** the proposal for the Communications Strategy and Stocktake subject to costs being spent in this financial year.

The group **approved** the joint Rheumatology Business Case with North Bristol Trust to support implementation of NICE technology appraisals, on the basis there was no additional cost to University Hospitals Bristol and Weston NHS Foundation Trust, for onward submission to the Clinical Commissioning Group.

The group **confirmed** support for preferred option in the Stroke Decision-Making Business Case for onward submission to the Trust Board.

The group received and **supported** the progression of the General Intensive Care Unit Stage 2 Full Business Case, for onward submission to the Finance and Digital Committee and Trust Board, subject to any further clarifications between the Senior Leadership Team and Finance and Digital Committee.

The group **approved** the business case for the transfer of Weston Microbiology Services to North Bristol Trust.

The group **approved** a proposal for the expansion of Foundation Doctors over the years 2022-2025, recognising there were cost implications that would need to be worked through.

The group **supported** the proposal to move forward with the preferred option with regards to the additional beds work.

The group **approved** revised terms of reference for the Commissioning and Planning Group.

The group **noted** an update on ECMO (Extra Corporeal Membrane Oxygenation service) development and next steps.

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

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

The group **received** updates on the Corporate and Strategic Risk Registers.

The group **received** one Internal Audit Report (Violence and Aggression follow up) with a satisfactory rating for and updates on the overdue recommendations.

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

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

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

The group **received** the Quarter 2 Complaints Report prior to submission to Trust Board.

The group **received** the Quarter 2 Patient Experience and Involvement Report prior to submission to Trust Board.

The group **received** the Quarter 2 Transforming Care benefits reports prior to submission to Trust Board.

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
January 2022

Meeting of the Trust Board of Directors in Public on 28th January 2022

Report Title	Q3 Strategic Risk Register
Report Author	Sarah Wright, Head of Risk Management & Information Governance
Executive Lead	Chief Executive

1. Report Summary

The Trust's Board Assurance Framework is formed of two elements:

- Part A - Assurance around the achievement of the Trusts strategic objectives
- Part B - Assurance that any risks to the achievement of the strategic objectives
  are being adequately mitigated or controlled.

This report forms part B of the Trust's risk Board Assurance Framework and is the mechanism for reporting on the management and treatment of strategic risks (*risks to the achievement of the Trusts strategic objectives)*.

2. Key points to note

There are **12** risks on the Strategic Risk Register; this is summary of the action taken to manage the risks during the last financial quarter:

Points to note:

- 0 new risks
- 0 risks increased
- 0 risks closed

3. Risks

See attached appendix.

4. Advice and Recommendations:

- This report is for **Assurance**

5. History of the paper

Risk Management Group	11/01/2022
Senior Leadership Team	19/01/2022
Audit Committee	24/01/2022
QOC (relevant risks)	24/01/2022
People and Finance & Digital (relevant risks)	25/01/2022
Trust Board of Directors (Public)	28/01/2022

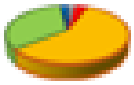
Alignment with Strategic Priorities

The Trust has identified 6 strategic priorities to support delivery of its vision.

The annual corporate objectives have been formulated to support the delivery of the strategic priorities.

The RAG ratings against the achievement of the 2021/22 corporate objectives is shown in the second column.

The strategic risks identified that may have an impact of the achievement of the strategic priorities, are noted in the third column.

STRATEGIC PRIORITIES	Corporate Objective RAG*	STRATEGIC RISKS
Our Patients We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.		5369
Our People We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.		737 2646 2694 5277
Our Portfolio We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focussing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.		2642
Our Partners We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.		3472 5317
Our Potential We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation.		2633 2741 2992
Our Performance We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.		416

Risks to Enabling Strategies

STRATEGY	THEMES	RISKS
Communications Strategy		Nil
Digital Strategy	Trust Digitisation	2633
Estates Strategy	Trust Estate	2642
Financial Strategy	Trust Finances	416
People Strategy	Workforce Recruitment Workforce Retention Leadership capacity	737, 2646, 2694, 5277
Quality Strategy		Nil
Research Strategy	Research Activity	2741
Sustainability Strategy	Sustainability Agenda	3472
Transformation Strategy	Transformation Activity	2992
Trust Strategy	System/Provider Collaboration	5317, 5369

New Risks

New Strategic Risks	
	Nil

Risks Closed

Closed Strategic Risks	
	Nil

Existing Risks

Quarterly update on existing Risks		
416	**Risk that the Trust fails to achieve the objectives of its financial strategic plan**	**15**
⇔	The Trust and System submitted the five-year capital plan to NHSEI on the 16th October 2021. The submission was compliant with the system CDEL over the five years but the plan required CDEL brokerage or uplift in 2022/23. For UHBW, whilst the capital plan was compliant over the five years, the capital plan for 2022/23 exceeded CDEL by £12m but was below CDEL in 2024/25 by £4m and £8m in 2025/26. Formal written feedback has not been received from NHSEI but dialogue continues regarding CDEL brokerage and phasing of capital expenditure. The national planning guidance for 2022/23 was published on 24 December 2021. In addition, revenue funding allocations for 2022/23 have been issued. The implications and requirements of this information is being worked through as a system and Trust during January that may feature in the Trust's Long Term Financial Plans this quarter. However, it should be noted that the financial regime and funding beyond 2022/23 will not be available until April/May.	
737	**Risk that the Trust is unable to recruit sufficient numbers of substantive staff**	**16**
⇔	The programme of international nurse recruitment (258 new registered nurses by the end of March 2022) continues at pace with 162 now arrived in the country, 126 have now passed their OSCE, 97 have their NMC Pin and a further 96 are due to arrive by the end of March. All of which is helping to address our Band 5 nursing vacancy position. Modelling is now being completed to understand the nurse expansion plans for 2022/23. International recruitment of radiographers continues to be actively progressed predominantly in the Weston Division, however; this is also being explored for Bristol based vacancies. Significant recruitment challenges remain around ancillary recruitment driven by the post lockdown candidate driven market. A robust recruitment plan has been put in place to try and address this challenge. New recruitment approaches will be considered for A&C staff in Q4 again due to the challenging candidate driven market and increasing vacancy levels. Focused activity has been addressing medical gaps in the Weston Division. Success has been seen, however, this remains a significant challenge and risk to the organisation. Assessment of both the current and long term impact of both the mandatory vaccinations and implementation of the Bristol Clean Air Zone on this risk is required.	
2633	**Risk that Trusts IM&T Systems fail to deliver the required levels of efficiencies**	**8**
⇔	System C have provided the Trust with an indicative timeline, which is currently being reviewed. This will allow Digital Services to undertake more detailed planning and give a better indication of when projects such as EPMA can be delivered. Digital Hospital Programme Board has continued to support the development of a business case for further investment in achieving the Trust's Digital aims. A version of the paper was recently shared with Finance and Digital Committee. DHPB have been made aware by the CCIOs, that without further investment in clinical transformation the department's ability to successfully deliver the programme is at risk. A short term investment proposal to bulk scan BEH's medical records has been submitted to SLT. Long term investment in EDM is included in the business case mentioned above.	

2642	**Risk that the Trust is unable to invest in modernising the Trust estate**	**6**
⟷	Schemes within the strategic programme have been prioritised and a mass programme generated. A triage system is in place for any new bids put forward. Enhanced governance, reporting and resourcing arrangements were approved via the Capital Planning and Steering Group and SLT in December 2021. Work in progress to increase inpatient capacity and mitigate corporate risk 423 is the development of the Level 7 BHI management suite into a ward and a feasibility study of modular capacity in the BHOC carpark. Work is also underway to scope whether this could meet some of the BHOC longer term strategic aims. A full business case for the BHI extension is due to be submitted in February 2022, this is intended to provide 18 additional beds Additional staff to support the effective delivery of the programme have been identified and due to be sourced via externally consultancy following approval of briefs via SEDPB in Jan 2022.	
2646	**Risk that the Trust has insufficient leadership capacity**	**12**
⟷	The significant leadership changes have been managed through 2021/22 supported by an Executive Development Programme in partnership with Co-create, which will be evaluated at the end of June and also the new peer-to-peer leadership platform Leaders Connect which launched in November 2021. Leaders Connected is a digital portal designed to support leaders to be the best leader they can be. The platform will support, connect and inspire our first line leaders. There remains a vacancy for the role of lead for this programme of work in the Education team. This role is critical in delivering the plan to mitigate this risk, interviews for this post will be held in January 2022. A further update paper will be submitted to SLT in January 2022 with the ambition to develop an integrated framework beyond the interim offer and Leaders connected on pause until the arrival of the new resource.	
2694	**Risk that Trust is unable to retain members of the substantive workforce**	**12**
⟷	The values and behaviours launched on 22nd November 2021. A comprehensive communications and OD plan is in place to ensure a full immersion for staff and leaders. Key launch activities included: • Values and behaviour presentations • Divisional plans developed locally to ensure immersion across divisions throughout December • HR WEB updates to include all supporting tools • A welcome pack delivered to divisions with supporting communication material • Leaders connected platform launched on Thursday 25th November and includes values and leadership behaviours themes • leadership and management development training will include values and behaviours with immediate effect • 50 Values training sessions will run from 1st December to end of March • Development of Leadership Behaviours training will go live in December In order to align to the new staff Values and Leadership Behaviours, a full review of the Trust recognition framework is underway. National Annual Staff Survey closed on 26th November 2021 with a response rate currently of 43.9%, 9.1% less than last year). The Trust is 5.1% behind the national acute average. Staff survey reporting is in March 2022. Assessment of both the current and long term impact of both the mandatory vaccinations and implementation of the Bristol Clean Air Zone on this risk is required.	

2741	**Risk that Research and Innovation is not adequately supported**	**9**
⟷	Project income remains on track with the majority of previously suspended research now reopened. There has been an increase in set up of non-Covid research. The current Covid wave presents a threat with possible redeployment of research staff and reduction in recruitment to studies (with subsequent loss of income). The main focus will be to support and prioritise delivery of Covid research.	
2992	**Risk that benefits of transformation, improvement and innovation are not realised**	**9**
⟷	Expansion of the number of Bronze and Silver QI training programmes is on hold due to operational pressures. We continue to run the programme to original capacity and staff are able to cancel at short notice with no penalty. We also offer the training as recordings for participants to catch up, and staff can contact the Transformation Team and QI Faculty for support with their improvement projects. The leadership priority of Continuous Improvement includes the Patient First programme being taken forward with NBT and UHSussex. There will be communications to staff to introduce the programme, links to tools and support for staff to make improvements, and short videos of recent improvements that staff have made. The improvement e-learning module is available to all staff on Kallidus. Planning will commence for the Patient First Improvement System for front line staff (PFIS) in Q4.	
3472	**Risk that the Trust fails to make a positive impact on combatting climate change**	**10**
⟷	The Sustainability annual report was taken to Trust Board and the Clean Air Zone and Car parking update paper was approved at October SLT. The Trust supported COP26 with webinars held to update staff on Trust sustainability activity as well as holding cycle rides to raise awareness; staff from the Children's hospital completed a cycle ride to raise awareness of impacts of climate change on children specifically and the Sustainability Team rode in support from Bristol to Weston. UHBW Anaesthetic gases work is one of three case studies used in the national Greener NHS COP26 campaign. Other projects completed this quarter include • Electric bikes to enable staff to trial before purchasing themselves • Cycle showers installed and opened at the Academy in Weston • Mobilityways (Liftshare) introduced to support staff with Personal Travel to work planning and provide the Trust with travel data The following recruitments have been made • Bus drivers and transport staff • Replacement Sustainable Waste Manager • Sustainability Manager Projects in progress comprise: • The tender for the staff sustainability engagement programme has been awarded • Salix funded heat decarbonisation Bristol proceeding to programme • Weston district heating efficiency, LED, PV, insulation and BMS upgrades are all progressing • Ecoquip+ single use plastics and sustainable waste management market engagement has started, with an agreement from BWPC to extend waste contracts to allow time for innovation.	

5277	**Risk that the objectives of the Trust wide multi-disciplinary education strategy are not delivered**	**12**
⟷	In partnership with BNSSG partners the Learning Academy has approved a top-level strategy for the deployment of T levels within 2022, working alongside clinical stakeholders to realise this plan. Furthermore, the academy has approved a strategy for traineeships, the Prince's Trust programme and work experience resuming from March 2022 (subject to review).	
5317	**Risk that the Integrated Care System Implementation reduces the Trusts decision making powers**	**12**
⟷	It should be noted that the target date for ICS establishment has been delayed from 1st April 2022 to 1st July 2022 subject to passage of the proposed legislation. This was confirmed in the 24th December 2022/23 National Operational Planning Guidance. NHSE continue to release guidance on the development of the ICS and ICB, the most recent being Management of NHS resources by integrated care boards, Version 1.0, 20th October 2021. A lot of work has been done at BNSSG System level on the Integrated Care Board (ICB) overall governance arrangements as well as ambitions and principles for working with providers and provider collaboratives with the main changes summarised below. 1. Governance: a. All FTs expected to be members of at least one provider collaborative b. NHS Trusts/FTs to be Partner Members of the ICB Board (we are proposing that UHBW, NBT and AWP CEOs will all be Board members) 2. Finance: a. New statutory duties on NHS Trust/FTs and new financial framework establishes mutual accountability for ICS financial position b. New guidance to reform approaches to contracting and payments (TBC) 3. Delegated commissioning a. Tertiary services to be co-commissioned through commissioning collaboratives at regional level, involving NHSEI and ICSs (TBC) b. Some services currently commissioned as spec comm to be delegated to ICS (from 2023/24 (TBC)) c. Nationally commissioned services will continue to be commissioned by NHSEI nationally 4. Place-based partnerships a. Will take on contractual responsibility for integrated out of hospital care, starting with Community MH. b. Pipeline and pace of change will be determined locally, working assumption is that next in line will be Integrated Frailty Service c. Working assumption in BNSSG is that ICPs will not take on delegated commissioning responsibilities for acute services	
5369	**Risk that the Trust is unable to deliver a suitable service model for Weston General Hospital**	**16**
⟷	SLT agreed in November to an enhanced Weston Management Model that includes the establishment of a business unit to directly manage wards, outpatients and other key services, as well as provide whole hospital leadership and site coordination. SLT to approve in February 2022 the Business Case for revised Weston Management Model and allocation. The 3-month extension to the Healthy Weston 2 programme was approved by the Healthy Weston Phase 2 Steering Group. A Key Lines of Enquiry document was submitted to NHSE and the Clinical Senate in December and comments are expected back the end of January 2022. The PCBC (Public Council Business Case) Clinical Senate Review Panel will now take place in March 2022. Emergency and Planned Care subgroups continue to work through the modelling meeting weekly and the Business Intelligence/Finance group meet twice a month.	

The current and target assessments of risks are shown below:

Risk ID	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		Target
416	9	9	9	9	9	9	9	15	15	15	⇔	10
737	12	12	12	16	16	16	16	16	16	16	⇔	6
2633	4	8	8	8	8	8	8	8	8	8	⇔	4
2642	6	6	6	6	6	6	6	6	6	6	⇔	3
2646	12	12	12	12	12	12	12	12	12	12	⇔	6
2694	12	12	12	12	12	12	12	12	12	12	⇔	4
2741	9	9	9	9	9	9	9	9	9	9	⇔	6
2992	9	9	9	9	6	6	6	6	9	9	⇔	6
3472		10	10	10	10	10	10	10	10	10	⇔	5
5277								12	12	12	⇔	4
5317								12	12	12	⇔	4
5369								16	16	16	⇔	8

The current scores are summarised in the following heat map:

Likelihood	Impact				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Very Likely					
4 Likely			2646	737, 5369	
3 Possible			2741, 2992	2694, 5277, 5317	416
2 Unlikely			2642	2633	3472
1 Rare					

Strategic Risk Register								Inherent				Controls			Assurance			Current Assessment					Target					Review	
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
416	01/11/2011	Financial	External	Financial Strategy	Finance and Digital Committee	Director of Finance & Information	If the Trust's planned income and expenditure position of break-even or better is not delivered, or If the cost and number of capital schemes increase beyond that provided for in the Trust's Strategic Capital Programme, or If external regulation is imposed regarding the use of the Trust's cash resources (this may include the requirement to share resources within an STP or restrictions on the use of cash surpluses) Then less cash will be available to fund the Trust's Strategic Capital Programme Resulting in the requirement to identify additional cash funding sources (via charitable partners or NHSEI) and/or reduce the cost of the Strategic Capital Programme through scheme deletion, deferral or reduction in scope.	Catastrophic	Likely	20	Very High Risk	Periodic review and update of the Strategic Capital Programme and the underpinning five year revenue Long Term Financial Plan (LTFP). The Trust has completed its Strategic Capital Review in June with sign off by SLT. Effective reporting, monitoring and review of operational plan to identify issues requiring a financial recovery plan. Established contract monitoring and commissioner dialogue to minimise external factors arising from contracting issues. Established working relationship with Charitable partners to manage donations Fully worked up schemes in advance with experienced staff input, control of tenders and costs and effective monitoring and reporting of costs. A managed contingency reserve. Engagement at a national level regarding any proposed external regulation. A comprehensive, committed capital programme proceeding at pace. The BNSSG system DoFs have agreed the principles and process to deliver a system prioritised 5 year capital plan for submission to NHSEI on 15 October 2021 that is compliant with NHSEI's Capital Department Expenditure Limit (CDEL).	Adequate	Revised national financial framework remains in development.	Detailed monthly submission of financial performance submitted to the Regulator, NHS Improvement. Strong statement of financial position. Liquidity metric of 1 (highest) and Use of Resources Rating of 1 (highest rating) Regular Reporting to the Finance Committee and Trust Board. Monthly Pay Controls Group, Non Pay Controls Group and Nursing Controls Group scrutiny of Divisions performance. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Delivery of the capital programme, including the prioritisation and allocation of strategic capital.	Second Line Assurance - Risk and Compliance		Catastrophic	Possible	15	Very High Risk	Deliver the action plan out lined in the 2020/21 business planning paper approved at Finance Committee to improve the underlying position. Once national framework is in place, work with STP partner to maintain control over Trust cash reserves.	31/03/2022	Catastrophic	Unlikely	10	High Risk	01/03/2022	Action Required Risks
737	16/07/2014	Workforce	External	People Strategy	People Committee	Director of People	If the Trust is unable to recruit sufficient numbers of substantive staff and to fill specific staff groups/occupations where there is a limited supply, Then continuity and effectiveness of services may suffer, Resulting in increased reliance on other staff members and increased chance of 'Burnout' and a negative experience of working for UHBW.	Major	Very Likely	20	Very High Risk	A new Tactical Recruitment Group has been set up including senior clinical leadership across the Trust to drive clinical recruitment across the newly merged organisation. A robust clinical recruitment plan is being developed to target all hard to recruit to posts and areas which will then be managed through the Tactical Recruitment Group. Divisional position reviewed through monthly exec scrutiny.	Inadequate	The nursing vacancy position remains a challenge in some hard to fill areas such as Care of the Elderly, T&O, Oncology & Haematology. Turnover in nursing remains high. Nursing gaps are being addressed through a plan to recruit 258 international nurses by 31st March 2022. Ongoing challenges exist with Radiographers, Sonographers, Neurophysiology and Audiology, where there is a national and international shortage. A dedicated D&T recruitment manager is in post to give key recruitment input to these hard to recruit to roles. International recruitment is being utilised to address radiographer vacancies. The Trust is dependent upon Health Education England to allocate sufficient numbers of doctors in training. The number of doctors the Trust is allocated does not correlate with optimum staffing levels. This results in ongoing vacancy rates. Ongoing gaps in consultant posts such as Dermatology, Stroke Services and Acute Medicine continue to challenge service delivery. The new Weston Division has significant vacancy rates across all clinical roles especially across the medical staff groups which is creating a significant risk with rota gaps on the junior doctor rota.	Monitoring achievement of Strategic Workforce Plan objectives though People Committee. Divisional performance is monitored monthly at Performance and Operational Reviews. Monitoring of controls by People Committee.	Second Line Assurance - Risk and Compliance		Major	Likely	16	Very High Risk	Develop mutually beneficial relationships across the BNSSG healthcare economy and beyond to increase workforce supply. TRAC functionality now fully rolled out across medical recruitment and a full suite of medical KPI's introduced. Work ongoing to ensure that consultants more fully use the functionality available through TRAC. Introduce new roles and innovative T&C's to attract new junior doctors in training. Marketing & attraction – ongoing marketing plan for innovative campaigns using recruitment videos, targeted email shots, social media and recruitment microsites, all underpinned with a strong marketing brand. Develop the scope of the apprenticeship provision, to include a wider number of job roles, levels and progression pathways. Ongoing European head hunters now being used to target hard to recruit to nursing and medical vacancies. Success being reviewed on a quarterly basis.	31/03/2022 31/03/2022 31/03/2022 31/03/2022 30/12/2022 31/03/2022	Moderate	Unlikely	6	Moderate Risk	01/03/2022	Action Required Risks
2633	22/06/2018	Quality	External	Digital Strategy	Finance and Digital Committee	Director of Finance & Information	If the Trusts IT Systems do not support increased efficiency for clinical teams, Then documenting and accessing clinical information may take more time than previously, Resulting in inability to deliver effective care, decreased engagement with the Trusts digitisation programme and increased potential for the development of local 'work arounds'.	Major	Very Likely	20	Very High Risk	Harnessing the CCIO team and their clinical networks to engage and collaborate widely across clinical users. This is now further supported by establishing Digital Hospital Programme Committee Applying best practice management and operational disciplines and controls to IT operations.	Inadequate	The Trusts Digital Strategy is not yet approved.	Routine departmental assurance by programme management office for all digital and IM&T projects and activities reported to IM&T Management Group. EPRR Annual Report to the Board.	Third Line Assurance - Independent		Major	Unlikely	8	High Risk	Business cases for Electronic Document Management and EPMA. September /October Trust Board to consider capital and revenue investments required to increase pace and scope of implementing the Trust's digital strategy and associated programmes of work.	31/03/2022 31/03/2022	Major	Rare	4	Moderate Risk	01/03/2022	Action Required Risks
2642	29/06/2018	Business	Internal	Estates Strategy	Audit Committee	Chief Operating Officer	If the Trust has restricted system capital and is unable to invest, is unable to access to clinical areas due to operational pressures or has insufficient internal project management resources, Then the estate may not be modernised and developed in line with the aspirations of the strategic plan, Resulting in an environment with facilities that do not support improved efficiencies in patient care, streamlined pathways, improvements in patient experience and a deterioration in staff engagement.	Major	Very Likely	20	Very High Risk	Medium Term Financial Plan. Strategic Capital Plan and Operational Plan. Planned preventative maintenance budget. Trust Capital Group Chaired by Divisional Director, Surgery, receives monthly status reports on Capital Projects from Divisions and Assistant Director of Estates. SED Programme Board to oversee all SEDP schemes, chaired by Director of Strategy and Transformation. Financial Control Procedures, including the scheme of delegation and Standing Financial Instructions in place. Approved Five year Medium Term Capital Programme. Delivery of the capital programme, including the prioritisation and allocation of strategic capital. Delivery of the Operational plan without significant deterioration in the underlying run rate to ensure availability of strategic capital is available for future investment.	Adequate		Monthly KPI report through Divisional Board on Reactive maintenance. Prioritisation of backlog maintenance through Capital Programme Steering Group Reports from Trust Capital Group to Capital Programme Steering Group. Reports from Phase 5 Programme Board to Capital Programme Steering Group. Chairs reports from Capital Programme Steering Group to Finance Committee. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Regular Reporting to the Finance Committee and Trust Board.	Second Line Assurance - Risk and Compliance	Lack of assurance that capital expenditure controls for delegated Divisional Capital are fully effective.	Moderate	Unlikely	6	Moderate Risk	Additional staff to support the effective delivery of the programme have been identified and due to be sourced via externally consultancy following approval of briefs via SEDPB in Jan 22.	31/03/2022	Moderate	Rare	3	Low Risk	01/03/2022	Action Required Risks
2646	29/06/2018	Workforce	Internal	People Strategy	People Committee	Director of People	If the Trust fails to retain, attract or develop its leaders, Then it may have insufficient management and leadership capacity to ensure the achievement of the Trusts key objectives, Resulting in a decreased capacity to maintain financial and operational sustainability.				Very High Risk	Executive Programme in place SLT development programme to commence April 2022 Trust Leadership framework is being developed managed by a steering group		Further development of the Talent Management Framework is required.	Assurance reports to the Remuneration, Nominations and Appointments Committee and SLT. Divisional Performance reviews and the People Committee will provide the governance for this risk.	Assurance - Risk and Compliance	Divisional level analysis of succession plan not in place at present, therefore there is an 'unknown' risk. The risk of not funding the executive leadership programme will impact on the ability to provide leadership capacity at the senior level of the organisation.				High Risk	Support the transition of the Management development programme to the Education team, working in partnership to review develop and design the cultural programme of work. As part of the TI&I strategy the Transformation Team are developing some QI for Leaders training, this will be developed during Q4 with a view to a launch in April.	31/12/2022 30/04/2022				Moderate Risk	01/03/2022	Action Required Risks

Strategic Risk Register								Inherent					Controls			Assurance			Current Assessment						Target					Review	
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
								Major	Very Likely	20			Inadequate			Second Line A		Moderate	Likely	12		The development of a new Leadership training modules focussing on how to lead change are in development in Q4 of 2020/21 Two modules will launch initially, which are likely to be 'managing resistance to change' and 'creating the conditions for change'. It is anticipated that the training will give managers the tools to lead change more effectively in their area of work.	30/04/2022	Moderate	Unlikely	6			
																						working in collaboration with the Education team to develop and deliver revised L&M organisational offer	31/03/2022						
																						Evaluate the effectiveness of the Executive Development Programme (in partnership with Co-create).	24/06/2022						
																						Work with Gatesby Ltd to implement outline plan for SLT to be in place in April 2022	25/03/2022						
2694	13/08/2018	Workforce	Internal	People Strategy	People Committee	Director of People	If the factors that contribute to a decrease in the staff annual engagement score are not improved, then the workforce may be disengaged and chose to move to other organisations, resulting in increased turnover, absence and other workforce KPI's.	Moderate	Likely	12	High Risk	People Strategy, focus on improving key cultural elements of: - Staff Engagement - Bullying and Harassment - Recognition - Performance Management - Diversity and Inclusion - Workplace Wellbeing - Leadership and management development. All workstreams have detailed action plans to ensure improvements are in place. This is supported by 3 sub-groups: - Wellbeing Steering Group - Workforce Diversity & Inclusion Group - Culture & People Group These groups feed into the People and Education group, and ultimately feed into the People Committee.	Adequate		Monthly HR/OD partnership meetings in place to review all plans which are then presented to the people management group and the supporting sub groups of wellbeing and Diversity and Inclusion. Each division has a workforce committee to provide assurance on this agenda Divisional Performance reviews monitoring progress against these KPI's Quarterly update to the the people committee and the Trust Board	Second Line Assurance - Risk and Compliance	Not achieving a score in the upper quartile nationally among peer Trusts.	Major	Possible	12	High Risk	The recognition framework will be reviewed and aligned following the merger with proposal complete in October 2021 and implementation by September 2021	31/03/2022	Major	Rare	4	Moderate Risk	01/03/2022	Action Required Risks
																						Plan and execute 'You said, we did' plan during staff survey completion/live weeks	31/03/2022						
																						Embed the Supporting Positive Behaviours Framework	31/03/2022						
																						Extend Annual Staff Survey Contract with provider the picker organisation. The contract is due for renewal in August 2021 however has an option for a year extension. The proposal is to extend the current contract until a review of the NHS England option to uptake the NHS People Pulse. The immediate action is to secure an extension Staff survey contract to be reviewed in march 2022 in line with procurement process	31/03/2022						
2741	19/09/2018	Financial	Internal	Research Strategy	Quality and Outcomes Committee	Medical Director	If financial pressures, service pressures or failure to recognise the value of research cause it to be deprioritised, Then the Trust will be unable to sustain research activity, Resulting in loss of income, reputation and ability to attract and retain highly skilled and motivated staff. limitation of patient choice, loss of potential to offer novel and/or cutting edge treatments and inability to contribute to the evidence to improve patient care.	Moderate	Likely	12	High Risk	Memorandum of agreement with University of Bristol. Joint Posts and Clinical Networks. Research Standing Operating Procedures. Process in place for corrective and preventative actions where breaches of GCP/protocol are identified to support learning by PI/CI and research team. Regular review of research recruitment on a trust-wide level. Key Performance Indicators at divisional level (bed holding only) finalised for regular divisional review. Appropriate study selection to maximise fit with patient pathways and minimise high resource use at times of clinical pressure. Research grants, Research Capability Funding, commercial and delivery income maintained. SPAs recognised in consultant job plans. Experienced and dedicated research teams to support delivery of clinical research. NIHR award £21m over 5 years for Biomedical Research Centre to Trust and UoB partnership. Call for BRC2 expected April 2021 and bid will be submitted for renewal. New Clinical Director and substantive Chief Operating Officer to Local Clinical Research Network. Review of impacts of research and engagement with SLT, board and divisional management teams to demonstrate value of research in NHS. Regular interaction with comms team to maintain visibility of research in as part of every day business.	Adequate		Reporting structures for divisional research committees/groups to Trust Research Group. Regular reports to divisions and the Board on KPI reviews (Trust-wide & divisional). Internal and External Audits and inspections. Process in place to identify and address poor performance within R&I Dept.	Second Line Assurance - Risk and Compliance	No clear mechanism for protecting time for non-medical PIs who do not hold funded research role recruiting to National Institute of Health Research portfolio trials not in place.	Moderate	Possible	9	High Risk	Continue to work with our researchers, with the RDS and with trials units to encourage them to submit high quality applications to NIHR funding streams. NIHR project grants draw in Research Capability Funding. Therefore increasing the number and value of NIHR project grants will lead to an increase over time of RCF. Drawing in successful grants also increases the research activity of the trust.	31/03/2022	Moderate	Unlikely	6	Moderate Risk	01/03/2022	Action Required Risks
2992	28/12/2018	Business	Internal	Quality Strategy	mes Committee	Transformation	If sufficient priority is not given to developing the Trust's culture and the capacity and capability of staff for delivering transformation, improvement and innovation, Then staff in the organisation may not be able to support the				High Risk	Transformation, improvement and innovation strategy Transformation and improvement priorities embedded into annual Trust and Divisional operating plans. Comprehensive QI programme – QI gold provides training, coaching and mentoring for divisional teams to deliver larger		Staff unable to be released to partake in training and/or deliver their improvements.	Reporting to Strategic Senior Leadership Team. Evidence of wide range of innovation and improvement programmes completed/underway including good response to programmes such as Bright Ideas, Trust Recognising Success awards , Quality Improvement Hub, QI annual forum and	oz - Operational	Securing sufficient capacity to deliver 'Dosing' strategy (staff unable to be released for training and/or deliver their improvements).				High Risk	Grow the scope of the QI Academy offer in the line with the dosing strategy, including the development of a QI foundation programme and QI for Senior Leaders programme Develop plans for online and virtual training for staff during	31/03/2024				Moderate Risk	01/03/2022	Action Required Risks

Strategic Risk Register								Inherent					Controls			Assurance			Current Assessment						Target					Review	
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
					Quality and Outco	Director of Strategy &	scale and pace of change necessary to work in new ways and deliver the organisation's and system's strategies, Resulting in a partial or non-realisation of benefits, loss of reputation as an innovative organisation, poor performance, demotivation of staff, associated impact on recruitment and retention, and a reduced influence as a leader in our Local system.	Moderate	Possible	9		transformation projects, and the transformation team support these either divisionally or cross-organisationally Regular updates on Transforming Care programme to Strategic SLT and Public Trust Board Staff engagement embedded in planning service improvement and transformation work. Transformation and other service improvement leads networked across the divisions. Working in partnership with the Academic Health Science Network to access latest training materials and external courses for enhanced training. Quality Improvement Academy established 2017 and "dosing plan" for training developed. Digital Hospital programme a priority within the Transformation programme with Digital Hospital Committee aligning actions into clinical safety and operational decisions. Transformation, Improvement and Innovation strategy approved by Trust Board, and delivery of actions reported to People Committee six monthly for assurance	Inadequate		achievement of local / national awards. Audit and inspections. Quarterly Transformation reports to the Trust Board and six monthly updates to be provided through governance structure to People Committee Benefits realisation plans in place for all Transformation projects. Routine departmental assurance by programme management office for all digital and IM&T projects and activities reported to IM&T Management Group.	First Line Assuranc		Moderate	Possible	9		Planning phase for Patient First programme, key milestones: . Outline business case - approved by SLT and Board Nov 2021 . Full business case with investment requirements to SLT Feb/Mar 2022 . Develop True North Mar 2022 . Develop roll out plan for the Patient First Improvement System for front line staff and divisional team (PFIS) Mar 2022.	31/01/2022	Moderate	Unlikely	6			
3472	30/10/2019	Environmental	External	Sustainability Strategy	Audit Committee	Director of Strategy & Transformation	If the Trust fails to educate and drive changes in how we deliver our services, in the behaviour and the ways of working of staff, contractors and in the supply chain, Then the Trust may fail to meet its commitments under the Sustainable Development Strategy, Resulting in an inability to contribute to making a positive impact on combatting climate change and the associated environmental and health impacts.	Catastrophic	Possible	15	Very High Risk	Sustainability Strategy approved at Trust Board in September 2019. Sustainability Plan in place to support delivery of strategy objectives. A Sustainable Development Board with supporting governance structure and work streams to oversee delivery of the Sustainable Strategy has been approved by SLT. Sustainability team established, 2 posts left to be recruited. Sustainability Implementation Group responsible for leading the Trust's work to become more sustainable; socially, environmentally and economically, across all areas.	Inadequate	Until such time as the carbon neutrality target is delivered there will always be a risk that it will not be delivered as no one has control of future events. Therefore it will require an adaptive response to the changing climate emergency and mitigation will change over the period of delivery of the strategy.	Reports to SLT and Trust Board.	Second Line Assurance - Risk and Compliance	None noted.	Catastrophic	Unlikely	10	High Risk	identify specific climate mitigation risks submit and achieve approval	27/02/2022	Catastrophic	Rare	5	Moderate Risk	01/03/2022	Action Required Risks
5277	28/05/2021	Workforce	Internal	People Strategy	People Committee	Director of People	If the Trust is unable to create the required workforce capacity and capability, Then the Education Strategy will not be fully realised, Resulting in a negative impact on staff recruitment and retention.	Major	Very Likely	20	Very High Risk	Associate Director of Education and DME part of SLT with a governance structure fully implemented as part of the People Portfolio and strategy. Education priorities part of the operating plans with KPIs and reporting into business cycles . A UHBW SRO of the BNSSG Learning Academy enabling cross sytem working and high visibility of education. Matrix working with aligned portfolios such as transformation , research, clinical services , OD and recruitment thereby ensuring less silo working. Partnership working with a range of education providers, HEE, Local Authority , Skills for Health/Care. A staff engagement and communication strategy. Central oversight of corporate education investment/finances and the NHS contract. Review and implmentatation of a Trust Services education structure able to provide the foundations for the education strategy.	Adequate			Second Line Assurance - Risk and Compliance		Major	Possible	12	High Risk	Develop an integrated, robust governance framework that supports the monitoring, visibility and quality assurance of education. Establish an equitable, technology enhanced model for the oversight, coordination and delivery of outstanding education. Consistently achieve high compliance and staff engagement in relevant essential training. Invest in the education of new roles , skills and competencies for future focused transformational models of care Expand the synergy between education, patient safety and the Quality Improvement Academy. Increase opportunities for knowledge sharing and reward and recognition schemes. Develop an equitable and transparent funding model for education Ensure all trainees receive an excellent and supportive clinical placement Develop shared governance processes with external education providers Create inclusive opportunities for career development and progression Proactively support flexible, supply routes into the NHS and workforce retention strategies Secure an apprenticeship model that becomes known as a national centre of excellence.	31/03/2022	Major	Rare	4	Moderate Risk	01/03/2022	Action Required Risks
5317	15/06/2021	Business	External	Trust Strategy	Audit Committee	Director of Strategy & Transformation	If a conflict arises between the objectives and plans of the ICS and those of the Trust, Then the Trust may have a limited ability to make some investment and service funding decisions, Resulting in non-achievement of the Trust's Strategy in relation to delivery of specialised and tertiary services, the service mix not being optimal and impacting on the quality of care and recruitment and retention of staff and potential non-compliance with regulatory standards such as CQC and JAG accreditation.	Major	Very Likely	20	Very High Risk	Chief Executive is a member of the Healthier Together Chief Execs Group who are directly involved in shaping the ICS for BNSSG. The Trust is a member of a number of System working groups where ICS development is discussed. BNSSG System is actively developing an ICS development plan. Members of the Trust are involved in these workshops and are SROs for various aspects of the plan. As a subset of this plan, UHBW & NBT have formed a 'provider collaborative' as part of the wider ICS. Adopting an approach of pro-active planning and willingness to show flexibility with regard to emerging national picture, based on the assumption that guidance won't change significantly for Acute providers and that there is likely to be a good degree of latitude in terms of how local Systems manage the delivery. Responsive process to ensure appropriate governance arrangements can be put in place to underpin ICS working through the ICB and ICS Partnership Board. The BNSSG system DOFs have agreed the principles and process to deliver a system prioritised 5 year capital plan for submission to NHSEI on 15 October 2021 that is compliant with NHSEI's Capital Department Expenditure Limit (CDEL).	Inadequate	Legislative proposal for Integrated Care Systems to be considered by parliament summer 2021 with implementation date July 2022. Full assessment of impact on UHBW sovereignty of decision making to be completed.	Board reporting vis the Healthier Together Update Report and via the CEO Update. Board Seminar on the development of the system MoU - June 2021	Second Line Assurance - Risk and Compliance		Major	Possible	12	High Risk	Inclusion of system performance metrics into the performance reporting to the Board and Committees to address the new System Oversight Framework coming into force from 1 April 2022 (expected in line with legislative timeline) Short term commissioning arrangement in place in year and activity being managed against short term block arrangements. Activity analysis and submissions being managed internally and within the System as part of the Phase 3 and Phase 4 planning process. Plans and processes for 2021/22 to be reviewed and amended to reflect the new commissioning and planning arrangements for next year when the impacts are clearly understood. Board Seminar (March 2022) to review ICS alignment with Trust Strategy.	31/03/2022 31/03/2022	Major	Rare	4	Moderate Risk	01/03/2022	Action Required Risks

Strategic Risk Register								Inherent				Controls			Assurance			Current Assessment					Target					Review	
ID	Opened	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
5369	02/07/2021	Business	Internal	Trust Strategy	Audit Committee, Quality and Outcomes Committee	Director of Strategy & Transformation	If the Trust is unable to design and deliver a suitable service model for Weston General Hospital, Then the ambitions and vision around the integration of clinical services across Bristol and Weston and Healthy Weston may not be achieved, Resulting in services across the Weston campus being unsustainable and non-compliant regulatory requirements.	Major	Very Likely	20	Very High Risk	Enhanced leadership in place for the Weston Division including a Managing Director, Deputy Medical Director and Deputy Chief Nurse. Clear alignment of the Weston Division Improvement Plan with the second stage of the Healthy Weston Programme. System incident response governance arrangements in place. Recruitment plans for nursing and medical staff. CQC improvement plan in place and being overseen by the Weston Division and through the Executive oversight arrangements. Integration Programme Board in place and overseeing clinical service integration and associated risks. System vision for WGH developed and submitted to regulators. SLT agreed in November to an enhanced Weston Management Model that includes the establishment of a business unit to directly manage wards, outpatients and other key services, as well as provide whole hospital leadership and site coordination.	Inadequate	Further work underway to develop the proposals for the future service model at WGH as part of Healthy Weston. SLT to approve in February 2022 the Business Case for revised Weston Management Model and allocation.	Monthly reporting to the Board of Directors by the Managing Director. Weston focused quality metrics developed and to be reviewed monthly. Monthly IPB meetings and reports.			Major	Likely	16	Very High Risk	Outcome of the second stage of the Healthy Weston Programme to be developed and considered by the system and Trust.	31/01/2022	Major	Unlikely	8	High Risk	01/03/2022	Action Required Risks

Meeting of the Trust Board of Directors in Public on 28th January 2022

Report Title	Q3 Corporate Objectives Update 2021/22
Report Author	Sarah Wright, Head of Risk Management & Information Governance
Executive Lead	Director of Strategy & Transformation

Purpose

The Trust's Board Assurance Framework is formed of two elements:

- Part A - Assurance around the achievement of the Trusts strategic objectives
- Part B - Assurance that any risks to the achievement of the strategic objectives
  are being adequately mitigated or controlled.

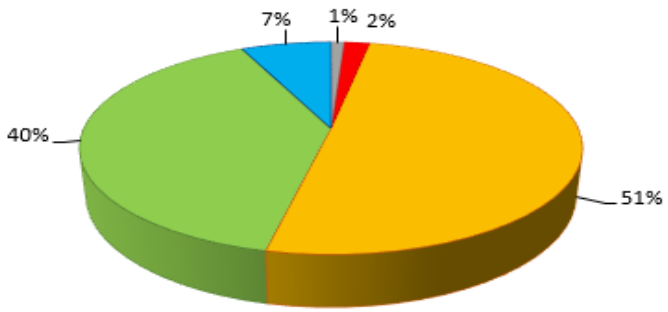
This report forms part A of the Trust's risk Board Assurance Framework and is the mechanism for reporting on the achievement of the Trusts Corporate Objectives for 2021/22.

Key points to note

- **RAG Ratings**
  - Grey Not due to start yet
  - Red Not Achieving
  - Amber Behind schedule
  - Green On plan
  - Blue Complete

- **138 Initiatives are noted on the report for Q3**
  - 1 Not due to start
  - 3 Not Achieving (Red)
  - 7 0 Behind Schedule (Amber)
  - 55 On plan (Green)
  - 9 Complete (Blue)

As requested all on plan (green) and complete (blue) initiatives have been removed.



Risks

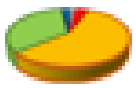
Please refer to the Strategic and Corporate Risk registers which detail the significant risks to the achievement the Strategic and Corporate Objectives posed to the Trust.

Recommendations:

- This report is for **ASSURANCE**

History of the paper	
Senior Leadership Team	19/01/2022

Alignment with Strategic Priorities
The Trust has identified 6 strategic priorities to support delivery of its vision.
The annual corporate objectives have been formulated to support the delivery of the strategic priorities.
The RAG ratings against the achievement of the 2021/22 corporate objectives is shown in the second column.
The strategic risks identified that may have an impact of the achievement of the strategic priorities, are noted in the third column.

STRATEGIC PRIORITIES	Corporate Objective RAG*	STRATEGIC RISKS
Our Patients We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.		5369
Our People We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.		737 2646 2694 5277
Our Portfolio We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focussing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.		2642
Our Partners We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.		3472 5317
Our Potential We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation.		2633 2741 2992
Our Performance We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.		416

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Corporate Objectives

Q3 2021/22 Update

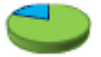
We are supportive respectful innovative collaborative. We are UHBW.

Inspected and rated Good
CareQuality Commission

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Strategic Priority	Corporate Objective	Assurance Committee	Executive Lead	Initiatives	RAG
Our Patients	1. Develop a consistent approach to quality across the Trust, embedded in systems not people	Quality & Outcomes	Chief Nurse	9	
	2. Provide the physical estate and facilities to respond flexibly to the impact of Covid 19 and deliver our strategic objectives including additional and remodelled clinical space to keep both patients and staff safe and meet increased clinical need.	Quality & Outcomes	Director of Strategy & Transformation	3	
	3. Ensure Weston General Hospital remains at the heart of the community, improving the resilience of services and meeting the needs of its local people.	Quality & Outcomes / People	Director of Strategy & Transformation	8	
	4. Transform outpatient services to meet the aspirations outlined in the Long-Term Plan	Quality & Outcomes	Chief Operating Officer	5	
Our People	5. Culture: investing in our people to create a culture that fulfils the Trust's potential at every level	People Committee	Director of People	5	
	6. Staff health, safety, and wellbeing: Support the health, safety and wellbeing of staff by establishing stability and sustainability within Avon Partnership Occupational Health Service.	People Committee	Director of People	2	
	7. Education: develop exceptional people for exceptional careers	People Committee	Director of People	12	
	8. Resourcing: develop and implement a Strategic Workforce Plan to respond to the workforce challenges to become an outstanding employer of choice which attracts, recruits and retains a rich diversity of people across the organisation	People Committee	Director of People	9	
	9. People Systems: maximise the beneficial use of technology to improve how we manage our people	People Committee	Director of People	13	
	10. Develop a Strategic Nursing Workforce Plan which is successfully translated into Divisional Plans against which recruitment, Education and Organisational Development deliver an improved pipeline of resource and ensures improved retention of Nursing staff.	Quality & Outcomes	Director of People	2	
	11. Policies, Process and Customer Service	Quality & Outcomes	Director of People	7	

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Strategic Priority	Corporate Objective	Assurance Committee	Executive Lead	Initiatives	RAG
Our Portfolio	12. Consolidate and grow our specialist services portfolio	Quality & Outcomes	Director of Strategy & Transformation	11	
	13. Improve how we manage growing acute demand inside and outside our hospitals	Quality & Outcomes	Chief Operating Officer	16	
Our Partners	14. Extend acute collaborative partnerships	Quality & Outcomes	Director of Strategy & Transformation	5	
	15. Improve how we work with primary and community provider partners and the charitable sector for the benefit of patients	Quality & Outcomes Fin & Digital	Director of Strategy & Transformation	8	
	16. Work within the Healthier Together Integrated Care System to develop the opportunities associated with the new ICS structure	Trust Board of Directors	Director of Strategy & Transformation	5	
Our Potential	17. Develop our people and our culture to enable improvement and innovation in our services.	People Committee	Director of Strategy & Transformation	5	
	18. Continue to grow our research portfolio and reputation for excellence	Trust Board of Directors	Medical Director	6	
	19. Use technology and our digital capabilities to transform where and how we deliver care, education and research and maximise the opportunity provided by our successful appointment as a Global Digital Exemplar site.	Finance & Digital	Director of Finance	2	
Our Performance	20. Achieve Annual financial plan for the Trust and contribute to the delivery of the required ICS trajectory. For UHBW, this will include delivery of the merger financial benefits and the restoration of the underlying health of the UHB financial position.	Finance & Digital	Director of Finance	1	
	21. Support the delivery of the ICS financial plan	Finance & Digital	Director of Finance	2	
	22. Ensure our services are responsive and achieve all constitutional access standards	Quality & Outcomes	Chief Operating Officer	2	

Strategic Priority – Our Patients

Corporate Objective 1 **Chief Nurse** **Quality & Outcomes Committee**	Develop a consistent approach to quality across the Trust, embedded in systems not people.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Completion and embedding all historic and current actions relating to previous CQC inspections	If planned improvement work at WGH does not deliver quality improvements by 31/3/2022, and if current Bristol CQC core services ratings are not retained or improved, UHBW's CQC 'outstanding' rating will be at risk Corp 3763.
Delivery of UHBW year 1 priorities of the national patient safety strategy	If resource to deliver the patient safety elements of the Board approved Quality Strategy 2021-2025 is not approved, then the strategy will not be delivered resulting in sub-optimal patient safety risk reduction for patients and families and increased risk to CQG outstanding rating or regulatory action.
Ensure the workforce is fit for purpose to enhance post-Covid restoration and recovery	Our workforce requirement does not match the demand and therefore risk that recovery programme is not optimised

Initiative	Measure	Progress	Due Date	R-A-G
1.1 Restart of Delivering Best Care reviews, including extending these into WGH.	Any future CQC inspections assure us of progress made.	Assistant Chief Nurse leading a new initiative for ward accreditation.		
1.3 Develop Board approved Patient Safety Incident Response Plan.	Board approved patient safety incident response plan in place.	Situational analysis further delayed, aim to complete in Q4. Initial changes to incident response and investigatory processes have been tested and will be implemented in January 2022 in advance of implementing Patient Safety Incident Response Framework (PSIRF). Evaluation of PSIRF early adopters advises significant preparation prior to PSIRF implementation, therefore the delivery date for this objective will carry over to 2022/23. Preparatory workshops for PSIRF underway since October 2021, but pace affected by ability of staff to engage due to impact of on-going Covid-19 pandemic.		
1.4 Identify, recruit and develop trained, objective patient safety investigation specialists	Trained patient safety incident investigators in place.	Identification of a structure of a core of trained expert investigators will be part of PSIRF preparatory workshops and further engagement with divisions planned for Feb 2022. HSIB have released expert investigation courses (free of charge) details have been shared with Patient Safety Group members to book places if relevant to their role. A human factors expert role is subject to an ICP bid.		
1.5 Deliver a programme of patient safety development in Weston to mirror existing provision in Bristol.	Delivery of programme of patient safety update training to clinical staff in Weston. % attendance.	Patient Safety Development training programme on-going in Weston Division but on-going operational pressures have had an impact on attendance. Six months compliance circa 65%.		

Strategic Priority – Our Patients

Corporate Objective 1 **Chief Nurse** **Quality & Outcomes Committee**	Develop a consistent approach to quality across the Trust, embedded in systems not people.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
1.6 Level 1 HEE training "essentials of patient safety" available for all UHBW staff.	HEE level 1 national patient safety training available. Compliance measurement not required nationally until 2022/23.	HEE Levels 1 and 2 patient safety e learning launched nationally end October 2021, including bespoke training for Board members and senior leaders. Mapping of existing UHBW patient safety induction and update sessions and specialist e learning underway to inform a revised training matrix. Proposed new matrix planned for end January 2022.		
1.7 Review existing patient safety training and development in UBHW and align with HEE principles in the interim.	Please see above	Please see above		
1.8 Conduct "readiness for involvement" assessment and develop involvement plan.	Readiness assessment completed and involvement plan in place.	Readiness assessment to implement patient safety partners into the organisation being finalised. Exploratory conversations with community partners, scoping the appetite for involvement.		

Strategic Priority – Our Patients

Corporate Objective 2 **Director of Strategy & Transformation** **Quality & Outcomes Committee**	Provide the physical estate and facilities to respond flexibly to the impact of Covid-19 and deliver our strategic objectives including additional and remodelled clinical space to keep both patients and staff safe and meet increased clinical need.

ESTATE DEVELOPMENT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Refresh the 10 year Estates Strategy to underpin the strategic capital programme and inform system estate agenda.	Changed financial operating regime from a capital and revenue perspective. Divisional capacity to progress assessment and development of business cases. Operational impact during construction.
Implementation of the Sustainability Strategy	No risks
Implementation of Arts and Culture Strategy	No risks or initiatives recorded

Initiative	Measure	Progress	Due Date	R-A-G

Strategic Priority – Our Patients

Corporate Objective 3 **Director of Strategy & Transformation** **Quality & Outcomes and People Committee**	Ensure Weston General Hospital remains at the heart of the community, improving the resilience of services and meeting the needs of its local people.

WESTON RENEWAL

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Achieve a successful transition into UHBW, including implementation of clinical service models and integration of services.	Lack of capacity of the Divisional Teams to realise the benefits plan - Transformation team to support delivery. Delays to the integration schedule, due to Covid, may adversely affect the resilience of some clinical services.
Develop and integrate the working of the intensive care services at Weston General Hospital, including the development of a critical care transfer team.	Impact of Covid on available capacity and demand requirements
Extend and develop Ophthalmology services at Weston General Hospital.	Delays due to Covid response.

Initiative	Measure	Progress	Due Date	R-A-G
3.1 Reset the Weston Integration Programme		Sept 2021 SLT approved Integration programme and Weston Division extension to March 2023 Nov 2021 SLT approved Future Weston Hospital Management model with business case to be represented in February 2022.		
3.2 Support benefits plan delivery and oversee realisation through the IPB Programme Benefits and Strategic Change workstream	Measurable progress made against benefit delivery and risk mitigation reported into relevant Board committees. Healthy Weston service change benefits monitored	Financial mitigations (benefits) behind plan and subject to a Business Case financial review in March 2022 Healthy Weston programme and clinical design and delivery groups working on future models for Clinical Senate review now end February 2022		
3.3 Weston Services integrated across sites against agreed milestones		Corporate integration workstream closed, with benefits follow up at end of Q2 and then 6 monthly. 18 months post merger review working with Internal Audit to evidence embedding of corporate changes - due to report in March 2022.		
3.4 Clinical integration, including use of clinical practice groups to integrate services.		36% of clinical service integrations completed and a further 42% underway. Medical specialties (bedded) workshops have taken place, but further progress dependent upon acute medical models through the Healthy Weston process. Medical specialities (non-bedded) – integration planning continuing for rheumatology; gastro and hepatology, diabetes and endo; and respiratory, with a target date of April 2202. Remaining surgical, D&T and Specialised service integrations under pressure but are all still timetabled for completion by April 2022. Gynae, Pharmacy and Palliative Care services accountability transfer on 4th October, taking it up to 13 services transferred.		

Corporate Objective 3
Director of Strategy & Transformation
Quality & Outcomes and People Committee

Ensure Weston General Hospital remains at the heart of the community, improving the resilience of services and meeting the needs of its local people.

WESTON RENEWAL

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
3.5 Drive workforce productivity, recruitment and retention initiatives through the Workforce and OD workstream.	Progress against trajectories monitored through monthly Integrated Programme Report.	Separate Retention Group established to ensure sufficient senior attention and mobilisation of key initiatives. Nursing wte in post on plan but medical recruitment behind plan. Workstream Group chaired by Deputy Director for People coordinating work programme. Premium payments controls and standardisation in place but further work to embed practices. Targets being missed partly due to authorised temporary medical staffing.		
3.7 New integrated ICU model in place across both sites	New ICU model and transfer team in place	The intensive care services across Bristol and Weston are partially integrated with joint working between the medical teams, with cross site posts, support with medical rotas and daily conversations re bed capacity across both sites and movement of patients to support this. It is expected that this will now be completed in February 22. The Retrieve service with SWAST is carrying out transfers as required.		
3.8 New integrated Ophthalmology model in place across both sites	Ophthalmology at Weston model in place	Ophthalmic services have been expanded to include Paediatrics. The current offer is becoming less general and more specialist in nature to bring the clinical model in line with BEH. Specialist Glaucoma and Medical Retina input is now available regularly. There is potential for significant further development in subspecialty areas including cataracts however this is dependent on clinical space availability and additional investment in equipment and staff. Ophthalmology is planned to integrate manangement under Surgery in April 22.		

Strategic Priority – Our Patients

Corporate Objective 4 **Chief Operating Officer** **Quality & Outcomes Committee**	Transform outpatient services to meet the aspirations outlined in the Long-Term Plan

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
To develop more responsive, patient-centred outpatient services including reducing unnecessary follow ups.	Risk related to clinical and non-clinical leadership capacity to delivery change Risk to continued funding for support costs at Trust level for the community phlebotomy model. These are funded non-recurrently at present.
Expand our offer of non-face-to-face alternatives to outpatient attendances.	Operational pressures impacting on total outpatient volumes and NF2F activity volumes.
Make the best use of technology to redesign our services.	Risk of discontinuation of Attend Anywhere license and plans to replace this functionality with the Digital Patient platform

Initiative	Measure	Progress	Due Date	R-A-G
4.3 Expansion of the use of Attend Anywhere platform for video consultation	Number of video consultation attendances	Attend Anywhere activity is consistently around 430 video consultations a week. This represents a significant reduction compared with the peak of the first wave of the COVID-19 pandemic (820 per week). The Trust is currently engaged in the system's plans to procure a 'Digital Patient' platform which will incorporate video consultation. The current licence and national funding for Attend Anywhere will end at the end of the financial year.	31/03/2022	
4.4 Further develop use of Advice & Guidance supported by roll out of electronic triage.	Volume of A&G requests by specialty Response times to A&G requests by specialty	Advice and guidance volumes being maintained at around 1,500 requests a month. This represents double the volumes compared to pre-COVID. These services currently perform well against the H2 planning guidance requirement of 12 A&G requests per 100 first outpatient attendances (12%). The latest NHSE data reported BNSSG as delivering 24.9%. However, operational pressures are leading to a deterioration in responses times in a number of specialties.	31/03/2022	
4.5 Capitalise on digital technologies including implementation of Medway Outcome, Medway Clinical Notes and Fluency dictation software.	Typing turnaround times Recording of outpatient outcome forms	Challenge of identifying sufficient capacity within Digital Services to support these development in light of the number of competing demands.	31/03/2022	

Strategic Priority – Our People

Corporate Objective 5 **Director of People** **People Committee**	Investing in our people to create a culture that fulfils the Trust's potential at every level.

STAFF FIRST

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Improve staff engagement score	Lack of stakeholder engagement Effective staff engagement if the current COVID operational challenges remain in place
Improve related HR KPI's including sickness and turnover	
Improve internal pipeline of talent and ensure staff feel they are given the opportunity to realise their potential	
Equality, Diversity & Inclusion: Deliver the year three plan for Diversity and Inclusion realising our ambition to be 'committed to inclusion in everything we do'	Effective staff engagement if the current COVID operational challenges remain in place
Restoration and Recovery: Deliver the staff 'reset' plan to effectively mobilise the workforce as we move into the post-covid environment	

Initiative	Measure	Progress	Due Date	R-A-G
5.3 Develop an internal framework for Talent Management for junior levels in a way that is consistent with the planned (postponed) HPS scheme.		**This program of work is on hold.**		

Strategic Priority – Our People

Corporate Objective 6 **Director of People** **People Committee**	Support the health, safety and wellbeing of staff by establishing stability and sustainability within Avon Partnership Occupational Health Service.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Broaden the APOHS Income base in order to contain OH costs to NHS Partners	Non-achievement of KPIs Competing priorities and activity demands impacted by Covid capability Competitive market for OH service provision Limited engagement from System partners
Develop a 5 year business strategy for APOHS	Competing priorities and activity demands impacted by Covid capability Competitive market for OH service provision Limited engagement from System partners

Initiative	Measure	Progress	Due Date	R-A-G
6.1 Develop a proactive plan of business development.	Achievement of KPIs with the agreed SLA Increased income Reduced CPH to Partner Customer satisfaction reports Retained external contracts	Existing external contracts secured for 2021/22. Income increased during Q3. Majority of KPI's are being met with service performance improving. Strategic workshops had been planned for December to commence the development of the APOHS Strategy for 2022-25 however due to Covid restrictions have been postponed until Feb. The Healthier Together Support Network lead by APOHS, has expanded its offering following successful bids through Sirona and the CCG and now includes a range of physical activities.	31/03/2022	
6.2 Implement agreed approach to prevent front line staff taking up their new post in UHBW without an immunisation review / update.	Improved immunisation compliance	Delayed due to mandatory covid vaccination programme. Once we receive national guidance on this we will update the questionnaires and implement accordingly.	31/03/2022	

Strategic Priority – Our People

Corporate Objective 7 **Director of People** **People Committee**	Developing exceptional people for exceptional careers.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Implement the renewed apprenticeship business model inclusive of work experience, traineeships and T Levels	Divisional pressures for staff release Availability of clinical placements
Implement a new Trust wide multi-disciplinary management development and customer services training	Divisional pressures for staff release Availability of clinical placements
Implement a new model for the leadership and governance of PGME across all sites that increases trainee satisfaction	Improved HEE monitoring events
Implement the renewed apprenticeship business model inclusive of work experience, traineeships and T Levels	Divisional pressures for staff release Availability of clinical placements

Initiative	Measure	Progress	Due Date	R-A-G
7.6 Develop a coaching framework that promotes a coaching culture		**This is on hold as we focus on the delivery of the interim leadership and management development offer until end of March 2022. A paper outlining the plan for the broader leadership agenda will be presented at SLT on the 19th January**		
7.7 Map BNSSG management / leadership for areas of synergy and learning		This is on hold as we focus on the delivery of the interim leadership and management development offer until end of March 2022. A paper outlining the plan for the broader leadership agenda will be presented at SLT on the 19th January		
7.8 Business case for proposed investment		This is on hold as we focus on the delivery of the interim leadership and management development offer until end of March 2022. A paper outlining the plan for the broader leadership agenda will be presented at SLT on the 19th January		

Strategic Priority – Our People

Corporate Objective 7 Director of People People Committee	Develop exceptional people for exceptional careers.			

University Hospitals Bristol and Weston NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
7.9 Implementation of a devolved framework for PGME leadership across Weston and Bristol sites	100% trainees to have an identified education supervisor and clinical supervisor	Postgraduate Medical Education implemented a new educational governance structure; creating the Deputy Directors of Medical Education for Quality, Consultant Development and Support, and Wellbeing for Doctors roles. In addition, a recruitment process is taking place for a fixed term role to support CESR applications. The revised structure will enable improved reporting and monitoring which should be reflected within the various medical education surveys such as NETS, GMC National Survey along with the Quality Panel.		
7.10 Implement the BNSSG HEE funded clinical placement expansion targets	Increase adult nursing clinical placements by 50 Increase number of AHP clinical placements by 10	Additional placements were provided in 2021 within the Trust, with plans in place to further expand placement numbers in 2022. Nurse placements within adult area are back to pre-Covid levels and in childrens' above the pre-Covid level, resulting in aggregate position of 105 placements and capacity for 414 pre-registration nurses. The Trust is further developing the infrastructure to support the number of placements, with the number of supporting trained practice assessors growing to 1084 in 2021. Representing a compliance rate of 64% which is has grown year on year.		
7.11 Identify and implement new models of supervision models such as CLiP.	Placement across the system	Implementation of CLiP practice facilitators following the successful BNSSG bid to HEE for funds to support a cross system post The post will be hosted by the Trust for the wider system within the LEF team from January 2022.		
7.12 Partner with UWE and UoB for innovative clinical placement solutions	Increased levels of student satisfaction	The priority will be a key focus of the newly appointed Associate Director of Education and Learning Academy lead to support alongside local HEIs, therefore continuing earlier conducted within the Academy to engage with HEIs.		

Strategic Priority – Our People

Corporate Objective 8 **Director of People** **People Committee**	Develop & implement a Strategic Workforce Plan to respond to workforce challenges Be an outstanding employer of choice which attracts, recruits and retains a rich diversity of people

STAFF FIRST

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Maximise the Trust's advertising Brand, becoming a national & International Employer of Choice to ensure we have a productive workforce that is as diverse as the community that we serve.	Risk that the pandemic may restrict the ability of international recruits to migrate to the UK. Risk of not recruiting sufficient substantive staff to meet workforce demands.
Review the existing Workforce strategy and produce an annual workforce plan	Divisional service pressures restrict engagement and delay activities

Initiative	Measure	Progress	Due Date	R-A-G
8.1 Deliver a pipeline of international adult recruits to the organisation.	Reduced Bank and Agency use/spend Improved time to hire and candidate experience.	During Q3 the Trust has seen the arrival of 162 international nurses of which 104 have now secured their NMC pin and are operating as Band 5 registered nurses on the ward. 128 nurses have now passed their OSCE exam on their journey to secure their NMC registration. The Trust will see a further 96 nurses arrive in Q4.		
8.2 Deliver an updated solution for the provision of bank and agency doctors for the Trust which is aligned across Weston sites	Vacancy targets met	During Q3 the Trust has imbedded the new neutral vendor which is providing agency doctors Trustwide aligning all processes across the Bristol and Weston sites. Progress is well advanced to align the provision of Bank doctors across Bristol and Weston with this due to go live in early Q4.		
8.3 Work to create a collaborative approach to the recruitment of Health Care Support Workers		Work continues with BNSSG healthcare partners on the recruitment of HCSW's with the plan for a combined Healthier Together recruitment event in April 2022 to promote vacancies right across health and social care. Bi-monthly meetings continue with Healthier Together partners to discuss the recruitment challenges across the HCSW workforce.		

Strategic Priority – Our People

Corporate Objective 8 Director of People People Committee	Develop & implement a Strategic Workforce Plan to respond to workforce challenges Be an outstanding employer of choice which attracts, recruits and retains a rich diversity of people

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
8.4 Explore bank collaboration to maximise the benefits of the BNSSG partnership model.		Work has continued during Q3 to work in partnership with the Bank operational leads across the Healthier Together footprint with weekly meetings now well embedded. Bank rates are now aligned across Healthier Together as far as possible and organisations have been working in partnership to align Bank incentives.		
8.5 Roll out the national digital passporting system for the mandated suite of employment checks		This is a nationally led initiative which has stalled as a result of the pandemic. During Q3 some momentum has recommenced with work now being moved forward for a junior doctor pilot in early 2022.		
8.6 Review existing Workforce Strategy and target for 2019/2020 to 2024/2025.	Workforce plan in place	H2 Operating Plan for 21/22 submitted in . Q3/4 workforce plan to be agreed. Planning for Operating Planning round for 22/23 commenced. Approach, templates and guidance for workforce being reviewed with launch of process planned for end October As a result of October summit, agreement for approach to requests for new and advanced roles as part of OPP 22/23. Workforce Impact Assessment undertaken to review the consolidated impact of additional schemes and investments (TIF, accelerator etc) on workforce expansion		
8.9 Review WRES and DES data priorities and identify any required activities to address underrepresentation in specific professional areas, roles and levels of seniority.		There is a detailed plan in place and this is reported on a quarterly basis to people committee through the bi-annual D&I report. Loss of the project lead has lead to a lack of progress during the last quarter		

Strategic Priority – Our People

Corporate Objective 9 **Director of People** **People Committee**	Maximise the beneficial use of technology to improve how we manage our people

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Create a single solution of Healthroster for all staff groups across both sites. This will provide increased support to all staffing decisions across clinical services using the system	Risk the merge of the Allocate database could disrupt normal staffing operations leading a reduction in capacity and or delays in allocating temporary staff to critical assignments. Risk Is closed.
Establish robust Safe Staffing assurance, backed up by forecast acuity and dependency monitoring via Safe Care. Allied Health Professional and Health Care Scientist e-rostering roll out Trustwide.	NHSE/I has mandated all clinical teams are expected to be on an e-rostering system by 2021. Bid last year was delayed due to Weston merger. Risk to delivery if the bid is not approved for 2021/22. Risk that safe staffing assurance is not monitored each shift. Potential Risk that the revenue costs to support this are not funded correctly.
Implement e-job planning for all Consultants	Demos to stakeholders taken place and current Weston set up assessed. Pilot to be discussed and assessment of whether this is achievable in the current climate.
Implement E-Rostering for medical staff, creating efficiencies and sustainable workforce solutions to the management of safe working.	Risk of delay to the medical e-rostering implementation will prevent the Trust having a clear understanding of medical staffing levels, an ability to manage staffing gaps, and realise the productivity and efficiency benefits
Implement electronic absence recording	Inaccurate absence reporting, particularly for medics Under reporting of absence Trust wide. Project due to commence Jan 2022 to report sickness and f Annual leave via Healthroster. Thiis will tie in with Office 365 rollout and payroll requirements.
Secure one LMS across Weston and Bristol sites that aligns with BNSSG partners	Improved pass porting of training records reducing repetition of training Improved value for money KPI for essential training
Develop and implement a consistent, sustainable digital learning strategy for all staff groups.	Staff competency and equipment access for digital learning Staff release time

Initiative	Measure	Progress	Due Date	R-A-G
9.2 Align the Safe Staffing and KPI reporting for Weston with Bristol to provide one report.	**Improved alignment of resources to clinical demand. Safe staffing assurance and correct staffing on wards in line with the expected acuity and dependency of patients.**	**Capital Bid approved to commence the AHP/HCS rollout and licenses secured. Full revenue costs however are still to be secured for Business-as-usual processes. Engagement with the AHP and HCS workforce will commence in January 2022 to fully scope out project plan and divisional support to start moving all AHP's and HCS onto Healthroster.**		

Strategic Priority – Our People

Corporate Objective 9 Director of People People Committee	Maximise the beneficial use of technology to improve how we manage our people

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
9.3 Roll out of e-job planning for Consultants and SAS Associates	Improved oversight of Consultant job plans	E-job planning further delayed due to covid surges and the focus on completing the main Healthroster roll out. Further meeting with Allocate to discuss implementation timescales but engagement within the Trust will be key in terms of the current appetite for roll out and the desired timescales. The requirement to demonstrate Levels of Attainment will drive this over the next 12 months. A pilot has been discussed with the Medical Director's office but confirmation needed of whether this is achievable currently.		
9.4 Implementation of medical e-rostering (including a locum bank) for all grades of medical & dental staff	Reduced locum spend. Improved/accurate annual leave and study leave recording. Reduced sickness absence through improved oversight and reporting. Safer working hours.	The medical e-rostering roll out continues and the strategy is to achieve all departments on Allocate to a level of sickness and other absence recording and locum claims through the system by the end of March '22. This will enable the Trust to have all staff groups set up to this level and therefore achieving improved reporting and overview of the workforce. The project to review and procure the agreed rostering solution will commence in May 2022 to ensure sufficient time is available to move to a new supplier.		
9.6 BNSSG business case development for possible capital/resource implications		**Business case to procure a new learning management system across three BNSSG organisations signed-off by senior management teams within each organisation (NBT, AWP & UHBW). The business case is monitored and reported by an LMS procurement sub-group reporting to the Learning Academy and therefore the People Group. The implementation of the new learning management systems is staggered across each organisation from February 2022 through to April 2022 and will form the next step in realising electronic pass porting across BNSSG partner organisations.**		
9.7 Options appraisal of available LMS	Improved staff access to the Trust's training offer	Project lead in post to implement the LMS transition to a new Kallidus Learn product that will align across system partners. The project will include Weston migrating to Kallidus from OLM. The project lead is also implementing the second phase of the project to engage the Trust, learning management system and ESR into electronic passporting of staff records.		
9.8 Participate in BNSSG procurement process	Electronic pass porting of training records	Procurement has completed, however there are delays to the 'go live' dates for the new learning management system which was originally had a planned implementation date of December 2021. The date was initially postponed to January 2022, but this has been further delayed to March 2022 at the request of the learning management system supplier due to challenges uncovered in the testing phase.		

Strategic Priority – Our People

Corporate Objective 10 **Director of People** **Quality & Outcomes Committee**	Develop a Strategic Nursing Workforce Plan which is successfully translated into Divisional Plans against which recruitment, Education and Organisational Development deliver an improved pipeline of resource and ensures improved retention of Nursing staff.

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
To achieve reduction of N&M vacancies to a position of vacancies recruited to turnover by year end.	If there is an increase in demand for the number of nurses required and increase in turnover of staff then the recruitment plans in place may not deliver the required increase of staff leading to an increase in vacancies.
Improvement of retention rates.	If education and organisational development support is not able to be provided this may lead to increased turnover of staff and a reduction of satisfaction within the staff survey.
Define professional career pathway for all nursing staff to include Nursing Associates and Advanced Clinical Practitioners .	If education and organisational development support is not able to be provided this may lead to increased turnover of staff and a reduction of satisfaction within the staff survey.

Initiative	Measure	Progress	Due Date	R-A-G
10.1 Delivery of a Nursing workforce plan which includes a variety of recruitment initiatives	Trust wide Nursing workforce plan in place Reduction in Monthly vacancy achieved	As part of IR business case 50 TNA/NA posts identified and these numbers have been confirmed by Heads of Nursing. Plan agreed for deployment of TNA's divisionally starting in March 22. Recruitment into Qualified NA roles initiated.		
10.2 Career development and Organisational development initiatives in order to ensure improved retention of all nursing staff	Reduction in Monthly Turnover report by Division Reduction in Monthly vacancy achieved Improved annual staff survey results	As support by national funding, the HCSW practice development team is recruited and therefore in place. The team is focusing upon retention, pastoral support and on boarding/development pathways for healthcare support workers with dedicated resource allocated at Bristol and Weston. The healthcare support work team have streamlined the induction process to align the care certificate more closely with the initial phase of induction. Therefore, ensuring improved Trust compliance and career development of healthcare support workers. The revised induction is planned for implementation in January 2022. A healthcare support worker retention report was implemented to track retention and factors impacting staff leaving the Trust. Key themes within the data are starting to emerge that impact retention, such as career progression, that the team will continue monitor.		

Strategic Priority – Our People

Corporate Objective 11 **Director of People** **Quality & Outcomes Committee**	Improve Policies, Process and Customer Service.

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Improve non-pay elements of staff reward package	Failure to procure appropriate platform. Unable to secure appropriate supplier of earnings system.
Integrate terms and conditions of Bristol and Weston staff as far as possible in context of TUPE	
Lead implementation of new SAS doctor contract if approved by staff referendum	
Developing a Resolution Focussed Culture	Lack of stakeholder engagement Lack of funding for resourcing and training

Initiative	Measure	Progress	Due Date	R-A-G
11.1 Conclude procurement of benefits platform	To improve the overall value of staff reward without incurring significant costs	We have been co-ordinating with NBT via the Bristol and Weston Purchasing Consortium to establish a single framework for procuring benefits products. However, there has been no further progress on this since Aug 21 due to Covid and secondment. It is expected that this work will be able to be completed in Q4.	31/03/2022	
11.2 Obtain Trust approval to proceed with early access to earnings system		The Trust had agreed to engage Earnd UK as a provider of an early access to earnings system. However, this process was halted before implementation when the product's provider entered insolvency. A further procurement exercise is required to appoint a new provider, however this has been delayed due to Covid and secondment. It is now unlikely that this will be implemented in Q4.	31/03/2022	

Strategic Priority – Our People

Corporate Objective 11 Director of People People Committee	Improve Policies, Process and Customer Service.			

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
11.3 Obtain Trust approval to proceed with electric car salary sacrifice scheme		This objective has been delayed at the procurement stage and the workstream for introducing electric cars is now being led by the Sustainability Team.	31/03/2022	
11.4 Revised policies to reflect and facilitate a resolution focussed culture	Improved staff experience and realise a reduction in the number of formal cases and length of time taken to reach resolution	A "resolving staff conduct concerns" policy, associated guidance packs, documentation and training has been developed, and the policy and training rollout commences in January 2022. This represents a significant step towards adopting a new approach to resolution and will start to reduce formal disciplinaries. The Datix system has now been adapted to enable us to use as an Employee Relations Case Management system and cases have been uploaded in order to reflect the interim position. We are awaiting procurement sign off for the provider to progress to full implementation of the resolution framework.	31/03/2022	
11.5 Increase access to mediation across the organisation		TCM are the preferred provider of mediation training, in line with the roll out of the resolution focussed culture programme. Procurement sign off is awaited in order to arrange training for the first cohort. Additionally, NBT would like to join us with this, therefore it is anticipated that at least two cohorts of staff will be trained. HRBP's will be asked in January to work with divisions to identify appropriate staff members who should be trained to provide mediation with a view to the first cohort being trained by the end of Feb.	31/03/2022	
11.6 To source the provision of relevant training to underpin the project	There is a fully embedded learning culture across the organisation	TCM are the preferred provider for the resolution framework training which underpins a just and learning culture roll out in the organisation. The relevant paperwork identifying costs etc is currently with the procurement team and awaiting approval.	31/03/2022	
11.7 Refreshing existing staff benefits and marketing new initiatives		Progress against this objective is subject to completion of objectives 11.1 - 11.3	31/03/2022	

Strategic Priority – Our Portfolio

Corporate Objective 12 **Director of Strategy & Transformation** **Quality & Outcomes Committee**	Consolidate and grow our specialist services portfolio

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Develop the Genomics Medicines Service Alliance (GMSA) business plan, working with the NBT Genetic Laboratory Centre and Royal Devon and Exeter Trust.	Inability to fill core team posts. Low consultant numbers in UHBW Clinical Genetics team to support programme.
Develop an integrated regional system for children's health care	Not able to deliver against SLA. Clinicians disengage from the Network.
Improve consistency of and access to specialist services for children across the south-west and build the reputation of the Trust as a lead provider nationally.	Not able to deliver against SLA. Clinicians disengage from the Network.
Complete the Full business case for NICU services across Bristol working with NBT, the ODN and commissioners.	Cost of the enabling capital scheme for the NICU Project is now estimated to be greater than the OBC assessment. Financial implications of the service change to be finalised with NBT and will require further consideration by both Boards and Commissioners.
Agree the future model for dental teaching programme and renew our relationship with University of Bristol.	Loss of dental SIFT impacts on the financial position of the Trust
Develop a plan for improving the Cardiovascular Research Unit (CRU) with UoB to support our ongoing joint commitment to develop Bristol as a centre of excellence for teaching, research and clinical care.	Changes in financial conditions impacting on UoB and UHBW capital
Continue development of chimeric antigen receptor T-cell (CAR-T) treatment	Next stage of physical bed expansion contingent on relocation of Apheresis unit with BRI precinct. Current funding source appears secure. Significant future changes to commissioning arrangements could impact on programme.
Collaborate with NBT to develop and present our planned developments for a city-wide approach to critical care.	Uncertainty regarding the national financial framework and commissioning landscape that will be in place from April 2022.

Initiative	Measure	Progress	Due Date	R-A-G
12.5 Establishment of a Joint Service Partnership Board		The Joint Services Partnership Board has been established and has met, with supporting workstream structure to develop the joint working across the unit, and also to continue to develop the capital plan and FBC as a separate stream. Key areas of joint working progressing for a seconded ward based paediatric pharmacist, staff training and development, and joint clinical practice review.		

Strategic Priority – Our Portfolio

Corporate Objective 12 **Director of Strategy & Transformation** **Quality & Outcomes Committee**	Consolidate and grow our specialist services portfolio

University Hospitals Bristol and Weston NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
12.6 Development of a new cross-city model for NICU, support via ASR	Agreement on cross-city model for service delivery	Virtual Integration Workstreams formed with accountability through the NICU Service Joint Partnership Board. Project Manager supporting coordination of groups (x4) with clinical and operational leads. Some difficulty with progressing work due to recent and ongoing operational challenges in both NICUs. Development of FBC for reconfiguration will support with driving this forward in early 2022.		
12.8 **Agreed next steps for future of dental teaching programme in place.**	Clarity of future dental teaching programme	**Meetings with UOB have moved to fortnightly basis. From January 2022 these meetings are being put on more formal basis to tie in with UHBW Transitional Board. Stakeholder engagement sessions are taking place in January. Board update on financial assessment will not be ready until February 2022 (to include update on future utilisation of BDH and relevant part of SBCH).**		
12.9 Working Group with UoB to agree options for CRU improvements to support the BRC renewal bid. Option to extend BHI as a new space deemed unfeasible so an alternative model focussed on redeveloping the existing space on level 7 to be considered.	Agreed plan in place for CRU improvements to support our joint commitment to research and the Biomedical Research Centre (BRC) renewal bid.	Delays have occurred due to increase in costs in project. These increases largely relate to related infrastructure implications. Director of Finance to arrange urgent meeting in January 2022 to consider options to ensure scheme can proceed.		
12.11 Designated centre for SW region	Progress reconfigurations with BHOC to create additional 2 - 3 beds identified in business plan, ahead of any wider capital bid.	Phase 2 - Identify alternative location for Apheresis department to create space for additional ward beds in BHOC. Aspiration remains for alternative location for NHSBT Apheresis service to permit bed base expansion for Car-T service as per business model. but, relocating TAS is a major obstacle in achieving this. The ambulatory service is staffed (a new associate specialist post and ACP post) and it was due to open early summer 2021 but it was delayed due to staffing issues and COVID-19. This is recognised as a risk to the service and is on the risk register.	31.03.22	

Strategic Priority – Our Portfolio

Corporate Objective 13
Chief Operating Officer
Quality & Outcomes Committee

Improve how we manage growing acute demand inside and outside our hospitals

URGENT CARE

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Improve ED access standards [12 hour and ambulance handovers]	
Develop a capacity and demand model that accurately predicts the bed need, including ICU	Capacity and finance to deliver initiatives in a timely way
Develop winter plan	Workforce risks across all BNSSG providers
Working with system partners, we will take a system position on commissioning of out of hospital care using the demand and capacity tool developed by the Out of Hospital Delivery Group	Patients with complex needs attract long LOS due to need to commission bespoke services for them

Initiative	Measure	Progress	Due Date	R-A-G
13.1 Various estates plans have been drawn up for development of the acute floor and are being circulated for clinical consultation	Rebuilt adult acute floor			
13.2 BNSSG Direct Access Pathways - ENT, urology, early pregnancy, gynae				

Strategic Priority – Our Portfolio

Corporate Objective 13
Chief Operating Officer
Quality & Outcomes Committee

Improve how we manage growing acute demand inside and outside our hospitals

URGENT CARE

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
13.3 Paramedic access to medical and surgical takes in BNSSG				
13.4 Medical SDEC (BRI) 7/7 8am to 10pm, including paramedic direct access				
13.5 Expected patients provision - UHBW alternatives to ED for patients expected by specialties	Aim to reduce ED attendances by 20%			
13.6 BNSSG Minors Pathway Redesign	Completed business case			
13.7 UHBW Demand and Capacity Group	Delivery of timely and appropriate discharge from hospital inpatient settings and delivery of an improvement in average length of stay			
13.8 Review of system frailty approach				
13.9 Review of 5-9pm period - where flow slows across the Trust due to reduced staffing, visiting, mealtime, breaks and handover				

Strategic Priority – Our Portfolio

Corporate Objective 13
Chief Operating Officer
Quality & Outcomes Committee

Improve how we manage growing acute demand inside and outside our hospitals

URGENT CARE

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Initiative	Measure	Progress	Due Date	R-A-G
13.10 BNSSG and UHBW Winter Plans	Divisional winter plans			
13.11 Enhanced discharge pathways for patients with complex needs				
13.12 New MDT approach for people with complex needs, incl. agreement for joint funding between CCG and LAs.				
13.13 North Somerset Pathway 0 delivery				
13.14 Weston Kewstoke ward				
13.15 D2A demand and capacity review				
13.16 Review of offers of care, e.g., QDS packages of care	Reduced Medically Fit For Discharge (MFFD) patients Improved LOS			

Judd Emily 01/07/2022 16:16:21

Strategic Priority – Our Partners

Corporate Objective 14 **Director of Strategy & Transformation** **Quality & Outcomes Committee**	Extend acute collaborative partnerships

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Provide leadership within the Healthier Together Acute Care Collaboration to support service resilience risks and reduce variation	Ensuring impact on aligned services are accounted for in preferred option. Recruitment challenges in Stroke
Progress an Acute Services Review in partnership with North Bristol Trust to establish Bristol as the regional centre for excellence for service, teaching and research and fully realise the benefits of collaborative working for our local and regional populations.	Capacity to design and deliver programme
Understand and interpret our role as an organisation and jointly with NBT in developing Provider Collaborative arrangements, both as a specialist and non-specialist provider.	Communicating "what this means to me" for our teams

Initiative	Measure	Progress	Due Date	R-A-G

Strategic Priority – Our Partners

Corporate Objective 15 **Director of Strategy & Transformation** **QOC, Finance and People Committees**	Improve how we work with primary and community provider partners and the charitable sector for the benefit of patients

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Realise benefits of SBCH bed transfer in partnership with Sirona	Sirona ability to consistently staff beds to full capacity and impact on UHBW access to beds inhibiting internal flow.
Using Connecting Care as the platform, we will communicate with primary care networks (PCNs) when our patients are admitted to hospital to start planning the best discharge for them from day 1.	Maintenance of A&G volumes in the context of the restoration of outpatient clinic services.
Work with charitable partners to support delivery of our corporate objectives and provide opportunities for our staff to improve the care they deliver.	Impact of Covid on charitable activities. Aligning lead charitable partner focus with Trust priorities.

Initiative	Measure	Progress	Due Date	R-A-G
15.3 Establishment of Community based ICBs to make discharge decisions for patients with complex needs.	Value stream mapping for each D2A pathway to ensure KPIs being met for each part of the pathway.			
15.4 Social workers moved out of the hospital to enable them to complete assessments remotely.				
15.5 Agree a charitable partners policy and establish a new Charities Forum.	Charitable partners policy approved and Charities Forum established and operational.	Initial discussions commenced on developing charities policy and scoping a charities forum. Lack of capacity to take work forward, exploring options for external support	31/03/2022	

Strategic Priority – Our Partners

Corporate Objective 16 **Director of Strategy & Transformation** **Trust Board of Directors**	Work within the Healthier Together Integrated Care System to develop the opportunities associated with the new ICS structure and apply the learning from transformational changes rapidly implemented in response to the pandemic, agreeing and implementing system and organisational solutions that maximise impact for our populations.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Clear links and representation at key Healthier Together meetings.	
System programmes clearly linked into Clinical Strategy Delivery Group (CSDG) programme plan.	
Transformation Programme reflecting system and organisational priorities.	
Support for the development of the BNSSG ICSs to meet the expectations set out in the H1 planning guidance.	Breadth and volume of agenda Complexity of the system Uncertainty over application and implications of ICS changes.
Further develop our regional collaborative working through Bristol Health Partners and the Bristol AHSC.	Clinical capacity as a result of Covid and acute demand pressures reduce ability of staff to engage with HITs

Initiative	Measure	Progress	Due Date	R-A-G
16.4 Understand and interpret ICS changes and implications for the organisation. Ensure clear links back into the organisation from System meetings via CSDG and Core Planning Group.	**Clear links back into and understanding within UHBW of ICS new ways of working, and priorities, what this means to us and how we support and influence.** **3 projects with PCN agreed and action plans in place to deliver against set milestones.**	Integrated Care Partnerships m**eeting held in September 2021 with sub-set of ICP Delivery Directors and Heads of Locality to understand ICP requirements for Acute Trust representation at these meetings. Further meetings held with Delivery Directors and CCG Team in November and December. We have agreed to arrange an Acutes specific workshop Feb/March to review the output of previous ICP workshops, sand work through the concerns / asks / and expectations from integrated locality partners around Acute engagement. By this time, we should also have a better understanding of the governance and risk arrangements so that Acute colleagues can review options for engagement which is likely to be on a spectrum of voting member to attendance by exception.** Integrated Care Systems w**ork is underway to review recent guidance and consider what this means for the Trust. A set of questions and considerations will be produced for February to facilitate discussion with SLT and Trust Board to help the Trust prepare for the changes effective 1st April 2022.**		

Strategic Priority – Our Potential

Corporate Objective 17 **Director of Strategy & Transformation** **People Committee**	Develop our people and our culture to enable improvement and innovation in our services

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Continue to develop and deliver our Transforming Care programme to support achievement of our strategic ambitions.	Timing and speed of Post Covid recovery may impact on capacity of organisation to deliver transformation priorities.
Provide our staff with improvement skills and capabilities through our QI Academy and create an environment that makes it easy to innovate within the organisation through our QI Hub and Bright Ideas.	Impact of Covid on recommencing training and ability for teams to release staff could reduce numbers trained in 2021/22.
Develop relationships with external partners to identify opportunities to grow and spread our QI approach, and explore potential commercial opportunities.	Disparate approach to Continuous Improvement / Quality Improvement in the system impact on consistency and delay of change.

Initiative	Measure	Progress	Due Date	R-A-G
17.2 Establish additional capacity for delivering training across organisation, through face to face and online delivery methods.	Delivery of year 2 of dosing strategy.	Additional capacity for QI Bronze put on hold due to internal critical incidents, and therefore will not meet trajectory for 2021/22. Running QI Bronze and Silver at baseline levels for those staff that are able to attend. All courses being delivered online.	31/03/2022	

Judd Emily
01/27/2022 16:16:21

Strategic Priority – Our Potential

Corporate Objective 18 **Medical Director** **Trust Board of Directors**	Develop our people and our culture to enable improvement and innovation in our services

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
BRC2 - secure funding for a further 5 years, embedding existing themes and expanding into new areas of research excellence with our partners.	None identified
Secure funding for 5 years to fund CRF infrastructure that will underpin BRC2 work and expand in other areas of experimental and early phase research, spring boarding from nascent CRF already in operation	None identified
Submit high quality project and programme grants, primarily to NIHR, that will generate grant income and research capability funding that can be reinvested to generate new grant outputs and increase our research capacity.	Lack of capacity both in the R&I core team to support high quality grant applications and in clinical staff to develop grants.
Actively manage a portfolio of research that has breadth and depth and is relevant to our patient population across the Trust .	Lack of capacity both in the R&I core team to support reopening and in clinical research and support staff to deliver recruitment.

Initiative	Measure	Progress	Due Date	R-A-G

Strategic Priority – Our Potential

Corporate Objective 19 **Director of Finance** **Finance & Digital Committee**	Use technology and our digital capabilities to transform where and how we deliver care, education and research and maximise the opportunity provided by our successful appointment as a Global Digital Exemplar site

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
Complete refresh of clinical digital strategy as an enabler to delivery of the clinical strategy incorporating priorities identified from the review of the Trust strategy to respond to Covid requirements.	Alignment to the current Clinical Strategy to drive the digital agenda.
Implementation of new delivery and governance structure through the Digital Hospital Programme Board.	Limited/inconsistent clinical ownership of the Portfolio of Work. Limited resources available to deliver the Portfolio Pipeline i.e. Demand significantly outweighs Supply.
Implementation of modules identified as a priority within Covid impact review, along with year two projects within the overall strategy.	Inconsistent/limited level of Clinical Engagement across the Programme Portfolio. Limited resources available to deliver the Portfolio Pipeline i.e. Demand significantly outweighs Supply.
Create solutions for non face-to-face interactions and ways of working, both clinically and non-clinically and assess high impact AI opportunities	Limited resources available to deliver the Portfolio Pipeline i.e. Demand significantly outweighs Supply.

Initiative	Measure	Progress	Due Date	R-A-G
19.1 Development of Digital Strategy	Approved strategy in place.			
19.2 Roll out: • Weston/Bristol - Medway Phase 2 • Careflow Connect • Clinical Workspace • Medway Upgrade • Medway Server Refresh • Vitals Upgrade • Transfer of Care • Medway Ordercomms • ED Digitalisation • Clinical Information Digitalisation	Modules delivered in line with agreed scope, associated Measures of Success, KPIs, Benefits and budget within specified timelines.			

Corporate Objective 20 **Director of Finance** **Finance & Digital Committee**	Achieve Annual financial plan for the Trust and contribute to the delivery of the required ICS trajectory. For UHBW, this will include delivery of the merger financial benefits and the restoration of the underlying health of the UHB financial position.

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Deliver financial position as determined in final plans for the year, using post-Covid version of plan, incorporating changed context.	Uncertainty regarding the national financial framework to be in place from end of H1 2021/22.
Complete refresh of Medium Term Capital Plan and links to revised LTFM	Assessment of emerging risks of ICS financial frameworks.
Deliver financial benefits as per the merger business case, subject to any changes resulting from the wider Plan reset.	Ongoing operational disruption as a result of the impact of Covid.
Implement recovery plans to achieve restoration of underlying financial surplus across the Trust.	Ongoing operational disruption as a result of the impact of Covid.

Initiative	Measure	Progress	Due Date	R-A-G
20.1 A refreshed Trust savings plans incorporating operational efficiency, GiRFT, model hospital and procurement opportunities.	Delivery of financial plan as reported in monthly reports to Finance and Digital Committee and Trust Board. Refreshed MTCP and LTFM approved by SLT and Trust Board Reporting to include delivery of merger benefits and divisional delivery of financial recovery plans Delivery of financial plan as reported in monthly reports to Finance and Digital Committee and Trust Board.	Trust is on track to deliver financial plan for 2021/22. Overall amber status reflects challenge of developing recurrent savings plans given the challenging operational context at Trust, System and national levels. Initial assessment of Trust plan for 2022/23 indicates c25% of savings requirement already identified. System medium term financial recovery plan has been developed by DoFs and shared with Executive Group December 2021. A broader engagement exercise will begin as soon as operational circumstances allow in 2022.		

Corporate Objective 21 **Director of Finance** **Finance & Digital Committee**	Support the delivery of the ICS financial plan

University Hospitals Bristol and Weston NHS Foundation Trust

Goal	Risks
Contribute to development of new contracting and commissioning models to drive system innovation.	Uncertainty regarding the national financial framework to be in place from end of H1 2021/22. Ongoing operational disruption as a result of the impact of Covid.
Delivery of ICS financial revenue and capital plan.	Uncertainty regarding the national financial framework to be in place from end of H1 2021/22. Ongoing operational disruption as a result of the impact of Covid.

Initiative	Measure	Progress	Due Date	R-A-G
21.2 Increased visibility of ICS financial performance within the organisation.	Delivery of ICS financial plan as reported through internal and system governance	Still to be incorporated into monthly finance report. Subject to agreement with partners.		

Corporate Objective 22 **Chief Operating Officer** **Quality & Outcomes Committee**	Ensure our services are responsive and achieve all constitutional access standards

ELECTIVE CARE

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goal	Risks
To reduce the size of the RTT incomplete waiting list to pre-Covid level	Impact of operational pressures on the delivery of elective activity volumes - in particular reduction in outpatient activity observed across all providers as staffing resources are redirected to support urgent care pressures.
To eradicate waits of 52 weeks or more for treatment	Impact of operational pressures on the delivery of elective activity volumes - in particular reduction in outpatient activity observed across all providers as staffing resources are redirected to support urgent care pressures. Slippage against the planned scheme for Knightstone elective orthopaedic ward at Weston General Hospital.
To reduce waiting times for diagnostic investigations	Impact of operational pressures
Cancer 62 day standard	Impact of operational pressures
To meet four hour standard performance in our Emergency Departments	Lack of traction on scheme to divert activity elsewhere means risk of crowding and clinical incidents, in particular related to inability to offload ambulances in a timely way.

Initiative	Measure	Progress	Due Date	R-A-G

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	**GICU Stage 2 Expansion Full Business Case (FBC)**
Report Author	Kirstie Corns, AD Strategy & Business Planning (Mat leave cover)
Executive Lead	Paula Clarke, Executive Director of Strategy & Transformation Neil Kemsley, Executive Director of Finance

1. Report Summary

The purpose of this paper is to ask the Trust Board to approve the General Intensive Care Unit (GICU) Stage 2 Expansion Full Business Case (FBC).

The adult GICU at the Bristol Royal Infirmary (BRI) is a specialist ward that treats patients who are the most seriously ill patients in the hospital. This unit is staffed by specially trained healthcare professionals who deliver intensive levels of care and treatment.

These patients present as both medical and surgical emergencies and following major planned surgery; with around 40% of all patients requiring treatment only available at a specialist tertiary hospital such as the BRI. Around 31% of patients enter critical care following elective treatment, of which 85% are cancer patients.

The key drivers behind the case for expansion can be summarised as:

Supporting our population

- Addressing current inequity in bed provision for the South West and BNSSG populations i.e. 'levelling up'.
- Improving access for local generalist critical care and regional, specialist critical care (e.g. cancer, cardiac) and mitigating the clinical risks associated with the shortfall in capacity which are detailed in section 3 of this paper.
- Ability to respond to surges in demand and minimise risk on elective pathways

Supporting elective recovery

- Additional capacity to increase elective activity and recover cancer and cardiac pathways within the acute, multi-year recovery phase

Supporting our people

- Provision of modern, appropriately sized facilities to retain and attract highly skilled staff into the Trust and BNSSG

Sustaining and growing our services

- Ensure BNSSG has appropriate services and capacity to continue its success in securing contracts for specialist Tertiary and Quaternary services. The expansion of the GICU is a key deliverable within the Trust's Clinical Strategy Programme, supporting both the consolidation and growth of our specialist portfolio and elective recovery.

The Phase 1 GICU Expansion completed in April 2020 as part of the transfer and integration of services between Weston and Bristol. Phase 2 would expand the GICU by a further 11 beds to 40 GICU beds in total (across the Bristol and Weston sites). Should the Trust decide to proceed to construction in line with the current programme schedule, 11 additional critical care beds would be available by June 2023.

2. Key points to note
(Including decisions taken)

2.1 Capital affordability

The capital allocation as per the approved Medium Term Capital Programme was £12.7m and is a call against the Trust's Capital Department Expenditure Limit (CDEL). The outcome of the Trust's strategic capital review prioritised this business case as being internally funded from within the Trust's available cash reserves.

Guaranteed Maximum Price (GMP) negotiations for the main works will have been confirmed before the Board meets on 28th January 2022. At the point of submitting papers, the overall capital cost is £12.9m. This is a worst case scenario and will not increase, but has the potential to further decrease. This overall project cost includes project and equipment contingency of £0.7m. Section 3.1 within the FBC describes the increase in costs of £1.3m from Outline Business Case (OBC) received by the Trust Board 27th November 2020.

2.2 Revenue affordability

The recurring revenue assessment shows that the 11 bed expansion is a cost to the Trust of £6.5m, £0.6m per bed. It is assumed that the investment would be funded through an agreed increase in our block income that matches the additional cost in full and is aligned with the activity and growth assumptions included in the case. Under the previous Payment by Results (PBR) regime, the 11 bed expansion would have resulted in an increase in variable income of £6.5m per annum.

In addition to potential non-recurrent funding related to elective recovery, and in the context of: the last two years underlying growth; and planned/proposed commissioned developments in specialist services; under any form of variable payments this business case would proceed.

UHBW benchmarks consistently well with other units and in further support of the revenue affordability we have undertaken a benchmarking exercise using 2018/19 reference costs for UHBW. Having reviewed a sample of the Trusts that were identified as Peers for the Model Hospital reporting, UHBW costs are not an outlier and the new beds are also within these norms.

It is important to note that there are a number of recently commissioned or expected extensions to specialised services that will contribute towards the required revenue for GICU expansion. These include;

- The recently commissioned South-West V-V Extra Corporeal Membrane Oxygenation (ECMO) service needs to be considered in tandem with the GICU Stage 2 Expansion case. The two developments are mutually complementary as ECMO will be one of the sources of recurrent revenue for the GICU expansion, and the expansion provides the long-term capacity mitigation for ECMO as the service develops. The target expected ICU capacity required for ECMO is 30 patients per annum (allowing for 4 patients

concurrently but based on an average length of stay equating to 1-2 on average across the year).

- CAR-T (chimeric antigen receptor T-cell) therapy. Currently there are 3 NHSE approved products for 3 indications and 2 trial products at UHBW; this is expected to increase to 4 NHSE products with 4 indications and 3 trial products in 2022. This will include an element of ICU funding as 30-40% of patients are likely to require some ICU support.

- The detailed costings for these business cases are currently in development, however, it is estimated that circa 25%-30% of the £6.5m recurring revenue costs associated with the GICU Expansion would be funded via these two developments.

In addition to these recurrent funding sources, it is expected that there will be substantial non recurrent revenue resources over the next 1-3 years associated with elective recovery (as has been the case for the past 2 years). As a major provider for specialist acute services for the SW region, accessing this funding will facilitate utilisation of the extended ICU capacity.

2.3 Commissioner position

Discussions with local and Specialised Commissioners have been ongoing since 2017 and a Commissioner Engagement Log is included within the FBC appendices to evidence this.
More recently, BNSSG Clinical Commissioning Group (CCG) considered support in principle for the clinical case at their Clinical Executive meeting 11th November 2021 with Specialised Commissioning present. Both Commissioners formally approved the clinical case for change and an extract from the minutes of this meeting is included within the FBC appendices.

The FBC remains subject to ongoing discussions with the local CCG Commissioner and NHSE Regional Specialised Commissioners to consider how the recurring revenue should be funded. The case will also be considered in the BNSSG System and Specialised Commissioning prioritisation processes (currently pending) alongside understanding the BNSSG System 2022/23 funding allocation.

The current uncertainty regarding the medium term revenue financial regime means that securing full recurrent revenue funding beyond 2022/23 is challenging. However, the case has had the support of the BNSSG System as a priority bid as part of the H2 Planning Round and Targeted Investment Fund (TiF) process. As of 18th January 2022, we await the formal outcome of our TiF submission. For the purposes of this case however, our working assumption is that this bid does not require national funding and will not be funded nationally. In the event of national funding becomes available in the future, this would reduce the value of the Trust's cash required by the project and provide a beneficial increase in the Trust CDEL.

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

The risks associated with this report include:

3.1 Risks of proceeding at this time

Risk ID 5499: Commissioners have advised that they do not have the ability to make revenue funding decisions at this point in time until receipt of national guidance and confirmation of the financial regime and funding arrangements for 2022/23. Therefore, the FBC cannot at this stage confirm full revenue funding support. This position is not unique to Critical Care however and

applies to all service developments, reflecting the general uncertainty in the commissioning landscape and requiring providers to take risk-based decisions.

This paper recommends that the Trust proceed with the build, mitigating the risk by:

- Securing Commissioner support that the scheme must be prioritised highly against competing priorities within the System and confirmed in system plans for 2022/23
- Phasing the introduction of the additional beds in line with recruitment and workforce development and:
  a) utilising the confirmed funding contribution for ECMO services
  b) utilising the expected funding contribution from additional CAR-T therapy delivery
  c) utilising non-recurrent elective recovery funding

Accepting the relatively low asset specificity of the proposed development, there is also the opportunity to mitigate the revenue funding risk via consideration of alternative, temporary utilisation of the additional beds such as:

- Using the beds as an Enhanced Care Area
- Additional escalation beds to manage increased demand and support recovery of the Trust's elective programme
- Decant space to enable other strategically important schemes
- Mothballed critical care beds to increase capacity in response to spikes in demand and future Covid surges

3.2 Risks of not proceeding at this time

3.2.1 Clinical risks

As set out in page 5 of the FBC, there is a clear clinical need for additional critical care beds on the UHBW site. Commissioners formally approved the clinical case for change in November 2021 in recognition of the clinical risks the case is addressing.

The South West region has the lowest number of critical care beds per head of population. UHBW has one of the lowest number of adult critical care beds per 100k population within the South West Region, as well as looking after an above average acuity of patients indicated by the numbers of organs supported. This is despite 40% of the work being highly specialist and only deliverable at the BRI.

There are currently risks associated with this shortfall in capacity. These risks would remain should the Trust decide not to proceed with the proposed expansion.

The very high scoring risks as referenced in section 1.4 of the FBC include:

- Unacceptably high rates of cancellations for cancer and cardiac patients that require specialist surgery at the BRI;
- High occupancy rates driving poor efficiency in elective and non-elective pathways;
- Unmet need, particularly in the areas of fractured neck of femur and emergency laparotomies, where clinical guidelines are not being met;
- Lack of resilience and ability to effectively manage future surge scenarios;
- Delayed admission or transfer in to the unit for emergency patients.

3.2.2 Reputational risk

The pandemic further highlighted the notable lack of resilience within the current bed base to respond to peaks in demand or to manage a surge of any kind. This presents a risk in terms of our ability to mobilise the critical care capacity needed to adequately respond to any future surge, the requirement for which is set out in the 2021/22 and 2022/23 national planning guidance and priorities (as referenced in section 2 of the FBC). It should also be noted that failure to learn from the lessons of Covid-19 and create a more resilient bed base would cause significant reputational damage to the Trust and wider NHS in the event of future surge events.

3.2.3 Autonomy of capital decision making

The CDEL introduced in April 2020 means that we are now subject to a capital constraint and no longer limited to available resources but rather spending limit and as a Foundation Trust (FT) we no longer have the autonomy to set our capital programme based on forecast cash balances and delay will impact on future years CDEL.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Approval.**

Trust Board is asked to approve the GICU Stage 2 Expansion Full Business Case (FBC), noting the above risks and mitigations.

5. History of the paper

Please include details of where paper has previously been received.

Finance & Digital Committee	25th January 2022
Capital Programme Steering Group	13 January 2022
Senior Leadership Team	19 January 2022

* ***Trust Board is asked to note that the required governance route through Capital Programme Steering Group (CPSG) and Senior Leadership Team (SLT) is still being concluded. These groups received summaries of the key issues associated with concluding the FBC in the December 2021 and January 2022 meetings not the full suite of FBC documents. Formal review and approval of the full suite of documents is being secured virtually from CPSG and SLT members in parallel with issuing the papers to Finance & Digital Committee and verbal confirmation of the status will be advised at the Finance & Digital Committee meeting on 25th January 2022, and at Trust Board 28th January 2022.***

University Hospitals Bristol and Weston NHS Foundation Trust

General Intensive Care Unit (GICU) Stage 2 Expansion

Full Business Case

Version	Status	Version notes	Author/ Updated by	Date
0.1	Draft	Creation	Sarah Nadin	May 2021
0.2	Draft	Second Draft	Amy Worsfold	July 2021
0.3	Draft	Third Draft	Claudia Bisetto	November 2021
0.4	Draft	Fourth Draft	Kirstie Corns	November 2021
0.5	Draft	Fifth Draft	Amy Worsfold	December 2021
0.6	Draft	Sixth Draft	Amy Worsfold	January 2022
0.7	Draft	Seventh Draft	Amy Worsfold	January 2022
0.9	Draft	Eighth Draft	Amy Worsfold	January 2022
0.9	Draft	Ninth Draft	Amy Worsfold	January 2022
0.10	Draft	Final revenue updates, title update and updates to appendices	Kirstie Corns	19th January 2022
1.0	FINAL	Moved to final version and submitted to Finance & Digital Committee	Kirstie Corns	20th January 2022
1.1	FINAL	Appendices update. Submitted to Trust Board	Kirstie Corns	20th January 2022
1.2	FINAL	Update to page 2	Kirstie Corns	21st January 2022

This Business Case is supported by:

The clinical case for change has received formal support from the following external groups / committees:

Name	Organisation	Date
Critical Care Network / Peer review	Critical Care Network	06/07/21
Bristol, North Somerset & South Glos Clinical Commissioning Group Clinical Executive	BNSSG CCG NHSE Specialised Commissioning	11/11/2021

The full business case has been discussed and received support from the following committees through its development stages:

Name	Organisation	Date
Acute Services Review Programme Board	UHBW & NBT	02/08/2021
Surgery Divisional Board	UHBW	03/08/2021 02/12/2021
Specialised Services Divisional Board	UHBW	01/09/2021
Critical Care Executive	UHBW	03/11/2021
Strategic Estates Development Programme Board	UHBW	09/12/2021
Capital Programme Steering Group	UHBW	22/12/2021
Senior Leadership Team	UHBW	19/12/2021

Table of Contents

I. Executive Summary

The adult General Intensive Care Unit (GICU) at the Bristol Royal Infirmary (BRI) is a specialist ward that treats patients who are the most seriously ill patients in the hospital. This unit is staffed by specially trained healthcare professionals who deliver intensive levels of care and treatment.

These patients present as both medical and surgical emergencies and following major surgery; with around 40% of all patients requiring treatment only available at a specialist tertiary hospital such as the BRI. Around 31% of patients enter critical care following elective treatment, of which 85% are cancer patients.

The University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) GICU is a 25 bedded Critical Care facility for patients requiring level 2 (high dependency) and level 3 (intensive) care. The unit is configured to use a mix of level-2 and level-3 beds flexibly.

The Trust is well positioned to develop and expand its GICU bed base as part of the increased and integrated offer within the South West:

There is a clear need

The South West region has the lowest number of critical care beds per head of population. UHBW has one of the lowest number of adult critical care beds per 100k population within the South West Region, as well as looking after an above average acuity of patients indicated by numbers of organs supported. This is despite 40% of the work being highly specialist and only deliverable at the BRI.

There are currently risks associated with this shortfall in capacity

These risks include:

- Unacceptably high rates of cancellations for cancer and cardiac patients that require specialist surgery at the BRI and capping the rates of elective scheduling and waiting list growth as a consequence
- High occupancy rates driving poor efficiency in elective and non-elective pathways
- Unmet need, particularly in the areas of fractured neck of femur and emergency laparotomies, where clinical guidelines are not being met
- Lack of resilience and ability to effectively manage future surge scenarios
- Delayed admission or transfer in to the unit for emergency patients

We have clear strategic ambitions to expand our specialist clinical services and to draw patients back into the South West who are currently travelling outside of the region to access care.

UHBW is established as the specialist provider in the South West for the following services that require the provision of associated specialist critical care facilities;

- Specialist Cardiac Services
- Specialist Cancer Surgery

- Specialist Oncology

We hold specialist clinical expertise in these areas and are well placed, with the adequate capacity and infrastructure in place, to drive innovation and access in these areas to draw South West patients, who are currently travelling outside of the region, back to Bristol. Additional capacity would contribute to the management of a future pandemic surge and would be well utilised for elective cases when not required for this purpose, providing the capacity for specialised care.

Our plans can be reasonably translated into physical capacity

We have existing plans to develop and expand our critical care facilities. Our preferred option describes the requirement to expand the current adult general ICU by 11 beds. UHBW is also making plans to invest in other aspects of our specialist services infrastructure as part of our Strategic Clinical Capital programme; including specialist theatres and Cath labs.

Our critical care teams have already made significant progress in driving innovation and efficiency despite capacity constraints

Our teams have consistently demonstrated that despite operating at the limits of the available capacity, they continuously look for opportunities to drive innovation and efficiency in the care delivered. This is clearly evidenced in clinical benchmarking data (ICNARC)[1] and includes the recent integration of the general and cardiac critical care units.

Consequently this paper describes the urgent need to open 11 additional beds within the GICU at the BRI, as a result of the known and demonstrable historic deficit in the area and wider region. This paper presents the additional capacity need defined by four key drivers:

	Driver:
1.	Patient safety risks associated with under provision A. Unacceptably high rates of patient cancellations and elective back log requirements B. Increasing levels of out of hours discharges from critical care and high readmission rates C. Unmet need - Patients unable to access GICU
2.	A lack of resilience and ability to effectively manage future surge scenarios
3.	Increased demand at a local level
4.	Inability to repatriate clinical services

This case builds on the work undertaken as a part of the:

- 'Phase 1' GICU expansion – The Phase 1 expansion delivered a net gain of 3 critical care beds on the Bristol site and completes the transfer of 2 level 3 beds from Weston to Bristol. This

[1] Intensive Care National Audit & Research Centre

total increase of 5 level 3 beds on the Bristol site took place in the context of the transfer and integration of services between Weston and Bristol, as part of the UHBW merger, which took effect from April 2020. The Phase 1 GICU expansion is completed and this case outlines the requirements and plans in addition to this development.

- 'Phase 2' GICU expansion Outline Business Case (OBC) – as outlined above this case is focused on the next stage of expansion (Phase 2), following the delivery of Phase 1. Phase 2 OBC was approved at Trust Board in October 2020.
- Acute Services Review partnership work ongoing with North Bristol NHS Trust – the demand requirements have been assessed from a joint cross-city perspective then attributed to each Trust for the purpose of business case development and delivery plans within each organisation. Development plans have been presented jointly between both Trusts to the local and regional system and both Trusts are mutually supportive in the approach taken. It is planned that future opportunities for mutual aid across the two Bristol units will be explored and implemented, particularly in relation to staff recruitment, retention and training.

The purpose of this Full Business Case is to provide a clear plan for improving the quality and safety of critical care services at UHBW through eliminating the Trust's (and reducing the regional) critical care underlying capacity deficit.

II. Strategic Case

1.1 Strategic Context

National Context:

The national planning guidance for 2021/22 clearly outlines the expectations for local systems and providers in the planning and delivery of effective and resilient critical care facilities for our local and regional populations.

The H1 Priorities and Operational Planning Guidance published on the 25th March 2021 outlines the priorities for the year ahead against a backdrop of the challenge to restore services; 'meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.' The document sets out six clear priorities for 2021/22, of these Priority B, 'Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19,' states the intention, nationally to, 'conduct a stocktake of both physical critical care capacity and workforce, which will inform next steps in creating a resilient and sustainable service.'

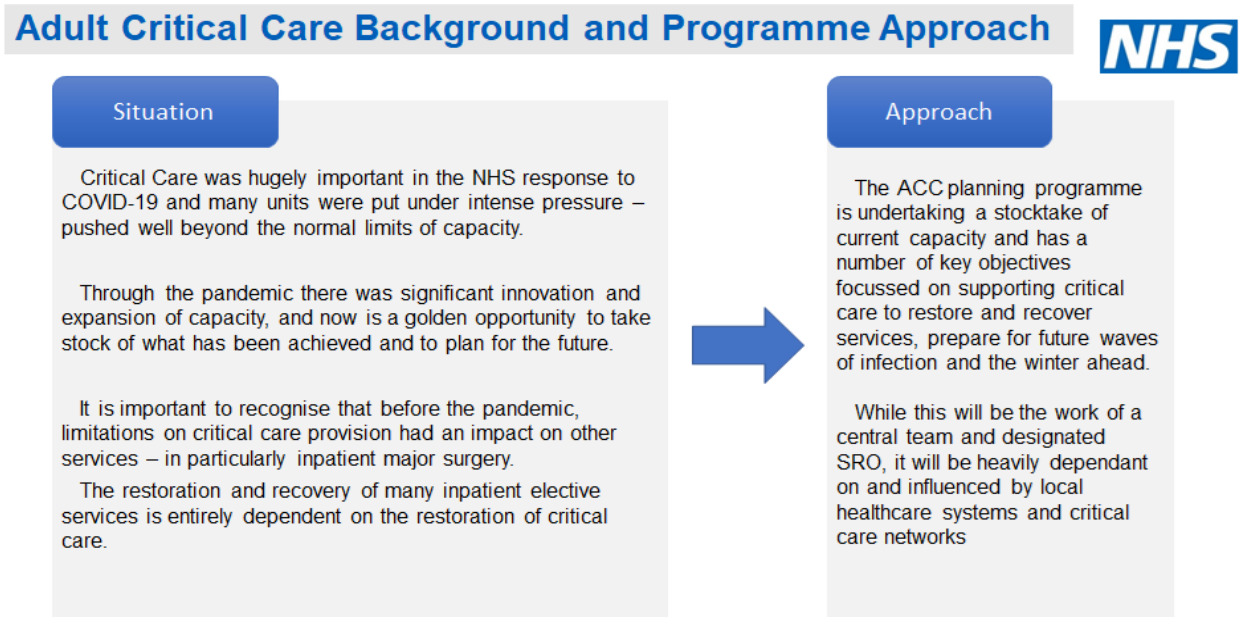
Additionally, Priority C is clear that we should be 'Building on what we have learned during the pandemic to transform the delivery of services, **accelerate the restoration of elective and cancer care** and manage the increasing demand on mental health services' The guidance explicitly states that Systems should 'plan to recover towards previous levels of activity and beyond' for the recovery and restoration of both elective care and specifically cancer care for which systems are expected to 'return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022'.

The H2 Priorities and operational planning guidance published on 30th September 2021, reiterates the priorities set out in H1. The guidance recognises that elective recovery progress has been slowed 'more recently, [by] non elective pressures, including rise in Covid-19 admissions as well as workforce supply constraints due to staff needing to isolate'. To mitigate the impact on elective recovery, NHS England & NHS Improvement have made a £700m targeted investment fund available to further support elective recovery through 2021/22 to 2024/25. The guidance states that 'proposals should focus on delivering the highest priority elective recovery reforms, and / or on systems and providers facing the greatest challenges in restoring activity to pre-pandemic levels', with a continued priority focus on restoring 'full operation of all cancer services'.

The 2022/23 national priorities and operational planning guidance published on 24th December 2021 (issued when we are again operating within a Level 4 National Incident) states that 'The new Omicron variant reminds us that we will need to **remain ready** to rise to new vaccination challenges and **significant increases in Covid-19 cases'**. The priorities set out in the guidance are a continuation of 2021/22 priorities: Priority B requires us to 'Respond to Covid-19 ever more effectively' and Priority C that we 'Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards'.

In addition to this, the NHSE/I Critical Care Programme outlines the following planning and programme approach;

(Figure 1)



With the following expectation on how this programme will be translated into delivery through regional and local planning mechanisms;

(Figure 2)

This FBC is underpinned by the national drive to ensure critical care facilities are adequate to meet the current needs of our population and support recovery of elective activity as well as ensuring future resilience.

Local Context (System and Regional):

The UHBW GICU provides critical care services for both our regional and local population. As we move towards the strengthening and formalising of our local Integrated Care System (ICS), the needs of our regional and specialist population will become increasingly the focus of our local planning and delivery mechanisms.

NHSE Specialised Commissioning South West have confirmed that ensuring adequate and resilient critical care capacity is in place is the second of their top priorities for 2021/22. This is second only to the recovery and future resilience of elective services within the region, of which adequate critical care facilities and capacity is clearly a significant factor.

This builds on the context of the South West Region Critical Care Capacity and System Operation Final Report (Appendix 1.1) which was published in June 2020, demonstrating the requirement for additional Critical Care beds across the South West. The case outlined that there is a clear need for 'investment targeted at supporting improved quality of care, outcomes for patients and improved efficiencies across elective and non-elective pathways of care'.

The case aimed to address historic capacity deficits that have become particularly visible during the urgent response to the Covid-19 pandemic. It evidenced that the South West has historically operated

on a smaller number of critical care beds when compared to other regions. (Further detail provided in Section 3.3 Demand and Capacity).

It also highlights that the required response to Covid-19 in the South West has exposed the fragility of critical care capacity and associated services, despite the South West having experienced the lowest level of infection rates compared to other regions to date. It outlines that the response put in place to respond to Covid-19 has led the South West to take stock of critical care services. More recently, Specialised Commissioners have signalled that there is likely future growth for CAR-T services which will result in demand for ICU beds.

Our Local BNSSG ICS outlines its strategic priorities for the acute sector and transformation plans to deliver through the Acute Care Collaboration Programme, under the Healthier Together Executive. The vision of the programme is to;

> *'deliver exceptional health outcomes for the people we serve through provision of the full range of acute services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our acute resources for the benefit of the whole health community'*

It is intended that this vision will be delivered through three key themes, the first of this is,

> *'Collaborating for excellence in delivery of specialist acute services, working together to make best use of the specialist skills of our whole workforce, our physical facilities and equipment. We will deliver exceptional quality and outcomes by developing consistent and aligned services. We will reduce cost through better use of estate and reduced service duplication. We will improve clinical sustainability and the experience of our workforce by working as one network'*

The objectives of this case will clearly and directly contribute to the delivery of this local system priority and the overall vision for the acute sector within BNSSG.

Adult ICU has also been identified as a priority workstream within our local system provider collaborative, the Acute Services Review (ASR). This business case has been developed with NBT and it directly drives the aim of this partnership within our local ICS of;

> *'Creating a single ambition and delivery plan for our specialist networked services and define Bristol as a centre of excellence for tertiary clinical care, education and research.'*

The System focus on elective recovery remains a top priority for the populations we serve both locally, within BNSSG, and regionally, as part of our tertiary and quaternary service provision. The BNSSG System and the NHSE/I South West Regional Team have supported two Targeted Investment Fund (TIF) bids for additional critical care capacity at UHBW. The capital investment element of this GICU expansion business case has been supported to proceed to national submission of the Wave 2 TiF bids in recognition of the criticality that sufficient critical care capacity has on our ability to recover elective pathways, particularly cardiac and cancer. Following an initial review, the bid successfully progressed to the next stage and we subsequently submitted a short form business case and Value for money (VFM) template to the Regional Team. As of 18th January 2022, we await the outcome of our TiF submission. For the purposes of this case however, our working assumption is that this bid does not require national funding and will not be funded nationally. In the event national funding becomes

available in the future, this would reduce the value of the Trust's cash required by the project and provide a beneficial increase in the Trust CDEL.

The second TIF bid supported to proceed to national submission was a bid in response to a request from the South West Regional Specialised Commissioners on 17th September 2021. Systems and providers were asked to 'identify the potential opportunities for expanding critical care / enhanced care across the region. The criteria to be met is capacity which, with funding (capital and revenue), could stand up quickly and support increased elective activity over winter'. This is the second consecutive year that the Trust has been asked to increase critical care capacity at short notice to support winter pressures, further highlighting the need to increase critical care provision within the BNSSG System to; a) respond to surges and b) support elective recovery. System Directors of Finance have approved mobilisation of the first wave of TiF bids which includes the critical care expansion in response to winter pressures.

This FBC will directly contribute to the implementation of the BNSSG System Plans for maximising elective recovery for both our local population accessing generalist services and our regional population who rely on us for provision of specialised elective cardiac and cancer services. It also delivers on the priorities related to elective recovery in the 2022/23 operational planning guidance.

Trust Strategic Context:

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

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

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

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

(Table 1)

Our Current Strategic Priorities (as per 2025 strategy)	Our New World Drivers (June 2020)
1. Our Patients We will excel in consistent delivery of high quality, patient centred care, delivered with compassion	• Backlog in non-Covid-19 services which needs to be managed and recovered, with the risk of widening health inequalities and a significant number of people not accessing health care when they ought to be. • New internal operating model alongside IPC safety measures, driving the need for different solutions to create capacity and supporting staff wellbeing , new ways of working and safety considerations.

Our Current Strategic Priorities (as per 2025 strategy)	Our New World Drivers (June 2020)
2. Our People We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future	• People Focused: creating innovative, flexible and resilient workforce models through system approaches (Terms and Conditions/passporting/training etc.), maximising our role as an anchor institution in supporting economic recovery through local employment and volunteering and managing the implications of a changing global workforce supply
3. Our Portfolio We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.	• Recognition of general and acute and critical care bed shortfalls in SW Region.
4. Our Partners We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.	• Accelerated collaboration/mutual aid and pan-system clinical leadership – Further enabled by Weston integration and Bristol acute services review with NBT • Increasing importance of system perspective and opportunity to drive common cross sector goals across our STP and beyond, including accelerated implementation of consistent community service model (Sirona) and discharge from hospitals
5. Our Potential We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation	• Virtual-by-default and digital approach in clinical and non- clinical communications, training and service delivery with changed public expectations • New opportunities for research and innovation with AHSC designation, partnership with Universities and internal innovations.
6. Our Performance We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.	• Changes to our commissioning and planning environment; • Probable changes to FT autonomy, financial regime and IS sub-contracts. National approach to acute consolidation (group models) and SW region Partnership Boards in North and Peninsula

On 20th October 2021, the Trust's Senior Leadership Team approved six core planning priorities to guide the organisation through the winter, whilst providing clarity of the expectation on what the organisation should be focussing on in terms of delivery. The six priorities are:

1. Staff first
2. Elective Restoration & Redesign
3. Urgent Care Redesign
4. Weston renewal
5. Estate development
6. Continuous Improvement culture

The priorities will also guide the operating planning process (OPP) this year and next, allowing Divisions to plan against a discrete set of objectives that should benefit all, align and allocate resources

and streamline the actual OPP itself. The GICU FBC remains strongly aligned to the Trust's strategic priorities and directly supports the core planning priorities 1, 3 and 5.

It is clear from both our strategic priorities as an organisation, and the recent testing of these within the context of the Covid-19 pandemic, that both the expansion of critical care services and the development of our specialised services portfolio are core to our strategic ambitions.

This is particularly relevant to our ambitions to expand our specialist service portfolio. However, it is also key to our ambitions regarding education and research.

1.2 Objectives and planned Benefits of the Business Case

Quality:

- Patient Experience: Ensure each patient and family has access to multi-disciplinary input where required
- Patient Safety: Ensure patients all have parity of access to GICU regardless of time of year or overall unit demand and create a more resilient workforce
- Clinical Effectiveness: Improve shared learning across the multi-disciplinary team with increased workforce and improved compliance with evidence based standards of care for a unit of our size

Performance:

- Responsiveness: The major barrier to effective use of the Critical Care beds at the BRI is capacity which significantly impacts patient flow
- Cancer and RTT targets: Ability to admit all elective patients requiring GICU, throughout the year

Financial:

- Bank and Agency: a more resilient workforce will reduce the reliance on bank and agency staffing
- Clinical pathways: to ensure there is always capacity to support all clinical pathways of care, for related RTT (both urgent and routine) and cancer performance

1.3 Current State and Case for Change

Current State – Cross-City Capacity:

The consolidated total of critical care capacity across the three local sites (Southmead, BRI and WGH) is as follows:

(Table 2)

Site	BNNSG commissioned %	Specialist Commissioned %	Other commissioners %	Total
NBT	44%	54%	2%	100%
UHBW (GICU + CICU)	31.4%	61.7%	6.9%	100%
UHBW (GICU only)	57.3%	34.1%	8.6%	100%

The expansion requirements focus on GICU beds and the references to Cardiac in the case relate to the impact of general demand and the Covid-19 pandemic on the cardiac capacity. Whilst the expansion is not specifically targeted to address cardiac capacity requirements, it will indirectly mitigate some of their capacity constraints by reducing the overall level of pressure on the bed base and the need to utilise cardiac capacity for non-speciality patients.

It should also be noted that both UHBW and NBT provide a range of regional specialist services aside from Cardiac and Neurosurgery (e.g. thoracics, gynaecology, liver, oncology etc.), all of which form part of the 'general' demand for critical care. For further context, the total critical care bed days consumed for year ended 31.03.20 have been analysed below:

(Table 3)

Critical Care Unit	Location	Bed Numbers	L3	L2	L 1.5
General ICU	A600	25	17	8	0
Cardiac ICU	CICU	19	11	8	0
Weston	Weston General	4	2	2	0
Cardiac High Care	C708	6	0	0	6
	TOTAL	54	30	18	6

Current State - UHBW Capacity:

UHBW currently (July 2021) has a total of 48 adult critical care beds across the UHBW sites. The distribution and associated levels of care are outlined below.

(Table 4)

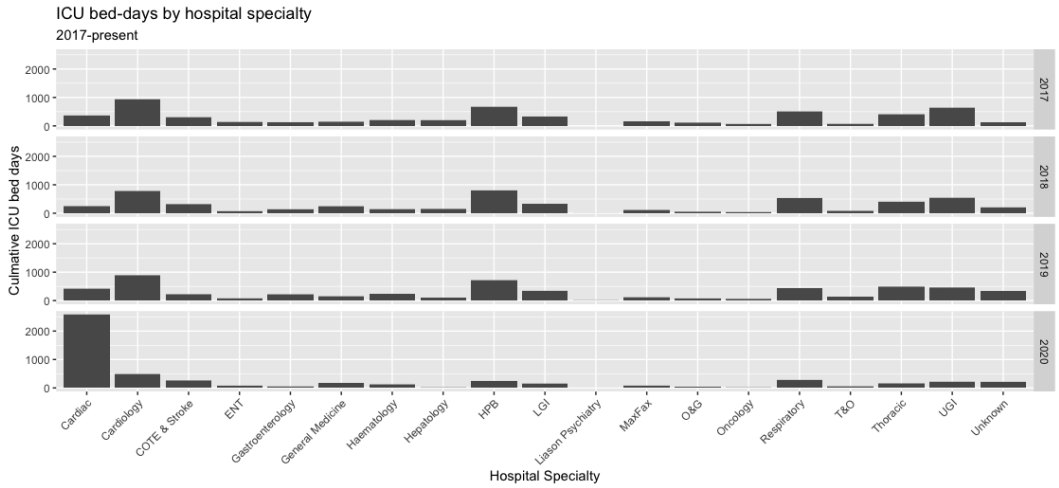
Site	Critical Care beds	Neurosurgery / Cardiac	Total commissioned beds	Un-commissioned beds	Total physical bed spaces
NBT	28 (61%)	18 (39%)	46	2	48
UHBW	29 (55%)	24 (45%)	53	0	53
Combined	57 (58%)	42 (42%)	99	2	101

It should be noted that operationally the levels of care are flexed in all units dependent on demand and staffing, so the above numbers represent an average for planning purposes.

A600 – General Intensive Care Unit (GICU):

- 25 bed spaces
- Provides general Level 2 and Level 3 critical care to emergency and elective patients, including patients having major cancer procedures, and patients with acute complex medical and cardiac conditions including out of hospital heart attacks
- Source of admission is consistent with similar units although it receives a greater proportion of patients from other critical care units and acute hospitals
- Managed by consultant intensivists, with full registrar and junior trainee tiers beneath

General ICU bed days by specialty: (Figure 3)



The table above outlines the usage of critical care beds at UHBW. Usage is spread across a range of services. However, the highest usage of beds is in the following services;

- Cardiology (including out of hospital cardiac arrests)
- Respiratory Medicine and Stroke
- Hepatobiliary and Upper GI Surgery (Both almost entirely cancer based services)
- Thoracic Surgery (almost entirely cancer based service)
- Cardiac Surgery

This demonstrates the extent to which our specialist services in these areas are supported by our critical care facilities. (*Note – the cardiac increase in 2020 is due to the inclusion of the Cardiac Intensive Care Unit in 2020).*

C604 – Cardiac Intensive Care Unit (CICU):

- 19 bed spaces
- The unit provides care for post-operative cardiac surgery patients
- The majority of the medical cover is carried out by consultant cardiac anaesthetists

- Anaesthesia junior doctors provide a single tier on-call, but with significant input from nurse practitioners

Weston General Hospital:

- Weston General Hospital and UH Bristol merged to become UHBW on the 1st April 2020 and at this point the Weston ICU bed base, became part of a combined unit with the BRI's GICU.
- The current bed base at Weston General Hospital is 2X level 3 and 2X level 2 beds
- These provide care for a range of general medical and surgical patients

The three critical care units of UHBW work closely together on a daily basis. This includes daily joint capacity meetings, to ensure equal access to specialist services in the right place, at the right time.

The GICU, CICU and Weston units meet monthly at the Critical Care Executive Meeting. The purpose of the meeting is to provide a regular multi-disciplinary forum for the discussion of strategy, performance, finance, workforce, education, governance and patient safety issues relating to critical care. The forum works well to establish integrated working and consistent application of systems and processes across all three units; to effectively manage and develop the critical care agenda 'as one', rather than in isolated units.

'Phase 1' Expansion and the Implementation of Healthy Weston Critical Care Model of Care

During 2019/20 two programmes of work were agreed internally and with local and specialist commissioners which impact on the planned critical care capacity. These were the 'Phase 1' critical care expansion and the Healthy Weston Programme.

In March 2020, NHSE Specialised Commissioning supported the decision to commission three additional critical care beds on the Bristol site. In practice this is two physical beds spaces, as there was one existing unfunded bed within General ICU routinely in use and therefore within the activity baseline.

(Table 5)

Critical Care Unit	Location	Bed Numbers	L3	L2	L 1.5
General ICU	A600	20	12	8	0
Cardiac ICU	CICU	24	10	9	5
Weston	Weston General	5	5	0	0
	TOTAL	49	27	18	6

As part of the development of a new model of care for clinical services at Weston General Hospital and as part of the Weston and UH Bristol merger, a new model for critical care was approved; the equivalent of X2 level 3 beds were transferred from Weston to the BRI GICU, whilst X2 level 2 and X2 level 3 critical care beds remained on the Weston site.

Post 'Phase 1' Expansion and Healthy Weston Capacity:

(Table 6)

Critical Care Unit	Location	Bed Numbers	L3	L2	L 1.5	Net change:
General ICU	A600	25	17	8	0	+5
Cardiac ICU	CICU	19	11	8	0	-5
Weston	Weston General	4	2	2	0	-1
Cardiac High Care	C708	6	0	0	6	6
	TOTAL	54	30	18	6	5

UHBW strategic capital funding was made available to support this development and the physical build to accommodate these beds was delivered in February 2021. This case confirms that both the 'Phase 1' expansion and the Weston transfer have been fully implemented.

Case for Change:

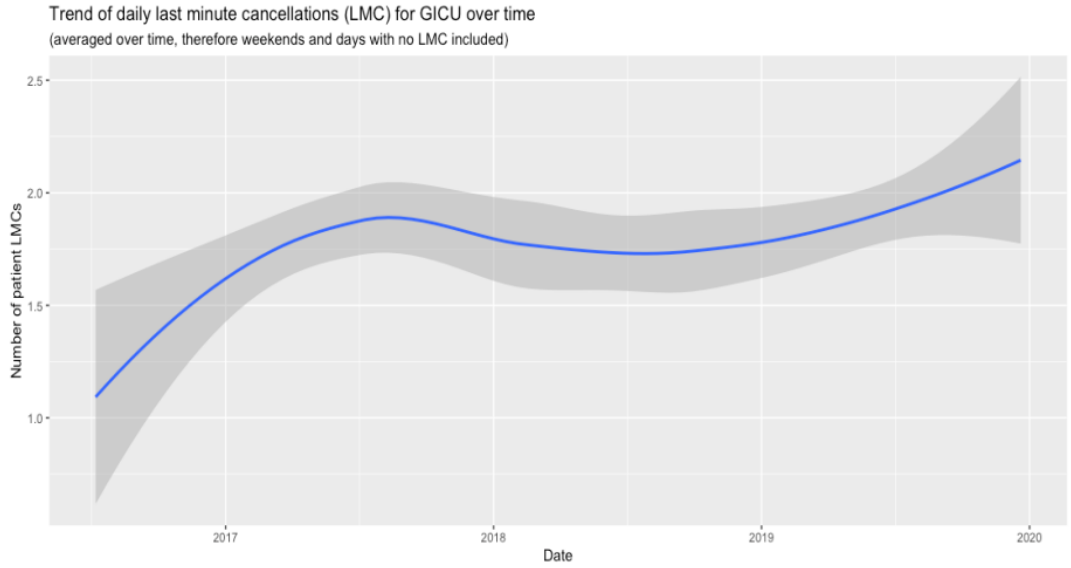
1. Patient safety risks associated with under provision

A. Unacceptably high rates of patient cancellations and elective back log requirements

Overall, elective demand on the GICU represents 31% of occupied bed days and is a fundamental part of unit demand. The most obvious impact of the capacity shortfall can be seen in the unacceptably high levels of patient cancellations, particularly pre-pandemic when activity levels were higher overall, taking into account the reduced scheduling during the pandemic. This clearly has a significantly negative impact on the quality of care provided for these patients, as well as reducing the efficiency and productivity of our elective services for major cases.

The figure below demonstrates the increase in the cancellation of patients on the day of surgery over the last four years (2021 data excluded as a result of the COVID-19 pandemic).

(Figure 4)



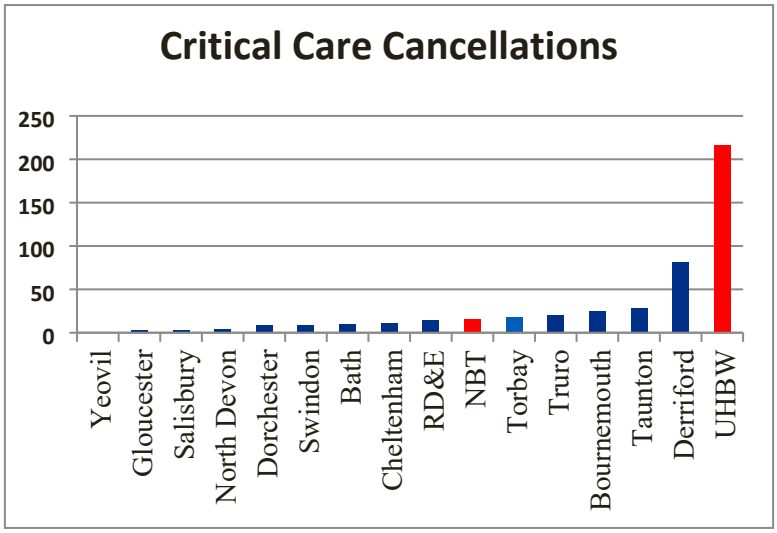
Regional benchmarking data for 2019 (Appendix 1.2), i.e. pre-pandemic, shows that 216 critical care patients had major surgery cancelled at short notice due to a lack of critical care bed at UHBW, the highest of 16 trusts in the report. This represents 48% of the reported regional figure. This has resulted in an inability to support the elective programme resulting in cancellations and an inequity of access for our elective patients.

As well as these highly visible short notice cancellations, the low bed base also results in:

- An underlying rate of 'under-scheduling' or 'pacing' of general elective work due to capacity constraints
- Delays for inpatients awaiting critical care-dependent surgery, that impact across the region; this not only has a clear negative impact on the patients involved and on the efficiency of the service, but it also impacts the reputation of the cardiac unit as a regional service provider of choice and drives referring organisations to send patients out of area where access can be assured
- Other inefficiencies due to high occupancy such as late theatre starts and lost second cases, where ICU capacity is not the recorded reason for cancellation, but often the root cause

The table below demonstrates that UHBW has the highest number of cancellations for no critical care capacity of any provider in the South West.

(Figure 5)
(Y/E 31.03.20)



The NHS as a whole is facing very substantial challenges in terms of elective backlogs, with 3 million fewer elective procedures delivered in 2020 than in 2019. In a recent BMA report (British Medical Association, 2021) they estimate that even if the NHS returned to pre-pandemic levels of elective activity (i.e. the 2019 average), waiting lists would continue to grow, and if elective activity increased to 110% of 2019 levels, the backlog would take up to five years to come back down to pre-pandemic levels.

Critical care forms a key part of the trusts recovery strategy and investing in resilient levels of critical care capacity is vital to sustaining recovery efforts. It is recognised that any estates-dependent expansions could not be completed in a feasible timescale to impact this backlog in a timely manner. However, there will be temporary surge options that could be considered as short term measures to support elective care recovery whilst the proposed capital scheme is ongoing.

It is important to note that elective cancellations for critical care beds are multi-factorial. On the day cancellations for non-clinical reasons are not limited to capacity constraints, and may be attributable to other factors, including logistical reasons such as unplanned staffing issues or equipment failures. Whilst the additional capacity will go a long way to radically reduce the high numbers of elective cancellations we currently experience, a small amount of cancellations will remain as a result of the sometimes rapidly changing, unpredictable nature of critical care capacity management (e.g. future Covid surges or unprecedented emergency demand). We would anticipate that the small number of elective cancellations would be more comparable to that of our peers, as described in the above graph (figure 5).

B. Increasing levels of out of hours discharges from critical care and high readmission rates

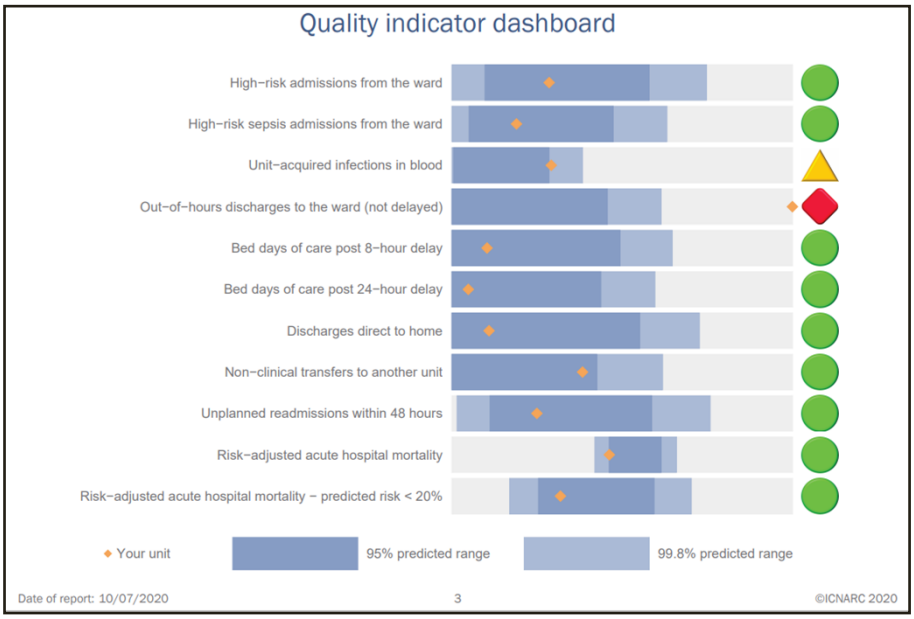
The Critical Care unit must protect the provision of an 'Emergency bed' to accommodate emergency admissions, which average 2.5 patients per day. This is an essential service requirement. The availability of these beds has been compromised on many occasions in the past (outside of Covid-19 surges) due to increasing acuity and high occupancy levels.

(Table 7)

Year	Total admissions	Total Unplanned & Emergency (U&E) Admissions	Avg U&E admit per day	Occupied % U&E
2016	1232	814	2.23	66.07%
2017	1277	812	2.22	63.59%
2018	1300	862	2.36	66.31%
2019	1318	913	2.50	69.27%

The pressure on the unit to ensure timely admission of daily emergency demand is managed via holding elective patients in recovery and identifying patients suitable for discharge on the 8pm ward rounds and discharging patients to the wards overnight. The following extract from the ICNARC Quality Report (March 2020), shows that the BRI ICU is a significant outlier in the comparator for out of hours discharges, clearly reflecting the capacity deficit.

ICNARC Quality Indicators (Figure 6)



C. Unmet need - Patients unable to access Critical Care

Prompt admission to critical care leads to lower mortality for patients assessed and recommended to critical care (Harris et al., 2018). Recent policy stresses the importance of identifying and responding to the deteriorating ward patient and the current guidelines recommend that critical care admission should be delivered within four hours. (Guidelines for the Provision of Intensive Care Services (GPICS), 2019). Delay to admission at the BRI is common, a proportion of patients recommended for critical care are not offered a bed within the GPICS four hour standard, and this proportion increases when capacity is limited. Because of the current lack of critical care beds at UHBW, we know that there are certain patient groups where critical care input is recommended, but is not currently being provided. These are specifically:

- Fractured neck of femur (NOF) pathway - UHBW will need to increase capacity to meet expected increase in demand for fractured NOF patients. We currently admit around 1% of fractured NOF patients, compared to a national benchmark of 3%. We need to increase critical care capacity to meet increases in demand and to be able to increase the quality of service we offer.
- Emergency laparotomy - The National Emergency Laparotomy Audit (NELA) guidelines include a recommendation for best-practice which includes admission to Critical Care for high-risk patients. UHBW currently admits about 70% of patients to GICU who should be admitted under the guidelines.

2. A lack of resilience and ability to effectively manage future surge scenarios

The national focus on critical care services in England has increased because of Covid-19. The Critical Care Units have been at the front line in the local level response and UHBW has taken short-term, unsustainable action to increase critical care capacity to cope with the Covid-19 pandemic. Despite

this, the risk of critical care services being overwhelmed remains and has been cited as a major factor behind repeated regional and national lockdowns in England.

The Covid-19 pandemic has had a significant impact on all three units (GICU, CICU and Weston) and their ability to provide for their local and tertiary populations, further exposing the deficit in local provision. During planning for the pandemic, maximum COVID surge capacity was planned at up to 80 critical care beds across the Bristol and Weston sites. During the first wave of the pandemic, UHBW followed national directives to reduce non-urgent surgery in order to limit the demand for critical care beds after complex surgery and increase the number of ward beds available.

After Covid-19 cases had fallen from their initial peak this situation improved in quarter 3 of 2020 but deteriorated as pressures from the second wave of Covid-19 grew later in the year. This was compounded by the need to assist other worse-hit regions with mutual aid for critical care transfers.

The excess demand for GICU beds at UHBW during the pandemic, resulted in a reduction in GICU admissions of 35%. This was mostly accounted for by a shift in 'elective' activity to CICU (most post-operative elective patients, both non-cardiac and cardiac were assigned to CICU rather than a proportional split between GICU and CICU). 353 non-cardiac patients have received their planned surgery during the pandemic, of these:

- 272 general patients were admitted to CICU following surgery (prior to the pandemic these patients post-operative destination would have been GICU)
- Only 81 were admitted to GICU following surgery
- In addition to the above, 40 non-cardiac emergency surgical patients were admitted to CICU during this period

This equated to a 15% reduction in elective general cases in comparison to the previous 3 year average. The repurposing of the regional Cardiac Intensive Care Unit (CICU) at UHBW lead to 243 fewer elective cardiac surgery cases being performed between April and January 20/21, a reduction of 35% compared to the previous year. This led to a significant increase in both clinical risk and waiting times. In January 2020, 4 cardiac patients were waiting over 40 weeks. By January 2021, this had exponentially increased to 130 patients.

In order to generate sufficient surge capacity to deal with the pandemic, the regional Coronary Care Unit (CCU) was also converted into a critical care area. This resulted in the CCU being relocated to a general ward area rather than a purpose-built Coronary Care Unit. The area was not adjacent to the catheter laboratories and the relocation also resulted in the displacement of 11 general ward beds in the Bristol Heart Institute.

The pandemic further highlighted the notable lack of resilience within the current bed base to respond to peaks in demand or to manage a surge of any kind. This presents a risk in terms of our ability to mobilise the critical care capacity needed to adequately respond to any future surge.

It should also be noted that failure to learn from the lessons of Covid-19 and create a more resilient bed base would cause significant reputational damage to the Trust and wider NHS in the event of future surge events.

3. Increased demand at a local level

ONS Population Change

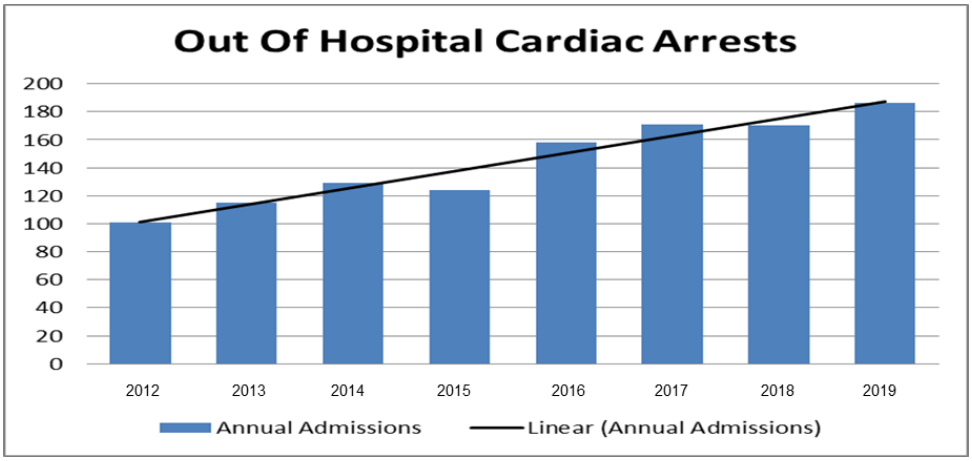
The Office for National Statistics data for population projections (www.ons.gov.uk, n.d.) indicates an increase in demand in Bristol of 0.6% per annum.

Out of Hospital Cardiac Arrest

Growing emergency and non-elective demand, specifically patients who suffer an out of hospital cardiac arrest is driving an increase in demand for critical care within our current patient group.

This is driven by patients surviving longer, as they reach hospital more quickly and are treated more effectively, as well as the wider increases in life expectancy. Admissions have risen from 101 in 2012 to 180 in 19/20. (Extrapolated from 6 months data).

(Figure 7)



Increased demand for CAR-T therapy patients

In 2019 UHBW was commissioned as one of nine centres nationally to deliver CAR-T (chimeric antigen receptor T-cell) therapy. This new treatment is a type of immunotherapy where a patient's immune system cells can be modified to destroy cancer cells in their body. This treatment has the potential to completely cure some types of cancer, but it is complex and potentially high risk. Approximately 25% of patients who receive CAR-T therapy will require admission to a critical care bed to support them while they undergo treatment. 24 CAR-T patients are treated annually, with expected increases as the therapies become more widely available.

Impact on Regional Cardiac Service

The high demand in UHBW also impacts on the Cardiac Intensive Care Unit (CICU), which serves both the BNSSG catchment and wider Severn region (the nearest cardiac centres second to Bristol are Plymouth, Oxford and Southampton). In the 24 months to March 2020 (i.e. prior to the impact of Covid-19) an average of 0.6 cardiac critical care beds were occupied by non-cardiac patients. This rose significantly as a result of the pandemic and impacted on elective capacity and the wider regional bed flow by delaying inter-hospital transfers for cardiac surgery. (See further detail described in monetisable benefits Appendix 2.1) number MB9)

Expanding GICU will significantly reduce reliance on Cardiac ICU (CICU) to accommodate non-cardiac patients, thereby improving access for cardiac surgery admissions. The BHI aims to perform c.1,400 cardiac operations per annum (pre-Covid). Of these, c.40% are in-patients (i.e. transfers from other Trusts or own general bed base), equating to 560 patients per annum. Around 50-60 cases per year would be full emergencies and warrant immediate out of hours operating, reducing the transfer figure to c.500 p.a. The target for transfer is 72 hours from referral. Inpatient transfer times in Q3 2021/22 average 7 days. Based on the 72 hour transfer target, this means that on average patients wait 4 days longer than target which equates to 2,000 bed days lost around the Region whilst patients wait for transfer. Assuming that patients waiting for transfer occupy a cardiology ward bed at a cost of approximately £195 per day, the potential benefit to the region is c.£390,000 presenting a significant improvement in access for patients and as well as a productivity opportunity for Commissioners.

4. Inability to repatriate clinical services

There are a number of critical services at UHBW that are interdependent with critical care, which are well placed to further develop, but are currently constrained by our existing critical care capacity. We have seen significant growth in our core specialist services over the past five years and supporting further growth would deliver the regional ambition to drive local access for South West regional patients and to reduce the number of patients currently travelling out of area to access these services.

We know that for each of these services there are patients travelling out of the South West who could be treated at UHBW; limiting access and causing unnecessary travel for patients and relatives, but also causing funding to flow out of the region into neighbouring health systems and notably London. It is proposed that an expansion of critical care beds would support the achievement of the Trust and the System strategic ambition to deliver specialist care within the region, specifically in the following areas;

- Gynaecology - As chemotherapy is improving, we expect to see an increase in gynaecology patients with operable cancer who require a post-operative critical care bed.
- Liver resection transfer - Transfer from the Royal United Hospital, Bath for liver resection work which would repatriate work to BNSSG from Basingstoke. This would provide a service closer to home for Bath patients and would further strengthen the BNSSG health system by retaining and developing clinical skills and services within the BNSSG region as well as attracting additional income.
- Thoracic surgery transfer - Transfer thoracic surgery work from Cheltenham to the BRI to repatriate work from Birmingham. We currently have a resection rate of around 12% and national rates are closer to 20% so the rate of resection is assumed likely to increase.
- There is also potentially future further demand associated with Pancreatitis management (benign, but provided by HPB cancer surgeons).
- ECMO – There has been a long-standing strategic aim to develop a respiratory ECMO (Extra Corporeal Membrane Oxygenation) service for the South West.

  ECMO is an extracorporeal (performed outside the body) life support technique for providing cardiac and respiratory support for patients whose heart and/or lungs are unable to provide enough gas exchange or blood supply to organs to sustain life. It is most similar to the heart lung machine technology used for cardiac bypass surgery. Blood is pumped out of the body and through a machine where carbon dioxide is removed and red blood cells are oxygenated. There are two broad types of ECMO which can be provided; V-A ECMO (veno-arterial) and V-V ECMO (veno-venous). UHBW already provides V-A ECMO for paediatric and adult cardiac

surgery patients. The paediatric service is well-developed and largely delivered by nursing staff after the initial set-up, supported by the on-site cardiac perfusion team. Historically, there has been no service in the south west for either cardiogenic shock V-A ECMO or for V-V ECMO.

In November 2021 the national highly specialised commissioning team announced a plan to make a substantial investment in the existing nationally commissioned ECMO centres. Three of the regional specialised commissioning teams, including the South West, raised concerns with the national team and requested the opportunity for providers not currently commissioned to also bid for investment.

In December 2021 we received confirmation from Commissioners that the proposal was supported and a funding envelope identified, consisting of both set up costs and recurrent revenue funding for the service. An ECMO working group has been set up, with focus on defining and finalising the details of the clinical model and costs associated with this.

As we are in the early stages of service implementation, the full revenue costs of providing an ECMO service in Bristol are not included within this case. These costs extend beyond the critical care area to include services such as cardiac perfusion.

However, the ECMO development has been articulated in the context of the wider capacity expansion plans at UHBW. The ECMO development includes provision for nursing, medical and AHP cover for ECMO patients on GICU, so there will undoubtedly be a contribution to the GICU revenue from this development. Any duplication of revenue costs associated between the two cases (ECMO and Adult Critical Care Phase 2 Expansion) will be worked through over the coming months. Any amendments to the revenue request included in this case will be changed to reflect these ongoing developments and escalated via the appropriate approval routes.

1.4 Risks the Business Case is Addressing

The table below outlines the risks currently on the risk management tool Datix associated with the current shortfall in Critical Care capacity at UHBW. The primary driver of this case is to mitigate these risks to an acceptable level.

(Table 8)

Datix Ref:	Area	Title	Rating (current)
1417	UHBW – GICU	Risk that patients will be harmed as major elective procedures are cancelled on the day, due to lack of availability of GICU beds	8
1035	UHBW - GICU	Risk that operations are cancelled and performance targets breached	20
1777	UHBW - GICU	Risk that cross contamination of patients could occur due to insufficient side room capacity	9
3650	UHBW - GICU	Risk that a patient may be discharged from GICU out of hours	6
5116	UHBW - GICU	Risk that there is a lack of standardised clinical practice and approach to workforce development in adult critical care	3
3128	UHBW - GICU	Risk that a lack of an equipment technician is leading to patient harm through faulty equipment	12
1514	UHBW – GICU	Risk that emergency admissions to GICU are delayed due to lack of capacity	16
3423	UHBW – GICU	Risk that quality of care is compromised due to the prioritisation of GICU beds for elective treatments being inconsistent	12
3895	UHBW – BHI	Risk of compromised care quality for patients requiring elective, routine cardiac treatment during COVID-19	20
4811	UHBW – BHI	Risk that timescales for non-elective cardiac pathways are not achieved	16
1511	UHBW – CICU	Risk to patient safety due to limited provision of veno-arterial ECMO in UH Bristol adult services	12

A Quality Impact Assessment (QIA) has been completed to support this case and is attached in Appendix 3. The QIA provides a clear and urgent case to support the expansion of critical care in the domains of patient safety, clinical effectiveness, patient experience, workforce and operational impact.

Patient Safety

A number of significant patient safety risks relating to critical care capacity are currently held by GICU. The modelling for future critical care demand (as described in Section 3.3) suggests that these risks will increase as demand for scarce beds increases. The most obvious patient safety risks relate to the failure to be able to admit a critically ill patient. This is evidenced by high cancellation rates for elective patients. It is also a problem for emergency patients but is less straightforward to quantify. As demand increases we will see an increasing number of critical incidents relating to the inability to admit a deteriorating patient as an emergency. These patients will impact on the emergency department and theatre capacity as we overflow from GICU with critically unwell patients.

The GPICS standards recommend that patient discharge should occur as early as possible in the working day and must occur between 0700hrs and 2159hrs. Discharging patients that are not fit for the ward at night due to capacity constraints exposes patients to increased risk. This is current practice at the BRI and again will become more common as GICU demand increases. These patients are at a higher risk of readmission and suffer poorer outcomes. Also, out-of-hours discharge from critical care is strongly associated with both in-hospital death and readmission. (Vollam et al., 2018) They are also likely to have an increased overall length of stay. (Priestap and Martin, 2006) It is also a very poor patient experience to be discharged early from GICU at night.

It should be noted that outcomes are driven by multiple factors, so it is not possible to conclude that time of discharge is a definitive cause of poorer outcomes or excess mortality in individual cases. All patients are reviewed prior to discharge by an ICU consultant and all deaths after admission to intensive care have been reviewed as part of standard morbidity and mortality procedures and there is no evidence that the time of ICU discharge has contributed to poor outcomes in individual patients.

This proposal will provide more side rooms which will improve our ability to operate with optimal infection control practice.

As of December 21, recurrent funding has been agreed for the Critical Care Outreach Service and we have been asked to now proceed with full implementation. The lack of a Critical Care Outreach team is a longstanding deficit on the Bristol site. Whilst critical care outreach will improve patient experience and support ward teams, we do not anticipate any impact on critical care capacity. Therefore the revenue costs of providing an outreach service are not included within this case. These benefits of the Outreach Service extend beyond the critical care area, for example, patient flow; length of stay; patient and staff experience.

Clinical Effectiveness

Our constrained GICU capacity impacts on a number of planned care pathways and performance targets. Our demand case suggests further pressure on elective and non-elective pathways and continued lack of GICU capacity will further impair our performance.

Improving GICU capacity will enable us to deliver the right care at the right time for the right patient. Optimising the critical care pathway by admitting patients earlier in their illness and discharging them when they are fit to leave is dependent on sufficient critical care capacity. Defects in this pathway compromise patient care and often result in longer length of stay in hospital. As demand for critical care increases, it is likely that we will see increasing compromise in the critical care pathway leading

to early critical care discharge, early readmission, longer lengths of stay, poorer outcomes and poorer patient experience.

Patient Experience

Cancellation of high risk major surgery is extremely distressing for patients. A large proportion of our cancelled patients are undergoing treatment for cancer which compounds this distress with the fear of metastatic disease always present. Clearly reducing our day of surgery cancellation rate with increased capacity will improve patient satisfaction with the service.

Discharging patients at night who are not deemed fit for the ward also offers poor patient experience. We have undertaken several patient surveys as part of audit work on optimising patient discharge and it is clear that discharge from GICU is a stressful time. This is compounded when undertaken at night with minimal prior planning and chance for patient involvement in the process.
At times of GICU strain, we have to look after critically unwell patients in both the emergency department and theatre recovery. These areas are not configured to look after unconscious or rehabilitating critically unwell patients and the poor environment impacts on our ability to offer dignified and respectful care. If our current critical care capacity is not improved we will need to utilise these inappropriate areas more often as a matter of routine.

Workforce

A critical care unit under significant strain is an intensely stressful environment as was experienced and widely demonstrated during the Covid-19 pandemic. These working conditions risk becoming normalised if insufficient critical care capacity continues as demand increases. We are currently risking a cycle of burn out, stress, absenteeism and the inability to recruit, causing further impacts on capacity (Howell, 2021), (Imperial News, n.d.). This will be difficult to recover from without urgent action. Our proposal offers a resilient workforce model working in an optimal environment to mitigate these threats.

Operational Impact

The operational benefits of expanding critical care mirror the domains outlined above.

A critical care unit with appropriate capacity will enhance the patient pathway, reduce cancellation rates, improve performance, improve staff wellbeing and improve patient outcomes. Reduced critical care capacity impacts on the efficiency of multiple downstream and upstream pathways including theatres and the emergency department.

The case for expansion of critical care will significantly improve the quality of care offered at UHBW. When considering the risks already held around insufficient capacity and the demand projected in the next few years, the “do nothing option” poses a significantly increased risk to quality.

1.4 Patient and Public Involvement, and Consultation in re-design

The Trust is committed to involving our patients and members of our population in their care and delivery of services. Under the NHS Constitution (Patient and public participation in commissioning health and care, n.d.) commissioners, supported by their providers and local partners, have a statutory

duty to involve the public in their work in a meaningful way and specifically when there is a proposal to change services (e.g. location of services of the way in which a service is delivered).

The scope of this proposal is limited to an expansion of existing services and does not constitute a change in the way in which services would be delivered or accessed. We are therefore satisfied that there is no legal obligation to consult or involve patients and the public in this development. However, aside from the legal duty, it is always important to consider whether some form of public involvement would be beneficial. The Trust has considered whether this would be beneficial to the clinical team designing the model of care and to the population we serve. We have concluded that a simple expansion and duplication of existing service provision with no additional impact on patients and the public would not present an opportunity for meaningful involvement. We will keep this under continuous review as the business case develops.

2 Economic Case - Development of Options

2.1 Summary of Options & Options Appraisal

BAM Construction were commissioned to undertake an initial design feasibility study for the Phase 2 expansion of GICU to maximise the creation of additional critical care bed capacity. Stretto Architects were appointed to provide architectural advice, supported by Hulley & Kirkwood and WSP to provide Mechanical & Electrical and Structural designs respectively. A final feasibility report was issued in September 2020.

The preferred option outlined in the OBC approved in November 2020 was to expand the adult critical care bed base by 14 beds, with 11 beds located within the current critical care unit on A600, 2 beds developed as surgical high care beds and 1 bed located within the critical care unit in Weston. As the FBC developed, the Medical Director recommended that the Trust did not proceed with high care beds that were not co-located with critical care and subsequently these 2 beds were removed from the case. The bed at Weston does not require capital spend and was therefore removed from this case. A case for enhanced care areas may be developed in the future but is out of scope for this Phase 2 expansion case.

Non-financial options appraisal for physical location of additional Critical Care beds on UHBW site:

(Table 9)

Scheme:	Status:	Detail:
Expand GICU into CICU	Rejected	This option was discussed with the wider stakeholder team early in the process however, was quickly discounted as being unviable due to the displacement of CICU beds with no viable options to re-provide across the existing BRI/BHI estate.
Expand GICU beds at Weston	Rejected	Expanding beds in Weston is a contradiction of the Healthy Weston solution agreed, which is to provide 4 beds in Weston. With an ED closed for 10 hours overnight and no overnight operating there is a reduction in demand at Weston. The surgical case mix at Weston is also limited relative to the BRI, where the majority of our specialised and tertiary surgery takes place. A development at WGH would therefore have been of

Scheme:	Status:	Detail:
		limited utility in terms of supporting these services, which was a further factor considered.
Create extension to A600 and redesign existing GICU footprint		Three initial options were prepared for high level costing to determine the feasibility of significantly increasing the number of GICU Cubicles on the existing unit and the likely cost of each. The scope was focussed on the GICU in Terrell Street Building (TSB) but also explored any potential space efficiency gains by combining the GICU and CICU. • Option 1 – X11 additional beds • Option 2 – X8 additional beds • Option 3 – X10 additional beds

(Further described in Appendix 4)

The evaluation criteria:

- Maximum increase in bed spaces
- Corresponding increase in support spaces - storage and staff facilities
- Maintaining the patient environment
- Providing rooms with different air regimes including additional lobbied rooms to meet the demand of individual patient needs
- Reconfiguration of both GICU and CICU to allow departments to operate as one unit (NB any modification to the Queens Building is outside the scope of this study.)
- Providing a new physical link between the GICU and CICU is the most space efficient way.
- Combining staff spaces where possible to encourage integration
- Minimise disruption to the existing unit which will need to continue operating throughout construction.
- Timescale - due to the pressures of the current pandemic and future predications of patient numbers the increase in bed base is required urgently.
- Affordability/Value for Money - the proposal will need to be both affordable and demonstrate good value for money.

The options were reviewed by key stakeholders, Infection Prevention and Control, and leading clinicians and Option 1 was proposed as the preferred option:

- The preferred option increased the current bed base by X11 patient cubicles to provide a unit total of X32 beds.
- The proposed link to the adjacent CICU at the north end, along with the southern link, combined the GICU and CICU into one unit operating as one for increased flexibility and efficiency.
- Seven of the new cubicles located in the new build extension on the north side of the existing floor, offers the opportunity to provide a new ventilation plant.
- The unit divided into two halves for fire separation (as is the existing unit) with a staff base on either side. These were retained and extended to improve visibility and provide more space for the increase in staff.

- Clinical and bulk stores centrally located with access form both halves of the unit and also from the Goods Lift lobby.
- A second patient WC/ shower located at the North West corner of the unit.
- The proposed shared staff room for both GICU and CICU staff centrally located on the new link corridor. The existing WC/shower in the Queens Building displaced by the corridor is also re-provided.
- Three of the proposed additional cubicles would be lobbied with an en-suite sluice. This will allow a degree of isolation but the room ventilation will not be totally compliant (refer to MEP report). Ventilation for these rooms will be provided from new plant at roof level and will require a ductwork route through the atrium.
- The consultants' office is relocated to the atrium space (above the level 5 staff rest room) and is co-located with other admin areas behind the existing reception.
- The resource room is re-provided in the vacated staff room of the Queens Building to enable a better configuration of cubicles and clean utility.
- The two roof areas formed by the new build extension will provide the opportunity for an accessible roof garden (between the two wings) and for external plant on the roof between the TSB Ward Block and Queens Building/ BHI.
- An undercroft area also formed between the TSB Ward Block and Queens Building/ BHI at level 5.

Further steps

In Nov 2020, the Capital Projects Steering Group (CPSG) approved the design fee funding to proceed with the preferred option, working design up to OBC stage. Approval to progress design to FBC stage was granted by CPSG in May 2021 and a full design and GMP (Guaranteed Maximum Price) for construction is expected in Jan 2022 for Trust Board approvals.

Appendix 5 outlines the high level drawings of the preferred option and the visual of the external elevation of the preferred option. The Trust commissioned Archus report (Appendix 6) was received in October 2021 providing an independent assessment which supported the Trust's preferred option in terms of the scale and location of the Stage 2 expansion.

2.2 Development of Preferred Option

In reviewing the options available to expand the unit buy 11 beds and to mitigate the risks associated with the lack of capacity, four options have been identified to be described in the FBC.

1. Outline Business Case Model: Increase GICU bed base by X5 level 3s, X6 level 2s (Preferred Option)
2. Enhanced Care Model: Increase GICU bed base by X5 level 3s, X2 level 2s & X4 Level 1s
3. Regional Demand Model: Increase GICU bed base by X11 level 3s
4. Do nothing

Summary of options appraisal:

(Table 10)

Option 1: Outline Business Case Model (Preferred Option)
Pros: • Significantly reduce delays in admitting critically ill patients to the GICU and commencing treatment • Improvement in clinical performance and quality of care • Ensure minimal length of stay on unit • Staffing model more accurately reflects acuity and occupancy and ensures that GICU capacity remains consistent • Elective surgery not compromised due to limited GICU capacity • Improved staff morale and workforce sustainability, enhanced multidisciplinary working • Units reputation improved, unit be seen as investor in care to all national standards • Addresses CQC, GIRFT and Peer Review actions and recommendations
Cons: • Capital and Revenue costs • Requires additional GICU trained workforce in a limited market

Option 2: Enhanced Care Model
Pros: • As described in Option 1 • Inclusion of enhanced care unit • Model of care reflective of national guidance to include co-located enhanced care beds • Patient safety and quality of care improved as patients will be cared for on the GICU by appropriately trained staff and the appropriate level of care (including at level 1)
Cons: • Capital and Revenue costs • Requires additional GICU trained workforce in a limited market

Option 3: Regional Demand Model
Pros: • As described in option 2 • Unit funded to accommodate future growth
Cons: • As described in option 2 • Capital and Revenue costs associated with funding all beds at level 3 • Increased staffing requirements poses significant risk in terms of our ability to recruit

Option 4
Pros:

• No financial support required (both in capital and revenue terms) • No recruitment requirement
Cons: • Unable to deliver against Trust agreed strategic themes • Compromised patient safety • Deterioration in clinical performance and quality of care • Delays in admitting critically ill patients to the GICU and commencing treatment • On-going cancellation of elective surgery • Poor staff morale, increased staff turnover and sickness absence • Failure to consistently address CQC / GIRFT / Peer Review recommendations and comply with national Critical Care Standards • Missed income associated with the inability to repatriate services • Failure to meet national recommendations around ensuring resilience in critical care to cope with future surge scenarios

Model of Care of the Preferred Option

We require an additional 11 critical care beds; X5 level 3s and X6 level 2s, based on regional and local demand modelling. The detail of the demand and capacity analysis is further described in section 3.3.

Bed configuration and levels of care for preferred option

(Table 11)

Critical Care Unit	Location	Bed Numbers	L3	L2	L 1.5	Net Change:
General ICU	A600	36	22	14	0	+11
Cardiac ICU	CICU	19	11	8	0	0
Weston	Weston General	4	2	2	0	0
Reprovide + 1 re CICU	C708 enhanced care	6	0	0	6	0
	TOTAL	65	35	24	6	0

The detailed breakdown of the demand case and the model of care are detailed below. We have attributed the split between Level 3 and Level 2 beds based on analysis of existing acuity and activity data and on clinical assessment of the proposed additional case mix.

(Table 12)

Area:		**No. of Beds**	**Level of care:**	**Model of Care Rationale:**
Cancellations	Cancellations – UHBW	2.09	L3 0.09 L2 2	The "cancellations" cohort will mirror our current general surgical elective throughput. The L3 and L2 numbers are also based on analysis of current activity in ward watcher.

Area:		No. of Beds	Level of care:	Model of Care Rationale:
Unmet need	#NOF – UHBW	0.1	L2 0.1	These patients are currently managed inappropriately in recovery or on wards and require L2 care.
	Laparotomy – UHBW	0.4	L2 0.4	The unmet need to admit patients after emergency laparotomy will be skewed towards the lower acuity end of the spectrum and so will be L2 rather than any additional L3.
	Unmet need in BRI	2.5	L3 1.36 L2 1.14	This demand is generated by unmeasured demand on wards, early discharges from GICU and the need to improve efficiency by running at a lower occupancy rate. As such there is a broad case mix of patients here. There are 1.36 L3 and 1.14 L2 beds to accommodate emergency admissions. This reflects the mix of acuity seen in these patients based on current patterns in existing data.
Existing growth	ONS Growth – UHBW	1.0	L3 0.6 L2 0.4	ONS growth represents an extension of current activity which is managed at a ratio of 60% L3 and 40% L2.
	OOHCA – UHBW	1.4	L3 1.14 L2 0.28	These numbers reflect average bed utilisation by acuity over entire length of stay.
	CAR-T cells	0.1	L3 0.1	CAR-T patients have complex needs (including the need for isolation) and will be managed as L3.
	Cardiac	0.6	L3 0.6	Patients in this cohort are currently L3 and have been decanted to CICU as an emergency.
Future growth / developments	ECMO	1.1	L3 1.1	These are complex patients and will require level 3 care in this model..
	Gynaecology growth	0.1	L2 0.1	Based on analysis of current gynaecology work, we can accommodate this additional work as L2.
	Specialist oncology growth	0.2	L2 0.2	This projection is likely to require predominantly level 2 care. There will be a spectrum of acuity as this is a broad case mix but by flexing within our existing L3 capacity we can accommodate the additional work.

Area:		No. of Beds	Level of care:	Model of Care Rationale:
	Liver resection repatriation	0.1	L2 0.2	When considered as part of our entire liver resection workload we can accommodate these additional patients as L2.
	Thoracic transfer & growth	0.2	L2 0.2	When considered as part of our overall thoracic workload, we can accommodate additional work as L2.
Total		**9.9**		

As a part of the options appraisal, the development of a model of care including an enhanced care option (Option 2) was considered. Although the development of an enhanced care model has been encouraged centrally, it is important to note that this business case proposes an expansion of critical care capacity in order to mitigate and address the risk associated with the shortfall in critical care beds. Recent peer review by the Southwest Critical Care network acknowledged that the current shortfall in critical care capacity cannot be accommodated by an enhanced care model in the first instance. Once the critical care capacity shortfall is addressed, the GICU would look to review the benefits of the enhanced care model to further improve patient access to the right care in the right place at the right time. (Appendix 7)

Whilst Option 3 would solve the capacity constraints and provide resilience going forward, it poses significant risks in terms of staff recruitment strategy. We have considered our model of care carefully as a part of the local level review of existing acuity, activity data and clinical assessment of the proposed additional case mix, it was concluded that we can deliver the service required with less level 3 beds.

The 'do nothing' option (4) is not acceptable in the light of the current risks the trust holds in relation to the lack of Critical Care capacity at the BRI and the future demand for critical care outlined by both the internal and external demand case. The risks for adopting the 'do nothing' option are described in Section 1.4 and within the QIA.

3 Financial Case

The financial case describes the capital costs and the recurring revenue costs of the preferred option of an overall increase of 11 Adult Critical Care Beds, of which 5 beds are level 3 and 6 beds are at Level 2.

3.1 Capital Costs

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

The full capital cost estimate of the preferred option is £12.96m. The Guaranteed Maximum Price (GMP) negotiations for the mains works costs are at an advanced stage and are scheduled to conclude 24th January 2022. The status of the current negotiated GMP figure for the main works is £9.69m. At the draft FBC stage in July 2021 the capital cost was estimated at £12.68m and was budgeted for at this level in the Trust's approved Medium Term Capital Programme. At Outline Business Case (OBC) stage as received at the Finance & Digital Committee 24th November 2020 the capital cost was £11.6m. The increase of £1.1m from OBC to the draft FBC is due to additional scope having been identified during the clinical meetings held as part of the FBC design process. It became apparent that additional staff support areas were required to enable the expanded unit to function. The additional works / areas include:

- Level 5 office & storage (below the link being created from GICU to CICU);
- New build at levels 7 & 8 infill (above consultant office being created at level 6 to re-provide and increase staff change facilities);
- Conversion of store into pantry within Queens Building; and
- Increased footprint for link / bridge between GICU and CICU to create combined staff rest.

Since the capital cost estimate as per the draft FBC in July 2021 at £12.68m, GMP has been received and the total final project cost is £12.96m, an increase of £0.28m. An explanation of this increase is provided in table 13 below.

(Table 13)

	Estimated Cost (Inclusive of VAT)	Revised / Final Cost (inclusive of VAT)	Variance	Comments
	Draft FBC July 2021	Final FBC Jan 2022	FBC	
	£	£	£	
Total project costs	**12,681,297**	**12,964,209**	**282,912**	
BAM Costs (Final GMP)	8,869,810	9,695,133	825,323	Market costs increases from estimate to actual price (e.g. Covid, Brexit)
Other Works and enabling costs	270,000	270,000	0	Fire damper allowance and chiller - no change from Draft FBC
Professional Fees	114,055	124,013	9,958	Cost consultant, NEC supervisor and associated planning fees - no material change from Draft FBC
Contingency (Main Works)	1,185,108	534,361	(650,747)	Contingency now at 5% due to reduced risk as now have received GMP
Non Works Costs	70,000	385,000	315,000	The inclusion of traffic marshalls cost at £300k driving majority of the £315k variance from Draft FBC
Internal Recharges	40,000	65,500	25,500	Revised estimate
Equipment	1,824,000	1,575,600	(248,400)	Fully costed equipping schedule opposed to estimated costs at Draft FBC
Internal Fees (2.5%)	308,324	314,603	6,278	Internal Estates fees - no material change from Draft
Total Project Costs	**12,681,297**	**12,964,209**	**282,912**	

The Gross Internal Area (GIA) is 1595sqm, with approximately 58% (935sqm) being refurbishment of the existing area and 42% (660sqm) being new build.

(Table 14)

Total (£)	Total GIA	Cost per m/2	Total bed gain	Cost per bed
12,964,210	1595 sqm	7,951	11	£1.18m

Table 15 below provides a detail breakdown of the capital costs as per the completed budget estimate form provided by the Trust's independent cost adviser and the construction project manager.

Of the £12.96m, the estimate for main works, enabling costs and fees are £10.1m, non works costs are £0.38m, internal recharges (IM&T) are £0.07m, equipment costs estimated at £1.57m and other internal fees at £0.31m. A contingency sum of 5% of the mains works cost at £0.53m.

Capital Cost Plan Summary (Table 15)

Description of Building / Equipment	Cost (Excluding VAT)	VAT 20%	Gross Capital Cost	VAT Recovery	Capital Cost
	£'000	£'000	£'000	%	£'000
Main Works Costs					
BAM	6,837	1,367	8,204	20%	7,931
BAM Risk	0	0	0	0%	0
PSCP Fees	1,499	300	1,799	100%	1,499
BAM Below the line items	200	40	240	0%	240
Void detection	21	4	25	0%	25
Contractor / BAM Costs	**8,557**	**1,711**	**10,268**		**9,695**
Other Works Costs & enabling costs	225	45	270	0%	270
Trust's Professional Fees	124	25	149	100%	124
Contingency @ 5%	445	89	534	0%	534
Sub-total works and professional fees	**9,351**	**1,870**	**11,222**		**10,624**
Equipment					
Equipment & Furniture	993	199	1,192	0%	1,192
Pendants	993	64	384	0%	384
Sub-total equipment	**1,986**	**263**	**1,576**		**1,576**
Non works	385	0	385	0%	385
Internal Fees					
IM&T			66	0%	66
Other	0	0	0	0%	315
Total Capital Cost	**11,722**	**2,133**	**13,248**		**12,964**

The main assumptions underpinning the capital costs are:

- The capital costs are priced at 2022/23 prices;
- Construction inflation is included in the GMP value above at £0.1m following review and discussion with the Trusts Cost Advisor;
- The capital costs have been independently assessed and signed off by the Trust's independent cost advisor;
- Trust Contingency has been calculated and included at 5% (£0.5m). This contingency at GMP stage is in line with the Cardiac / GICU Stage 1 scheme which had an allowance of 5% at GMP stage and the project was delivered within budget;
- The Contractor has a provision for risk at £0.2m;
- The VAT paid on professional fees is recoverable at 100%;
- It is likely that there will be some VAT reclaim which will be confirmed after GMP stage.

Capital Equipment

A detailed, fully costed capital equipment schedule has been completed and was signed off at the GICU working group in September 2021. The total value of the capital equipment is £1.6m including VAT, £0.14m per bed. This value includes a contingency of £0.2m, circa 17%. The capital equipment budget included in the July 2021 draft FBC budget estimate form was £1.8m, showing a favourable variance of £0.24. A summary of the equipment breakdown is shown in table 16 below with further detail shown in Appendix 2.2 attached.

Table 16 – Capital Equipment

Equipment Category 1	Equipment Category 2	Sum of Total Cost (Excl VAT)	Sum of Total Cost (Incl VAT)
Bed Space	Beds	£83,600	£100,320
	Cleaning and Linen	£3,687	£4,424
	General Equipment	£29,575	£35,468
	IT Equipment	£46,376	£55,651
	Medical Equipment	£805,939	£967,126
Bed Space Total		**£969,177**	**£1,162,990**
Unit Space	Cleaning and Linen	£3,698	£4,438
	General Equipment	£16,172	£19,406
	IT Equipment	£18,800	£24,320
	Medical Equipment	£32,512	£39,015
	Staff and Other Unit Support Equipment	£3,858	£4,630
	Pharmacy Equipment	£9,884	£11,861
Unit Space Total		**£84,924**	**£103,669**
Physio Equipment	Physio Equipment	£59,688	£71,625
Physio Equipment Total		**£59,688**	**£71,625**
Staff Space	Staff and Other Unit Support Equipment	£8,035	£9,642
Staff Space Total		**£8,035**	**£9,642**
Contingency	Contingency	£189,445	£227,673
Contingency Total		**£189,445**	**£227,673**
Grand Total		**£1,311,269**	**£1,575,600**

Note *- In addition to the above equipping detail - BAM construction have confirmed that included in the overall construction costs is the cost to supply and install 17 hoists, of which 7 are existing hoists and 10 are new - the estimated cost of this is £53.9k. There will also be some pantry goods required which will be purchased using a small sum from the contingency balance.*

Capital Affordability:

This scheme forms part of the Category 1 schemes as prioritised in the recent Strategic Capital Review. The capital affordability and capital charges assessment has been based on the FBC cost of £12.96m. This includes a GMP at £9.69m.

Despite being one of the few Trusts in the country to have built up significant capital resources under the previous Payment by Results (PbR) financial regime, we are no longer able to make decisions about how we access and spend this money autonomously. Nationally there is a limit on the amount of capital investment a Trust can make in a single financial year. This is known as Capital Departmental Expenditure Limit (CDEL).

The capital cost of £12.96m is a call on the Trust's CDEL limit. This means that this scheme consumes 21% of the Trust's limit.

It has been confirmed that the capital cost will be internally funded from within the Trust's available cash reserves as shown in the Source and Applications table 17 below

Capital Cost – Source and Application of Funds

(Table 17)

Source and Application of Funds	
	£'000
Source of funding	
Internally generated cash	12,964
Application of funds	
Capital cost	(12,964)
Total capital funding	**-**

Capital Charge Estimates:

The recurring capital charges are estimated at £0.67m per annum, £0.39m for depreciation and £0.28m for PDC as shown in Table 18 below.

(Table 18)

Capital Charges	£'000
Depreciation	387
Public Dividend Capital (PDC	283
Total Capital Charges	**670**

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

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

Capital charges are an annual cost and are included in the recurring revenue assessment described in section 3.2.

3.2 Revenue Affordability

This section describes the recurring affordability of the preferred option being the 11 bed expansion of 5 Level 3 beds and 6 Level 2 beds. It describes annual recurring cost in terms of the workforce to deliver the agreed model of care, the associated non pay costs, estates costs, capital charges and a provision for Trust overheads. The non-recurring costs associated with the phased implementation of the build and phased recruitment plan are described in section 3.2.1 below.

The main assumptions underpinning the revenue assessment are as follows:

- All workforce has been priced at mid-point of scale at 2021/22 prices which includes the 3% pay award for all NHS staff;
- The Hard and Soft FM Costs are based on GIA of 1595sqm provided by Estates and are based on the 2021/22 inflated cost per sqm of the BRI Building;
- Capital charges calculated using UHBW accounting policies as described in the capital cost section above;
- The formally approved workforce model including nursing, medical staff, allied healthcare professionals and necessary support staff have been costed in accordance to the required Guidelines for the Provision for Intensive Care Services (GPICs), with some benchmarked investment in the required support staffing for the department; and
- The financial assessment has been carried out under the assumption that the affordability can be judged by comparison to the income that PbR would have brought to the Trust. This has been based on the local agreed critical care tariff of £1,485 per critical care bedday. It is assumed that additional block funding is sought from the commissioners and that they will base their assessment of the reasonable cost of the service development on what they would have expected to fund using the locally agreed critical care tariff of £1,485 per bedday; and
- The recurring revenue costs have been phased in line with the phased construction plan, recruitment strategy and aligned to the time of opening the beds. It is assumed that +3 beds will open in November 2022, a further +7 beds in March 2023 and the remaining +1 bed in May 2023.

A summary of the phased recurring revenue costs is shown in table 19 below with further detail provided in Appendix 2.3.

Recurring Revenue Costs

(Table 19)

Revenue Phasing	Year 0-2021/22		Year 1-2022/23		Year 2 - 2023/24	
Recurring	**WTE**	**£'000**	**WTE**	**£'000**	**WTEs**	**£'000**
Pay Costs						
Medical Staff			10.28	(401)	10.28	(968)
Direct Nursing Staff			57.13	(1,097)	57.14	(2,537)
Nursing Support Staff			5.54	(146)	5.54	(212)
Ancillary Staff			1.00	(26)	1.00	(31)
Allied Healthcare Professionals			12.36	(147)	12.36	(569)
Memo Engineer			0.50	(2)	0.50	(21)
Sub Total Pay Costs	**0.00**	**0**	**86.81**	**(1,818)**	**86.81**	**(4,339)**
Non Pay Costs				(152)		(1,004)
Estates Costs				(44)		(390)
Overheads				(24)		(145)
Total operating costs		**0**		**(2,039)**		**(5,877)**
Capital Charges Costs				0		(670)
Total recurring cost	**0.00**	**0**	**86.81**	**(2,039)**	**86.81**	**(6,547)**

The Payment by Results financial regime was suspended on 1st April 2020 in response to the Covid-19 pandemic, therefore service developments requiring recurring revenue funding from Commissioners are presented on a costed service basis.

The recurring revenue cost assessment shows that for the 11 bed expansion, there is a cost to the commissioner of £6.5m or £0.6m per bed. It is assumed that the investment would be funded through an agreed increase in our block income that matches the additional cost in full and is aligned with the activity and growth assumptions included in the case. Under the previous Payment by Results (PBR) regime, the 11 bed expansion would have resulted in an increase in variable income of £6.5m per annum.

Discussions with local and Specialised Commissioners have been ongoing since 2017.
More recently, BNSSG Clinical Commissioning Group (CCG) considered support in principle for the clinical case at their Clinical Executive meeting 11th November 2021 with Specialised Commissioning present during which both Commissioners formally approved the clinical case for change.

The FBC remains subject to ongoing discussions with the local CCG Commissioner and NHSE Regional Specialised Commissioners to consider how the recurring revenue should be funded. The case will also be considered in the BNSSG System and Specialised Commissioning prioritisation processes (currently pending) alongside understanding the BNSSG System 2022/23 funding allocation.

The current uncertainty regarding the medium term revenue financial regime means that securing full recurrent revenue funding beyond 2022/23 is challenging. However, the case has had the support of the BNSSG System as a priority bid as part of the H2 Planning Round and Targeted Investment Fund (TiF) process. As of 18th January 2022, we await the formal outcome of our TiF submission. For the purposes of this case however, our working assumption is that this bid does not require national funding and will not be funded nationally. In the event of national funding becomes available in the future, this would reduce the value of the Trust's cash required by the project and provide a beneficial increase in the Trust CDEL.

In addition to potential non-recurrent funding related to elective recovery, and in the context of: the last two years; underlying growth; and planned/proposed commissioned developments in specialist services; under any form of variable payments this business case would proceed.

In further support of the revenue affordability presented above we have undertaken a further benchmarking exercise using 2018/19 reference costs for UHBW state that the cost of a Critical Care Bed Day (Adults, excluding Cardiac) cost £1,333. The additional beds are more expensive at £1,485 due to higher capital costs and staffing all new beds fully to GPICS standards. (The existing legacy bed base does have a GPICS deficit particularly with relation to Therapies and Pharmacy staff of circa £1.3m, this case does not seek to address this deficit and these costs are therefore not included in the proposed workforce model).

Having reviewed a sample of the trusts that were identified as Peers for the Model Hospital reporting; these costs are from 2018/19 reference costs, the most recent available. A table sets out the costs per Critical Care Bed Day (Adults, excluding Cardiac) below. UHBW costs are not an outlier and the new beds, whilst more expensive at £1,485 per bedday are also within these norms. The lowest cost per bed day is seen in Sheffield Teaching Hospitals NHS Foundation Trust. It is noted in their report that 61% of their recorded bed days report have only 1 organ support, only 11% of UHBW bed days report with this low dependency. We would therefore not consider Sheffield to be a relevant benchmark for Critical Care costs.

(Table 20)

2018/19 Reference Cost	**£**
University Hospitals Bristol NHS Foundation Trust	1,333
North Bristol NHS Trust	1,473
Southampton University Hospital NHS Foundation Trust	1,510
Sheffield Teaching Hospitals NHS Foundation Trust	1,055
Plymouth Hospitals NHS Trust	1,671
University Hospitals Birmingham NHS Foundation Trust	1,253

It is important to note that there are a number of recently commissioned or expected extensions to specialised services that will contribute towards the required revenue for GICU expansion. These include;

- The recently commissioned South-West V-V ECMO service needs to be considered in tandem with the GICU Stage 2 Expansion case. The two developments are mutually complementary as ECMO will be one of the sources of recurrent revenue for the GICU expansion, and the expansion provides the long-term capacity mitigation for ECMO as the service develops. The target expected ICU capacity required for ECMO is 30 patients per annum (allowing for 4 patients concurrently but based on an average length of stay equating to 1-2 on average across the year).

- CAR-T therapy. Currently there are 3 NHSE approved products for 3 indications and 2 trial products at UHBW; this is expected to increase to 4 NHSE products with 4 indications and 3 trial products in 2022. This will include an element of ICU funding as 30-40% of patients are likely to require some ICU support.

- The detailed costings for these business cases are currently in development, however, it is estimated that circa 25%-30% of the £6.5m recurring revenue costs associated with the GICU Expansion would be funded via these two developments.

In addition to these recurrent funding sources, it is expected that there will be substantial non recurrent revenue resources over the next 1-3 years associated with elective recovery (as has been the case for the past 2 years). As a major provider for specialist acute services for the SW region, accessing this funding will facilitate utilisation of the extended ICU capacity.

Medical Staff

The medical staff model of care has been based on the direct requirement of staffing the junior doctor rota for the 11 beds at 6.0wtes.

The consultant direct clinical care and supporting programmed activities (PA) time required for the 11 beds is 3.65WTE in total with their remaining PA time providing other services across the hospital for example in respiratory or anaesthesia. The expectation is that this service is provided by recruitment of 6.0wte or equivalent to 60 Pas with the balance of job plans being elsewhere once the on call requirement for Critical Care is delivered. This is in line with existing job plans in the department. In addition 0.63wte consultant radiology time has been included at a cost of £0.07m.

Nursing Staff

The Nursing staff model of care has been based on the direct nursing requirement for the additional 11 beds and includes the support staff to deliver the specific GPICs roles. Overall, the nursing is an increase of 57.14WTE direct nursing staff plus 6.54WTE of supporting staff at a cost of £2.78m as shown in the table 5 below. Of the support staff, 2.31WTE are nursing staff with the remaining 4.23WTE being other AFC grade posts. The allocation of housekeeping resource is scaling up for the new capacity. The administration and procurement posts are new posts, because the department is now at a scale that these roles need an additional supervisory role. This has been considered after review of, and comparison with, other Critical Care departments in the region. The Equipment Technician funding is pro-rated against the net increase of beds. This case does not seek to fund the discrepancy or shortfall associated with the existing GICU beds for these two roles.

Nursing and Nursing Support Staff

(Table 21)

Staff	Band	wte	Unsocial %	*Cost of 1 WTE (£)*	£
Nursing	Band 7	5.19	24.00	*53,064*	275,400
Nursing	Band 6	5.19	24.00	*53,064*	275,662
Nursing	Band 5	41.56	24.00	*43,634*	1,813,401
Nursing	Band 4	0.00	0.00		0
Nursing	Band 3	0.00	0.00		0
Nursing	Band 2	5.19	35.00	*33,216*	172,557
Subtotal		**57.14**			**2,537,020**
A&C	Band 3	1.00	0.00	*26,664*	26,664
A&C	Band 2	1.23	27.00	*31,174*	38,344
Ancillary (HK)	Band 2	1.00	27.00	*31,174*	31,174
Ancillary	Band 1	0.00	0.00	*24,280*	0
Subtotal		**3.23**			**96,182**
Equip Tech	Band 5	0.31	0.00	*34,380*	10,505
Admin	Band 4	1.00	0.00	*30,645*	30,645
PEF	Band 7	1.00	0.00	*52,741*	52,741
Supervisor	Band 7	1.00	0.00	*52,741*	52,741
Subtotal		**3.31**			**146,632**
AFC Subtotal		**63.67**			**2,779,833**

The additional nursing costs have been costed using standard nursing rotas and have also been approved by the Surgery Division Head of Nursing and the Matron for Critical Care within the Surgical Division.

Given the additional nursing resource and capacity increase, consideration has been given to additional requirement for senior nursing support within the unit. As a result of the changing landscape of the critical care unit at this time (outreach development, ECMO implementation, and non-medical consultant practitioner recruitment), the Division of Surgery will aim to review the additional senior nursing resource support required in a years' time rather than including any funding request for resource within this expansion case.

There is an acknowledgement of the requirement to support and strengthen the nursing leadership in Critical Care once we have clarity of the position.

Allied Healthcare Professionals

The required allied healthcare professionals have been costed as set out below. The WTEs below are the WTE for all professions from GPICS, per bed:

(Table 22)

Physio	0.25WTE
OT	0.22WTE
SLT	0.1WTE
Dietetics	0.1WTE
Psychology	0.04WTE

This provides a 44 week of the year service, and therefore is adjusted by 20% to provide a '52 weeks of the year' service. This is for the core delivery of services – Physiotherapy six days per week plus on-

call cover on Sundays, Occupational Therapy six days per week, Dietetics and Speech and Language Therapy (SLT) five days per week.

The basis of the staffing assessment is broadly to GPICS (where this is clearly indicated) and other relevant publications as follows;

- Physiotherapy is defined in GPICS guidelines as being required to 0.25 WTE per level 3 bed. This ratio has been applied to all 11 beds following review with the lead for the service. However, level 2 patients actually receive a higher level of input from the physiotherapist on the ward and therefore this was not reduced for the level 2 beds in the case.
- Occupational Therapy is partly defined in the GPICS with a ratio of 0.22 WTE per level 3 bed. However, it also admits that there is little firm evidence for this. This has been used to calculate the investment required as it is a reasonable basis and supports patients' rehabilitation from delirium and other cognitive disturbance. This is expected to deliver better outcomes, reduced length of stay and support the high volume of emergency admissions to the GICU.
- SLT is clearly set out at this 0.10WTE per level 3 bed ratio in the GPICS guidelines
- Dietetics GPICS staffing is indicated to be between 0.05WTE and 0.10WTE per bed. The higher level of staffing has been used in the model, reflecting the Trusts status as a tertiary referral centre for Liver Surgery, Pancreatic patients, Head and Neck Cancer patients, all of whom require high levels of dietician input.
- Psychology support is in line with a paper produced in 2020 by the Intensive Care Society and PINC-UK (the Psychology in Critical Care Group). This further refines the recommendation in GPICS Pathology, Radiology and Pharmacy support is provided in line with the Service Specification for Critical Care and is only to the level required for the additional 11 beds.

Table 23 shows a total investment of

→ 9.34wte for Therapies Staff at a cost of £0.40m per annum,
→ Diagnostics investment of 1.68wte at a cost of £0.06m
→ Pharmacy staff of 1wte band 8b and 0.34wte band 8a at an annual cost of £0.09m per annum.

Diagnostics and Therapies Staffing

(Table 23)

Therapies	Band	WTE Split by Band		Cost of 1 WTE (£)	£
Dietetics	**Band 6**	1.32		*42,551*	56,168
Psycologists	**Band 8a**	0.50		*60,166*	30,083
OT	**Band 7**	0.80		*52,741*	42,193
	Band 6	1.00		*42,551*	42,551
	Band 5	1.10		*34,380*	37,818
	Band 4	0.00		*30,645*	0
Physio	**Band 8b**	0.00		*71,959*	0
	Band 7	1.40		*52,741*	73,838
	Band 6	1.00		*42,551*	42,551
	Band 5	0.90		*34,380*	30,942
SALT	**Band 7**	0.20		*52,741*	10,548
	Band 6	1.12		*42,551*	47,658
Subtotal		**9.34**			**414,351**

Diagnostics	Band	WTE Split by Band		Cost of 1 WTE (£)	£
Pathology	**Band 6**	0.05		*42,551*	2,128
	Band 3	0.05		*26,664*	1,333
Radiology					
Radiographer	**Band 6**	1.00		*42,551*	42,551
Radiographer Assistant	**Band 2**	0.27		*24,370*	6,580
Nurse	**Band 5**	0.16		*34,380*	5,501
Nurse	**Band 4**	0.06		*30,645*	1,839
A&C	**Band 3**	0.06		*26,664*	1,600
A&C	**Band 4**	0.03		*30,645*	919
Subtotal		**1.68**			**62,451**

Pharmacy	Band	WTE Split by Band		Cost of 1 WTE (£)	£
Pharmacy	**Band 8b**	1.00		*71,959*	71,959
Pharmacy	**Band 8a**	0.34		*60,166*	20,457
Subtotal		**1.34**			**92,415**

MEMO	Band	WTE Split by Band		Cost of 1 WTE (£)	£
MEMO - Engineer	**Band 6**	0.50		*42,481*	21,241

Non Pay Costs

The non-pay costs have been based on the 2019/20 actual costs of Ward A600 (GICU) apportioned for 11 beds and inflated to 2021/22 prices. These are estimated at £1.0m per annum with a breakdown provided table 24 below.

Non Pay Costs

(Table 24)

Non Pay Description	£
Blood	179,902
Clinical supplies	602,756
Drugs	11,700
Establishment expenses	6,530
General Supplies	49,735
Other Expenses	56,422
Premises costs	5,612
Pathology Non Pay - Reagents & Consumables	37,000
Radiology Non Pay - Contrast Agents	19,000
Memo Equipment Maintenance Costs	35,000
Total estimated non pay	**1,003,657**

Facilities Management Costs

The facilities management costs in total are estimated at £0.39m. These have been based on the floor area of 1595sqm and includes both hard and soft FM. These costs are estimated using 2020/21 ERIC data, inflated to 2021/22 price base. The Hard FM costs are estimated at £0.13m per annum and includes security, maintenance, energy, water / sewage and rates. The Soft FM costs are estimated at £0.26m this includes cleaning, cleaning materials, cleaning supervision, portering, linen, waste and patient catering.

Overheads

The overhead costs are included at circa 3.5% of total operating costs, at £0.14m.

Capital Charges

The capital charges are estimated at £0.67m per annum, £0.39m for depreciation and £0.28m for PDC. These are calculated on the overall capital cost estimate of £12.96m.

Impairment Charge

The impairment charge is the difference between the full cost and the professional valuation of the scheme. For planning purposes, the Trust applies an impairment charge assumption of 50% for full cost and 25% for new build. The impairment charge reduces the capitalised value of the scheme and therefore the recurring capital charges, with a corresponding charge to the income and expenditure account.

The impairment charge to the income and expenditure account is estimated at £4.5m. This is a technical accounting adjustment, is non-recurring and does not impact on the decision making of the case. Technical accounting items are removed when calculating the adjusted financial performance.

3.2.1 Non-Recurring / Transitional Costs

The non-recurring (NR) costs have now been costed in full and phased over a two year period to 2023/24. These costs reflect the phasing of the beds of an increase of +3 in November 2022, a further +7 in March 2023 and +1 in May 2023.
It also reflects the planned recruitment strategy. The total revenue NR costs (excluding the technical impairment) are £1.06m and shown in the summary table 25 below. Excluding the impairment charge, the majority of the costs will be incurred in 2022/23 at £0.9m and further £0.2m is expected in 2023/24. It is assumed that non-recurring investment, as per the revenue, would be funded through an agreed increase in our block income for the relevant financial year(s). Further detail on the monthly phasing is shown in appendix 2.5a and appendix 2.5b attached.

The NR costs were signed off by the Adult Critical Care working group in October 2021.

Non Recurring Cost Schedule

(Table 25)

	2021/22	2022/23	2023/24	
Transitional / Non Recurring Costs	**Total Year 0**	**Total Year 1**	**Total Year 2**	**Total**
	£	£	£	£
Pay				
Project Management Costs				
Project Manager - Band 8b for 18 months (Planned from April 2022 to October 2024)	0	80,644	40,322	120,966
Consultant PA time project management support - assumed 0.5PAs	0	6,000	0	6,000
Nursing Recruitment Costs	0	0	0	0
Overseas Recruitment Costs - assumed 2/3 of total WTEs will be overseas recruits at a cost of £22.4k per WTE	22,451	585,372	14,219	622,042
Agency Costs - assumed 1/3 of total WTEs will not be filled at an assumed agency pickup rate of 35% (current rate)	0	51,367	105,177	156,544
Supernumery Costs - 50% of local recruited nurses for 6 weeks	0	31,855	1,526	33,381
Supernumery Costs - 50% of local recruited nurses for 8 weeks	0	42,473	2,035	44,508
1 WTE Band 3 - Additional Resource for Local Recruitment	2,216	24,377	0	26,593
1 WTE Band 3 - Additional Resource for Local Recruitment	2,216	24,377	0	26,593
Relocation packages and costs for 10% of the 1/3 wte local nursing	0	6,293	633	6,927
Other Pay Costs		0	0	0
Removal costs - 1wte Band 2 and 1wte Band 7 (assume 3 weeks for each phase)	0	12,129	0	12,129
Non pay	0	0	0	0
Storage Costs - purchase 30 crates at circa £30 each	0	900	0	900
Total Transitional / Non Recurring Costs	26,883	865,786	163,913	1,056,581
Impairment Charge - Technical Item	0	0	4,498,501	4,498,501
Total Transitional / Non Recurring Costs	26,883	865,786	4,662,413	5,555,082

The assumptions underpinning the NR cost estimate above are as follows:

- Agency costs assumes 35% pickup rate which reflects the actual current pickup rate;
- Each agency nurse requirement is costed at £5.1k which is the difference between the Tier 4 rate at £9.1k per month and a monthly cost of an RN Band 5 at £4k per month;
- The case assumes 100% appointment to substantive posts by November 2023;
- 2 WTE Band 3 administration support for nursing recruitment - 2 separate posts for overseas and local nursing recruitment - assumed required for 1 year from March 2022 to February 2023;

- Assumed that two thirds of the recruits will be from overseas recruitment at a cost of £22.5k per 1wte with an assumed lead time of 6 months. One third of the nurses will incur relocation costs at £5k per wte;
- Department commissioning (removal) costs - assumed requirement is 1wte Band 7 and 1 wte Band 2 for 3 weeks for each phase of opening.

3.2.2 Impact on Primary Financial Statements

The impact of the proposed investment on the Trust's primary financial statements at 2023/24 is referenced in Appendices 2.4a, 2.4b, 2.4c. Table 26 below shows the incremental impact of the revenue costs of £6.5m (recurring) and £1.05m (non-recurring) and the non-recurring technical impairment charge of £4.5m on the Trust wide Statement of Comprehensive Income. As with all the primary financial statements presented, this statement excludes matching funding the Trust is seeking from commissioners.

(Table 26)

Statement of Comprehensive Income and Expenditure - Incremental Bridge	Year 0 2021/22 £'000	Year 1 2022/23 £'000	Year 2 2023/24 £'000
BAU Net Surplus/(Deficit)	0	0	0
Increased costs (included assumed impairment)		(2,039)	(5,877)
Non Recurring Costs			
Non recurring costs	(27)	(866)	(164)
Non Recurring costs - Impairment Charge (Technical)			(4,499)
Effeciency savings			0
Capital charges			(670)
Preferred Option Net Surplus/(Deficit)	**(27)**	**(2,905)**	**(11,210)**
Adjust for technical items (exclude impairment charge)	**0**	**0**	**(4,499)**
Preferred Option Net Surplus/(Deficit)	**(27)**	**(2,905)**	**(6,711)**

3.2.3 Efficiency and Productivity Assumptions

The case is planned to improve the overall efficiency of the hospital by ensuring that patients receive their care in an appropriate setting in a timely manner. This is expected to deliver benefits to overall length of stay of both emergency and elective patients and to support referral to treatment and cancer pathways and targets. These improvements will be measured through usual performance KPIs reporting to Division of Surgery Board. A benefits plan is attached in Appendix 2.1 which captures monetisable and non-monetisable benefits.

3.3 Demand and Capacity

The unit demand has seen steady, albeit not sharp, growth over the last 5 years (6.98%).

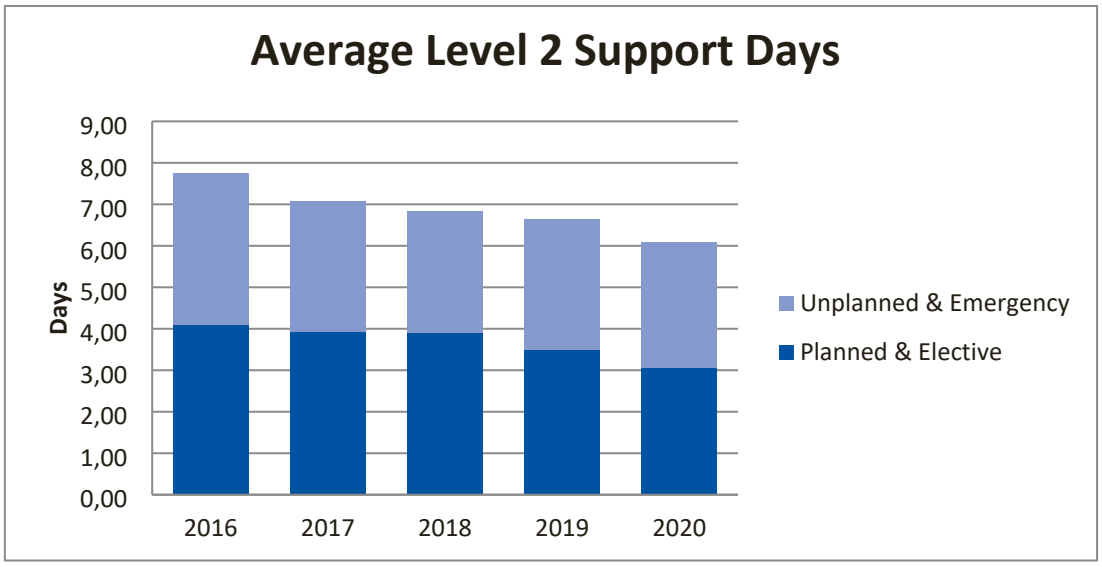
(Table 27 & 28)

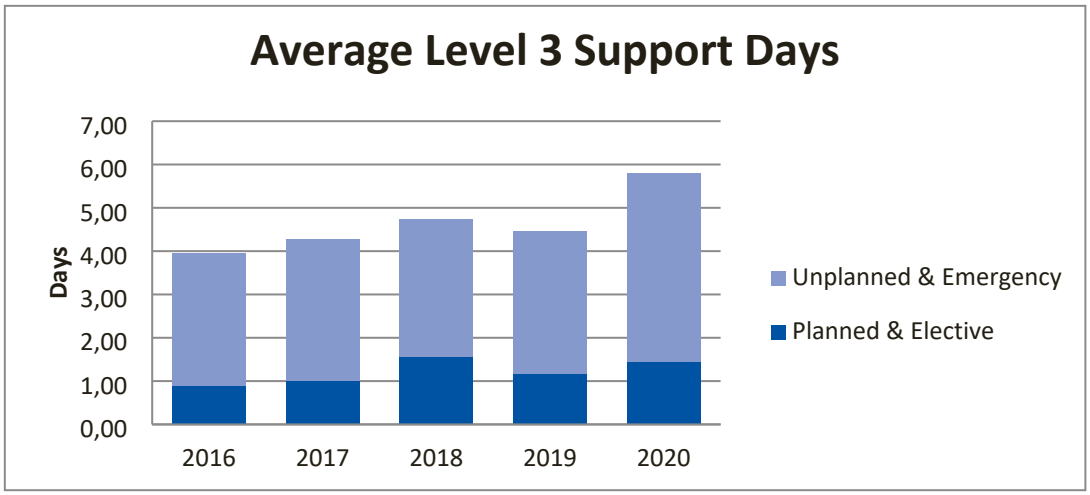
Year	Total admissions	Year on Year growth
2016	1232	
2017	1277	3.65%
2018	1300	1.80%
2019	1318	1.38%
Growth 2016 to 2019:		6.98%

Year	Bed occupancy
2016	86.7%
2017	85.5%
2018	87.2%
2019	91.0%
2020	88.9%

On average, the GICU has seen a marked increase in level 3 patients per day and a slight reduction in level 2 patients per day reflective of the high levels of acuity within the unit. This means that the patients within the available beds are more complex and require more input and support. These figures might have been higher if the unit had accommodated all patients that would have benefited from higher dependency care.

(Figure 8 & 9)



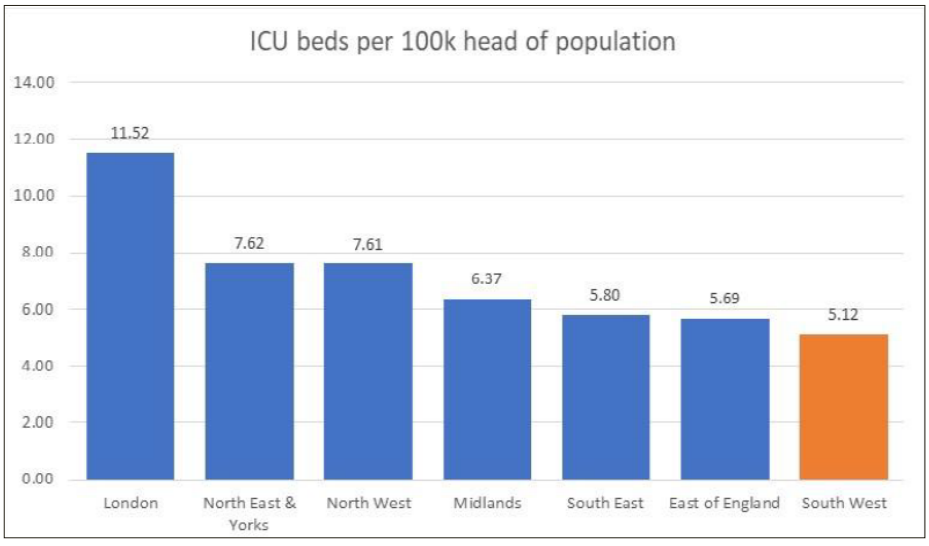


The bed capacity requirements have been considered from two perspectives: a regional, population-based approach based on recommended beds per 100,000 population and a local, 'bottom up' approach, building up the picture based on the four factors driving demand. Both methods lead to similar conclusions in terms of the bed deficit, estimated at 10-18 beds.

Taking into consideration the national picture, the South West as a whole[2] is the least well-provisioned English region in terms of critical care beds per head of population.

The number of critical care beds per 100k population in the South West is 5.12, compared to an average of 7.48 across the other English regions. Provision in London is arguably skewed by the level of quaternary services and inflows from neighbouring regions, so excluding London from the analysis, the average number of critical care beds per 100k population outside the South West is 6.61.

(Figure 10)



The ratio for UHBW is 4.4 per 100k population. NBT are also below the recommended level with 5.9 beds and the combined current position is a follows:

[2] Cornwall, Devon, Dorset, Somerset, BNSSG, Gloucestershire and N. Wilts

(Table 29)

Current position	General critical care beds	Provider catchment population[3]	Beds/100k
NBT	28	472,828	5.92
UHBW	29	652,781	4.44
Combined	57	1,125,609	5.06

An extensive report coordinated by regional Specialist commissioning (Appendix 1.1-1.3) identified a target for the South West region to achieve 6.7 general critical care beds per 100,000 population. Taking the Severn sub –region[4] as a whole, the regional report identified a shortfall of 66 beds in all. In order to achieve the regional aspiration of 6.7 beds per 100k, this would require 75 beds across Bristol and Weston, an increase of 18 beds in total. This investment would bring the region into line with the regional average (excluding London).

(Table 30)

	Critical care beds	Catchment	Beds/100k current	Beds/100k target	Beds required:
NBT	28	472,828	6.56	6.70	31.7
UHBW	29	652,781	4.44	6.70	43.7
Combined	**57**	**1,125,609**	**5.33**	**6.70**	**75.4**

The local approach calculated a shortfall of 10 beds, broken down as follows:

(Table 31)

Area:		**Beds**
Cancellations	Cancellations – UHBW	2.09
Unmet need	#NOF – UHBW	0.1
	Laparotomy – UHBW	0.4
	Unmet need in BRI	2.5
Existing growth	ONS Growth – UHBW	1.0
	OOHCA – UHBW	1.4
	Car -T cells	0.1
	Cardiac	0.6
Future growth / developments	ECMO	1.1
	Gynaecology growth	0.1
	Specialist oncology growth	0.2
	Liver resection repatriation	0.1
	Thoracic transfer & growth	0.2
Total		**9.9**

[3] The provider catchments for NBT and UHBW are larger than the BNSSG locality population, reflecting the tertiary nature of both Trusts
[4] BNSSG, Somerset, Gloucestershire, Bath, Swindon & N. Wiltshire

Based on the demand analysis at a regional and local level, the current footprint and possible expansion of the GICU and predictable workforce ratios the case seeks to request investment of an additional 11 beds.

3.4 Productivity

The implementation of this scheme is intended to improve productivity in terms of how the Trust best utilises the wider bed base, enabling delivery of elective pathways whilst maintaining support for emergency patient admissions. The productivity benefits are further described in the benefits realisation log (Appendix 2.1).

As referenced in section 3, expanding GICU will significantly reduce reliance on Cardiac ICU (CICU) to accommodate non-cardiac patients, thereby improving access for cardiac surgery admissions. We anticipate a regional productivity saving of around 2,000 bed days per annum (equating to £390,000) by reducing in-patient transfers from an average of 7 days to the transfer target of 72 hours.

3.5 Workforce

Critical care services rely on highly trained specialised staff who deliver intensive levels of care. A wide variety of staff support or work in Critical Care; including medical doctors, nurses and allied health professionals.

Because patients in Critical Care Units need constant monitoring and specialist support, clinical guidelines require a high level of expert staff to be available in these units.

Nurses:

According to national service specifications for adult critical care, it is expected that Critical Care Units should have minimum nursing establishments that allow one registered nurse per patient staffing levels for level-3 (intensive care) patients; and one nurse for every two patients for level-2 (high dependency) patients.

Doctors:

Critical care is a consultant-led service, with a consultant in intensive care medicine immediately available to attend patients, and substantial consultant-level input into key decisions on the admission, care and discharge of patients.

Allied health professionals:

Some patients in critical care units will experience extended periods of time when they are immobile and given support to breathe. Allied health professionals play essential roles in ensuring these patients receive the care they need during treatment and recovery. For example:

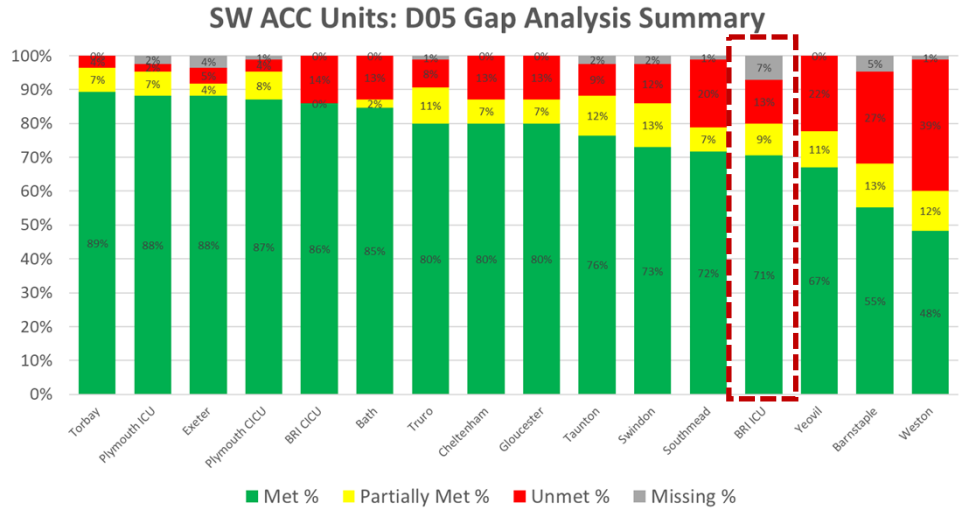
- physiotherapists help maintain or strengthen the muscles of patients who spend long periods in bed
- occupational therapists assess and support the ability of critical care patients to carry out activities of daily living such as bathing and feeding,

- pharmacists provide expert advice on medicines for treatment and recovery
- dieticians support patients' nutritional needs, including through advice on how to feed patients through feeding tubes and drips
- speech and language therapists can assist patients recover their ability to speak after being on breathing tubes or receiving tracheostomies
- psychologists help meet the emotional and psychological needs of patients who have gone through periods of critical illness

The graph below demonstrates the use of GPICS as a metric for performance of standards with the Severn regions unit's performance collected for comparison. The BRI unit is in the bottom quartile for fulfilling these standards, given the size of the unit and complexity of pathways it supports, this has a negative impact on reputation on the unit.

One of the key failures in the BRI is the requirement to be able to admit emergency and elective patients in a timely fashion. We will be unable to meet this without improving our capacity.

(Figure 11)



There is a requirement for the unit to be working towards compliance with NICE Clinical Guideline 83 and Quality Standard 158 and while several cost pressure requests have been put in to redress the deficit as a part of the Division of Surgery Operating Plan, they currently remain unfunded.

The proposed workforce model (including nursing, medical staff, allied healthcare professionals and necessary support staff) is defined the by GPICS and the NICE guidelines. These standards are used to assess and rate the unit and in particular guide CQC assessments. The workforce model has been costed in accordance to the required GPICs, with some benchmarked investment in the required support staffing for the department. The financial assessment of the workforce model is detailed Section 3.2.

Overall, this investment toward the GPICS and NICE standards would:

- Improve patient and family experience on the unit with increase specialist input

- Improve our responsiveness to patients' needs improving rehabilitation and long term recovery outcomes
- Support a minimal length of stay on the unit with a comprehensive multi-disciplinary team
- Ensure the unit is seen as an attractive employer with adequate staffing in all disciplines, improving recruitment and retention
- Improve the units reputational assessment and continued delivery of CQC outstanding rating

There is a local and national shortage in the supply of medical and nursing staff and within UHBW there are high vacancy rates in certain specialisms of nursing. The increased demand for these additional roles will add to the current workforce challenges we face, therefore, pre-emptive planning will be undertaken to manage this workforce increase.

The GICU would aim to undertake recruitment to the posts described but recognise the challenge of this in the context of the current limitations in attracting and retaining clinical professionals. Attempting to address the recruitment without a clear strategy would create significant challenges from an operational perspective as a result in the required step change in specialist staffing levels (84.16WTE Net increase on baseline staffing levels).

The detail of the workforce recruitment strategy is being developed with trust workforce leads in line with the phasing plans. (A draft recruitment phasing plan is included in Appendix 8). A GICU Recruitment task force group will be set up to develop and drive forward the detailed activities which will deliver the workforce strategy. It will be lead and chaired by the Workforce Strategy Project leads and membership will be drawn from members of the ICU Working Group with expert knowledge on the workforce requirements and milestone activities that need to be achieved at each stage of the project. This group will report routinely into the main ICU Working Group.

As a part of the GICU Recruitment task force group, resource will be allocated from the existing talent team to pull together a robust recruitment plan to support the expansion of GICU. The plan will have three key strands for the nursing recruitment plan:

- international
- domestic
- internal

With regards to the international plan, discussions with NHS Professionals (UHBW key supplier) have already commenced, specifically raising anticipated and required international critical care nurse supply and planned lead time for internal training.

For domestic recruitment we will develop a dedicated recruitment webpage to showcase this service expansion and will drive traffic through a robust social media campaign targeting nurses migrating from the large national centres in the post-covid period. An internal recruitment campaign will be lighter touch to avoid destabilisation of the wider workforce.

For all other non-nursing roles in the business case we will develop a lighter touch recruitment plan for these roles given the smaller volumes required, but will keep this under review to address any recruitment challenges as and when they arise.

Timely recruitment into administration and management roles for resourcing, included in both the non-recurring and recurring costings, will be undertaken at the earliest opportunity to enable focussed

support for the GICU Recruitment task force. The expertise of a Talent Acquisition Manager and the wider (Business As Usual) Resourcing Team will also be drawn on to support the delivery of the Recruitment Strategy.

It is expected that it could take up to November 2023 to recruit to all posts, however, benefits could be realised before full recruitment is achieved.

3.6 Support from other Organisations (including Commissioners)

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

The need to address the capacity deficit within our BNSSG critical care service has been a longstanding discussion item with Commissioning colleagues with both local and Specialised Commissioners verbally signalling support in principle to address these capacity concerns. A Commissioner engagement log is available in Appendix 9.1. In response to the Covid-19 outbreak, these traditional contractual meetings were stood down in order to free up System capacity and focus resource and effort on dealing with the outbreak and the recovery of services. At the same time, the financial regime changed from the historic activity based Payment by Results (PbR) model to a blended model whereby the majority of the Trust's activity was moved to a block contract and this remains the case for 2021/22. There is a very heavy focus on financial balance being achieved at system level, and there is non-recurrent support in place to cover the on-going costs of the Pandemic, but there is ongoing uncertainty in terms of the level of recurrent funding in place moving into 2022/23. This uncertainty around the future financial regime, coupled with a change in the meeting schedule with Commissioners and the transition from CCGs to Integrated Care Systems, has resulted in a slower pace of decision making within the BNSSG System particularly when it comes to recurrent investments. UHBW is in regular discussions with Commissioners and other System Partners about these challenges via the following Healthier Together Groups: Directors of Finance; Deputy Directors of Finance; System Planners and Deputy Directors of Finance.

More recently, BNSSG Clinical Commissioning Group (CCG) considered support in principle for the clinical case at their Clinical Executive meeting 11th November 2021 with Specialised Commissioning present. Both Commissioners formally approved the clinical case for change and an extract from the minutes of this meeting is included within Appendix 9.2.

The FBC remains subject to ongoing discussions with the local CCG Commissioner and NHSE Regional Specialised Commissioners to consider how the recurring revenue should be funded. The case will also be considered in the BNSSG System and Specialised Commissioning prioritisation processes (currently pending) alongside understanding the BNSSG System 2022/23 funding allocation.

The current uncertainty regarding the medium term revenue financial regime means that securing full recurrent revenue funding beyond 2022/23 is challenging. However, as referenced in section 1.1, the case has had the support of the BNSSG System as a priority bid as part of the H2 Planning Round and Targeted Investment Fund (TiF) process. As of 18th January 2022, we await the formal outcome of our TiF submission. For the purposes of this case however, our working assumption is that this bid does not require national funding and will not be funded nationally. In the event of national funding

becomes available in the future, this would reduce the value of the Trust's cash required by the project and provide a beneficial increase in the Trust CDEL.

Therefore, the FBC cannot at this stage confirm full revenue funding support. This position applies to all service developments, reflecting the general uncertainty in the commissioning landscape and requiring providers to take risk-based decisions.

3.7 Contingencies

The following contingencies have been included in the financial case

- There is no revenue contingency included in the FBC
- Capital – main works cost - contingency at 5% £0.3m
- Capital Equipment – contingency of £0.2m

4 Management case

4.1 Project Plan

The Scheme project plan sets out the proposed timescales for delivery to establish resource inputs, tasks and related target dates. The construction programme included in Appendix 10 provides the detailed critical path through the project.

The construction project has been phased to ensure bed numbers are maintained and the existing department can continue to function. The phasing plan (included in Appendix 5) has been developed in conjunction with the ICU clinical and construction project teams.

Please see the below summary of key milestones:

(Table 32)

FBC Process	April 21 – December 21
GMP received	13th December 21
Review GMP	13th December 21 – 6th January 22
Approval of GMP/FBC through Trust Board Governance	January 22
Construction Contract Approved and Signed	End January 22
Contractor Mobilisation Period	February 22
Construction Period (detail contained within Construction Programme Appendix 9)	March 22 – April 23

4.2 Project Management

Project management support will be provided by both the Trust's Corporate Team and Capital Team, sitting within the Estates & Facilities Division. Recognised Project and Programme management methodology (e.g. MSP and PRINCE2) has and will continue to be provided throughout the lifespan of this scheme.

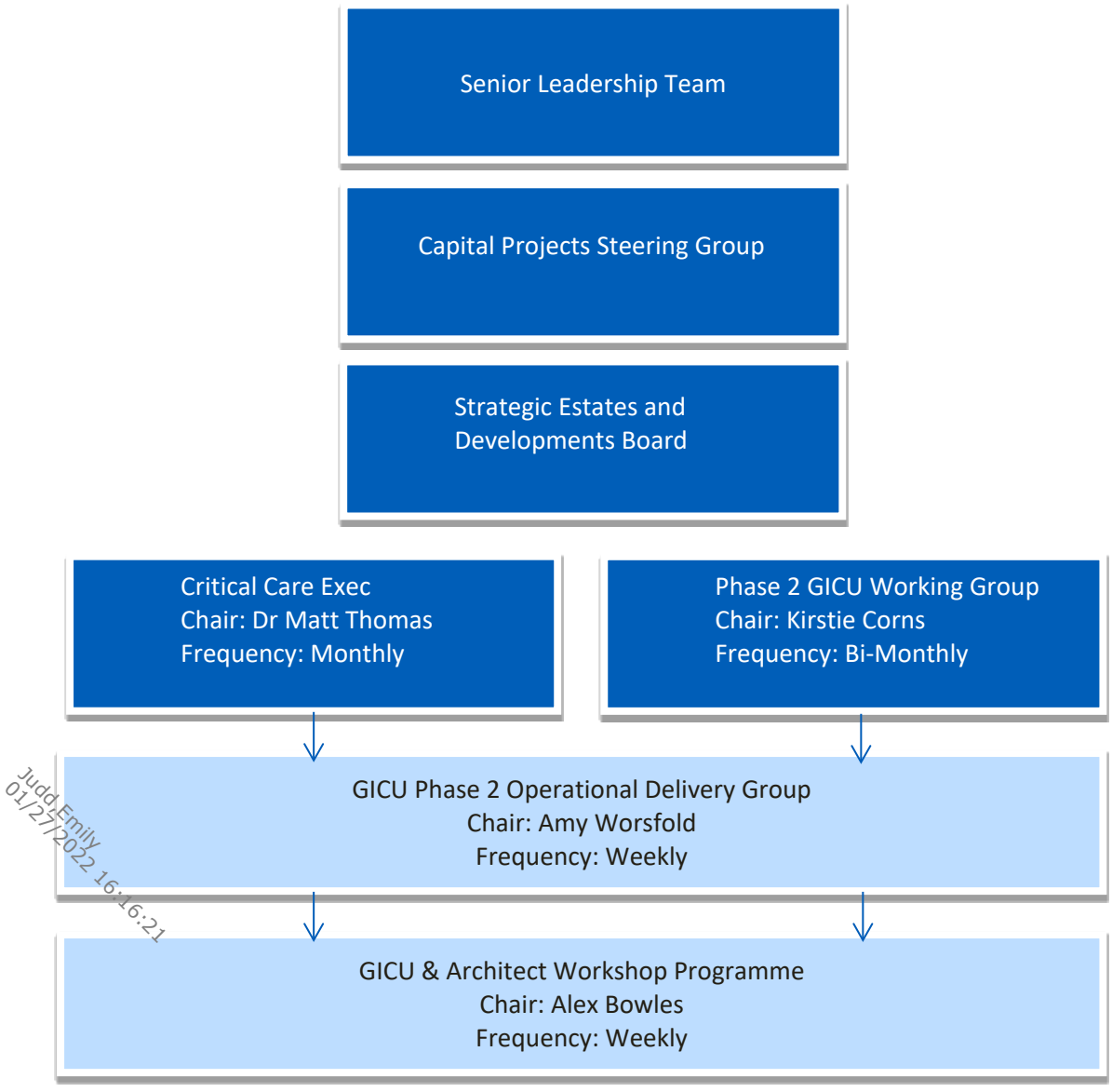
Business case development and coordination has been led by the Corporate Team with support from key stakeholders from Finance, Capital Team and the Surgical Division. The majority of stakeholders have undertaken Better Business Case training, in line with HM Treasury guidance.

The Capital PM will chair the Project Team and be responsible for the oversight of the construction design and delivery. They are a qualified PRINCE2 practitioner and will manage their area of responsibility using formal project management methodology in terms of governance, reporting and risk management through the consistent use of actions and decision logs, formal project team minutes, highlight reporting into Surgery Project Board.

The Capital PM and Planning PM hold joint responsibility for project programme maintenance, updating and changes or additions to design & construction and operational activities respectively.

This Project Team sits specially under the Surgery Project Board in the form of a with a variety of working groups established below, reporting and escalating upwards as required in line with the standardised approved Terms of Reference (Appendix 11) formally approved by Strategic Estates Development Project Board.

The ongoing work is monitored and reviewed via the below reporting structure:
(Figure 12)



4.3 Risk Management

Risks have been identified as a part of the project and have been articulated throughout the narrative of the case. These are monitored via the project risk register (Appendix 12) and Capital Scheme risk register (Appendix 13). The GICU Phase 2 Operational Delivery Group is responsible for the register.

There are two main risks to delivery of the business case at this stage:

Risk nº	Category	Risk description	Mitigation of risk	Risk likelihood after mitigation	Risk impact after mitigation
36	Finance	Financial risk of not securing recurring and non-recurring revenue support from commissioners	Formal Commissioner support for clinical case for change secured November 2021. Other mitigations include: ▪ Securing Commissioner support that the scheme must be prioritised highly against competing priorities within the System ▪ Phasing the introduction of the additional beds in line with recruitment and workforce development. A phased opening with also be supported through incremental confirmation of funding, for example, as with the ECMO service. ▪ Utilising non-recurrent elective recovery funding to support phased opening. Given the relatively low asset specificity of the proposed development, there is also the opportunity to mitigate the revenue funding risk via consideration of alternative, temporary utilisation of the additional beds such as: ▪ Using the beds as Enhanced Care Area ▪ Additional escalation beds to manage increased demand and support recovery of the Trust's elective programme ▪ Decant space to enable other strategically important schemes ▪ Mothballed critical care beds to increase capacity in response to spikes in demand and future Covid surges.	Medium	Medium

Risk nº	Category	Risk description	Mitigation of risk	Risk likelihood after mitigation	Risk impact after mitigation
39	Workforce	Recruitment risk – the case assumes that we will be able to recruit to 100% of the required workforce	▪ Recruitment plan developed with and assured by the Trust's Clinical Talent Acquisition Manager ▪ Planned international recruitment to supply two thirds of the required ICU nurses with the remaining third coming from internal movement and the domestic market ▪ 2 WTE Band 3 administration support for nursing recruitment included within the non-recurrent cost schedule to support recruitment drive ▪ Phased recruitment plan based on phasing of build i.e. not all 11 beds come on board at the same time.	Medium	High

4.4 Communication and Engagement Plan

The GICU Phase 2 Operational Delivery Group recognises that the involvement and support of a range of multi-disciplinary staff is vital to the success of the FBC, both to determine the requirement and scope of the investment, and also to participate in subsequent stages of planning. The group has identified and involved key stakeholders who have a direct interest in the impact the scheme and upon whom the realisation of benefits from the investment will depend, for example; leading clinicians, nurse managers, Allied Health Professionals, Infection Prevention and Control leads, Estates and Facilities representatives, Manuel Handling experts and Information and Technology leads.

It is vital that all Trust staff who may be affected by the proposed capital investment are consulted and given appropriate opportunities to participate in the decision-making process. The GICU Phase 2 Operational Delivery Group recognise that the realisation of the benefits of a capital investment will be more fully achieved as the staff involved as users of the new facilities participate in the design process. A full and comprehensive communication and engagement strategy for project delivery will follow upon completion of the design phase.

4.5 Post Project Evaluation

The Trust has decided to use the Department of Health P22 Framework for delivery of projects within the Strategic Programme to improve project appraisal at all stages of the project from the FBC through design, management and implementation.

As part of the P22 Framework process a Post Project Evaluation is required to be undertaken and reported internally and to DoH P22 team.

4.6 Impact assessments

In addition to the QIA, the following impact assessments have been completed and can be located within the appendices:

- Appendix 14 – Equality Impact Assessment Screening Tool
- Appendix 15 – Sustainability Impact Assessment
- Appendix 16 – Carbon Assessment Tool

5 Recommendations

- It is recommended to Trust Board that the Full Business Case (FBC) for the preferred option to create additional 11 adult critical care beds at the BRI campus is approved and that the planned expansion is delivered in a phased manner, to enable the required building works and staff recruitment to be completed.

University Hospitals Bristol and Weston NHS Foundation Trust

Appendices

Appendix 1 – South West Region Critical Care Capacity and System Operation Final Report (including regional benchmarking data)

App 1.1 NHSE_SW_Region_CC

App 1.2 NHSE_SWRegion_Data

App 1.3 NHSE_SWRegion_ICU

Appendices 2.1-2.5 – Financial Case

App 2.1_Finance_Benefits a

App 2.2_Finance_Full equipment schedule_(

App 2.3_Finance_Full revenue costing_phas

App 2.4a_Finance_Incr_SoC

App 2.4b_Finance_Incr_SoF

App 2.4c_Finance_Incr_SoC

APP 2.5a_Finance_Monthly_

APP 2.5ab_Finance_Monthl

Appendix 3 – Quality Impact Assessment

App 3 Draft_QIA_GICU2 20.0

Appendix 4 – Development of Options

App 4 Development of options_GICU2 19.(

Appendix 5 – Construction Phasing Plan (including high Level Drawings)

App 5 Construction Phasing Plan_GICU2 1

Appendix 6 – Archus Report

App 6 Archus Report Oct21_GICU2 19.01.22

Appendix 7 – South-West Critical Care Network: Peer Review Report

App 7_SW_CCNetwork Pee

Appendix 8 – Phased Recruitment Plan

App 8 Phased_Recruitment_F

Appendices 9.1-9.4 – Commissioners Engagement

App 9.1 Commissioner Engag

App 9.2 BNSSG_CCG_ClinicalEx

App 9.3 Letter to Commissioners 1June

App 9.4 Letter to Commissioners 1JDec

Appendix 10 – Construction Programme Plan

App 10 Construction Programme Plan_GICU

Appendix 11 – ICU Working Group Terms of Reference

App 11 ICU Working Group TOR_Apr21_GI

Appendix 12 – ICU Working Group Risk Register

App 12 ICU_Working_Group_R

Appendix 13 – Capital Scheme Risk Register

App 13 Capital Scheme risk register_(

Appendix 14 - Equality Impact Assessment (EIA) Screening Tool

Name of the Proposal: *General Critical Care Unit Refurb and Extension*

What is the main purpose of the Proposal? *To expand the current GICU by an additional 11 beds.*

Who is it likely to have an impact on? (Please circle or tick all that apply.) Staff / Patients / Visitors / Carers / Other – *ALL*

Could the Proposal have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		X	The expansion of critical care beds would support all adults regardless of age
Disability (including physical and sensory impairments, learning disabilities, mental health)		X	The expansion of critical care beds would support all adults regardless of other disabilities
Gender reassignment		X	The expansion of critical care beds would support all adults regardless of whether they are transitioning or transitioned
Pregnancy and maternity		X	N/A
Race (includes ethnicity as well as gypsy travelers)		X	The expansion of critical care beds would support all adults regardless of race
Religion and belief (includes non-belief)		X	The expansion of critical care beds would support all adults regardless of religion or belief or no belief
Sex (male and female)		X	The expansion of critical care beds would support all adults regardless of sex
Sexual Orientation (lesbian, gay, bisexual, other)		X	The expansion of critical care beds would support all adults regardless of sexual orientation
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		x	The expansion of critical care beds would support all adults regardless of social status
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		X	The expansion of critical care beds would support human rights by providing dignity and respect for the most seriously ill patients in the

			hospital and possibly add years to life

You will need to ask yourself:
Will the Proposal create any problems or barriers to any community or group? NO
Will any group be excluded because of this Proposal? NO
Will the Proposal result in discrimination against any group? NO

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

Could the Proposal have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	X		The expansion of critical care beds would support all adults from all groups
Will it help to get rid of discrimination?	X		The expansion of critical care beds would less discrimination in service provision to some extent
Will it help to get rid of harassment?		X	Unknown
Will it promote good relations between people from all groups?		X	Unknown
Will it promote and protect human rights?	X		The expansion of critical care beds would support human rights by providing dignity and respect for the most seriously ill patients in the hospital and possibly add years to life

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

Positive impact				**Negative Impact**		
Significant	Some	Very Little	X None	Very Little	Some	Significant

Is a full equality impact assessment required? NO

Date assessment completed: 17th November 2021
Person completing the assessment: Trust Equality and Diversity Lead
Person responsible for the Proposal: Dr Matthew Thomas & Amy Worsfold

Appendix 15 – Sustainability Impact Assessment

App 15 Sustainability Impact Assessment_G

Appendix 16 – Carbon Assessment Tool

App 16 Carbon Assessment Tool_GICU

Appendix 17 – Proceeding at risk SBAR

App 17 Proceeding at risk SBAR Nov21_G

Appendix 18 – CAR-T SBAR

App 18 CART SBAR_GICU2 19.01.22.

Bibliography:

A. Service Specifications Service Specification No. (n.d.). [online] . Available at: https://www.england.nhs.uk/wp-content/uploads/2019/05/Adult-Critical-Care-Service-Specification-FINAL.pdf. [Accessed 26 Jul. 2021].

British Medical Association (2021). Rest, recover, restore: Getting UK health services back on track. [online] Available at: nhs-staff-recover-report-final.pdf (bma.org.uk) [Accessed 26 Jul. 2021].

GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES Intensive Care Medicine. (2019). [online] . Available at: https://www.ficm.ac.uk/sites/default/files/GPICs-v2.pdf. [Accessed 26 Jul. 2021].

Harris, S., Singer, M., Sanderson, C., Grieve, R., Harrison, D. and Rowan, K. (2018). Impact on mortality of prompt admission to critical care for deteriorating ward patients: an instrumental variable analysis using critical care bed strain. Intensive Care Medicine, [online] 44(5), p.606. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6006241/ [Accessed 26 Jul. 2021].

Howell, B.A.M. (2021). Battling Burnout at the Frontlines of Health Care Amid COVID-19. AACN Advanced Critical Care, pp.e1–e9.

Imperial News. (n.d.). Many ICU staff have experienced mental health conditions in COVID-19 pandemic | Imperial News | Imperial College London. [online] Available at: https://www.imperial.ac.uk/news/226513/many-icu-staff-have-experienced-mental/ [Accessed 26 Jul. 2021].

www.ons.gov.uk. (n.d.). Population projections for local authorities - Office for National Statistics. [online] Available at: Population projections for local authorities: Table 2 - Office for National Statistics. [Accessed 26 Jul. 2021].

Patient and public participation in commissioning health and care. (n.d.). [online] . Available at: patient-and-public-participation-guidance.pdf (england.nhs.uk) [Accessed 26 Jul. 2021].

Priestap, F.A. and Martin, C.M. (2006). Impact of intensive care unit discharge time on patient outcome. Critical Care Medicine, 34(12), pp.2946–2951.

Vollam, S., Dutton, S., Lamb, S., Petrinic, T., Young, J.D. and Watkinson, P. (2018). Out-of-hours discharge from intensive care, in-hospital mortality and intensive care readmission rates: a systematic review and meta-analysis. Intensive Care Medicine, 44(7), pp.1115–1129.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on 28 January 2022

Report Title	**Weston Health General Charitable Funds final 6 month report and accounts period ending 30th September 2021**
Report Author	**John Hurley – Integration Project Accountant**
Executive Lead	**Neil Kemsley – Director of Finance**

1. Report Summary

To ask the Board, the Corporate Trustee, to formally approve the Weston Health General Charitable Funds final 6 month report & accounts for period ending 30th September 2021.

2. Key points to note

(Including decisions taken)

The accounts show an overall decrease in fund balances during the period of £36k from £516k to £480k, consisting of income of £8k less expenditure of £73k and a £29k net gain on investments held.

The Weston Health General Charitable Fund merged into Bristol & Weston Hospitals Charity on 1st October 2021 with the total fund balances of £480,000 being transferred to them.

The final report and accounts including the auditors' independent examination certificate and Letter of Representation are attached for approval.

3. Risks

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

N/A

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Approval.**

5. History of the paper

Please include details of where paper has previously been received.

Weston Health General Charitable Fund Annual report and Accounts year ending 31st March 2021	Charity Committee 15th September 2021

WESTON HEALTH GENERAL CHARITABLE FUND

Final Report for the 6 months ended 30th September 2021

Foreword to the financial statements

The University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) is always grateful for the kindness and generosity shown by patients, their friends and families, local organisations and societies and our own members of staff who make donations and legacies to support the work of the Charitable Funds.

The Trust Board agreed to merge the Weston Health General Charitable Fund into the existing management arrangements of Above & Beyond. This took place with effect from the 1st October 2021 with the fund balances being transferred to the newly named charity Bristol & Weston Hospitals Charity. From this date the Bristol & Weston Hospitals Charity will represent all ten hospitals within the Trust.

For the financial period ending 30 September 2021 the following amounts were gratefully received:

	£
Donations	5,000
Investment income	3,000
Total	**8,000**

Investment income received during the period to 30 September 2021 was £3,000 (31 March 21 £7,000).

Realised gains on the sale of investment assets of £29,000 were recognised in the period (31 March 21 unrealised gains £62,000 split between unrealised gains of £59,000 and realised gains of £3,000).

The total expenditure for the period ending 30th September 2021 was £73,000 (31 March 21 £246,000). This was split between charitable activities expenditure of £71,000 (31 March 21 £89,000), fund raising activities of £2,000 (31 March 21 £5,000)

The main spending on charitable activities was on staff welfare and amenities £36,000 which included:

- £19,000 for a temporary extension to Rafters restaurant
- £10,000 Outdoor activity walking trail.

Patient welfare and amenities of £34,000 comprised of a number of Health and Wellbeing initiatives;

£10,000 Weston Arts and Health Week

£10,000 Gallery infrastructure for artwork in hospital interiors

Fund raising costs of £2,000 (31 March 21 £5,000) were incurred in year with £1,000 (31 March 21 £3,000) for investment managers' fees and £1,000 (31 March 21 £2,000) being a proportion of the Trustee time in dealing with fund raising activities.

Foreword to the financial statements continued

This has only been possible because of the continued generosity of patients, their families and friends and many others in Weston-Super-Mare and the surrounding areas who have an interest in supporting our Charity.

This Final Report for six months ending 30th September provides information concerning the administration of the Weston Health General Charitable Fund and also discharges the Trustee duty of public accountability and stewardship.

Jayne Mee
Interim Chair and Board member

Date 8th December 2021

Legal and Administrative Information

This Final Report complies with current statutory requirements; the requirement of the Charity's governing document and the requirements of FRS 102 and the Charities SORP (FRS102) and the Charities Act 2011.

Full name of Charity: WESTON HEALTH GENERAL CHARITABLE FUND

Nature of the Governing Document: DECLARATION OF TRUST DATED 8.8.96.

Charity Registration Number: 1057589

Charity Trustee: The Board of the University Hospitals Bristol and Weston NHS Foundation Trust act as the Corporate Trustee.

These funds are registered with the Charity Commission and the Trust's Directors have a joint responsibility for the management of these funds. The Trustee has given due consideration to Charity Commission published guidance on the operation of the Public benefit requirement.

The University Hospitals Bristol and Weston NHS Foundation Trust Board has established the Charity Committee to take responsibility on all matters relating to the Charity and provide the Trust Board with assurance on the fulfilment of its responsibilities.

The University Hospitals Bristol and Weston NHS Foundation Trust Board is the sole Trustee of the Charity. The Board, acting as the Corporate Trustee, approved the constitution of a Charity Committee. The members of the Charity Committee who served during the financial period are detailed in Note 9 of the Weston Health General Charitable Fund financial statements.

The contact addresses are listed below:

Principal Address of the Charity:	Weston General Hospital, Grange Road, Uphill, Weston-super-Mare, Somerset BS23 4TQ.
Bankers:	National Westminster Bank PLC, PO Box 238, 32 Corn Street, Bristol BS99 7UG.
Solicitors:	Beachcroft Wansbroughs, Solicitors, 10-22 Victoria Street, Bristol BS99 7UD.
Auditors:	Godfrey Wilson Ltd, 5th Floor, Mariner House, 62 Prince Street, Bristol, BS1 4QD .
Investment Advisers:	J. M. Finn & Co. Ltd., St. Brandon's House, 29 Great George Street, Bristol BS1 5QT.

Structure, Governance and Management

Acting for the Corporate Trustee, the Board is responsible for the overall management of the Charitable Funds. The Board has set up a Charity Committee who are required to:

- Control, manage and monitor the use of the fund's resources.
- Provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Trust Board fully informed on the activity, performance and risks of the Charity.

The members of the Charity Committee are Executive and Non-Executive Directors of the Trust Board.

Specific Restrictions

There are no specific restrictions imposed by the governing document which states that "The Trustee shall hold the Trust Fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital for charitable purposes relating to the general or any specific purposes of the University Hospitals Bristol and Weston NHS Foundation Trust".

Funds have been included within the "restricted fund" category since registration only where monies have been collected or given for a specific purpose. These funds have not been registered separately either because the amount involved is minimal and/or the funds may only be in existence for a short period.

Narrative Information

Purpose of the Charity

The Charity provides amenities for both patients and staff and donates building and equipment assets at the Weston General Hospital and other community services provided by the Trust. This includes the provision of facilities and equipment to assist in the treatment and comfort of patients and to provide for additional development and welfare of staff.

Organisation

To ensure appropriate control of the funds of the Charity, individual wards and departments have a designated fund manager. All purchases made with charitable monies must be approved and authorised in accordance with current guidelines outlined in the Trust's Corporate Governance policies (which include Standing Financial Instructions, Standing Orders, Reservation of Powers to the Board and Delegation of Powers and the Guidance to Staff on Fraud). Expenditure should also be consistent with the title and purpose of the fund. Unspent monies at the end of the year are carried forward to the following year. Designated funds are reviewed regularly to ensure that they meet the requirements of the beneficiaries.

Risks and uncertainties

The Trustee has considered the major risks to which the charity is exposed. They have identified steps to mitigate those risks. Three major risks have been identified and arrangements have been put in place to mitigate those risks.

1. Future levels of income

The Charity is reliant on donations and legacies to allow it to make grants to the NHS Trust. If income falls then the trust would not be able to make as many grants or enter into longer term commitments with the Trust .

The Trustee mitigates the risk that income will fall by:

- Monitoring the adequacy of income received.
- Reviewing the fund raising processes in the Trust.
- Co-ordinating a programme of fund raising ideas to raise the profile of the charity.

2. Fall in investment valuation and returns

The Charity generated additional income from investing its cash balances so the Trustee considers the loss of investment income to be a major financial risk. The risk is mitigated by retaining expert investment managers, having a diversified investment portfolio and regularly reviewing that portfolio.

3. Unforeseen changes in the operation of the NHS

The NHS is, by its very nature, subject to national changes in government policy as well as locally driven commissioning decisions. The Trustee has identified this as a risk as it may mean initiatives or healthcare activities supported by the charity are no longer delivered at the Weston General Hospital. The Trustee regularly liaises with all of our NHS partners to understand the changes that they are planning at an early stage. The Trustee also reviews our NHS partners' strategic plans when they are developing future plans.

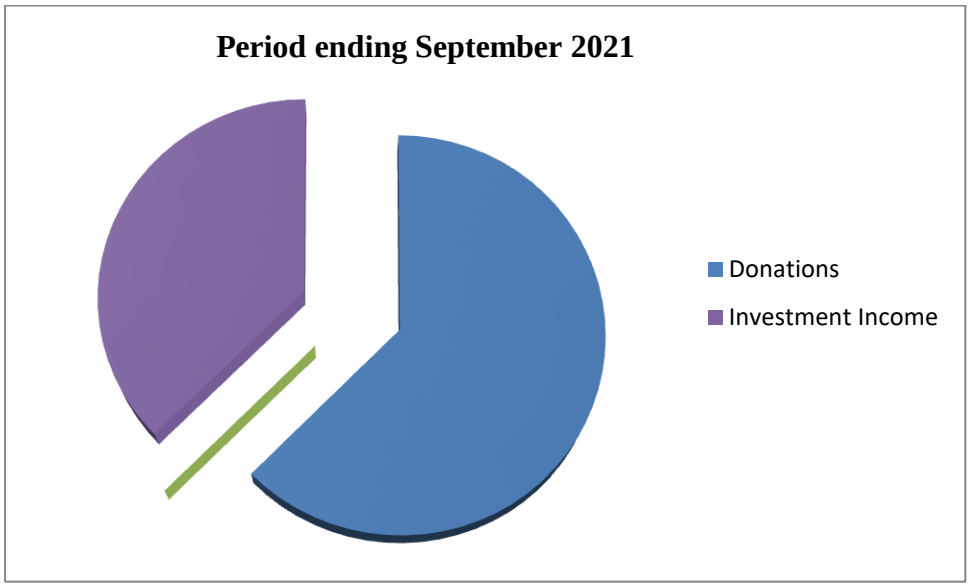
Review of Activities in the period

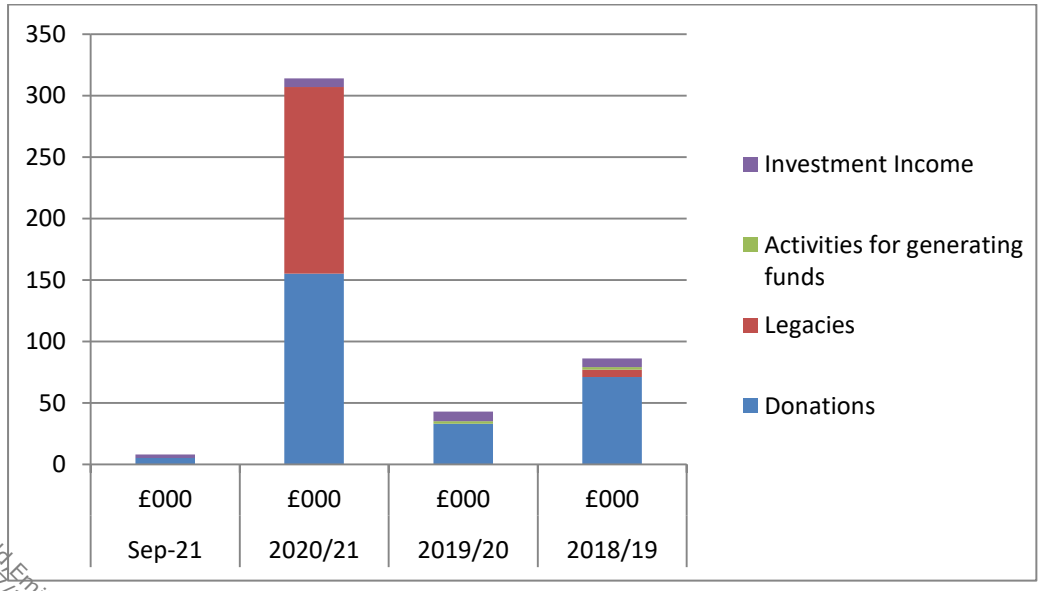
Financial Position

As at 30 September 2021 there were 37 individual funds that relate to various wards and departments at the Trust. Each fund manager ensures that donations are spent in accordance with the wishes of the donor and for purposes that relate to the Charity.

The balance sheet shows that total funds have decreased by £36,000 during the period from £516,000 to £480,000, reflecting the overall outflow of funds through the year.

Income for the period includes donations from patients and their families in recognition of the care which has been provided by the Weston General Hospital. Other income received is comprised of dividends from investments and bank interest. Total incoming resources for the period are £8,000 (31 March 21 £314,000).



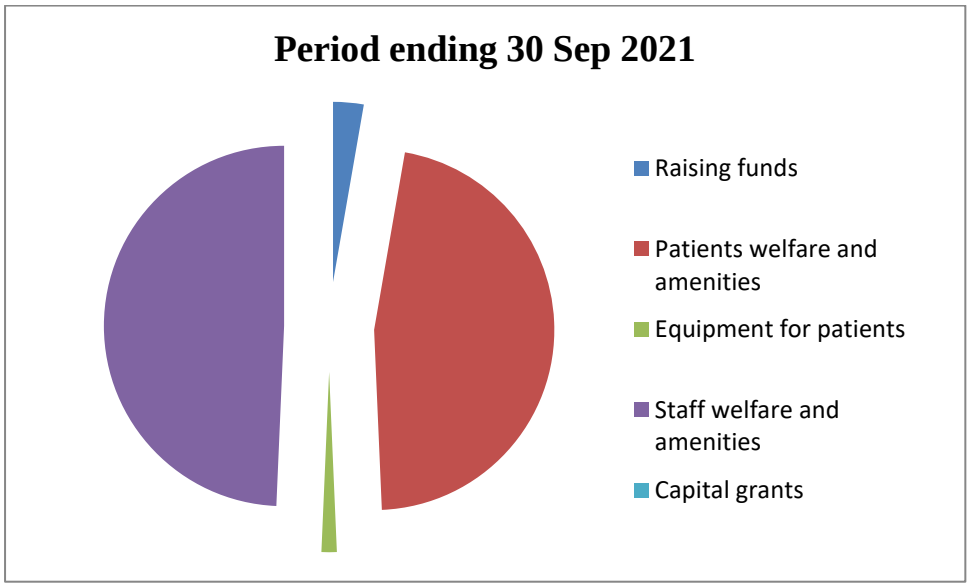


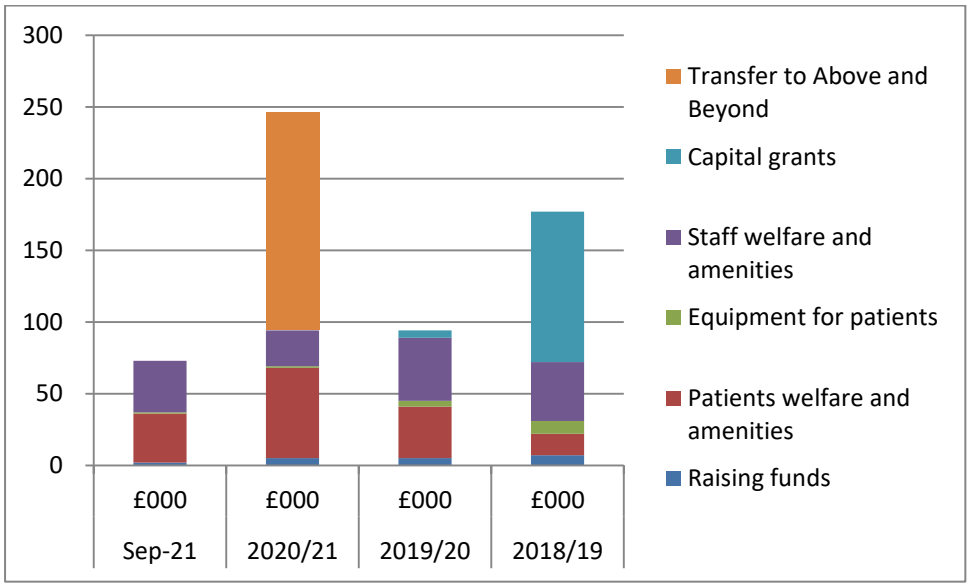
Financial Position continued

Grants paid in period ending 30th September 2021 relate to revenue and capital expenditure which would not normally be funded out of NHS operating income by the Weston General Hospital.

Total expenditure for the period of £73,000..

The Charity continues to be committed to making appropriate use of its funds.





In line with FRS 102 the treatment of the management and administration costs have been separately analysed on the face of the statement of financial activities. These costs are classified as support costs and have been apportioned between fundraising activities and charitable activities. There is no effect on the total expenditure for any of the years.

Investments

The Charity's investment policy is to invest in stocks, funds, shares and securities when cash balances exceed short to medium term requirements. Therefore the Charity invests monies that are not required for immediate expenditure in a portfolio of Government stocks, Company shares and Bank deposits. This produces additional income for the Charity and its performance is reviewed regularly by the Charity's stockbrokers who advise the Charity Committee.

The investment assets of the Charity were acquired in accordance with the powers available to the Trustee and the portfolio should be medium risk.

The market value of the Charity's investments has decreased from £406,000 to nil, following the decision by the Trustee to sell the investment portfolio prior to the transfer of fund balances to Bristol & Weston Hospitals Charity on 1st October 2021.

At the previous year end 31 March 2021 investment values had increased from £348,000 to £406,000 in year.

Accounting Policies

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 April 2015) and the Charities Act 2011.

The charities SORP sets out how charities are expected to apply FRS 102 to their particular activities and transactions, and explains how charities should present and disclose their activities and funds within their financial statements.

Reserves Policy

Reserves are held to ensure that sufficient monies are available to accommodate changes in the market value of non in perpetuity investments. This is currently set at 20% of the market value of the non in perpetuity investments on 31 March annually, subject to a minimum of £100,000. The balance of the reserve is held within the unrestricted funds including the General Purposes fund. The policy is subject to regular review. No adjustment is made to these reserves for commitments or planned expenditure that is not provided for in the balance sheet.

The value of the non in perpetuity investments as at 30 September 2021 is Nil.

The balance of the unrestricted funds as at 30 September 2021 is £350,000.

Going concern

The financial statements have not been prepared on a going concern basis due to the merger of the Weston Health General Charitable Fund into the management arrangements of Bristol & Weston Hospitals Charity on 1st October 2021.

.

There are no material uncertainties affecting the current period's financial statements. Consequently, the Trustee is confident that the funds passed to Bristol & Weston Hospitals

Going concern - continued

Charity on 1st October 2021 are sufficient to meet and honour the commitments made by the Weston Health General Charitable Fund before it ceased to exist.

Events since the year end

The merger of the Weston Health General Charitable Fund into the existing management arrangements of Bristol & Weston Hospitals Charity took place on 1st October 2021.

Signed on behalf of the Trustee

Jayne Mee
Interim Chair and Board member Date 8th December 2021

Statement of trustee's responsibilities

The trustee is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. It is also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Interim Chair 08th December 2021

Board member 08th December 2021

Independent examiner's report

To the trustees of

Weston Health General Charitable Fund

I report to the trustees on my examination of the accounts of Weston Health General Charitable Fund (the charity) for the period ended 30 September 2021, which are set out on pages 12 to 25.

Responsibilities and basis of report
As trustees of the charity you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement
I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

(1) accounting records were not kept in respect of the charity as required by section 130 of the Act;
(2) the accounts do not accord with those records; or
(3) the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Date:
Rob Wilson FCA
Member of the ICAEW
For and on behalf of:
Godfrey Wilson Limited
Chartered accountants and statutory auditors
5th Floor Mariner House
62 Prince Street
Bristol
BS1 4QD

Statement of Financial Activities for the period ended 30 September 2021

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**30 September 2021 Total Funds £000**	31 March 2021 Total Funds £000
Income and endowments from:						
Donations		5	0	0	**5**	155
Legacies	2.1	0	0	0	**0**	152
Total Donations and Legacies		**5**	**0**	**0**	**5**	307
Investment income	2.2	1	1	1	**3**	7
Total incoming resources		**6**	**1**	**1**	**8**	314
Resources expended						
Expenditure on:						
Raising funds	2.3	2	0	0	**2**	5
Charitable activities	2.4					
Patients welfare and amenities		32	2	0	**34**	63
Equipment for patients		1	0	0	**1**	1
Staff welfare and amenities		15	21	0	**36**	25
Other expenditure						
Transfer to Above and Beyond	2.5	0	0	0	**0**	152
Total resources expended		**50**	**23**	**0**	**73**	246
Net gains/(losses) on investments	2.7	21	8	0	**29**	62
Net income/(expenditure)		**(23)**	**(14)**	**1**	**(36)**	130
Gross transfer between funds	2.8	72	50	(122)	**0**	0
Net movement in funds		**49**	**36**	**(121)**	**(36)**	130
Fund balances brought forward		301	94	121	**516**	386
Closing fund balances to Bristol & Weston Hospitals Charity 01/10/2021		350	130	0	**480**	0
Fund balances		**0**	**0**	**0**	**0**	516

The fund balance of £480,000 included within the Statement of Financial Activities transfers to Bristol & Weston Hospitals Charity on the 1st October 2021.

The notes on pages 15 to 25 form part of this account.

Balance Sheet as at 30 September 2021

	Note	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total at 30 September 2021**	Total at 31 March 2021
		£000	£000	£000	**£000**	£000
Current Assets						
Investments	3.1*	0	0	0	**0**	406
Debtors	3.2	0	0	0	**0**	0
Short term investments and cash deposits	3.3	362	130	0	**492**	130
Cash at bank and in hand		0	0	0	**0**	0
Total Current Assets		362	130	0	**492**	536
Creditors: Amounts falling due within one year	3.4	12	0	0	**12**	20
Net Current Assets		350	130	0	**480**	516
Total Assets less Current Liabilities		350	130	0	**480**	516
Total Net Assets		**350**	**130**	**0**	**480**	516
Funds of the Charity						
Capital Funds:						
Endowment Funds	3.5	0	0	0	**0**	121
Income Funds:						
Restricted	3.6	0	130	0	**130**	94
Unrestricted	3.7	350	0	0	**350**	301
Closing fund balances to Bristol & Weston Hospitals Charity 01/10/2021		350	130	0	**480**	0
Total Funds		**0**	**0**	**0**	**0**	516

No tangible fixed assets were held by the Charity during either period.

The Charity Commission approved the Trustee request to lift the restrictions on the Endowment Funds in June 2021, with the balance being transferred between unrestricted and restricted funds.

*3.1 The investments were sold in September 2021 prior to the transfer of funds to Bristol & Weston Hospitals Charity on 1st October 2021.

The notes on pages 15 to 25 form part of this account.

Signed: 

Date: 08th December 2021

Statement of cash flows for the period ended 30 September 2021

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total September 2021 £000**	Total 31 March 2021 £000
Cash flows from operating activities:					
Net cash generated from / (used in) operating activities	**19**	**27**	**(122)**	**(76)**	63
Cash flows from investing activities:					
Dividends from investments	1	1	1	**3**	7
Proceeds from sale of investments	299	24	120	**443**	26
Purchase of investments	(9)	0	0	**(9)**	(40)
Movement of cash held as part of the investment portfolio	0	0	1	**1**	18
Net cash generated from investing activities	**291**	**25**	**122**	**438**	11
Change in cash and cash equivalents in the reporting period	**310**	**52**	**0**	**362**	74
Cash and cash equivalents at the beginning of the reporting period	52	78	0	**130**	56
Cash and cash equivalents at the end of the reporting period	**362**	**130**	**0**	**492**	130

Reconciliation of net movement in funds to net cash flow generated from / (used in) operating activities

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total September 2021 £000**	Total 31 March 2021 £000
Net movement in funds for the reporting period (as per the statement of financial activities)	49	36	(121)	**(36)**	130
Adjustments for:					
Dividends and interest from investments	(1)	(1)	(1)	**(3)**	(7)
(Profit) on the sale of investrments	(21)	(8)	0	**(29)**	(3)
Unrealised (gains) / losses on investments	0	0	0	**0**	(59)
Increase in creditors	(8)	0	0	**(8)**	2
Net cash generated from / (used in) operating activities	**19**	**27**	**(122)**	**(76)**	63

Analysis of cash and cash equivalents

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total September 2021 £000s**	Total 31 March 2021 £000s
Cash in hand					
Notice deposits (less than 30 days)	362	130	0	**492**	130
Total cash and cash equivalents	**362**	**130**	**0**	**492**	130

Notes to the Account

Accounting Policies

1

1.1 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds.

1.2 Critical Judgements and Accounting Estimates

a) The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

b) There are not any critical accounting estimates or judgements contained within the financial statements that are considered material.

1.3 Going Concern

The financial statements have not been prepared on a going concern basis due to the merger of the Weston Health General Charitable Fund into the management arrangements of Bristol & Weston Hospitals Charity on 1st October 2021.

There are no material uncertainties affecting the current period's financial statements. Consequently, the Trustee is confident that the funds passed to Bristol & Weston Hospitals Charity on 1st October are sufficient to meet and honour the commitments made by the Weston Health General Charitable Fund before it ceased to exist.

1.4 Incoming Resources

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) the Charity has entitlement to the resources;

1.4 Incoming Resources - continued

ii) it is probable - more likely than not that the incoming resource will be received;

iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes probable.

Receipt is probable when:

• Confirmation has been received from the representatives of the estate(s) that probate has been granted

• The executors have established that there are sufficient assets in the estate to pay the legacy and

• All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

c) Investment Income

Income received from investments £3,000 for period ending 30 September 2021 (£7,000 - 31 March 2021) is apportioned across those funds that hold a balance of greater than £5,000 at the period end 30th September 2021.

1.5 Resources expended

a) The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

b) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 2.6.

Management and administration costs are charged as a percentage of staff who have a direct involvement in the day to day management and administration of the charitable funds.

1.5 Resources expended - continued

c) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities in furtherance of the charity's objects. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include a proportion of the Board members' time in dealing with fund raising activities. For the period ending 30th September 2021 there were £2,000 of fundraising costs (£5,000 for year ending 31 March 2021).

Investment managers fees are allocated against those funds that hold a balance of greater than £5,000 at the period end 30th September 2021.

d) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs.
The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 2.6.

e) Transfer between funds

The endowment investments were transferred to restricted funds in July 2021 following the Charity Commission agreement for the capital to be spent rather than kept as in perpetuity.

1.6 Fixed Assets

The Weston Health General Charitable Fund does not hold fixed assets other than investment fixed assets as at the balance sheet date.

1.7 Investment Fixed Assets

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) as at the balance sheet date. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year. Quoted stocks and shares are included in the balance sheet at the current market value quoted by the investment analyst, excluding dividend.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the investors manage the charity's portfolio on a medium risk basis.

1.8 Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

1.9 Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

1.10 Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

The charity did not have any long term creditors which are owed in more than a year in either year.

1.11 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.12 Pensions Contributions

The cost of employer pensions contributions to the NHS superannuation and other schemes is charged to the Statement of Financial Activities.

1.13 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.14 Public benefit statement

The Charity is a public benefit entity and an unincorporated trust. The Trustee has complied with its duty under the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

To identify and respond to the needs of the intended beneficiaries of the Charity, individual wards and departments have been granted authority over the use of their charitable funds, so long as any and all expenditure falls within the overall objective of the Charity.

The delegated authority ensures that those closest to the intended beneficiaries are able to directly influence and develop the Charity to meet the needs of its beneficiaries.

Note 2

Details of material incoming resources **2.1**

No legacy income was recognised or due for period ending 30th September 2021.

(Legacy income £152,000 for year ending 31 March 2021)

Analysis of gross income from investments **2.2**

Total gross income from investments

	Held in UK	Held outside UK	**30 September 2021 Total**	31 March 2021 Total
	£000	£000	**£000**	£000
Investments listed on Stock Exchange	3	0	**3**	8
	3	0	**3**	8

Analysis of expenditure on raising funds **2.3**

Analysis of expenditure on raising funds

	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total 30 September 2021 Funds**	Total 31 March 2021 Funds
	£000	£000	£000	**£000**	£000
Investment Managers fees	1	0	0	**1**	3
Apportioned support costs	1	0	0	**1**	2
	2	0	0	**2**	5

The apportioned support costs of £1,000 (£2,000 31 March 2021) is based on an estimate of the Charity Committee members' time in dealing with fund raising activities.

The investment managers fees are charged fully to raising funds in both years.

Details of Resources Expended on Charitable activities **2.4**

Charitable activities

	Unrestricted Funds	Restricted Funds	Support Costs	**Total 30 September 2021 Funds**	Total 31 March 2021 Funds
	£000	£000	£000	**£000**	£000
Patient welfare and amenities	28	0	6	**34**	63
Equipment for patients	1	0	0	**1**	1
Staff welfare and amenities	11	19	6	**36**	25
	40	19	12	**71**	89

Grants made to institutions **2.4 continued**

Grants are paid within the objects of the individual funds and that of the overall objectives of the charitable fund.
Revenue grants excluding support costs of £59,000 (£51,000 31 March 2021) and nil capital grants were paid to University Hospitals Bristol and Weston NHS FT.

Support costs of £12,000 (£38,000 31 March 2021) have been apportioned across the expenditure headings on a pro rata basis based on the value of expenditure incurred against each expenditure heading for both years. With £8,000 of the support costs allocated to restricted and £4,000 allocated to unrestricted funds.

Grants paid to individuals

No grants were paid to individuals in either period

Details of Other Expenditure **2.5**

There is a deed of understanding between University Hospitals Bristol & Weston NHS FT and Bristol & Weston Hospitals Charity (previous name Above and Beyond) which contains a commitment from the NHS Body to transfer any legacies, donations and gifts which the NHS Body may receive to the Independent Charity.

For the period ending 30th September 2021 there were not any legacy, donation or gifts received by the NHS body to transfer (£152,000 31 March 2021 for one legacy).

Allocation of support costs **2.6**

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

The bases of allocation used are as follows:

	Raising Funds	Charitable Activities	**Total 30 September 2021 Funds**	Total 31 March 2021 Funds	**Basis**
	£000	£000	**£000**	£000	
Salaries	1	8	**9**	17	Expenditure
Establishment costs	0	1	**1**	2	Expenditure
Audit fee	0	2	**2**	10	Expenditure
Legal fees	0	1	**1**	11	Expenditure
	1	12	**13**	40	

Support costs are charged as a percentage of staff who have a direct involvement in the day to day management and administration of the charitable funds. The percentages for staff time is re-charged to reflect time spent in dealing with raising funds and charitable activities. The investment managers fee is excluded from the support costs in both years.

Analysis of Staff Costs

There were no staff holding contracts of employment with, or paid directly by the Charity in either period.

Net gains/(losses) on investments **Note 2.7**

For the period ending 30 September 2021 £29,000 of gains on sale of investment assets were recognised. The £29,000 net gain was split across the fund headings as follows; Unrestricted funds £21,000, Restricted funds £8,000 and Endowment funds Nil. For the previous year ending 31 March 2021 - £62,000 gain due to £59,000 unrealised gain and £3,000 realised gain was split; Unrestricted funds £31,000 Restricted funds £12,000 and Endowment funds £19,000.

Realised gains/losses relate to actual gains/losses when a holding has been sold in the year at greater than gain or less than (loss) the historic purchase cost at the previous year end. Whereas unrealised gains/losses reflect the difference between the market value at the balance sheet date when compared to the original purchase price or market value at the start of the year.

Gross transfer between funds **2.8**

There was one material transfer £122,000 in the period from endowment funds and split between restricted and unrestricted funds. The Charity Commission approved the lifting of the restriction on the permanent endowment funds to enable the capital to be spent as per its original intentions.

Analysis of Fixed Asset Investments **Note 3 3.1**

Current / Fixed Asset Investments:	Unrestricted Funds	Restricted Funds	Endowment Funds	**30 September 2021**	Unrestricted Funds	Restricted Funds	Endowment Funds	31 March 2021
	£000	£000	£000	**£000**	£000	£000	£000	£000
Market value at the beginning of the year	269	16	120	**405**	229	4	96	329
Add: Acquisitions at cost	9	0	0	**9**	26	0	14	40
Net gain on disposals / revaluation	21	8	0	**29**	31	12	19	62
Less: Disposals at carrying value in the year	(299)	(24)	(120)	**(443)**	(17)	0	(9)	(26)
Market value at the end of the year	**0**	**0**	**0**	**0**	269	16	120	405
Historic cost at the end of the period	**0**	**0**	**0**	**0**	204	0	83	287

Market value :	Unrestricted Funds	Restricted Funds	Endowment Funds	**30 September 2021 Total**	Unrestricted Funds	Restricted Funds	Endowment Funds	31 March 2021 Total
	£000	£000	£000	**£000**	£000	£000	£000	£000
Investments listed on Stock Exchange	0	0	0	**0**	269	16	120	405
Cash held as part of the investment portfolio	0	0	0	**0**	0	0	1	1
	0	**0**	**0**	**0**	269	16	121	406

The investments held were sold prior to the merger with Bristol & Weston Hospitals Charity on 1st October 2021.

Note 3.1 continued All within stocks held in the UK.

Analysis of the main holdings either greater than 5% of the market value or over £20,000 as listed on the Stock Exchange for investments held at period end 30th September 2021 and year end 31 March 2021.

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**30 September 2021 Total £000**	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	31 March 2021 Total £000
BANKERS INVESTMENT TRUST	0	0	0	**0**	22	0	9	**31**
CG PORTFOLIO FD PLC	0	0	0	**0**	34	0	7	**41**
FID EURO VALUES	0	0	0	**0**	11	0	0	**11**
GUINESS ASSET MANAGEMENT	0	0	0	**0**	25	0	15	**40**
IMPAX ENVIRON	0	0	0	**0**	22	0	0	**22**
M&G GLOBAL DIV	0	0	0	**0**	21	0	0	**21**
UK TREASURY INDEX LINK 2029	0	0	0	**0**	14	0	18	**32**
OTHER	0	0	0	**0**	129	7	71	**207**
	0	**0**	**0**	**0**	**278**	**7**	**120**	**405**

Analysis of Debtors **3.2** Debtors

The Charity did not have any outstanding amounts due from debtors in either period end 30th September 2021 or year end 31 March 2021.

Short term investments and cash deposits **3.3** All the short term investments and deposits are held as cash on deposit in an interest bearing bank account

Analysis of Creditors **3.4** Creditors

Creditors

Amounts falling due within one year:	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**30 September 2021 Total £000**	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	31 March 2021 Total £000
Accruals	12	0	0	**12**	18	0	0	20
Total creditors falling due within one year	**12**	**0**	**0**	**12**	18	0	0	20

There were no amounts falling due after more than one year in either period.

Analysis of Funds **3.5 Endowment Funds**

	Balance 1 April 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	**Balance 30 September 2021 £000**
Burdge	72	0	0	(72)	0	**0**
Others (2)	49	1	0	(50)	0	**0**
Total	121	1	0	(122)	0	**0**

Details of material funds - endowment funds

Name of endowment fund	Description of the nature and purpose of each fund
Burdge	Legacy providing income for general purposes

The Charity Commission approved the Trustee request to lift the restrictions on the Endowment Funds in June 2021 and these were transferred to unrestricted and restricted funds, see Notes 3.6 and 3.7 below.

Details of restricted funds **3.6 Restricted Funds**

	Balance 1 April 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	**Balance 30 September 2021 £000**
Name of restricted fund						
Ophthalmic	4	0	0	0	0	**4**
NHS Charities Together Covid 19	90	0	(21)	0	5	**74**
Harris	0	1	(1)	15	1	**16**
Dibble	0	0	(1)	35	2	**36**
Total	94	1	(23)	50	8	**130**

Name of fund	Description of the nature and purpose of each fund
Ophthalmic	Legacy for the use of the department
NHS Charities Together Covid 19	To enhance the wellbeing of NHS staff, patients and volunteers impacted by Covid-19.
Harris	Provide extra comfort for patients including gifts of clothing or additional medical or surgical appliances.
Dibble	Legacy for use on Berrow ward and Birnbeck (now Harptree) ward

Details of material unrestricted funds **3.7 Unrestricted**

Material funds are considered to be those funds with a balance that exceeded £20,000 both at the beginning and end of the reporting period.

	Balance 1 April 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	**Balance 30 September 2021 £000**
Material unrestricted funds						
Burdge	0	0	(2)	72	5	**75**
General Purposes	61	2	(38)	0	2	**27**
Diabetic Clinic	20	0	0	0	1	**21**
Oncology Unit	70	2	(6)	0	5	**71**
Breast Research Fund	20	0	0	0	1	**21**
Non material funds	130	2	(4)	0	7	**135**
Total	301	6	(50)	72	21	**350**

The purpose of each fund is to benefit the area as defined by its name except for the General Purposes Fund which is used for any charitable purpose relating to the services provided by the Weston General Hospital. This also applies to the Burdge legacy that was transferred from endowment funds to unrestricted funds.

	Note	
Contingent assets - legacy income	**4**	There are no contingent assets which have been excluded in the accounts for either period.
Contingent Losses		There are no contingent losses which have been excluded in the accounts for either period.
Commitments, Liabilities and Provisions	**5**	The Weston Health General Charitable Fund had two commitments of £5,000 or more as at 30th September 2021 of £52,000;

Commitment	**£000**	**Estimated Start Date**	**Estimated Finish date**
Nurse Wellbeing Lead for the Weston General Hospital for 12 months	47	October 2021	October 2022
Patient entertainment	15	January 2022	to be confirmed

For the year ending 31 March 2021 there were three commitments of £106,000.

Trustee and Connected Persons Transactions **6**

6.1 Trustee expenses reimbursed

There were no trustee expenses reimbursed during either period.

6.2 Trustee remuneration

There was no trustee remuneration paid or payable in either period.

6.3 Details of transactions with Board members or connected persons

During the year none of the Board members or members of the key management staff or parties related to them has undertaken any transactions with Weston Health General Charitable Fund.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

6.4 Trustee Indemnity Insurance

The trustee has not taken out a Trustee Indemnity Insurance Policy.

Loans or Guarantees Secured against assets of the charity **7** No assets were subject to any form of mortgage or change during the period.

Connected Organisations **8**

Name, nature of connection, description of activities undertaken and details of any qualifications expressed by their auditors	**30 September 2021**		31 March 2021	
	Turnover of Connected Organisation **£000**	**Net Surplus for the Connected Organisation** **£000**	Turnover of Connected Organisation £000	Net Surplus for the Connected Organisation £000
University Hospitals Bristol and Weston NHS FT Board members of the charity are also members of the University Hospitals Bristol and Weston NHS FT Trust board University Hospitals Bristol and Weston NHS FT is the corporate trustee of the charity.	**531,254**	**9,223**	971,462	17,771

Connected Organisations **Note 8**

These charitable funds support the work of the University Hospitals Bristol and Weston NHS FT specifically Weston General Hospital. At the end of the year the charity owed the Trust £231 (charity owed the Trust £2,320 at 31 March 21) in respect of costs incurred on its behalf.

Continued.

Related party transactions **Note 9**

During the period none of the Board members or members of the key management staff or parties related to them has undertaken any transactions with the Weston Health General Charitable Fund.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declaration of any personal interests have been made in both capacities and are available to be inspected by the public.

Board members

The Charity has a Corporate Trustee: The Board of Directors of the University Hospitals Bristol and Weston NHS Foundation Trust. The Board, acting as the Corporate Trustee, approved the constitution of a Charity Committee. The members of the Charity Committee who served during the financial period were as follows:

Name	Position	Start date	End date
Jayne Mee	Interim Chair	01/04/2020	30/09/2021
S Balcombe	Non-Executive Director	28/05/2018	30/09/2021
Neil Kemsley	Director of Finance	01/04/2020	30/09/2021
Paula Clarke	Director of Strategy and Transformation	01/04/2020	30/09/2021

Post Balance Sheet events **10**

There are not any post balance sheet events after the end of the reporting period that have had a material effect on the accounts.

The Weston Health General Charitable Fund merged into Bristol & Weston Hospitals Charity on 1st October 2021 with the total fund balances of £480,000 being transferred to the newly named charity.

University Hospitals
Bristol and Weston
NHS Foundation Trust

Trust Headquarters
Marlborough Street
Bristol BS1 3NU
Tel: 0117 342 3720
Switchboard: 0117 923 0000

Rob Wilson FCA
Godfrey Wilson Limited
Chartered Accountants & Statutory Auditors
5th Floor Mariner House
62 Prince Street
Bristol
BS1 4QD

Dear Rob,

Letter of Representations on the Financial Statements of Weston Health General Charitable Fund for the Period Ended 30 September 2021

We confirm that the following representations are made on the basis of enquiries of the trustees, management and staff with relevant knowledge and experience (and, where appropriate, of inspection of supporting documentation) sufficient to satisfy ourselves that we can properly make each of the following representations to you:

1. We have fulfilled our responsibilities as trustees, as set out in the terms of your engagement letter dated 19 November 2021, under the Charities Act 2011 for preparing financial statements, in accordance with applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

We confirm that in our opinion the financial statements give a true and fair view and in particular that where any additional information must be disclosed in order to give a true and fair view that information has in fact been disclosed. We confirm that the selection and application of the accounting policies used in the preparation of the financial statements are appropriate, and we approve these accounts for the period ended 30 September 2021.

2. We confirm that all accounting records have been made available to you for the purpose of your examination, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management, trustees' and members' meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain evidence and have provided any additional information that you have requested for the purposes of your examination.

3. We confirm the charity has satisfactory title to all assets and there are no liens or encumbrances on the assets, except for those disclosed in the financial statements.

4. We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. We confirm that we have no plans or

intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

5. We confirm that the charity has no liabilities or contingent liabilities other than those disclosed in the financial statements.

6. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the applicable financial reporting framework.

7. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the financial statements, other than those already disclosed or included in the financial statements.

8. We confirm that we are aware that a related party of the charity is a person or organisation which either (directly or indirectly) controls, has joint control of, or significantly influences the charity or vice versa and as a result will include: trustees, other key management, close family and other business interests of the previous. We confirm that all related party relationships and transactions have been accounted for and disclosed in accordance with the applicable financial reporting framework.

9. We confirm that the charity neither had, at any time during the year, any arrangement, transaction or agreement to provide credit facilities (including advances and credits granted by the charity) for trustees, nor provided guarantees of any kind on behalf of the trustees except as disclosed in the financial statements.

10. We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.

11. We confirm that the charity has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.

12. We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its activities and which are central to the charity's ability to conduct its activities, except as explained to you and as disclosed in the financial statements.

13. We acknowledge our responsibility for the design, implementation and maintenance of internal controls to prevent and detect fraud. We confirm that we have disclosed to you the results of our risk assessment of the risk of fraud in the organisation.

14. We confirm that there have been no actual or suspected instances of fraud involving trustees, management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by trustees, former trustees, employees, former employees, regulators or others.

15. We confirm that in our opinion the effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole.

16 We confirm that we are not aware of any matters of material significance that should be reported to regulators. We confirm that all correspondence with the Charity Commission has been made available to you.

17. We confirm that all grants, donations and other income, including those subject to special terms or conditions or received for restricted purposes, have been notified to you. There have been no breaches of terms or conditions during the period regarding the application of such income.

Yours sincerely

Jayne Mee.

Signed	
Name	Jayne Mee
Position in organisation	Interim Chair
Date	8 December 2021

Judd Emily
01/27/2022 16:16:21

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public – 28 January 2022

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

For Information

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

The meeting considered a range of quality and access information, and the following was highlighted and discussed:

- The Committee reviewed the integrated Quality and Performance report, with performance against NHS constitutional standards remaining extremely challenged. While there had been a slight reduction in the number of COVID-19 patients on the Bristol site, there had been an increase at Weston. At the time of the Committee all cardiac catheterisation day case, endoscopy day case, and escalation bays were full, with 11 ambulances queuing outside of the emergency department. A divert of emergency patients from Weston was also anticipated by the end of the day. Referral to Treatment performance was noted to have deteriorated and staffing continued to remain consistently low. Positively, the number of emergency department attendances was noted to have decreased and this was suspected to be due to a recent communications campaign.

- The Deputy Chief Executive and Chief Operating Officer highlighted that the Trust's administrative staff were under significant pressure and working above and beyond therefore further support was needed and would be investigated.

- The Board Assurance Framework regarding Deployment of Clinical Nursing Workforce During the COVID-19 Emergency was received by the Committee. This sought to provide assurance on how the Trust had discharged its responsibility for ensuring safe nurse staffing during the pandemic, the mitigating actions that supported safe deployment and the assurance processes in place to monitor their effectiveness. This was in response to the requirements set out by NHSEI for Winter Preparedness to ensure a clear and effective line of sight from point of care delivery to board, in relation to nursing and midwifery staffing decisions and challenges. The Committee commended the report and acknowledged the resource required to compile.

- The Committee considered both the Quarter 3 report on Strategic and Corporate Clinical Quality Risks for assurance. Two new corporate risks were noted (960 NEWS2 escalation protocol and 5477 Nurse staffing levels) as was the increase in scoring for three risks (423 Demand and Capacity, 856 Children's Mental Health Needs and 461 COVID-19 Nosocomial infections).

The following papers, while not formally on the agenda, were circulated to the Committee for information:

- Maternity Perinatal Quality Surveillance Matrix Monthly Update
- Harm Panel Process Update
- Patient Safety Incident Investigations
- Learning from Deaths Report Quarter 3
- Quarterly Inquest Report Quarter 3
- Quarterly Impact Assessment Report Quarter 3
- Corporate Objectives Quarter 3
- Quality and Outcomes Committee Work Plan

For Board Awareness, Action or Response

- The Deputy Chief Executive and Chief Operating Officer provided an update on progress against recommendations following a number of visits from NHS England/ Improvement (NHSEI) via a detailed action plan. The organisation was noted to have been in Critical Incident for four months. Committee Non-Executive Directors asked how they could help and it was agreed that support and innovation from BNSSG system partners was key.

- The Committee discussed the format of the Integrated Quality and Performance Report and agreed that conversations should escalate to the Board in order to establish prioritisation. It was agreed that this would be taken forward as part of a future Board Seminar.

- The Committee considered the Monthly Nurse Safe Staffing Report for assurance. The report evidenced substantial pressure from the Omicron variant causing significant staffing issues. The Trust was focused on getting staff back to work as quickly and as safely as possible, with an operational hub enacted and staff redeployed as appropriate. It was noted that strategic staffing conversations would be taken forward by the Trust's People Committee

- The Committee received its Terms of Reference (ToR) with three key changes for approval: Committee membership, quorum, and addition of NED champion responsibilities. The Committee endorsed the changes and requested an additional responsibility be included within the ToR in relation to health inequalities.

Key Decisions and Actions

N/A

Additional Chair Comments

Date of next meeting:	**22 February 2022**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the People Committee on Tuesday 25 January 2022

Report Title	**Integrated Quality & Performance Report**
Report Author	**James Rabbitts, Head of Performance Reporting** **Rob Presland, Associate Director of Performance** **Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety)** **Alex Nestor, 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 – Alex Nestor, Interim Director of People** **Finance – Neil Kemsley, Director of Finance**

1. Report Summary
To provide an overview of the Trust's performance on Quality, Workforce, Access and Finance standards.
2. Key points to note *(Including decisions taken)*
Please refer to Executive Summary for an overview.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
Not applicable as this report is for information and assurance only, although risks referenced within the main body of the report.
4. Advice and Recommendations *(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.**
N/A

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality & Performance Report

January 2022

Contents – Headline Indicators

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2021

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2021

The Trust declared an internal critical incident throughout much of December, resulting from extreme pressure on the bed base due to a spike in Omicron related hospital admissions, COVID related staff absence impacting on staffing levels and poor flow out of hospital. This, in addition to usual Winter pressures, has affected performance against NHS constitutional standards (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). The Trust has also been responding to the national NHS England and NHS Improvement level 4 incident declared on 13th December in response to the Omicron COVID variant, with surge plans established across the bed base. 122 COVID patients were diagnosed following admission to hospital this period, which was a 34% increase from the previous month. There were 76 beds occupied with COVID patients at the end of December, which was 7.6% of the total occupied beds.

Trust wide performance against the Emergency Department 4 hour target was 63.7% in December. There were 676 trolley waits in excess of 12 hours across UHBW sites and more than half of ambulance handovers were delayed greater than 30 minutes. UHBW 12 hour trolley wait performance is currently the fourth most challenged nationally and remains worse than at any time during the Winter of 2020/21. On 16th December the Trust was visited by NHS England and NHS Improvement to review how the Trust would respond to a national major incident or mandate that instructed ambulances to enact immediate handover. An action plan has since been implemented to act upon the recommendations from the visit, including the creation of additional bed capacity to support flow out of ED by reverse queuing. The knock on effect of these changes continues to be closely reviewed, which includes a potential reduction in low risk outpatient activity in January following the displacement of some services.

The elective care programme continues to experience pressures from urgent care demand. Outpatient activity was at 95% of the monthly plan with good progress evidenced on accelerator programme delivery in the Women's and Children's Division, although this was offset by variances to plan in Surgical specialties such as Dental Medicine, Ophthalmology and ENT . Elective inpatient activity was only at 68% of the monthly plan in December, and whilst Day Case was better at 88% of plan, the consequence of lost elective inpatient activity has impacted on the waiting list position. Waiting list recovery is a national priority and the Trust is working towards an ambition of zero patients waiting longer than 2 years on a referral to treatment time pathway by March 2022, whilst holding overall waiting lists at the end of September 2021 position. There were 252 patients waiting over 104 weeks at the end of December against a target of 133. The end of year target agreed with NHS England and NHS Improvement is 188 breaches by the end of March. Trust modelling and assessment of specialty plans suggests that a best case scenario of 271 breaches will currently be achieved, which is largely down to the aforementioned pressures on the bed base restricting elective activity to more clinically urgent patients (to be seen in less than one month), reducing capability to list less urgent but longer waiting patients. Further mitigations are being put in place to drive down long waits as much as possible, including the opening of a 12 bedded elective Knighstone Ward at the end of January, and further utilisation of the Independent sector.

Executive Summary

Reporting Month: December 2021

The status of waiting lists is as follows:

- Referral to Treatment patients waiting 104+ weeks. At the end of December there were 252 patients waiting over two years for the start of treatment (worse than trajectory of 133 and up from 235 reported last month). The overall incomplete RTT wait list size showed a marginal month on month reduction, although 52 week wait breaches increased by 240 patients (7.2% higher compared to November).
- Diagnostic waiting lists, where 61.1% were waiting within the 6 week standard. Performance remains particularly challenged in CT Cardiac, MRI Cardiac, MRI Paediatrics, echocardiography, Dexa scans and endoscopy.
- Outpatients, where 96,301 patients currently have a partial booking follow up status showing as overdue, 21% of which are greater than 9 months. The Trust is reviewing waiting list validation capacity and targeting clinically higher risk areas to reduce delays and look for alternative methods of follow up under the Personalised Follow Up programme, including Patient Initiated follow up; and
- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month and there is a risk to future performance due to changes in the colorectal pathway increasing 2 week wait demand beyond outpatient capacity. Performance has also been affected by workforce pressures in Dermatology and the seasonal impact of additional bank holidays and impact of patient choice over the festive period. Colorectal pathways for FIT negative patients were agreed with the CCG for December implementation to ease pressure on the two week wait cancer pathway and vacant posts in Dermatology are expected to be resolved in January.

The Trust remains focused on delivering the priorities outlined in the Level 4 national incident in December. If, as anticipated, the peak of COVID cases is reached in mid-January, with admissions and bed occupancy lagging by two weeks after that, it means that January is expected to be a very challenging month for staff. Nationally there remains a high expectation on elective recovery once the Omicron wave has passed, and the Trust is continuing to put in place robust delivery plans to recover backlogs, with a particular focus on long waiting patients between now and March. However, the profile of the Trust wait lists across all points of delivery requires an ongoing focus on longer term strategy over multiple years to significantly reduce the waiting list, which will be a key focus within the 2022/23 Operating Plan as this is developed over the coming months.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2021

Safe | **Caring**

Successes	Priorities
• The Trust has sustained a consistent level below the target of 0.4 of the rate of pressure injuries per 1,000 bed-days. In December 2021 this was 0.253 across UHBW. 0.157 2021/22 year to date. Pressure Ulcer and Wound Care training sessions as part of "Ward Survival Study Days" for newly recruited International Nurses across both sites continue to be delivered.	• Due to the increased risk profile of pregnancies being seen both locally and nationally, 31% of deliveries at UHBW required an induced induction of labour in December 2021. This upward trend has increased waiting times which remains a concern and has led to complaints and is attributed to the lack of capacity to meet demand on the central delivery suite (CDS) with mitigation described in Risk 2264: delayed induction of labour. • Most wards have continued to work at staffing levels below their agreed establishment throughout December 2021 and the impact on staff wellbeing and moral distress cannot be underestimated. The impact of the new wave of COVID-19 infections caused by the Omicron variant has led to increased staff absences. The impact of these absences has although been mitigated at least in part by the successful recruitment of the new international and newly registered nurses coming into post. This has demonstrated a corresponding decrease in the RN Band 5 vacancy rate down from 16% (May 2021) to 14.3% (December 2021). However the overseas nurses are new to the NHS and the newly qualified nurses are inexperienced which led to a reduction in the skill mix of experienced staff who have previously worked the organisation. • An improvement has been seen in December 2021 in the number of complainants dissatisfied with our first complaint response. Two complaints were reported in December 2021 as dissatisfied which represents 3.7% of the 54 first responses sent out in October 2021 (this measure is reported two months in arrears) in comparison to the 10% reported in November for responses sent out in September 2021.This is below the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint.

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2021

Safe | **Caring**

Opportunities	Risks & Threats
• The Dementia, Delirium & Falls Team are currently supporting staffing in clinical areas within the Division of Medicine. This has been invaluable support for the clinical teams but has also provided an opportunity to better understand the clinical issues related to falls prevention and the delivery of care for patients with Dementia in the clinical setting for the team. • A CTG monitoring and escalation focus week is planned for the New Year to highlight challenges staff have with CTG interpretation and how to remove these barriers. This idea was shared with the Local Maternity System (LMS), learn and support meeting and this action is to be shared city wide to support collaborative working and learning together as an LMS.	• An emerging risk has been identified in pathways that are becoming delayed due to the impact of the COVID-19 pandemic with associated harm to patients. This has particularly been identified in the following specialities: Trans- catheter aortic valve implantation (TAVI), Cardiology services, Cardiac surgery, Thoracic surgery, Colorectal surgery, Ophthalmology. There are multiple risks that outline the risk to specific services. • NHS supply chain shortages of a number of non-pay items has continued to pose challenges to the continuity of services as outlined in the emerging risks. New Risks: • Risk 5787: Risk that patient procedures and operations may be cancelled when there is severe disruption to supplies of non-pay consumables. The trust has experienced disruption to the NHS supply chain on a number of non-pay items required for patient care, items affected have been moved to a centralised procurement and distribution process. Specific non-pay items required for treatment and procedures in Theatres, Specialised services and Critical care within the trust have also been affected, which has been managed on a product by product basis: evaluating caseload requirements and switching suppliers where possible. Current score 15.

SPORT

Reporting Month: December 2021

Responsive	Effective

Successes

- Cancer standards: both subsequent oncology treatment, and both 28 day faster diagnosis standards were achieved in November 2021. The Trust also remains below its given maximum number of 'long waiting' (<62 day) patients on a GP suspected cancer pathway.
- Weston Division continue to make use of the additional capacity within the independent sector and have transferred 124 orthopaedic patients to an IS provider in Bath. There are currently 57 long waiting T&O patients remaining in the Weston Division who require a further review against IS criteria for suitability to transfer.
- A request to our Patient Administration System supplier has been made for c. 60,000 legacy records on the Weston PAS to be block discharged. With an immediate request to block discharge the Urology service as data has been transferred to NBT as part of the service transfer on 1st February. The remaining cohorts will be bulk closed once clinical approval has been received and take through quality and outcomes committee. This work continues and will be completed prior to the integration of PAS in April 2022.

Priorities

- Ensuring all cancer patients are treated in a clinically safe timescale during the ongoing emergency pressures and over winter, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account).
- Operational delivery for November 2021 to March 2022 requires elimination of 104 week breaches, the stabilisation of 52 week waits and the overall incomplete RTT waiting list. A specialty level targeted improvement plan has been coordinated by the COO team and Divisions to improve this trajectory towards the nationally mandated zero breaches ambition.
- Focus on removal of 52 week wait diagnostic breaches. This applies especially to endoscopy (Bristol site) and Cystoscopy and Echocardiography (Weston site).
- A national mandate has been released from NHSE / I require Trusts to clinically review the priority status of patients waiting over 104 weeks every 3 months to reduce the risk of patient harm.
- Weston Division are at the final stages of clinical review relating to the open referrals data in Weston PAS and continue to follow the NHSE/I methodology, this is to gain clinician approval to undertake a bulk closure of open referrals from 2015-2019 prior to the integration of the two PAS systems.
- Support is being sought from the CCG around the use of the Spire and the tariffs that are being requested from the Spire. There are currently 41 paediatric patients and 5+ Max fax patients that are suitable to be treated at the Spire if the contract tariffs can be resolved
- Support has now been given by the referral management centre and they are currently contacting a cohort of patients (approx. 400 within ENT) to gain consent for re-referral to either Practice Plus Group (PPG) or Sulis in Bath. These demand management interventions will support an improved waiting list position for patients by maximising available capacity in the local healthcare system.
- Overdue follow ups continue to grow as a result of outpatient clinics being cancelled to support patient flow through our acute hospital sites. Divisional resource plans to being waiting list validation have been agreed to be funded (Datix Risk ID 2244)
- Plans to support Divisional IPC risk assessments to reduce social distancing across outpatients have been paused during the latest surge of COVID.
- Review of Outpatient departments in progress to support the relocation of SDEC.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2021

Responsive | **Effective**

Opportunities	Risks & Threats
• 28 Lap chole patients have consented for transfer to the IS, 7 of which have been sent to Practice Plus Group for review and 15 to Sulis. Since contacting the patient, 2 of the initial 28 have been treated in the BRI and the remaining 3 patients require further review before transfer can be undertaken to the IS. • The business case to open the Knightstone Ward on the Weston site as a short stay surgical unit is nearing completion and is expected to be operational and supporting recovery of long waiting patients by the end of January 2022. • The Trust is beginning a pilot to risk stratify patients on the waiting list to understand the risk of mortality or harm based on the length of wait for different procedures. The tool (C2Ai) if successful will help to reconsider the Trust approach to clinical prioritisation and theatre scheduling. Results should be available by the end of March.	• There is an ongoing impact on cancer waiting time standard compliance due to the pandemic and system emergency pressures. The increase in these impacts in January 2022 will cause further (short term) deterioration in performance. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42). • Continued pressure on Advice and Guidance services raised with BNSSG CCG requests for further service closures currently in progress with the CCG 7 day response times 78% in Dec (Datix risk ID:5347) • Lack of commercially viable payment terms for some Independent Sector Providers could impact on Trust plans to transfer suitable patients. This has issue has been escalated to NHSE England and NHS Improvement.

Reporting Month: December 2021

Well-Led

Successes	Priorities
• Three new e-Rostering administrators inducted to support sickness and annual leave Healthroster rollout. • Agreement secured to recruit an additional 30 international nurses by the end of March. 162 have now arrived. • Successful launch of NHS Jobs 3. • 34 international nurses recommended to join the newly re-launched NMC temporary register. • Manager ELearning launched called `workplace wellbeing for managers' has launched with 4 modules to support wellbeing conversations, signposting resources and guides. • As part of the Winter Wellbeing programme to prioritise staff wellbeing and help boost morale, 5,000 individuals received gifts, 250 teams received chocolate hampers from Bristol & Weston Hospitals Charity, and over 100 staff accessed massage sessions, yoga, and mindfulness workshops. • Staff values immersion plan for December was focused on local Divisional immersion plans, communicating to teams and services across the Trust. • Successful £10,000 bid for NHS England/Experience of Care funding to support the prevention and management of violence and aggression (PMVA) towards staff. • Medical shadow rotas set up quickly and worked well over Christmas period.	• Scoping of international nurse recruitment requirements for 2022/23. • Focused recruitment efforts on consultants for acute medicine across Bristol and Weston. • Launch of Hospital@Home recruitment microsite. • Migration of Weston locum Bank from an outsourced provide back in house on schedule to go live 4th January 2022. • The 'Winter Wellbeing at UHBW' programme continues to be a priority over the coming months. • The values programme of work will continue into January with focus on embedding values across the HR portfolio including resourcing, leadership and management programmes, appraisal and recognition programmes of work. • On 1 December, NEWS2 (National Early Warning Score) training became operational as essential training for all doctors and nurses - registered and unregistered – working in adult services. • The implementation of Vaccination as a Condition of Deployment Regulations is a significant priority. A Strategic Group that is leading and steering the implementation of this programme has been established and an operational group delivering the processes required has also been set up. We are working collaboratively with our system partners in order to ensure compliance. • Collation of the new and advanced roles information as part of this year's Operating Planning Process for 22/23 and the presentation of a business case to SLT for funding.

Reporting Month: December 2021

Well-Led

Opportunities	Risks & Threats
• Refreshed approach to Bank recruitment and domestic nurse recruitment. • Development of an Employer Brand to support the new Trust values. • Planning for phasing of international nurse recruitment for 2022/23. • Task and finish group being set up to review options for key worker accommodation provision across Bristol and Weston. • 2022 update sessions for Patient Safety, Fire Safety, and Prevention and Management of Violence and Aggression (PMVA) - at least 30 dates for each programme – are now available for self-booking through Kallidus learning plans. Popular PMVA offerings, available to all staff, include 'de-escalation' and training in 'handling difficult telephone calls'. • Development of the Registered Nursing Development Apprenticeship to support our internal pipeline of unregistered nursing staff into Registered nursing roles.	• There is a potential risk that departments delay moving across to the Healthroster platform due to staff absence and requirement to concentrate on recovery action from covid. • Revenue costs associated with moving to Healthroster for sickness and annual leave for all staff are yet to have confirmed funding • Ongoing increased use of high cost, non-framework nurse agency supply. • Lack of affordable accommodation for international staff to move to • Reduced Consultant cover on the Weston site having an impact on interview capacity and a direct impact on junior doctor supervision. • Lack of OSCE capacity which has a direct impact on them receiving their NMC PIN. • Appraisal compliance risk: Due to the continuing operational pressures there remains a risk in relation to appraisal compliance. The plan to reduce the compliance gap has been extended until March 2022. • Values Immersion plan: risk that due to operation pressures the programme of work has low impact. • The implementation of Vaccination as a Condition of Deployment Regulations poses a significant risk. • Risk that staff will leave and become disillusioned or we are not an attractive employer if the new and advanced roles do not get funded as part of this year's OPP 22/23 approach.

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2021

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N
	Infection Control (MRSA)	N
	Infection Control (E.Coli)	Y
	Serious Incidents	N/A
	Patient Falls	N
	Pressure Injuries	P
	Medicines Management	P
	Essential Training	N
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Patient Surveys (Bristol)	Y
	Patient Surveys (Weston)	Y
	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 – Long Waits	N
	Cancelled Operations	N
	Cancer Two Week Wait	N
	Cancer 62 Days	N
	Cancer 104 Days	N/A
	Diagnostic Waits	N
	Outpatient Measures	N
	Outpatient Overdue Follow-Ups	N
Effective	Mortality (SHMI)	Y
	Mortality (HSMR)	Y
	Fracture Neck of Femur	P
	Mixed Sex Accommodation	Y
	Maternity Services	N/A
	30 Day Emergency Readmissions	Y

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

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

Infection Control – C.Difficile

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

N *Not Achieved*

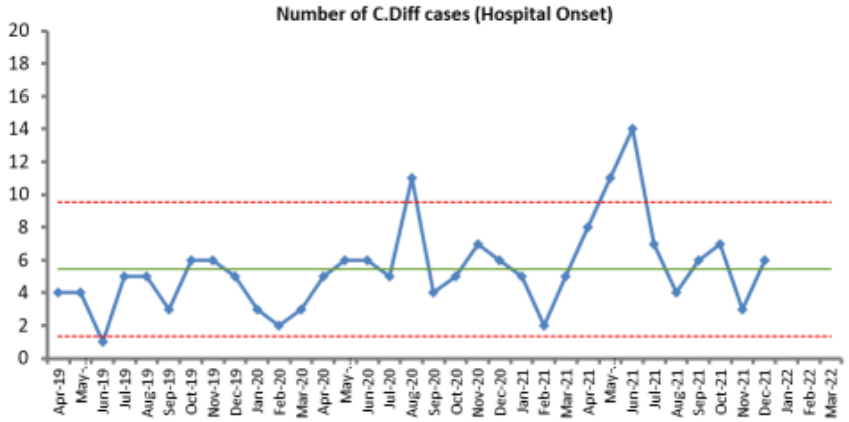
Standards:	For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital. A limit of Clostridium Difficile cases was not set for 2021/22 for UHBW. The limit is usually based on the previous year's outturn. A limit of 72 cases for UHBW (57 for Bristol plus 15 for Weston based on 2019/2020) as a whole for 2021/22 would give a trajectory of 6 cases a month. The limit is being confirmed with NHSE/I currently.
Performance:	There were eight cases of healthcare associated C-Difficile of which six were identified as HOHA in UHBW. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C -Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). To date we have 77 clostridium difficile healthcare associated cases for 2021/22 which means we have exceeded the trajectory.
Commentary:	Underlying issues: • Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites. Actions taken: • A structured collaboration commenced in September 2021 across the BNSSG provider organisations, facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established. • Increased environmental auditing within areas of increased rates is taking place. • Anti- microbial stewardship reviews led by Pharmacy/ Microbiology have now restarted which is focusing on areas where C-Difficile infection has been identified to ensure compliance with guidance. • Microbiology weekly clinical reviews are focussing on C-Difficile patients in each division.
Ownership:	Chief Nurse

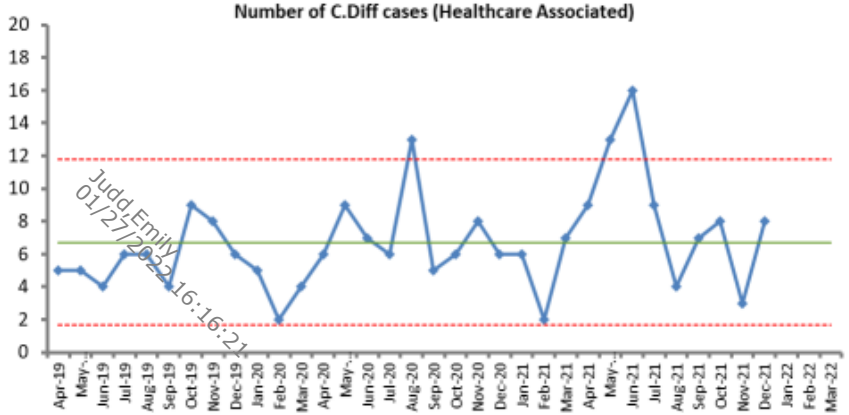
	Dec-21		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	4	4	24	24	25	24
Specialised Services	2	1	18	15	23	18
Surgery	1	1	10	10	11	11
Weston	1	0	16	11	12	8
Women's and Children's	0	0	6	6	7	6
Other (Bristol)	0	0	3	0	3	0
TOTAL	**8**	**6**	**77**	**66**	**81**	**67**

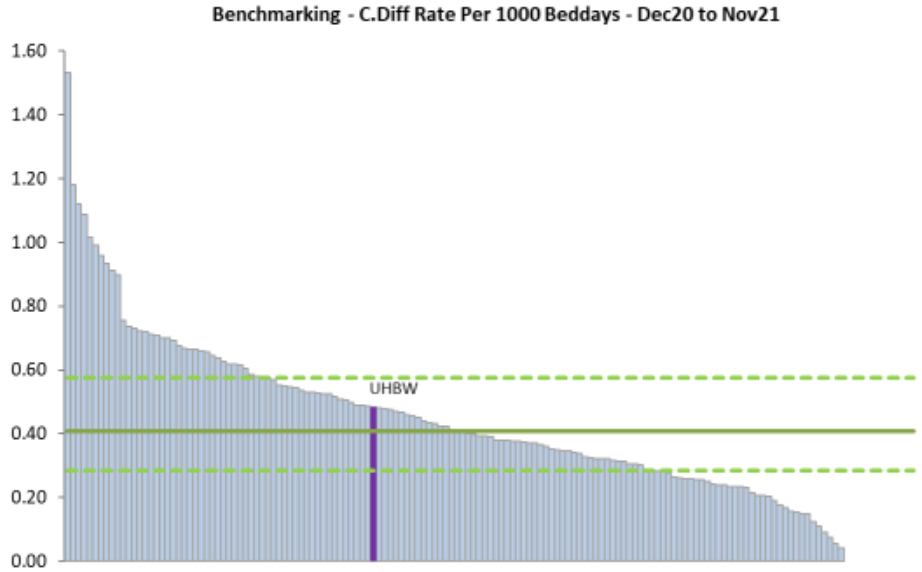
HA = Healthcare Associated, HO = Hospital Onset

Infection Control – C.Difficile

December 2021







Infection Control - MRSA

University Hospitals Bristol and Weston NHS Foundation Trust

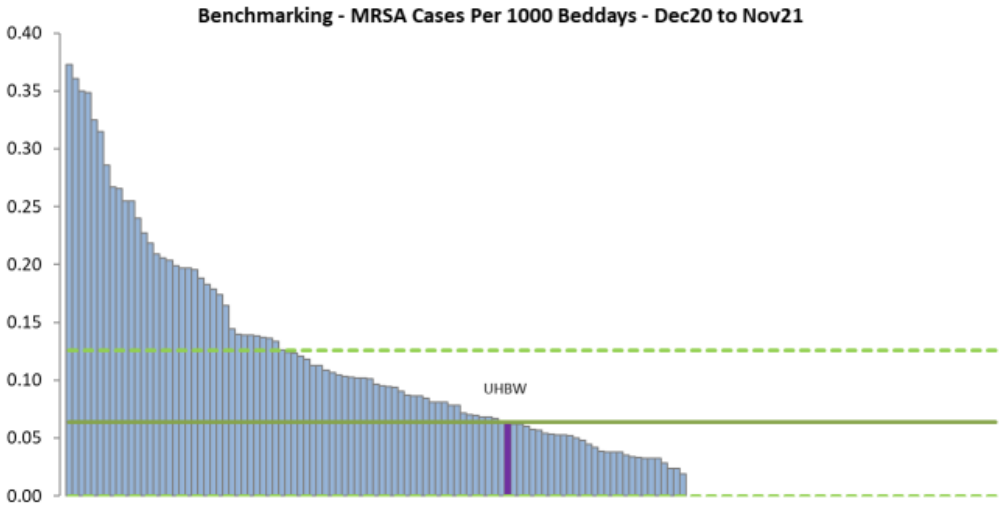
December 2021

N *Not Achieved*

Standards:	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There were two new cases of MRSA bacteraemia in UBHW in December 2021. There has been three cases reported this financial year
Commentary:	The source of one of these this bacteraemia is thought to be attributed to an intravenous line infection; the formal post infection review outcome is awaited. The source of the other bacteraemia is unknown.
Ownership:	Chief Nurse

	Dec-21	2021/2022	2020/2021
Medicine	2	3	0
Specialised Services	0	0	1
Surgery	0	0	0
Weston	0	0	1
Women's and Children's	0	0	2
TOTAL	**2**	**3**	**4**

Judd Emily 01/27/2022 16:16:21



Infection Control – E. Coli

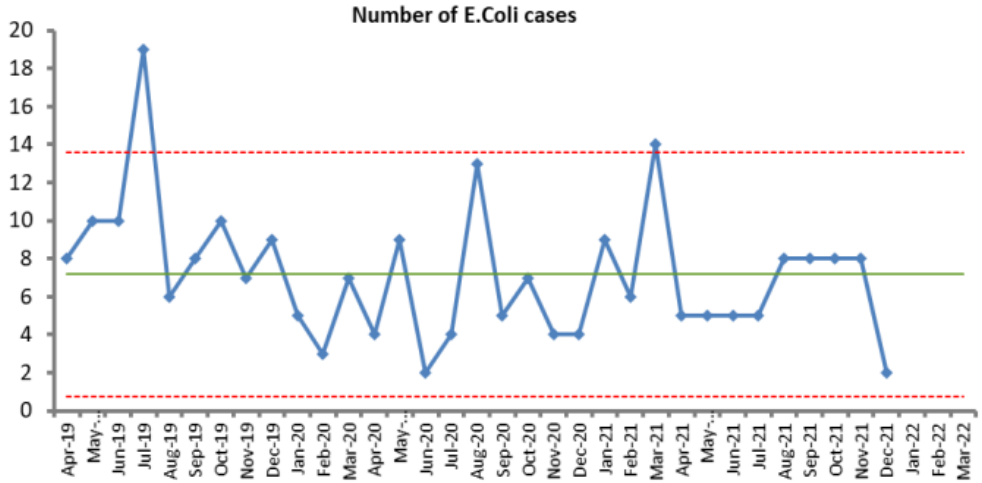
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

Y *Achieved*

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to Public Health England (PHE). As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia is initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews.
Performance:	There were two Hospital Onset cases in December, giving 54 cases year-to-date. This is below the new trajectory of 15 per month.
Commentary:	The community prevalence of E.coli cases has been noted to be increasing throughout this year. Gastrointestinal or Intraabdominal collection (excluding hepatobillary) was identified as the potential source of E. coli bacteraemia in one of the two cases. The source of infection for the other case was not established. Neither of the cases were identified as urinary catheter related. A catheter use / prevalence survey across the Trust and an audit of compliance with best practice is planned.
Ownership:	Chief Nurse

	Dec-21	2021/2022	2020/2021
Medicine	0	11	27
Specialised Services	1	13	17
Surgery	0	12	21
Weston	1	14	9
Women's and Children's	0	4	7
TOTAL	**2**	**54**	**81**



Serious Incidents (SI)

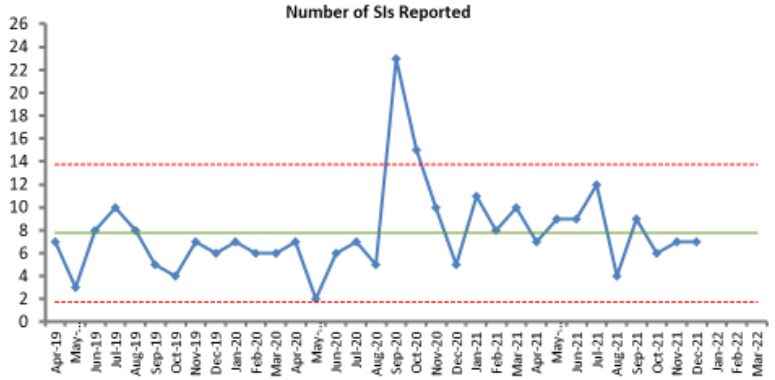
University Hospitals Bristol and Weston NHS Foundation Trust

December 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 2021/22, the new Patient Safety Incident Response Framework is to be implemented and an initial scoping exercise including stakeholder workshops have commenced.
Latest Data:	Seven serious incidents were reported in December 2021, one each the divisions of Medicine, Surgery and Women's & Children's and four in the Weston division. These serious incidents comprise: one Surgical invasive procedure meeting SI criteria, two Diagnostic Incident including failure to act on test results meeting SI criteria, one Treatment delay meeting SI criteria, one Slip, Trip and Fall meeting SI criteria, one Maternity Obstetrics Incident, Baby only meeting SI (this is an external Healthcare Safety Investigation Branch, HSIB, investigation) and one Sub-optimal care of a deteriorating patient meeting SI criteria. There were no never events reported in the month.
Commentary:	Following a successful trial in Weston the new Rapid incident review process for the identification of incidents requiring further Patient Safety Incident Investigations (replacing the previous Root Cause Analysis) will be launched trust wide in January 2022. The advantage over the previous 72 hour report process is that the identification process is now performed in an meeting format that gives the opportunity for the Divisional safety teams and Divisional representatives to discuss the incident directly with a member of the Executive team. This has proven in the Weston trial to significantly improve the focus of the terms of reference for commissioned investigations and has reduced the requirement for reports to be completed as a "pending SI" where the SI decision is only taken upon completion. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Dec-21	2021/2022	2020/2021
Medicine	1	24	31
Specialised Services	0	7	6
Surgery	1	7	13
Trust Services	0	0	1
Weston	4	16	50
Women's and Children's	1	15	8
Other/Multiple Divisions	0	1	0
TOTAL	**7**	**70**	**109**



Harm Free Care – Inpatient Falls

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

N *Not Achieved*

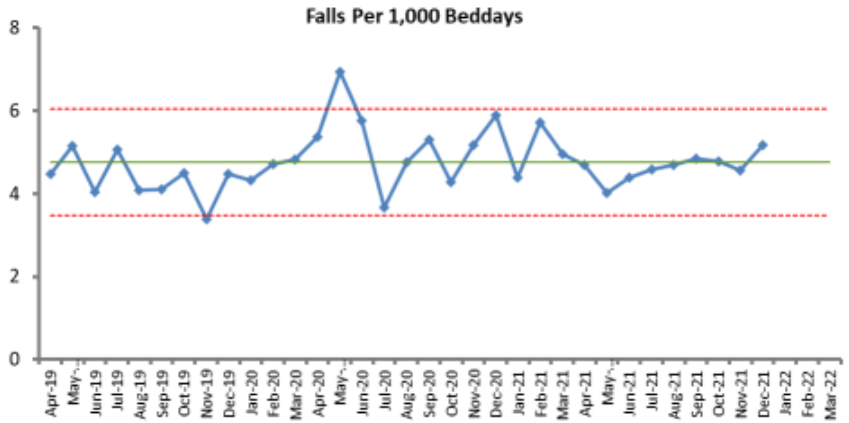
Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During December, the rate of falls per 1,000 bed days was 5.16 across UHBW and remains within the statistical process control limits. Bristol rate was 4.64 and Weston rate was 6.81. There were 163 falls in total (111 in our Bristol Hospitals and 52 in the Division of Weston). There were six falls with harm in December 21: three falls with major harm, two Medicine, one in Surgery division. There were three falls with moderate harm: one Weston, one Medicine and one Specialised services division.
Commentary:	The number of falls has risen from the past two months and has taken us over the threshold of 4.8 per 1000 bed days. It should be noted that this is still below the national target of 5.6 falls per 1000 bed days. The number of falls with harm has also increased in December, with one ward sustaining two falls with harm. Weston division have had a steady rise in falls over the past six months, with December being the highest rate. The continued operational pressures and staff shortages across the Trust remains, alongside the numbers of patients requiring enhanced care observation. The Divisions continue to manage those patients at risk of falls and review and investigate these falls as timely as possible to ensure learning is obtained and shared. Actions: • Falls continues to be on the Trust Risk register and on each Divisions Risk Register. The Trust Risk Register has been updated to reflect changes in the steering group and planned training sessions for staff, with an enhanced focus on training for Weston division. • The Dementia, Delirium and Falls Lead will begin a series of falls related training later in January in conjunction with the Simulation Team. • The refreshed Falls & Dementia Steering Group will hold its first meeting in February 2022. The final agenda and terms of reference are currently being finalised. • The Dementia, Delirium & Falls Team are currently supporting the Division of Medicine with one clinical shift a week, per person. Whilst this is to bolster staffing levels on the wards; it is also an opportunity for the team to understand in more detail the daily challenges faced by the teams, including how the falls and dementia care plans are implemented in real time/practice. This experience will be reflected upon and an action plan developed around for example, specific training & changes to documentation. This will be fed back to the steering group for further discussion and agreement.
Ownership:	Chief Nurse

Harm Free Care – Inpatient Falls

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

	Dec-21	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	65	7.89
Specialised Services	19	3.96
Surgery	22	5.78
Weston	52	6.81
Women's and Children's	3	0.42
Other/Not Known	2	-
TRUST TOTAL	163	5.16
Bristol Subtotal	*111*	*4.64*



Harm Free Care – Pressure Injuries

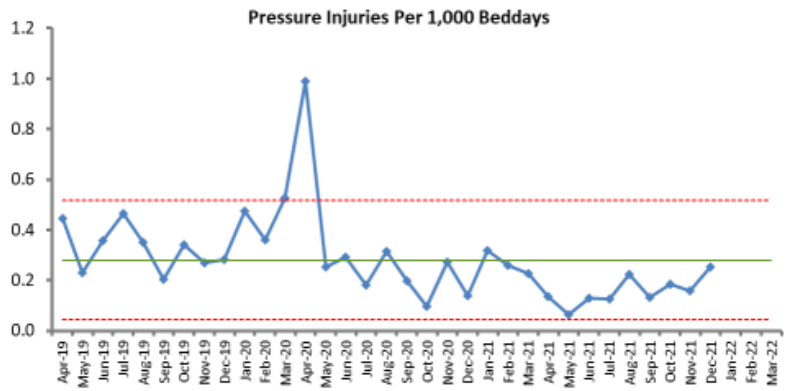
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

P *Partially Achieved*

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. Pressure Injures are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2,3 and 4 are counted. There is an additional category referred to as "Unstageable", where the final categorisation cannot be determined when the incident is reported. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure.
Performance:	During December, the rate of pressure injuries per 1,000 beddays was 0.25 across UHBW. Across UHBW there were a total of seven Category 2 pressure injuries, four in Weston Division (two to the sacrum, one heel and one ear secondary to oxygen tubing). There were two in Surgery Division (sacrum and nostril secondary to an NG tube) and one in Specialised Services Division (sacrum). Themes have been identified with four out of the seven injuries developing to the sacrum and two secondary to medical devices. There was one unstageable pressure injury (sacrum) in Weston Division this injury was initially validated as a suspected deep tissue injury but deteriorated to an unstageable injury. The patient in question was frail, elderly and end of life with elements of end of life skin changes a likely contributory factor in the deterioration of this injury. An extended Rapid Incident Review is underway for this incident.
Commentary:	Actions (all sites): • Additional Micro-teaching on wards with increased numbers of hospital acquired pressure ulcers. • Tailored micro-teaching sessions around prevention of medical device related pressure injuries across Bristol and Weston. • Key messages communicated to staff via the monthly tissue viability newsletter. • Planning for the next face to face tissue viability study days in Bristol and Weston in April and November 2022. • Continued support with Pressure Ulcer and Wound Care training sessions as part of "Ward Survival Study Days" for newly recruited International Nurses across both sites.
Ownership:	Chief Nurse

	Dec-21	
	Injuries	**Per 1,000 Beddays**
Diagnostics and Therapies	0	-
Medicine	0	0.00
Specialised Services	1	0.21
Surgery	2	0.53
Weston	5	0.65
Women's and Children's	0	0.00
Other/Not Known	0	-
TRUST TOTAL	**8**	**0.253**
Bristol Subtotal	*3*	*0.13*



Medicines Management

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Nov/Dec 2021

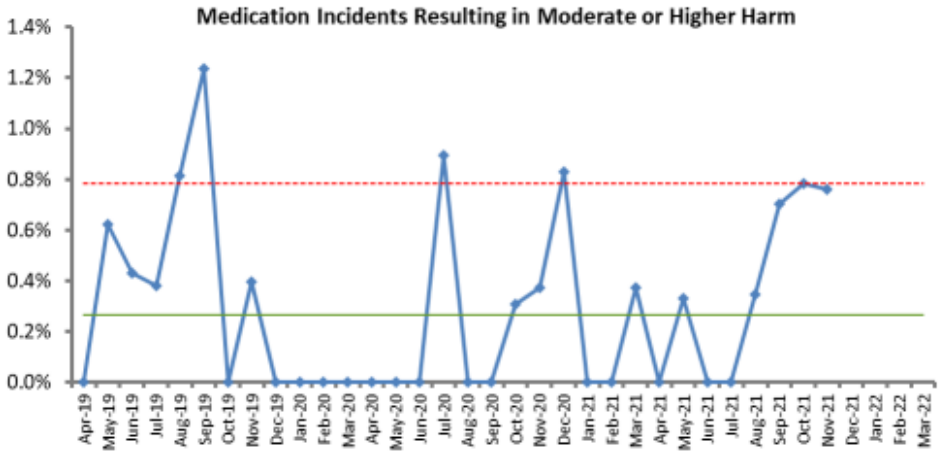
P *Partially Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	Bristol: • There was one moderate harm incident (0.87%) out of 356 reported medication incidents in November. • There were zero omitted dose of critical medicine out of 278 patients audited in December. Weston: • There were two moderate harm incidents out of 38 (5.3%) reported medication incidents in November. • Omitted doses data was not collected in Weston. Overall Medication Error rate was 0.76% (three incidents out of 394 audited) in November.
Commentary:	Underlying Issues: • The first moderate harm incident involved a patient with Parkinson's disease who was given an underdose of medication. The intention was for the patient to have 10mg patch made up from both a 2mg and 8mg patch. Only the 2mg patch was applied and the patient underwent an unnecessary CT head and had an ng tube sited due to excessive drowsiness. • The second moderate harm incident involved inadequate monitoring of a patient with urosepsis with delays in vital sign observations and lack of fluid balance monitoring. • The third moderate harm incident involved a patient who claimed not to have any allergies being prescribed penicillin. The drug chart did not state any allergies but the Careflow record contained an alert to state that the patient was allergic to penicillin. The patient adrenaline and salbutamol to treat. Actions • In all three incidents, the staff members involved have been asked to reflect on the incident for their own learning. A medicines safety bulletin has been issued highlighting the errors and learning.
Ownership:	Medical Director

Medicines Management

Oct/Nov 2021

	Nov-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	61	0.0%
Medicine	1	82	1.22%
Specialised Services	0	80	0.00%
Surgery	0	40	0.00%
Weston	2	38	5.26%
Women's and Children's	0	93	0.00%
Other/Not Known	0	0	-
TRUST TOTAL	**3**	**394**	**0.76%**



Essential Training

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

N *Not Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In December 2021, Essential Training overall compliance reduced to 82%, compared with 83% in the previous month (excluding Child Protection Level 3).
Commentary:	December 2021 overall compliance for Core Skills (mandatory/statutory) training reduced to 82% compared with 83% in the previous month, overall across the eleven programmes. There were reductions in five programmes; Health, Safety, and Welfare, Infection Prevention and Control, Preventing Radicalisation , Resuscitation, and Safeguarding Adults all reducing by 1%. There was an increase in one programme, Fire Safety which increased by 1%. Overall compliance for 'Remaining Essential Training' for Bristol and Weston remained static at 85%. In December, the Trust was successful in a bid for NHS England/Experience of Care funding, to the amount of £10,000, to support the prevention and management of violence and aggression (PMVA) towards staff. Training will commence in early 2022, and the Trust will also contribute to a 'Sharing the Learning' event during 2022, by presenting outcomes and learning of PMVA work to the Heads of Patient Experience (HoPE) Network.
Ownership:	Director of People

Essential Training	Dec-21	KPI
Equality, Diversity and Human Rights	90%	90%
Fire Safety	79%	90%
Health, Safety and Welfare (formerly Health & Safety)	89%	90%
Infection Prevention and Control	81%	90%
Information Governance	76%	95%
Moving and Handling (formerly Manual Handling)	78%	90%
NHS Conflict Resolution Training	87%	90%
Preventing Radicalisation	88%	90%
Resuscitation	62%	90%
Safeguarding Adults	85%	90%
Safeguarding Children	86%	90%

Essential Training	Dec-21	KPI
UHBW NHS Foundation Trust	82%	90%
Diagnostics & Therapies	86%	90%
Medicine	81%	90%
Specialised Services	82%	90%
Surgery	80%	90%
Women's & Children's	78%	90%
Trust Services	86%	90%
Facilities & Estates	90%	90%
Weston	83%	90%

Nurse Staffing Levels

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

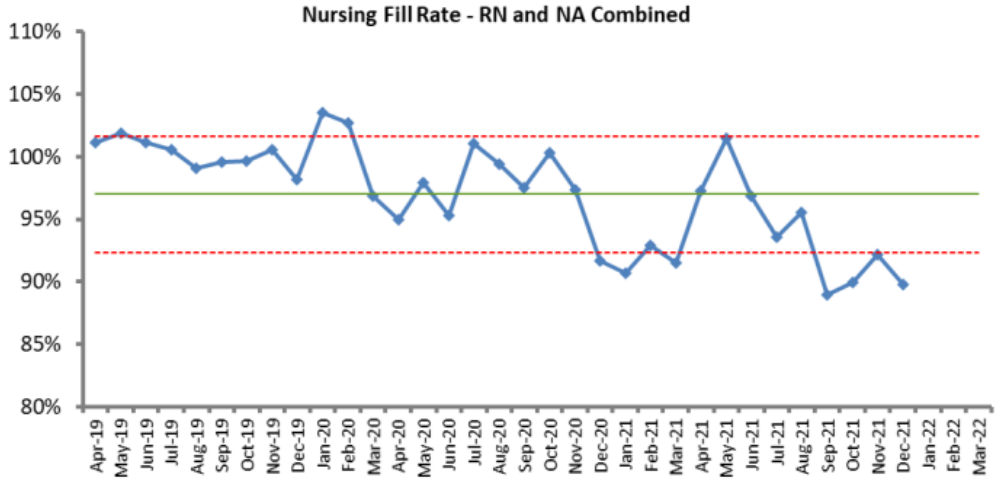
N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in December 2021 (for the combined inpatient wards) the Trust had rostered 314,390 expected nursing hours, against the number of actual hours worked of 282,203 giving an overall fill rate of 89.8%.
Commentary:	• Most wards have continued to work at staffing levels below their agreed establishment throughout December and the impact on staff cannot be underestimated. Despite the effect of the new Omicron variant the impact of International Recruitment and newly registered staff has helped to support the staffing levels however the skill mix is quite junior. The overall Trust fill rate for trained and untrained staff has returned to 90%. • Vacancy rates have come down over the past 8 months in May 2021 the RN band 5 vacancy level was 282 WTE compared to December 2021 where the vacancy level is down to 254 WTE. There is also a corresponding decrease in the vacancy rate down from 16% to 14.3%. • The overall demand for temporary staffing has remained very similar to November at over 8000 shift requests. The proportion of bank, agency and unfilled has also remained quite similar. • Due to the increased number of registered nurse vacancies and to maintain safe staffing; the use of temporary agency staff has continued; the Trust has been working closely with the neutral vendor to support an increase in fill rate; however, with the current available supply the use of non-framework agencies has been required though there has been a noticeable decrease the fill rate for Tier 4 also. Actions: • The level of infectivity of the Omicron variant experienced has caused significant staff shortages across all wards and departments, the Divisions have all now completed revised staffing risk assessments and the Trust wide corporate risk has been updated to a risk rating of 20. • To support the wards during this period of significant challenged staffing ratios, as part of the internal critical incident planning the mobilisation hub staffed by non-clinical staff is providing additional administrative support to the wards. The impact of this is being closely monitored. • In Medicine the Trust has been reviewing the emergency pathway for patients to ensure a more rapid handover from the Paramedic staff; the additional areas identified also require more registered nurses to safely care for patients in these areas. In addition, the Trust has been reviewing the emergency pathway for patients to ensure a more rapid handover from the Paramedic staff; the areas identified also require more registered nurses to safely care for patients in these areas. • In Specialised Services there has been a reduction of incidents in December compared to previous months, despite the increase in staff sickness due to the Omicron COVID-19 wave and the continued reliance on extra capacity/ escalation areas. This was driven by the re-introduction of additional incentive pay for all Agenda for Change staff and the reduction in Annual Leave over Christmas. • In Surgery it has been a very challenging month supporting staffing with increased Covid absences alongside vacancies. Staff have been reporting low staffing incidents appropriately. Senior Nursing reviews continue, alongside utilising the safe staffing sop, twice daily senior nurse review and the oversight of the Duty Matron. • In Weston there has been wider triangulation of the incidents of safe staffing reported and other clinical incidents for each ward. • The Trust has recently extended the incentives for both substantive and temporary staff to encourage additional working, the impact of these are being closely monitored and assessed.
Ownership:	Chief Nurse

Nurse Staffing Levels

December 2021

Staffing Fill Rates	Dec-21		
	Total	RN	NA
Medicine	95.5%	91.2%	101.1%
Specialised Services	93.6%	89.1%	107.0%
Surgery	88.8%	82.2%	105.6%
Weston	90.6%	83.2%	99.2%
Women's and Children's	84.3%	87.8%	67.8%
TRUST TOTAL	**89.8%**	**86.8%**	**96.4%**



Venous Thromboembolism (VTE) Risk Assessment

NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

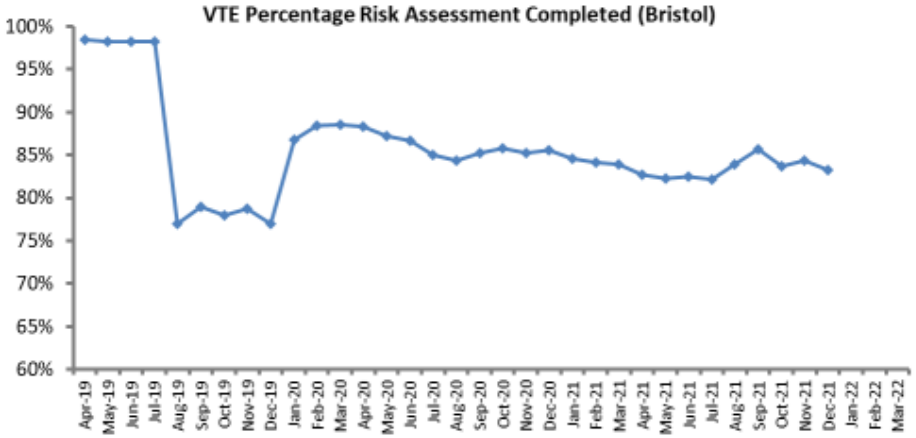
N *Not Achieved*

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 thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Careflow system (formerly known as Medway); the most recent figure for December 2021 is 83.2% (84.3% in November 21), well below the 95% target.
Commentary:	In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Careflow system (formerly known as Medway). When this was initially launched, EPMA (digital prescribing) was being used in the Oncology Centre and Heart Institute and was planned for roll out elsewhere in the trust. There was an expectation that a fully integrated digital system was imminent, whereby VTE risk assessments would be integrated within either digital prescribing or admission. Digital risk assessment has several advantages including: • VTE risk assessments completed in full including name and date of person completing • VTE risk assessment can be completed and accessed anywhere, even when the drug chart cannot be located • Compliance data available in real time, with performance reports according to ward or speciality at the click of the button. However, further digital roll out has been delayed and this has resulted in digital VTE risk assessment standing alone within Careflow, which has generated a significant barrier to compliance. Until recently, Weston has used a different drug chart, a different LMWH type (tinzaparin) for thromboprophylaxis and VTE risk assessments were still completed on the paper drug chart with no robust system to monitor compliance (as it required manual collection and review of charts). There were 2 spot checks performed by the patient safety improvement nurses, the most recent of which was in July 2021 demonstrated a 67% compliance with VTE risk assessment completion. The results highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target. September – November 2021 the Patient Safety Improvement Team, Digital Services Team, Pharmacy colleagues and the VTE Weston Lead worked collaboratively to plan for and deliver the roll out of several changes in Weston. Recent measures to improve compliance and harmonise processes: • Digitised VTE Risk Assessment in Weston (via CareFlow Workspace) introduced recently with early compliance of 78.6% • New Trust-wide adults' inpatient prescription chart. A project involving the Pharmacy, Digital services, VTE clinical leads and the Patient safety Improvement Nurses has successfully launched a new drug chart at the Bristol sites and this will be completed trust wide by a launch in Weston in November. A prompt on this new drug chart points to the completion of the Careflow risk assessment prior to prescribing. • New Trust-wide Low Molecular Weight Heparin, Inhixa (Enoxaparin). An alignment of low molecular weight heparin (LMWH) VTE prescribing guidance across Weston and Bristol is in progress undertaken in November 2021 across all sites. Tinzaparin will no longer be used in Weston and Inhixa will be used in both sites (generic version of enoxaparin) • VTE QI projects underway in Trauma & Orthopaedics, Medicine and Surgery led by speciality consultants. • Weston and Bristol VTE leads are delivering focused training to the junior doctors
Ownership:	Medical Director

Venous Thromboembolism Risk Assessment

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021



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

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Diagnostics	14	14	100.0%
Diagnostics and Therapies Total		**14**	**14**	**100.0%**
Medicine	Medicine	1,677	2,255	74.4%
Medicine Total		**1,677**	**2,255**	**74.4%**
Specialised Services	BHOC	2,031	2,135	95.1%
	Cardiac	356	538	66.2%
Specialised Services Total		**2,387**	**2,673**	**89.3%**
Surgery	Adult ITU	6	6	100.0%
	Anaesthetics	12	12	100.0%
	Dental Services	71	95	74.7%
	ENT & Thoracics	197	283	69.6%
	GI Surgery	772	965	80.0%
	Ophthalmology	137	139	98.6%
	Trauma & Orthopaedics	104	130	80.0%
Surgery Total		**1,299**	**1,630**	**79.7%**
Women's and Children's	Children's Services	41	50	82.0%
	Women's Services	1,398	1,567	89.2%
Women's and Children's Total		**1,439**	**1,617**	**89.0%**
Bristol Total		**6,816**	**8,189**	**83.2%**

Friends and Family Test (FFT)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

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

Standards:	The FFT question asks "Overall, how was your experience of our service?". The proportion who reply "Good" or "Very Good" are classed as Positive Responses, and this is expressed as a percentage of total responses where a response was given. The Trust fully integrated the FFT approach across Bristol and Weston hospitals as of April 2021. FFT data are collected through a combination of online, SMS (for Emergency Departments and Outpatient Services), postal survey responses and FFT cards. There are no targets set.
Performance:	We received 4,642 FFT responses in December 2021, which represents a 24% decrease in the number of responses received in November (6,143). This is likely due to delays in the postal service during the month.
Commentary:	FFT scores for inpatients, day cases and outpatients are extremely positive and broadly consistent with October figures. The FFT score for Maternity services was 100% positive. In terms of ED FFT performance in December 2021: • Bristol Royal Infirmary FFT score has remained low at 77% (by historical standards) but stable, • Children's Hospital score improved to 83% (from 76% in November, • Weston score remained stable at 86%, • Bristol Eye Hospital score was 98%. Note that benchmarking data from NHS England shows the profile locally at the Trust's Emergency Departments reflects trends seen nationally which stood at 77% in November 2021.
Ownership:	Chief Nurse

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	599	621	2,457	96.6%	25.3%
	Weston	189	202	648	93.6%	31.2%
	UHBW	788	823	3,105	95.9%	26.5%
Day Cases	Bristol	454	456	1,709	99.6%	26.7%
	Weston	73	73	323	100.0%	22.6%
	UHBW	527	529	2,032	99.6%	26.0%
Outpatients	Bristol	1,910	2,022		95.6%	
	Weston	113	121		94.2%	
	UHBW	2,023	2,143		95.5%	
TOTAL RESPONSES		4,642				

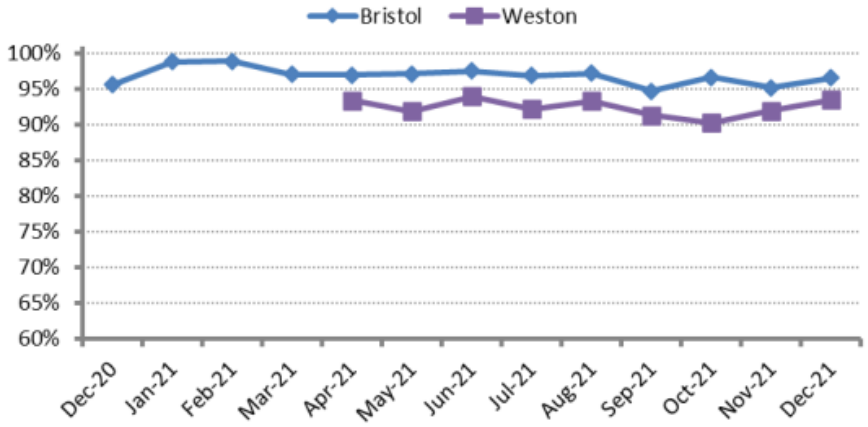
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	205	269	3,680	76.8%	7.3%
	BRHC	236	288	2,979	82.5%	9.7%
	BEH	210	214	1,688	98.1%	12.7%
	Weston	240	280	2,293	85.7%	12.2%
	UHBW	891	1,051	10,640	85.1%	9.9%
Maternity	Antenatal	30	30	240	100.0%	12.5%
	Birth	25	25	409	100.0%	6.1%
	Postnatal (ward)	20	20	421	100.0%	4.8%
	Postnatal (community)	21	21	264	100.0%	8.0%
	UHBW	96	96	1,334	100.0%	7.2%

Friends and Family Test (FFT)

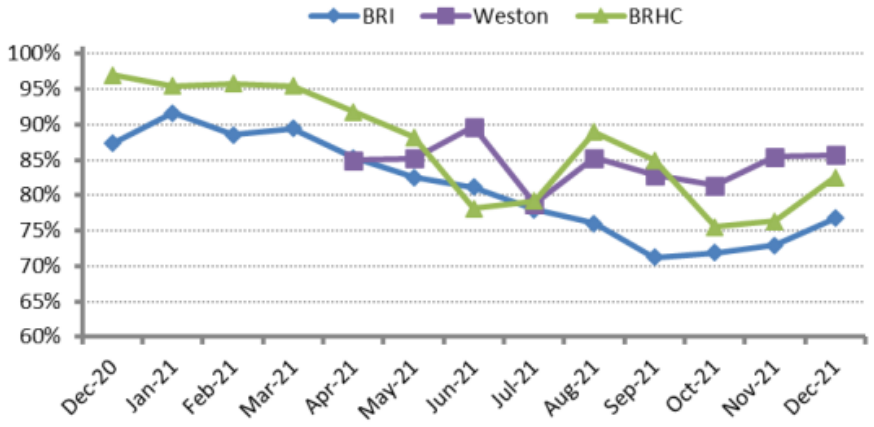
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

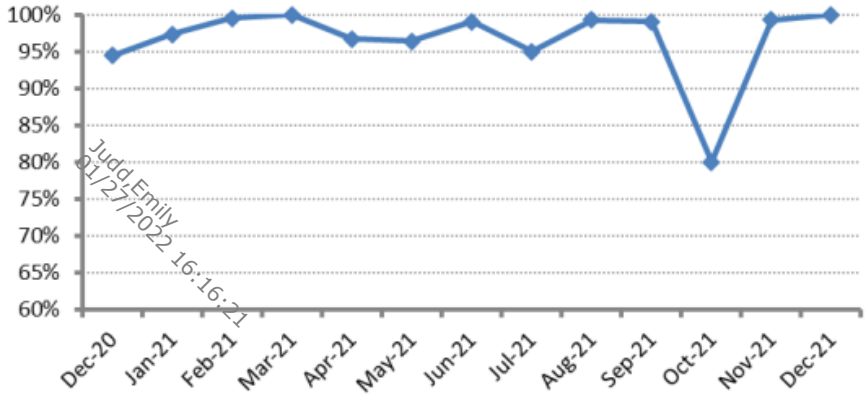
Inpatient (excluding Day Case) Scores



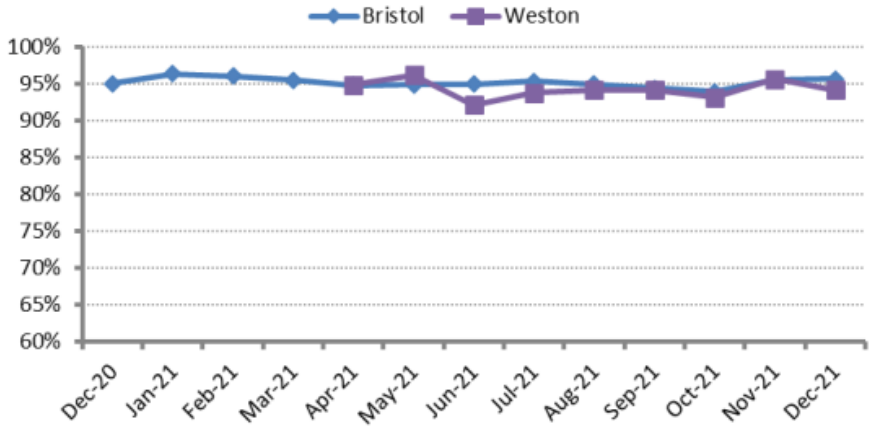
Emergency Department Scores



Maternity Services Scores



Outpatient Scores



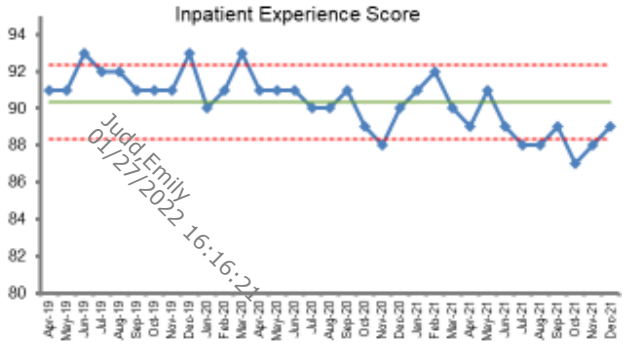
Patient Surveys (Bristol)

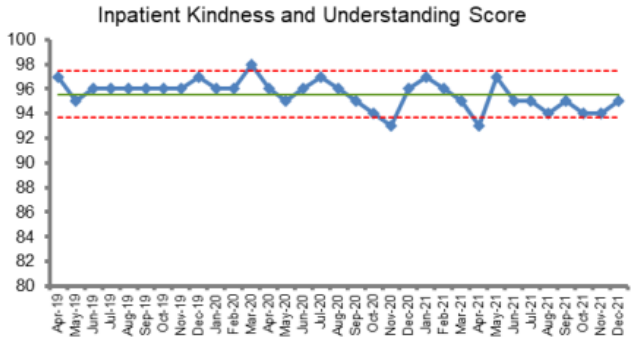
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

Y *Achieved*

Standards:	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions relating to topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For December 2021: • Inpatient score was 89 (November was 88) • Kindness and understanding score was 95 (November was 94) • Outpatient score was 93 (November was 92)
Commentary:	Please note that the postal survey response volume for December was low when compared to average for previous months. We received 40% of the responses we would expect in a typical month. This is likely due to delays in the postal service. This a repeat of the delays experienced in January 2021. Therefore, please treat these figures with caution. The latest (December) data exceeded targets. The inpatient experience tracker score for Division of Medicine has been below target since the start of 2021/22. For December the score was 83 (84 in November).
Ownership:	Chief Nurse



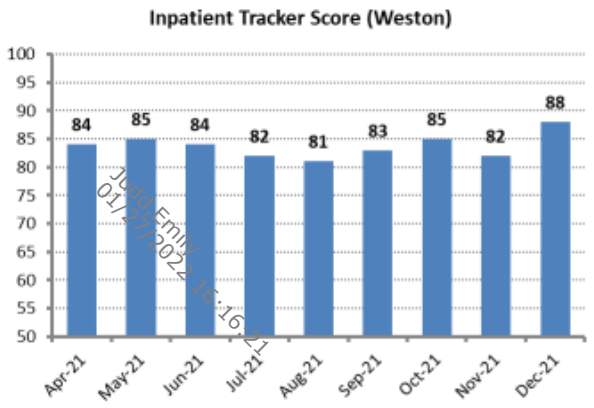


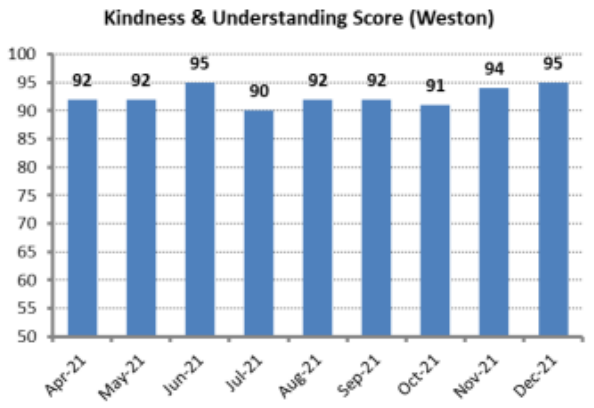
Patient Surveys (Weston)

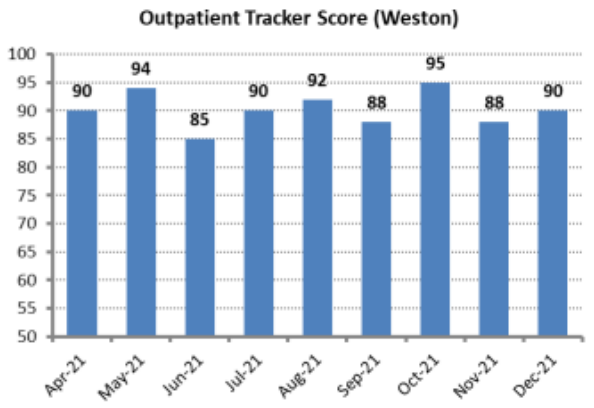
December 2021

Y *Achieved*

Standards:	Please note this data relates to Division of Weston only. For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the Trust target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For December 2021: • Inpatient score was 88, which is above target (November was 82). • Kindness and understanding score was 95, which is above target (November was 94). • Outpatient score was 90, which is above target (November was 88).
Commentary:	Please note that the postal survey response volume for December was low when compared to average for previous months. We received 40% of the responses we would expect in a typical month. This is likely due to delays in the postal service. This a repeat of the delays experienced in January 2021. Therefore, please treat these figures with caution. The latest (December) data exceeded target.
Ownership:	Chief Nurse







Patient Complaints

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

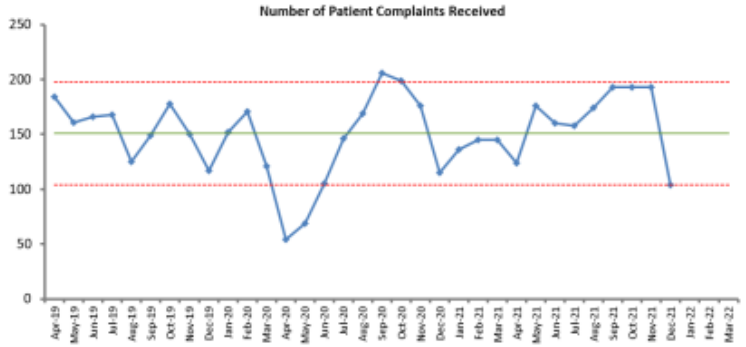
December 2021

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:	In December 2021: • 104 Complaints were received (32 Formal and 72 Informal). • Responses for 69 Formal and 78 Informal complaints were sent out to the complainants in December. • 52% of formal complaints (36 out of 69) were responded to within the agreed timeframe, only a slight improvement on the 41% reported in November 2021; and significantly below the 95% target. • Divisions returned 77% (53 out of 69) of formal responses to the PSCT by the agreed deadline, which is an improvement on the 69% reported in November and 72% reported in October 2021. This is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. • 85% of informal complaints (66 of 78) were responded to within the agreed timeframe, compared with 90% reported in November and 87.9% in October 2021. There were five breaches for Specialised Services, four for Surgery, two for Medicine and one for Women's & Children's. • There were two complaints reported in December 2021 where the complainant was dissatisfied with our response, which represents 3.7% of the 54 first responses sent out in October 2021 (this measure is reported two months in arrears). This is a notable improvement on the 10% reported in November for responses sent out in September 2021 and is below the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint.
Commentary:	The 52% response time for Formal complaints is a clear reflection of the operational pressures that the divisions are currently under, and the Patient Support and Complaints Manager is working closely with the Heads of Nursing to support the divisions with meeting the deadlines agreed with complainants and extending these where appropriate. For example, it should be noted that the Division of Medicine is temporarily working to extended deadlines of 15 working days for informal complaints and 45 working days for formal complaints (compared with the standard 10 and 30 working days respectively). 17 of the 33 breaches were attributable to delays within the divisions, with 13 due to a delay during the Executive signing process and three due to a delay during the checking process by the Patient Support & Complaints Team (PSCT). As reported last month, PSCT continue to work with the Executives to ensure that Deputies are assisting with the signing of complaint responses to cover periods when Executives are not available to do so within the agreed timescale. 13 of the breaches were for the Division of Weston, with nine for Women & Children, four for Medicine, three each for Surgery and Specialised Services, one for Trust Services and none for Diagnostics & Therapies. However, it should be noted that none of the breaches for Medicine and only one each for Surgery, Specialised Services and Women & Children were due to delays in the Division.
Ownership:	Chief Nurse

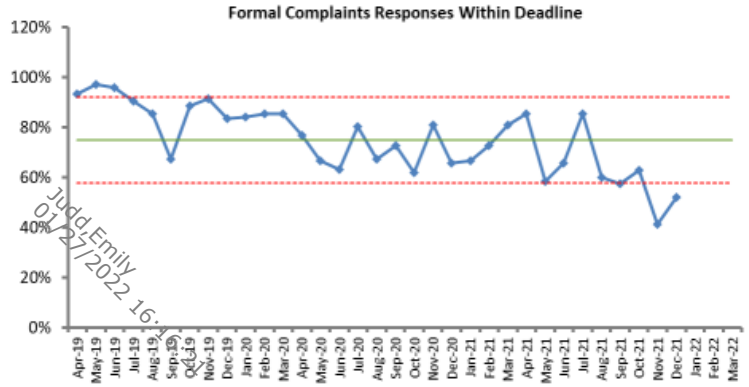
Patient Complaints

December 2021



Complaints Received

	Dec-21	2021/2022	2020/2021
Diagnostics and Therapies	13	75	56
Medicine	17	295	385
Specialised Services	11	197	190
Surgery	29	369	406
Trust Services	2	23	56
Weston	9	180	250
Women's and Children's	23	301	273
Estates and Facilities	0	35	49
TOTAL	**104**	**1475**	**1665**



Responses Within Deadline

	Dec-21	
	% Within Deadline	Total Responses
Diagnostics and Therapies	100.0%	2
Medicine	66.7%	12
Specialised Services	66.7%	9
Surgery	70.0%	10
Trust Services	0.0%	1
Weston	35.0%	20
Women's and Children's	35.7%	14
Estates and Facilities	100.0%	1
TOTAL	**52.2%**	**69**

Emergency Care – 4 Hour Standard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

N *Not Achieved*

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits". There is also an expectation that no Ambulance Handover will exceed 30 minutes.
Performance:	Trust level 4 hour performance for December was 63.7% across all four Emergency Departments (14,578 attendances and 5,294 patients waiting over 4 hours). There were 676 patients who had a Trolley wait in excess of 12 hours (363 in Bristol and 313 at Weston). In December there were 2,707 ambulance handovers in excess of 15 minutes which was 78% of all handovers. In December there were 1,959 ambulance handovers in excess of 30 minutes which was 56% of all handovers.
Commentary:	**Bristol Royal Infirmary:** Performance against the 4-hour standard in December was 46.0% (from 48.8% in November) which reflected a reduction in average daily attendances from 203 per day to 182 per day. Inpatient Flow remains the key lack of physical capacity in ED due to delayed transfers to inpatient beds, leading to fewer than 30% of patients being assessed within 60 minutes, on average in December inpatient performance was 22.5%. 12-hour trolley waits has remained high with 335 breaches in December making the BRI site one of the most challenged sites in the region and is reflective of the highly challenging picture in urgent care across the BNSSG health and care system. This level of breaches is driven by high demand, workforce shortages and availability of supporting services in the community (e.g. social care beds and packages of care to support discharge and primary care alternatives to hospital for minor illness and injury). The Trust has been in "internal critical incident" status since 2nd September 2021. Achieving flow remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Medical Same Day Emergency Care (SDEC) was established on 11th October expanding the range of patients that can be directed out of ED without the need for an admission to a ward bed. The service currently operates Monday to Friday, with ongoing recruitment to expand to a 7-day service. Escalation capacity (ward boarding, Endoscopy Suite, Cardiac Catheter Labs) was increased by a further 9 spaces in January 2022 (A516 & A515). A reverse queue area in ED and A303 for 11 patients was created in January to reduce ambulance queuing and enable crews to answer 999 calls. ED has also started nurse RATing (Rapid Assessment and Treat) in the Incident Triage Area to optimise patient safety and experience in the Emergency Department during the ongoing extreme pressure the Trust is facing. This will help to mitigate the risk patients are exposed to when the department is overcrowded by ensuring nurse triage and documented assessment alongside observations, bloods and ECGs. Redirection of minor illness/injury to appropriate alternative services (UTC/MIU, GPs and pharmacy) is embedded as business as usual with plans to introduce the ED streaming tool by March 2022 to support patients access alternatives to ED. The Trust is also progressing the redesign of pathways for patients with chest pain and surgically expected patients to improve decompression further. Further work is ongoing with System partners to reduce avoidable attendances to the ED through improving capacity, access and signposting to alternatives to ED. This includes development of a virtual system CAS (clinical assessment service), city centre face to face minors service, expansion of pharmacy appointments and student health.

Emergency Care – 4 Hour Standard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

Commentary:

Bristol Eye Hospital:
Performance improved in December at 98.1%, compared to 96.1% in November. Attendances were less with 1696, compared with 1,847 tendances in November. There were 33 four hour breaches for the following reasons: 12 Doctor delays, 14 for diagnostics and 7 clinical breaches needing BEH treatment which took longer than 4 hours with only 2 needing to be admitted. Six of the 33 breach patients waited over 30 minutes to be triaged.

ED Sisters have shortlisted an applicant for the Band 7 position and they are to be interviewed on the 13/01/2022 The department are re-advertising the band 5/6 training nursing position this month and have sought input from the Recruitment and Retention Lead to try and help with recruitment. The department have looked into other methods of getting the job advertised such as social media.

Covid has affected the team with a few members of nursing and admin staff off over the Christmas and New Year period. It is also cold/flu season affecting staffing levels.

Bristol Royal Hospital for Children:
4 hour performance was 76.4% in December 2021 with 3,710 attendances. The four hour breaches were due to lack of ward bed availability in particular cubicles. In addition in the month of December 89 patients left the department without being seen; data to be reviewed.

During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. The department is also having difficulties with the number of Covid positive patients and accommodating them within the small footprint of the department.

Nursing and Medical staffing throughout the hospital have experienced high levels of absences due to sickness and isolating, ongoing concerns around GP's asking patients for a negative covid swab before they will see them. Within the department there are vacancies (including 10 whole time equivalent Nursing Assistants). Aggression towards staff still continues.

The department are still seeing high number of mental health patients and currently have two mental health workers within ED which has been positive for the department and patients.

Other ED updates:

- Working with the Trust to improve our ED rest area,
- Body cams are on order,
- A review on security in ED is also being reviewed,
- Blood gas machine broken (point of care testing for diagnosis) having to leave department to run test, machine is not being replaced due to Trust wide replacement scheme, staff also require training.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

Commentary:	**Weston General Hospital:** Weston's performance against the 4 hour standard during December was 62.4% (vs 68.2% in November). There was a reduction in attendances by 146 in comparison to the previous month with a daily average attendance of 111 (vs 120 average in November). The Trust remained in Internal Critical Incident and division in OPEL 3-4 throughout the month. Inpatient flow being the main challenge at Weston resulting in 313 12 hour trolley breaches and No Bed Availability being the highest breach reason in month. Patients were bedding every night in the Emergency Department awaiting an inpatient bed which shows the significant pressures the staff and system are under. Including specialty teams required to review up to 20 patients/another ward full of patients in the ED per day. Nursing shortages throughout the division remain a key area of concern. A high proportion of Weston's bed base remained occupied by Medically fit for discharge patients. 82% of inpatient discharges were after 1230 which contribute to longer LOS in ED. Constant IPC reviews and plans in place ensuring maximum beds used each day following appropriate guidance. Redirection work has been in place since January 2021 and the Division is working closely within UHBW and system partners on projects to improve further redirection work ensuring patients go to the right healthcare service, including signposting to Minor Injury Units (MIUs), GP and Pharmacy. ED Streaming tool project underway, once in place its progress will be monitored to assess its impact to the division and system.

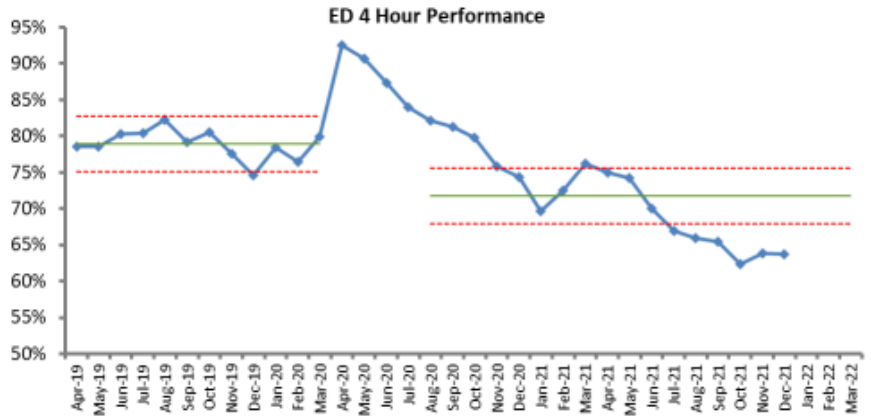
4 Hour Performance	Dec-21	2021/2022
Bristol Royal Infirmary	46.0%	51.2%
Bristol Children's Hospital	76.4%	77.7%
Bristol Eye Hospital	98.1%	97.3%
Weston General Hospital	62.4%	69.0%

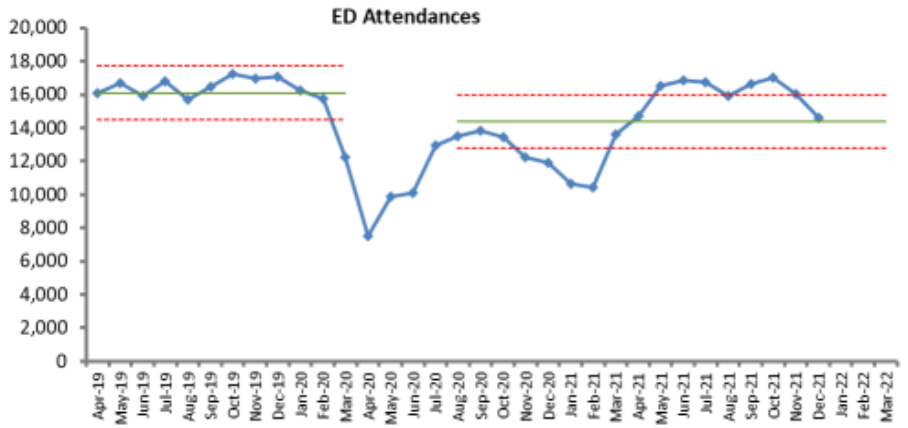
Total Attendances	Dec-21	2021/2022
Bristol Royal Infirmary	5,709	56,969
Bristol Children's Hospital	3,710	36,404
Bristol Eye Hospital	1,696	16,675
Weston General Hospital	3,463	35,030

Emergency Care – 4 Hour Standard

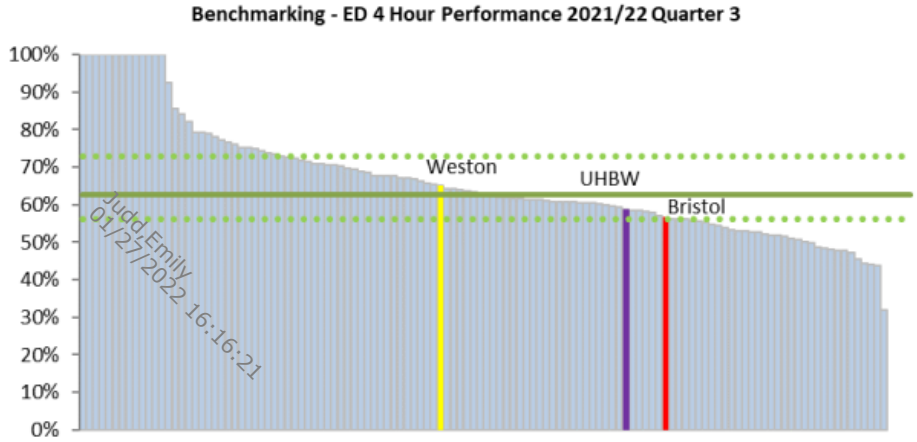
University Hospitals Bristol and Weston NHS Foundation Trust

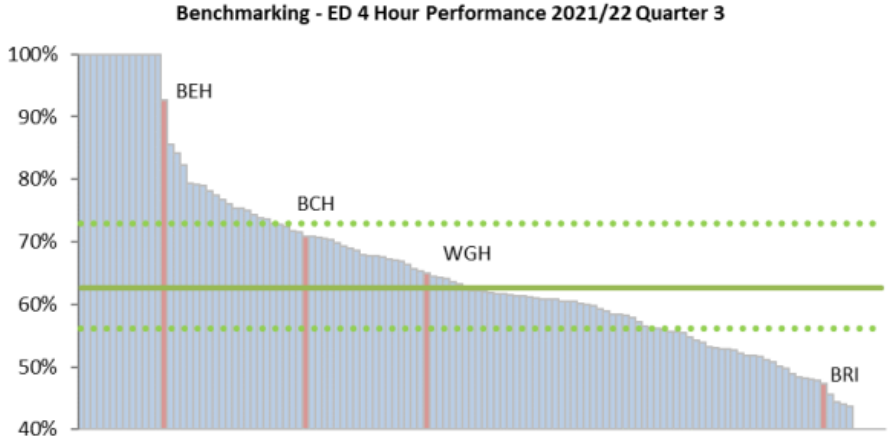
December 2021





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





Emergency Care – 12 Hour Trolley Waits

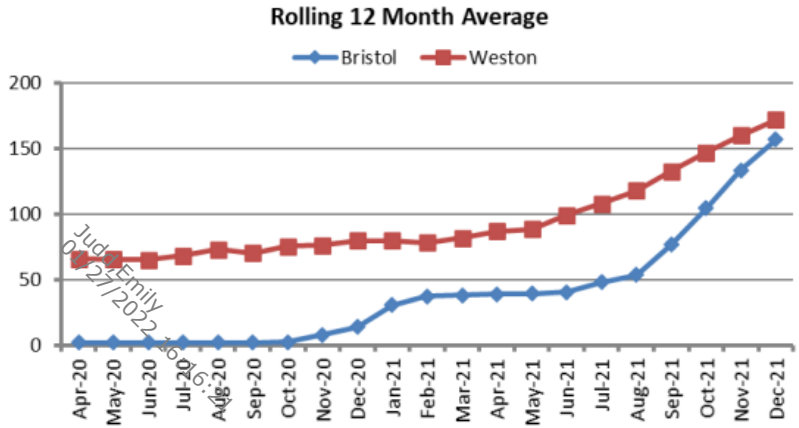
University Hospitals Bristol and Weston NHS Foundation Trust

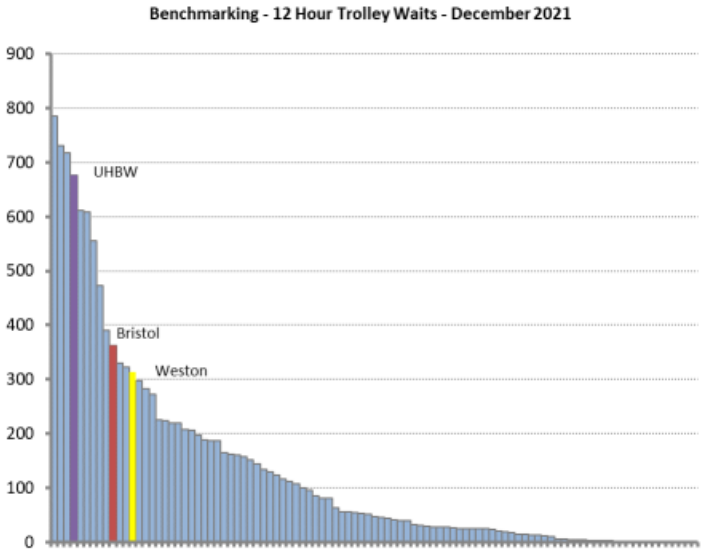
December 2021

12 Hour Trolley Waits

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

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



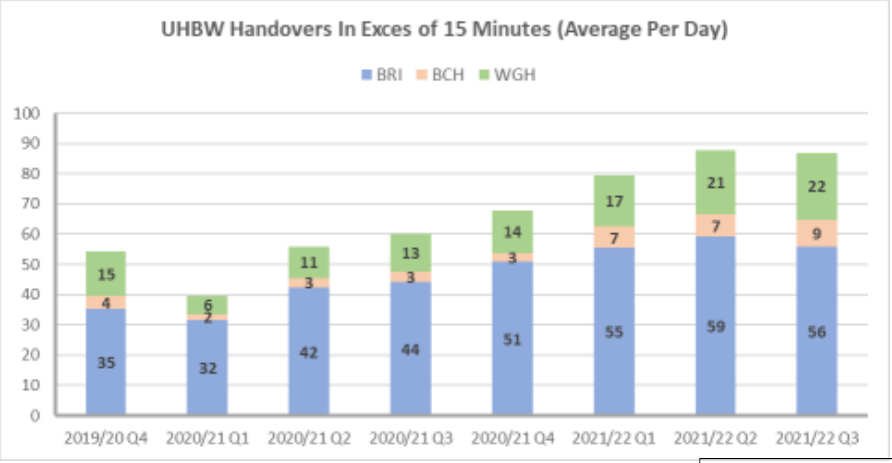


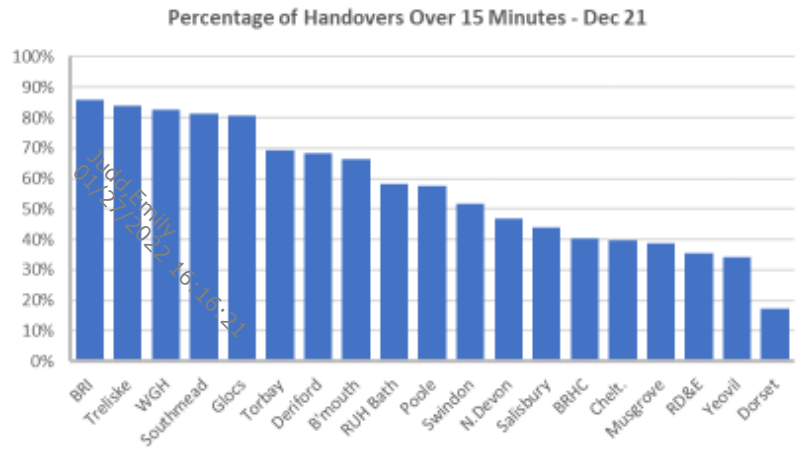
Emergency Care – Ambulance Handovers

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

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

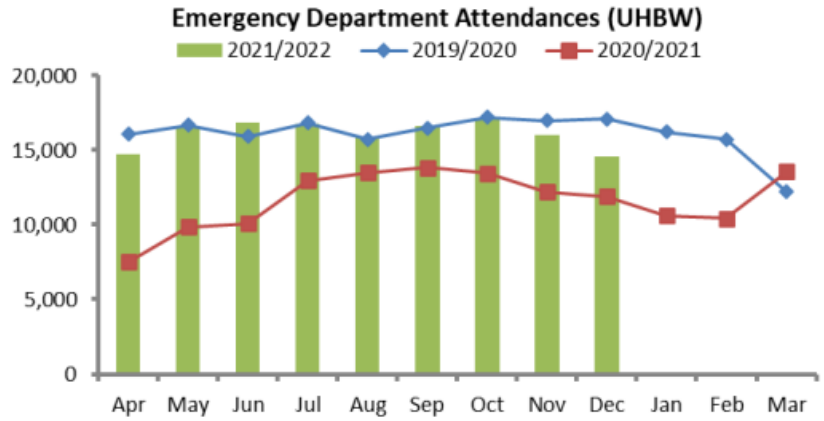


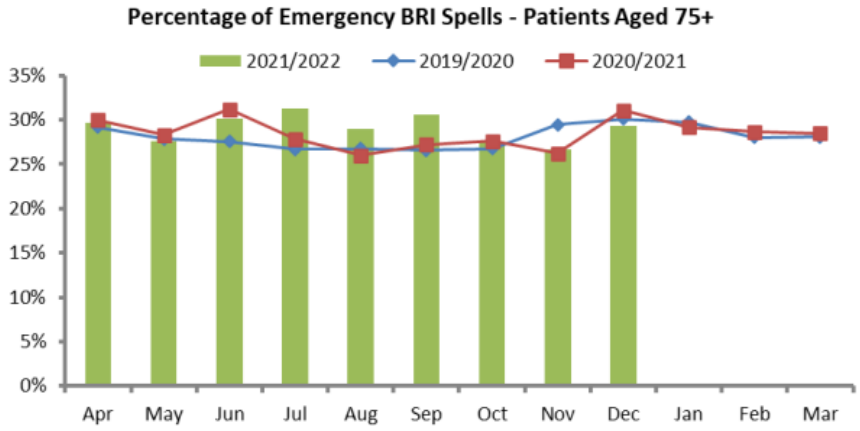


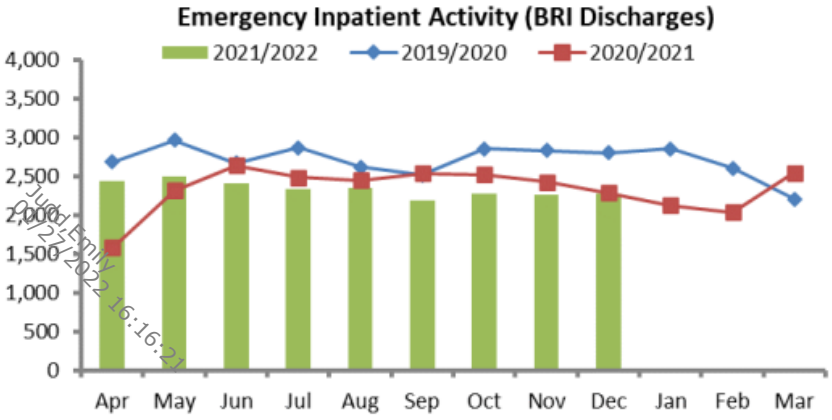
	Total Handovers - South West - December 2021						
Hospital	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	563	228	40.5%	76	13%	14	1
BRISTOL ROYAL INFIRMARY	2,038	1,749	85.8%	1,355	66%	863	483
CHELTENHAM GENERAL HOSPITAL	476	189	39.7%	90	19%	34	7
DERRIFORD HOSPITAL	2,825	1,933	68.4%	1,349	48%	886	502
DORSET COUNTY HOSPITAL	1,511	262	17.3%	94	6%	20	1
GLOUCESTER ROYAL HOSPITAL	2,878	2,319	80.6%	1,675	58%	1,055	523
GREAT WESTERN HOSPITAL	2,268	1,172	51.7%	626	28%	307	106
MUSGROVE PARK HOSPITAL	2,416	935	38.7%	233	10%	22	1
NORTH DEVON DISTRICT HOSPITAL	1,328	622	46.8%	184	14%	33	3
POOLE HOSPITAL	1,929	1,108	57.4%	612	32%	268	101
ROYAL BOURNEMOUTH HOSPITAL	1,866	1,241	66.5%	798	43%	387	153
ROYAL DEVON AND EXETER WONFORD	2,931	1,040	35.5%	176	6%	13	1
ROYAL UNITED HOSPITAL - BATH	2,480	1,444	58.2%	775	31%	410	145
SALISBURY DISTRICT HOSPITAL	1,130	497	44.0%	168	15%	56	6
SOUTHMEAD HOSPITAL	2,810	2,286	81.4%	1,368	49%	697	253
TORBAY HOSPITAL	1,961	1,360	69.4%	952	49%	616	309
TRELISKE HOSPITAL	2,473	2,076	83.9%	1,797	73%	1,477	1,057
WESTON GENERAL HOSPITAL	872	720	82.6%	518	59%	316	172
YEOVIL DISTRICT HOSPITAL	1,277	435	34.1%	111	9%	12	1
TOTAL	**36,032**	**21,616**	**60.0%**	**12,957**	**36%**	**7,486**	**3,825**

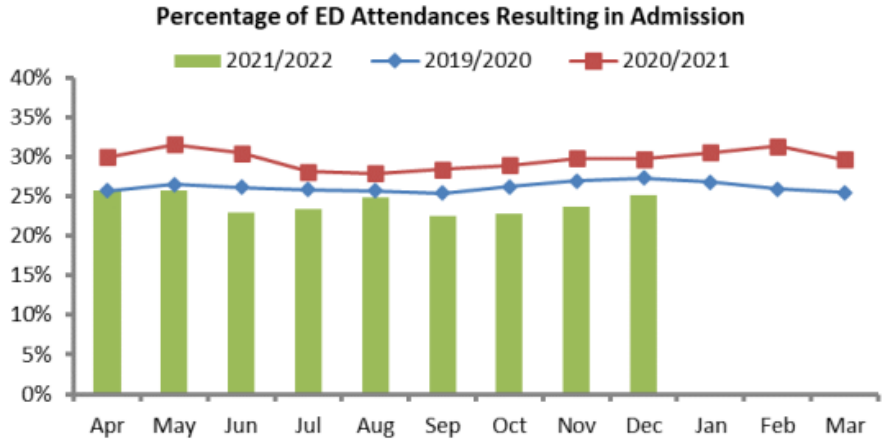
Emergency Care – Supporting Information

December 2021









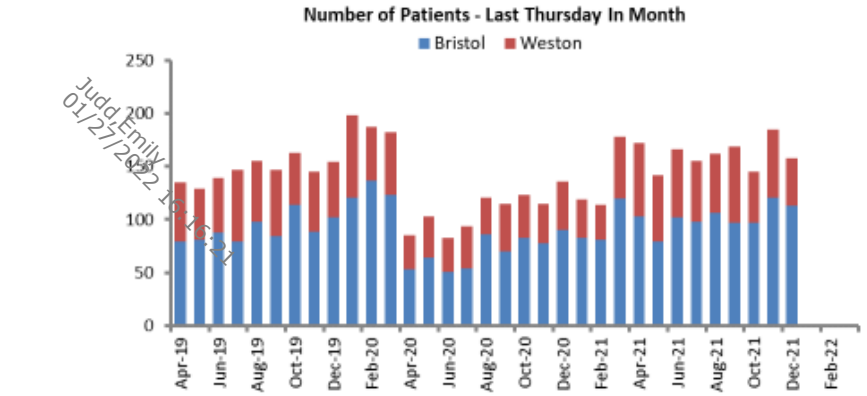
Delayed Discharges

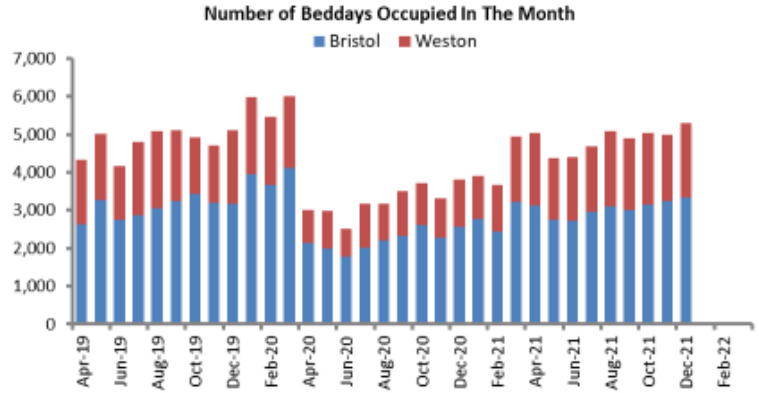
University Hospitals Bristol and Weston NHS Foundation Trust

December 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 December there were 158 MFFD patients in hospital: 113 in Bristol hospitals and 45 at Weston. There were 5,293 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 171 beds were occupied per day by MFFD patients.
Commentary:	In December 2021, the demand across all the pathways in Bristol and Weston continued to exceed capacity in the community: • Pathway 1: BRI: there were 32 patients who did not meet the reason to reside waiting for a P1 slot. WGH: Lengthy dates being given for pathway 1 patients, however reduced overall figure of 12 waiting. Multiple work including family support and the Care hotel assisting in reducing this figure. • Pathway 2: BRI: there were 12 patients waiting at the end of December. WGH: 19 patients awaiting inpatient rehabilitation. Always a difficult pathway in North Somerset due to small pathway 2 bed base, however made more difficult by some homes (where these patients are placed with therapists in-reaching) closed due to covid. • Pathway 3: Work ongoing around transitional beds to further reduce P3 waits for both sites. BRI: there were 34 patients waiting for a P3 bed. WGH: 12 awaiting pathway 3. Difficulties with homes being shut due to covid for these patients and anyone returning to a care home where they already reside.
Ownership:	Chief Operating Officer





Delayed Discharges

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

7th January 2022

Bristol: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 7th January 2022

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	29	26.6%	25	11	5
Pathway 2	9	8.3%	7	5	1
Pathway 3	35	32.1%	35	21	15
Awaiting Decision	23	21.1%	7	2	1
Awaiting Referral	9	8.3%	2	0	0
Other	4	3.7%	3	1	0
Total	**109**		**79**	**40**	**22**

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

Judd Emily
01/27/2022 16:16:21

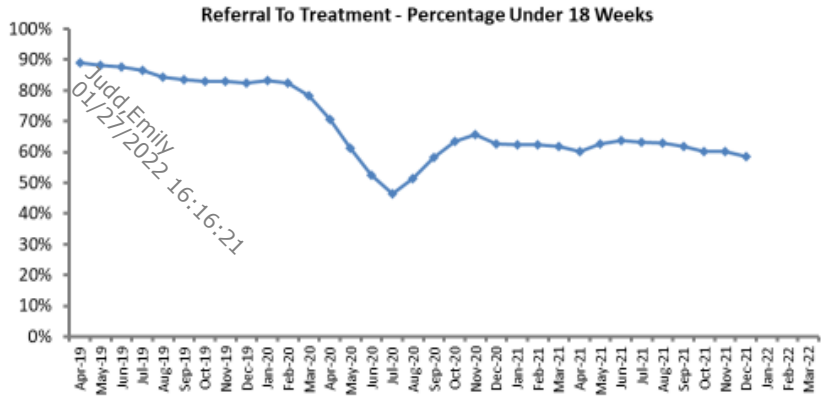
Referral To Treatment

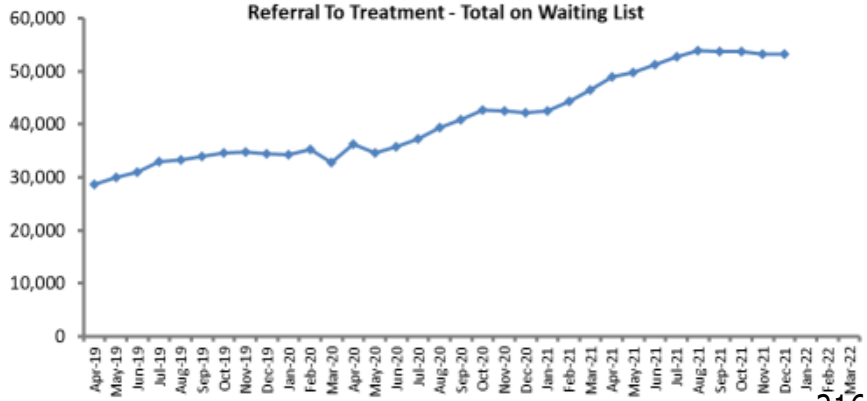
University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

N *Not Achieved*

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks.
Performance:	At end of December, 58.6% of patients were waiting under 18 weeks. The total waiting list was 53,253 and the 18+ week backlog was 22,045. Comparing the end of April 2020 with the end of December 2021: • the overall wait list has increased by 17,041 patients . This is an increase of 47%. • the number of patients waiting 18+ weeks increased by 11,391 patients. This is an increase of 107%.
Commentary:	The focus of discussions with divisions and wider system partners is eradication of patients who are currently 104 weeks wait by the end of March 2022. This will involve transfer of patients who are suitable to the independent sector and ensuring full utilisation of the available capacity internally is maximised with the use of extra lists that have been arranged through Glanso and waiting list initiatives. In addition we are seeking mutual aid with the support of the CCG that require transfer to another specialist centre for treatment due to the lack of bed/HDU capacity to bring these patients in for treatment. The requirement from NHSE and the local CCG is to demonstrate that we have explored all options for our long waiting patients to be treated before end of March 2022. The largest Bristol increases in waiting list size, when compared with April 2020, are In Ophthalmology (4,703 increase, 119%), Adult ENT & Thoracics (2,688 increase, 164%) and Dental Services (3,185 increase, 38% increase). The Weston list has increased by 992 over the same time period, an 18% increase. The largest Bristol volumes of 18 +week backlog patients at the end of December are in Dental (6,268 patients), Ophthalmology (3,190), ENT & Thoracics (2,165) and Paediatrics (2,588). Weston had 3,086 patients waiting 18+ weeks at the of December.
Ownership:	Chief Operating Officer

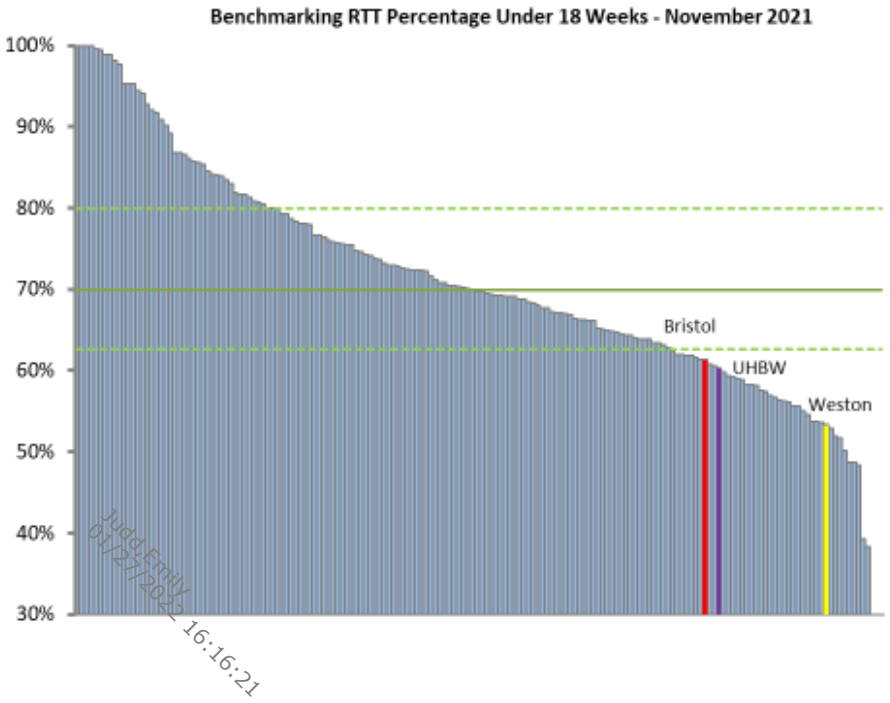




Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

November/December 2021



	Dec-21		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	552	557	99.1%
Medicine	4,052	5,237	77.4%
Specialised Services	2,916	4,356	66.9%
Surgery	14,871	28,133	52.9%
Weston	3,384	6,470	52.3%
Women's and Children's	5,433	8,500	63.9%
Other/Not Known	0	0	-
TRUST TOTAL	**31,208**	**53,253**	**58.6%**
Bristol Subtotal	*27,824*	*46,783*	59.5%

Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

N *Not Achieved*

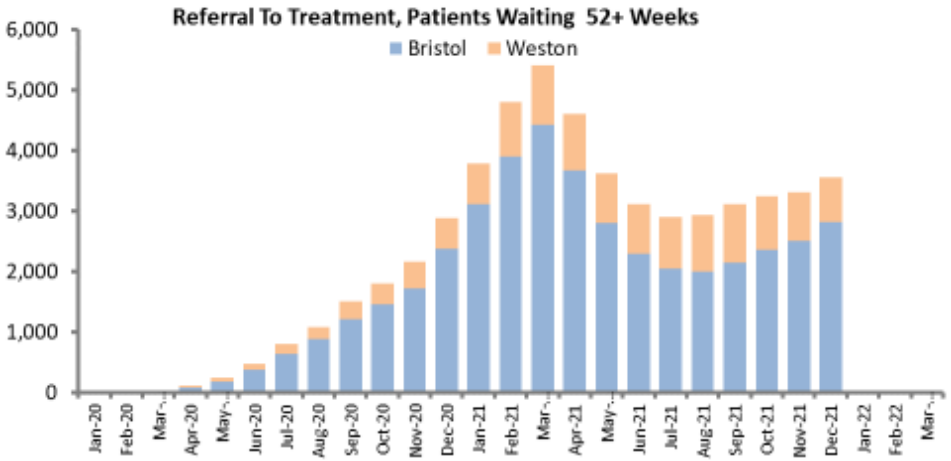
Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. As part of the Elective Recovery Programme Trusts were required to submit plan that eliminated patients waiting 104+ weeks (2+ years) for treatment by the end of March 2022. UHBW's submitted trajectory has 188 patients waiting 104+ weeks by end of March 2022 with a December 2021 trajectory of 133.
Performance:	At end of December 3,558 patients were waiting 52+ weeks; 2,815 across Bristol sites and 743 at Weston. At the end of December, 252 patients were waiting 104+ days, which was above the recovery trajectory target of 133.
Commentary:	The trend has been upwards for 52 week waiters over the past few months. This is due to the volume of long waiters in the lower weeks wait cohort tipping into the 52+ week cohort whilst divisions try to date the longer waiting patients. It is still extremely difficult to date the longer waiting patients who are waiting for routine operations when there is a lack of capacity due to the continual high demand of emergency and cancer admissions. This has been further exacerbated by the critical incident position across the Trust and the Omicron variant. The demand and capacity modelling and trajectory setting for the next 3 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand. Clinical prioritisation of patients who are on the waiting list without a "to come in" date continues with processes in place to ensure this is now business as usual. 93% of the patients who are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. We are currently making use of the increased capacity within the independent sector and our long waiting patients who meet the criteria to have a transfer of care to the Independent Sector. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 104+ week, as part of the drive to eradicate 104-week breaches at the end of March 2022. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still outweigh the capacity we have available to be able to offer this cohort a TCI date which currently doesn't give assurance that we will be able eradicate the 104-week breaches within this timescale. All data sets are shared on a weekly basis with NHSE via a waiting list minimum data set (WLMDS) and weekly meetings are now set up with the CCG and NHSE where the requirement is to provide assurance on a patient level basis what the next steps are with each of our long waiting patients.
Ownership:	Chief Operating Officer

Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

	Dec-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	57	2	0
Specialised Services	138	24	6
Surgery	2,016	509	156
Weston	743	217	63
Women's and Children's	604	148	27
TOTAL	**3,558**	**900**	**252**
Bristol	*2,815*	*683*	*189*



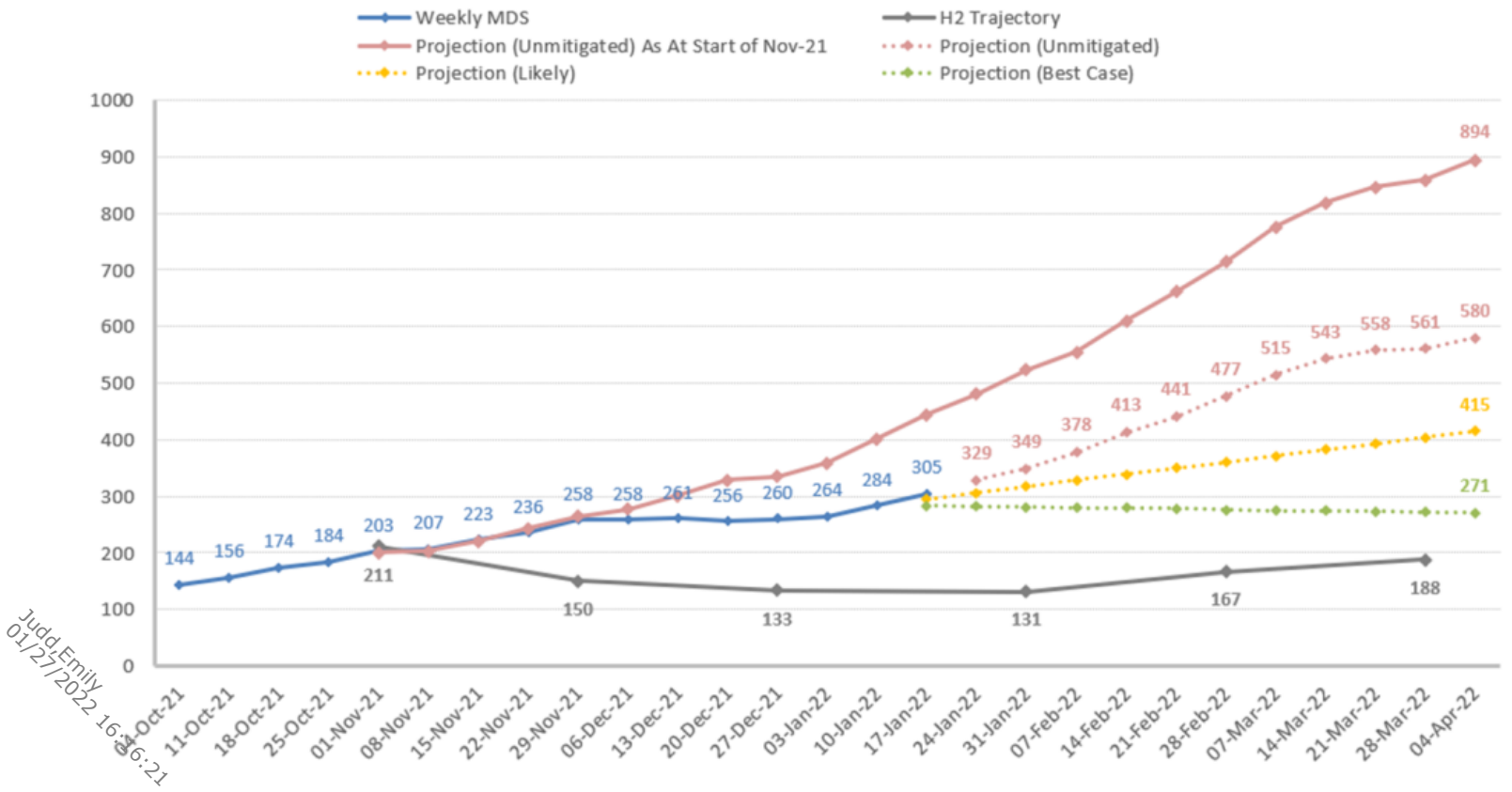
Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

104 Week Trends

Latest Data: Submitted Wed 19th January, based on position as at end of Sun 16th January



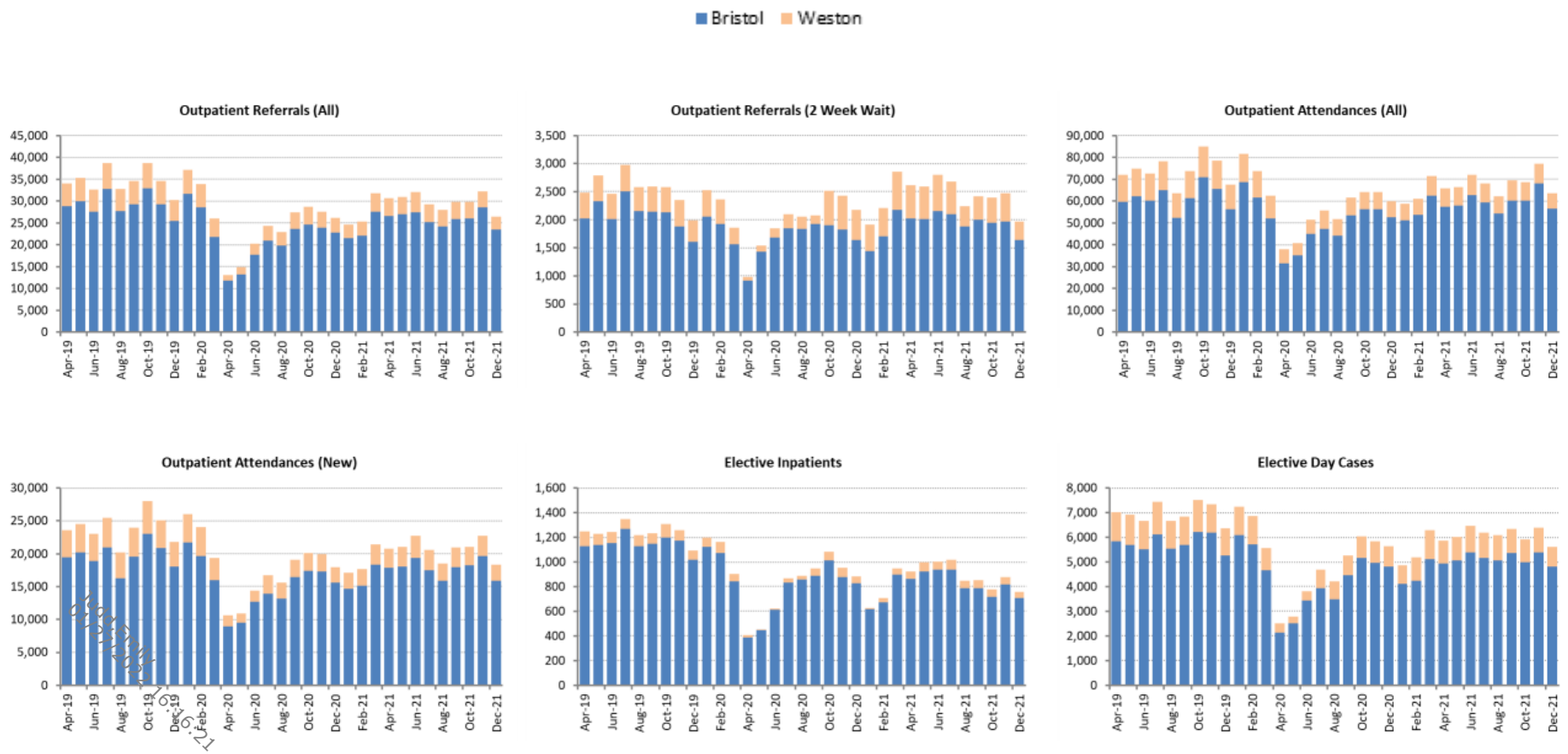
"Projection (Unmitigated)" – Number of currently Undated RTT patients who will exceed 104 weeks wait.
"Projection (Likely)/(Best Case)" – divisional and corporate assessment of position following mitigations, e.g. future capacity still to be booked.
"H2 Trajectory" – nationally submitted trajectory for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

Elective Activity and Referral Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

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



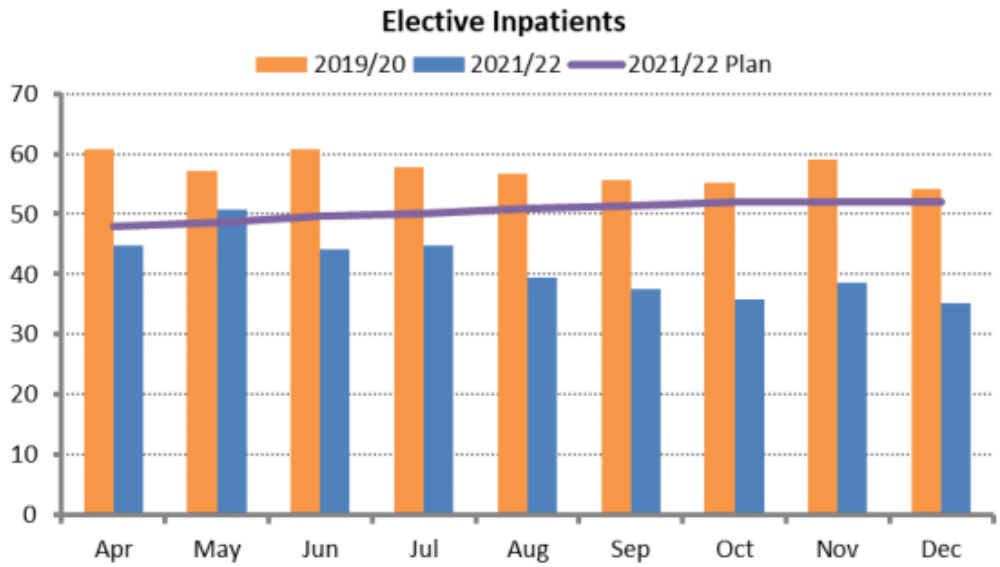
The above data is sourced from the Patient Administration Systems (PAS) and is not the final contracted activity that is used to assess restoration or Business As Usual (BAU) levels.

Elective Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

Activity Per Day, By Month and Year



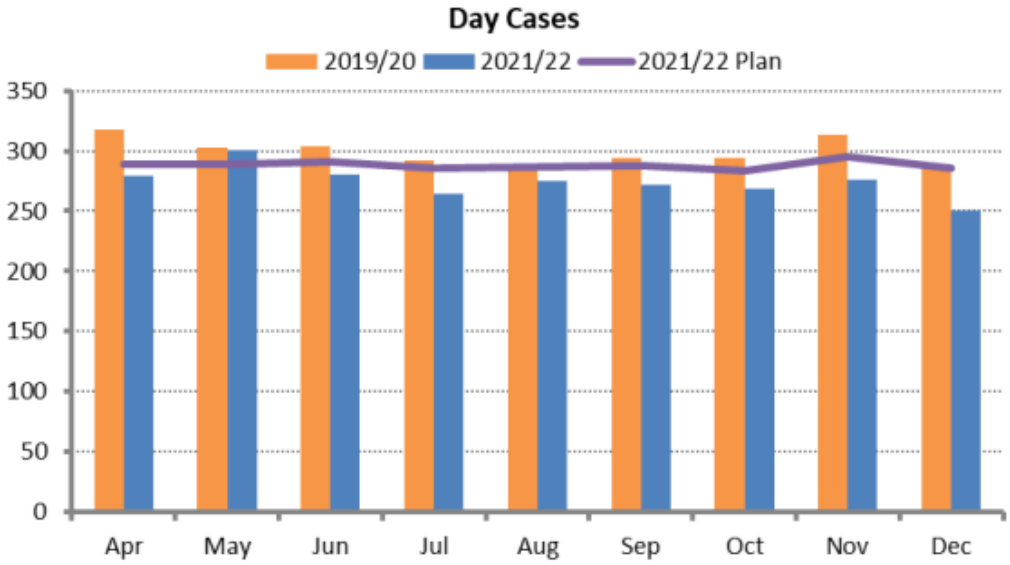
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021/22	Actual Activity Per Day	45	51	44	45	39	38	36	39	35
	Planned Activity Per Day	48	49	50	50	51	51	52	52	52
2019/20	Actual Activity Per Day	61	57	61	58	57	56	55	59	54

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

Elective Activity – Restoration

December 2021

Activity Per Day, By Month and Year



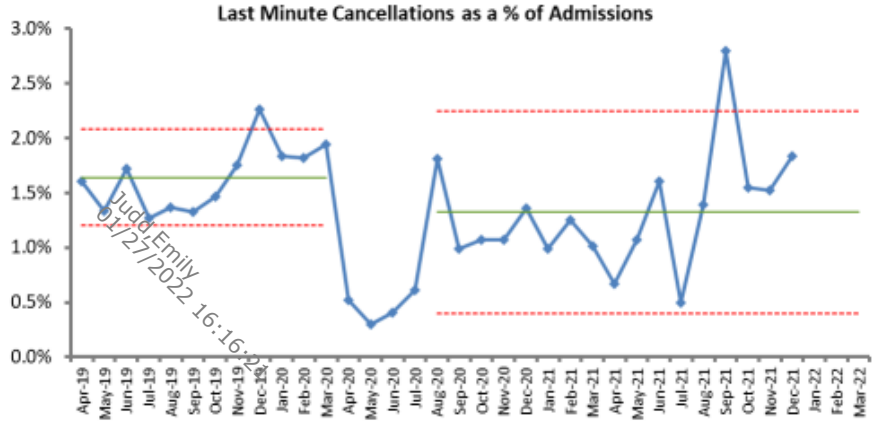
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021/22	Actual Activity Per Day	279	300	280	265	275	272	268	276	251
	Planned Activity Per Day	289	289	291	286	286	288	284	295	286
2019/20	Actual Activity Per Day	318	302	303	292	286	294	294	313	288
2021/22 Activity: % of Plan		96%	104%	96%	93%	96%	95%	95%	94%	88%
2021/22 Activity: % of 2019/20		88%	99%	92%	91%	96%	93%	91%	88%	87%

Cancelled Operations

December 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 December, there were 112 last minute cancellations, which was 1.8% of elective admissions. Of the 94 cancelled in November, 76 (81%) had been re-admitted within 28 days.
Commentary:	September saw a significant increase in cancellation volumes. This is due to uncertainty of elective capacity that will be available each day due to emergency pressures on the same capacity (beds). This has improved from October. The largest volumes in Bristol were in Cardiac/Cardiology (28), Ophthalmology (47) and Paediatrics (7). The most common cancellation reasons in Bristol were: No Theatre Staff (26), Rescheduled/Postponed (18), Ran out of Operating Time (13) and Other Emergency Patient Prioritised (12).
Ownership:	Chief Operating Officer



	Dec-21		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	0	0.00%	17	0.27%
Specialised Services	28	1.21%	200	0.98%
Surgery	63	4.08%	421	2.61%
Weston	13	1.51%	67	0.73%
Women's and Children's	8	1.15%	159	2.02%
Other/Not Known	0	-	0	-
TRUST TOTAL	**112**	**1.84%**	**864**	**1.44%**

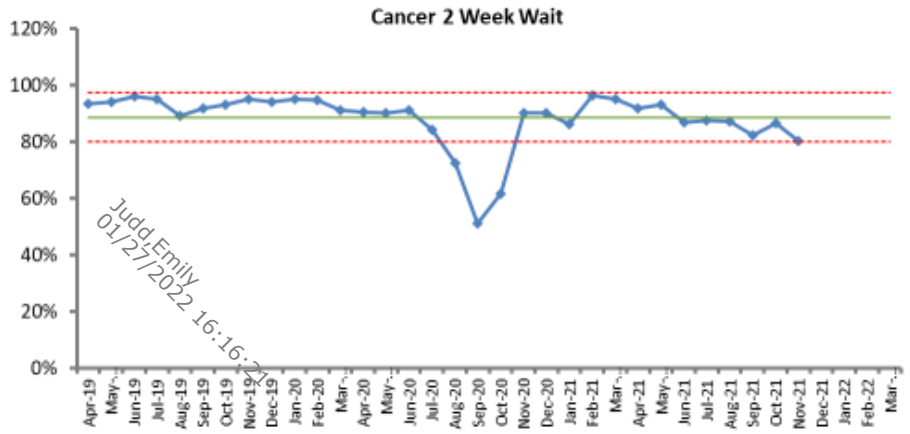
Cancer Two Week Wait

University Hospitals Bristol and Weston NHS Foundation Trust

November 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 November, 80.3% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%. Overall performance for Quarter 2 was 85.7%.
Commentary:	The standard was non-compliant in November (80.3% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Performance is expected to deteriorate in December and January, due to loss of a dermatology locum (replacement in place from January) and the impact of patient choice over the festive period. The figures continue to be impacted by the longstanding issue of the regional change to the colorectal pathway and the impact of Covid on primary care practice which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust continues to work with primary care to find mitigations for this and a change to the triage algorithm has been recently agreed as part of this work.
Ownership:	Chief Operating Officer



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	1	1	100.0%
Suspected children's cancer	14	14	100.0%
Suspected gynaecological cancers	147	176	83.5%
Suspected haematological malignancies	19	21	90.5%
Suspected head and neck cancers	402	450	89.3%
Suspected lower gastrointestinal cancers	154	296	52.0%
Suspected lung cancer	43	44	97.7%
Suspected skin cancers	554	649	85.4%
Suspected testicular cancer	5	5	100.0%
Suspected upper gastrointestinal cancers	81	126	64.3%
Suspected urological cancers excluding testicular	64	66	97.0%
Grand Total	**1,484**	**1,848**	**80.3%**

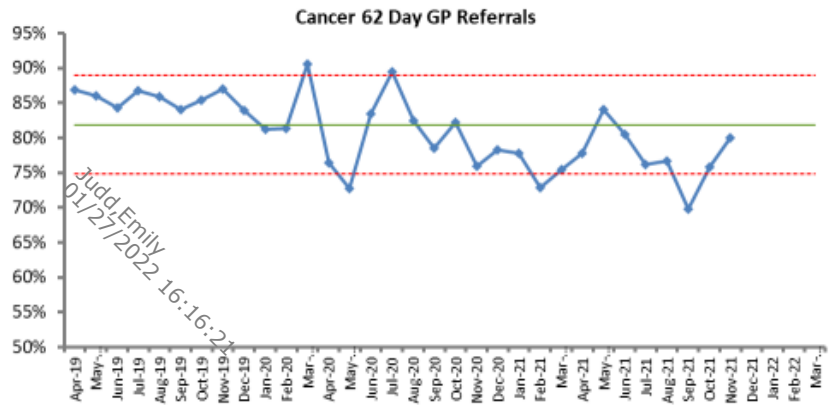
Cancer 62 Days

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

November 2021

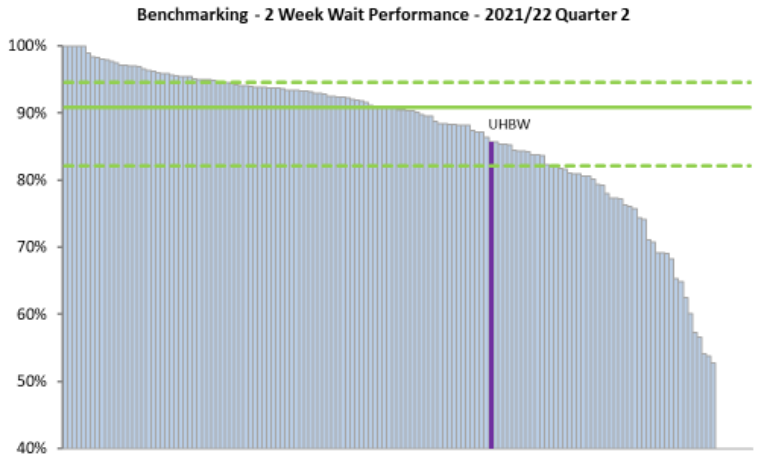
N *Not Achieved*

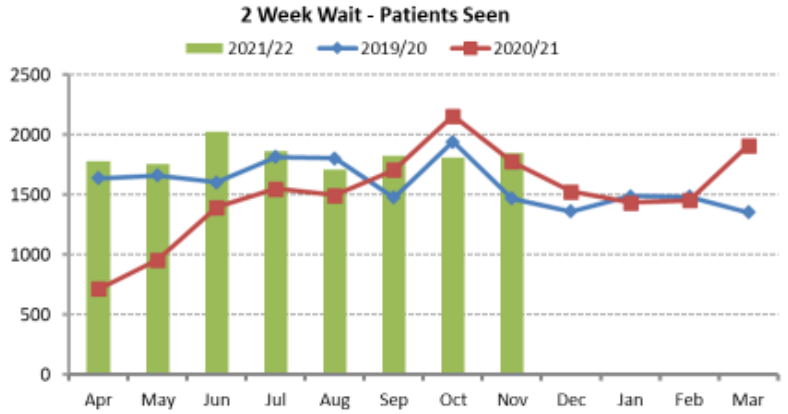
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes
Performance:	For November, 80.0% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%. The overall Quarter 2performance was 74.1%.
Commentary:	The standard was non-compliant in November (80.0% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and staff being obliged to isolate. The Covid wave in January 2022 will cause a deterioration in performance due to loss of activity, with 'normal' inter-pandemic performance (75-80% against the standard) expected to be recovered once the wave subsides. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

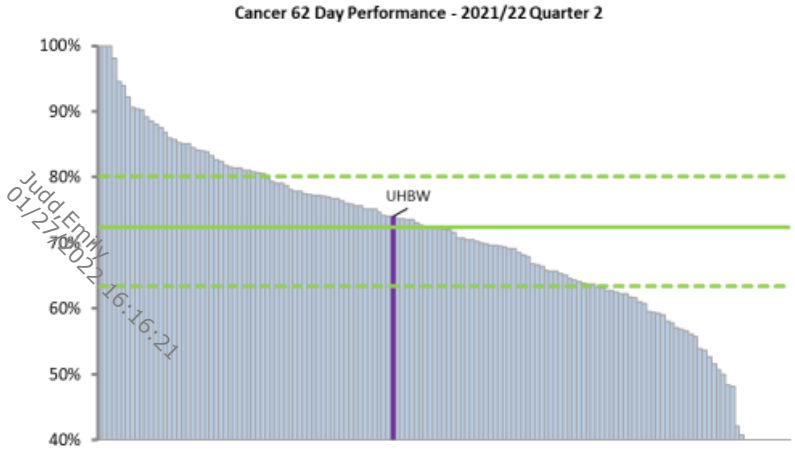


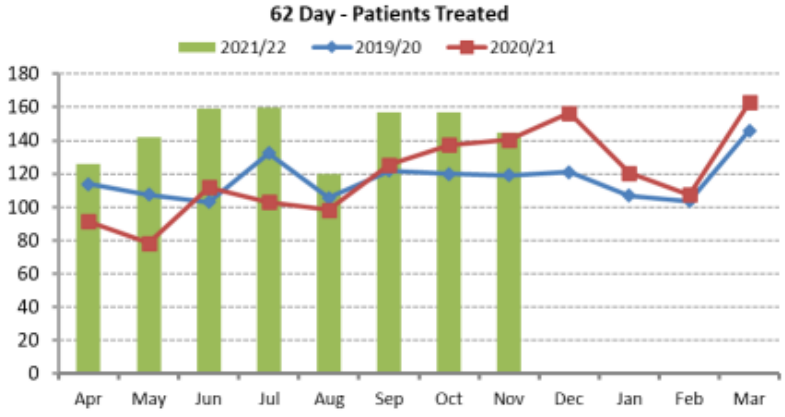
	Within Target	Total Pathways	Performance
Breast	4.0	4.0	100.0%
Gynaecological	7.5	13.5	55.6%
Haematological	3.0	6.0	50.0%
Head and Neck	10.0	12.0	83.3%
Lower Gastrointestinal	4.0	12.0	33.3%
Lung	14.5	19.5	74.4%
Sarcoma	0.0	0.5	0.0%
Skin	58.5	61.0	95.9%
Testicular	1.0	1.0	100.0%
Upper Gastrointestinal	10.5	12.5	84.0%
Urological	3.0	3.0	100.0%
Grand Total	**116.0**	**145.0**	**80.0%**

Cancer – Additional Information









Cancer 104 Days

University Hospitals Bristol and Weston NHS Foundation Trust

Snapshot taken: 9th January 2022

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
Performance:	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 9th January 2022 there were 4 such waiters. This compares to a peak of 53 such waiters in early July 2020.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains below this threshold. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Snapshot taken: 9th January 2022

Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak. NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at 9th January the Trust had 179 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust remains below the 'pre-Covid' baseline. This position is difficult to maintain due to the emergency pressures on the hospital and ongoing impact of Covid on services (particularly during the significant peak in January 2022), however every effort is being made to minimise long waiting patients and, of those who do wait longer, ensure there is a low risk of harm from the delay.
Ownership:	Chief Operating Officer

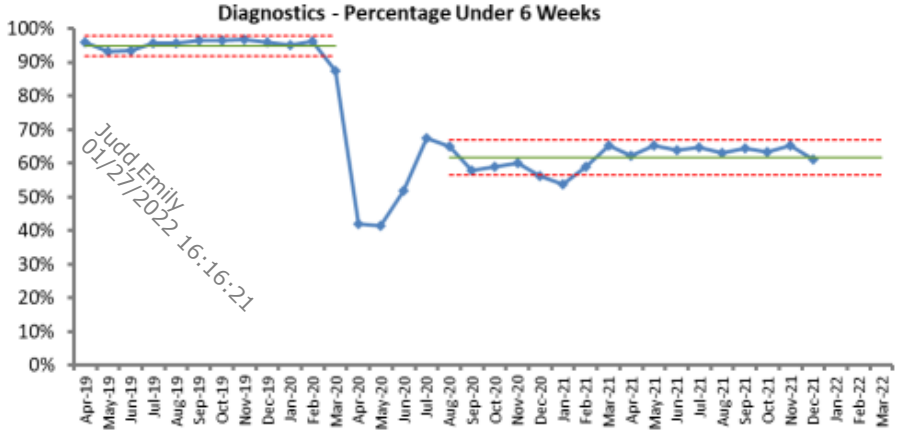
Diagnostic Waits

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

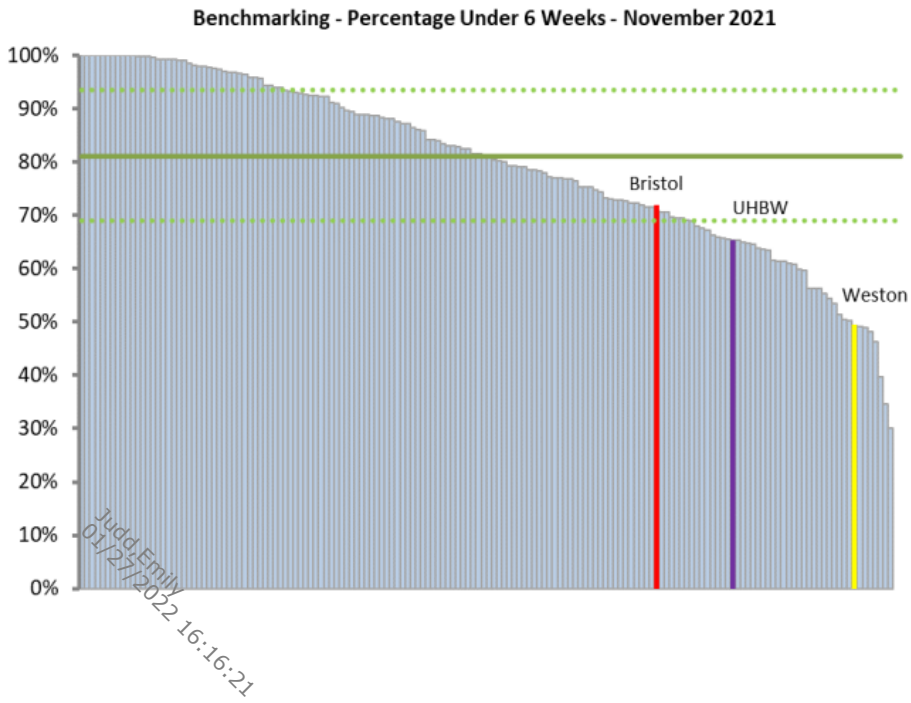
N *Not Achieved*

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 December, 61.1% of patients were waiting under 6 week, with 14,525 patients in total on the list. This is Bristol and Weston combined.
Commentary:	Diagnostic activity levels are being held overall and the overall list size reduced marginally from the previous month. High vacancies in radiographers and Endoscopists are affecting recovery, with resources also being diverted to support unscheduled care. There are some outstanding data quality issues to resolve on the reported waiting list position for Cystoscopy and Echocardiography at Weston but these are expected to be resolved by January 2022 following targeted validation work. Current genuine pressure points are Endoscopy (where additional insourcing and use of independent sector lists is offset by loss of QDU capacity and washer replacement plans in Weston), Adult MRI (Cardiology) and Cardiac MRI (where additional reporting capacity is being investigated to recover backlogs) and echo (predominantly at Weston, where long wait reviews are in place with Bristol and additional capacity is being investigated within the Independent Sector). There are also some niche constraints in MRI Paediatric GA pathway where mutual aid opportunities are being looked into within the SW region and Wales, but which rely on the provision of anaesthetists.
Ownership:	Chief Operating Officer



	Dec-21		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	4,983	6,428	77.5%
Medicine	104	172	60.5%
Specialised Services	1,119	2,183	51.3%
Surgery	476	1,308	36.4%
Weston	1,963	4,149	47.3%
Women's and Children's	236	285	82.8%
Other/Not Known	0	0	-
TRUST TOTAL	**8,881**	**14,525**	**61.1%**
Bristol Subtotal	*6,918*	*10,376*	66.7%

Diagnostic Waits



WESTON - December 2021	6+ Weeks	Total Waiting	% Under 6 Weeks	13+ Weeks
Colonoscopy	43	107	59.81%	13
CT	3	216	98.61%	3
Cystoscopy	153	180	15.00%	118
DEXA Scan	301	435	30.80%	169
Echocardiography	1,177	1,424	17.35%	950
Flexi Sigmoidoscopy	28	80	65.00%	3
Gastroscopy	55	132	58.33%	19
MRI	14	387	96.38%	0
Ultrasound	412	1,188	65.32%	187
Grand Total	**2,186**	**4,149**	**47.31%**	**1,462**

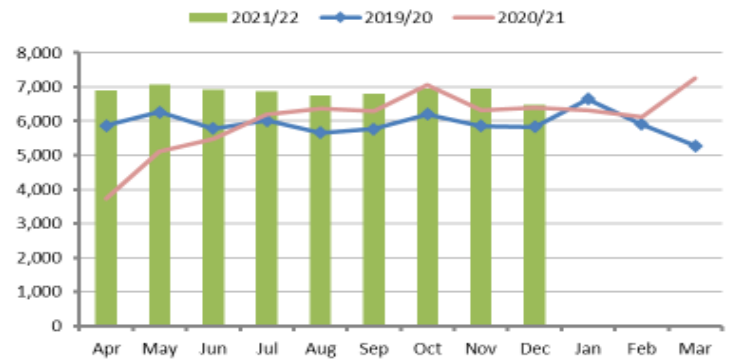
BRISTOL - December 2021	6+ Weeks	Total Waiting	% Under 6 Weeks	13+ Weeks
Audiology	2	374	99.47%	0
Colonoscopy	365	563	35.17%	277
CT	222	1,371	83.81%	152
Cystoscopy	1	5	80.00%	1
DEXA Scan	6	287	97.91%	0
Echocardiography	470	1,352	65.24%	7
Flexi Sigmoidoscopy	180	251	28.29%	153
Gastroscopy	334	588	43.20%	225
MRI	858	2,337	63.29%	632
Neurophysiology	3	143	97.90%	0
Sleep Studies	67	102	34.31%	64
Ultrasound	950	3,003	68.36%	207
Grand Total	**3,458**	**10,376**	**66.67%**	**1,718**

Diagnostic Activity – Restoration

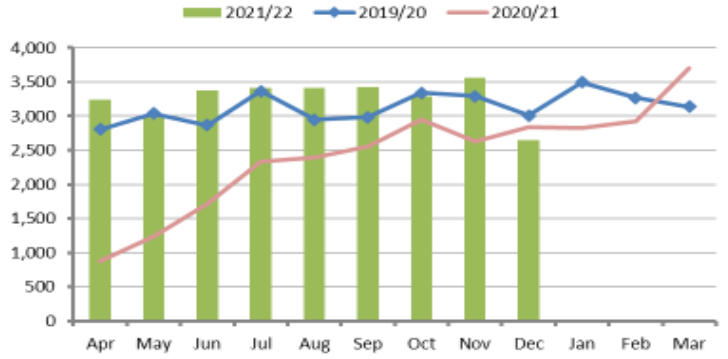
University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

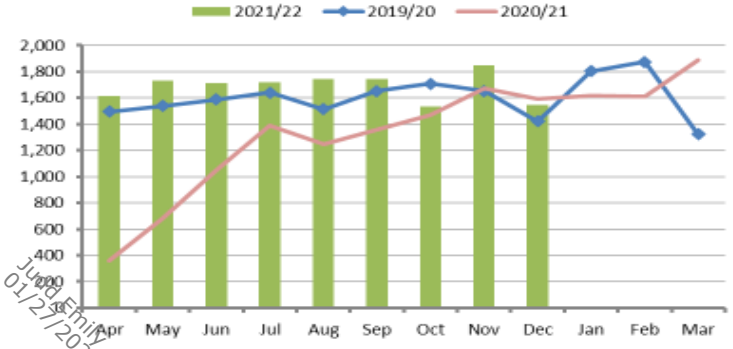
Computed Tomography (CT)



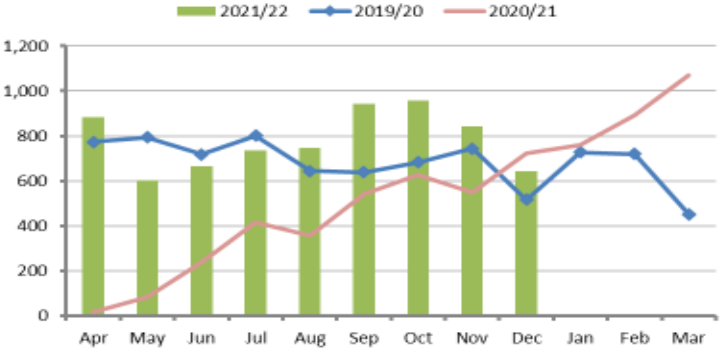
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy *(Gastroscopy, Colonoscopy, Flexi Sig)*



2021/22 as a Percentage of 2019/20

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

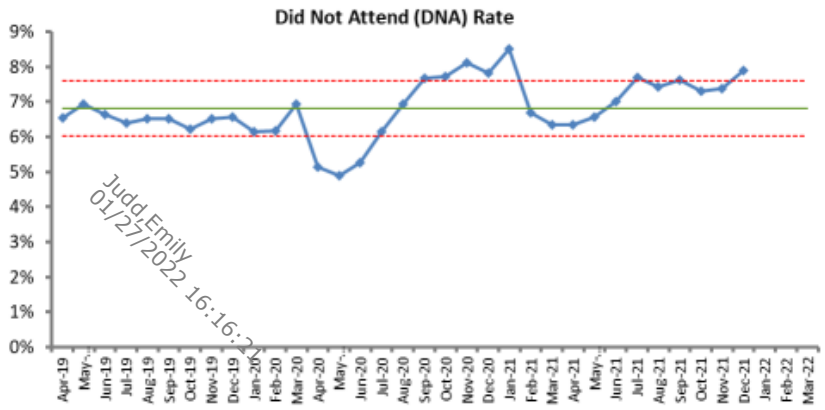
Outpatient Measures

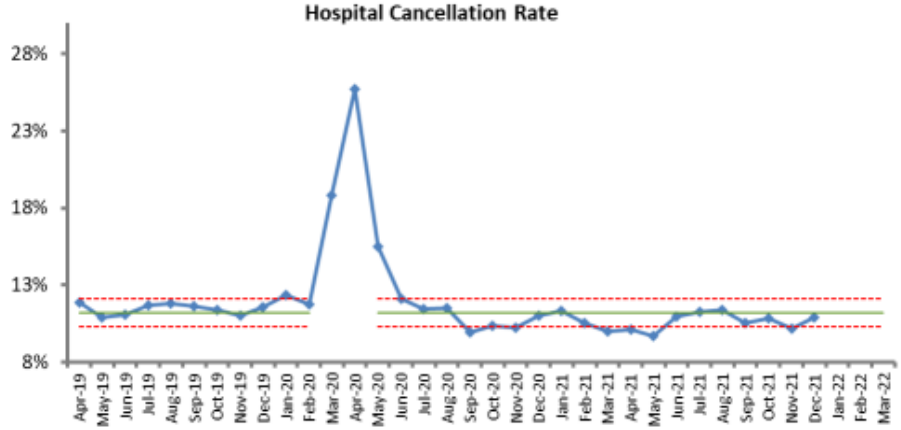
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

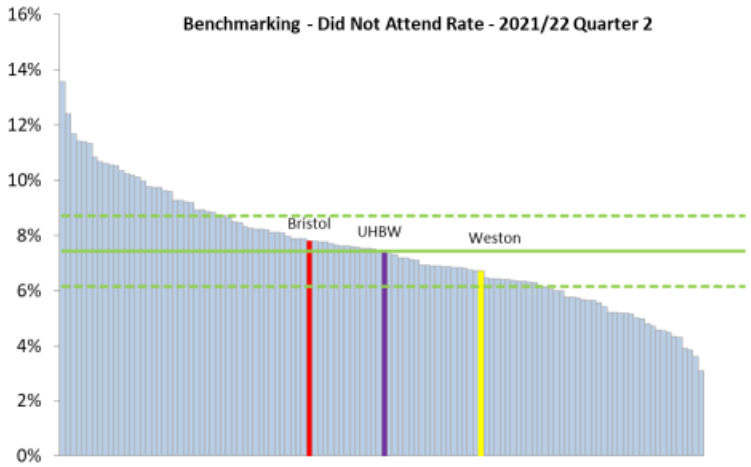
N *Not Achieved*

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In December, the DNA Rate was 7.9% across Bristol and Weston, with 5,045 DNA'ed appointments. The hospital cancellation rate was 10.9% with 10,261 cancelled appointments
Commentary:	• Cancellation rates are outside of tolerance targets in December 10.9%. This mirrors the surge in national COVID cases and cancellation of elective activity and outpatients to support the urgent care response. • DNA rates in November fell to 7.4% and have increased to 7.9% in December. In December there has been a surge in national COVID cases impacting on patients willingness to attend appointments. • Resources in place to promote attendance and reduce last minute patient cancellations and DNA's.
Ownership:	Chief Operating Officer

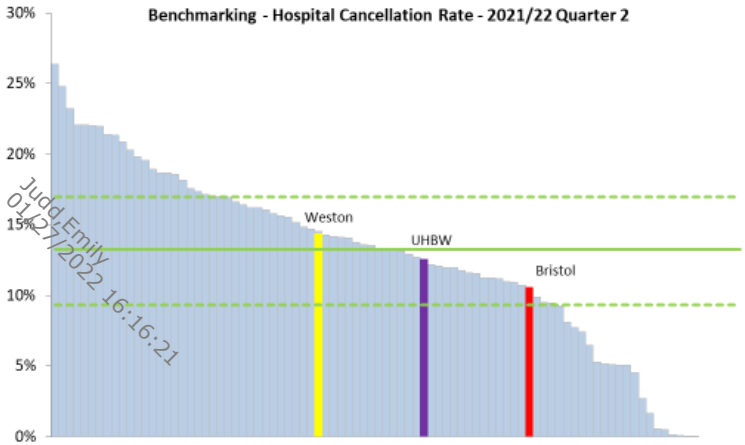




Outpatient Measures



	Dec-21	
	DNAs	DNA Rate
Diagnostics and Therapies	413	6.2%
Medicine	852	10.4%
Specialised Services	511	4.5%
Surgery	1,743	8.8%
Weston	138	4.8%
Women's and Children's	1,388	9.3%
Other/Not Known	0	-
TRUST TOTAL	**5,045**	**7.9%**
Bristol Subtotal	*4,907*	8.0%



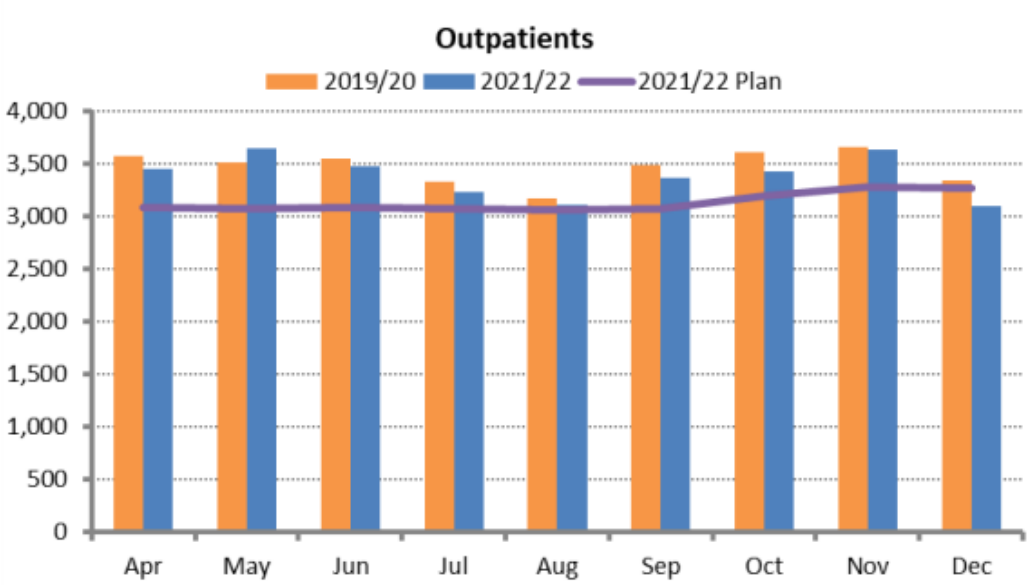
	Dec-21	
	Cancellations	Rate
Diagnostics and Therapies	480	5.8%
Medicine	1,207	11.1%
Specialised Services	2,490	15.6%
Surgery	2,328	8.2%
Weston	1,486	15.1%
Women's and Children's	2,270	11.1%
Other/Not Known	0	-
TRUST TOTAL	**10,261**	**10.9%**
Bristol Subtotal	*8,775*	10.4%

Outpatient Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021/22	Actual Activity Per Day	3,450	3,648	3,471	3,232	3,102	3,366	3,418	3,629	3,092
	Planned Activity Per Day	3,085	3,068	3,078	3,068	3,057	3,068	3,198	3,277	3,265
2019/20	Actual Activity Per Day	3,568	3,507	3,544	3,327	3,162	3,487	3,604	3,657	3,343
2021/22 Activity: % of Plan		112%	119%	113%	105%	101%	110%	107%	111%	95%
2021/22 Activity: % of 2019/20		97%	104%	98%	97%	98%	97%	95%	99%	92%

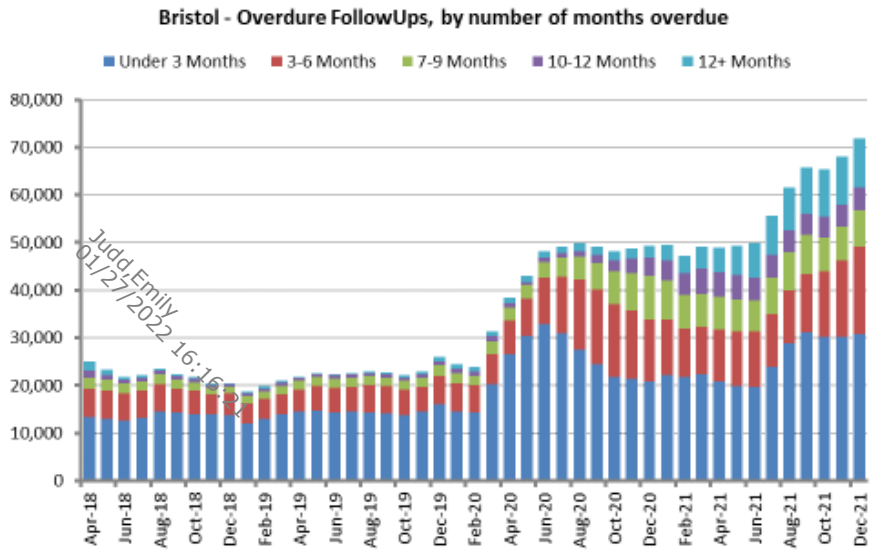
Outpatient Overdue Follow-Ups

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List" at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of December was 96,301 of which 27,863 (29%) were overdue by 9+ months.
Commentary:	• Overdue follow up backlogs have continued to grow in December. • Clinical capacity is not sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases. • National validation programme H2 bid has been accepted, UHBW has commenced the validation of Outpatient waiting lists. Divisional resourcing plans have been approved, ahead of national mandate. • Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&O and Respiratory. Discussions in progress with specialities to review the use of PIFU. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422)
Ownership:	Chief Operating Officer



	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	7,253	29	41	7,323
Medicine	11,690	1,342	4,455	17,487
Specialised Services	7,794	438	652	8,884
Surgery	24,342	2,455	4,819	31,616
Weston	11,583	2,664	10,150	24,397
Women's and Children's	5,776	406	412	6,594
UHBW TOTAL	**68,438**	**7,334**	**20,529**	**96,301**
Bristol Subtotal	*56,855*	*4,670*	*10,379*	*71,904*

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

University Hospitals Bristol and Weston NHS Foundation Trust

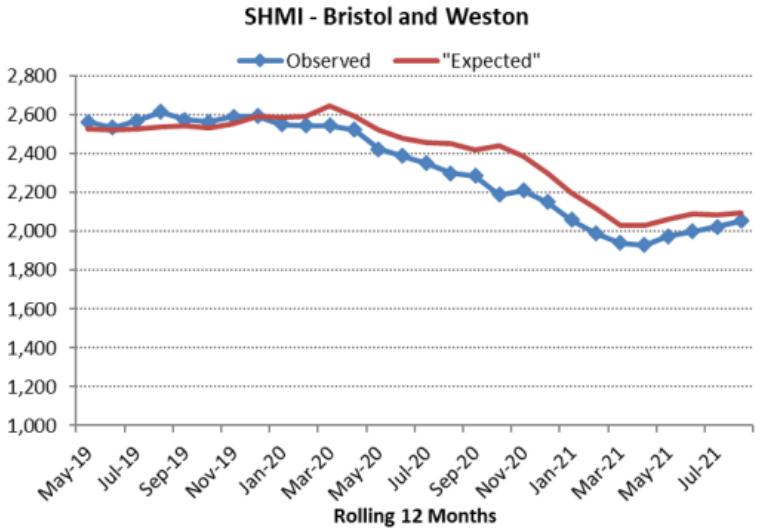
August 2021

A *Achieved*

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to August 2021 and is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months September 2020 – August 2021 was 98.1 and in NHS Digital's "as expected" category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
Rolling 12	**Observed**	**"Expected"**	**SHMI**
Nov-20	2,210	2,390	92.5
Dec-20	2,150	2,300	93.5
Jan-21	2,060	2,200	93.6
Feb-21	1,990	2,115	94.1
Mar-21	1,940	2,030	95.6
Apr-21	1,930	2,030	95.1
May-21	1,975	2,065	95.6
Jun-21	2,000	2,090	95.7
Jul-21	2,025	2,085	97.1
Aug-21	2,055	2,095	98.1

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



Mortality – HSMR (Hospital Standardised Mortality Ratio)

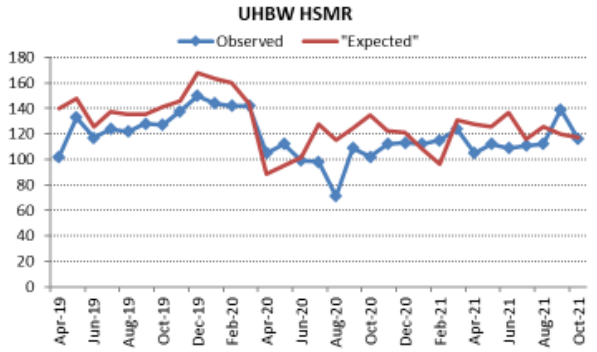
University Hospitals Bristol and Weston NHS Foundation Trust

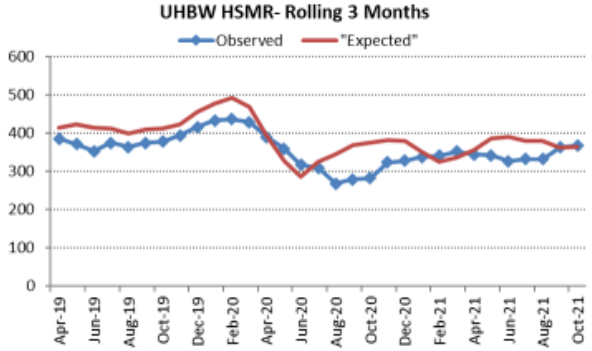
October 2021

A *Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of October 2021 is 98.9, meaning there were fewer observed deaths (116) than the statistically calculated expected number of deaths (117). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The HSMR for the 12 months to October 2021 for UHBW was 95.1 (National Peer: 90.7).
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
	Observed	"Expected"	HSMR
Nov-20	112	122	91.5
Dec-20	113	121	93.5
Jan-21	112	108	103.9
Feb-21	115	96	119.4
Mar-21	124	131	94.6
Apr-21	105	128	82.3
May-21	112	126	89.2
Jun-21	109	137	79.8
Jul-21	111	116	95.8
Aug-21	112	126	89.1
Sep-21	139	120	115.9
Oct-21	116	117	98.9





Fractured Neck of Femur (#NOF)

December 2021

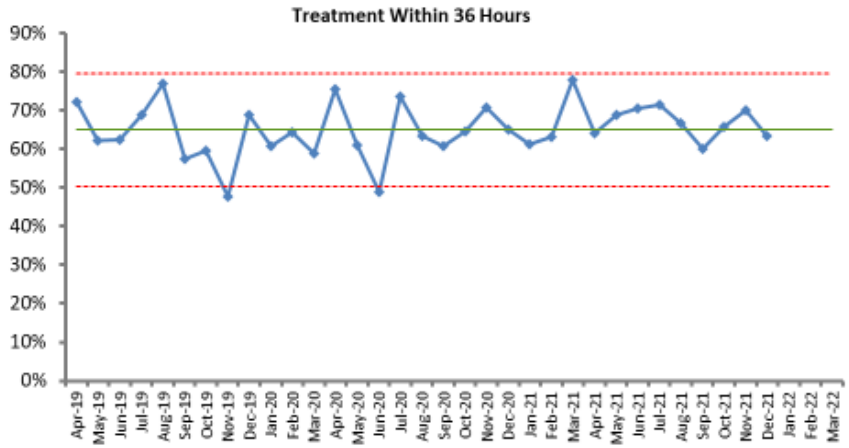
P *Partially Achieved*

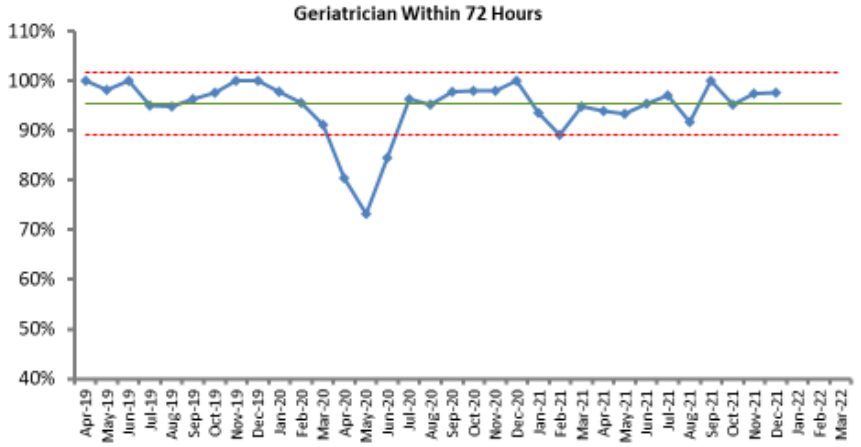
Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In December 2021, there were 41 patients eligible for Best Practice Tariff (BPT) across UHBW (22 in Bristol and 19 in Weston). • For the 36 hour standard, 63% achieved the standard (26 out of 41 patients) • For the 72 hour standard, 98% achieved the standard (40 out of 41 patients)
Commentary:	Challenges to be addressed in Bristol: • There is continued difficulty in time to theatre, mostly driven by the increase in general trauma demand to theatres for these patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity and also a lack of available inpatient beds. • Difficulty accessing theatres to ensure consistent #NOF theatre – also challenges with theatre staffing which is impacting on overall capacity. • Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the T&O wards. Actions being taken in Bristol: • Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre as well as developing a complete staffing picture for the service to ensure we have staff to meet demand. • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons. Challenges to be addressed in Weston: • Limited theatre space due to half day lists only on Tuesdays and Thursdays. • Limited theatre space at weekends due to shared list between orthopaedics and surgical. • Day one Physiotherapy assessment missed for two patients due to no Orthopaedic Physiotherapists rostered on that weekend. • No formal Ortho-geriatric support at weekends causing one patient to miss a timely assessment. Actions being taken in Weston: • Use Emergency theatre lists (“CEPOD”) where possible for extra capacity when trauma lists are full or limited. • Managerial team to discuss how extra physiotherapy staffing can be provided at weekends.
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021





		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	22	11	50%	22	100%
Weston	19	15	79%	18	95%
TOTAL	**41**	**26**	**63.4%**	**40**	**97.6%**

Mixed Sex Accommodation Breaches

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

A *Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There were 28 justified Mixed Sex Accommodation breaches reported in December 2021. Most of these breaches occurred in the Theatre Recovery unit when patients are not transferred to inpatient wards, in a timely way. One occurred in the Acute medical admissions ward, two in the stroke ward and six in an escalation ward and was caused by significant pressure on bed availability, overcrowding in the emergency department and the requirement for provision of a resuscitation bed in the emergency department.
Commentary:	Actions being taken: • Monthly review of each breach and whether justified or not. • Continue to maintain privacy and dignity for all patients affected and resolve accommodation issues within 24 hours of the breach occurring
Ownership:	Chief Nurse

Maternity Services

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

N/A *No Standard Defined*

Standards:	A Maternity Quality Perinatal Matrix provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	Please refer to the Perinatal Quality Surveillance Matrix on the next page.
Commentary:	Actions: • There is a monthly forum to share staff concerns with the Maternity and Neonatal Safety Champions and actions are fed back to staff. The current themes align with the data and include: staffing, capacity and delayed Induction Of Labour (IOL). • Risk 5652 has been added to the register regarding the inability to offer IOL according to NICE guidelines due to capacity (physical space and staffing). • Funding has been agreed to support a bespoke separate triage area away from the Central Delivery Suite (CDS) which was a recommendation from Healthcare Safety Investigation Branch (HSIB) investigations in regard to support patient flow through CDS and the DAU (Day Assessment Unit). Triage service has been incredibly busy but has been implemented successfully, initial audit 86% of people were triaged within 15 minutes at arriving in maternity triage, 81% received a midwife assessment within appropriate time frame and 47% received a doctor review within appropriate time frame. Busiest time was 18:00 to 21:00. Approx. 40% of attendance was for reduced foetal movements. • Due to ongoing pressure for elective C-sections at STMH, a case for further capacity will be raised through the 2022/23 planning round for consideration. • A Cardiotocography (CTG) monitoring and escalation focus week is planned for the New Year to highlight challenges staff have with CTG interpretation and how to remove these barriers. This idea was shared with the Local Maternity System (LMS), learn and support meeting last week and this action is to be shared city wide to support collaborative working and learning together as an LMS. • MBRRACE-UK has recently published the triennial report on findings from review of maternal mortality 2017-19 in the UK. This report has shown that indirect causes of death (non-obstetric causes) continue to contribute to a majority of maternal mortality. This is in the process of being reviewed as an MDT and will be shared once presented through women's governance. Immediate feedback was escalated to Trust in November. • MBRRACE-UK Perinatal Surveillance Report 2019 response has been produced and will be shared though W&C governance in January. High overall mortality rate of St. Michael's Neonatal Intensive Care Unit (NICU) in 2019 is appropriately high given the extremely complex patient mix and the individual network setup within the City of Bristol and the South West. The 2019 mortality rate is in keeping with previous years and below the local mean measured over the last 10 years.
Ownership:	Chief Nurse

UHBW Perinatal Quality Surveillance Matrix

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of babies born alive at >=22 to 36+6 weeks gestation	29	33	24	27	37	31	38	24	44	29	26	22
Number of women who gave births all gestations from 22+0 weeks	397	396	407	410	429	415	466	429	429	449	432	419
Induction of Labour rate %	32.9%	29.8%	37.2%	33.7%	30.7%	30.6%	26.6%	27.8%	26.8%	26.6%	24.4%	31.0%
Unassisted Birth rate %	48.4%	46.9%	51.9%	53.5%	49.0%	51.2%	46.7%	46.9%	49.2%	45.0%	45.4%	45.3%
Assisted Birth rate %	17.7%	18.1%	16.2%	15.9%	15.6%	14.8%	15.2%	20.5%	14.5%	17.5%	16.9%	12.4%
Caesarean Section rate (overall) %	33.9%	35.0%	31.9%	30.6%	35.5%	34.0%	38.1%	32.6%	36.3%	37.6%	37.7%	42.3%
Elective Caesarean Section rate %	14.7%	15.6%	15.5%	13.3%	14.0%	15.8%	13.9%	14.9%	14.3%	12.2%	15.3%	17.4%
Emergency Caesarean Section rate %	19.2%	19.4%	16.4%	17.3%	21.5%	18.2%	24.0%	17.7%	21.7%	25.3%	22.4%	24.9%
Total number of perinatal deaths	2	4	1	1	6	0	2	1	1	4	11	6
Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	0	0	0	0	0	1	1	0
Number of stillbirths (>=24 weeks excl TOP)	0	3	0	0	2	2	1	0	1	2	4	4
Number of neonatal deaths : 0-6 Days	0	1	0	0	1	0	1	1	0	0	1	1
Number of neonatal deaths : 7-28 Days	2	0	1	1	3	0	0	0	0	1	5	1
Suspected brain injuries in inborn neonates (no structural abnormalities)	1	0	0	0	2	0	0	0	0	1	0	0
Number of maternal deaths (MBRRACE)	1	0	0	1	0	0	0	0	0	0	0	0
Number of women who recieved level 3 care	0	0	1	2	1	0	1	1	1	1	2	0
Continuity of Carer (overall percentage)	36%	36%	36%	38%	45.9%	46%	44.4%	48.3%	47%	40%	43%	45%

Detailed summary of the Perinatal Quality Surveillance Matrix data

- In UHBW, The induction of labour (IOL) rate remains high at 31%. A continued increase in induction of labour (IOL) waiting times remains a concern and has led to complaints. This is attributed to lack of capacity on the central delivery suite (CDS) with mitigation described in risk 2264: delayed induction of labour.
- There were 18 reported incidents related to workforce in December (six service provision/ nine staffing/ one related to ten delayed induction of labour (IOL) /two related to non-compliance with British Association of Perinatal Medicine (BAPM) standards for Neonatal nursing , refusal to accept two premature babies due to capacity within NICU.)
- The total Lower Section Caesarean Section (LSCS) rate in December was 42.3%. This was the highest monthly rate for 2021. The emergency rate increased to 24.9% from 22.4% in November.
- One serious incident reported to HSIB in December; Term Stillbirth at 40 weeks and 13 days of pregnancy during an inpatient induction of labour. Immediate learning has been fed back to teams.
- Six perinatal deaths in December; Four were stillbirths and two were neonatal deaths of inborn babies, one of which was a 21+6 week gestation baby who lived for an hour (out born babies are not included on the matrix). All deaths have been reviewed for immediate learning by a senior midwife and consultant. No themes have emerged. All perinatal deaths will be reviewed as part of the MDT perinatal review meeting in January; peer trusts have been invited to attend for independent review.
- Risk to Maternity Incentive Scheme (MIS) Clinical Negligence Scheme for Trusts (CNST) compliance, The IT connectivity issues and capacity constraints within the community midwifery teams to input data into the Maternity Careflow system is a risk associated with a potential failure of CNST. The requirement is for 80% data entry over a 6 month consecutive period which we are unlikely to achieve with the present IT failures in community. This has been escalated and is on the risk register. Maternity Incentive Scheme (MIS) has been suspended for 3 months from 23 December which will help with extra time to resolve data entry compliance issues.
- Sickness rates in doctors' rotas, no change from last month regarding consultants acting down to cover and cross cover to maintain safe service.
- NICU: All Consultants post are fully recruited there has been some Consultant sickness in the month. Junior medical cover is reduced in the tier 2 rota due to lower than expected numbers from the Deanery; this is being covered by the existing team undertaking additional shifts and Consultants acting down. Again recruitment at SR level is difficult, a new fellow started in December, services although will remain below the ideal 9.0wte until March 2022.
- NICU no change from last month regarding 53% of nurses qualified in speciality (QIS) trained (BAPM standard 70%). In the first half of next year we will drop to 45% with those on maternity leave. Recruitment plan in progress
- Midwifery vacancies, presently 7 WTE, will be 8.7 WTE by April. Presently out for recruitment.
- Risk 5774 added to the risk register regarding the challenges during present COVID-19 pressures for the South West Ambulance Service (SWAST) to be able to provide timely emergency service if a transfer is required for a home birth. Coordinated across the local maternity system (LMS), women have been informed of risk and recommended to birth in the unit. Datix outcome for all home births during period of risk. Two transferred in, seven born 'before arrival' of midwifery support, five women declined to attend the unit.
- We are continuing to implement requirements for Ockenden, next Ockenden report due out by 24th March 2022. A new task and finish group set up by LMS to support action plan from Ockenden.
- A move to implement the Continuity of Carer (CoC) programme continues, with BAME at 70.8% and IMD 1(most deprived) at 68.1%.

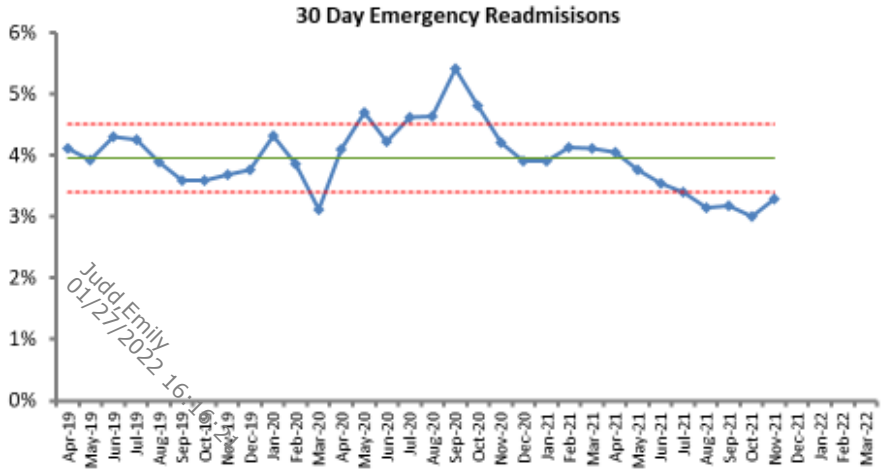
Readmissions

University Hospitals Bristol and Weston NHS Foundation Trust

November 2021

A *Achieved*

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In November, there were 13,701 discharges, of which 451 (3.3%) had an emergency re-admission within 30 days.
Commentary:	The review of Readmission methodologies and future targets/trajectories across the two Trusts is to be established.
Ownership:	Chief Operating Officer



	Nov-21		
	Readmissions	**Total Discharges**	**% Readmitted**
Diagnostics and Therapies	0	26	0.0%
Medicine	151	2,283	6.6%
Specialised Services	41	2,898	1.4%
Surgery	92	2,495	3.7%
Weston	105	1,925	5.5%
Women's and Children's	62	4,074	1.5%
Other/Not Known	0	0	-
TRUST TOTAL	**451**	**13,701**	**3.3%**
Bristol Subtotal	*346*	*11,776*	*2.9%*

Workforce – Bank and Agency Usage

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

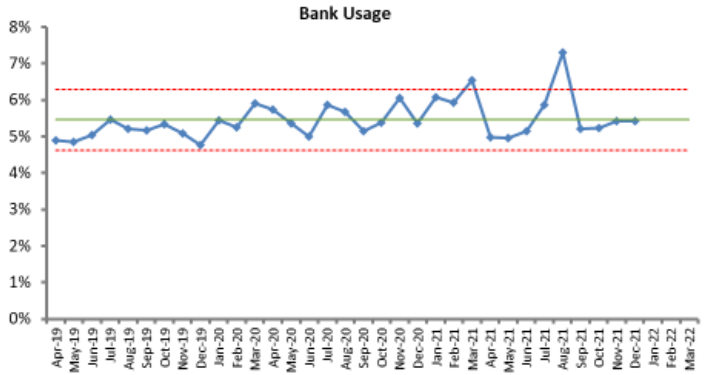
P *Partially Achieved*

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The red threshold is 10% over the monthly target.
Performance:	In December 2021, total staffing was at 11,336 FTE. Of this, 5.4% was Bank (614 FTE) and 1.7% was Agency (194 FTE).
Commentary:	**Bank usage** has remained static. There were increases in five divisions, with the largest increase seen in Medicine, increasing to 135.4 FTE from 123.3 FTE in the previous month. There were reductions in three divisions, with the largest reduction seen in Surgery, reducing to 94.2 FTE from 104.9 FTE in the previous month. **Agency usage** reduced by 9.0 FTE There were increases in one division, with the largest increase seen in Women's and Children's, increasing to 28.1 FTE from 19.6 FTE in the previous month. There were reductions in four divisions, with the largest reduction seen in Surgery, reducing to 29.5 FTE from 39.9 FTE in the previous month. A further 76 appointments and reappointments have been made to the Trust Staff Bank across all staff groups during December. There have been 184 new starters to the bank during Q3 of which 112 have completed at least one shift with the remaining being chased up. Post-Christmas Bank recruitment campaign has gone live with posters across all sites supported by a robust social media campaign. Development underway of a significant multimedia Bank recruitment campaign for the Spring of 2022. Work continues with BNSSG and Bath healthcare partners to drive down high cost non-framework usage with a new neutral vendor about to appointed to take over the contract for nurse supply on 1st April 2022. Migration of Weston locum Bank from an outsourced provide back in house on schedule to go live 4th January 2022.
Ownership:	Director of People

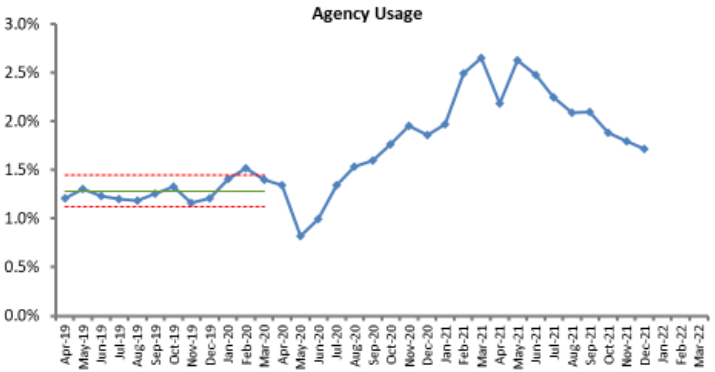
Workforce – Bank and Agency Usage

December 2021

Bank	December FTE	December Actual %	KPI
UHBW NHS Foundation Trust	**613.7**	**5.4%**	**5.3%**
Diagnostics & Therapies	20.4	1.7%	2.0%
Medicine	135.4	9.2%	10.0%
Specialised Services	60.1	5.1%	6.0%
Surgery	94.2	4.8%	4.2%
Women's & Children's	52.3	2.3%	1.2%
Trust Services	31.7	2.7%	4.5%
Facilities & Estates	99.2	11.0%	8.0%
Weston	120.4	10.02%	10.00%



Agency	December FTE	December Actual %	KPI
UHBW NHS Foundation Trust	**194.3**	**1.7%**	**1.8%**
Diagnostics & Therapies	0.0	0.0%	1.0%
Medicine	65.9	4.5%	2.2%
Specialised Services	23.8	2.0%	1.0%
Surgery	29.5	1.5%	1.4%
Women's & Children's	28.1	1.2%	0.9%
Trust Services	13.7	1.2%	0.0%
Facilities & Estates	0.0	0.0%	3.9%
Weston	33.3	2.8%	5.2%



Workforce – Turnover

NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

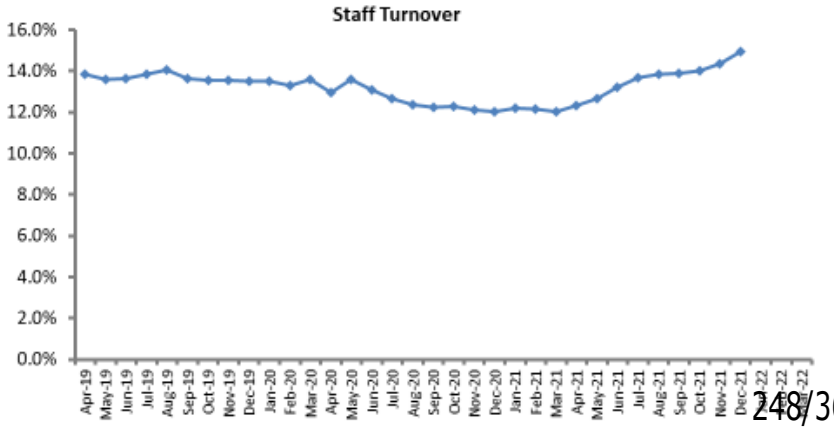
N *Not Achieved*

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 13.1% by the end of 2021/22, based on combining the Divisional targets, including Weston. The red threshold is 10% above monthly trajectory.
Performance:	In November 2021, there had been 1312 leavers over the previous 12 months, with 8777 FTE staff in post on average over that period; giving a turnover of 1312 / 8777 = 14.9%.

Commentary:	Turnover for the 12 month period increased to 14.9% in December 2021 compared with 14.4% (updated figure) for the previous month.
	Seven divisions saw an increase whilst Diagnostics and Therapies remained static in turnover in comparison to the previous month.
	The largest divisional increase was seen within Trust Services, where turnover increased by 2.0 percentage points to 13.6% compared with 11.7% the previous month.
	• The values and behaviours launched in November 2021. A comprehensive communications and OD plan is in place to ensure a full immersion for staff and leaders. Key launch activities included:
	  • Local Divisional Leadership Immersion CC, DD and HRBP to ensure immersion across divisions into board meetings team huddles,
	  • All leadership management development programmes updated with new values and behaviours,
	  • Appraisal updates made to incorporate new values to the on line software and paper forms in Weston,
	  • Continued focus in leaders connected programme,
	  • Policy update to include the addition of new values.
	• The implementation of Vaccination as a Condition of Deployment Regulations is predicted to impact upon turnover within the Trust in order to mitigate this, information on how to get your vaccination and the benefits of vaccination is being shared widely; recruitment drives are also underway in order to mitigate the impacts. An exit reason for mandatory vaccination has been included in the exit questionnaire.

Ownership:	Director of People

Turnover	Dec-21	KPI
UHBW NHS Foundation Trust	14.9%	12.8%
Diagnostics & Therapies	16.2%	11.6%
Medicine	20.0%	16.7%
Specialised Services	14.0%	13.5%
Surgery	14.1%	13.1%
Women's & Children's	12.0%	9.9%
Trust Services	13.6%	12.0%
Facilities & Estates	16.1%	13.2%
Weston	16.6%	15.3%



Workforce – Vacancies

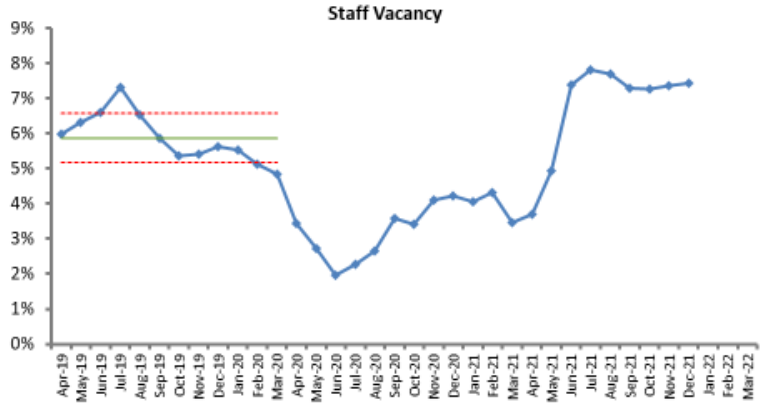
NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

N *Not Achieved*

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is the trajectory to achieve 6.2% by the end of 2021/22.
Performance:	In December 2021, funded establishment was 11,374 FTE, with 846 FTE as vacancies (7.4%).
Commentary:	Overall vacancies remained static at 7.4% compared to the previous month. The largest divisional increase was seen in Women's and Children's, where vacancies increased to 72.5 FTE from 50.3 FTE in the previous month. The largest divisional reduction was seen in Weston, where vacancies reduced to 137.4 FTE from 163.0 FTE the previous month. • Ongoing international nurse recruitment with162 now arrived of which 104 have their NMC PIN. • Agreement to recruit an additional 30 international nurses before the end of March 2022. • In December the Trust offered 15 apprentices, 35 Bank and 13 experienced HCSW's. In addition 6 apprentices, 18 Bank and 3 experienced HCSW's all started during December. • Plans being put in place to re-run the radiology open day to generate an increased number of applicants from newly qualified radiographers. • Recruitment to the innovative Hospital@Home care model to commence in January 2022. • Focused recruitment effort on the acute medicine roles across both Bristol and Weston.
Ownership:	Director of People

Vacancy	Dec-21	KPI
UHBW NHS Foundation Trust	7.4%	6.2%
Diagnostics & Therapies	3.7%	5.5%
Medicine	6.6%	6.5%
Specialised Services	8.2%	5.5%
Surgery	8.8%	4.5%
Women's & Children's	2.3%	5.0%
Trust Services	6.0%	4.9%
Facilities & Estates	14.9%	9.1%
Weston	13.6%	11.0%



Workforce – Staff Sickness

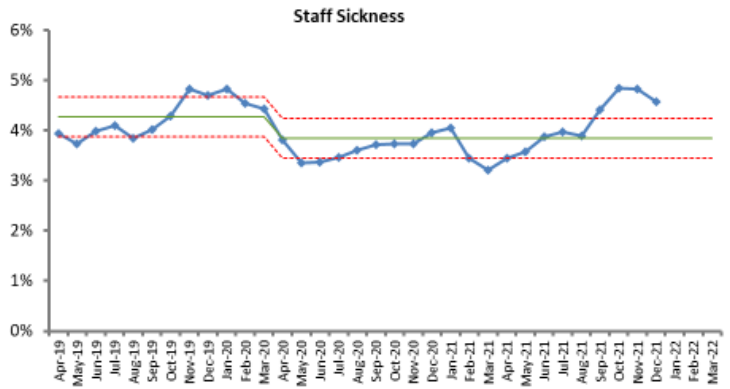
NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

P *Partially Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The red threshold is 0.5 percentage points over the monthly target.
Performance:	In December 2021, total available FTE days were 325,991 of which 14,900 (4.4%) were lost to staff sickness.
Commentary:	Sickness absence reduced to 4.6% compared with 4.8% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting. There were increases within one division, the largest divisional increase was seen in Women's and Children's, increasing by 0.4 percentage points to 4.9% from 4.6% the previous month. There were reductions within seven divisions, the largest divisional reduction was seen in Diagnostic and Therapies, reducing to 2.6% from 3.3% the previous month. Medical Suspension continues to be the method used to record short-term Covid absences. During December, 2.2% of available FTE was lost to Medical Suspension compared to 1.4% the previous month: 1.0% Covid Sickness, 1.2% Covid Isolation/Shielding. Long Covid accounts for 0.1% of the sickness absence. • In response to feedback, a new programme of Manager ELearning called `workplace wellbeing for managers' is available. • As part of the Winter Wellbeing programme to prioritise staff wellbeing and help boost morale, 5,000 individuals received gifts, 250 teams received chocolate hampers from Bristol & Weston Hospitals Charity, and over 100 staff accessed massage sessions, yoga, and mindfulness workshops. • Omicron prompted a significant wave of increased sickness levels however the guidance in reduction of self isolation and lateral flow testing has improved this picture. In addition to this, HR Services have been supporting in the provision of revised guidance for managers and addressing long term cases of absence in order to redeploy staff through the mobilisation hub to ensure an earlier return to work even into a non-clinical role or working from home.
Ownership:	Director of People

Sickness	Dec-21	KPI
UHBW NHS Foundation Trust	**4.6%**	**4.1%**
Diagnostics & Therapies	2.6%	3.1%
Medicine	5.4%	4.5%
Specialised Services	4.4%	3.3%
Surgery	4.7%	4.0%
Women's & Children's	4.9%	3.9%
Trust Services	4.02%	3.99%
Facilities & Estates	5.9%	6.6%
Weston	4.9%	4.1%



Workforce – Appraisal Compliance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 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, with Weston adopting the 85% target already in place at Bristol.
Performance:	In December 2021, 7,066 members of staff were compliant out of 10,403 (67.9%).
Commentary:	Overall appraisal compliance reduced to 67.9% from 69.3% compared to the previous month. All divisions are non-compliant. There were increases in seven divisions, and reductions in the remaining one division. The largest divisional increase was within Medicine, increasing to 65.5% from 63.0% in the previous month; The largest divisional reduction was seen within Surgery where compliance reduced to 51.4% compared with 55.0% in the previous month. • Staff Appraisal compliance remains at risk due to the internal critical incident therefore capacity to hold conversations is reduced. • Appraisal updates made to incorporate new values to the on line software and eradicate old appraisal form. • Division of Weston: eradicate old appraisal form in the Division of Weston replacing the form with the paper version of interim appraisal form inclusive of new values. Updates completed on all resources and guides to reflect this change. • Appraisal training: All training suspended during the internal critical incident. • Appraisal training: review of training materials reviewed in collaboration with Organisational Development and Education and training team.
Ownership:	Director of People

Judd Emily
01/27/2022 16:16:21

Appraisal (Non-Consultant)	Dec-21	Nov-21	KPI
UHBW NHS Foundation Trust	67.9%	69.3%	85.0%
Diagnostics & Therapies	77.0%	77.0%	85.0%
Medicine	65.5%	63.0%	85.0%
Specialised Services	75.0%	76.8%	85.0%
Surgery	51.4%	55.0%	85.0%
Women's & Children's	70.4%	72.7%	85.0%
Trust Services	71.3%	72.1%	85.0%
Facilities & Estates	70.1%	73.0%	85.0%
Weston	68.1%	69.1%	85.0%

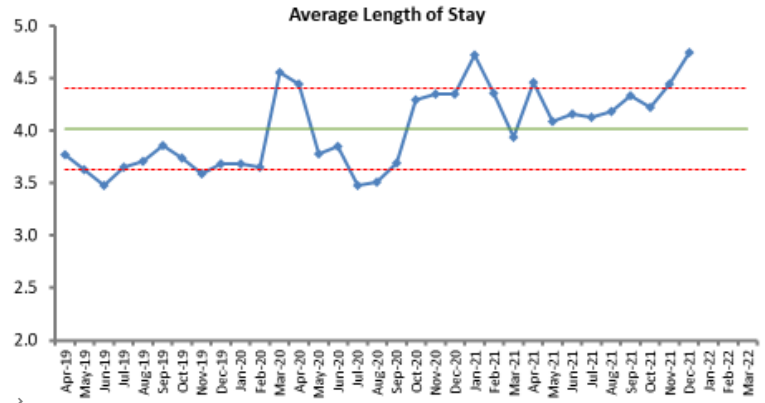
Average Length of Stay

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

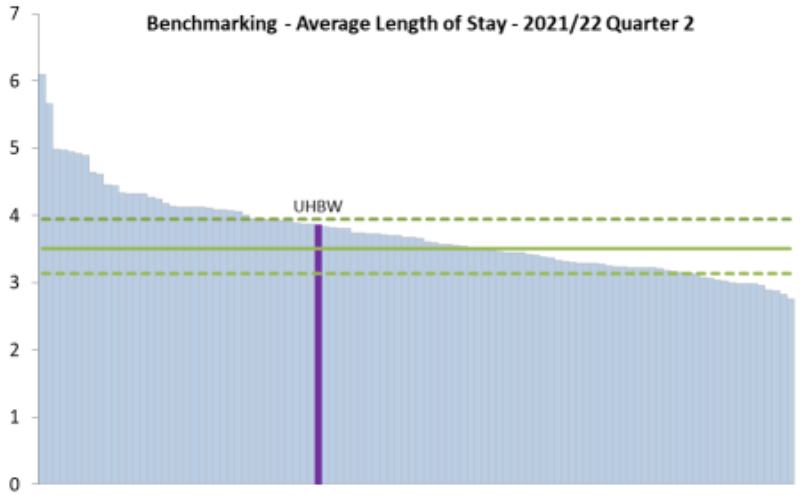
N/A *No Standard*

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 December there were 31,620 discharges at UHBW with an average length of stay of 4.74 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



Judd Emily 01/27/2022 16:16:24

	Dec-21
Medicine	5.3
Specialised Services	7.5
Surgery	4.7
Weston	8.1
Women's and Children's	2.5



Finance – Executive Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

YTD Income & Expenditure Position	• Net I&E surplus of £3,207k against a plan of break-even (excluding technical items). • Total operating income is £4,182k adverse to plan due to lower than planned other operating income of £4,124k (relating to grant income). The reported income from patient care activities incorporates the return of system top up funding of £10m. • Operating expenses are £3,297k favourable to plan primarily due to lower pass-through expenditure (£9,970k adverse), the shortfall in CIP delivery of £3,408k, lower than planned non-pay expenditure of £5,554k and a revised assessment of costs associated with ERF. • Technical and financing items are £4,170k favourable to plan mainly due to the profiling of grant income relating to the Salix decarbonisation scheme.
Key Financial Issues	• The Trust's current forecast outturn assessment is a net I&E surplus of c£6m. • The Trust's forecast position excludes £10m of system top-up funding which has been returned back into the system. • Savings delivery of £8,035k or 70% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £4,826k. Recurrent savings are forecast at £3,862k, 25% of plan. • Capital expenditure to date of £39,506k against the annual CDEL of £88,394k means the Trust is very likely to under spend against its CDEL by 31st March 2022. Following discussions with Capital Programme leads the current capital forecast outturn is c£73m.
Strategic Risks	Although the following items are not expected to have a material impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate: • Agreeing a system approach to future financial targets given UHBW's need to service past borrowing – pending full understanding of the 2022/23 financial regime; • Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime– pending as above; • Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going and subject to CDEL brokerage discussions with NHSEI.

Finance – Financial Performance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021

Trust Year to Date Financial Position

	Month 9			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	75,736	64,900	(10,835)	688,529	688,471	(58)
Other Operating Income	9,919	10,664	746	100,032	95,908	(4,124)
Total Operating Income	**85,654**	**75,565**	**(10,090)**	**788,562**	**784,380**	**(4,182)**
Employee Expenses	(49,575)	(50,675)	(1,099)	(441,500)	(443,812)	(2,312)
Other Operating Expenses	(33,663)	(18,190)	15,474	(300,085)	(294,532)	5,554
Depreciation (owned & leased)	(3,545)	(3,738)	(193)	(20,515)	(20,460)	55
Total Operating Expenditure	**(86,784)**	**(72,603)**	**14,181**	**(762,100)**	**(758,803)**	**3,297**
PDC	(942)	(1,342)	(399)	(9,256)	(9,397)	(141)
Interest Payable	(172)	(172)	0	(1,651)	(1,579)	72
Interest Receivable		2	2	0	2	2
Other Gains/(Losses)	0	(13)	(13)	0	(11)	(11)
Net Surplus/(Deficit) inc technicals	**(2,243)**	**1,438**	**3,681**	**15,554**	**14,591**	**(963)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	2,243	(370)	(2,613)	(15,554)	(11,384)	4,170
Net Surplus/(Deficit) exc technicals	**(0)**	**1,068**	**1,068**	**(0)**	**3,207**	**3,207**

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

Key Facts:

- The YTD net surplus is £3,207k (£2,139k last month) compared with the planned breakeven position.
- Pay expenditure is £712k higher in December than November due to an increase in substantive and bank pay costs. YTD expenditure is adverse to plan at £2,312k. This shows an increase from £1,212k in November.
- YTD agency expenditure is £21,760k, 5% of total pay costs.
- Operating income is adverse to plan by £4,182k, a reduction from £5,908k favourable in November. The movement is due to the return of system top-up funding in December. The other operating income variance of £4,124k is primarily due to lower than planned Salix grant income (£5,094k).
- CIP achievement is 70%. £8,035k has been achieved against a target of £11,442k.
- Additional costs of Covid-19 are £8,366k YTD at the end of December, with an Increase in month to £1,078k from £748k in November.

Care Quality Commission Rating - Bristol

University Hospitals Bristol and Weston NHS Foundation Trust

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

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

Rating for acute services/acute trust

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

Explanation of SPC Charts

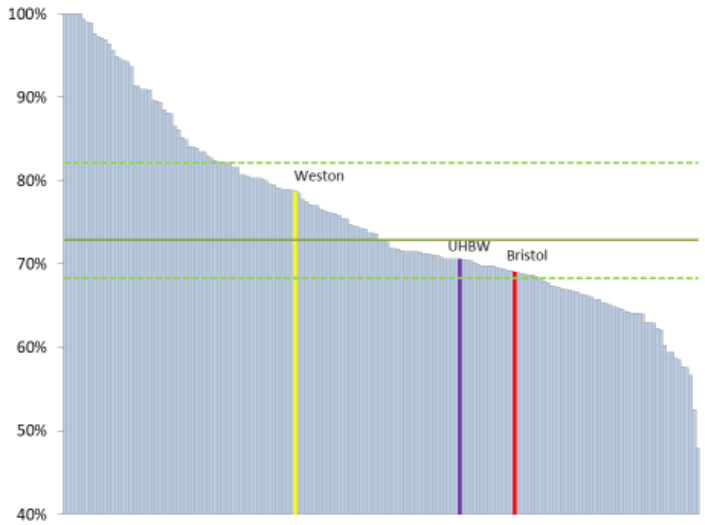
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below

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

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

Explanation of Benchmarking Charts

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



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

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

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

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

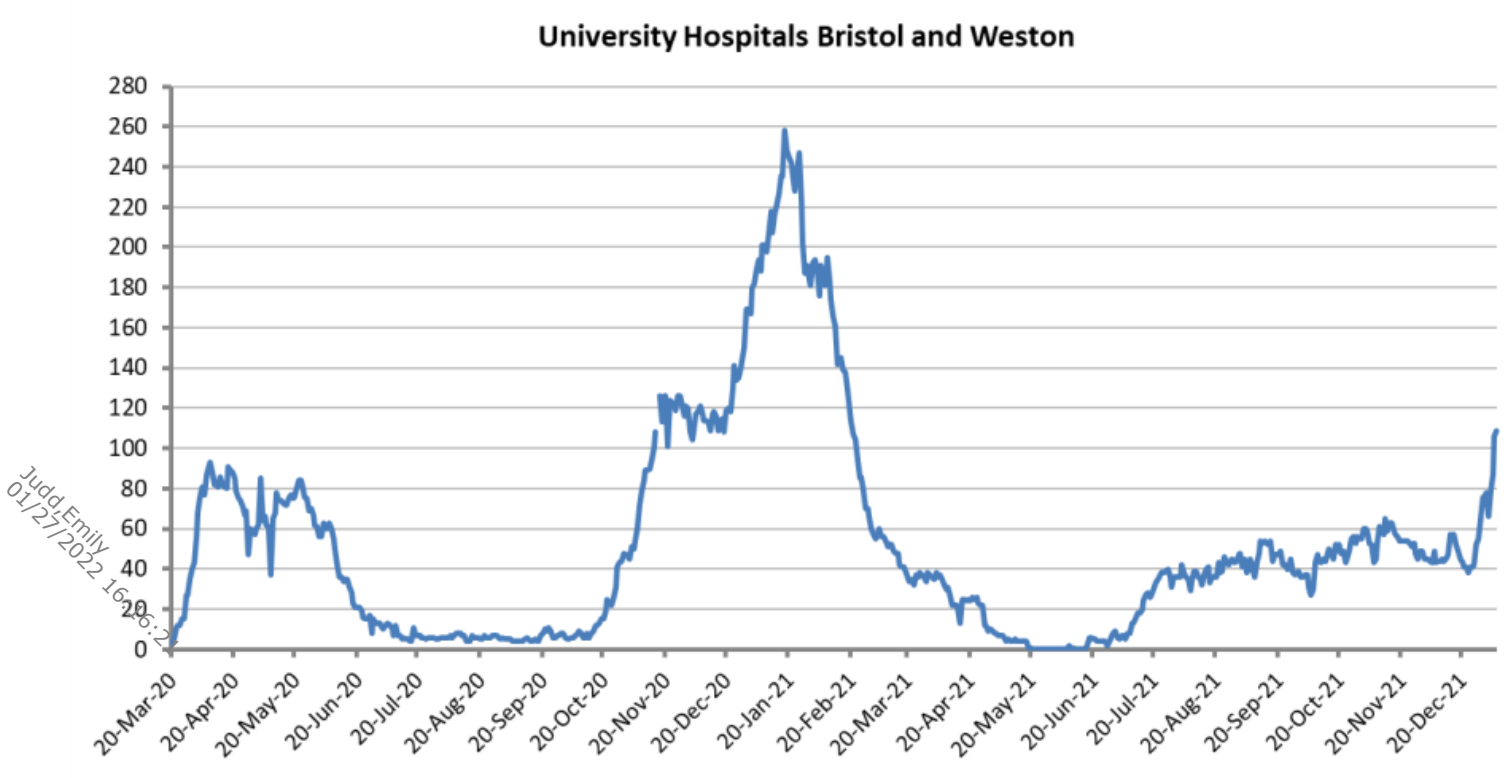
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

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

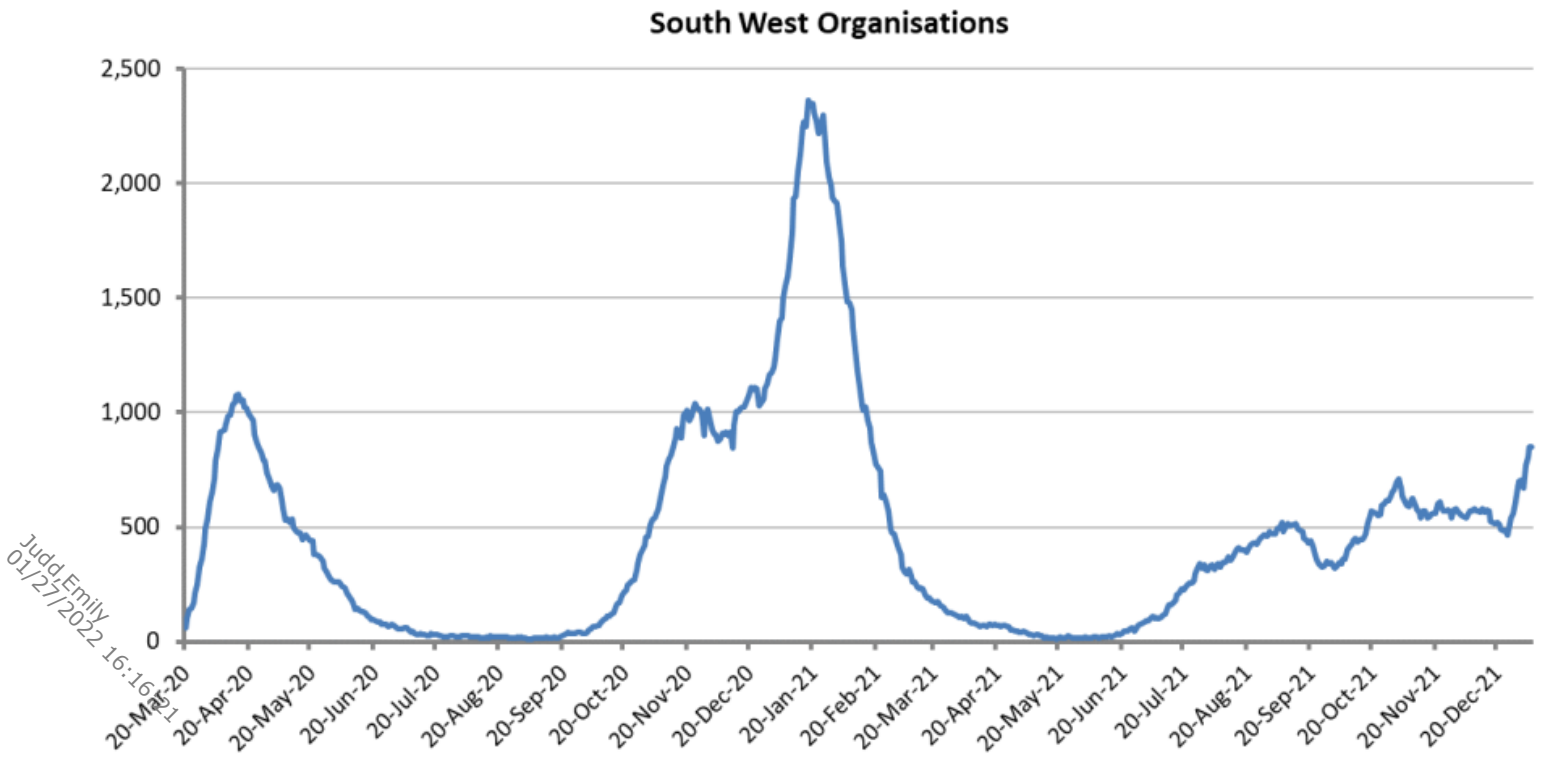
Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the "COVID-19 NHS Situation Report". Data up to 6th January 2022.



Appendix – Covid19 Summary

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



Appendix – Covid19 Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

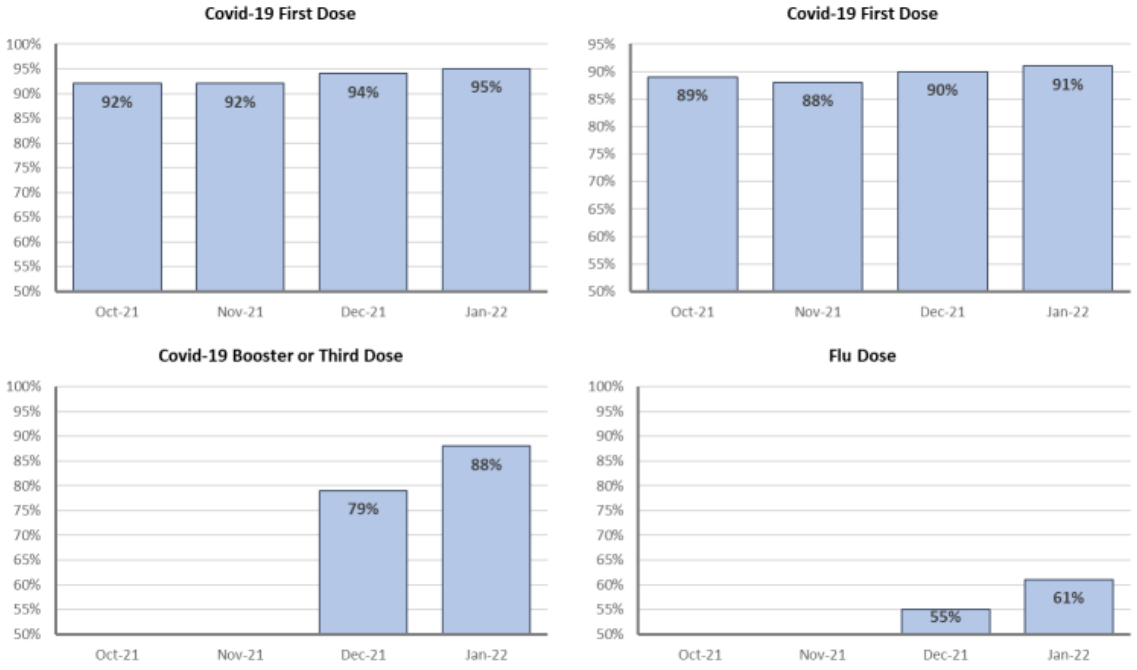
Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 19th January 2022 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Commentary:	The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination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

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
Sep-21	149	66	10	8	19	103
Oct-21	174	74	7	5	15	101
Nov-21	189	68	8	4	11	91
Dec-21	194	76	16	14	16	122
	2,169					**1,984**

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

Appendix – Staff Vaccination Summary

Source:	These figures are based on those published by NHS England. These statistics include vaccinations administered across all settings in England (within Hospital Hubs and other Local Vaccination Service sites such as GP practices and Vaccination Centres).
Timeframe:	For information the COVID-19 Booster and Flu Vaccination Programme started in late-September 2021. Flu and Covid booster data started in December 2021.
Commentary:	Please note the 1st and 2nd COVID-19 dose mandate will result in the Trust having greater oversight of staff vaccination records (from week commencing 17/01). This will give the Trust a richer data picture so the Vaccination Programme Team know more accurately where the Trust should be directing its vaccination promotion, support and clinic activity. The Trust Vaccination service is continuing to target those identified areas and Teams with low levels of COVID-19 Booster vaccination uptake (as Booster uptake is a good indicator of areas of vaccination hesitancy – by Division, Staff Groups and Ethnicity). As part of the Trust's preparation for meeting the compulsory 1st and 2nd dose COVID-19 vaccinations deadline we are also preparing to stand-up more supported clinics for those with complex needs, educational and advice forums as well as psychological support for staff who are vaccine hesitant.
Ownership:	Chief Nurse/Director of People



Appendix – Immunisation Summary

Divisional Uptake

The divisional totals for Covid19 Booster and Flu Vaccination uptake are shown below. This is from what we see through our local, Hospital Hub sites.

Division	Flu Vaccination	Covid-19 Booster
Diagnostics & Therapies	66%	71%
Estates & Facilities	28%	45%
Medicine	87%	99%
Specialised Services	81%	87%
Surgery	56%	71%
Trust Services	27%	33%
Weston	74%	77%
Women's & Children's	69%	64%

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Infection Control																			
DA01	MRSA Hospital Onset Cases	4	3	1	0	0	0	0	0	1	0	0	0	0	2	1	0	1	2
DA02	MSSA Hospital Onset Cases	45	30	5	9	2	4	5	4	0	4	3	4	5	1	16	13	7	10
DA03	CDiff Hospital Onset Cases	67	66	5	2	5	8	11	14	7	4	6	7	3	6	12	33	17	16
DA03A	CDiff Healthcare Associated Cases	81	77	6	2	7	9	13	16	9	4	7	8	3	8	15	38	20	19
DA06	EColi Hospital Onset Cases	81	54	9	6	14	5	5	5	5	8	8	8	8	2	29	15	21	18
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.14	4.63	4.38	5.72	4.94	4.7	4.02	4.38	4.58	4.68	4.84	4.78	4.56	5.16	5	4.36	4.7	4.83
	Numerator (Falls)	*1698*	*1298*	*124*	*154*	*152*	*139*	*126*	*134*	*144*	*147*	*147*	*154*	*144*	*163*	*430*	*399*	*438*	*461*
	Denominator (Beddays)	*330286*	*280121*	*28301*	*26905*	*30746*	*29584*	*31351*	*30587*	*31475*	*31380*	*30364*	*32246*	*31560*	*31574*	*85952*	*91522*	*93219*	*95380*
AB06A	Total Number of Patient Falls Resulting in Harm	23	26	3	3	2	5	1	2	4	4	2	1	1	6	8	8	10	8
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.157	0.318	0.26	0.228	0.135	0.064	0.131	0.127	0.223	0.132	0.186	0.158	0.253	0.268	0.109	0.161	0.199
	Numerator (Pressure Injuries)	92	44	9	7	7	4	2	4	4	7	4	6	5	8	23	10	15	19
	Denominator (Beddays)	330286	280121	28301	26905	30746	29584	31351	30587	31475	31380	30364	32246	31560	31574	85952	91522	93219	95380
DE02	Pressure Injuries - Grade 2	87	36	8	7	7	4	1	3	4	5	3	5	4	7	22	8	12	16
DE03	Pressure Injuries - Grade 3	5	7	1	0	0	0	1	1	0	2	1	0	1	1	1	2	3	2
DE04	Pressure Injuries - Grade 4	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Serious Incidents																			
S02	Number of Serious Incidents Reported	109	70	11	8	10	7	9	9	12	4	9	6	7	7	29	25	25	20
S01	Total Never Events	6	3	0	0	0	1	0	0	1	0	1	0	0	0	0	1	2	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.25%	0.39%	0%	0%	0.37%	0%	0.33%	0%	0%	0.35%	0.7%	0.78%	0.76%	-	0.13%	0.11%	0.33%	0.77%
	Numerator (Incidents Resulting In Harm)	8	10	0	0	1	0	1	0	0	1	2	3	3	0	1	1	3	6
	Denominator (Total Incidents)	3213	2557	257	229	268	293	301	286	329	287	285	382	394	0	754	880	901	776
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medi	0.46%	0.28%	1.43%	0.19%	0.35%	0%	0%	0.6%	0%	0.38%	1.1%	0.44%	0.3%	0%	0.46%	0.22%	0.41%	0.24%
	Numerator (Number of Incidents)	26	9	3	1	2	0	0	3	0	1	3	1	1	0	6	3	4	2
	Denominator (Total Audited)	5638	3206	210	521	576	439	447	501	440	265	273	225	338	278	1307	1387	978	841

Omitted Doses is Bristol only

Judd Emily 22/12/2021 16:16:21

Appendix – Trust Scorecards

University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
VTE Risk Assessment																			
N01	**Adult Inpatients who Received a VTE Risk Assessment**	**85.4%**	**83.4%**	**84.6%**	**84.1%**	**84%**	**82.7%**	**82.3%**	**82.5%**	**82.1%**	**83.9%**	**85.7%**	**83.7%**	**84.3%**	**83.2%**	**84.2%**	**82.5%**	**83.9%**	**83.8%**
	Numerator (Number Risk Assessed)	77063	64339	6250	6207	7332	7012	7137	7251	7201	7091	7417	7016	7398	6816	19789	21400	21709	21230
	Denominator (Total Patients)	90252	77157	7386	7377	8732	8477	8671	8794	8769	8449	8654	8380	8774	8189	23495	25942	25872	25343
	VTE Data is Bristol only																		
Nurse Staffing Levels ("Fill Rate")																			
RP01	**Staffing Fill Rate - Combined**	**95.8%**	**93.9%**	**90.7%**	**92.9%**	**91.5%**	**97.2%**	**101.5%**	**96.9%**	**93.6%**	**95.6%**	**89%**	**89.9%**	**92.2%**	**89.8%**	**91.7%**	**98.5%**	**92.7%**	**90.6%**
	Numerator (Hours Worked)	3472575	2543616	288541	266423	292106	283241	300816	284844	285636	288962	263605	276499	277810	282203	847070	868901	838203	836512
	Denominator (Hours Planned)	3623484	2708962	318057	286794	319187	291290	296455	294105	305258	302404	296280	307464	301316	314390	924037	881850	903942	923170
RP02	**Staffing Fill Rate - RN Shifts**	**92.7%**	**89.5%**	**88.6%**	**89.9%**	**87.5%**	**92.4%**	**97.7%**	**92.7%**	**87.9%**	**88.7%**	**84.4%**	**86.7%**	**89.1%**	**86.8%**	**88.6%**	**94.3%**	**87%**	**87.5%**
	Numerator (Hours Worked)	2310640	1676862	194810	176959	192919	186768	199598	187080	184059	184918	174331	185524	185886	188697	564687	573446	543308	560108
	Denominator (Hours Planned)	2492525	1872785	219755	196821	220486	202050	204360	201866	209391	208549	206611	213872	208721	217364	637062	608276	624552	639957
RP03	**Staffing Fill Rate - NA Shifts**	**102.7%**	**103.7%**	**95.3%**	**99.4%**	**100.5%**	**108.1%**	**109.9%**	**106%**	**106%**	**110.9%**	**99.6%**	**97.2%**	**99.3%**	**96.4%**	**98.4%**	**108%**	**105.5%**	**97.6%**
	Numerator (Hours Worked)	1161934	866754	93731.3	89463.7	99187.8	96472.6	101218	97763.7	101576	104044	89274.3	90974.6	91924.3	93505.8	282383	295454	294895	276405
	Denominator (Hours Planned)	1130958	836177	98302.4	89972.7	98700.3	89240.1	92095	92238.5	95866.7	93855.2	89669	93591.6	92595	97025.7	286975	273574	279391	283212

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Patient Surveys (Bristol)																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score			91	92	90	89	91	89	88	88	89	87	88	89	91	90	88	88
P01G	Patient Survey (Bristol) - Kindness and Understanding			97	96	95	93	97	95	95	94	95	94	94	95	96	95	94	94
P01H	Patient Survey (Bristol) - Outpatient Tracker Score			94	94	95	95	93	96	92	90	94	93	92	93	94	95	92	92
Patient Surveys (Weston)																			
P02D	Patient Survey (Weston) - Patient Experience Tracker Score						84	85	84	82	81	83	85	82	88		84	82	84
P02G	Patient Survey (Weston) - Kindness and Understanding						92	92	95	90	92	92	91	94	95		93	91	93
P02H	Patient Survey (Weston) - Outpatient Tracker Score						90	94	85	90	92	88	95	88	90		89	90	92
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1665	1475	136	145	145	124	176	160	158	174	193	193	193	104	426	460	525	490
T01C	Patient Complaints - Formal	546	363	49	32	43	49	46	51	50	45	24	27	39	32	124	146	119	98
T01D	Patient Complaints - Informal	1119	1112	87	113	102	75	130	109	108	129	169	166	154	72	302	314	406	392
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	63.3%	66.7%	72.7%	80.9%	85.5%	58.3%	65.9%	85.6%	60%	57.5%	63%	41.4%	52.2%	72.5%	68.4%	68.2%	51.3%
	Numerator (Responses Within Timeframe)	*442*	*420*	*46*	*32*	*38*	*47*	*42*	*58*	*77*	*51*	*46*	*34*	*29*	*36*	*116*	*147*	*174*	*99*
	Denominator (Total Responses)	*618*	*663*	*69*	*44*	*47*	*55*	*72*	*88*	*90*	*85*	*80*	*54*	*70*	*69*	*160*	*215*	*255*	*193*
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	73.6%	63.8%	77.3%	87.2%	92.7%	62.5%	72.7%	76.7%	70.6%	72.5%	72.2%	70%	76.8%	74.4%	74.4%	73.3%	73.1%
	Numerator (Responses Within Timeframe)	*474*	*488*	*44*	*34*	*41*	*51*	*45*	*64*	*69*	*60*	*58*	*39*	*49*	*53*	*119*	*160*	*187*	*141*
	Denominator (Total Responses)	*618*	*663*	*69*	*44*	*47*	*55*	*72*	*88*	*90*	*85*	*80*	*54*	*70*	*69*	*160*	*215*	*255*	*193*
T05A	Informal Complaints Responded To Within Trust Timeframe	93%	89%	97.6%	94.6%	88.7%	91.2%	94.4%	87.8%	92.9%	86.7%	86%	87.9%	89.9%	84.6%	92.9%	91.5%	88.4%	87.4%
	Numerator (Responses Within Timeframe)	*686*	*503*	*40*	*35*	*55*	*52*	*67*	*43*	*52*	*52*	*49*	*51*	*71*	*66*	*130*	*162*	*153*	*188*
	Denominator (Total Responses)	*738*	*565*	*41*	*37*	*62*	*57*	*71*	*49*	*56*	*60*	*57*	*58*	*79*	*78*	*140*	*177*	*173*	*215*
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	8.97%	2.9%	13.64%	2.13%	9.09%	9.72%	10.23%	7.78%	10.59%	10%	3.7%	-	-	5.63%	9.77%	9.41%	3.7%
	Numerator (Number Dissatisified)	*44*	*47*	*2*	*6*	*1*	*5*	*7*	*9*	*7*	*9*	*8*	*2*	*0*	*0*	*9*	*21*	*24*	*2*
	Denominator (Total Responses)	*618*	*524*	*69*	*44*	*47*	*55*	*72*	*88*	*90*	*85*	*80*	*54*	*0*	*0*	*160*	*215*	*255*	*54*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	17%	28%	15.4%	19.1%	21.5%	20.8%	32.2%	31%	31.2%	28.3%	30.9%	24.1%	26.6%	26.3%	19%	28.1%	30.1%	25.7%
	Numerator (Total FFT Responses)	*3442*	*14652*	*662*	*913*	*1247*	*1222*	*1930*	*1960*	*1870*	*1635*	*1787*	*1373*	*1523*	*1352*	*2822*	*5112*	*5292*	*4248*
	Denominator (Total Eligible to Respond)	*20211*	*52296*	*4295*	*4790*	*5796*	*5863*	*5994*	*6332*	*5989*	*5782*	*5781*	*5701*	*5717*	*5137*	*14881*	*18189*	*17552*	*16555*
P04A	Friends and Family Test Score - Inpatients/Day Cases	98.4%	97.2%	99.1%	99.1%	98.1%	97.7%	97.7%	97.9%	97.2%	97.4%	96%	97.3%	96.1%	97.3%	98.6%	97.8%	96.9%	96.9%
	Numerator (Total "Positive" Responses)	*3346*	*14168*	*648*	*895*	*1211*	*1182*	*1882*	*1917*	*1801*	*1592*	*1691*	*1325*	*1463*	*1315*	*2754*	*4981*	*5084*	*4103*
	Denominator (Total Responses)	*3400*	*14578*	*654*	*903*	*1235*	*1210*	*1926*	*1959*	*1852*	*1634*	*1762*	*1362*	*1522*	*1351*	*2792*	*5095*	*5248*	*4235*
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.4%	8.4%	6.6%	6.6%	7.8%	6.2%	6.5%	8.7%	6.3%	9.9%	6.8%	10.4%	10.4%	9.9%	7.1%	7.3%	7.6%	10.2%
	Numerator (Total FFT Responses)	*1971*	*8795*	*407*	*401*	*591*	*537*	*774*	*1086*	*782*	*1139*	*848*	*1335*	*1243*	*1051*	*1399*	*2397*	*2769*	*3629*
	Denominator (Total Eligible to Respond)	*26539*	*104911*	*6126*	*6034*	*7619*	*8598*	*11898*	*12542*	*12385*	*11557*	*12502*	*12799*	*11990*	*10640*	*19779*	*33038*	*36444*	*35429*
P04B	Friends and Family Test Score - ED	92.4%	83.5%	93.5%	92%	92.5%	88%	85.6%	83.7%	78.7%	85.6%	84.5%	80.5%	82.5%	85.1%	92.7%	85.3%	83.3%	82.5%
	Numerator (Total "Positive" Responses)	*1811*	*7310*	*375*	*367*	*545*	*471*	*660*	*904*	*613*	*971*	*714*	*1071*	*1015*	*891*	*1287*	*2035*	*2298*	*2977*
	Denominator (Total Responses)	*1959*	*8753*	*401*	*399*	*589*	*535*	*771*	*1080*	*779*	*1134*	*845*	*1331*	*1231*	*1047*	*1389*	*2386*	*2758*	*3609*
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	15.8%	9.8%	16.3%	31%	10.4%	7.4%	16.7%	20.8%	0%	12.8%	7.2%	0%	18.8%	6.1%	19.1%	15%	6.5%	8.2%
	Numerator (Total FFT Responses)	*240*	*369*	*62*	*119*	*41*	*29*	*69*	*83*	*0*	*54*	*30*	*0*	*79*	*25*	*222*	*181*	*84*	*104*
	Denominator (Total Eligible to Respond)	*1523*	*3761*	*381*	*384*	*396*	*392*	*413*	*400*	*454*	*421*	*419*	*432*	*421*	*409*	*1161*	*1205*	*1294*	*1262*
P04C	Friends and Family Test Score - Maternity	99%	98.5%	97.4%	99.5%	100%	96.7%	96.4%	99.1%	95%	99.3%	99.1%	80%	99.3%	100%	99.2%	97.8%	98.6%	99.2%
	Numerator (Total "Positive" Responses)	*381*	*1068*	*74*	*205*	*85*	*59*	*133*	*215*	*38*	*145*	*107*	*4*	*271*	*96*	*364*	*407*	*290*	*371*
	Denominator (Total Responses)	*385*	*1084*	*76*	*206*	*85*	*61*	*138*	*217*	*40*	*146*	*108*	*5*	*273*	*96*	*367*	*416*	*294*	*374*
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.7%	94.8%	96.4%	96%	95.6%	94.8%	95%	94.7%	95.2%	94.8%	94.4%	93.9%	95.5%	95.5%	96%	94.8%	94.7%	94.9%
	Numerator (Total FFT Responses)	*8482*	*22980*	*1701*	*2151*	*2397*	*2330*	*2549*	*2310*	*1958*	*2523*	*3330*	*3022*	*2935*	*2023*	*6249*	*7189*	*7811*	*7980*
	Denominator (Total Eligible to Respond)	*8861*	*24237*	*1765*	*2240*	*2507*	*2458*	*2682*	*2440*	*2057*	*2660*	*3529*	*3220*	*3073*	*2118*	*6512*	*7580*	*8246*	*8411*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Emergency Department Performance																			
B01	ED Total Time in Department - Under 4 Hours	80.09%	67.46%	69.72%	72.56%	76.27%	74.93%	74.2%	70.09%	66.93%	65.91%	65.47%	62.38%	63.9%	63.69%	73.14%	72.98%	66.11%	63.29%
	Numerator (Number Seen In Under 4 Hours)	*112177*	*97872*	*7413*	*7570*	*10364*	*11032*	*12260*	*11825*	*11202*	*10481*	*10903*	*10630*	*10255*	*9284*	*25347*	*35117*	*32586*	*30169*
	Denominator (Total Attendances)	*140061*	*145078*	*10633*	*10433*	*13588*	*14723*	*16523*	*16871*	*16738*	*15901*	*16654*	*17041*	*16049*	*14578*	*34654*	*48117*	*49293*	*47668*
B06	ED 12 Hour Trolley Waits	1440	3189	468	195	102	71	28	146	255	257	456	594	706	676	765	245	968	1976
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes	85.5%	84.8%	87.2%	89.1%	89.4%	88.9%	88.5%	88.2%	89.5%	84%	80.9%	81.2%	80.2%	78.5%	88.6%	88.5%	85%	80%
	Numerator (Number Assessed Within 15 Minutes)	*46663*	*28115*	*3256*	*3005*	*3471*	*3476*	*3920*	*3599*	*3407*	*3164*	*2718*	*2646*	*2644*	*2541*	*9732*	*10995*	*9289*	*7831*
	Denominator (Total Attendances Needing Assessment)	*54582*	*33143*	*3732*	*3373*	*3884*	*3908*	*4427*	*4082*	*3808*	*3768*	*3358*	*3260*	*3297*	*3235*	*10989*	*12417*	*10934*	*9792*
B03	ED Time to Start of Treatment - Under 60 Minutes	67.9%	48%	69%	67.5%	64.9%	58.3%	53%	46.9%	44.4%	46.8%	46%	42.6%	45.3%	50%	67%	52.5%	45.7%	45.8%
	Numerator (Number Treated Within 60 Minutes)	*90834*	*65783*	*7158*	*6813*	*8507*	*8289*	*8389*	*7474*	*6928*	*7029*	*7135*	*6696*	*6922*	*6921*	*22478*	*24152*	*21092*	*20539*
	Denominator (Total Attendances)	*133798*	*136948*	*10368*	*10088*	*13117*	*14208*	*15824*	*15936*	*15599*	*15005*	*15518*	*15733*	*15284*	*13841*	*33573*	*45968*	*46122*	*44858*
B04	ED Unplanned Re-attendance Rate	3.7%	2.9%	3.2%	2.8%	2.9%	2.7%	3.2%	3.1%	3%	2.7%	2.6%	3.1%	2.9%	2.9%	3%	3%	2.8%	3%
	Numerator (Number Re-attending)	*5113*	*4236*	*342*	*292*	*399*	*398*	*527*	*520*	*494*	*435*	*441*	*528*	*472*	*421*	*1033*	*1445*	*1370*	*1421*
	Denominator (Total Attendances)	*139952*	*145078*	*10633*	*10433*	*13588*	*14723*	*16523*	*16871*	*16738*	*15901*	*16654*	*17041*	*16049*	*14578*	*34654*	*48117*	*49293*	*47668*
B05	ED Left Without Being Seen Rate	1.2%	2.9%	1.3%	1.2%	1.4%	1.6%	1.8%	2.8%	3.1%	3%	3.6%	4.3%	3%	2.7%	1.3%	2.1%	3.3%	3.4%
	Numerator (Number Left Without Being Seen)	*1692*	*4233*	*143*	*126*	*194*	*240*	*295*	*480*	*526*	*484*	*597*	*727*	*487*	*397*	*463*	*1015*	*1607*	*1611*
	Denominator (Total Attendances)	*140061*	*145078*	*10633*	*10433*	*13588*	*14723*	*16523*	*16871*	*16738*	*15901*	*16654*	*17041*	*16049*	*14578*	*34654*	*48117*	*49293*	*47668*
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	62.3%	62.5%	61.7%	60.1%	62.8%	63.6%	63.1%	63%	61.8%	60.2%	60.3%	58.6%	-	-	-	-
	Numerator (Number Under 18 Weeks)	*0*	*0*	*26493*	*27685*	*28719*	*29402*	*31263*	*32579*	*33280*	*33914*	*33165*	*32353*	*32131*	*31208*	*0*	*0*	*0*	*0*
	Denominator (Total Pathways)	*0*	*0*	*42523*	*44314*	*46532*	*48902*	*49791*	*51198*	*52718*	*53855*	*53697*	*53743*	*53328*	*53253*	*0*	*0*	*0*	*0*
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	3790	4807	5409	4598	3618	3114	2893	2925	3110	3248	3318	3558	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	240	316	515	687	802	802	960	1217	1272	1105	952	900	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	11	19	27	36	48	73	90	120	173	187	235	252	-	-	-	-
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	23147	2022	1966	2478	2526	2671	2930	2746	2504	2583	2394	2631	2162	6466	8127	7833	7187
A02A	Referral To Treatment Number of Non Admitted Clock Stops	87999	86523	8935	8583	10237	9802	10149	11045	9996	8069	9331	9565	10536	8030	27755	30996	27396	28131
A09	Referral To Treatment Number of Clock Starts	116601	108165	10307	11039	12979	12308	12419	13667	12501	11535	11737	12029	12077	9892	34325	38394	35773	33998

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Diagnostic Waits																			
A05	Diagnostics Under 6 Week Wait (15 Key Tests)	-	-	53.65%	58.86%	65.15%	62.3%	65.34%	63.93%	64.61%	63.08%	64.47%	63.27%	65.4%	61.14%	-	-	-	-
	Numerator (Number Under 6 Weeks)	*0*	*0*	*7544*	*8388*	*9413*	*8738*	*9301*	*9197*	*9123*	*8617*	*9057*	*8937*	*9357*	*8881*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*14062*	*14252*	*14448*	*14025*	*14234*	*14387*	*14119*	*13661*	*14049*	*14125*	*14307*	*14525*	*0*	*0*	*0*	*0*
A05J	Diagnostics 13+ Week Wait (15 Key Tests)	-	-	24.38%	24.12%	20.88%	20.76%	19.9%	19.59%	19.45%	20.32%	20.86%	22.43%	20.61%	21.89%	-	-	-	-
	Numerator (Number Over 13 Weeks)	*0*	*0*	*3428*	*3437*	*3016*	*2911*	*2833*	*2819*	*2746*	*2776*	*2930*	*3169*	*2949*	*3180*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*14062*	*14252*	*14448*	*14025*	*14234*	*14387*	*14119*	*13661*	*14049*	*14125*	*14307*	*14525*	*0*	*0*	*0*	*0*
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	86.9%	86.2%	96.2%	95.1%	91.9%	93%	86.8%	87.7%	87.1%	82.3%	86.4%	80.3%	-	92.8%	90.4%	85.7%	83.3%
	Numerator (Number Seen Within 2 Weeks)	*14845*	*12687*	*1238*	*1401*	*1820*	*1632*	*1631*	*1755*	*1634*	*1490*	*1500*	*1561*	*1484*	*0*	*4459*	*5018*	*4624*	*3045*
	Denominator (Total Seen))	*18125*	*14603*	*1437*	*1456*	*1913*	*1776*	*1753*	*2022*	*1864*	*1711*	*1822*	*1807*	*1848*	*0*	*4806*	*5551*	*5397*	*3655*
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	94.6%	94%	92.2%	94%	89.9%	96.1%	96.2%	97.2%	96.1%	97.7%	93%	89.9%	-	93.4%	94.2%	97%	91.5%
	Numerator (Number Treated Within 31 Days)	*2971*	*2303*	*249*	*259*	*328*	*258*	*274*	*330*	*311*	*269*	*301*	*294*	*266*	*0*	*836*	*862*	*881*	*560*
	Denominator (Total Treated)	*3125*	*2435*	*265*	*281*	*349*	*287*	*285*	*343*	*320*	*280*	*308*	*316*	*296*	*0*	*895*	*915*	*908*	*612*
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	99.4%	99.2%	100%	100%	97.4%	100%	100%	99.4%	99.3%	100%	100%	98.7%	-	99.8%	99.3%	99.6%	99.4%
	Numerator (Number Treated Within 31 Days)	*1516*	*1186*	*124*	*137*	*158*	*112*	*155*	*157*	*157*	*145*	*151*	*155*	*154*	*0*	*419*	*424*	*453*	*309*
	Denominator (Total Treated)	*1525*	*1193*	*125*	*137*	*158*	*115*	*155*	*157*	*158*	*146*	*151*	*155*	*156*	*0*	*420*	*427*	*455*	*311*
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	87.8%	89.2%	64.6%	81.1%	78%	94%	91.2%	92.7%	88.1%	86%	88%	84.2%	-	77.5%	87.9%	88.9%	86%
	Numerator (Number Treated Within 31 Days)	*492*	*382*	*33*	*31*	*43*	*39*	*47*	*52*	*51*	*52*	*49*	*44*	*48*	*0*	*107*	*138*	*152*	*92*
	Denominator (Total Treated)	*585*	*435*	*37*	*48*	*53*	*50*	*50*	*57*	*55*	*59*	*57*	*50*	*57*	*0*	*138*	*157*	*171*	*107*
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	77.5%	77.8%	72.8%	75.4%	77.8%	84%	80.5%	76.2%	76.7%	69.7%	75.8%	80%	-	75.4%	80.9%	74%	77.8%
	Numerator (Number Treated Within 62 Days)	*1136.5*	*907*	*94.5*	*79*	*124*	*100*	*121*	*128*	*121.5*	*92*	*109.5*	*119*	*116*	*0*	*297.5*	*349*	*323*	*235*
	Denominator (Total Treated)	*1443.5*	*1170*	*121.5*	*108.5*	*164.5*	*128.5*	*144*	*159*	*159.5*	*120*	*157*	*157*	*145*	*0*	*394.5*	*431.5*	*436.5*	*302*
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	50.8%	71.4%	28.6%	77.8%	52.9%	42.9%	57.9%	86.7%	41.7%	33.3%	66.7%	23.1%	-	59%	52%	52.9%	44%
	Numerator (Number Treated Within 62 Days)	*22*	*32*	*2.5*	*2*	*7*	*4.5*	*3*	*5.5*	*6.5*	*5*	*2*	*4*	*1.5*	*0*	*11.5*	*13*	*13.5*	*5.5*
	Denominator (Total Treated)	*38.5*	*63*	*3.5*	*7*	*9*	*8.5*	*7*	*9.5*	*7.5*	*12*	*6*	*6*	*6.5*	*0*	*19.5*	*25*	*25.5*	*12.5*
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	88.5%	80.7%	84.4%	76.7%	85.7%	91%	85.4%	89.7%	93.1%	85.2%	87.7%	91.1%	-	80.2%	87.2%	89.4%	89.4%
	Numerator (Number Treated Within 62 Days)	*583.5*	*424*	*46*	*62*	*74*	*48*	*50.5*	*64.5*	*56.5*	*54*	*49*	*50*	*51.5*	*0*	*182*	*163*	*159.5*	*101.5*
	Denominator (Total Treated)	*672.5*	*479*	*57*	*73.5*	*96.5*	*56*	*55.5*	*75.5*	*63*	*58*	*57.5*	*57*	*56.5*	*0*	*227*	*187*	*178.5*	*113.5*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.01%	1.44%	0.99%	1.25%	1.02%	0.67%	1.07%	1.61%	0.5%	1.39%	2.8%	1.54%	1.52%	1.84%	1.08%	1.13%	1.56%	1.63%
	Numerator (Number of LMCs)	*636*	*864*	*52*	*71*	*70*	*43*	*72*	*115*	*34*	*91*	*192*	*99*	*106*	*112*	*193*	*230*	*317*	*317*
	Denominator (Total Elective Admissions)	*63003*	*60087*	*5249*	*5685*	*6889*	*6446*	*6721*	*7149*	*6871*	*6553*	*6866*	*6413*	*6974*	*6094*	*17823*	*20316*	*20290*	*19481*
F02	Cancelled Operations Re-admitted Within 28 Days	83.4%	75.5%	83.1%	67.3%	81.5%	100%	97.5%	82.6%	19.4%	71%	75.3%	87.1%	83.5%	80.9%	78.4%	92.3%	47.3%	84.6%
	Numerator (Number Readmitted Within 28 Days)	*542*	*572*	*64*	*35*	*53*	*60*	*39*	*57*	*21*	*22*	*61*	*155*	*81*	*76*	*152*	*156*	*104*	*312*
	Denominator (Total LMCs)	*650*	*758*	*77*	*52*	*65*	*60*	*40*	*69*	*108*	*31*	*81*	*178*	*97*	*94*	*194*	*169*	*220*	*369*
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	107	103	168	172	142	166	155	162	169	145	185	158	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	12	11	10	0	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	3572	3218	4540	5038	4384	4398	4687	5093	4886	5043	4994	5293	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	340	445	398	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	12.2%	10.7%	11.3%	10.5%	10%	10.1%	9.7%	11%	11.3%	11.4%	10.5%	10.8%	10.2%	10.9%	10.6%	10.3%	11%	10.6%
	Numerator (Number of Hospital Cancellations)	*121392*	*94441*	*9862*	*9037*	*10096*	*9153*	*8877*	*11411*	*11339*	*10683*	*10754*	*10755*	*11208*	*10261*	*28995*	*29441*	*32776*	*32224*
	Denominator (Total Appointments)	*991263*	*885568*	*87100*	*85656*	*100725*	*90420*	*91369*	*104003*	*100720*	*93959*	*101961*	*99179*	*109957*	*94000*	*273481*	*285792*	*296640*	*303136*
R05	Outpatient DNA Rate	6.9%	7.3%	8.5%	6.7%	6.3%	6.4%	6.6%	7%	7.7%	7.4%	7.6%	7.3%	7.4%	7.9%	7.1%	6.7%	7.6%	7.5%
	Numerator (Number of DNAs)	*49634*	*47396*	*5382*	*4365*	*4807*	*4441*	*4623*	*5429*	*5914*	*4912*	*5630*	*5349*	*6053*	*5045*	*14554*	*14493*	*16456*	*16447*
	Denominator (Total Attendances+DNAs)	*717514*	*653572*	*63278*	*65157*	*75876*	*69929*	*70359*	*77348*	*76769*	*66019*	*73911*	*73308*	*82048*	*63881*	*204311*	*217636*	*216699*	*219237*
Overdue Partial Booking (Bristol)																			
R22N	Overdue Partial Booking Referrals	37.8%	52.4%	43.3%	43%	43.9%	44.3%	44.7%	45.5%	48.8%	53.7%	56.9%	57.9%	58.4%	59.7%	43.4%	44.8%	53.2%	58.7%
	Numerator (Number Overdue)	*642436*	*717719*	*60840*	*59632*	*62531*	*63536*	*65102*	*66965*	*74339*	*81859*	*88093*	*89324*	*92200*	*96301*	*183003*	*195603*	*244291*	*277825*
	Denominator (Total Partial Booking)	*1698619*	*1369353*	*140442*	*138821*	*142381*	*143376*	*145793*	*147031*	*152402*	*152396*	*154813*	*154355*	*157835*	*161352*	*421644*	*436200*	*459611*	*473542*
R22R	Overdue Partial Bookings (9+ Months)	4.7%	15.2%	8.3%	9.3%	10.6%	11.5%	12.5%	14.1%	14.9%	16%	16.6%	16.7%	17%	17.3%	9.4%	12.7%	15.8%	17%
	Numerator (Number Overdue 9+ Months)	*80414*	*208673*	*11697*	*12974*	*15128*	*16431*	*18184*	*20680*	*22765*	*24325*	*25737*	*25837*	*26851*	*27863*	*39799*	*55295*	*72827*	*80551*
	Denominator (Total Partial Booking)	*1698619*	*1369353*	*140442*	*138821*	*142381*	*143376*	*145793*	*147031*	*152402*	*152396*	*154813*	*154355*	*157835*	*161352*	*421644*	*436200*	*459611*	*473542*
R22H	Overdue Partial Bookings (12+ Months)	2.4%	10.3%	3.6%	4.6%	5.9%	6.7%	7.6%	8.6%	9.3%	10.5%	11.9%	12%	12.4%	12.7%	4.7%	7.6%	10.6%	12.4%
	Numerator (Number Overdue 12+ Months)	*40446*	*140684*	*5009*	*6338*	*8340*	*9558*	*11051*	*12596*	*14202*	*16066*	*18456*	*18583*	*19643*	*20529*	*19687*	*33205*	*48724*	*58755*
	Denominator (Total Partial Booking)	*1698619*	*1369353*	*140442*	*138821*	*142381*	*143376*	*145793*	*147031*	*152402*	*152396*	*154813*	*154355*	*157835*	*161352*	*421644*	*436200*	*459611*	*473542*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
EFFECTIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	96.3	93.6	94.1	95.6	95.1	95.6	95.7	97.1	98.1	-	-	-	-	94.4	95.5	97.6	-
	Numerator (Observed Deaths)	*26815*	*9985*	*2060*	*1990*	*1940*	*1930*	*1975*	*2000*	*2025*	*2055*	*0*	*0*	*0*	*0*	*5990*	*5905*	*4080*	*0*
	Denominator ("Expected" Deaths)	*28400*	*10365*	*2200*	*2115*	*2030*	*2030*	*2065*	*2090*	*2085*	*2095*	*0*	*0*	*0*	*0*	*6345*	*6185*	*4180*	*0*
X02	Hospital Standardised Mortality Ratio (HSMR)	93.2	92.6	103.9	119.4	94.6	82.3	89.2	79.8	95.8	89.1	115.9	98.9	-	-	104.7	83.6	100.1	98.9
	Numerator (Observed Deaths)	*1272*	*804*	*112*	*115*	*124*	*105*	*112*	*109*	*111*	*112*	*139*	*116*	*0*	*0*	*351*	*326*	*362*	*116*
	Denominator ("Expected" Deaths)	*1365.5*	*868.6*	*107.8*	*96.3*	*131.1*	*127.6*	*125.6*	*136.6*	*115.9*	*125.7*	*119.9*	*117.3*	*0*	*0*	*335.2*	*389.8*	*361.5*	*117.3*
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	66.7%	61.3%	63%	78%	64%	68.9%	70.5%	71.4%	66.7%	60%	65.9%	70%	63.4%	69.1%	67.6%	65.8%	66.4%
	Numerator (Treated Within 36 Hrs)	*358*	*248*	*19*	*29*	*46*	*32*	*31*	*31*	*25*	*24*	*24*	*27*	*28*	*26*	*94*	*94*	*73*	*81*
	Denominator (Total Patients)	*542*	*372*	*31*	*46*	*59*	*50*	*45*	*44*	*35*	*36*	*40*	*41*	*40*	*41*	*136*	*139*	*111*	*122*
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hou	92.1%	95.7%	93.5%	89.1%	94.9%	94%	93.3%	95.5%	97.1%	91.7%	100%	95.1%	97.5%	97.6%	92.6%	94.2%	96.4%	96.7%
	Numerator (Seen Within 72 Hrs)	*499*	*356*	*29*	*41*	*56*	*47*	*42*	*42*	*34*	*33*	*40*	*39*	*39*	*40*	*126*	*131*	*107*	*118*
	Denominator (Total Patients)	*542*	*372*	*31*	*46*	*59*	*50*	*45*	*44*	*35*	*36*	*40*	*41*	*40*	*41*	*136*	*139*	*111*	*122*
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	62.1%	61.3%	58.7%	69.5%	56%	66.7%	63.6%	71.4%	50%	60%	65.9%	67.5%	58.5%	64%	61.9%	60.4%	63.9%
	Numerator (Number achieved BPT)	*320*	*231*	*19*	*27*	*41*	*28*	*30*	*28*	*25*	*18*	*24*	*27*	*27*	*24*	*87*	*86*	*67*	*78*
	Denominator (Total Patients)	*542*	*372*	*31*	*46*	*59*	*50*	*45*	*44*	*35*	*36*	*40*	*41*	*40*	*41*	*136*	*139*	*111*	*122*
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.41%	3.42%	3.91%	4.13%	4.12%	4.05%	3.76%	3.54%	3.4%	3.15%	3.17%	3.01%	3.29%	-	4.06%	3.78%	3.24%	3.15%
	Numerator (Re-admitted in 30 Days)	*6039*	*3710*	*427*	*473*	*565*	*532*	*514*	*491*	*472*	*420*	*433*	*397*	*451*	*0*	*1465*	*1537*	*1325*	*848*
	Denominator (Total Discharges)	*136884*	*108472*	*10912*	*11457*	*13729*	*13138*	*13669*	*13887*	*13893*	*13354*	*13642*	*13188*	*13701*	*0*	*36098*	*40694*	*40889*	*26889*
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	55.8%	66.7%	56.5%	58.5%	56.1%	48.7%	64.3%	59.4%	55.6%	58.3%	51.5%	54.5%	-	60.6%	55.6%	57.9%	53%
	Numerator (Achieved Target)	*250*	*159*	*20*	*13*	*24*	*32*	*19*	*18*	*19*	*15*	*21*	*17*	*18*	*0*	*57*	*69*	*55*	*35*
	Denominator (Total Patients)	*410*	*285*	*30*	*23*	*41*	*57*	*39*	*28*	*32*	*27*	*36*	*33*	*33*	*0*	*94*	*124*	*95*	*66*
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	64%	66.7%	54.5%	52.7%	58.9%	64%	68.8%	63.6%	66.7%	74.5%	68.6%	58.7%	35.7%	56.8%	63.2%	68.2%	60.4%
	Numerator (Achieved Target)	*393*	*263*	*20*	*18*	*29*	*43*	*32*	*33*	*35*	*18*	*35*	*35*	*27*	*5*	*67*	*108*	*88*	*67*
	Denominator (Total Patients)	*541*	*411*	*30*	*33*	*55*	*73*	*50*	*48*	*55*	*27*	*47*	*51*	*46*	*14*	*118*	*171*	*129*	*111*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
WELL-LED DOMAIN

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	6.07%	5.93%	6.55%	4.99%	4.95%	5.15%	5.86%	7.29%	5.22%	5.24%	5.41%	5.41%	-	-	-	-
	Numerator (Bank wte)	*0*	*0*	*683.53*	*671.71*	*758.25*	*560*	*552.21*	*574.41*	*655.6*	*833.54*	*587.41*	*591.17*	*613.62*	*613.65*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11253.9*	*11335.3*	*11582.2*	*11232*	*11160.6*	*11163.1*	*11189.7*	*11429.3*	*11252.4*	*11292.1*	*11335.5*	*11335.8*	*0*	*0*	*0*	*0*
AF11B	Percentage Agency Usage	-	-	1.97%	2.49%	2.66%	2.18%	2.63%	2.48%	2.25%	2.09%	2.1%	1.88%	1.79%	1.71%	-	-	-	-
	Numerator (Agency wte)	*0*	*0*	*221.92*	*282.54*	*307.47*	*245.28*	*293.62*	*276.8*	*251.31*	*238.53*	*236.02*	*212.91*	*203.34*	*194.3*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11253.9*	*11335.3*	*11582.2*	*11232*	*11160.6*	*11163.1*	*11189.7*	*11429.3*	*11252.4*	*11292.1*	*11335.5*	*11335.8*	*0*	*0*	*0*	*0*
Turnover																			
AF10	Workforce Turnover Rate	-	-	12.2%	12.2%	12%	12.3%	12.7%	13.2%	13.7%	13.8%	13.9%	14%	14.4%	14.9%	-	-	-	-
	Numerator (Leavers in last 12 months)	*0*	*0*	*1061.5*	*1061.77*	*1049.15*	*1071.79*	*1099.6*	*1145.43*	*1188.94*	*1204.66*	*1213.97*	*1229.95*	*1264.87*	*1311.68*	*0*	*0*	*0*	*0*
	Denominator (Average Staff in Post)	*0*	*0*	*8693.68*	*8731.51*	*8714.32*	*8692.17*	*8689.73*	*8678.28*	*8691.24*	*8700.47*	*8751.06*	*8782.27*	*8804.04*	*8776.84*	*0*	*0*	*0*	*0*
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	4.1%	4.3%	3.5%	3.7%	4.9%	7.4%	7.8%	7.7%	7.3%	7.3%	7.4%	7.4%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	*0*	*0*	*437.35*	*468.72*	*378.03*	*401.23*	*534.8*	*821.88*	*871.8*	*861.83*	*818.56*	*822.74*	*834.57*	*846.11*	*0*	*0*	*0*	*0*
	Denominator (Actual WTE)	*0*	*0*	*10785.8*	*10849.8*	*10894.5*	*10828*	*10849.6*	*11133.8*	*11154.6*	*11219.1*	*11247.5*	*11310.7*	*11353.1*	*11373.9*	*0*	*0*	*0*	*0*
Staff Sickness																			
AF02	Sickness Rate	3.6%	4.2%	4%	3.4%	3.2%	3.5%	3.6%	3.9%	4%	3.9%	4.4%	4.8%	4.8%	4.6%	3.6%	3.6%	4.1%	4.7%
	Numerator (Total WTE Days Lost)	*135412*	*118743*	*12941.5*	*10047.9*	*10396.8*	*10750.9*	*11403*	*11947.8*	*12669*	*12440.4*	*13743.5*	*15674.3*	*15214.3*	*14899.7*	*33386.2*	*34101.6*	*38852.9*	*45788.3*
	Denominator (Total WTE Days)	*3740392*	*2853647*	*319702*	*291312*	*324625*	*311261*	*319464*	*308612*	*318912*	*319164*	*310729*	*323982*	*315563*	*325960*	*935639*	*939337*	*948805*	*965506*
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	66.4%	64.2%	64.9%	66.4%	69.1%	69.9%	69.3%	68.3%	69.2%	66.8%	69.3%	67.9%	-	-	-	-
	Numerator (In-Date Appraisals)	*0*	*0*	*6859*	*6728*	*6823*	*6905*	*7106*	*7159*	*7091*	*6994*	*7151*	*6965*	*7242*	*7066*	*0*	*0*	*0*	*0*
	Denominator (Total Staff)	*0*	*0*	*10337*	*10477*	*10510*	*10392*	*10286*	*10248*	*10228*	*10233*	*10339*	*10423*	*10446*	*10403*	*0*	*0*	*0*	*0*

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
USE OF RESOURCES DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.03	4.3	4.72	4.36	3.93	4.46	4.09	4.16	4.13	4.18	4.33	4.22	4.44	4.74	4.31	4.23	4.21	4.47
	Numerator (Total Beddays)	*317703*	*272382*	*27360*	*26002*	*28069*	*31095*	*29921*	*29837*	*30376*	*28956*	*30189*	*29246*	*31142*	*31620*	*81431*	*90853*	*89521*	*92008*
	Denominator (Total Discharges)	*78740*	*63310*	*5793*	*5968*	*7134*	*6969*	*7324*	*7173*	*7358*	*6922*	*6966*	*6926*	*7008*	*6664*	*18895*	*21466*	*21246*	*20598*

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors on 28 January 2022

Reporting Committee	**People Committee**
Chaired By	**Bernard Galton, Non-Executive Director**
Executive Lead	**Emma Wood, Director of People**

For Information

It was noted that following the appointment of the new Associate Director of Education and Director of People, a new vision statement for leadership development would be produced and shared with the Committee in March. The Committee sought clarification on the resourcing to support this work and the need to start to deliver changes alongside the development of the vision. The Committee noted the significant operational pressures which were likely to impact on the delivery of the new training at the current time.

A revised People Strategy was proposed which would be simpler and more focused around a smaller number of objectives. This was fully supported by the Committee and the new approach welcomed. Progress against the current strategy was also considered, specifically the improvement in rest areas, which was part of the Campaign Plan. The Committee noted the progress and asked for more specific detail about what had already been delivered as well as the forward programme for improvements.

It was noted that 30 further international nurses were due to start in the Trust by the end of March 2022, with 15 of those nurses to be based in Weston and the remainder in the Bristol hospitals.

The range of wellbeing initiates that were available to staff were highlighted, including a new e-learning resource which had been developed following the menopause conference and was due to be launched in February 2022.

For Board Awareness, Action or Response

The Committee received a strategic update from the Director of People which included early sight of the annual Staff Survey results for the Trust. Some areas of positive improvement had been identified but there were also areas which had deteriorated, and it was believed that the impact of the covid pandemic had influenced the overall results. Work would begin to share the data with the divisions and to develop action plans. The committee welcomed the early review of this data.

Current performance against the people operational metrics were discussed, with a specific focus on turnover, vacancies and well-being. The Committee agreed to refresh and refocus the performance report, noting that this could, in turn, prompt changes to the integrated quality and performance report.

The Committee noted an update on the approach being undertaken to ensure compliance with the new mandatory vaccination requirement for front line staff. The HR teams were currently reviewing the data to identify those staff who had not been fully vaccinated and were starting conversations to encourage staff to receive their vaccination. A webinar had been held the previous week, led by clinical staff, to help address concerns from staff regarding the vaccine. The

webinar had been recorded and was available to staff unable to make the live session. A further webinar was being held this week, led by HR, to help staff understand the employment implications of not being vaccinated.

The Guardians of Safe Working Hours for Bristol and Weston, attended the meeting to discuss their regular report. Concerns from junior doctors had remained relatively steady, but concerns around rest areas were reiterated and noted by the Committee. The Committee thanked Alistair Johnstone for his work in the role of Guardian of Safe Working Hours and recommended that the Board thank all of the junior doctor workforce for their exceptional efforts through the pandemic.

The Freedom to Speak Up Guardian presented his six-monthly report to the Committee and highlighted the connection between the staff survey results and areas where concerns were most frequently raised and often took longer to resolve. An escalation process was now in place to try and unlock stuck concerns with the help of the Executive Directors, with a new Standard Operating procedure developed to help managers understand what good looked like in responding to concerns. The Committee also considered an update on the National Guardian's Office report on case reviews and the actions underway in the Trust. This included enhanced visibility of leadership, ensuring the timeline of investigation, and responding to individuals who felt that they had suffered as a result of speaking up.

Key Decisions and Actions

The Committee agreed to changes to the membership and quoracy for the Committee, and to absorb the role of the NED Champion relating to violence and aggression into its duties. The Committee recommends the changes to the Board for approval.

Additional Chair Comments

Date of next meeting:	**25 March 2022**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Board on Friday 28 January 2022

Report Title	**Vaccination as a condition of deployment (VCOD) for Healthcare workers**
Report Author	**Emma Wood, Director of People**
Executive Lead	**Emma Wood, Director of People**

1. Report Summary

To provide the Board assurance on the implementation of VCOD and a presentation on UHBW's approach to fulfil the requirements of the legislation.

2. Key points to note

(Including decisions taken)

National requirements

On 6 January 2022, new legislation approved by Parliament amended the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the 2014 Regulations"). This extended the scope of mandatory vaccination requirements for staff beyond registered care homes to health and wider social care settings in England.

The regulations provide that the registered person can only deploy or otherwise engage a person for the purposes of the provision of a CQC-regulated activity, in which they have direct, face to face contact with patients and service users, if the person provides evidence that they have been vaccinated with a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine.

This is subject to specific exemptions and conditions. The vaccination as a condition of deployment (VCOD) requirements include front-line workers, as well as non-clinical workers not directly involved in patient care but who may have face to face contact with patients, including ancillary staff such as porters, cleaners or receptionists.

The VCOD regulations allow a grace period for compliance and the requirement will come into force on 1 April 2022. Those in scope who are not vaccinated and not exempt will need to complete their vaccinations by 31 March (1st dose by 3 Feb) or risk being dismissed for 'some other substantial reason' due to a failure to meet the legislative requirement.

Compliance will be overseen by the CQC but it is not known how they will enforce the legislation. It is likely we will need to evidence decisions made on who is 'in scope' and 'out of scope' and how we have met the requirements, including how we are assured of compliance from suppliers (where appropriate).

Scope decisions

Each Trust must agree the roles in scope and those out of scope. Legal opinion has been sought by NHS Employers, and the view is that persons who have incidental contact with patients such as in corridors or in canteens (where patients may be present) would not be in scope. The use of the term 'incidental' is not in the legislative framework but this is considered a reasonable assumption and aligned to the implementation of the mandation in the Care sector last year. The SLT met on 19 January to ratify this decision and proceed accordingly.

Data

At the time of writing, the number of staff unvaccinated was recorded as 717 (5% of total WTE) with 266 staff (2%) having had one vaccine. The spread of colleagues with no vaccine is relatively balanced across divisions with the exception of Estates and Facilities (9%

unvaccinated), Trust HQ (6%) and Weston (6%). The process of determining if those not fully vaccinated are in scope has commenced with an initial desk top and departmental review. A verbal update will be provided at Board to provide contemporary data of number of staff impacted.

Processes
Resource packs developed locally in association with Staff Side and incorporating national guidance have been provided to HR colleagues and managers who will oversee the implementation of the legislation. This guidance sets out the processes from holding informal conversations on vaccination status, to considering adaptations and adjustments through to dismissal.

Governance
A weekly task and finish group is chaired by the Director of People and includes representatives from HR, vaccination hub, communications, staff side, occupational health, IG and IT. A weekly meeting with HRBPs to support divisional roll out is chaired by the Deputy Director of People who is responsible for the operationalisation of the programme. A BNSSG group meets weekly to agree approaches and reduce duplication of effort. Regular webinars and Q&A sessions are run by NHS England and NHSEI.

Decisions for the Trust (such as those in and out of scope) are taken by SLT.

Next steps

- continue to communicate and engage staff in the vaccination programme and target groups of staff where there is vaccination hesitancy;
- meet staff identified as unvaccinated and confirm status and if they are in scope;
- risk assess and redeploy/adapt work for staff with medical exemptions;
- commence formal processes for those unvaccinated (not exempt) and not planning to be vaccinated w/c 7 Feb;
- assess organisation and divisional risk and consider mitigations.

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

A risk has been drafted and is in the process of being updated to reflect the data and impact of the legislation on retention and patient services.

If we do not have a fully vaccinated frontline healthcare workforce then we will be required to redeploy or dismiss unvaccinated staff resulting in significant workforce gaps that will inevitably impact on patient care. Rated 16 as a Consequence 4 x Likelihood 4

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

- This report is for **Assurance.**

The Board is asked to note the update provided.

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

Senior Leadership Team	19 Jan 2022
People Committee	25 Jan 2022

Background to Vaccination as a Condition of Deployment (VCOD)

The Health and Social Care Act 2008 (Regulated Activities) Regs 2014 has been amended to provide that the registered person can only employ or otherwise engage a person in respect of a CQC regulated activity, if the person provides evidence that they have completed a course (2 dose) of an authorised vaccine against COVID-19. Regulated activity is defined as an activity involving or connected with the provision of health or social care.

The regulations come into force on 1st April 2022 requiring staff to be double vaccinated Those in scope who fail to comply and are not exempt are at risk of dismissal from 1st April.

Scope

VCOD applies to any member of staff who is deployed to undertake CQC regulated activity and has direct face to face contact with patients and service users as part of their role. This includes temporary resources such as agency staff and Doctors in training (DiT)/students. VCOD also includes individuals working in non-clinical ancillary roles who enter patient areas as part of their role and who may have social contact with patients, even if not directly involved in patient care (e.g. receptionists, ward clerks, porters, and housekeepers).

There is no nationally provided list of roles to determine who is 'in' scope and each Trust must make their own determinations. NHS England and NHSEI have provided some guidance and legal opinion has been sought by NHS Employers and shared with Providers.

In order to be in scope two conditions must be satisfied:

- Condition 1 – employed or engaged for the purposes of CQC regulated activity. A regulated activity is one involving or connected with the provision of health or social care. Connected with includes – a) supply of staff to provide care, b) provision of transport or accommodation for those who require care and c) provision of advice;
- Condition 2 - direct, face to face contact with service users.

A key factor in decision making will be how close those who do not provide services directly to a user, have direct contact with a service user in their duties. Assessment of this will depend on the individuals' role, their workplace and proximity to patient areas.

The legal assessment is that an individual with incidental patient contact such as entering a hospital site or sitting in a shared canteen will be out of scope, but those entering a clinical area to provide a service such as an HR adviser will be in scope.

Some Trusts have determined to include all staff as 'in' scope but this may have two consequences, the first is legal challenge that the conditions do not apply, and the second is by including all staff there are fewer options available for redeployment and a greater risk of dismissal. On 19 Jan SLT approved the Trusts approach to NOT include staff with incidental contact as 'in scope.'

Exemptions

There are some exemptions to VCOD and these are:

- under the age of 18;
- holding a valid clinical exemption, with a Covid-19 Pass (obtained by calling 119 or applying through the NHS App);
- those participating in a Covid-19 Vaccination trial (obtained by calling 119 or applying through the NHS App);
- maternity related exemptions for up to 16 weeks post birth.

Staff exempt for reasons relating to maternity or clinical exemption must be risk assessed in their role to determine if they should be redeployed or duties amended.

Data

NHS Providers will be legally required to be able to demonstrate the COVID-19 vaccination status of their staff, and therefore will need to collect, store, and use information about this.

The Government's guidance states that NHS organisations are required to review and retain proof of staff and volunteer members' COVID-19 vaccine status. Managers of NHS Providers therefore need to know whether or not individuals have been vaccinated, both to plan for their workforce and service delivery in the context of the new legal obligation, and to be able to demonstrate compliance with it on an ongoing basis.

Data protection law provides that it is lawful to 'process' (use) 'special category data' (i.e. health data, including information about vaccination status) where:

- it is necessary for employment purposes;
- in is in the 'substantial public interest', including to comply with legal obligations;
- it is necessary for the management of healthcare services; and/or
- it is necessary for public health purposes.

The Control of Patient Information (COPI) issued by the Secretary of State for Health and Social Care under the Health Service (Control of Patient Information) Regulations 2002, provides a legal basis for NHS England to disclose this information to health and care organisations, and NHS organisations are required under the COPI notice to process what would otherwise be confidential patient information for 'COVID-19 purposes'. The COPI Notice therefore provides a legal basis for NHS organisations to use what would otherwise be confidential patient information to support the pandemic response.

Staff can be asked to provide this information or Trusts can seek to access it through National Immunisation System (NIMS) database triangulating data with staff records (ESR). UHBW are accessing NIMS data but also clarifying status with some colleagues. Aligning ESR and NIMS records depends on being able to match ESR data with an NHS patient record and this is not always possible particularly where a change to a NHS record has not been made to an ESR record or vice versa.

During January the Trust continued to promote vaccination through various communication channels and means from social media, to letters, text messages, posters, videos and webinars. Special attention has been paid to focus on areas of vaccine hesitancy and new vaccination clinics have been established for needle phobic and persons requiring a more private space for immunisation.

As of 21 January the data on vaccination status was:

Division	Employees	Fully Vacc		Single Vacc		No Vacc		No NHS		Not Given	
Diagnostics & Therapies	1483	1379	93%	16	1%	27	2%	61	4%	0	0%
Facilities & Estates	1152	936	81%	37	3%	104	9%	75	7%	0	0%
Medicine	1516	1321	87%	39	3%	72	5%	84	6%	2	0%
Specialised Services	1303	1171	90%	18	1%	47	4%	67	5%	0	0%
Surgery	2306	2059	89%	29	1%	92	4%	125	5%	1	0%
Trust Services	3594	3111	87%	63	2%	205	6%	214	6%	1	0%
Weston	1487	1282	86%	34	2%	89	6%	82	6%	1	0%
Womans & Childrens	2718	2507	92%	30	1%	76	3%	104	4%	1	0%
unknown	54	36	67%	0	0%	5	9%	13	24%	0	0%
Total	**15613**	**13802**	**88%**	**266**	**2%**	**717**	**5%**	**825**	**5%**	**6**	**0%**

NB: No NHS – where data in an ESR file does not match data in the NHS patient file. Also includes colleagues living in Wales who do not have their vaccination status recorded on NIMS.

Process for engaging staff

We aim to support staff to have the vaccinations but are preparing guidance and processes for those who the Trust may need redeploy or dismiss.

HR have been reviewing the NIMS and ESR lists of unvaccinated staff and have conducted a desk top analysis of persons who are likely to be in scope and shared this with divisional HR Business Partners. This will enable an individual assessment of role against the conditions set. This process occurs daily with up to date data shared as staff continue to be vaccinated.

HR have been calling and writing to all staff who are recorded as ‘unvaccinated’ or only vaccinated with one dose to ask them to confirm their status and if any exemptions apply.

Those medically exempt or exempt based on their pregnancy status are being risk assessed to consider if they can stay in their role or need to be redeployed or duties adjusted.

Persons who do not wish to have the vaccine and are in scope will be met informally to set out the potential consequences and then formally should they remain unvaccinated. These formal discussions will commence w/c 7 Feb and at these the staff member may be issued with their notice of dismissal enabling notice periods to run concurrently to the exploration of other options – redeployment, adjustment of role, or other accommodations.

In terms of considering alternatives to dismissal the legislation is clear that when considering reconfiguration of roles Patient pathways, care and experience must not be compromised.

Any change in role would commence from 1 April 2022 in accordance with the date the regulations come into force

To note, pay protection and redundancy pay are not payable in these circumstances and where necessary pay in lieu of notice may be offered to ensure we are not employing any colleague in scope who is unvaccinated at 1 April 2022. From this date we are unable to employ staff who have direct face to face contact with patients and service users as part of their role, unless they are vaccinated against Covid-19 or have a valid clinical exemption and risk assessment.

The financial implications of this will be assessed and NHSEI are considering if additional funding may be available where concurrent notice period has not been achieved. National funding to support HR teams to deliver VCOD will become available.

There is an option to pause the process should a staff member miss the deadline of the 3rd February but confirm they will proceed with vaccination. Such staff members will not proceed to dismissal and will need to take leave/unpaid leave or be redeployed until such time as they are fully vaccinated.

Next steps: looking ahead

The implications of VCOD also require the Trust to amend recruitment practices. Candidates currently in a recruitment process are being advised by the Recruitment Coordinator of the 1st April 2022 changes. Adverts for roles now advise prospective candidates of the 1st April 2022 changes and recruitment guidance for managers has been developed. The processes for Covid-19 vaccination to form part of mandatory employment checks from 1st April 2022 is being designed and will be in place.

Work continues with the Deanery and university partners to prepare students, Drs in training (DiT) and those on honorary contracts to check their vaccination status. The Deanery has confirmed they will remove DiT who are unvaccinated from August and will require UHBW support to check vaccination status for the February rotation.

Student vaccination status will need to be managed and verified by Universities and processes to seek assurance of this are in design at an ICS level to ensure consistency of approach.

The Trust has added the VCOD requirement to Memorandum of Understandings and contracts for agencies and the Master Vendor.

Volunteer roles and governor roles are currently under review.

Governance

A weekly task and finish group is chaired by the Director of People and includes representatives from HR, vaccination hub, communications, staff side, occupational health, IG and IT. A weekly meeting with HRBPs to support divisional roll out is chaired by the Deputy Director of People who is responsible for the operationalisation of the programme. Regular webinars are run by NHS England and NHSEI and publications and guidance are amended regularly. We are also liaising with our BNSSG partners on items which the ICS can take forward such as arrangements for students and agencies.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public – 28 January 2022

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

For Information

Digital

- The Committee received an updated digital report to the meeting which highlighted the current challenges to service delivery and progress to ensure the resilience of the unpinning infrastructure. It was emphasised to the Committee that the merger of the two Patient Administration Systems in April 2022 was the highest priority for the digital team.

- A project to replace Attend Anywhere with Digital Patient (Dr Doctor) was noted to have been approved across the BNSSG system.

- The Committee discussed the digital strategy and agreed that the strategic plan should be followed up in the February meeting. Given the current resource constraints and operational demands, project prioritisation required further consideration.

- Following up on the December NED visit to the Emergency Department, discussions were noted to be underway regarding Single Sign On including any information governance implications which needed to be addressed.

Finance

- The Committee received the finance report and the key points to note included:
  - A net surplus of £3,207k was being reported against a plan of break-even at the end of month 9.
  - The Trust had delivered 70% of savings delivery (£8,035k) with a shortfall in delivery of £4,826k forecast. Recurrent savings were forecast at 25% (£3,862k).
  - The capital plan was noted with a current capital forecast outturn of c£73m. The Committee would further discuss the impact of the projected underspend on the Capital Programme at the next Committee meeting.

- The Committee noted the Quarterly Integration Benefits Update report and non-executive directors proposed a further review of the targeted benefits should be undertaken, in the light of changing operational circumstances.

- The Corporate Risk Register outlined two finance risks, and 3 digital:
  - 291 Risk that critical IT equipment fails and cannot be restored
  - 674 Risk that use of agencies who are non-compliant with national pricing caps does not reduce
  - 800 Risk that Trust operations are negatively impacted by a pandemic
  - 3115 Risk that clinical decision making may be based upon incomplete information

Committee members were challenged to consider whether the report reflected all risks discussed within the meeting, particularly in terms of financial risks.

- An update with on Corporate Objectives was received by the Committee, with members praising the new format for its clarity and cohesion.

For Board Awareness, Action or Response

- The Committee received its Terms of Reference (ToR) with a single change for approval: addition of NED champion responsibilities. The Committee endorsed the change and would recommend to the Board for approval.

Key Decisions and Actions

- The Committee received the General Intensive Care Unit (GICU) Stage 2 Expansion Full Business Case (FBC) for onward approval by the Trust Board. Committee members reviewed the strategic context and the availability of capital and agreed to support the business case in principle and promote to the Trust Board.

Additional Chair Comments

Date of next meeting:	**22 February 2022**

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Friday 28 January 2022

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

1. Report Summary

The purpose of this report is to inform the Finance & Digital Committee of the financial position of the Trust for the period 1st April 2021 to 31st December 2021.

2. Key points to note

(Including decisions taken)

The Trust's year to date net income and expenditure performance, excluding technical items, is a net surplus of £3,207k compared with a plan of break-even. The overall position continues to be driven by slower than planned pick up in costs linked to the Trust's approved 2021/22 investments and elective recovery offset by the shortfall in savings delivery to date.

The Trust has delivered savings of £8,035k to date or 70% the plan to date.

The Trust has invested capital of £39,506k to date.

The Trust's cash balance was £177,025k as at 31st December 2021.

3. Risks

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

A strategic risk assessment is provided in the Executive Summary.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

This report is for **information**

5. History of the paper

Please include details of where paper has previously been received.

Finance & Digital Committee	25 January 2022

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: December 2021

Contents

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2021

Executive Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2021

YTD Income & Expenditure Position	• Net I&E surplus of £3,207k against a plan of break-even (excluding technical items). • Total operating income is £4,182k adverse to plan due to lower than planned other operating income of £4,124k (relating to grant income). The reported income from patient care activities incorporates the return of system top up funding of £10m. • Operating expenses are £3,297k favourable to plan primarily due to lower pass-through expenditure (£9,970k adverse), the shortfall in CIP delivery of £3,408k, lower than planned non-pay expenditure of £5,554k and a revised assessment of costs associated with ERF. • Technical and financing items are £4,170k favourable to plan mainly due to the profiling of grant income relating to the Salix decarbonisation scheme.
Key Financial Issues	• The Trust's current forecast outturn assessment is a net I&E surplus of c£6m. • The Trust's forecast position excludes £10m of system top-up funding which has been returned back into the system. • Savings delivery of £8,035k or 70% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £4,826k. Recurrent savings are forecast at £3,862k, 25% of plan. • Capital expenditure to date of £39,506k against the annual CDEL of £88,394k means the Trust is very likely to under spend against its CDEL by 31st March 2022. Following discussions with Capital Programme leads the current capital forecast outturn is c£73m.
Strategic Risks	Although the following items are not expected to have a material impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate: • Agreeing a system approach to future financial targets given UHBW's need to service past borrowing – pending full understanding of the 2022/23 financial regime; • Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime– pending as above; • Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going and subject to CDEL brokerage discussions with NHSEI.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2021

Successes	Priorities
• The majority of Divisions continue to operate with immaterial variances to budget at less than 2%. • Delivery of capital investment of £39,506k in the period 1st April 2021 to 31st December 2021. • The Trust's flexibility and cash position remains strong at £177,025k after capital investment of £39,506k. • Approval of investments from in-year flexibilities e.g. scanning of medical records. • NHSEI has approved Targeted Investment Fund (TIF) capital costs in relation to the adult ITU phase 2 expansion FBC (£550k), surgical equipment to optimise elective activity (£2,800k) and a digital platform for the Cystic Fibrosis Health Hub (£218k).	• The Trust has recently submitted plans to NHSEI to extend overseas recruitment for nurses in 2021/22 and 2022/23 as part of the Trust's short-term workforce strategy. • Agreement from NHSEI that CDEL brokerage will be available in 2022/23, arising from the Trust's forecast outturn against the CDEL. • Delivery of the Trust's capital forecast outturn. The Trust has assessed the forecast outturn and is considering further exceptional actions to reduce the underspend against CDEL. • Using in year financial flexibility to support further investments with strategic benefits. • The Trust's 2022/23 Operating Planning Process (OPP) is underway with Divisions. A draft 2022/23 Financial Plan is required by NHSEI on 17th March 2022. A final plan is required by NHSEI on 28th April 2022.
Opportunities	**Risks & Threats**
• The Trust/system position in 2021/22 allows for some non-recurrent flexibility that could help set stronger operational and financial foundations during the winter and 2022/23. • Significant opportunity to align the productivity improvements being driven by the Accelerator Programme and the Restoration Oversight Group.	• Workforce supply challenges to fill existing and new vacant posts continues to impact on the Trust's ability to meet emergency and elective demand. • Workforce availability and system challenges with patient flow continue to undermine elective activity recovery plans. • CDEL, the Trust's recurrent shortfall on CIP, the underlying revenue financial position of the Trust and the system may constrain the Trust's strategic capital plans over the next five years.

Financial Performance – Income & Expenditure

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

Trust Year to Date Financial Position

	Month 9			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	75,736	64,900	(10,835)	688,529	688,471	(58)
Other Operating Income	9,919	10,664	746	100,032	95,908	(4,124)
Total Operating Income	**85,654**	**75,565**	**(10,090)**	**788,562**	**784,380**	**(4,182)**
Employee Expenses	(49,575)	(50,675)	(1,099)	(441,500)	(443,812)	(2,312)
Other Operating Expenses	(33,663)	(18,190)	15,474	(300,085)	(294,532)	5,554
Depreciation (owned & leased)	(3,545)	(3,738)	(193)	(20,515)	(20,460)	55
Total Operating Expenditure	**(86,784)**	**(72,603)**	**14,181**	**(762,100)**	**(758,803)**	**3,297**
PDC	(942)	(1,342)	(399)	(9,256)	(9,397)	(141)
Interest Payable	(172)	(172)	0	(1,651)	(1,579)	72
Interest Receivable		2	2	0	2	2
Other Gains/(Losses)	0	(13)	(13)	0	(11)	(11)
Net Surplus/(Deficit) inc technicals	**(2,243)**	**1,438**	**3,681**	**15,554**	**14,591**	**(963)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	2,243	(370)	(2,613)	(15,554)	(11,384)	4,170
Net Surplus/(Deficit) exc technicals	**(0)**	**1,068**	**1,068**	**(0)**	**3,207**	**3,207**

Key Facts:

- The YTD net surplus is £3,207k (£2,139k last month) compared with the planned breakeven position.
- Pay expenditure is £712k higher in December than November due to an increase in substantive and bank pay costs. YTD expenditure is adverse to plan at £2,312k. This shows an increase from £1,212k in November.
- YTD agency expenditure is £21,760k, 5% of total pay costs.
- Operating income is adverse to plan by £4,182k, a reduction from £5,908k favourable in November. The movement is due to the return of system top-up funding in December. The other operating income variance of £4,124k is primarily due to lower than planned Salix grant income (£5,094k).
- CIP achievement is 70%. £8,035k has been achieved against a target of £11,442k.
- Additional costs of Covid-19 are £8,366k YTD at the end of December, with an Increase in month to £1,078k from £748k in November.

Financial Performance – Income & Expenditure

NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

Trust Full Year Forecast Outturn

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

Key Facts:

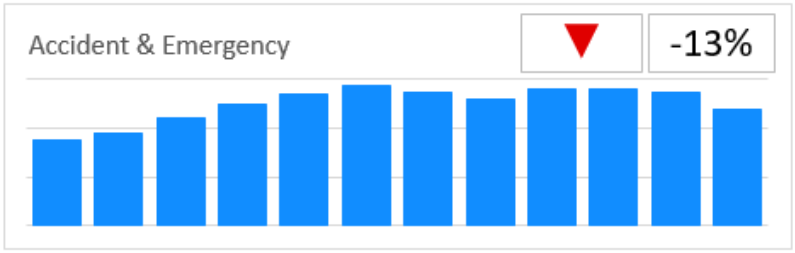
- The base case forecast outturn is a net surplus of £6,022k, a reduction of £10,000k from the position reported last month following the return of system top-up funding.
- This position assumes the following will take place between now and the year end:

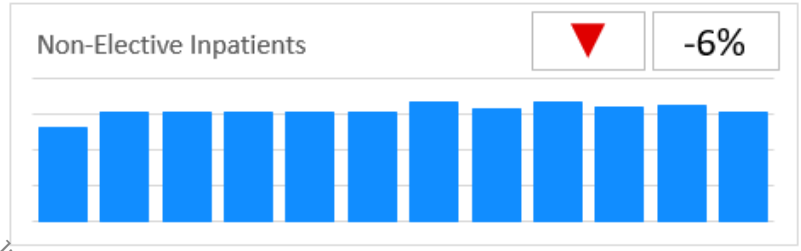
1. £2,989k increase in the rate of expenditure relating to developments and cost pressures;
2. £6,070k increase in the rate of expenditure relating to measures to support the Campaign Plan and utilise the in-year financial flexibility;
3. Forecast CIP delivery of £10,976k;
4. £0 elective recovery funding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

Actual Financial Position – Clinical Activity Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021





Key Points:

- We use calendar days to calculate the volume per day for non-elective points of delivery.
- Accident and emergency attendances per day are 13% lower in December compared with November. For the Trust overall, attendances are at 97% of pre-pandemic levels. However, the position by hospital site is very different with the Bristol Children's Hospital seeing 6% growth and the Eye Hospital being 15% lower. This is shown in Appendix 2.
- Emergency inpatient spells per day are 7% lower in December compared with November. Volumes are 15% lower YTD than pre-pandemic levels.
- Non-elective inpatient spells per day are 6% lower in December compared with November. Non-elective inpatients included maternity and non-emergency transfers.

Judd Emily 01/27/2022 16:16:21

Year To Date Volume

Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	4,794	4,943	4,811	97%	100%
Emergency Inpatients	1,332	1,567	1,472	85%	90%
Non-Elective Inpatients	569	515	524	110%	108%

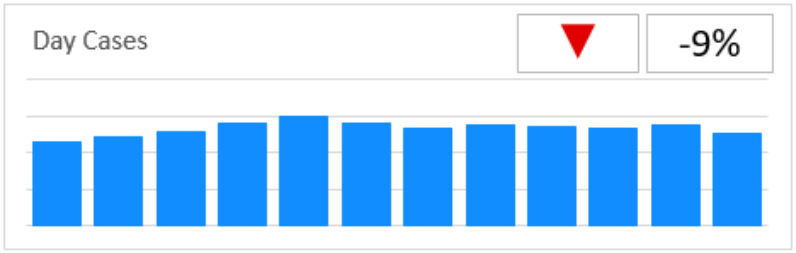
Current Month Volume

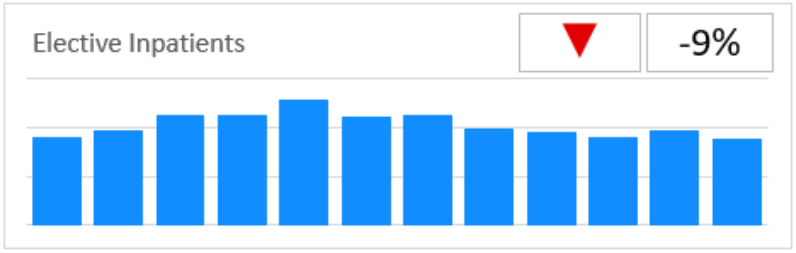
Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	473	557	545	85%	87%
Emergency Inpatients	140	182	166	77%	85%
Non-Elective Inpatients	61	58	58	105%	105%

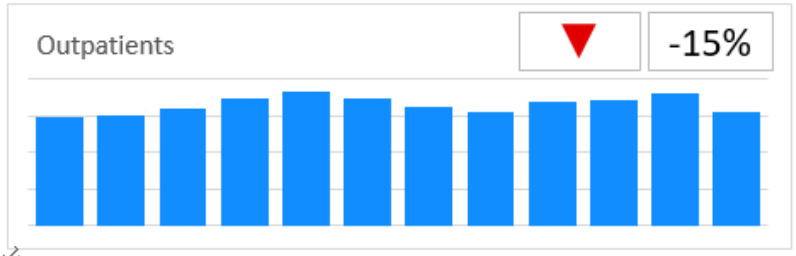
Actual Financial Position – Clinical Activity Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021







Key Points:

- We use working days to calculate the volume per day for elective points of delivery.
- Day cases per day are 9% lower in December compared with November. YTD volumes are 8% lower than pre-pandemic volumes.
- Elective inpatients per day are 9% lower in December compared with November. YTD volumes are 28% lower than pre-pandemic volumes.
- Outpatient attendances per day are 15% lower in December compared with November. However, YTD volumes are only 3% lower than pre-pandemic volumes.
- Elective activity is generally lower in December due to the festive holidays.
- In general, elective volumes have fallen in recent months, particularly elective inpatients. The position reflects the challenging operating environment in relation to workforce supply and constrained physical capacity.

Judd Emily 01/27/2022 16:16:21

Year To Date Volume

Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Day Cases	2,466	2,691	2,594	92%	95%
Elective Inpatients	371	517	455	72%	82%
Outpatients	30,409	31,198	28,163	97%	108%

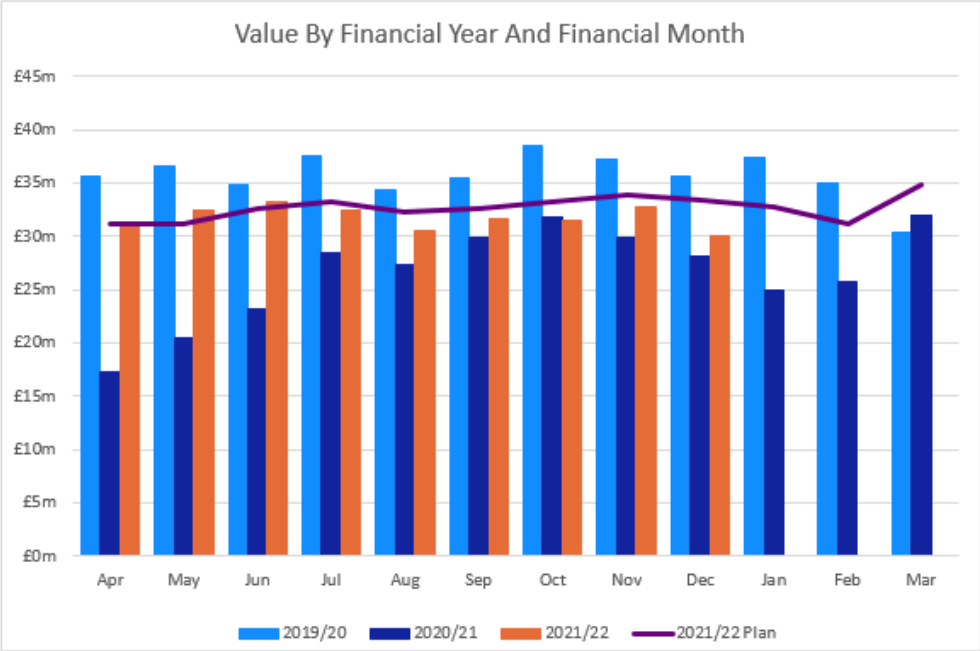
Current Month Volume

Board POD	2021/22 Actual Volume Per Day	2019/20 Actual Volume Per Day	2021/22 Planned Volume Per Day	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Day Cases	251	288	286	87%	88%
Elective Inpatients	35	54	52	65%	68%
Outpatients	3,092	3,343	3,265	92%	95%

Actual Financial Position – Clinical Income

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021



Key Points:

- Payment by results has been suspended during the pandemic. To give a sense of casemix we have valued the activity we have delivered using the national tariffs.
- The value of activity for the main points of delivery in December is £30m compared to £32.8m in November.
- The value of elective activity (including inpatients spells, day cases and outpatients) in December is £13m compared to £15.6m in November. The value of non-elective activity (including emergency inpatients and accident and emergency attendances) in December is £17.1m compared to £17.3m in November.
- There are 21 working days in December compared to 22 in November.

Year To Date Value

Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	23,920	24,939	24,286	96%	98%
Day Cases	33,216	38,261	34,715	87%	96%
Elective Inpatients	35,553	46,833	40,559	76%	88%
Emergency Inpatients	104,622	113,782	105,052	92%	100%
Non-Elective Inpatients	28,204	28,481	27,020	99%	104%
Outpatients	60,236	73,717	62,136	82%	97%
Total	**285,751**	**326,014**	**293,768**	**88%**	**97%**

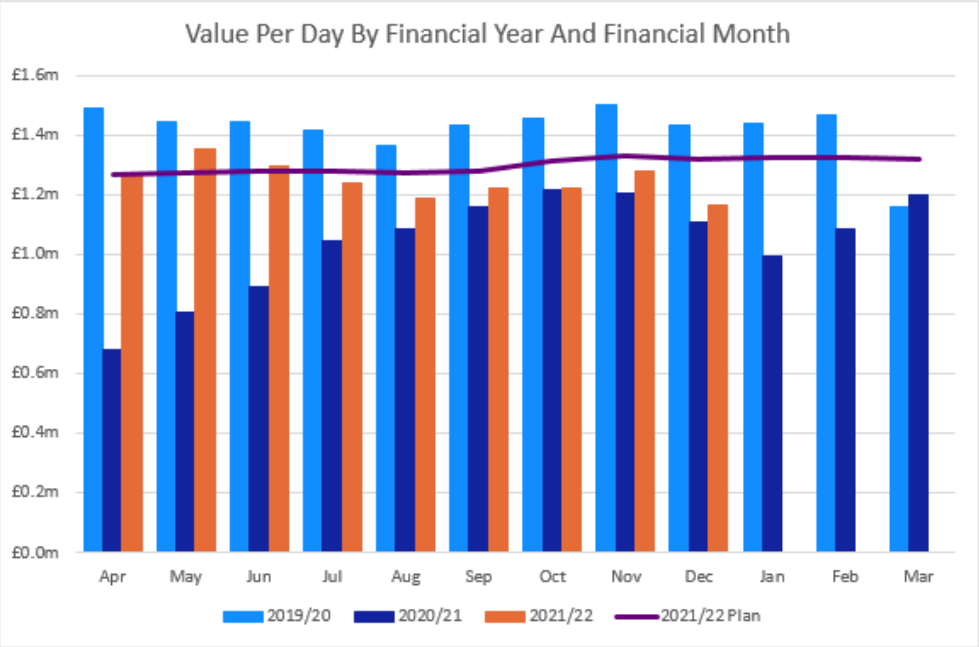
Current Month Value

Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	2,409	2,816	2,794	86%	86%
Day Cases	3,293	3,711	3,818	89%	86%
Elective Inpatients	3,619	4,681	4,680	77%	77%
Emergency Inpatients	11,522	13,814	11,962	83%	96%
Non-Elective Inpatients	3,143	3,134	3,023	100%	104%
Outpatients	6,042	7,539	7,193	80%	84%
Total	**30,029**	**35,694**	**33,470**	**84%**	**90%**

Actual Financial Position – Clinical Income

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021



Key Points:

- The value of elective activity per working day in December is 13% lower than November. The value of emergency activity per working day in December is 4% lower than November.
- Feedback from Divisions suggests that elective activity continues to be relatively low due to capacity constraints. High staff absence, due to sickness and isolation, has also been cited as a key factor, as has high levels of emergency outliers. There are also difficulties discharging patients in the community.
- It is expected that these factors will continue to affect elective performance in January.

Year To Date Value Per Day

Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	783	816	795	96%	99%
Day Cases	1,576	1,813	1,644	87%	96%
Elective Inpatients	1,692	2,221	1,918	76%	88%
Emergency Inpatients	3,425	3,723	3,438	92%	100%
Non-Elective Inpatients	923	932	884	99%	104%
Outpatients	2,855	3,492	2,943	82%	97%
Total	**11,254**	**12,997**	**11,622**	**87%**	**97%**

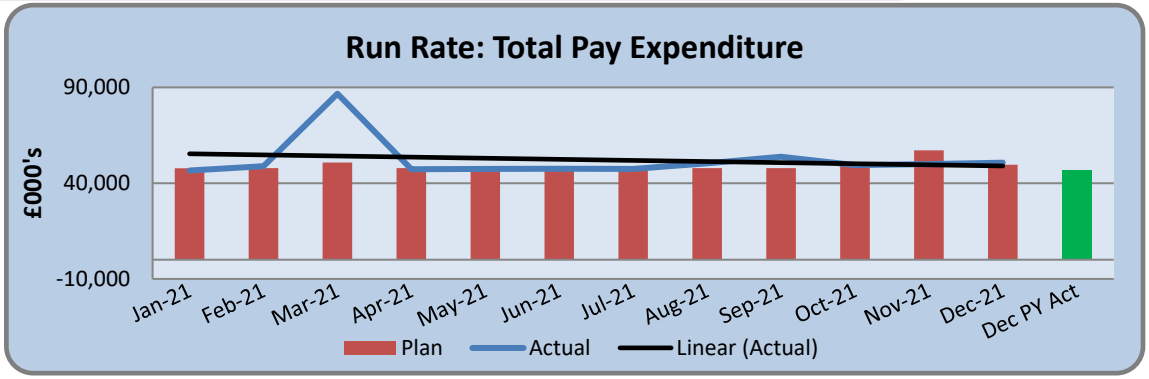
Current Month Value Per Day

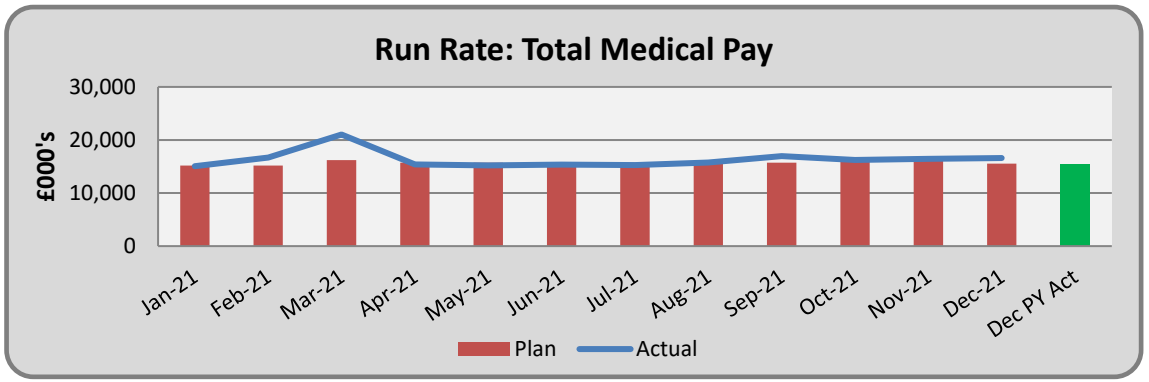
Board POD	2021/22 Actual £000	2019/20 Actual £000	2021/22 Plan £000	2021/22 Actual / 2019/20 Actual	2021/22 Actual / 2021/22 Plan
Accident & Emergency	78	91	90	86%	86%
Day Cases	157	186	182	85%	86%
Elective Inpatients	172	234	223	74%	77%
Emergency Inpatients	372	446	386	83%	96%
Non-Elective Inpatients	101	101	98	100%	104%
Outpatients	288	377	343	76%	84%
Total	**1,168**	**1,434**	**1,321**	**81%**	**88%**

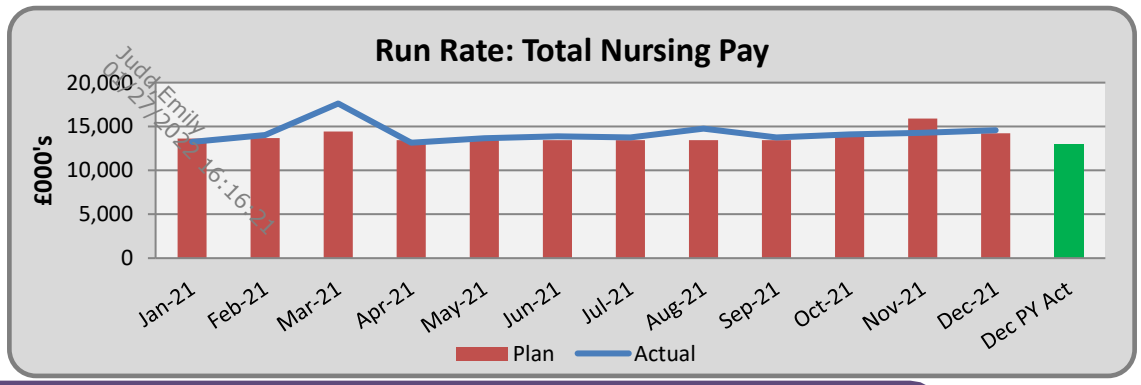
Financial Performance – Workforce Expenditure

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021







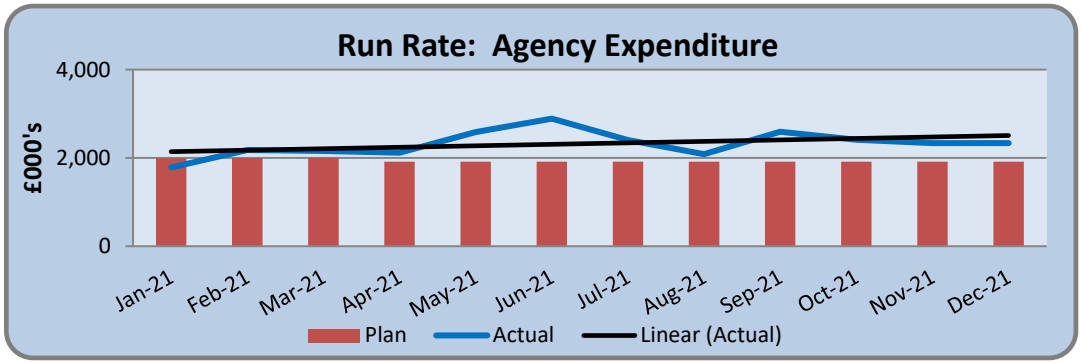
Key Points:

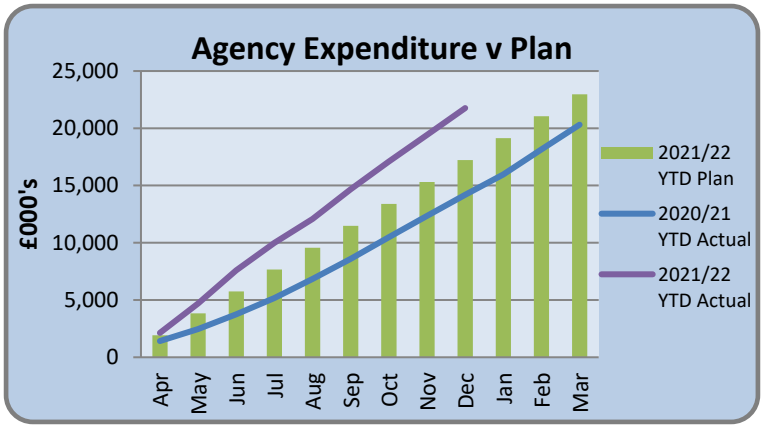
- Total pay expenditure in December is £50,675k, £713k higher than November and c£600k higher than the Q3 average.
- YTD pay expenditure is £2,312k adverse to plan, an increase from £1,212k in November.
- Agency expenditure in December is £2,335k compared with £2,335k in November and £2,411k in October.
- Nursing agency increased marginally (£39k) and Medical agency spend decreased (£38k) in the month.
- Bank expenditure is £2,251k in December, higher than £1,983 in November and £1,955k in October due to enhanced bank rates payable from the 17 December 2020.

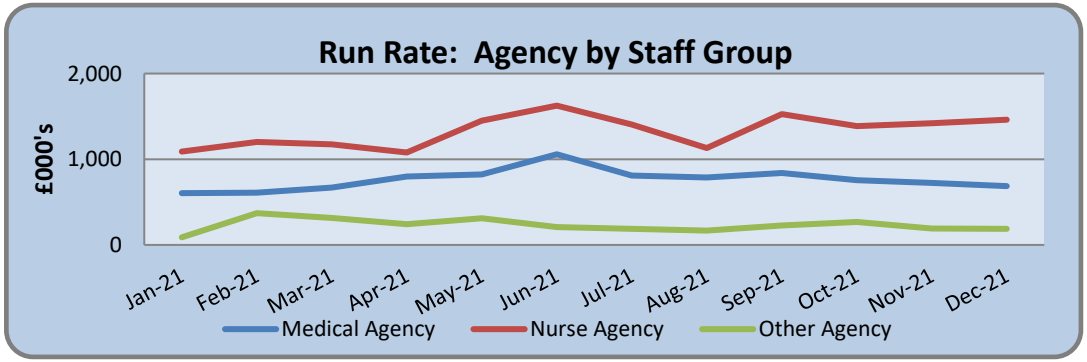
Financial Performance – Bank & Agency

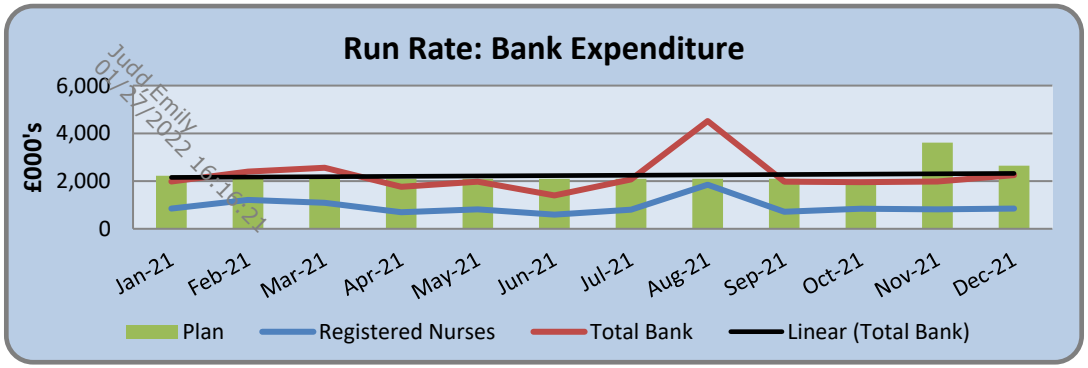
NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021









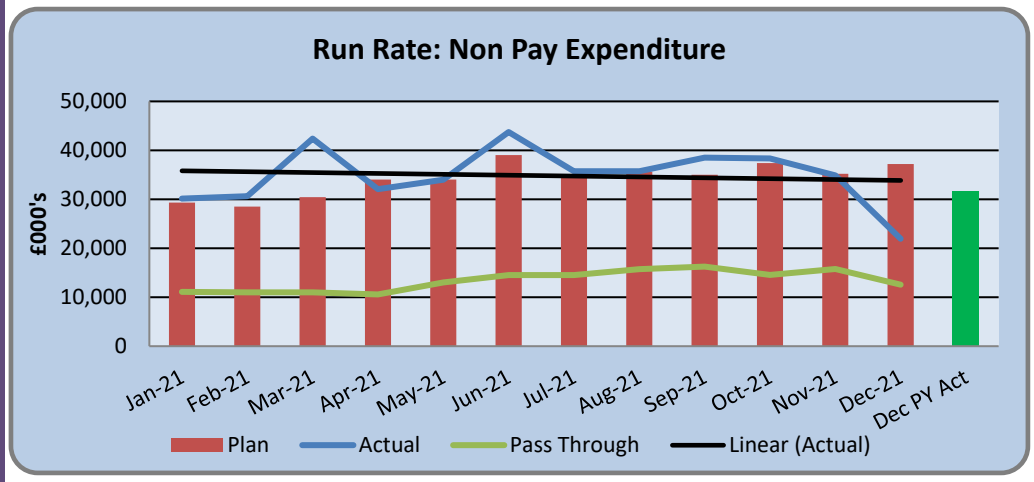
Key Points:

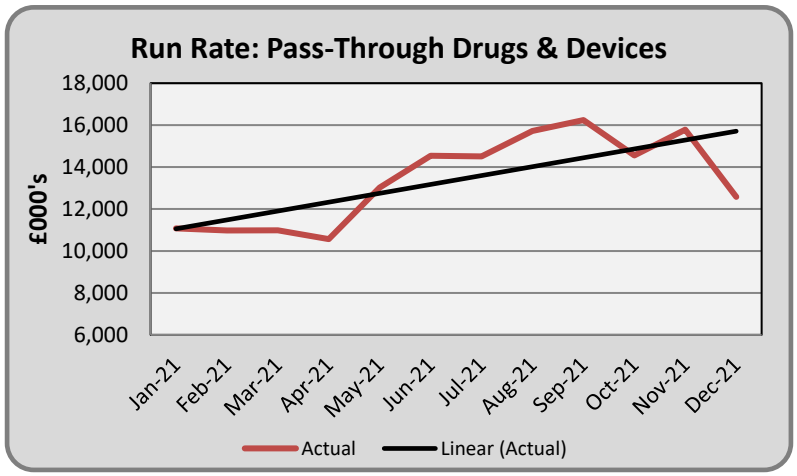
- Agency expenditure in December is £2,335k, £421k higher than plan and in line with November.
- YTD agency expenditure exceeds plan by £4,533k.
- Agency usage continues to be driven by vacancies across nursing and medical staffing. Sickness and the use of mental health nurses are also key drivers.
- Nurse agency shifts decreased by 143 or 5% compared with November. Average cost per shift increased by 8% due increased utilisation of Tier 4 agency and the increased unsocial shifts covering festive period.
- Medical agency spend decreased by £38k to £687k from £725k in October.
- Bank costs in December are £2,251k, c14% higher than the run rate of the last 3 months due to the introduction of enhanced bank rates.
- See Appendix 3 and 4 for further details on agency usage.

Financial Performance – Non Pay Expenditure

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021





Top 5 Favourable Variances	CURRENT YEAR YTD Plan (£000's)	CURRENT YEAR YTD Expenditure (£000's)	CURRENT YEAR Variance (£000's)	PRIOR YEAR YTD Plan (£000's)	PRIOR YEAR YTD Expenditure (£000's)	PRIOR YEAR Variance (£000's)
Clinical Supplies and services	64,209	60,223	3,986	51,384	53,491	(2,107)
Transport	3,212	2,592	620	1,657	2,863	(1,206)
Establishment	12,514	12,121	393	10,173	11,471	(1,298)
Premises - other	10,035	9,714	320	10,549	10,843	(294)
Purchase of healthcare from non-NHS bodies	7,433	7,146	287	4,923	5,457	(534)
Total	**97,403**	**91,797**	**5,607**	**78,686**	**84,125**	**(5,439)**

Top 5 Adverse Variances	CURRENT YEAR YTD Plan (£000's)	CURRENT YEAR YTD Expenditure (£000's)	CURRENT YEAR Variance (£000's)	PRIOR YEAR YTD Plan (£000's)	PRIOR YEAR YTD Expenditure (£000's)	PRIOR YEAR Variance (£000's)
Drugs	116,759	129,997	(13,237)	84,102	87,262	(3,160)
Operating lease expenditure	5,214	5,905	(691)	5,300	5,165	135
Purchase of healthcare from NHS bodies	7,558	8,126	(568)	6,108	5,942	166
Education and training - non-staff	2,417	2,492	(75)	1,299	1,714	(415)
Premises - business rates payable to local aut	2,973	3,023	(50)	2,902	2,894	8
Total	**116,580**	**130,665**	**(14,622)**	**86,920**	**89,333**	**(3,266)**

Key Points:

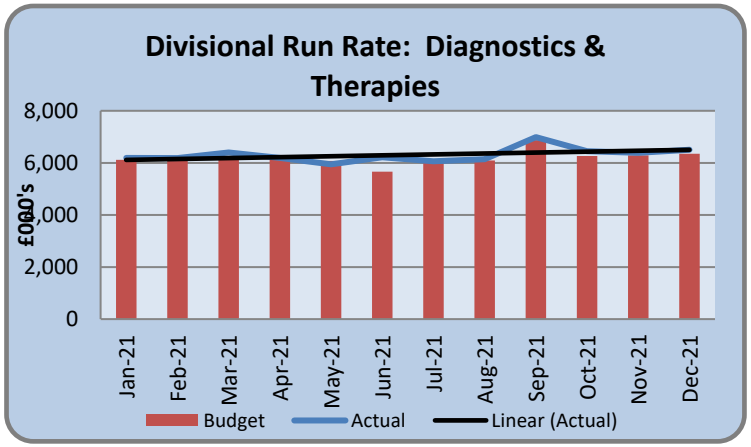
- YTD non-pay expenditure of £294,532k is £5,554k or c2% lower than plan. This is primarily due to lower levels of clinical activity.
- The run rate of pass-through drugs decreased in month, reflecting the downturn in activity.
- Clinical supplies and services is £3,986k favourable to plan also reflecting lower than planned elective activity levels.

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

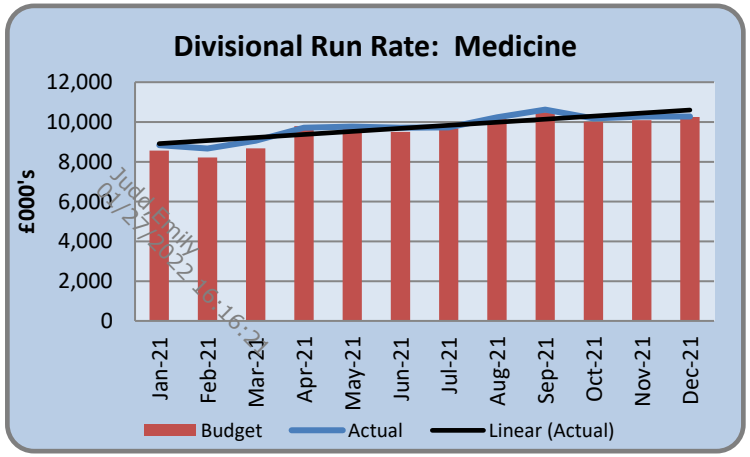
December 2021

	Diagnostics & Therapies		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	120	117	(3)
Other Activity Based Income	67	55	(12)
Other Operating Income	3,515	3,787	272
Total Operating Income	**3,702**	**3,959**	**257**
Nursing and Midwifery	(1,056)	(1,059)	(3)
Medical Staff - Consultants	(4,308)	(4,229)	79
Medical Staff - Others	(790)	(994)	(204)
Other Clinical Staff	(33,850)	(33,781)	69
Non Clinical Staff	(3,509)	(3,435)	74
Other Pay	(167)	(59)	108
Total Employee Expenses	**(43,680)**	**(43,557)**	**123**
Drugs	(4,595)	(5,478)	(883)
Clinical Supplies	(7,320)	(7,698)	(378)
Support Funding	0	0	0
Other Non Pay	(4,015)	(4,127)	(112)
Total Other Operating Expenses	**(15,930)**	**(17,303)**	**(1,373)**
Net Surplus/(Deficit)	**(55,908)**	**(56,901)**	**(993)**



Diagnostics & Therapies:

- Adverse variance of £993k YTD, an in month deterioration of £147k.
- Favourable variance on income from operations due to increased commercial trial income, clinical engineering income and additional income in radio pharmacy.
- Adverse variance on drugs due mainly to high tech homecare £569k previously pass through and higher than planned pass through costs.
- Adverse variance on PHE recharges due to higher than planned activity also higher than planned cellular pathology costs, however both of these costs have been reducing in recent months.
- Currently exceeding year to date savings target by £49k and forecast to deliver target by year end.



Medicine:

- Adverse variance of £695k YTD, an in month deterioration of £32k.
- Savings programme adverse year to date by £25k after inclusion of reduced sleep studies devices costs.
- Adverse variance on medical staff of £1,629k mainly due to Weston F1 pressures and premium payments for medical Consultants including support for outlier patients.
- Favourable variance on other clinical staff £227k due to vacancies, particularly physicians associates.
- Favourable variance on non-pay due to lower than planned spend on sleep devices.
- Increasing run rate trend on nursing as Covid costs are now charged to the division as well as impact of the pay award.

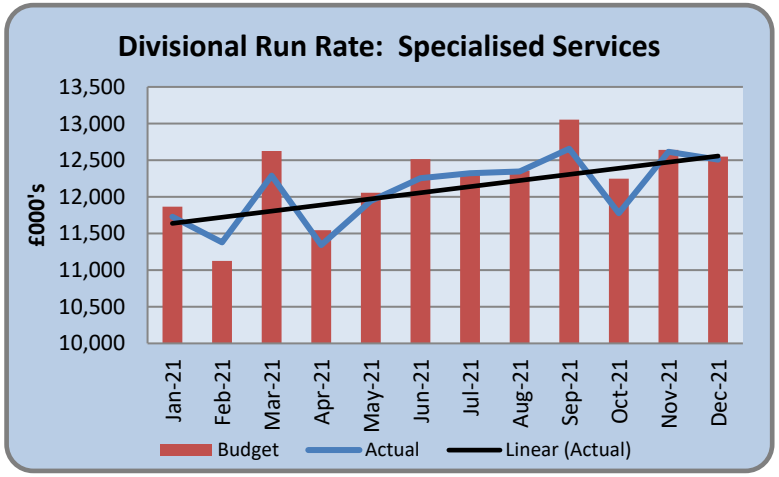
	Medicine		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	1,750	1,676	(74)
Other Activity Based Income	15	6	(9)
Other Operating Income	1,598	1,557	(41)
Total Operating Income	**3,363**	**3,239**	**(124)**
Nursing and Midwifery	(29,734)	(29,673)	61
Medical Staff - Consultants	(10,555)	(11,305)	(750)
Medical Staff - Others	(8,707)	(9,586)	(879)
Other Clinical Staff	(1,729)	(1,502)	227
Non Clinical Staff	(5,326)	(5,567)	(241)
Other Pay	(8)	0	8
Total Employee Expenses	**(56,059)**	**(57,633)**	**(1,574)**
Drugs	(26,398)	(26,504)	(106)
Clinical Supplies	(4,717)	(3,285)	1,432
Support Funding	0	0	0
Other Non Pay	(6,021)	(6,344)	(323)
Total Other Operating Expenses	**(37,136)**	**(36,133)**	**1,003**
Net Surplus/(Deficit)	**(89,832)**	**(90,527)**	**(695)**

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

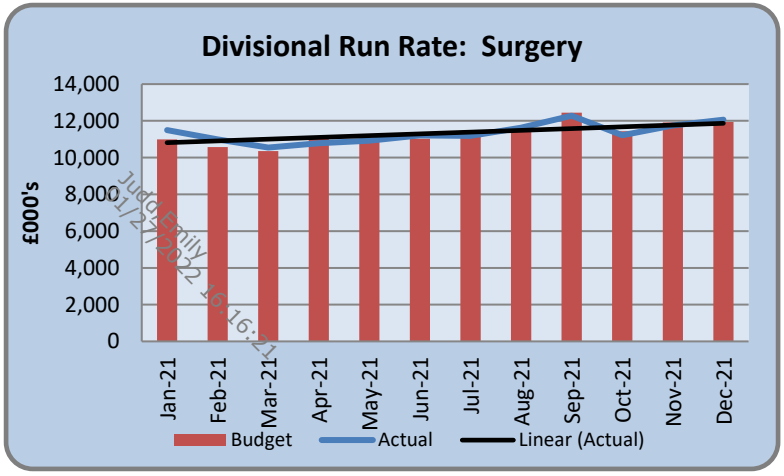
December 2021

	Specialised Services		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	2,581	2,581	0
Other Activity Based Income	1,080	469	(611)
Other Operating Income	2,265	2,460	195
Total Operating Income	**5,926**	**5,510**	**(416)**
Nursing and Midwifery	(20,164)	(20,659)	(495)
Medical Staff - Consultants	(11,597)	(11,232)	365
Medical Staff - Others	(6,194)	(6,224)	(30)
Other Clinical Staff	(5,787)	(5,787)	0
Non Clinical Staff	(5,176)	(4,934)	242
Other Pay	0	0	0
Total Employee Expenses	**(48,918)**	**(48,836)**	**82**
Drugs	(36,757)	(37,056)	(299)
Clinical Supplies	(18,704)	(17,965)	739
Support Funding	0	0	0
Other Non Pay	(12,832)	(11,416)	1,416
Total Other Operating Expenses	**(68,293)**	**(66,437)**	**1,856**
Net Surplus/(Deficit)	**(111,285)**	**(109,763)**	**1,522**



Specialised Services:

- Favourable variance YTD of £1,522k, and in month favourable variance of £35k.
- Significant favourable variance on clinical supplies, due to lower than planned levels of activity and lower than planned pass through costs.
- Adverse variance on other activity related income £611k due to lower than planned private and overseas income.
- Pay run rate trend increasing due to new ward beds plus impact of the pay award.
- Non pay run rate variable due to variability of pass through blood, drug and devices expenditure. The recent trend has been seen significantly reduced spend due to reduced activity levels.
- Savings on target YTD and FOT.



Surgery:

- Favourable variance to date of £911k and in month deterioration of £123k.
- Shortfall on savings programme YTD of £1,208k. Forecast shortfall of £1,714k.
- Pay favourable by £269k due to vacancies and delays in recruitment of agreed service developments for other clinical and non clinical staff.
- Pay run rate increasing from 2020/21 as ITU expansion now charged to the Division. High levels of vacancies being filled by agency staff and high levels of 1-1 care plus impact of the pay award.
- Recent non pay run rate has continued to show a reduction in spend reflecting lower levels of elective activity. This has resulted in a significant favourable variance on non pay.

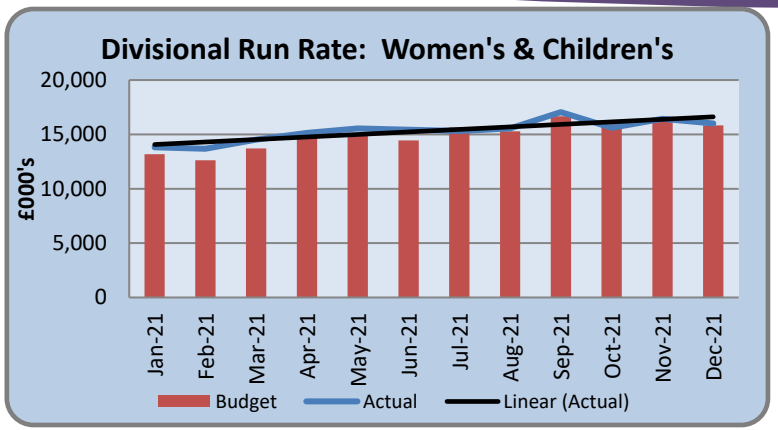
	Surgery		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	(91)	(87)	4
Other Activity Based Income	45	43	(2)
Other Operating Income	2,198	2,172	(26)
Total Operating Income	**2,152**	**2,128**	**(24)**
Nursing and Midwifery	(26,395)	(26,740)	(345)
Medical Staff - Consultants	(18,612)	(18,527)	85
Medical Staff - Others	(14,746)	(15,270)	(524)
Other Clinical Staff	(8,575)	(8,062)	512
Non Clinical Staff	(9,643)	(9,188)	456
Other Pay	(86)	0	86
Total Employee Expenses	**(78,057)**	**(77,787)**	**269**
Drugs	(10,668)	(10,085)	583
Clinical Supplies	(12,035)	(11,297)	739
Support Funding	0	0	0
Other Non Pay	(5,327)	(5,983)	(656)
Total Other Operating Expenses	**(28,030)**	**(27,364)**	**666**
Net Surplus/(Deficit)	**(103,935)**	**(103,024)**	**911**

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

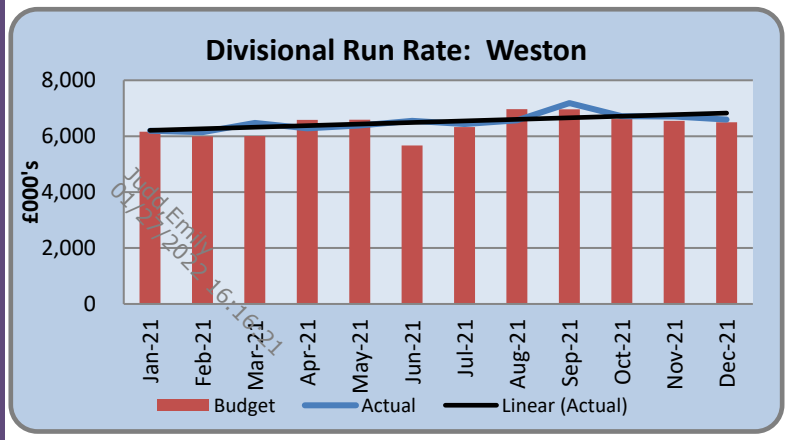
December 2021

	Women's & Children's		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	7,581	7,855	274
Other Activity Based Income	0	0	0
Other Operating Income	4,473	3,871	(602)
Total Operating Income	**12,054**	**11,726**	**(328)**
Nursing and Midwifery	(45,617)	(45,701)	(84)
Medical Staff - Consultants	(24,381)	(23,996)	385
Medical Staff - Others	(13,823)	(15,172)	(1,349)
Other Clinical Staff	(7,398)	(7,387)	11
Non Clinical Staff	(7,127)	(6,776)	351
Other Pay	232	0	(232)
Total Employee Expenses	**(98,114)**	**(99,032)**	**(918)**
Drugs	(37,114)	(37,855)	(741)
Clinical Supplies	(9,497)	(9,256)	241
Support Funding	0	0	0
Other Non Pay	(7,626)	(7,693)	(67)
Total Other Operating Expenses	**(54,237)**	**(54,804)**	**(567)**
Net Surplus/(Deficit)	**(140,297)**	**(142,110)**	**(1,813)**



Women's & Children's:

- Adverse variance of £1,813k, an in month adverse variance of £172k.
- Income adverse by £328k including reduced research income.
- Savings programme shortfall of £231k YTD, FOT £438k adverse.
- Pay overspend for nursing £84k including PICU and ED with high levels of RMN to support mental health patients.
- Pay run rate increasing over past months. Significantly higher than 2019/20 due to winter staffing levels and the pay award.
- Other medical staff adverse by £1,349k mainly due to covering gaps in rotas.
- Non pay run rate is variable and affected by number of Zolgensma patients. Clinical supplies favourable variance driven by lower than planned activity.



Weston:

- Adverse variance to date of £659k, a deterioration of £96k in month.
- Shortfall on savings programme YTD of £581k including shortfall against the residual merger mitigations target.
- Significant pressure on other medical staff budgets due to the on-going staffing issues resulting in high agency usage.
- Adverse variance on consultants due to premium payments and shortfall on merger savings plans.
- Pay run rate increasing partly due to medical staff pressures plus impact of the pay award.
- Overall favourable variance on non pay partly due to lower than planned levels of activity and lower spend on establishment, supplies and services. Drugs reports an adverse variance due to higher than planned pass through costs.

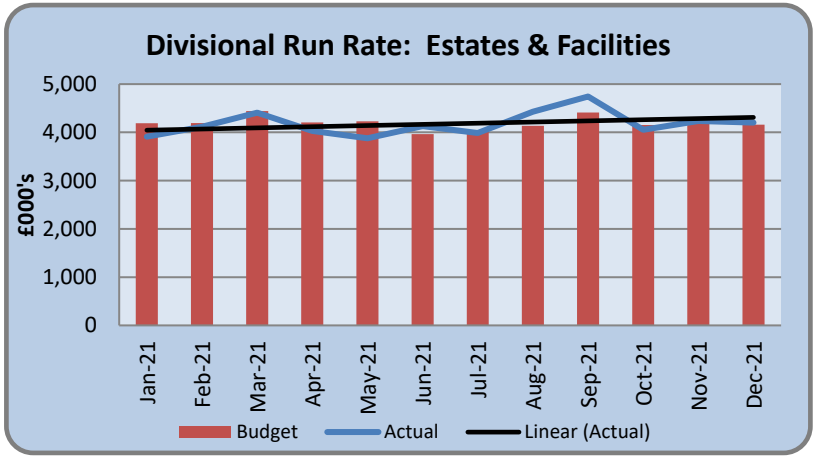
	Weston		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	(27)	638	665
Other Activity Based Income	118	(3)	(122)
Other Operating Income	1,783	1,598	(185)
Total Operating Income	**1,874**	**2,233**	**359**
Nursing and Midwifery	(24,102)	(23,227)	876
Medical Staff - Consultants	(9,056)	(10,117)	(1,061)
Medical Staff - Others	(8,523)	(9,818)	(1,295)
Other Clinical Staff	(2,400)	(2,522)	(122)
Non Clinical Staff	(4,371)	(3,784)	587
Other Pay	201	0	(201)
Total Employee Expenses	**(48,251)**	**(49,467)**	**(1,216)**
Drugs	(6,646)	(6,835)	(189)
Clinical Supplies	(3,559)	(3,609)	(50)
Support Funding	0	0	0
Other Non Pay	(2,170)	(1,733)	437
Total Other Operating Expenses	**(12,376)**	**(12,177)**	**198**
Net Surplus/(Deficit)	**(58,753)**	**(59,411)**	**(658)**

Financial Performance – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

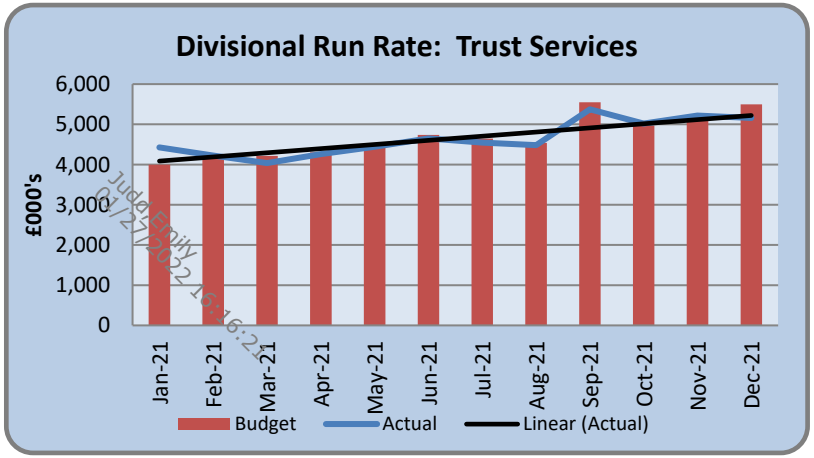
December 2021

	Estates & Facilities		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	3,345	3,330	(15)
Total Operating Income	**3,345**	**3,330**	**(15)**
Nursing and Midwifery	(2)	(5)	(3)
Medical Staff - Consultants	0	0	0
Medical Staff - Others	0	0	0
Other Clinical Staff	(2)	0	2
Non Clinical Staff	(22,007)	(22,407)	(400)
Other Pay	(1)	0	1
Total Employee Expenses	**(22,012)**	**(22,412)**	**(400)**
Drugs	(1)	(7)	(6)
Clinical Supplies	(228)	(224)	4
Support Funding	0	0	0
Other Non Pay	(18,565)	(18,372)	193
Total Other Operating Expenses	**(18,794)**	**(18,603)**	**191**
Net Surplus/(Deficit)	**(37,461)**	**(37,685)**	**(224)**



Estates & Facilities:

- Adverse variance to date of £224k, an in month adverse variance of £44k.
- Significant favourable variance on energy costs under other non pay due to the impact of the CHP programme.
- Significant adverse vacancies on non clinical staff due to the impact of critical incident pay rates in August and September.
- Favourable variance on savings programme of £113k YTD, FOT £119k favourable.
- Increase in the pay run rate in month 5 and 6 due to the effect of temporary enhanced pay rates and the pay award.



Trust Services:

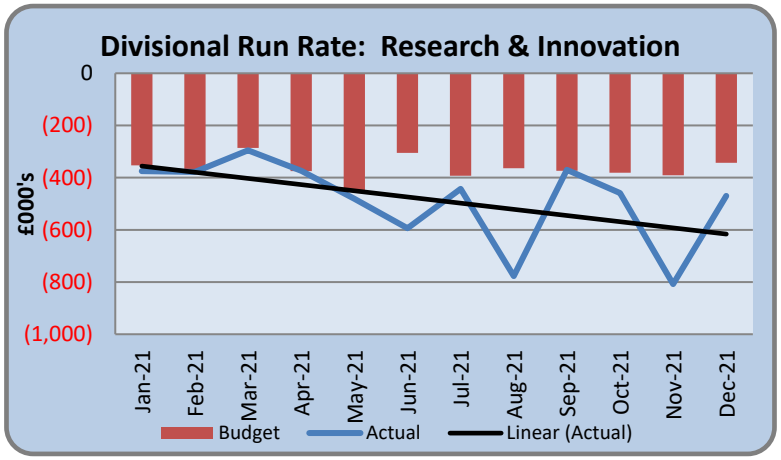
- Favourable variance to date of £459k.
- Main driver of favourable variance is the number of vacancies in Finance and Digital services.
- Shortfall on savings programme of £400k YTD and forecast shortfall of £570k.
- Increase in non pay run rate due to immigration surcharges and continuing education costs.
- Pay run rate trend has been increasing due to additional cost of management support for the Weston Division and also impact of pay award.

	Trust Services		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	3,888	3,883	(5)
Total Operating Income	**3,888**	**3,883**	**(5)**
Nursing and Midwifery	(5,251)	(5,143)	108
Medical Staff - Consultants	(1,381)	(1,372)	9
Medical Staff - Others	(839)	(812)	27
Other Clinical Staff	(526)	(530)	(4)
Non Clinical Staff	(26,741)	(25,697)	1,044
Other Pay	(56)	(15)	41
Total Employee Expenses	**(34,794)**	**(33,569)**	**1,225**
Drugs	(71)	(147)	(76)
Clinical Supplies	(396)	(87)	309
Support Funding	0	0	0
Other Non Pay	(12,223)	(13,217)	(994)
Total Other Operating Expenses	**(12,690)**	**(13,451)**	**(761)**
Net Surplus/(Deficit)	**(43,596)**	**(43,137)**	**459**

Financial Performance – Divisional Position

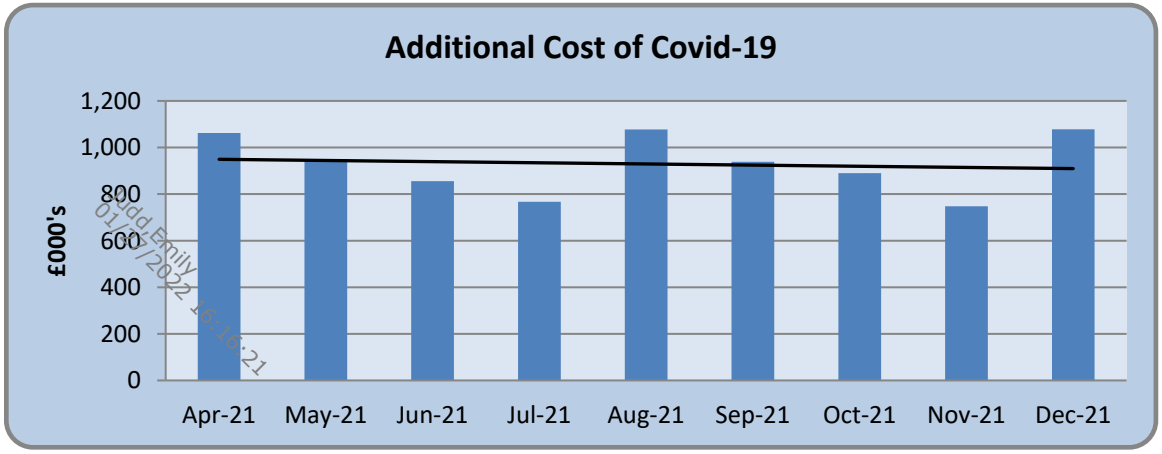
December 2021

	Research & Innovation		
	Plan £000's	Actual £000's	Variance Favourable /(Adverse) £000's
Activity Based Income SLA	0	0	0
Other Activity Based Income	0	0	0
Other Operating Income	22,877	24,585	1,707
Total Operating Income	**22,877**	**24,585**	**1,707**
Nursing and Midwifery	(1,015)	(865)	149
Medical Staff - Consultants	(508)	(348)	160
Medical Staff - Others	(85)	(65)	20
Other Clinical Staff	(94)	(47)	47
Non Clinical Staff	(2,523)	(2,639)	(116)
Other Pay	2	0	(2)
Total Employee Expenses	**(4,222)**	**(3,965)**	**258**
Drugs	0	(0)	(0)
Clinical Supplies	(326)	(77)	249
Support Funding	0	0	0
Other Non Pay	(14,949)	(15,766)	(817)
Total Other Operating Expenses	**(15,275)**	**(15,843)**	**(568)**
Net Surplus/(Deficit)	**3,380**	**4,777**	**1,397**



Research & Innovation:

- Favourable variance to date £1,397k.
- YTD favourable income position driven mainly by commercial research into Covid-19.
- Expenditure run rate in December is in line with 2021/22 average.



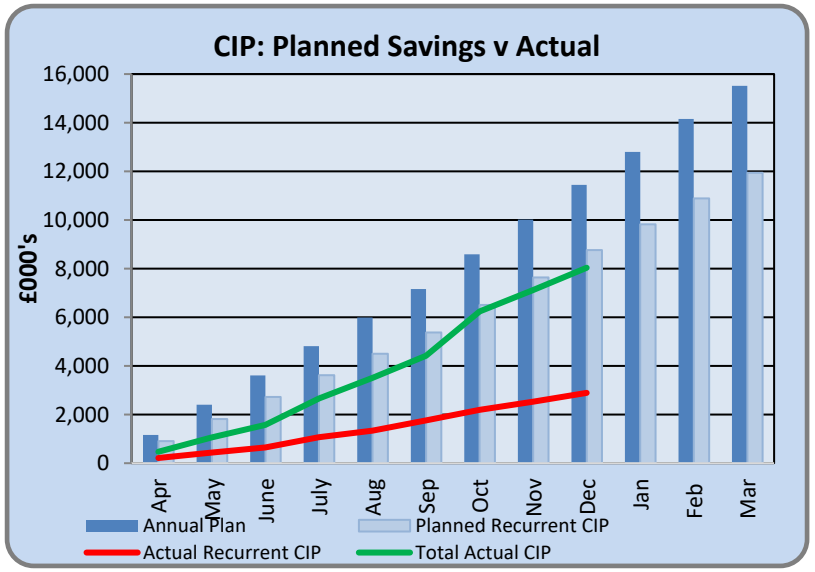
Covid-19 Expenditure:

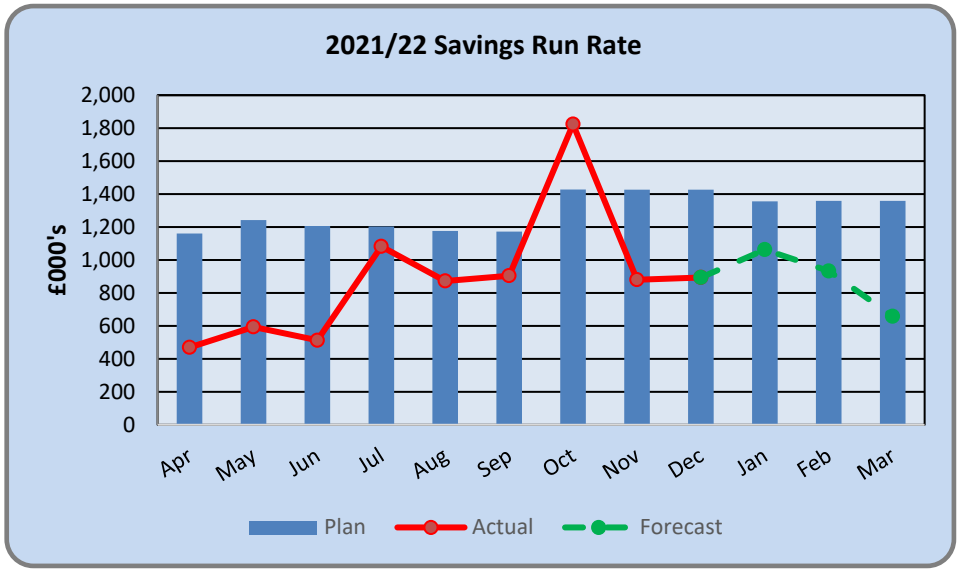
- Expenditure related to Covid-19 is higher at £1,078k in December compared with £748k in November, against a forecast of c£1,000k.
- Average monthly costs have increased to c£930k.
- Expenditure is largely driven by non-pay costs including the provision of the vaccination hub.

Savings – Cost Improvement Programme

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021





Workstream	2021/22 Annual Target £000's	M9 Year to Date Plan £000's	M9 Year to Date Actual £000's	M9 Year to Date Variance Fav/ (Adv) £000's	Forecast Outturn £000's
Nursing Pay & Productivity	700	525	432	(94)	742
Medical Pay & Productivity	565	428	38	(390)	45
Non Pay	3,912	2,956	5,433	2,477	7,366
Productivity	50	33	518	485	590
HR Pay and Productivity	18	13	4	(9)	11
Income, Fines and External	35	26	75	48	100
Medicines	477	351	399	48	524
Allied Healthcare Professionals Product	24	18	19	1	25
Estates & Facilities	805	754	754	-	805
Trust Services	364	275	363	88	481
Weston Merger	1,500	1,125	-	(1,125)	-
Plans to be developed from Pipeline	7,065	4,937	-	(4,937)	-
Total	15,515	11,442	8,035	(3,408)	10,689

Key Points:

- The Trust's 2021/22 savings target is £15,515k.
- At the end of December, the Trust had achieved savings of £8,035k against a plan of £11,442k, a shortfall of £3,408k.
- Divisions behind plan include Surgery (£1,208k), Weston (£581k), Trust Services (£400k) and Women's and Children's (£231k) and Medicine (£25k). Estates & Facilities and Diagnostics & Therapies have favourable variances of £113k and 49k respectively; Specialised Services is on plan.
- The full year forecast is £10,689k or 69%, of plan, a shortfall of £4,826k against the plan of £15,515k. Only £3,862k of the full year forecast is recurrent.
- Work is ongoing to identify additional projects which will deliver the required level of savings on a recurrent basis.

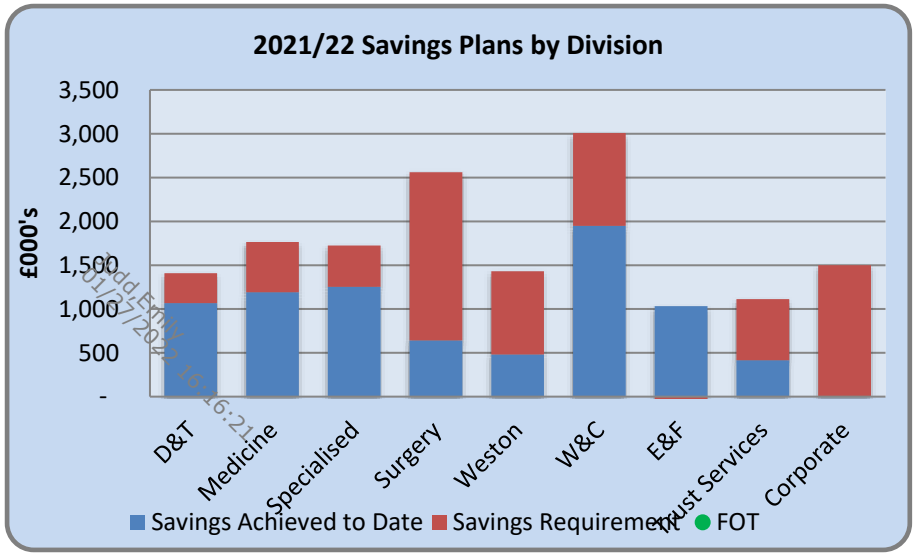
Savings – Divisional Position

NHS University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

Division	2021/22 Annual Target £000's	M9 Year to Date Plan £000's	M9 Year to Date Actual £000's	M9 Year to Date Variance Fav/ (Adv) £000's	Forecast Outturn £000's
Diagnostics & Therapies	**1,408**	1,019	1,068	**49**	**1,414**
Medicine	**1,765**	1,217	1,192	**(25)**	**1,637**
Specialised Services	**1,724**	1,253	1,253	**(0)**	**1,725**
Surgery	**2,561**	1,851	643	**(1,208)**	**847**
Weston	**1,430**	1,063	482	**(581)**	**830**
Women's & Children's	**3,009**	2,181	1,949	**(231)**	**2,571**
Estates & Facilities	**1,004**	919	1,032	**113**	**1,123**
Finance	**202**	148	153	**5**	**201**
Human Resources	**232**	167	69	**(98)**	**92**
Trust Headquarters	**387**	280	88	**(192)**	**121**
Digital Services	**292**	220	105	**(115)**	**129**
Corporate/Capital Charges	**1,500**	1,125	-	**(1,125)**	**-**
Total	**15,515**	**11,442**	**8,035**	**(3,408)**	**10,689**

Division	2021/22 Annual Target £000's	Forecast Outturn Recurring £000's	Forecast Outturn Non Recurring £000's	Forecast Outturn Total £000's
Diagnostics & Therapies	**1,408**	11	1,404	**1,414**
Medicine	**1,765**	570	1,067	**1,637**
Specialised Services	**1,724**	208	1,517	**1,725**
Surgery	**2,561**	458	389	**847**
Weston	**1,430**	641	190	**830**
Women's & Children's	**3,009**	822	1,749	**2,571**
Estates & Facilities	**1,004**	1,031	92	**1,123**
Finance	**202**	31	170	**201**
Human Resources	**232**	20	72	**92**
Trust Headquarters	**387**	19	102	**121**
Digital Services	**292**	52	77	**129**
Corporate/Capital Charges	**1,500**	-	-	**-**
Total	**15,515**	**3,862**	**6,828**	**10,689**



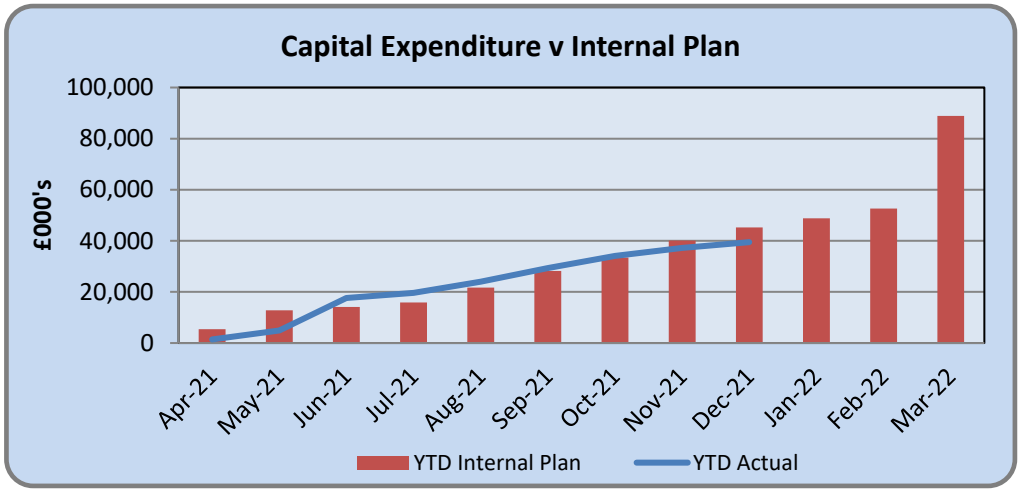
Recovery Actions:

- The current financial regime has meant the focus has shifted to cost reduction and removal of unwarranted variation.
- Terms of reference for the reconstituted Trust Wide Clinical & Non-Clinical Non Pay Steering Group have been approved, the first meeting will be on 11th February 2022.
- Greater accountability for the delivery of savings is required through the following groups: Cost Savings Delivery Board; regular Divisional Savings Reviews; Working Smarter Forums; Drugs and Pharmacy Group; Medical Staffing and GIRFT.
- Developing transformation projects which will deliver recurrent savings, possibly using capital investment to pump-prime.
- The second cut of 2022/23 savings plans total £7,830k. £4,450k recurring and £3,380k non-recurring. Meetings are being held with Divisional teams to review their plans in more detail.

Capital – Capital Programme Summary

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021



Capital Plan 2021/22	2021/22 FOT £000's	2021/22 YTD Internal Plan £000's	2021/22 YTD Actuals £000's	2021/22 YTD Variance £000
Strategic Schemes	9,838	6,399	3,755	(2,644)
Medical Equipment	17,388	7,084	6,882	(202)
Operational Capital	40,252	23,422	20,068	(3,354)
Fire Improvement	2,268	1,306	1,045	(261)
Digital Services	5,484	3,712	2,747	(965)
Estates Replacement	8,779	3,032	4,289	1,257
Weston	2,265	290.00	720	430
Under-programming	2,660	-	-	-
Total Capital Applications	**88,934**	**45,245**	**39,506**	**(5,739)**
Analysed as:				
Inside Envelope	**54,293**	**25,754**	**22,100**	**(3,654)**
Outside Envelope	**34,641**	**19,491**	**17,406**	**(2,085)**
Total Capital Applications	**88,934**	**45,245**	**39,506**	**(5,739)**

Key Points:

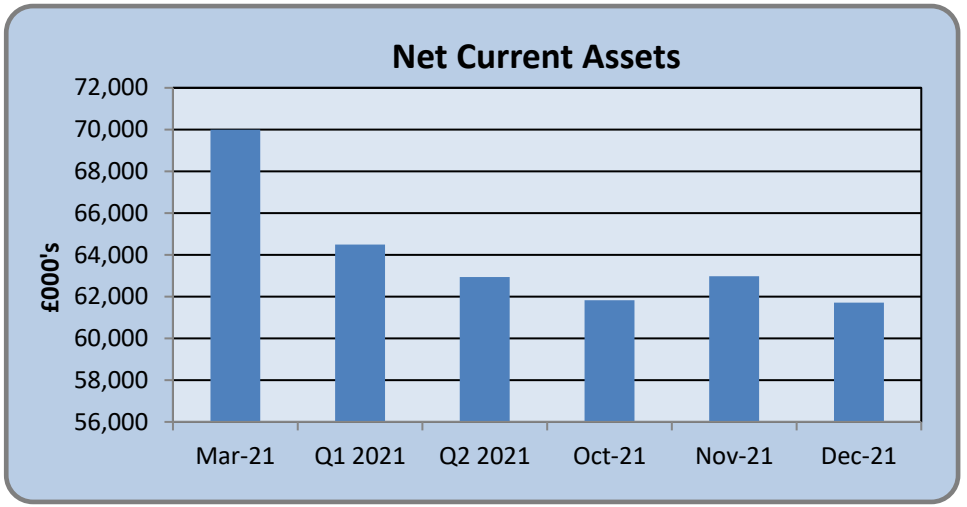
- The Trust's plan increased by £1,430k to £88,934k as a result of receiving additional national funding.
- The Trust's plan of £88,934k is compliant with the Trust's CDEL envelope and includes Accelerator and TIF approved funding of £2,769k and £3,568k respectively .
- The year to date expenditure at the end of December is £39,506k, £5,739k behind the internal plan. The variance is primarily due to estates delays on strategic infrastructure and Urgent and Emergency Care schemes, procurement delays in digital services, timing differences on estates replacement and a forecast underspend on the GICU stage 1 scheme.
- A review of the forecast outturn (FOT) resulted in a revised FOT of c£17.5m below CDEL. Possible mitigations have been assessed as providing a £2.5m improvement to this position, reducing the forecast to c£15m below the CDEL. Further investment opportunities across the system are being explored.
- The Director of Finance continues to liaise with NHSEI South West Regional office to ascertain if brokerage is available.
- The Trust submitted £27,666k of TIF capital bids across three financial years, with only £3,568k approved for delivery in 2021/22.

Financial Position – Statement of Financial Position

University Hospitals Bristol and Weston NHS Foundation Trust

December 2021

As at 31 March 2021 £000's		Actual Month 8 £000's	Actual Month 9 £000's	YTD Movement £000's
	Non-Current Assets			
514,070	Property, Plant and Equipment	532,801	532,551	**18,481**
12,617	Intangible Assets	10,857	10,918	**(1,699)**
1,802	Receivables	1,802	1,802	-
528,489	**Total Non-Current Assets**	**545,460**	**545,271**	**16,783**
	Current Assets			
12,638	Inventories	12,904	13,150	**512**
32,845	Trade and Other Receivables	41,224	26,882	**(5,963)**
2,074	PDC Dividend Receivable	-	-	**(2,074)**
169,644	Cash	182,904	177,025	**7,381**
217,201	**Total Current Assets**	**237,032**	**217,057**	**(144)**
	Current Liabilities			
(126,680)	Trade and Other Payables	(147,428)	(131,980)	**(5,300)**
(6,818)	Borrowings	(7,053)	(6,327)	**491**
(853)	Provisions	(848)	(861)	**(8)**
(12,854)	Other Liabilities	(18,725)	(16,178)	**(3,324)**
(147,205)	**Total Current Liabilities**	**(174,054)**	**(155,346)**	**(8,141)**
69,996	**NET CURRENT ASSETS (LIABILITIES)**	**62,978**	**61,711**	**(8,285)**
598,485	**TOTAL ASSETS LESS CURRENT LIABILITIES**	**608,438**	**606,983**	**8,498**
	Non-Current Liabilities			
(56,097)	Borrowings	(52,969)	(50,088)	**6,009**
(4,325)	Provisions	(4,253)	(4,240)	**85**
(60,422)	**Total Non-Current Liabilities**	**(57,222)**	**(54,328)**	**6,094**
538,063	**TOTAL ASSETS EMPLOYED**	**551,216**	**552,654**	**14,591**
312,135	Public Dividend Capital	312,135	312,135	-
150,139	Retained Earnings	164,770	166,392	**16,253**
75,704	Revaluation reserve	74,226	74,042	**(1,662)**
85	Other Reserves	85	85	-
538,063	**Total Taxpayers' Equity**	**551,216**	**552,654**	**14,591**



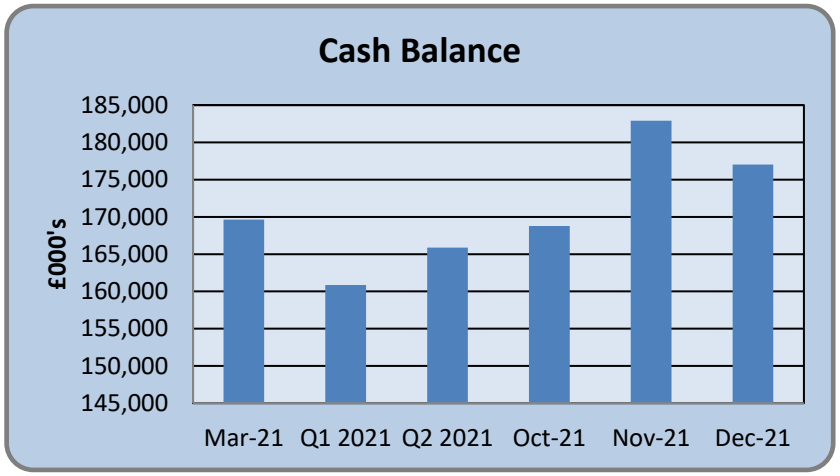
Key Points:

- Net current assets as at 31st December 2020 are £61,711k, a decrease of £1,267k on last month and £8,285k lower than the closing year end position.
- The year to date net current asset decrease is primarily driven by the net decrease in receivables of £8,073k, reduction in cash of £7,381k (see page 23) offset by increases in payables and other liabilities of £5,300k and £3,324k respectively.
- The receivables balance at month end continues to include a significant debtor relating to the annual leave accrual payable by NHSEI at c£6m.
- Total Taxpayer's Equity has increased by £14,591k, in line with the year to date net income and expenditure surplus (including technical items).

Financial Position – Cash Flow

December 2021

2020/21 £000's	Statement of Cash Flows	M8 2021/22 £000's	M9 2021/22 £000's
	Cashflows from Operating Activities		
13,229	Operating Surplus/(Deficit)	22,616	25,576
30,988	Depreciation and Amortisation	20,224	22,712
2,269	Impairments and Revsersals	-	-
-	Losses on Disposals	-	-
(4,093)	Income from Donations	(12,501)	(13,058)
27,926	(Increase)/Decrease in Assets	(6,572)	4,388
28,779	Increase/(Decrease) in Liabilities	29,782	10,978
99,098	**Net Cash Generated from/(used in) Operations**	**53,549**	**50,596**
	Cash Flows from Investing Activities		
(67,047)	Purhcase of Assets	(42,062)	(43,840)
1,582	Receipt of Cash to Purchase Donated Assets	12,501	13,058
(65,465)	**Net Cash Generated from / (used in) Investing Activities**	**(29,561)**	**(30,782)**
	Cash Flows from Financing Activities		
79,506	Public Dividend Capital - Received	-	-
(63,416)	Loans	(2,917)	(5,704)
(2,323)	Interest Paid	(999)	(1,932)
(563)	Finance Lease	(383)	(443)
(11,426)	Public Dividend Capital - Paid	(6,429)	(4,354)
1,778	**Net Cash Generated from/(used in) Financing Activities**	**(10,728)**	**(12,433)**
35,411	**INCREASE/(DECREASE) IN CASH & CASH EQUIVALENTS**	**13,260**	**7,381**
134,233	**Cash at the Start of the Year**	**169,644**	**169,644**
169,644	**CASH & CASH EQUIVALENTS AT THE END OF THE PERIOD**	**182,904**	**177,025**



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

Acid test - ability to meet short term debt

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

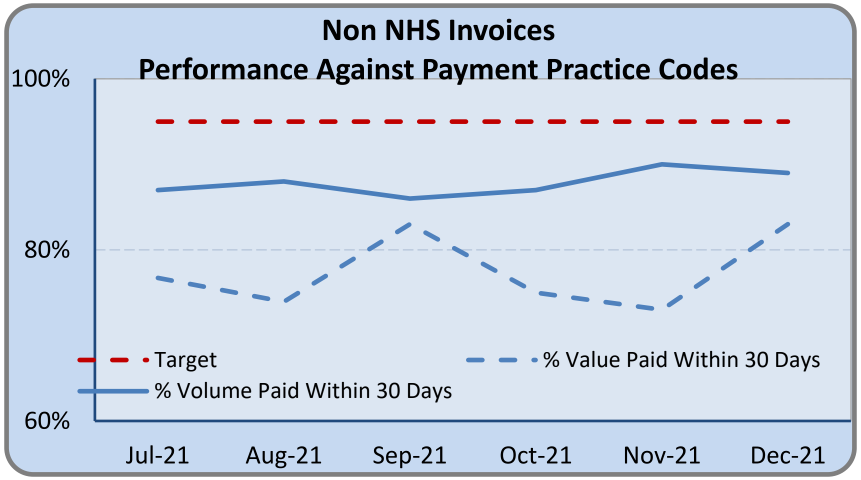
Key Points:

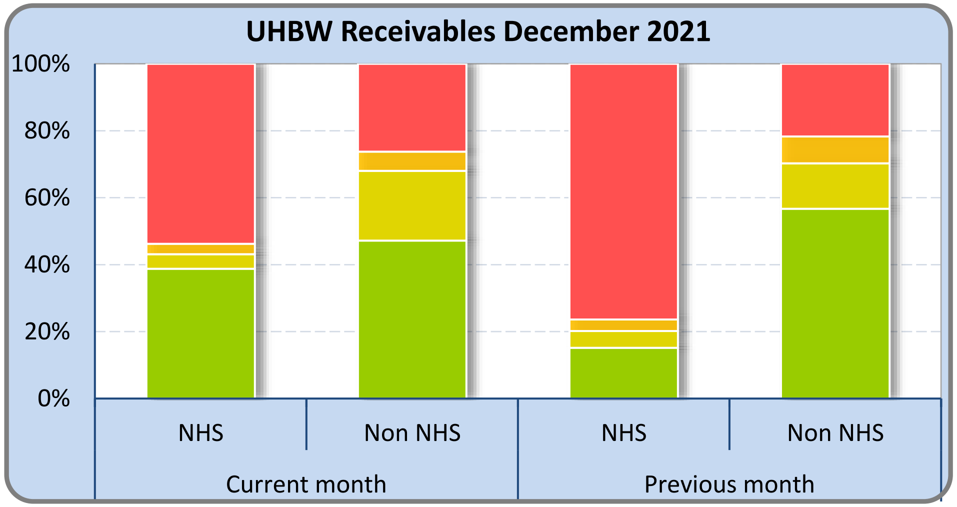
- The cash balance at the end of December is £177,025k, £5,879k lower than the previous month and £7,381k higher than the opening balance.
- The month on month cash balance reduction is primarily attributable to loan repayments of £3,720k made during December and the net cash impact of the monthly movement in the receivables and payables balances.
- The liquidity ratios show that although the Trust has a high cash balance, the Trust's ability to meet short term debt and the number of liquidity days are below the draft target.

Financial Position - Payment Performance

University Hospitals Bristol and Weston
NHS Foundation Trust

December 2021





Days	Current Month (£000's)			Previous Month (£000's)			Movement (£000's)		
	NHS	Non NHS	Total	NHS	Non NHS	Total	NHS	Non NHS	Total
90+	7,616	1,760	9,375	8,160	1,516	9,676	(0,544)	0,244	(0,301)
60-90	0,439	0,385	0,824	0,367	0,561	0,928	0,072	(0,176)	(0,104)
30-60	0,613	1,400	2,013	0,536	0,948	1,483	0,078	0,452	0,530
0-30	5,492	3,164	8,656	1,617	3,962	5,579	3,875	(0,798)	3,077
Total	**14,160**	**6,709**	**20,869**	**10,680**	**6,986**	**17,666**	**3,480**	**(0,278)**	**3,202**

Key Points:

- In December, 89% of invoices by volume and 83% by value were paid within the 30 day target of the Better Payment Practice Code.
- A review of all disputed and on hold invoices commenced in month, which has supported the improvement in the position.
- The Trust continues to pay all invoices upon authorisation, regardless of payment terms.
- The overall receivables position has increased by £3,202k. The receivables balance is split £14,160k NHS and £6,709k non NHS, with over 60 day balances of £8,055k and £2,145k respectively.
- The 90+ day aged category has reduced by c£300k from last month. However, continues to be high at £9,375k primarily due to an outstanding invoice of £6,146k relating to the 2020/21 annual leave accrual payable by NHSEI. Communication received indicates the invoice is expected to be paid during in this financial year.

Recovery Actions:

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

Appendix 1 – Action Log & Developments

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Summary of Recovery Actions

Ref	Date	Description of Action	Action Own	Date Due	Committee Month	Date Close	Status	Revised da	Update
005	Jun-21	Assessment of costs associated with the delivery of ERF income will be undertaken in month 4.	OpDoF	Jul-21	October		Closed	Jan-21	Revised system timescales. Required for FOT assessment in M9.
013	Jun-21	Reassess the financial implications of the financial arrangements relating to the merger.	OpDoF	Oct-21	November		Open	Feb-22	Currently working through the national guidance to inform the 2022/23 financial regime.
014	Jun-21	Present the Trust Five Year Financial Strategy	OpDoF	Oct-21	November		Open	Feb-22	Timescales revised due to delayed national guidance.
015	Jul-21	Assessment of productivity by specialty	OpDoF	Oct-21	November		Open	Feb-22	National approach to assessing productivity now received which the Trust is looking to model through at specialty level.
017	Aug-21	Revision of the 5 Year Capital Plan to ensure compliance with the system CDEL	OpDoF	Oct-21	November		Open	Apr-22	Non-compliant plan submitted on 16th October. Awaiting feedback from NHSEI. Updated submission due March 2022.
018	Oct-21	Delivery of the BPPC recovery plan	HoFFP	Mar-22	April		Open		

Summary of Future Developments/Amendments to the Report

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

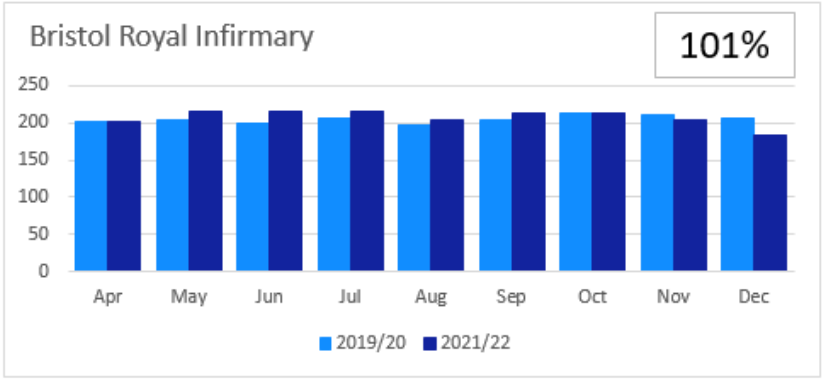
Key:

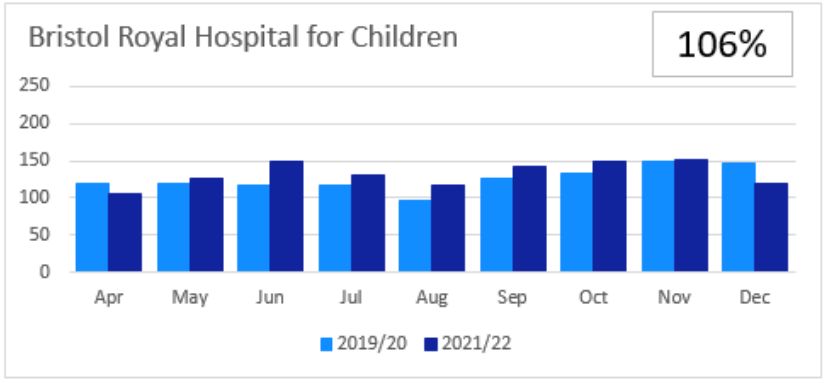
Role	Description	Name
DoFI	Director of Finance & Information	Neil Kemsley
OpDoF	Operational Director of Finance	Jeremy Spearing
HoFPG	Head of Finance - People & Governance	Kate Parraman
HoFMI	Head of Financial Management & Improvement	Dean Bodill
HoFFP	Head of Finance - Financial Performance	Kate Herrick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

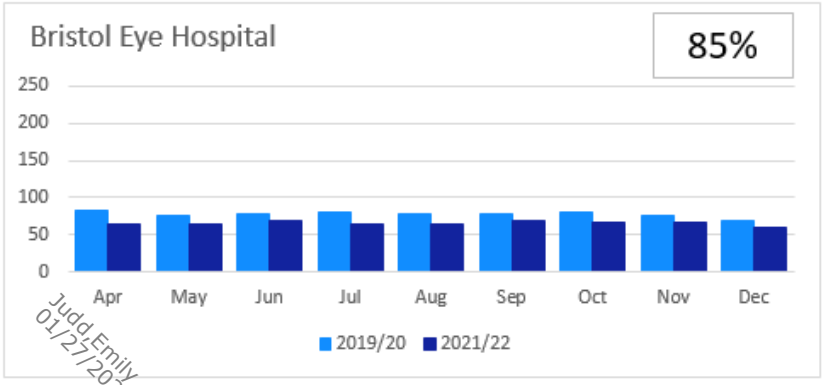
Appendix 2 – ED Activity by Site

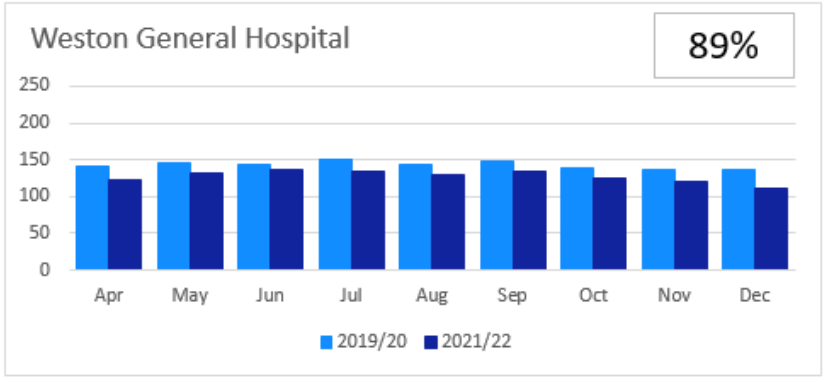
University Hospitals Bristol and Weston NHS Foundation Trust

Accident & Emergency Attendances, Volume Per Day







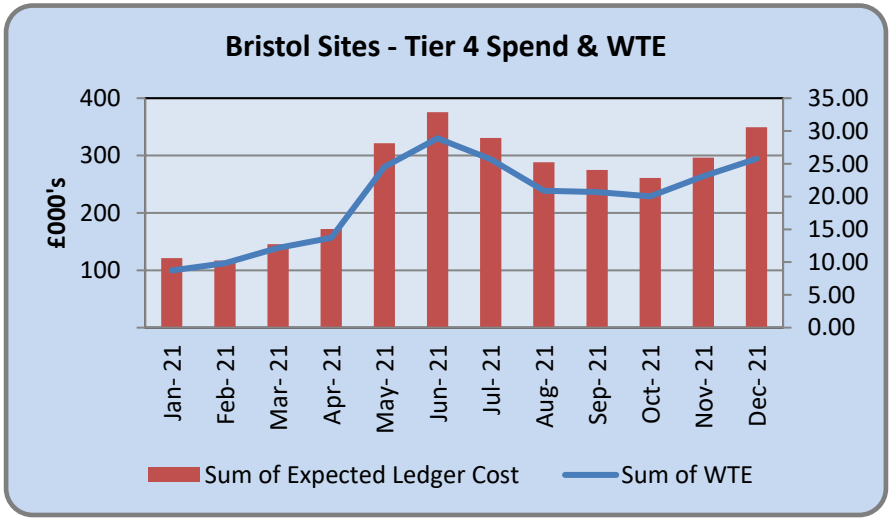


Judd Emily 01/27/2022 16:16:21

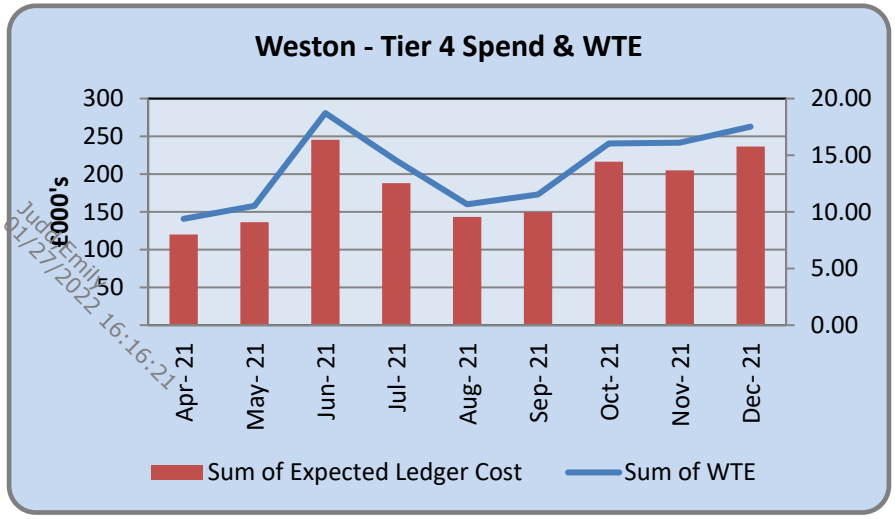
Key Points

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

Appendix 3 – Nurse Agency - Tier 4



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



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

Appendix 4 – Reasons for Agency Usage

Top 10 Reasons for Agency Requests - Number of Shifts

Staff Group	Request Reason	July	August	Septeml	October	November	December	Grand Total
Admin & Clerical	A&C Workload Need	5	23	22	18	58	73	**199**
	Additional Cover	1	13	13	8	14	3	**52**
	Staff Vacancy	12			32	13	22	**79**
Admin & Clerical Total		**18**	**36**	**35**	**58**	**85**	**98**	**330**
AHP	Additional Cover	37	27	25	30	15	4	**138**
	AHP/HCST/Med Staff Out of Hours	74	91	70			1	**236**
	Increased Acuity/Dependancy			7	14			**21**
	Sickness Long Term Planned	14	12	7				**33**
	Staff Vacancy	91	133	120	100	138	149	**731**
AHP Total		**216**	**263**	**229**	**144**	**153**	**154**	**1,159**
Facilities	Additional Cover	115	253	237	192	343	373	**1,513**
	Staff Vacancy				118	123	118	**359**
Facilities Total		**115**	**253**	**237**	**310**	**466**	**491**	**1,872**
Medic	Additional Cover	44	87	26	81	94	293	**625**
	Increased Acuity/Dependancy			287	305	72	23	**687**
	Sickness Long Term Planned	3		22	1			**26**
	Sickness Short Term Unplanned	5	2					**7**
	Staff Vacancy	112	121	326	355	557	420	**1,891**
Medic Total		**164**	**210**	**661**	**742**	**723**	**736**	**3,236**
Nursing	Additional Cover	42	29	51	76	133	116	**447**
	ECO3 NA	69	9	32	85	108	74	**377**
	ECO4 RMN	142	144	113	201	177	284	**1,061**
	Extra Capacity Beds	96	52	30	26	46	41	**291**
	Increased Acuity/Dependancy	72	98	97	145	92	60	**564**
	RMN Required	147	130	113	111	132	82	**715**
	Sickness Long Term Planned	82	41	40	44	50	59	**316**
	Sickness Short Term Unplanned	289	269	234	301	462	451	**2,006**
	Staff Vacancy	1,641	1,437	1,499	1,630	1,439	1,336	**8,982**
	Supernumerary to Cover New Starters	103	41	128	12	90	24	**398**
Nursing Total		**2,966**	**2,447**	**2,519**	**2,784**	**2,877**	**2,734**	**16,327**
Grand Total		**3,479**	**3,209**	**3,681**	**4,038**	**4,304**	**4,213**	**22,924**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors on 28 January 2022

Reporting Committee	**Audit Committee – January 2022 Meeting**
Chaired By	**David Armstrong, Non-Executive Director**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

For Information

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

- **Board Assurance Framework including Strategic Risk Register, Corporate Risk Register and Corporate Objectives:**
  - The Committee agreed that risks related to Estates should return to the next meeting for review.
  - Concern was expressed that the response to *Risk 972 Risk that the Trust is non-compliant with Fire Safety Regulations* was not commensurate with the level of risk being carried, however the plans to address were acknowledged.
  - Given the changing system and national context, it was agreed that the Director of Finance and Information would review *Risk 2642 Risk that the Trust is unable to invest in modernising the Trust estate.*
- **Review of Estates and Fire Risks:**
  - The Committee agreed that Benchmarking of other Trust's compliance would provide helpful context and should be included in the next report.
  - The report's SPORT report would also be further reviewed to assess whether any further risks could be translated into potential opportunities.
- **Review of Internal Audit Progress Reports**
- **External Audit Plan and Fees**
- **Review of Counter Fraud Progress Reports**
- **Committee Chair's Reports from Quality and Outcomes, People and Finance and Digital Committees.**

The following papers, while not formally on the agenda, were circulated to the Committee for information:

- Data Security and Protection Toolkit Update
- Integration Programme Risks
- Integration Programme Progress against Benefits Realisation Plan Quarterly report
- Internal Audit Assurance Protocol
- Audit Strategy and Draft Assurance Plan 22/23 – 24/25
- External Audit Progress Reports – Review
- Review of Losses and Special Payments
- Review of Single Tender Actions
- Risk Management Group Chair's Report and Risk Management Minutes
- Audit Committee Business Cycle

The Committee were content with the above and expressed no concerns or queries.

For Board Awareness, Action or Response

The Committee received its Terms of Reference (ToR) with a key change for approval: addition of NED champion responsibilities. The Committee endorsed the proposed changes but it was agreed that the Chair would discuss the role of Audit in Emergency Preparedness, Resilience and Response with the Board.

Key Decisions and Actions

There are no key decisions or actions to report to the Board.

Additional Chair Comments

Date of next meeting:	**27 April 2022**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Friday 28 January 2022

Report Title	**Review of Board Committee Terms of Reference**
Report Author	**Natashia Judge, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

As part of their self-review the Trust's board committees consider their own terms of reference on a regular basis to ensure they remain fit for purpose and cover the correct remit for the committee.

Each board committee has considered and endorsed its terms of reference at their January meeting and therefore the full suite is presented to Trust Board for approval.

2. Key points to note

(Including decisions taken)

- Following review of all committee terms of reference in October 2021 it was agreed that the quorum for each board committee (bar Audit Committee) should be the same. As a result, the quorum for Quality and Outcomes Committee and People Committee have increased to four members: mirroring the existing quorum of Finance and Digital Committee.

- In December 2021 NHS England/Improvement (NHSEI) released a publication entitled "*Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles*" which has resulted in a change to the Trust's approach to non-executive director (NED) champions. Specifically, a number of previously held NED champion roles are now the responsibility of the unitary board at the relevant committee. Terms of reference have been updated to reflect that these NED champion roles have been aligned with the following committees:

Hip Fracture, Falls and Dementia	Quality and Outcomes Committee
Learning from Deaths	Quality and Outcomes Committee
Safety and Risk	Quality and Outcomes Committee
Palliative Care and End of Life	Quality and Outcomes Committee
Health and Safety	Quality and Outcomes Committee
Children and Young People	Quality and Outcomes Committee
Resuscitation	Quality and Outcomes Committee
Emergency Preparedness	Quality and Outcomes Committee
Safeguarding	Quality and Outcomes Committee
Cybersecurity	Finance and Digital Committee
Procurement	Finance and Digital Committee
Counter Fraud	Audit Committee
Security Management – Violence and Aggression	People Committee

- Following approval at the January's committee meetings the following terms of reference are included for Board Approval:
  - Quality and Outcomes Committee
  - People Committee

- Finance and Digital Committee
- Audit Committee
- Remuneration Committee

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

The risks associated with this report include:

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

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

- This report is for **APPROVAL.**

  The Board is asked to approve all Committee Terms of Reference.

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

Quality and Outcomes Committee	24/01/22
Audit Committee	24/01/22
People Committee	25/01/22
Remuneration Committee	25/01/22
Finance and Digital Committee	25/01/22

University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – Quality and Outcomes Committee

Document Data	
Corporate Entity	Quality and Outcomes Committee
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Chief Nurse and Midwife Medical Director Deputy Chief Executive and Chief Operating Officer
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	January 2023

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
16/03/2011	1	Trust Secretary	Major	Initial draft for comment
26/04/2011	2	Trust Secretary	Major	Incorporated committee Chair's comments
27/04/2011	3	Trust Secretary	Minor	Revisions following initial meeting of committee members
25/05/2011	4	Trust Secretary	Minor	Final consideration by the Quality and Outcomes Committee
26/05/2011	5	Trust Secretary	Minor	For approval by the Trust Board of Directors
27/03/2012	6	Trust Secretary	Minor	Revisions recommended by Quality and Outcomes Committee for approval by the Trust Board of Directors
27/09/2012	7	Trust Secretary	Minor	Revision to meeting regularity from bi-monthly to monthly (in months where there is a meeting of the Board of Directors) in accordance with the purpose of scrutinising the Quality and Performance report prior to each meeting of the Board of Directors
21/04/2015	8	Trust Secretary	Major	Complete review
18/05/2015	9	Trust Secretary	Minor	Incorporation of comments from Quality and Outcomes Committee held 30/04/15
17/05/2016	10	Trust Secretary	Minor	Change from 'Monitor' to 'NHS Improvement'; Section 2.1.1.
11/05/18	11	Deputy Trust Secretary	Minor besides change of quorum	Change of quorum from three members to two. This reflects agreement by the Chair of the Board that the quora for all Committees of the Board should be appropriately aligned. Update to attendee titles to reflect updated roles in the Trust. Minor changes for clarity and consistency of wording.
18/09/2018	12	Deputy Trust Secretary	Changes to remit to reflect the creation of a new People Committee to review workforce and people issues within the Trust.	Deletion of references to workforce overview which will now sit with the People Committee
17/09/2020	13	Head of Corporate Governance	Moderate	New Stakeholder analysis section added. Also updated for grammar and to reflect changes of titles.
20/10/2021	14	Head of Corporate Governance	Minor	Names removed from executive lead section and minor formatting undertake for visual ease.
28/01/2022	15	Head of Corporate Governance	Moderate	Change to Committee membership to include executive directors Increase of quorum from two to four Addition of NED champion responsibilities Addition to purpose and function in relation to Health Inequalities

Table of Contents **Page No**

1. Constitution of the Committee

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

2. Purpose and function

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

2.1.1 That the Board establishes and maintains compliance with health care standards including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professionals (including NHS Improvement);

2.1.2 To support the Trust to actively engage on quality of care with patients, staff and other relevant stakeholders and take into account as appropriate views and information from these sources;

2.1.3 That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and processes for escalating and resolving quality issues including escalating them to the Board where appropriate;

2.1.4 To support the Trust's objective to strive for continuous quality improvement and outcomes;

2.1.5 To support the objective that every member of staff that has contact with patients, or whose actions directly affect patient care, is motivated and enabled to deliver effective, safe, and person centred care in line with the NHS Constitution; and

2.1.6 To consider the operational and quality risks to the Trust's ability to achieve high quality care and continuous quality improvement.

2.1.7 To support the Trust's objective to reduce health inequalities amongst its patients and the community

2.2 To achieve this, the Committee shall:

2.2.1 Extend the Board's monitoring and scrutiny of the standards of quality, compliance and performance of Trust services and the workforce strategy which supports this;

2.2.2 Make recommendations to the Board on opportunities for improvement in the quality of services;

2.2.3 Support and encourage quality improvement where opportunities are identified.

2.3 The Committee shall discharge this function on behalf of the Board of Directors by:

2.3.1 Seeking and considering such additional sources of evidence upon which to base its opinion on the robustness of Board Assurance with regards to 'quality governance'; and

2.3.2 Working in consultation with the Audit Committee, People Committee and the Finance & Digital Committee, cross-referencing data and ensuring alignment of the Board assurances derived from the activities of each Committee.

3. Stakeholder Community

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

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

3.2 The Stakeholders of the Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors

External

- NHS England and Improvement
- Care Quality Commission

Stakeholder Analysis

3.3 The Terms of Reference and the responsibilities of the Committee (QOC) are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required.

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

3.5 **Requirements for QOC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6 **Inputs into QOC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	Requirements for QOC		Inputs into QOC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	To advise on status, risks, opportunities associated with the key parameters listed in 2.1	Chair Report (after each meeting)	Approve Terms of Reference	None	7
Council of Governors	Updates at Governors Quality Focus Group and Council of Governors meetings	None	None	None	8.3, 8.4

External Stakeholder Community					
Stakeholder	Requirements for QOC		Inputs into QOC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	None Emergency Preparedness, Resilience and Response (EPRR) Framework NHS Long Term Plan	Oversight of the Quality Report and Quality Account prior to Trust Board sign off. Review of Annual Report prior to Trust Board sign off.	None	Equality and Diversity Annual Report	7.2 7.35.8 2.1.7, 7.17
Care Quality Commission	Compliance with Learning, Candour and Accountability: A review of the way NHS trusts review and investigate the deaths of patients in England 2006	Organisational compliance with the CQC Fundamental Standards of Care.	None	Learning from Death regular reporting into the Committee	7.1, 7.3, 7.35.3, 7.35.6 7.35.2
Royal College of Physicians	Compliance with National Audit of Inpatient Falls Audit (NAIF) Report 2020)	None	None	Regular reporting into the Committee	7.7, 7.35.1
National Palliative and End of Life Care Partnership	Compliance with Ambitions for Palliative and End of Life Care National Framework 2021-26	None	None	Regular reporting into the Committee	7.35.4
Resuscitation Council	Compliance with May 2020 Resuscitation Council Quality Standards in	None	None	Regular reporting into the Committee	7.35.7

External Stakeholder Community					
	relation to acute, mental health and community trusts				
Royal College of Nursing	Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff	None	None	Regular reporting into the Committee	7.15, 7.16, 7.35.9

4. Authority

4.1 The Quality and Outcomes Committee will:

4.1.1 Monitor, scrutinise and where appropriate, investigate any quality or outcome activity considered to be within its terms of reference;

4.1.2 Seek such information as it requires to facilitate this monitoring and scrutiny; and

4.1.3 Obtain whatever advice it requires, including external professional advice if deemed necessary (as advised by the Director of Corporate Governance) and may require Directors or other officers to attend meetings to provide such advice

4.2 The Quality and Outcomes Committee is a Non-Executive Committee and has no executive powers.

4.3 Unless expressly provided for in Trust Standing Orders, Trust Scheme of Delegation or Standing Financial Instructions the Quality and Outcomes Committee shall have no further powers or authority to exercise on behalf of the Trust Board of Directors.

5. Membership and attendance

5.1 The Quality and Outcomes Committee is appointed by the Trust Board of Directors and includes:

- One Non-Executive Director (who shall be the Committee Chair)
- Two further Non-Executive Directors
- Chief Nurse and Midwife
- Medical Director
- Deputy Chief Executive and Chief Operating Officer

5.2 Duly nominated deputies may attend in their Director's stead with the permission of the Committee Chair.

5.3 The following officers are expected to attend meetings of the Committee at the invitation of the Chair:

- Deputy Chief Operating Officer
- Head of Quality (Patient Experience and Clinical Effectiveness)
- Head of Quality (Patient Safety)

5.4 The Director of Corporate Governance shall attend from time-to-time to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance. Other

officers shall be required to attend meetings of the Committee from time to time at the invitation of the Chair also.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be not less than four members, two Non-Executive Directors and two Executive Directors.

6.2 Committee members may be represented at meetings of the Committee by a duly nominated delegate on no more than two successive occasions. Nominated delegates must be independent Non-Executive Directors.

6.3 A duly convened meeting of the Quality and Outcomes Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable as set out in these Terms of Reference.

7. Duties

The Quality and Outcomes Committee shall discharge the following duties on behalf of the Trust Board of Directors:

Quality Strategy

7.1 Receive and assess the Board's Quality Strategy and provide an informed opinion to the Board on the suitability of the associated objectives; and

7.2 Monitor progress and achievement of the Board's Quality Strategy.

Annual Plan and Quality Report

7.3 Monitor the status of compliance with Care Quality Commission's Fundamental Standards of Care and Quality Objectives as set out in the Annual Plan; and

7.4 Review the Trust's Annual Quality Report prior to submission to the Trust's Board of Directors for approval.

Clinical and Service Quality, Compliance and Performance

7.5 Seek sources of evidence from existing Management Groups at divisional and sub-divisional level and Board Committees on which to base informed opinions regarding the standards of:

- Clinical and service quality;
- Organisational compliance with the CQC Fundamental Standards of Care and National targets and indicators as determined by the Risk Assessment Framework; and
- Organisational performance measured against specified standards and targets;

7.6 Review the Trust's declaration against the Single Oversight Framework (excluding financial information) prior to submission to the Board of Directors for approval;

7.7 Review the Board Integrated Performance Report;

Action Plan Monitoring

7.8 Monitor progress of the quality-related action plans.

Benchmarking, Learning and Quality Improvement

7.9 Consider relevant regional and national benchmarking statistics when assessing the performance of the Trust;

7.10 Review the Annual Clinical Audit report;

7.11 Receive quarterly reports on complaints and patient experience;

7.12 Receive reports to monitor against action plans arising from Serious Untoward Incidents, complaints and never events to ensure: Trust-wide learning; actions have been completed; and ensure divisional intelligence and oversight;

7.13 To receive reports about patient experience and review the results and outcomes of local and national patient and staff surveys;

7.14 Receive and review quarterly reports on Infection Control;

7.15 Receive and review the annual report on Safeguarding;

7.16 Receive and review the annual report on Children's Services;

7.17 Receive and review the Equality and Diversity Annual Report;

7.18 Receive the monthly Nurse Staffing report on the information contained in the NHS national staffing return to ensure Trust-wide staffing levels remain safe;

7.19 Receive Quality Impact Assessment reviews for significant cost improvement schemes and their potential impact on quality, patient experience, patient safety and staff. The definition of significant will be determined by the Chief Nurse and Medical Director; and

7.20 Receive assurance regarding data quality assessment against the six national domains of data quality outlined in the Audit Commission's National Framework.

Risk

7.30 Receive the Corporate Risk Register and review the suitability and implementation of risk mitigation plans with regard to their potential impact on patient outcomes.

Quality Governance

7.31 Identify any gaps in evidence or measures of quality utilised by the Board of Directors.

Procedural Documents and Corporate Record Keeping

7.32 Assess the suitability of Trust-wide relevant Procedural Documents in accordance with the Trust Procedural Document Framework (i.e., Board Quality Strategy);

7.33 Maintain and monitor a schedule of matters arising from agreed actions (for the Committee only) and performance-manage each action to completion; and

7.34 Maintain the corporate records and evidence required to support the Board Assurance Framework document.

Non-Executive Director Champion Roles

7.35 Following the release of NHS England/Improvement's publication entitled *"Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles"* in December 2021

the following Non-Executive Director Champion Roles have been aligned with Committee:

7.35.1 Hip Fracture, Falls and Dementia NED Champion
7.35.2 Leading from Deaths NED Champion
7.35.3 Safety and Risk NED Champion
7.35.4 Palliative Care and End of Life NED Champion
7.35.5 Health and Safety NED Champion
7.35.6 Children and Young People NED Champion
7.35.7 Resuscitation NED Champion
7.35.8 Emergency Preparedness NED Champion
7.35.9 Safeguarding NED Champion

The Committee shall collectively undertake the statutory duties of these former roles.

8. Reporting and Accountability

8.1 The Chair of the Quality and Outcomes Committee shall report to the Board of Directors on the activities of the Committee.

8.2 The Chair of the Quality and Outcomes Committee shall make whatever recommendations to the Board deemed by the Committee to be appropriate (on any area within the Committee's remit where disclosure, action or improvement is needed).

8.3 Outside of the written reporting mechanism, the Committee Chair should attend the Council of Governors General meeting including the Annual Members Meeting, and be prepared to respond to any questions on the Committee's area of responsibility to provide an additional level of accountability to members.

8.4 Outside of the formal reporting procedures, the Governors' Quality Focus Group shall be informed by the Quality and Outcomes Committee via the Chair and Executive Leads, supported by the Trust Secretariat.

9. Administration

9.1 The Director of Corporate Governance shall provide administrative support to the Committee.

9.2 Meetings of the Quality and Outcomes Committee shall be called by the Director of Corporate Governance at the request of the Committee Chair.

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

9.4 Supporting papers shall be made available to Committee members no later than five working days before the date of the meeting.

9.5 A member of the Trust Secretariat shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

9.6 Draft Minutes of meetings shall be made available promptly to all members of the Committee.

10. Frequency of Meetings

10.1 The Committee shall meet on a monthly basis, in advance of each meeting of the Board of Directors at which the Integrated Performance Report is to be considered, and at such other times as the Chair of the Committee shall require.

11. Review of Terms of Reference

11.1 The Committee shall, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness.

University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – People Committee

Document Data	
Corporate Entity	People Committee Terms of Reference
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Director of People
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	January 2023

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
26/06/2018	1	Trust Secretary	Major	Initial draft for comment
13/07/2018	1.1	Trust Secretary	Minor	Changes following Executive Team discussion
18/09/2018	1.2	Deputy Trust Secretary/Membership and Governance Administrator	Minor	Changes to incorporate Non-executive Director feedback
23/10/2018	1.3	Deputy Trust Secretary	Minor	Changes to reflect additional feedback from the Chair and Committee
20/11/2018	1.4	Deputy Trust Secretary	Minor	Changes to reflect additional feedback from the Chair and Committee, including stakeholders and Chair's role.
17/09/20	1.5	Head of Corporate Governance	Moderate	New Stakeholder Analysis section added. Updated to reflect bi-monthly meetings and tile change of Trust Secretary to Director of Corporate Governance
28/01/22	1.6	Head of Corporate Governance	Moderate	Change to Committee membership to include executive directors Increase of Quorum from two to four Addition of NED champion responsibilities

Contents

1. Constitution of the Committee

1.1 The People Committee is a non-statutory committee that has been established by the Board of Directors to support the discharge of the Board's strategic priorities and responsibilities relating to its workforce and education.

1.2 It is intended to focus primarily on all people working within and educated by the Trust, but also take a broader view that encompasses the wider stakeholder base of the Trust.

2. Purpose and function

2.1 The purpose of the People Committee is to ensure:

2.1.1 That the Trust has a clear understanding of its strategic workforce needs and that plans are in place to deliver these;

2.1.2 That the Trust's strategic priorities and performance in the following key areas are identified, implemented and monitored:

- recruitment, retention, management and development of the Trust's workforce
- the education strategy of the Trust and its implementation
- the Trust's obligations under the public sector equality duty

2.1.3 That the Board receive assurance that all legislative, regulatory and stakeholder requirements relating to workforce are understood and met;

2.1.4 That workforce risks are understood by the Board and that appropriate mitigating actions have been identified and are being implemented.

2.1.5 That the Trust is effectively delivering against the strategic objectives set out in the Trust Strategy, and in particular is delivering against the enabling strategy which is relevant to the remit of the Committee (the People Strategy).

2.2 The Committee shall discharge this function on behalf of the Board of Directors, working in partnership with the other Board Committees, the Governors, and other key stakeholders by:

2.2.1 Supporting the development and monitoring of a strategy to recruit, train and sustain an engaged and effective workforce;

2.2.2 Championing workforce and education issues ensuring adequate oversight of all workforce areas by the Board.

2.2.3 Monitoring key workforce metrics to ensure that the expected standards are being delivered;

2.2.4 Receiving reports to provide assurance around the compliance with legislation and regulations, including where necessary external sources of feedback as well as internal;

2.2.5 Considering workforce plans and improvement plans on behalf of the Board; and

2.2.6 Liaising where necessary with other Board Committees on cross-committee issues relevant to the purpose of the People Committee.

2.2.7 Receive regular reports from the operational Workforce and Organisational Development sub-group of the Senior Leadership Team group (SLT).

2.2.8 The Committee shall have the power to commission reports on any topics or issues which

are relevant to its remit, as set out in these terms of reference.

3. Stakeholder Community

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

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

3.2 The Stakeholders of the Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors
- Other Board Committees

External

- NHS England and Improvement
- Healthier Together
- Government Equalities Office

Stakeholder Analysis

3.3 The Terms of Reference and the responsibilities of the Committee (PC) are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required.

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

3.5 **Requirements for PC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6 **Inputs into PC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	Requirements for PC		Inputs into PC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors Judd,Emily 01/27/2022 16:16:21	To advise on status, risks, opportunities associated with the key parameters listed in 2.1 Development and oversight of the People Strategy.	Chair Report (after each meeting)	Approve Terms of Reference	None	7

Internal Stakeholder Community					
Council of Governors	Updates at Governors Quality Focus Group and Council of Governors meetings	None	None	None	8.3, 8.4
Other Board Committees	Liaising with other Board Committees on cross-committee issues.	None	People related issues raised by other Board committees.	None	2.2.6

External Stakeholder Community					
Stakeholder	Requirements for PC		Inputs into PC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	Compliance with the requirements of the NHSI/E People Plan Compliance with Violence Prevention and Reduction Standard 2020	None	None	None	7.5
Healthier Together	Participate in the system wide People Strategy	None	None	None	N/A
Government Equalities Office	Compliance with the Trust's obligations under the public sector equality duty	None	None	None	2.1.2

4. Authority

4.1 The People Committee will:

4.1.1 Monitor, scrutinise and, where appropriate, investigate any workforce activity considered to be within its terms of reference;

4.1.2 Seek such information as it requires to facilitate this monitoring and scrutiny;

4.1.3 Obtain whatever advice it requires, including external professional advice if deemed necessary (and as advised by the Trust Secretary) and may require Directors or other officers to attend meetings to provide such advice.

4.2 The People Committee is a Non-Executive Committee and has no executive powers.

4.3 Unless expressly provided for in Trust Standing Orders, Trust Scheme of Delegation or Standing Financial Instructions, the People Committee shall have no further powers or authority to exercise on behalf of the Board of Directors.

5. Membership and attendance

5.1 The People Committee is appointed by the Trust Board of Directors and includes:

- One Non-Executive Director (who shall be the Committee Chair)
- Two further Non-Executive Directors
- Director of People
- Chief Nurse and Midwife
- Medical Director
- Director of Finance and Information
- Director of Strategy and Transformation

5.2 Duly nominated deputies may attend in their Director's stead with the permission of the Committee Chair.

5.3 The Director of Corporate Governance shall attend from time-to-time to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance. Other officers shall be required to attend meetings of the Committee from time to time at the invitation of the Chair also.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be not less than four members, two non-executive directors, and two executive directors from the following individuals: Director of People, Chief Nurse and Midwife, or Medical Director.

6.2 Committee members may be represented at meetings of the Committee by a duly nominated delegate on no more than two successive occasions. Nominated delegates must be independent Non-Executive Directors.

6.3 A duly convened meeting of the People Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable as set out in these Terms of Reference.

7. Duties

The People Committee shall discharge the following duties on behalf of the Board of Directors:

7.1 Developing and advising the Board on a workforce strategy taking into account relevant best practice and alignment with strategic objectives for the Trust;

7.2 Monitoring, and receiving assurance on, the key areas of the workforce strategy which will include but are not limited to:

Culture

- Engagement
- Reward
- Equality & Diversity
- Bullying & Harassment
- Performance and performance management

- Wellbeing
- Freedom to Speak Up
- Health & Safety

Capacity
- Strategic workforce planning
- Recruitment and attraction
- Talent management

Capability/ Skills
- Management and Leadership Development
- Medical and clinical education – undergraduate and post graduate
- Apprenticeships
- Essential training

Tools and Technology
System and process performance, including of:
- Manager self-service
- e-rostering
- e-appraisal
- HR web

Policies and Processes

7.3 Monitoring an agreed set of HR-related Key Performance Indicators;

7.4 Reviewing other workforce and education activity as requested by the Board.

Non-Executive Director Champion Roles

7.5 Following the release of NHS England/Improvement's publication entitled *"Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles"* in December 2021 the following Non-Executive Director Champion Roles have been aligned with Committee:
- Security Management – Violence and Aggression

The Committee shall collectively undertake the statutory duties of this former role.

8. Reporting and Accountability

8.1 The Chair of the People Committee shall report to the Board of Directors on the activities of the Committee.

8.2 The Chair of the People Committee shall make whatever recommendations to the Board deemed by the Committee to be appropriate (on any area within the Committee's remit where disclosure, action or improvement are needed).

8.3 The Chair of the People Committee shall liaise with the Chairs of other Board Committees where necessary to ensure that cross-committee issues receive adequate oversight (by, for example, arranging to attend other Committee meetings).

8.4 Outside the written reporting mechanism, the Committee Chair should attend the Council of Governors meeting, and be prepared to respond to any questions on the Committee's area of responsibility to provide an additional level of accountability to members.

8.5 Outside the formal reporting procedures, the Governors' Quality Focus Group shall be informed by the People Committee via the Chair and Executive Leads, supported by the

Trust Secretariat.

9. Administration

9.1 The Trust Secretariat shall provide administrative support to the Committee.

9.2 Meetings of the People Committee shall be called by the Director of Corporate Governance at the request of the Committee Chair.

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

9.4 Supporting papers shall be made available to Committee members no later than five working days before the date of the meeting.

9.5 The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

9.6 Draft minutes of meetings shall be made available promptly to all members of the Committee

10. Frequency of Meetings

10.1 The Committee shall meet 6 times per year, in advance of each meeting of the Board of Directors.

11. Review of Terms of Reference

11.1 The Committee shall, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness.

University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – Finance and Digital Committee

Document Data	
Corporate Entity	Finance and Digital Committee
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Director of Finance and Information
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	January 2023

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revisions**
November 2007	N/a	Not recorded	Pre-FT	Not recorded
March 2008	N/a	Not recorded	Pre-FT	Not recorded
07 October 2008	N/a	Not recorded	FT	First Foundation Trust version
March 2009	N/a	Not recorded	Not recorded	Not recorded
22 June 2012	1.1	Trust Secretary	Redraft	To ensure congruence with the Terms of Reference of other committees of the Trust Board of Directors as revised at the beginning of 2011-2012. Endorsed by Finance Committee for approval by Trust Board of Directors with addition of footnote 4.
28 June 2012	2.0	Trust Secretary	Major Version	Approved by Trust Board of Directors.
26 September 2014	3.0	Joint Interim Head of Membership & Governance	Redraft	To ensure congruence with the Terms of Reference of other committees of the Trust Board of Directors ahead of the well led Governance Review to be undertaken in late 2014.
28 July 2016	4.0	Trust Secretary	Minor	Changes to job titles and quorum for the committee. Change from Monitor to NHS Improvement. Additional section 7.2 in relation to the quorum. Change from the Trust Secretary attending from time to time, to each meeting. (6.6 (b)
13/10/2017	5.0	Trust Secretary	Minor	Minor typographical amendments Inclusion of the reporting requirement to the Audit Committee (section 5.2) 4.2 (e) updated to reflect the Capital Investment Policy 8.1 a (x) updated to reflect the Use of Resources Rating 4.3 (e) updated to clarify wording
23/10/18	6.0	Deputy Trust Secretary	Minor	Revisions to make sure Tor align with best practice. Revisions to clarify the risk function (as part of a review of all Board ToR in relation to risk) and to ensure assurance mapping is correct across Committees. Clarity of wording.
02/07/20	7.0	Director of Corporate Governance	Major	Inclusion of Information Technology within the remit of the Committee and a new Stakeholder Analysis section
28/01/2022	8.0	Head of Corporate Governance	Moderate	Minor change to wording of membership and quorum Addition of NED champion responsibilities

Table of Contents **Page No**

1. Constitution of the Committee

1.1. The Finance and Digital Committee (the Committee) is a non-statutory committee established by the Board of Directors to discharge the duties set out in these Terms of Reference.

2. Purpose and role

2.1. The purpose of the Committee is to support the implementation of the Board's Strategy by seeking assurance about the Trust's financial and digital strategies.

2.2. Additionally, the Committee shall carry out the role of 'investment committee' for the purposes of the Trust's Capital Investment Policy.

3. Stakeholder Community

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

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

3.2. The Stakeholders of the Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors
- Accounting Officer (CEO of the Trust)

Internal (peer)

- Audit Committee

Internal (reporting to FDC)

- Internal Audit (sub-contracted)

External

- NHS England and Improvement
- NHS X
- NHS Digital

Stakeholder Analysis

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

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

3.5. **Requirements for FDC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6. **Inputs into FDC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	Requirements for FDC		Inputs into FDC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	To advise on status, risks, opportunities associated with the key parameters listed in 2.1	Chair Report (after each meeting) FITC Annual Report and annual review of the Terms of Reference Feedback on the risks held within the BAF and Trust Risk registers	SRR and CRR Recommendations from high risk Internal Audit Approve Terms of Reference	None	7.1, 10.1, 10.3, 10.4 15.1
Council of Governors	Updates at Governors Focus Group Input into the annual operational plans and budget	None	None	None	10.1
Accounting Officer	Finance reports shared with the Senior Leadership Team	None	None	None	10.1
Audit Committee	None	Chair's Report (each mtg)		None	7.2
Internal Audit (sub-contracted)	None	None	None	Relevant high risk Internal Audit Reports (each mtg)	10.4

External Stakeholder Community					
Stakeholder	Requirements for FDC		Inputs into FDC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	None Ambassador for Procurement	Report the Trust's financial position	None	Finance reports	10.1 10.5.2

External Stakeholder Community					
	Target Operating Model				
NHS X	None	Global Digital Exemplar requirements	None	Update on compliance with GDE	10.3
NHS Digital		Compliance with National standards for management and use of Information Technology, incl. cyber-sec, DSP, information standards		Update on compliance	10.3 10.5.1

4. Function

4.1. The function of the Committee is to seek assurance, on behalf of the Board of Directors in relation to the Trust's financial and digital strategies, and specifically

Financial Strategy

- Progress on the delivery of the Financial Strategy
- Delivery of the financial aspects of the Operational Plan
- The annual financial plans: revenue, budgets, capital, working and associated targets for savings to ensure sustainability going forward
- The Trust's financial plans over the short, medium and long term.
- The availability of financial management information (to ensure a consistent approach to financial management);
- Sustainable service commissioning;
- Review and maintain an overview of financial and service delivery agreements and key contractual arrangements
- Oversee the development, management and delivery of the Trust's annual capital programme [1]
- Consider the effectiveness and alignment of key financial policies e.g. investment policy with the Trust's Strategy
- To consider and recommend for approval by the Trust Board of Directors any proposed changes to Trust Standing Financial Instructions.

Digital Strategy

- Progress on the delivery of the Trust's Digital Strategy and aligned programmes
- The changes being brought about by the use of data, information, knowledge and technology within the Trust
- The opportunities and risks of the changes brought about by the Digital Strategy and the changing expectations of staff, stakeholders, patients, service users and the public

[1] The Finance Committee shall carry out the role of "investment committee" for the purposes of the Trust's Capital Investment Policy.

- That the risks associated with the adoption of use of digital technologies are understood, weighted against the benefits and mitigated as far as is possible
- That the Trust is supported by technology that is scalable, interoperable, flexible, fixable, resilient and fit for purpose
- That digital implementation and support structures are properly resourced, are embedded throughout the organisation and appropriately involve users and other stakeholders.

5. Authority

5.1. The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The Committee is authorised by the Board to:

- Review, monitor, and where appropriate, investigate any matter within its terms of reference, and seek such information as it requires to facilitate this activity;
- Obtain whatever advice it requires, including external professional or legal advice if deemed necessary (as advised by the Director of Corporate Governance). In so doing, it may require directors and other officers, or independent specialists to attend meetings to provide such advice.
- The Committee discharges the authority delegated to the members of the Committee (when present) both in the Scheme of Delegation, and from time to time by the Chief Executive as recorded in the minutes of meetings.

5.2. Additionally, the Committee has delegated authority to:

- Approve the investment and borrowing strategy and associated policies;
- Set financial performance benchmarks;
- Approve Project Initiation Documents (as recommended by the Trust Senior Leadership Team) for capital schemes above the de minimis amount[2];
- Approve capital investments and divestments above the de minimis amount[2];
- Approve Business Cases with a capital cost greater than 0.5% and up to and including 1% of the Trust's turnover as per the Capital Investment Policy.

6. Limitations

6.1. Unless expressly provided for in Trust Standing Orders or Standing Financial Instructions the Committee shall have no further powers or authority to exercise on behalf of the Board of Directors.

7. Reporting

7.1. The Chair of the Committee shall report to the Board of Directors on the activities of the Committee and shall make whatever recommendations the Committee deems appropriate (on any area within the Committee's remit where disclosure, action or improvement is considered necessary).

7.2. The Chair shall provide a report on the activities of the Committee at each Audit Committee.

7.3. The Committee shall prepare a statement for inclusion in the Annual Report about its activities.

[2] As set out in the Trust's Standing Financial Instructions.

8. Membership and attendance

8.1. The Finance and Digital Committee is appointed by the Trust Board of Directors and includes:

- One Non-Executive Director (who shall be the Committee Chair)
- Two further Non-Executive Directors
- The Chief Executive;
- The Director of Finance and Information;
- The Chief Operating Officer[3].

8.2. The Chair of the Trust may be a member of the Committee.

8.3. One of the Non-Executive members will be appointed Chair of the Committee by the Board and will not Chair any other standing Committee of the Board.

8.4. It is expected that members or a nominated appropriate representative will attend a minimum of 75% of committee meetings a year.

8.5. The following officers may be required to attend meetings of the Committee at the invitation of the Chair:

- Chief Information Officer
- Chief Clinical Information Officer
- Deputy Director of Finance (Planning)[4]
- Deputy Director of Finance (Governance)
- Associate Director of Finance
- Head of Financial Management and Service Improvement;
- Clinical Chairs;
- Divisional Directors;
- Divisional Finance Managers,

8.6. Only members of the Committee, and other Board members, have the right to attend Committee meetings. However, other individuals, including external advisors, may be invited to attend for all or part of any meeting, as and when appropriate.

8.7. The Director of Corporate Governance shall attend each meeting to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance.

9. Quorum

9.1. The quorum necessary for the transaction of business shall be two Non-Executive members, the Director of Finance or nominated deputy, and one other Executive Director, or nominated deputy).

9.2. In the event the Chief Executive is unable to attend a duly convened meeting, then another Executive Director (other than the Director of Finance) will be nominated to attend

[3] In circumstances where the Chief Operating Officer is unable to attend a meeting, a suitable deputy shall be designated to attend. Attendance by the designated deputy shall be subject to approval by the Chair of the Finance Committee and the Chief Executive jointly. Their presence shall not contribute to the quorum.

[4] In the event that the Director of Finance is unable to attend, the Deputy Director of Finance (Planning) is a required attendee. In those circumstances the presence of the Deputy Director of Finance (Planning) does contribute to the quorum.

on behalf of the Chief Executive.

9.3. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee as set out in these Terms of Reference.

10. Duties

10.1. The duties of the Committee in relation to Finance are to consider and examine on behalf of the Board of Directors:

- The annual budget
- Key Trust and Divisional financial performance indicators;
- Progress to deliver the capital investment programme, in line with recommendations from the Capital Programme Steering Group
- Risks associated with financial plans (finance risk);
- Financial relationships with the Trust's Commissioners;
- Use of Resources Ratings applied by NHS Improvement
- Financial performance forecasts;
- Financial aspects of the Board Assurance Framework document; and, Business cases classed as 'major' or 'high' risk; making recommendations for approval or rejection to the Board, and,

10.2. The duties of the Committee in relation to Investments are:

- Approve the investment and borrowing strategy and associated policies;
- Set financial performance benchmarks and monitor the performance of investments;
- Review proposed revisions to the Capital Investment Policy for approval by the Trust Board of Directors each year;
- Seek and consider evidence of organisational compliance with the Capital Investment Policy;
- Approve Project Initiation Documents for all capital schemes above the de minimis amount;
- Approve capital investments and divestments above the de minimis amount, ensuring in each case that the Trust has the legal power to enter into the investment;
- Approve business cases within its delegated authority.

10.3. The duties of the Committee in relation to Information Technology are:

- Review the Digital Strategy to ensure that it aligns with the Trust Strategy and operational objectives, including patient care delivery
- Review and recommendation of the annual Digital plan to the Board
- Update on compliance with the Global Digital Exemplar programme
- Seek assurance about the delivery of IT programmes, including benefits realisation, value for money and approaches to the prioritisation of resources
- Consider the risks to the delivery of the IT programmes and Digital Services, in line with the review of the Strategic Risk Registers and Corporate Risk Registers
- Seek assurance about the resilience of Digital services specifically in relation to the digital infrastructure, defending against, and recovery from, external threats
- Ensuring the linkages between the Trust's transformation programme and the Digital Strategy and programmes.

10.4. The Committee will also consider relevant high risk internal audit reports and seek updates on progress to close recommendations.

Non-Executive Director Champion Roles

10.5. Following the release of NHS England/Improvement's publication entitled "Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles" in December 2021 the following Non-Executive Director Champion Roles have been aligned with Committee:

10.5.1 Cybersecurity NED Champion

10.5.2 Procurement NED Champion

The Committee shall collectively undertake the statutory duties of these former roles.

11. Secretariat Services

11.1. The Finance Department Secretariat shall co-ordinate secretariat services to the Committee.

12. Notice and Conduct of Meetings

12.1. Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.

12.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, any other person required to attend and all other non-executive directors, no later than seven working days before the date of the meeting.

12.3. Supporting papers shall be made available to Committee members and to other attendees as appropriate, no later than three working days before the date of the meeting.

13. Minutes of Meetings

13.1. The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

13.2. Draft Minutes of Committee meetings shall be made available promptly to all members of the Committee and, once agreed, to all other members of the Board, unless a conflict of interest exists.

14. Frequency of Meetings

14.1. The Committee shall meet eight times per year, and at such other times as the chair of the Committee shall require.

14.2. The Committee may convene additional meetings should the Chair of the Committee and the Director of Finance and Information agree, or at the request of the Board of Directors.

15. Review of Terms of Reference

15.1. The Committee shall, at least once a year, review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – Audit Committee

Document Data	
Corporate Entity	Audit Committee
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Director of Corporate Governance
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	January 2023

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
16/02/2011	1	Trust Secretary	Draft	Draft for consideration by the members of the Audit and Assurance Committee
08/03/2011	2	Trust Secretary	Draft	Draft for consideration by the Audit and Assurance Committee
04/05/2011	3	Trust Secretary	Draft	Draft for consideration by the Audit Committee on 09 May 2011
09/05/2011	4	Trust Secretary	Draft	Revisions by Audit Committee
26/05/2011	5	Trust Secretary	Draft	For Approval by Trust Board of Directors
26/05/2011	6	Trust Secretary	Approved version	Approved by the Trust Board of Directors
01/09/2015	7	Trust Secretary	Major	Revised terms of reference for consideration by the Audit Committee 9th September 2015
05/10/2016	8	Trust Secretary	Minor	Revised terms of reference for consideration by the Audit Committee 18 October 2016.
10/10/2017	9	Deputy Trust Secretary	Moderate	Revisions to a) Clarify existing practice, b) Ensure terms of reference reflect ICSA guidance/best practice. c) Reflect input from the Internal and External Auditors, d) Reflect input from the Chair [and the members] of the Committee e) Include minor grammatical corrections.
28/11/2018	10	Trust Secretary and AC Chair	Moderate	Inclusion of Context Section & Stakeholder Analysis. Re-organisation of Section on Duties Clarification re key deliverables
27/10/20	11	Head of Corporate governance	Minor	Reviewed post-merger and titles updated.
20/10/21	12	Head of Corporate Governance	Minor	No changes to content made but reformatting of document undertaken to aid review.
28/01/22	13	Head of Corporate Governance	Moderate	Addition of NED champion responsibilities Clarification that the Committee is responsible for monitoring Estates and Facilities legal and regulatory compliance

Contents

1. Constitution of the Committee

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

2. Context

Stakeholder Community

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

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

2.2 The Stakeholders of the Audit Committee are identified below:

Internal (accountable to)

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

Internal (peer)

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

Internal (reporting to AC)

- Internal Audit (sub-contracted)
- Local Counter Fraud Specialist (sub-contracted)
- Local Security Management Specialist
- Clinical Audit
- Freedom to Speak Up Guardian
- Estates and Facilities (Legal and Regulatory Compliance)

External

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

Stakeholder Analysis

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

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

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

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

Internal Stakeholder Community					
Stakeholder	**Requirements from AC**		**Inputs to AC**		**Section Reference**
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	Feedback on emerging risks Oversight of estates and facilities risks including fire safety	AC Chair Report (after each meeting) AC Annual Report Feedback on the risk management process and specifically the risks held within the BAF and Trust Risk registers Feedback on the overall Annual Report, including the Quality Report	Identification of emerging risks Recommendations for Internal Audit Approve Terms of Reference	Quality Report Estates and Facilities update report	7.3 7.10 7.11 8.8 8.11
Council of Governors	Updates at Governors Constitution Focus Group	Recommendation to appoint, re-appoint or remove the external auditor Performance evaluation of the External Auditors Audit Committee draft Terms of Reference for consultation	None	Authorisation to appoint agreed external auditor	7.5 7.12

Internal Stakeholder Community					
Accounting Officer	None	Submission for Annual Governance Statement	None	Draft Annual Report (for AC review) Identification and status of Trust Hosted Services (annually)	7.3
Director of Finance and Information	None	None	Identification of emerging risks (Finance, IT) Recommendations for Internal Audit	Accounting Policies Draft Annual Accounts Inputs to Annual Report including FD Report, Accounting Policies, TACs Summarisation Schedules, Single Estimates) Losses and Special payments report (each mtg) Single Tender Report (each mtg)	7.7
People Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Quality and Outcomes Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Finance & Digital Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Internal Audit (sub-contracted)	Requirements for Internal Audit (including Freedom to Speak Up issues) Feedback on Reporting	None	None	Internal Audit Plan (annual) Internal Audit Reports (each mtg) Progress Report (each mtg)	7.4

Internal Stakeholder Community					
				Head of Internal Audit Opinion (for reference in the Annual Governance Statement – part of the Annual Report)	
Local Counter Fraud Specialist (sub-contracted)	None	None	None	Annual Plan Annual Report Progress report (each mtg)	7.8
Local Security Management Specialist	None	None	None	Progress report (each mtg)	7.8
Clinical Audit (more regular reports via QOC)	None	None	None	Annual Clinical Audit Report	7.6
Freedom to Speak Up Guardian	None	None	None	Annual Report	7.9

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

External Stakeholder Community					
				Report Report to the Council of Governors on Trusts Quality Report (annually)	
NHSI	None	Escalation in those instances where the services of the External Auditor are terminated in disputed circumstances. Escalation where exceptional, serious and improper activities have been revealed by the Committee, if insufficient action has been taken by the Board of Directors after being informed of the situation.	None	NHS Code of Governance	7.13 7.14
National Audit Office	None	None	None	Code of Audit Practice	7.1
HM Treasury	None	None	None	Audit and risk assurance committee handbook	7.1
Freedom to Speak Up National Guardian	None	None	None	Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts	7.9
NHS Counter Fraud Authority	None	None	None	Counter Fraud Standards for NHS Providers	7.8 7.15
Healthcare Financial Management Association		Audit Committee Members to meet privately with External and Internal Audit at least once a year		HFMA Audit Committee Handbook	5.11

3. Responsibilities

3.1 As stated above, the purpose of the Audit Committee is to ensure the suitability and efficacy of

the Trust's provisions for Governance, Assurance and Risk Management. The activities of the AC are therefore focused on the Policies and Processes of the Trust:

- Definition
- Implementation
- Outcomes

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

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

a) Review and seek assurance of the Trust's approach to Risk Management and internal control
b) Monitor and review the effectiveness of the internal audit function,
c) Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process
d) Seek assurance about Clinical Audit activity

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

e) Integrity of Financial Reporting
f) Activities to Identify and Counteract Fraud
g) Ensuring the effectiveness of the Freedom to Speak Up Policy
h) Estates and Facilities Legal and Regulatory Compliance

3.4 Finally, the AC must:

i) Communicate and report effectively to all its Stakeholders

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

4. Authority

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

4.2 This will include, but is not limited to:

- Evaluating the integrity of the financial statements of the Trust, any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them
- Independently and objectively monitor, review and report to the Board on the adequacy of the policies and processes for governance, assurance, and risk management
- Facilitate the effective implementation of an internal and external audit plan, and so the development, maintenance and implementation of Trust Policies and Processes
- Obtain whatever professional advice it requires (as advised by the Trust Secretary)

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

5. Membership and attendance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Quorum

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

7. Duties

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

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

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

7.3 The Committee shall:

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

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

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

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

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

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

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

7.3.8 Seek assurance with respect to ensuring legal and regulatory compliance within the Estates and Facilities functions.

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

Monitor and review the effectiveness of the internal audit function

7.4 The Committee shall:

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

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

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

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

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

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

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

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

7.5 The Committee shall:

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

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

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

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

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

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

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

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

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

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

Seek assurance about Clinical Audit activity

7.6 The Committee shall:

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

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

Integrity of Financial Reporting

7.7 The Committee shall:

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

- key accounting policies and disclosures
- assurances about the financial systems which provide the figures for the accounts
- the quality of the control arrangements over the preparation of the accounts
- key judgements made in preparing the accounts
- any disputes arising between those preparing the accounts and the auditors

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

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

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

7.7.5 Review at each meeting, reports detailing:

- Losses and special payments
- Single Tender Actions (i.e. procurement without competition)

Activities to Identify and Counteract Fraud

7.8 The Committee shall:

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

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

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

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

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

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

Ensuring the effectiveness of the Freedom to Speak Up Policy

7.9 The Committee shall monitor and receive assurance on compliance with the Trust's Freedom

to Speak Up Policy and ensure that the policy allows for proportionate and independent investigation of such matters and appropriate follow-up action. This will be achieved by the Committee receiving an Internal Audit review of the Trust's arrangement for staff to raise issues on an annual basis.

Reporting to Board and other Stakeholders

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

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

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

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

Reporting to Other Stakeholders

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

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

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

Non-Executive Director Champion Roles

7.15 Following the release of NHS England/Improvement's publication entitled "*Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles*" in December 2021 the following Non-Executive Director Champion Roles have been aligned with Committee:

- Counter Fraud Non-Executive Director Champion

The Committee shall collectively undertake the statutory duties of this former role.

8. Administration

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

8.2 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chair. The Board of Directors, Chief Executive, External Auditors or Head of

Internal Audit may request an additional meeting if they consider it necessary.

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

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

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

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

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

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

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

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

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

9. External References

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

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

National Audit Office - Code of Audit Practice
https://www.nao.org.uk/code-audit-practice/

NHS Counter Fraud Authority – Standards for NHS Providers
https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Providers_2018.pdf?v=1.0

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

University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – Remuneration, Nominations and Appointments Committee

Document Data	
Corporate Entity	Remuneration, Nominations and Appointments Committee
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Trust Chair
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	January 2023

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
March 2009	1.0	N/A		Existing Version
28/02/2012	1.1	TSec		Major review for consideration by the Trust Board of Directors
27/03/2012	2.0	TSec		Minor revisions to the purpose of the Committee following direction of the Trust Board of Directors
14/11/2014	3.0	Director of Workforce & OD /Trust Sec		Revisions in line with FTN Good Governance compendium and best practice. With a view to combining Remuneration Committee and Nomination and Appointments Committee
28/04/16	4.0	Trust Secretary		Annual review for consideration by the Trust Board of Directors
12/05/2017	5.0	Trust Secretary		Annual review for consideration by the Trust Board of Directors. Minor amendment to section 3.3 ensuring clarity of the reporting on the annual statement on remuneration.
18/04/2018	6.0	Deputy Trust Secretary		Annual review for consideration by the Committee and the Board of Directors. Minor amendments for clarity/consistency and to: a) Change the Chair of the Committee from the Vice-Chair of the Board of Directors to the Chair of the Board of Directors Clarify that the Trust Secretary or their nominated deputy may minute meetings of the committee.
25/11/2019	7.0	Director of Corporate Governance		Annual review for consideration by the Committee and the Board of Directors. Amended to include stakeholder information and analysis (paragraph 2).
18/06/2021	8.0	Director of Corporate Governance		Annual review. Updated logo and changes to section 8.1.5 to clarify that the committee will consider and comment on changes to the job description for an executive director as opposed to the previous wording of preparing a job description.
28/01/2022	8.0	Head of Corporate Governance	Moderate	Minor formatting and minor revision to language of 5.7

Table of Contents

1. Purpose

1.1. To be responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service.

1.2. When appointing the Chief Executive, the committee shall be the committee described in Schedule 7, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the committee shall be the committee described in Schedule 7, 17(4) of the Act.

2. Context

Stakeholder Community

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

- establishing external benchmark standards and requirements
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

The Stakeholders of the Remuneration, Nominations and Appointments Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors

External

- NHS Improvement
- HM Treasury
- NHS Business Authority.

Stakeholder Analysis

2.2. The Terms of Reference and the responsibilities of the Remuneration, Nominations and Appointments are dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required, either from or by the Committee.

2.3. The following table provides an analysis of the requirements and dependencies associated with the Remuneration, Nominations and Appointments Stakeholder Community.

2.4. **Requirements from Remuneration, Nominations and Appointments Committee** - Explains what the Committee is required to do based on the requirements of the stakeholder.

2.5. **Inputs into Remuneration, Nominations and Appointments Committee** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Stakeholder	Requirements from RN&AC		Inputs to RN&AC	
	General	Formal Deliverables	General	Formal Deliverables
Board of Directors and Council of Governors	Identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining			Job descriptions for roles Proposed salary for roles Description of the recruitment process Advice on the appointment of

	their remuneration and other conditions of service.			executive recruitment support (All section 8.1)

Stakeholder	Requirements from RN&AC		Inputs to RN&AC	
	General	Deliverables	General	Deliverables
NHS Improvement	Guidance on pay for Very Senior Managers in NHS Trusts and Foundation Trusts	Review of salaries on appointment and annually thereafter		Annual salary review with benchmarking information (8.2)
NHS Improvement	Best practice principles and processes to help Board of Directors to maintain good quality corporate governance. (NHS Foundation Trust Code of Governance)			Annual review of Board skills and knowledge mix. (8.1.1)
HM Treasury	Guidance about the appointment of 'office holders'			Report on proposed off-payroll appointments at VSM (8.1.9)
NHS Business Authority	Guidance on the administration of the NHS Pension Scheme			NHS pensions and disclosure of Senior Managers' Remuneration (Greenbury) (9.2)

3. Authority

3.1. The Remuneration, Nominations and Appointments Committee (the Committee) is constituted as a standing committee of the Trust's Board of Directors (the Board). Its constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings.

3.2. The committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the committee.

3.3. The committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside the t=Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

3.4. The committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions

4. Reporting

4.1. The committee Chair shall report to the Trust Board of Directors on all proceedings undertaken within its duties and responsibilities.

4.2. The committee shall make whatever recommendations to the Trust Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.

4.3. The Committee Chair (on behalf of the Remuneration, Nominations and Appointments Committee) shall make a statement in the annual report about its activities and the process used to decide remuneration.

4.4. The Committee shall make information available regarding the attendance of all members at Committee meetings.

5. Membership

5.1. The membership of the committee shall consist of:
- The Trust Chair
- The other Non-Executive Directors of the Board

5.2. And in addition, when appointing Executive Directors other than the Chief Executive:
- The Chief Executive

5.3. The Trust Chair shall Chair the Committee.

5.4. Only members of the Committee have the right to attend Committee meetings.

5.5. At the invitation of the Committee, meetings shall normally be attended by the:
- Chief Executive Officer
- Director of People

5.6. Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations, at the discretion of the Chair.

5.7. Any member or non-member, including the secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.

6. Quorum

6.1. The quorum necessary for the transaction of business shall be the Chair of the Committee and three independent Non-Executive Directors.

6.2. A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the powers and discretions exercisable by the Committee.

7. Secretary

7.1. The Trust Secretary shall be secretary to the Committee.

8. Duties

Appointments

8.1. The Committee will:

8.1.1. Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate, and make recommendations to the Board, and Nomination Committee of the Council of Governors, as applicable, with regard to any changes.

8.1.2. Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Directors taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the Board in the future.

8.1.3. Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the trust to operate effectively in the health economy.

8.1.4. Be responsible for identifying and appointing candidates to fill posts within its remit as and when they arise.

8.1.5. When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation, consider and comment on a description of the role and capabilities required for the particular appointment prepared by the Chief Executive. In identifying suitable candidates the Committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

8.1.6. Ensure that a proposed Executive Director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.

8.1.7. Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.

8.1.8. Consider any matter relating to the continuation in office of any Board Executive Director including the suspension or termination of service of an individual as an employee of the trust, subject to the provisions of the law and their service contract.

8.1.9. Ensure that guidance from HM Treasury is considered where any off payroll appointments are proposed.

9. Remuneration

The Committee will:

9.1.1. Establish and keep under review a remuneration policy in respect of Executive Board Directors.

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

9.1.3. In accordance with all relevant laws, regulations and trust policies, decide and keep under review the terms and conditions of office of the trust's Executive Directors, including:

- Salary, including any performance-related pay or bonus;
- Provisions for other benefits, including pensions and cars;
- Allowances;
- Payable expenses;
- Compensation payments.

9.1.4. In adhering to all relevant laws, regulations and trust policies establish levels of remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;

9.1.5. Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors, while ensuring that increases are not made where trust or individual performance do not justify them;

9.1.6. Be sensitive to pay and employment conditions elsewhere in the Trust.

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

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

10. Notice and Conduct of Meetings

10.1. The Secretary shall call meetings of the Committee at the request of the Chair not less than ten clear days prior to the date of the meeting.

10.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be available to each member of the Committee and where appropriate, other persons required to attend, no later than three working days before the date of the meeting,

10.3. Supporting materials shall be provided to Committee members and to other attendees as appropriate, at the same time.

11. Minutes of Meetings

11.1. The Trust Secretary, or their nominated deputy, shall minute the proceedings and resolutions of the Committee, including the names of members present and others in attendance. Draft minutes shall be distributed to Committee members for approval after each meeting.

11.2. The Committee shall receive and agree a description of the work of the Committee, its policies and all executive director emoluments in order that these are accurately reported in the required format in the trust's annual report and accounts.

12. Frequency of Meetings

12.1. The Committee shall meet at least three times per annum and at such other times as the Chair of the Committee shall require.

13. Review of Terms of Reference

13.1. At least once a year, the Committee shall review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.