

Public Trust Board Meeting Papers

Date: Thursday 28 May 2020

Time: 11.00 – 13.30

Venue: Conference Room, Trust Headquarters and by Video Conference

Board of Directors (in Public)

**Meeting of the Board of Directors to be held in Public on
Thursday 28 May 2020 at 11.00 – 13.30 in Conference Room, Trust HQ,
Marlborough St, Bristol, BS1 3NU and by Video Conference
AGENDA**

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence – <i>Verbal update</i>	Information	Chair	
2.	Declarations of Interest – <i>Verbal update</i>	Information	Chair	
3.	Minutes of the Last Meeting <ul style="list-style-type: none"> UHB - 30 January 2020 WAHT – 3 March 2020 	Approval	Chair	11.00
4.	Matters Arising and Action Log <ul style="list-style-type: none"> UHB WAHT 	Approval	Chair	11.05
5.	Chief Executive's Report	Information	Chief Executive	11.20
Strategic				
6.	Covid-19 Update	Assurance	Deputy Chief Executive and Chief Operating Officer	11.30
7.	UH Bristol/WAHT Integration Update	Assurance	Director of Strategy and Transformation	11.40
Quality and Performance				
8.	Quality and Performance Report <ul style="list-style-type: none"> UH Bristol WAHT 	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	11.50
9.	Committee Chair's Reports	Assurance	Chairs of the Committees	12.00

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
	<ul style="list-style-type: none"> Quality and Outcomes People Finance Audit 			<i>Papers to follow</i>
10.	Finance Report	Assurance	Director of Finance and Information	12.20
11.	Provider Licence Self-Certifications	Approval	Director of Corporate Governance	12.30
12.	Freedom to Speak Up Annual Report	Assurance	Freedom to Speak Up Guardian	12.40
Governance				
13.	Annual Review of Code of Conduct for Board of Directors <i>(including Fit and Proper Persons Self Certification)</i>	Assurance	Director of Corporate Governance	12.50
14.	Register of Seals – Q4	Information	Director of Corporate Governance	
15.	Research and Innovation Report	Information	Medical Director	
16.	Governors' Log of Communications	Information	Director of Corporate Governance	
Concluding Business				
17.	Any Other Urgent Business – <i>Verbal Update</i>	Information	Chair	
18.	Date and time of next meeting <ul style="list-style-type: none"> 30 July 2020 	Information	Chair	

**Minutes of the Board of Directors Meeting held in Public
University Hospitals Bristol NHS Foundation Trust (UH Bristol)**

**Thursday 30 January 2020 at 11:00 – 13:00, Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

3.1

Present (Members of the Board):

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

In Attendance:

Name	Job Title/Position
Helen Morgan	Deputy Chief Nurse
Eric Sanders	Director of Corporate Governance
Lucy Parsons	Deputy Chief Operating Officer (Urgent Care)
Mark Pender	Head of Corporate Governance
Matthew Thackray	Press Officer
Mr Bhadresa	Patient (for Item 3 – Patient Story)
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Alistair Johnstone	Safe Working Hours Guardian (Item 18)
Paul Kearney	Chief Executive, Above and Beyond
John Sibley	Public Governor
John Rose	Public Governor
Kathy Baxter	Public Governor
Graham Briscoe	Public Governor
Carole Dacombe	Public Governor
Alice Beeching	Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
Grace Clarke	Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
Louise Couzens	Care Quality Commission

Vilma Dias	Staff Nurse, Division of Medicine
Nikki Evans	Care Quality Commission
Clive Hamilton	Member of the public

Minutes: Sarah Murch: Membership and Governance Administrator

The Chair opened the Meeting at 11:05

3.1

Minute Ref	Item Number	Action
Preliminary Business		
01/01/2020	1. Welcome and Introductions/Apologies for Absence	
	The Chair, Jeff Farrar, welcomed everyone to the meeting. Apologies had been received from Carolyn Mills, Chief Nurse, with Helen Morgan, Deputy Chief Nurse attending in her place.	
02/01/2020	2. Declarations of Interest	
	<p>Members of the Board noted the following interests:</p> <ul style="list-style-type: none"> • Since 1 September 2019, Jeff Farrar and Robert Woolley also held the respective roles of Chair and Chief Executive at Weston Area Health NHS Trust (WAHT) as well as at UH Bristol • Sue Balcombe, Non-Executive Director (Designate) at UH Bristol, was also a Non-Executive Director at WAHT • Guy Orpen Non-Executive Director, held a senior position at the University of Bristol • Steve West, Non-Executive Director, held a senior position at the University of the West of England • Madhu Bhabuta, Non-Executive Director (Designate), was a lay trustee at the University of Bristol. 	
03/01/2020	3. What Matters To Me – A Patient Story	
	<p>The meeting began with a patient story, introduced by Tony Watkin, Patient and Public Involvement Lead. He introduced Mr Bhadresa, whose experience highlighted areas for improvement in the way that the Trust handled complaints made by patients.</p> <p>Mr Bhadresa described his experiences of the Trust's care and of its complaints procedures. Following an assessment at one of the Trust's hospitals that he required surgical intervention, his appointment for surgery had been cancelled on five occasions. This had been distressing and frustrating, particularly as the cancellation phone calls gave him very little information about the reasons for the cancellations or a point of contact with whom he could speak about his concerns. On contacting the Trust's Patient Support and Complaints team, his telephone messages had not been returned. The Trust's written responses to his letters had failed to address his concerns adequately and had contained incorrect assumptions and there had been little effort to talk to him to discuss his complaint. Finally,</p>	

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	<p>after considerable persistence, he had been offered a meeting with those involved in the decision-making process. An action plan had been agreed, but he had never been updated as to whether the actions were carried out.</p> <p>He suggested that Trust review its complaints procedure, particularly with regard to how responses were checked before they were sent to patients. He emphasised the importance of being honest, taking ownership, and of not making assumptions. The complaints service, instead of viewing the act of sending responses to complainants as a mechanical process, could talk to each complainant in the first instance to ensure a comprehensive understanding of the issues it was being asked to address. He asked the Board to encourage an appreciation of the value of complaints - to view them as 'free consultancy' that could help the Trust improve its services and enhance trust in them - rather than seeing them as a nuisance or a number.</p> <p>Robert Woolley, Chief Executive, apologised to Mr Bhadresa on behalf of the Trust, acknowledging that to have surgery cancelled five times was unacceptable and that the Trust had clearly compounded its error in the way that it communicated with him afterwards.</p> <p><i>Tony Watkin and Mr Bhadresa left the meeting.</i></p> <p>Non-Executive Directors sought assurance that the Trust was taking positive action as a result of this complaint and asked for a summary of the Trust's response and the learning that had been gained from it, particularly with regard to complaints procedures. Mark Smith, Deputy Chief Executive and Chief Operating Officer, also offered to review how cancellations of surgery were communicated, analysed and reported to the Board.</p> <p>Actions: Synopsis of complaint response and action taken to be shared with the Board. Reporting of cancellations of surgery to be reviewed.</p>	Chief Operating Officer/ Chief Nurse
04/01/2020	4. Minutes of the last meeting	
	<p>Board members reviewed the minutes of the meeting held on 28 November 2019.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the minutes of the Board of Directors meeting held in public on 28 November 2019 as a true and accurate record 	
05/01/2020	5. Matters arising and Action Log	
	<p>Members received and reviewed the action log. Completed actions were noted and updates against outstanding actions were noted as follows:</p> <p>03a/11/2019 Public Question – Patients Not Passports</p> <p>i. Written response to be provided to Patients not Passports.</p>	

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	<p>A written response had been provided to Patients Not Passports in December 2019. <i>Action Closed</i></p> <p>ii. Board members to consider the issues raised by Patients not Passports at a future meeting.</p> <p>Agreed that this would be added to the Board's work plan. <i>Action Closed.</i></p> <p>11/11/2019 Transforming Care Programme Board Report</p> <p>Establish effect of ED Ambulance Handover transformation project on ambulance handover times and review Board reporting of ambulance handovers.</p> <p>This action had been addressed at the Board's Quality and Outcomes Committee meeting in January 2020. Mark Smith added that some issues remained around data collection. <i>Action Closed</i></p> <p>84/09/2019 Chief Executive's Report</p> <p>Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital (SBCH). Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.</p> <p>A working group was being established with Sirona Care and Health to progress the strategy for services and support any contractual or service model changes for 2021/2022. This would inform the longer term strategy for SBCH as would the business case in development through Healthier Together for stroke services. A Non-Executive Director site visit to SBCH was taking place next month. <i>Action Ongoing</i></p> <p>88/09/2019 Report from the Chair of the People Committee</p> <p>Leaders of all six Trust divisions to be invited to Board Seminars/People Committee meetings to report their actions to tackle bullying and harassment and the resulting impact.</p> <p>Matt Joint, Director of People, reported that Divisional Leads were now being invited to People Committee meetings to update the Board on progress. <i>Action Closed.</i></p> <p>99/09/2019 Any Other Urgent Business</p> <p>i. Consideration to be given as to whether members of the Board or governors could attend staff training sessions on transgender awareness.</p> <p>ii. Guide for healthcare workers in relation to transgender issues to be circulated to the Board once finalised</p> <p>iii. Board to write to national commissioners to seek assurance on the availability of transition services and demand and supply issues in this area.</p> <p>Matt Joint, Director of People, explained that a one-off training session had been organised which would hopefully lead to future opportunities. These would be incorporated into the Trust's education framework, with frontline staff to be trained as a priority. The guide was a work in progress. <i>Action</i></p>	

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	<p><i>Ongoing</i></p> <p>74/07/2019 Self-Assessment of Board Cycle David Armstrong and Eric Sanders to discuss improvements to the Annual Business Cycle. Business cycle updated and reviews to take place in March 2020. <i>Action Closed.</i></p> <p>26/05/2019 Report from the Chair of the People Committee Review Terms of Reference for Board Committees to ensure alignment with the new Trust five-year strategy. This was in progress and the revised Terms of Reference would be reviewed by each Committee and the Board - update to be provided at the February 2020 meeting. <i>Action Ongoing</i></p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the updates against the action log. 	
06/01/2020	6. Chief Executive's Report	
	<p>The Board received a summary report of the key business issues considered by the Senior Leadership Team in December 2019 and January 2020. Robert Woolley, Chief Executive, provided updates on the following matters:</p> <ul style="list-style-type: none"> • The Trust had received an inspection visit from Ofsted in December 2019. This had followed a visit in December 2018 which had judged the Trust had made insufficient progress around apprenticeship provision, as a result of which the Trust had outsourced its apprenticeship training. Following the most recent visit, the Trust had been given a Grade 3 rating (Requires Improvement) in all five areas that were inspected. Improvements over the past year had been noted but there was still a significant amount of work required. • The Care Quality Commission had carried out an inspection of the Sexual Assault Referral Centre in the Trust's Central Health Clinic. The service had been found to be safe, effective, caring, responsive and well-led. There was a recommendation that the Trust should establish a formal audit process and this would be implemented. • The Trust had started construction on an £11m new Combined Heat and Power system. This was a significant upgrade and would bring benefits in terms of reducing the Trust's impact on the environment. • 2020 marked the international year of the nurse and midwife, and in celebration, ITV was broadcasting interviews with staff and patients St Michael's Hospital. • The Trust was aware of reports of the potential spread of the Wuhan Novel Coronavirus and while there were no cases identified locally yet, the Trust was fully prepared. Public health guidance was being followed, advice protocols had been issued to staff and equipment had been checked. 	

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	<p>Julian Dennis, Non-Executive Director, referred to the Senior Leadership Team's approval of the Strategic Outline Case for the future model of the West of England Pathology Network. He noted that the original estimate of potential savings had seemed particularly high, and he enquired whether there was now a recognition that this had been too optimistic. Robert Woolley agreed, explaining that the original rationale for a radical centralisation of pathology services in the West of England had been based on figures generated centrally which UH Bristol and other providers locally had now tested and found too high. As would be explained under Item 11, the radical option had therefore now been discounted.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's Report for information. 	
Strategic		
07/01/2020	7. Diversity and Inclusion Strategy Plan Update: including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Data	
	<p>Matt Joint, Director of People, introduced an update on the Trust's actions against its Diversity & Inclusion Strategy and a report on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) annual data. Key points were as follows:</p> <ul style="list-style-type: none"> • According to this year's WRES data, there was still no increase in the representation of staff from black and minority ethnic (BME) backgrounds in senior posts, but there had been a lot of focus during the year on improving recruitment approaches and access to leadership training. There was however a significant increase in BME staff shortlisted for roles, and a decrease in the likelihood of BME staff entering the formal disciplinary process. According to the data, BME staff still not feel that they had equal opportunities for development and this would be given attention. • UH Bristol had been selected as one of six trusts to be supported by the national WRES body for a pilot scheme to share best practice and gain access to expertise in this area. UH Bristol was also pooling its diversity and inclusion resources with other organisations across the region. <p>Bernard Galton, Non-Executive Director and Chair of the People Committee, added that the Committee had felt that the Diversity and Inclusion action plan was too passive and had asked for clearer actions, timescales and targets. In response to questions from Non-Executive Directors about whether the Trust had sufficient resources to give this agenda the priority it needed, Matt Joint added that the regional drive towards pooling resources would be useful, and the Trust was working to ensure that this agenda was being taken forward in divisions as well as at a corporate level.</p>	

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	<p>Carole Dacombe, Public Governor, added that governors had also been concerned at the slow progress being made by the Trust in improving the experience of BME staff as evidenced by the WRES data and that they supported the Non-Executive Directors' call for active actions, increased resources, and learning from best practice.</p> <p>Jeff Farrar, Trust Chair, reiterated the importance of keeping focus on this area encouraged all present to personally ensure that they were playing their part.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Diversity & Inclusion Strategy Plan Update including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data for assurance. 	
08/01/2020	<p>8. Board Assurance Framework</p> <p>a) Strategic Risk Register –Quarter 3 Update</p> <p>b) Corporate Objectives –Quarter 3 Update</p>	
	<p>Robert Woolley, Chief Executive, introduced these reports which provided assurance around the achievement of the Trust's strategic objectives, and assurance that any risks to the achievement of the strategic objectives were being adequately mitigated and controlled.</p> <p>A risk had been added to the Strategic Risk Register around the Trust's new sustainable development strategy. The risk rating relating to the Trust's IM&T systems had been elevated following a review of infrastructure. Two risk ratings had been reduced, one relating to commissioning and the other to the UK Exit from the European Union as the threat of a hard no-deal exit diminished at present.</p> <p>The Board noted the progress against the Trust's corporate strategic objectives. Of three red-rated objectives (i.e. those behind schedule), two specifically related to the Trust's issues around patient flow and ability to discharge patients, the other being a technical issue affecting the electronic prescribing system.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Board Assurance Framework including Quarter 3 updates against the Strategic Risk Register and the Corporate Objectives for assurance. 	
09/01/2020	<p>9. Weston Area Health NHS Trust Partnership update</p>	

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	<p>Paula Clarke, Director of Strategy and Transformation, introduced a report updating the Board on the planned merger between University Hospitals Bristol NHS Foundation Trust (UH Bristol) and Weston Area Health NHS Trust (WAHT). Following Board approval of the transaction business case for the merger on 28 November 2019, the merger plans had now progressed to the next stage, which required review and assessment from regulators. The Boards of both Trusts and the Council of Governors of UH Bristol would meet on 11 March 2020 to consider approval of the merger. Subject to the appropriate approvals being granted, the two Trusts would merge to form a single organisation called University Hospitals Bristol and Weston NHS Foundation Trust on 1 April 2020. Assurance around the process and key milestones were detailed in the report, as were the benefits that the merger was expected to bring to both organisations.</p> <p>She confirmed that work was underway to prepare staff for the process of change. The Transfer of Undertakings (Protection of Employment) (TUPE) consultation for WAHT staff was running from 2 December 2019 to 31 January 2020. Plans to integrate clinical and corporate services continued to be developed. An organisational and cultural integration programme was also underway in order to support the creation of a new organisation with a new culture and a new identity.</p> <p>Board members noted the significant amount of work that had taken place to prepare the ground for the merger. They discussed the next steps, seeking particular assurance on public and stakeholder engagement and post-merger implementation plans.</p> <p>Guy Orpen and Steve West, Non-Executive Directors, enquired about public perception of the merger in Weston and asked how local opinions and views of local stakeholders were being tested. Jeff Farrar and Robert Woolley, Chief Executive, added that local political representatives and members of the public that they had spoken to were positive about the merger, and gave assurance that external and stakeholder communications would now be stepped up.</p> <p>Graham Briscoe, Public Governor for North Somerset and a Weston resident, added that through his attendance of local GP surgery patient groups he had perceived a change in public attitude, with the link now broken in associating UH Bristol with the commissioners' decision to close Weston General Hospital's Emergency Department overnight. There however remained a hope among some residents that the ED may be re-opened overnight in the future.</p> <p>Guy Orpen noted the importance of including Bristol in public engagement as well as Weston to address any concerns of Bristol residents and representatives. Paula Clarke confirmed that the Trust was continuing to communicate with key stakeholders in Bristol as well as Weston and noted the role of public governors in representing people in the area on this issue.</p>	

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	<p>Carole Dacombe, Public Governor, echoed a need for the Trust to engage further with the public and with primary care in Bristol as a degree of reassurance was likely to be needed that UH Bristol's hard work in other areas would not stall as a result of attention on the merger.</p> <p>In response from questions about how the momentum of activity would be sustained post-merger, Robert Woolley confirmed that the focus of both Trusts was increasingly now on Day 1 implementation: the safe delivery of high-quality care at Weston, support for staff, and planned integration of services. Board members noted the importance of cultural change within both Trusts to ensure that the best elements of both were retained.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston Area Health NHS Trust Partnership update for assurance. 	
10/01/2020	10.Strategic Capital update	
	<p>Paula Clarke, Director of Strategy and Transformation, introduced the Quarter 3 update on progress against the Trust's strategic capital investment programme. She provided an update on the 10 schemes continuing to be actively progressed and highlighted in particular that the cardiology expansion scheme was due to commence in March 2020. All other schemes had been reviewed and an Estates Master Plan was nearing completion which included the outcome of an independent review of the estates infrastructure. Decisions to expand adult and paediatric Emergency Department provision were currently being discussed by the Senior Leadership Team.</p> <p>David Armstrong, Non-Executive Director, asked that the report make clear how the capital projects were aligned with the risks to the Trust's operational and strategic objectives. He further asked where the investment to the Bristol Dental Hospital appeared in this programme. Robert Woolley explained that this was not currently considered a strategic development, but that this could change.</p> <p>In response to a question from Jeff Farrar, Trust Chair, about how Trust's strategic capital programme fitted into regional planning and system discussions, it was agreed that Jeff Farrar and Robert Woolley would action this.</p> <p style="text-align: center;">Action – Trust's strategic capital programme to be included in regional system discussions</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Strategic Capital Programme update for assurance. 	Chair and Chief Executive
11/01/2020	11.Strategic Outline Case for the West of England Pathology	

Minute Ref	Item Number	Action
	Network	
	<p>William Oldfield, Medical Director, presented the West of England Pathology Network Strategic Outline Case for approval by the Board. The Board heard that in response to NHS Improvement's requirement that Pathology Networks were consolidated across the country, UH Bristol had played an active part in the formation and development of the West of England Network. Following input from all partners the Network had progressed the potential options for the future and developed a Strategic Outline Case setting out the proposed direction. Approval was now sought to move forward to develop an Outline Business Case and a small amount of funding to support the programme. To support the work the Network had developed a Memorandum of Understanding to bring clarity about the roles and responsibilities of each party.</p> <p>William Oldfield highlighted that NHS Improvement had originally suggested that their preferred model was a full consolidation of services to a single hub located at North Bristol NHS Trust which could release £8.2m. Following extensive analysis, the West of England Network had found that the data that this was based on was inherently flawed. It was now proposed that three options - alongside a do nothing scenario - would be taken forward for further development and appraisal. The three shortlisted options did not include the model advocated by NHS Improvement on the basis that this model evaluated less positively than the 'do nothing' scenario.</p> <p>Board members supported the proposal. In response to a question from Martin Sykes, Non-Executive Director, about whether the team was content that excluding the single-hub option at this stage was the right decision, William Oldfield confirmed that the view of the network as a whole was that this was the right way forward. In response to a question about the effect of the merger with Weston Area Health NHS Trust on this proposal, it was confirmed that it would not change anything as WAHT was currently already a member of the network.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Strategic Outline Case for the West of England Pathology Network. 	
12/01/2020	12. Transforming Care Programme Board Report – Q3 update	
	<p>Paula Clarke, Director of Strategy and Transformation, presented an update on the work of the Trust's Transformation Board and Transformation Team in Quarter 3. The report gave a brief overview of individual projects and actions in the areas of quality improvement, working smarter and digital transformation. Among highlights for the quarter was the summary of the shortlisted entries from the 'Bright Ideas' staff competition, and she thanked Trust charity Above and Beyond and the West of England Academic Health Science Network for their contributions which would enable some of these</p>	

Minute Ref	Item Number	Action
	<p>ideas to be taken forward.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Transforming Care Programme Board Report for assurance. 	
13/01/2020	13. Healthier Together Sustainability and Transformation Partnership	
	<p>Robert Woolley, Chief Executive, introduced this report, updating the Board on the local Five Year Plan 2019-2024 and other significant programmes within the Healthier Together Sustainability and Transformation Partnership (the collaboration between health and care organisations across Bristol, North Somerset and South Gloucestershire).</p> <p>The local Five Year Plan had been resubmitted to NHS England/Improvement on 10 January 2020, following a revision of financial plans, Publication of the local Five Year Plan was now expected in March 2020.</p> <p>Highlights from the plan included the creation of GP-led localities and planned work around outpatients and urgent care. There would also be a strand of work around estates and corporate services. In response to a question from Madhu Bhabuta about funding, Robert Woolley explained that all the NHS-funded organisations involved in the partnership were contributing to the central Healthier Together STP programme office. Furthermore, where national capital was released, it was increasingly being released to the regional system rather than to individual providers. Funding for the development of locality hubs, for example, was supplementing national funding for the development of primary care networks.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Healthier Together Sustainability and Transformation Partnership for information. 	
14/01/2020	14. Committee Chair's reports	
	<p>Quality and Outcomes Committee: Julian Dennis, Non-Executive Director and Chair of the Quality and Outcomes Committee, introduced a report from the committee's meeting on 27 January 2020. The committee had considered the Quality and Performance report, key performance targets and the continuing high level of pressure on the hospitals. Assurance had been sought around ambulance handover data and on the Trust's zero tolerance policy on violent and anti-social behaviour towards staff in the Emergency Department. Committee members had received a report on the progress against the Trust's quality objectives and an update on the merger with Weston Area Health NHS Trust particularly in relation to the Quality Account.</p> <p>The Board also heard that UH Bristol had been cited in a national publication as the best example of practice for its processes for identifying</p>	

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	<p>and treating aortic dissection, which the committee had discussed at a previous meeting.</p> <p>People Committee: Bernard Galton, Non-Executive Director and Chair of the People Committee presented a report from the committee's meeting on 27 January 2020. The committee had discussed the quarterly workforce and education performance report and had received an update against the diversity and inclusion strategy which they had discussed at length. There was a report on the new pay progression system that would be implemented progressively from April 2020 and the committee had received assurance that everything was in place for its smooth introduction. There were papers on talent management, organisational development and the Freedom to Speak Up initiative. Next month the committee had requested a detailed report on the HR implications of the merger with Weston Area Health NHS Trust.</p> <p>Finance Committee: Martin Sykes, Non-Executive Director and Chair of the Finance Committee, introduced a report of the committee's meeting on 27 January 2020. The committee had discussed the Trust's current financial position and how to improve the planning process for next year and beyond to make the budgets more realistic. They had discussed the content of the new Digital Strategy that the Trust was developing which would be received by the Board of Directors in March. Details of digital governance and the newly established Digital Hospital Programme Board were also provided to the Committee.</p> <p>Audit Committee: David Armstrong, Non-Executive Director and Chair of the Audit Committee, presented a report of the committee's meeting on 28 January 2020. The committee had prioritised the management of risks with regard to the Weston merger, and had been assured that appropriate processes were in place to integrate risk management across the two Trusts. The committee also undertook a comprehensive review of Estates risks and had noted progress made in relation to the recommendations following the fire in Bristol Haematology and Oncology Centre in May 2018, though these had not all been addressed as quickly as the committee would have liked. The key risk that the committee noted was the Trust's ability to establish the right culture with respect to prioritising staff training. The committee made a recommendation to the Council of Governors in respect of the extension of the External Auditor's contract and had received reports on fraud reporting, losses and special payments, and single tender actions.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Board Committee reports for assurance 	
15/01/2020	15. Quality and Performance Report	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the Quality and Performance Report, the purpose of which was to enable the Board to review the Trust's performance in relation to Quality, Workforce and Access standards during the past month.</p>	

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	<p>Access Standards:</p> <ul style="list-style-type: none"> • Emergency Department: In common with other Trusts around the country, there had been considerable pressure on emergency services in December and January which had affected all services. These had been so severe that UH Bristol had declared an internal critical incident on several occasions. Mark Smith praised the response of staff and the excellent care that they had continued to provide. The measure for percentage of Emergency Department patients seen in less than 4 hours was 76.1% in December against the national standard of 95%. Performance was now improving but work was continuing to better understand capacity and demand planning. • Referral-to-Treatment: The position had stabilised, with the percentage of Referral To Treatment (RTT) patients waiting under 18 weeks at 82.5% as at the end of December against the national 92% standard. • 62-day Cancer Standard: The 62 Day Cancer standard for GP referrals achieved 87%, meeting the national standard of 85%. However, the Board intended to review cancellations to ensure that continued achievement of this target was not obscuring any variation. • Diagnostic Patients: The percentage of Diagnostic patients waiting under 6 weeks at the end of December was 96.1%, against the national standard of 99%. National funding had been received to support recovery in diagnostics. <p>Quality Standards: In relation to Quality standards, William Oldfield, Medical Director, noted that the Trust's compliance with the new system for electronic recording of Venous thromboembolism (VTE) risk assessments remained challenging at around 77-78%, mainly because the Trust had not been able to introduce the electronic prescribing module. Mortality indicators remained within expected limits but the Trust was continuing to work on ways to improve in this area. Fractured Neck of Femur performance was expected to improve now that two new hip surgeons had started at the Trust.</p> <p>Workforce Standards:</p> <ul style="list-style-type: none"> • Matt Joint, Director of People, informed the Board that NHS England/Improvement had commended the Trust's workplace wellbeing offer in its national NHS People Plan. • Staff sickness was still high but the other core operational measures were relatively stable. Employee services and occupational health teams had reported that demands on their services had gone up substantially in the last year and the Trust was working to secure more resources in this area. • The Trust had now put in place mitigations for the tax changes to senior clinicians and doctors' pensions tax by adopting the national strategy. 	

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	Members RESOLVED to: <ul style="list-style-type: none"> • Receive the Quality and Performance Report for assurance. 	
16/01/2020	16. Finance Report	
	<p>Neil Kemsley, Director of Finance and Information, introduced a report on the Trust's financial performance in month 9 (December 2019).</p> <p>The plan for December required a core (i.e. excluding Provider Sustainability Funding (PSF) and MRET) surplus of £4.083m and the Trust was reporting a core surplus of £4.107m to date, which was £0.024m favourable to plan. This had however been reliant on the use of non-recurrent reserves. Divisions and Corporate Services were £8.180m adverse to Operating Plans, due to income from activities underperformance of £5.014m, with an underperformance of £0.145m in month, and increased nursing and midwifery pay costs of £1.952m year to date.</p> <p>The Trust had undertaken a comprehensive review of the year-end forecast and continued to forecast achievement of the year-end core control total. The Trust was forecasting savings of £14.408m by year end, 85% of plan; a deterioration of £0.126m from the forecast in November. The cash position remained healthy. The capital year-end forecast was now 33m.</p> <p>The focus was now on the creation of the operational plan for next year informed by the regional Long-Term plan and the Full Business Case for the merger with Weston Area Health NHS Trust.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Finance Report for assurance. 	
17/01/2020	17. Learning from Deaths report – Q3 update	
	<p>William Oldfield, Medical Director, introduced a report summarising the learning from deaths process for Quarter 1 and Quarter 2 of 2019/20. The report demonstrated a similar number of adult deaths within the organisation as in the two previous years. There were no avoidable deaths in the first two quarters of 2019/2020. The process of Learning from Deaths in patients with learning difficulties had been refined and embedded.</p> <p>Board members were advised that a significant piece of work was underway with North Bristol NHS Trust and Weston Area Health NHS Trust and the local coroner to introduce a new medical examiner system from 1 April 2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Learning from Deaths Report for assurance. 	

Minute Ref	Item Number	Action
18/01/2020	18. Safe Working Hours Guardian report	
	<p>Alistair Johnston, Guardian of Safe Working, introduced a report on safe working hours for doctors and dentists in training employed at the Trust.</p> <p>He explained that the 2016 Junior Doctor contract had now been introduced for all doctors in training employed at the Trust. There had been an increase over the past 12 months in exception reports – a system which allowed doctors to submit a report when their actual hours of work varied from their rota, they failed to get adequate rest breaks or they were unable to attend agreed educational activities due to service commitments. The roll-out of eRostering across the Trust for junior doctor staffing was progressing slower than planned, which meant that several of the key functions of the contract – such as work service reviews and managing additional locum work within the safety rules – were extremely difficult to implement. Trainee workload in some areas of the Trust was currently extremely high – a situation that had worsened as winter pressures had increased.</p> <p>However, the introduction of physician associates had been well-received by junior doctors. A category for junior doctors in the Recognising Success staff awards scheme had also been introduced. Finally, he noted that the junior doctor labour market was very competitive and asked the Trust to consider creative and inventive ways to attract staff. He invited Board members to consider shadowing a junior doctor or to attend junior doctor forums. In response to a question from Jeff Farrar, Alistair Johnstone confirmed that he was liaising with his counterpart at Weston Area Health NHS Trust to ensure that the junior doctors' forums would be aligned post-merger.</p> <p>Mark Smith, Deputy Chief Executive and Chief Operating Officer added that there would be a review of the challenges of implementation in e-rostering and this would be reported back to the Board.</p> <p>Action – Board to receive a report on the challenges of implementation of e-rostering.</p> <p>Public Governors John Rose and Carole Dacombe commended Alistair Johnstone for his handling of the junior doctor's forum, and asked that the Trust take up his suggestion of looking at innovative employment ideas.</p> <p>In response to a question from Clive Hamilton, member of the public, about the Trust's current low rate of attendance for resuscitation training among junior doctors, Jeff Farrar, Trust Chair, responded that this had been raised in Committee level, and it was a known issue that the Trust was reviewing.</p> <p>Members RESOLVED to: Receive the Safe Working Hours Guardian Report for assurance.</p>	<p>DCE/ COO and Director of People</p>

Minute Ref	Item Number	Action
19/01/2020	19. Patient Experience Report – Q2 update	
	<p>This report analysed patient survey data received up to Quarter 2 2019/20 and summarised some of the recent Patient and Public Involvement activity taking place at the Trust. It had previously been discussed at the Board's Quality and Outcomes Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience Report for information 	
20/01/2020	20. Patient Complaints Update – Q2 update	
	<p>This report analysed patient complaints received by the Trust in Quarter 2 of 2019/20. It had previously been discussed at the Board's Quality and Outcomes Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Complaints Report (Q2 update) for information 	
Governance		
21/01/2020	21. Accounting Policies update	
	<p>Neil Kemsley, Director of Finance and Information, introduced this report seeking Board approval on the Trust's revised accounting policies for 2019/20. The policies had been amended in line with national guidance to reflect minor changes and updates.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Accounting Policies 	
22/01/2020	22. Remunerations, Nominations and Appointments Committee Terms of Reference	
	<p>Eric Sanders, Director of Corporate Governance presented the revised Terms of Reference of the Remuneration, Nominations and Appointments Committee for approval by the Board. There was one minor change.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Remunerations, Nominations and Appointments Committee Terms of Reference 	
23/01/2020	23. Register of seals – Quarter 3 Update	
	<p>Eric Sanders, Director of Corporate Governance asked Board members to note that there had been one application of the Trust Seal since the previous report in November 2019.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Register of Seals – Q3 update for information. 	

Minute Ref	Item Number	Action
24/01/2020	24. Governors' Log of Communications	
	<p>The purpose of this report was to provide the Board with an update on all questions asked by governors to officers of the Trust through the Governors' Log of Communications. Carole Dacombe added that governors were continuing to raise concerns about the Trust's processes around discharge of patients out of hours and were pursuing this issue with Julian Dennis, Non-Executive Director and Carolyn Mills, Chief Nurse.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications for information. 	
Concluding Business		
25/01/2020	25. Any Other Urgent Business	
	<p>There was no other business. T</p> <p>The Chair closed the meeting at 13:15.</p>	
26/01/2020	26. Date and time of Next Meeting	
	The date of the next meeting was confirmed as 11.00 – 13.00, Monday 30 March 2020, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

Chair's Signature: **Date:**

DRAFT

**Minutes of the Trust Board Meeting in Public of Weston Area Health NHS Trust held on
Tuesday 3 March 2020 at 12.30pm in the Executive Boardroom,
Weston General Hospital**

Present;

Mr Jeff Farrar	(JF)	Joint Chairman (V)
Mr Robert Woolley	(RWO)	Joint Chief Executive (V)
Ms Kris Dominy	(KD)	Managing Director (V)
Mrs Sue Balcombe	(SB)	Non-Executive Director (V)
Ms Sarah Dodds	(SD)	Director of Nursing (V)
Mr Mark Marriott	(MM)	Director of Operations (V)
Mr Simon Gittoes-Davies	(SGD)	Director of Finance (V)
Mrs Alex Nestor	(AN)	Director of HR
Mr John Roberts	(JR)	Non-Executive Director (V)
Mr Kelvin Blake	(KB)	Non-Executive Director (V)
Mr Robert Mould	(RM)	Non-Executive Director (V)
Mrs Roz Wyke	(RW)	Non-Executive Director (V)

In Attendance;

Mrs Gillian Hoskins	(GH)	Trust Board Secretary (Minutes)
Ms Fiona Jones	(FJ)	Director of Business Development
Ms Emma Mooney	(EM)	Joint Director of Communications
Mrs Annabel Plaister	(AP)	Chair, The Patients' Council
Mr Tim Evans	(TE)	Healthwatch Representative
Ms Kam Govind	(KG)	Associate Non-Executive Director

1618.20**WELCOME AND APOLOGIES FOR ABSENCE**

JF welcomed Annabel Plaister, Chair of the Patients' Council, Tim Evans, Healthwatch Representative and Kam Govind, Associate Non-Executive Director.

Apologies were noted for Dr Peter Collins, Medical Director and Mr Koye Odutola, Orthopaedic Consultant and Chair of the Hospital Medical Advisory Committee.

DECLARATION OF BOARD MEMBERS INTERESTS

JF noted the potential for conflict in his dual role as Chair of UH Bristol and WAHT. Similarly RWO declared this potential in his dual Chief Executive role.

AN declared an interest as HR Director at WAHT and Deputy Director of People at UH Bristol. Similarly, EM as Joint Director of Communications for both WAHT and UH Bristol.

RW - in her roles as Leader of Mendip District Council and as a Member of the Somerset County Council Health and Wellbeing Board.

SB declared an interest in her role as Non-Executive Director (Designate) at UH Bristol.

RM did so as Non-Executive Director at North Bristol Trust.

KB - as Non-Executive Director at North Bristol Trust and at Brisdoc Healthcare Services Ltd.

CONSENT AGENDA

1619.20 TRUST BOARD MINUTES FOLLOWING THE MEETING HELD IN PUBLIC ON TUESDAY 4 FEBRUARY 2020

1608.20 2020/25 Sustainable Development Management Plan; RW advised that '*...the Healthier Together Programme is producing a system wide strategy...*' should read '*...the Healthier Together Programme is proposing a system wide strategy...*'

Resolution;

Subject to this amendment the Minutes of the Trust Board Meeting in Public on Tuesday 4 February 2020 were **APPROVED** as a true and accurate record.

ACTIONS AND MATTERS ARISING

The table of actions were reviewed and updates provided. The table of actions would be updated, circulated following the meeting and discussed with the UH Bristol Director of Corporate Governance to ensure oversight by the Board of the merged organisation.

There were no matters arising.

1620.20 PATIENT STORY

Vassos Siangolis attended (with support from Juliet Neilson, Deputy Director of Quality and Safety) and described his very positive experiences of care in the Emergency Department and in X-Ray following fracturing his ankle.

He was provided with a clear explanation of the nature of the fracture and how it would heal.

1621.20 ANNUAL REVIEW OF THE REGISTER OF DIRECTORS' INTERESTS

GH presented a report detailing the declarations of Board Members. An annual declaration is also required from senior staff (Band 8a and above), Medical Consultants and all estates and pharmacy team members. All other staff are required to make declarations as they occur.

Resolution;

The Board **NOTED** the Register of Directors' Interests.

1622.20

ANNUAL REVIEW OF THE REGISTER OF SEALS**Resolution;**

The Board **NOTED** the Register of SEALS.

WELL LED SERVICES

1623.20

CHIEF EXECUTIVE'S UPDATE

RWo advised attendees that the merger of the Trust with UH Bristol was progressing as planned. Both Boards are meeting to approve proceeding with the submission of the joint application for grant of acquisition at meetings on the 11th March. Appointments to senior roles in the future Weston Division are to be announced later this week.

A system wide level 4 incident has been declared in response to Covid-19. Preparations to deal with the expected increase in respiratory patients are underway.

It is anticipated that the actions in train following the 'Hopes and Fears' workshops coupled with the increased investment in management training will address the issues identified by the national staff survey.

Resolution;

The Board **NOTED** the Chief Executive's Update.

1624.20

PARTNERSHIP AND MERGER UPDATE

RWo advised that the transfers of CAMHS, community paediatrics and breast care services were progressing as planned and on target for the 1st April 2020.

It is anticipated that the events planned during the Weston Arts Weekender on the 3rd - 5th April (led by the UH Bristol Arts Programme Director, Anna Farthing) will demonstrate the added support available to Weston as a result of the merger.

Proactive opportunities to thank staff and look forward to the new structure are planned.

KD advised that the Trusts recovery plans - which had been amalgamated to form the "One Plan" were progressing well. The evidence to support the attainment of

actions has been provided to each Lead Executive at UH Bristol for review and assurance.

Resolution;

The Board **NOTED** the Partnership and Merger Update.

3.2

1625.20 NATIONAL STAFF SURVEY RESULTS AND ANALYSIS

Claire Poole, Organisational Development Facilitator, attended to present the results of the National Staff Survey 2019 alongside the Director of Human Resources, Alex Nestor. The results were released on the 18th February 2020. RM advised that the People and Organisational Development Committee has reviewed the results in detail.

At 6.7 out of 10, the overall staff engagement figure has remained static and below the national average for the last three years. There were no significant changes to the themed results from the previous year however it was noted that the Trust is below average for 10 out of the 11 themes.

Noting the experience of bullying, harassment and racism among BME staff, JF requested that the 2020.21 operational planning funding support the actions required.

Action;

The actions required to reduce the experience of bullying, harassment and racism among BME staff be included in 2020.21 Operational Planning Funding.

Director of Business Development

Resolution;

The Board **NOTED** the 2019 National Staff Survey Results and Analysis.

1626.20 2019/20 REVIEW OF BOARD EFFECTIVENESS

GH advised that this year's evaluation had built on the approach taken in previous years and included Board member questionnaire feedback, Board member assessment of performance using the Good Governance Matrix and a corporate review of Board papers.

From the questionnaire, the assessment of performance for 'Prioritise a People Strategy' had notably improved. "Appropriate information on organisational and

operational performance being analysed and challenged' deteriorated. The main comments related to a lack of capacity and continuity of staffing and the need to strengthen data quality.

The results of the maturity assessment indicated that the following areas require additional focus;

- 1/ Leadership and capacity - specifically that investment continues in leadership development.
- 2/ Money/Value for Money - specifically that Quality Impact Assessment is embedded and spending plans are monitored.
- 3/ Measurement and integrated reporting - specifically that assurance around data quality and integration of Ward to Board monitoring be strengthened.
- 4/ Appraisal process of Directors and other feedback - specifically that continuity of senior staff occur to enable feedback.

The review of Board papers noted that the majority of items received were for assurance - in particular the oversight of the overnight closure of the Emergency Department. The high number of strategic items reflected concern around the sustainability of services and related to the intent to merge with University Hospitals Bristol and the 'Healthy Weston' consultation on the future of services at the Trust.

Resolution;

The Board **NOTED** the findings of the 2019 Review of Board Effectiveness.

1627.20 TRUST RESPONSE TO COVID 19

In the absence of the Trust's Emergency Planning Manager, John Wintle, MM presented this update report on the Emergency Preparedness and Resilience Response to the virus.

Additional infrastructure has been purchased in line with national requirements for assessment Pods to be in place at nominated Acute Hospital sites. An incident management command and control structure with relevant task and finish groups has been established. The Department of Health and Social care are publishing UK confirmed figures by 14.00hrs each day, with the mandated requirement that Trusts are not releasing their own figures.

In response to a question from TE, MM advised that the Trust was seeking to improve its register of volunteers.

In response to a question from SB, MM advised that the supply of Personally Protective Equipment was an issue.

Resolution;

The Board **NOTED** the update on the Trust response to Covid-19.

1628.20 UPDATE FROM THE PATIENTS' COUNCIL

AP advised that SD had attended the formal meeting in February to provide an update from the Trust. At that meeting it was agreed that members would form teams and be based on specific wards to carry out the quality of interaction observations, environmental assessments and patient surveys.

Recent work has included a review of the complaints process using the National Patients' Association audit tool. AP and TE reviewed one file. A repeat of this process is planned. In addition, members were invited to taste test samples of 'frozen to cooked' food - in support of the proposal to move from the current 'chilled to cooked' menu for inpatients.

Closer working with staff at UH Bristol has been developing over the past months. Governors have visited the Trust and the UH Bristol Public and Patient Experience Lead is to attend the informal Council meeting in March.

1629.20 INTEGRATED PERFORMANCE REPORT

Quality and Safety

SD advised that whilst the overall numbers of in hospital falls and pressure ulcers have reduced, there are still occurrences of cases causing harm. Matron led work streams are in place to support effective investigation and trust wide learning from incidents.

It has been a challenging month with all bed escalation open consistently and patients remaining in the Emergency Department overnight. In order to manage this safely there has been the requirement to use more staff causing an increase in use of agency nurses. The care of each patient who has breached the 12 hour wait target in the Emergency Department has been reviewed and no harm has been identified by this process.

The influenza vaccination campaign continues and it is anticipated that the Trust will achieve over 80% of front line staff vaccinated by the end of February.

KB asked whether anything else could be done to eradicate the development of grade three pressure ulcers on admitted patients? RWo advised that success was dependent on leadership priority, messaging and staff engagement.

Performance

MM advised that significant, unprecedented demand for emergency care has continued to impact the 4 hour and 12 hour wait targets. In January the Trust experienced a 30% increase in Emergency Department attendance compared with January 2019. That, coupled with the significant numbers of 'medically fit for discharge' patients has meant that both the 'front door' and 'back door' of the hospital have been overloaded - both of which are indicators of the pressure in the whole system - felt mostly in the Acute Trusts. The Trust spent 22 of the 31 days in January in OPEL 4, and 7 in internal critical incident, 795 outpatient appointments were cancelled in one week to accommodate whole hospital recovery and staff were redeployed from non-urgent activity to managing patient flow, discharge and

ED attendances. As 'model' of the future type and number of beds required at the Trust is being developed for discussion with commissioners.

Positively, MM advised that the required validation of Referral To Treatment data was now complete and had concluded that the issues identified had caused minimal risk of harm to patients.

TE questioned why the hospital telephone number appears as 'number withheld' during contact with patients? RWo agreed to check the rationale for this, stating that the number is not withheld when texting.

Action;

Check rationale for hospital telephone number being withheld in contacts with patients.

Mark Marriott

TE asked whether the Trust is able to access the available beds on the Longfox Unit - currently occupied by Avon and Wiltshire Partnership NHS Trust? FJ advised that the 12 bedded Rowan Unit there is currently being refurbished by Sirona to support direct admission of frail elderly patients.

Human Resources

AN advised that targets for completion of mandatory training and appraisals continue to not be achieved due to operational pressures - although rates are improving. Staff turnover remains within target and staff sickness levels are improving.

Finance Report

SG-D advised that having revised it's financial forecast in Month 9 in consultation with NHSE/I, in Month 10 we remain on target to deliver the revised deficit of £16.7m.

Operational pressures continue to drive high levels of agency spend. Capital expenditure is currently £2m behind plan.

JR advised that there were no issues (other than those included in the Integrated Performance Report) to escalate to the Board from the Audit and Assurance Committee.

Resolution;

The Board **NOTED** the updated Integrated Performance Report and **SUPPORTED** the ongoing work to improve performance.

People and Organisational Development Committee

RM advised that the Committee wished to escalate the current lack of clarity regarding the future Freedom To Speak Up arrangements at Weston General Hospital. The committee was pleased to note that recruitment processes had been fully aligned with those in place at UH Bristol.

Action;

Discuss with the UH Bristol Director of Corporate Governance the future Freedom To Speak Up arrangements at Weston General Hospital. Ensure arrangements are publicised and staff are trained as required.

Jeff Farrar

Finance and Performance Committee

RW advised that there were no issues (other than those included in the Integrated Performance Report) to escalate to the Board from the meeting in February.

Senior Management Committee

Members noted the content of the update report.

Partnership Management Board

Members noted the content of the update report.

Resolution;

The Board **NOTED** the updates provided by Committee Chairs.

1631.20

ANY OTHER BUSINESS

TE requested that Healthwatch be represented on the future Divisional Board and that patient and staff stories continue to be included. RWo advised that other Divisional Boards do not have Healthwatch membership and that each Division needs to develop its own way of operating - however there may be a different forum that would enable the contribution of the Patients' Council and Healthwatch to be maintained.

Action;

Discuss the possibility of Healthwatch membership on the future Weston Divisional Board with the future Division.

Jeff Farrar

3.2

JF recognised and thanked Board members for their selflessness and bravery in choosing to navigate Weston Area Healthcare NHS Trust towards merger by acquisition by UH Bristol.

**Public Trust Board of Directors Meeting
28 May 2020
Action Tracker**

Outstanding actions from the meeting held on 30 January 2020					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	03/01/20	<u>What Matters To Me – A Patient Story</u> Synopsis of complaint response and action taken to be shared with the Board. Reporting of cancellations of surgery to be reviewed.	Deputy CE/COO and Chief Nurse	May 2020	<u>Work in Progress</u> Verbal update to be provided.
2.	10/01/20	<u>Strategic Capital update</u> Trust's strategic capital programme to be included in regional system discussions	Chair and Chief Executive	May 2020	<u>Work in Progress</u> Verbal update to be provided.
3.	18/01/20	<u>Safe Working Hours Guardian report</u> Board to receive a report on the challenges of the implementation of e-rostering.	Deputy CE/COO and Director of People	June 2020	<u>Work in Progress</u> Verbal update to be provided.
4.	84/09/2019	<u>Chief Executive's Report</u> Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.	Director of Strategy and Transformation and Director of Corporate Governance	May 2020	<u>Work in Progress</u> A working group has been established with Sirona Care and Health to progress the strategy for services and support any contractual or service model changes for 2021/2022. Successful meeting in February 2020 and agreement to establish ongoing Executive Interface Meeting and specifically a SBCH Model of Care and Future Transition Group meeting to further develop the clinical service

					<p>strategy and the transition to Sirona.</p> <p>Agreement that Terms of Reference with be developed and actions agreed to gather information to inform discussion, with first meeting planned for the end of Quarter One.</p> <p>Agreed timescales paused due to Covid-19. Actions and refreshed timescales to be reviewed as part of UH Bristol and system recovery.</p>
5.	99/09/2019	<p><u>Any Other Urgent Business</u></p> <ul style="list-style-type: none"> i. Consideration to be given as to whether members of the Board or governors could attend staff training sessions on transgender awareness. ii. Guide for healthcare workers in relation to transgender issues to be circulated to the Board once finalised iii. Board to write to national commissioners to seek assurance on the availability of transition services and demand and supply issues in this area. 	<p>Chief Nurse</p> <p>Chief Nurse</p> <p>Chair</p>	January 2020	<p><u>Work in Progress</u></p> <p>Matt Joint, Director of People, explained that a one-off training session had been organised which would hopefully lead to future opportunities. These would be incorporated into the Trust's education framework, with frontline staff to be trained as a priority. The guide was a work in progress.</p>
Closed actions from the meeting held on 30 January 2020					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	03a/11/2019	<p><u>Public Question – Patients Not Passports</u></p> <ul style="list-style-type: none"> i. Written response to be provided to Patients not Passports. ii. Board members to consider the issues raised by Patients not Passports at a future meeting. 	Chair	January 2020	<p><u>Completed</u></p> <p>A written response was provided to Patients not Passports in December 2019. Agreed that this would be added to the Board's work plan.</p>
2.	11/11/2019	<p><u>Transforming Care Programme Board Report</u></p> <p>Establish effect of ED Ambulance Handover transformation project on ambulance handover times</p>	Deputy CE/COO	January 2020	<p><u>Completed</u></p> <p>This action would be addressed at the Quality and Outcomes Committee</p>

		and review Board reporting of ambulance handovers.			under the Quality and Performance Report in January 2020.
3.	88/09/2019	<u>Report from the Chair of the People Committee</u> Leaders of all six Trust divisions to be invited to Board Seminars/People Committee meetings to report their actions to tackle bullying and harassment and the resulting impact.	Director of People	January 2020	<u>Completed</u> Matt Joint, Director of People, reported that Divisional Leads were now being invited to People Committee meetings to update the Board on progress.
4.	74/07/2019	<u>Self-Assessment of Board Cycle</u> David Armstrong and Eric Sanders to discuss improvements to the Annual Business Cycle.	Director of Corporate Governance	March 2020	<u>Completed</u> Business cycle updated for reviews to take place in March 2020.
5.	26/05/2019	<u>Report from the Chair of the People Committee</u> Review Terms of Reference for Board Committees to ensure alignment with the new Trust five-year strategy.	Director of Corporate Governance / Committee Chairs	January 2020	<u>Completed</u> This was taken to Private Board in Feb 2020.

Key: Grey Shaded – Completed and / or listed on the agenda

ACTIONS - TRUST BOARD IN PUBLIC

Minute Ref	Action	Lead	Progress / Date Completed
1569.19 Meeting: 3 Dec 2019	Partnership and Merger Update To produce a report to summarise the feedback from the Hopes and Fears workshop	Director of Business Development	FJ advised that the Organisational Development Team are currently preparing this report. It is anticipated this will be available at the end of March. ONGOING
1574.19 Meeting: 3 Dec 2019	Six Month Update – Medical Engagement Score To bring a report back to board in six months' time reviewing whether the actions from the Medical Engagement score have been achieved and are fully embedded.	Medical Director	To return to the Board of the merged organisation in June 2020. ONGOING
1606.20 Meeting: 4 February 2020	Arts Weekender in Weston-Super-Mare To seek further detail regarding the dates and programme for the 'Arts Weekender and distribute to Board members.	Trust Board Secretary	GH advised that the dates and programme had been distributed to Board members. CLOSED
1608.20 Meeting: 4 February 2020	2020/25 Sustainable Development Strategy Ensure the results of the Healthier Together baseline assessment is distributed once received.	Director of Business Development	FJ advised that this assessment will now be available at the end of Q1 2020.21. ONGOING
1613.20 Meeting: 4 February 2020	BNSSG Healthwatch Launch To distribute further details of the Healthwatch event once the details are confirmed.	Trust Board Secretary	GH advised that the details of the event had been distributed to Board members. CLOSED

Key: Grey Shaded – Completed and / or listed on the agenda

Minute Ref	Action	Lead	Progress / Date Completed
1625.20	2019 National Staff Survey Results		
Meeting: 3 March 2020	The actions required to reduce the experience of bullying, harassment and racism among BME staff be included in 2020.21 Operational Planning Funding.	Director of Business Development	
1629.20	Performance report		
Meeting: 3 March 2020	Check rationale for hospital telephone number being withheld in contacts with patients.	Director of Operations	
1630.20	Escalation report from the People and Organisational Development Committee		
Meeting: 3 March 2020	Discuss with the UH Bristol Director of Corporate Governance the future Freedom To Speak Up arrangements at Weston General Hospital. Ensure arrangements are publicised and staff are trained as required.	Chair	
1631.20	Any other business		
Meeting: 3 March 2020	Discuss the possibility of Healthwatch membership on the future Weston Divisional Board with the future Division.	Chair	

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MAY 2020

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

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

3. STRATEGY AND BUSINESS PLANNING

The group received updates on the operational planning process and **approved** the Major Medical Equipment Prioritisation for 2020/2021.

The group **approved** the commissioning of Little Heath Re-Enablement and Care facility to provide additional bed capacity to support clinical decant and flow during the winter months and in the short term to provide capacity to support Covid-19.

The group **approved** the establishment of an Integration Programme Board, to oversee delivery of the post-transaction implementation plan following successful merger with Weston Area Health Trust on 1 April 2020, and **approved** the Terms of Reference for this group.

The group received and **approved** the approach to phase 2 of the Trust's organisational response to the Covid-19 pandemic, including: **approval** of the Terms of Reference for the tactical response group; **approval** of the approach to elective programme restoration; and the **approval** of the approach to the reconfiguration of the bed base to support the non-elective admission pathway.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on the financial position for 2019/2020 and 2020/2021.

The group received and **approved** the terms of reference for the Strategy Steering Group.

The group **received** an update on the delivery of the Trust's Corporate Objectives for Quarter 4 2019/2020.

The group **received** an update on the overall progress of the Strategic Capital Clinical Services programme for Quarter 4 2019/2020.

The group **received** a status report against the Corporate and Strategic Risk Registers for Quarter 4 2019/2020.

The group **accepted** the quality impact assessments presented in respect of the unfunded cost pressures and external service development proposals put forward during the 2020/21 operational planning process.

The group **noted** the position reported in respect of radiology home reporting.

The group **approved in principle** the proposal to proceed with the previously agreed refurbishment scheme for Level 4 and 5 of the Bristol Haematology and Oncology Centre, subject to submission and approval of a Full Business Case in due course.

The group **received** the review of senior leadership team member declarations of interests and gifts and hospitality and agreed that these raised no conflicts of interest.

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

The group **received** a limited assurance internal audit report in respect of Consultant Job Planning and a status update on overdue internal audit recommendations.

The group **considered** the draft internal audit plan for 2020/21 to 2022/23.

The group **received** the Freedom to Speak Up Guardian's annual report.

Reports from subsidiary management groups were **noted**, including updates on the current position following the transfer of Cellular Pathology to North Bristol NHS Trust and on the Transforming Care Programme.

The group **received** Divisional Management Board minutes from the Medicine Division for information.

5. RECOMMENDATIONS

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

Mark Smith
Deputy Chief Executive/Chief Operating Officer
May 2020

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Coronavirus Update
Report Author	Mark Smith, Deputy Chief Executive and Chief Operating Officer
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer

1. Report Summary
To provide the Board with an update on the Trusts approach to managing the response to the Coronavirus outbreak, and in particular, the approach to recovery planning and bed reconfiguration.
2. Key points to note <i>(Including decisions taken)</i>
<ul style="list-style-type: none"> • The Trust will continue with its Command and Control Structure to respond to the outbreak. • The Trust has commenced its recovery programme – the first phase being operational restart • The Trust is actively engaged in the system response – including BNSSG Gold, silver and bronze and cell structure • It is developing a plan to utilise the Independent sector for elective work and in particular with the development of the NHS Nightingale Hospital. • The Trust has used the World Health Organisation's Hospital Emergency Response Checklist as a basis for providing assurance that it is considering the key activities to respond to the pandemic. • The number of patients who have tested positive for Covid-19 within the Trust is reducing. A similar pattern is seen in ICU beds occupied by patients who have tested positive for Covid-19. • There remain significant risks to the workforce, particularly in relation to their health and wellbeing, and resources and additional support have been put in place to mitigate the risk to staff. Staff testing is also being increased. • There continue to be risks in relation to the availability of PPE, and this is being monitored daily, with appropriate escalation to local, regional and national organisations as required. <p>Work is now starting to consider the development of a recovery plan which takes into account the local and national modelling for how rates of infection may continue, and how the Trust can continue to safely deliver its full range of services.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include:

<ul style="list-style-type: none"> • PPE and equipment availability • Sufficient capacity to care for patients during surge • Capacity for increasing elective work • Maintaining workforce availability 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Senior Leadership Team	20 May 2020

Organisational Response to Novel Coronavirus (COVID-19) Outbreak

Purpose

To update on the Board on the Trust's current position in response to managing the implications of the novel coronavirus (COVID-19-19) outbreak.

Operational Update - Bed base Reconfigurations

The bedbases across UHBW sites have been under review and reconfiguration since the beginning of the Covid-19 outbreak. The main task to date has been to ensure sufficient Covid-19 and non-Covid-19 capacity is available across the urgent care pathways into Bristol adult's, children's and Weston bedbases.

Over the last two weeks work has been underway to review our progress against the original reconfiguration work and to make recommendations for the next set of changes. These are required to accommodate the universal testing process that has to be put in place for all patients admitted for an overnight stay or more. Universal testing requires patients to be streamed into zones on the following basis:

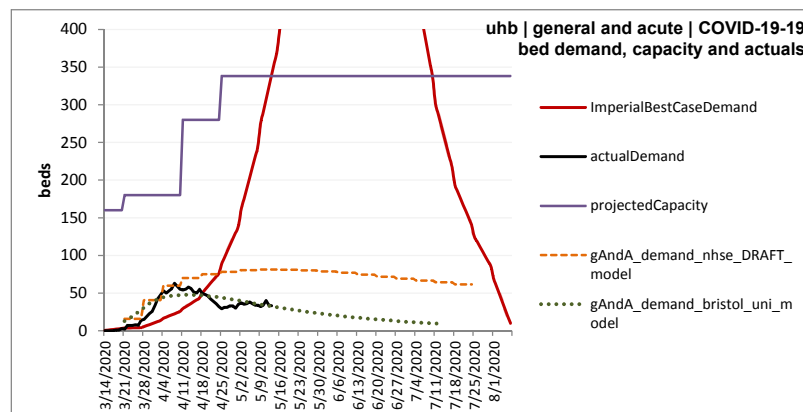
Blue zones - Symptomatic patients, on the Covid-19 pathway, either with a confirmed positive test result, or symptomatic and in a side room awaiting results.

Amber - Asymptomatic patients requiring universal testing. Patients move on from amber as soon as they have a positive or negative test result.

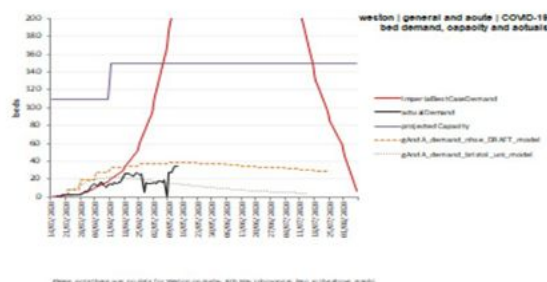
Green - Covid-19 negative patients (i.e. have tested negative during admission and stepped down from blue / amber, or tested at home 24-48 hours prior to an elective admission)

NHSE advise that Trusts are likely to need zoning along these lines at least until autumn 2020, and likely into spring 2021.

Innovative modelling work by BNSSG CCG and the University of Bristol has moved the system away from reliance on the Imperial Covid-19 model, which did not accurately track the actual demand data for the BNSSG system. The first slide below shows Bristol (adults + children) and the second shows Weston. The model has been built to flex according to changes in demand to account for e.g. a second spike:



UHBW Division of Weston Requirements (general acute)



Reviewing our own admission data since Covid-19 commenced, we can see that the proportion of patients with a Covid-19 infection has started to reduce compared to numbers seen during April, perhaps suggesting that we are past the (first) peak. Work with system partners on the recent NHSE planning return has been clear (across UHBW and NBT) that we expect NEL levels of

admissions to return to a pre Covid-19 / business as usual position by the end of this July, though it is very difficult to predict future NEL demand with any certainty.

Within the revised bed models we have been mindful to maintain the following:

- UHBW flexibility to respond to increases or decreases in Covid-19 numbers (in a similar way Sirona have developed their latest service configuration to be able to respond flexibly to changes in Covid-19 / non Covid-19 demand).
- Linked to the above, ability to maintain a zoning model for circa the next year as per NHSE/I advice
- Rebalancing of side room capacity to meet IPC and shielded patient considerations
- In Bristol adult's, the concentration of Covid-19 pathway work within Terrell Street to avoid contamination across the bed base
- Awareness that medically fit for discharge (MFFD) numbers are reduced across all sites. This is most impactful within the bedbases of the Divisions of Medicine and Weston. System work to maintain these improvements is ongoing, but it is noteworthy that MFFD numbers have increased slightly since activity levels started to rise again across April and May
- Restart and recovery of the elective programme needs to be balanced management of the urgent care / Covid-19 pathway – with full assessments of those patients

A detailed review paper went to Business SLT on 20 May 2020 recommending the following outline changes across the bedbases:

- 1) Bristol adults sites – BRI, BHI, BHOC – wards to be reallocated in order to maintain blue and amber work within Terrell Street and to rebalance the allocation of side rooms so that a greater concentration is held within medical wards to support infection control considerations.
- 2) Weston Division – reallocation of wards, with a focus on maintaining side room provision for higher risk patients
- 3) Bristol Royal Hospital for Children – amber space allocated within specialty wards, rather than in generic zones, to reflect the tertiary nature of much of BRHC work.
- 4) St Michael's Hospital – provision of zoning within wards which reflects the smaller bed base available within which to provide distinct areas

The Deputy Chief Nurse, together with Heads for Nursing for each Division, have completed a piece of work assessing the impact of implementation of 2m social distancing across our inpatients areas. The findings from this review show a significant impact on bed capacity, though there are creative options to prevent beds being removed which are currently being evaluated. Since the review was undertaken the Operating Framework for Urgent and Planned Services in Hospital Settings during COVID-19 has been released (14 May 2020). It is clear that maximising the safety of staff and patients through social distancing compliance must be prioritised by Trusts.

Overall within the current bed base configurations, the unmitigated reductions needed in order to maintain 2m separation between inpatients show an indicative total loss of beds across all Divisions (through removal to create spacing) of 133 beds and 5 trolleys, plus 1 majors space in the BRI ED.

A limited number of mitigating options may be possible including:

- (Perspex) screening around or between beds in bays
- Identifying alternative areas to store patients' belongings to enable lockers to be removed from bays
- IPC Team review of the above assessments which may (or may not) improve the draft assessment position is in the process of being finalised

Perspex screening requires a full risk and options appraisal to be completed. IPC considerations need to be assessed, and evidence from other Trusts suggests that installation of screens may impact on airflows which could make this option unsuitable for some clinical areas. Estates colleagues have also indicated that there are national concerns about supply of Perspex screening which could make installation timescales out-with of operational requirements.

What is clear from the work completed so far is that the newer estates (e.g. BHI, Terrell Street) are more able to maintain distancing without significant modification work. In the Bristol adult's zoning plan we have focussed the blue and amber capacity into Terrell Street which will maximise urgent care pathway capacity. If mitigations within the green zones (e.g. A602/4/5 and A518 etc.) are not possible, then significant impact is likely to be felt on the step down part of the urgent care pathway, risking bottle necks at the front door including queuing and crowding in ED. There would also be a significant knock on impact therefore on the elective programme which also requires green space.

An action plan to protect and support bedbases resources has been produced and will support both a sustainable zoning model, in particular across urgent care, and also provision of beds for elective work:

- 1) ED space review (aim to prevent queueing), could include conversion of CSM office into triage / majors space
- 2) Acute inpatients occupancy target of 92% maximum is being scoped with CCG and community partners, supported internally by SDEC and hot clinic provision, and externally by community work streams such as D2A pathways
- 3) The UHBW bed plan would always include a "where next" option for flexible opening of blue and amber capacity with implementation plans sitting behind it
- 4) Smart use of 61 beds at Spire for green elective work – which has now mobilised with Cardiology and other specialties to follow (managed through the Planned Care group).

A task and finish group led by HR/Deputy COO for Planned Care, is to commence work assessing staff, outpatient and waiting areas for social distancing compliance. It is recommended that the ward reconfigurations outlined in this paper to support universal testing are implemented, subject to change depending on the final outcomes of inpatients social distancing compliance work.

SLT on 20 May 2020 approved the following:

- The bed reconfiguration suggestions outlined above across all sites to accommodate zoning, including the monitoring of plans through a suggested senior operational group;
- Ongoing work to review social distancing requirements across the inpatient bedbases, with a recommendation to come back as to next steps for the maintenance of this element of safety in our bedbases.

At a strategic and system level, the following pieces of work will also influence and support future iterations of the above bed plans:

- STP considerations regarding hot/cold, elective/NEL sites in BNSSG;
- System planning regarding future use of the Nightingale until March 2021;
- UHBW review of offsite capacity, including the Spire, and to what extent this can be used / protected for elective work;
- System review of testing capacity and turnaround times will support improved flow across amber and blue zones and will help to avoid corridor queueing and ED crowding.

Black, Asian and Minority Ethnic (BAME) Staff

As a trust we have made efforts to ensure our BAME colleagues feel safe and supported during this difficult time. The trust continues to follow national guidance and we are confident that everything in place to protect all our staff. We are aware this is being looked at nationally and we will act on any new information we receive as a result. We have [updated guidance for managers](#) and other risk assessment tools can be found on [HR Web](#).

At a national level an inquiry has been launched to understand why people from BAME backgrounds appear to be disproportionately affected by COVID-19. While we await the findings of the inquiry, we have asked all of our managers to proactively have a conversation with BAME colleagues in their teams, as they would with anyone who may have an increased risk. We continue to encourage managers and BAME staff to discuss any underlying health conditions using a newly developed Risk Assessment template to help assess any potential vulnerability and then take the necessary steps to ensure staff are protected at work. We have asked that manager's document that they have conducted these conversations even if no action is required.

Newsbeat and the Chief Executive's latest [weekly video message](#), reinforces the above messages and asks staff to contact their line manager or HR should they have any concerns. We are encouraging staff to access the range of wellbeing resources available on our intranet, including the [video](#) that was recently published by colleagues in our wellbeing and psychological services. We have also reminded staff that they are eligible to apply for funding from Above & beyond for initiatives that improve staff or patient wellbeing.

The Trust's Workforce Race Equality Standard (WRES) representative and BME forum chair has spoken directly with our BAME colleagues to gather their thoughts, feelings and concerns about the current situation and has fed this back to NHSEI. This will help provide a national perspective and support any necessary course of action. The five key themes that have emerged nationally are:

- Staff wellbeing and accessibility - a general feeling we need to focus on this.
- Redeployment fears to COVID-19 wards- how decisions are to be made around where do staff go next? How is this managed equitably?
- What level of PPE is given to BAME given what we know?
- Disclosing underlying health conditions- will I be treated differently as a result in the future?
- What does caring for staff actually look like?- How does the documentation/checklist reflect in reality?- we can measure this through the Forums but there is a gap.

This feedback was incorporated into the risk assessment to reflect the concerns of our staff to enable the checklist to be integrated as best as possible and we await further guidance from NHSEI.

Financial Position

The NHS financial regime for 2020/21 has significantly changed in response to the Covid-19 Pandemic. The Trust submitted its draft Operational Plan to NHSEI on 5th March and was expecting to submit a revised plan for the newly merged Trust on 29th April. Due to the Covid-19 outbreak, operational planning has been suspended. The Trust, however, completed a merged 'pre-Covid-19' financial plan which was approved by the Board in April and is in the process of finalising a revised financial plan incorporating the changes to the funding arrangements.

Payment by Results has been replaced by block payments from commissioners broadly based on 2019/20 contract values. Income from local authorities, HEE and other NHS Providers is also being received as block payments. Other income varies depending on its source, e.g. catering and car park income has ceased, recharges to non NHS bodies continue.

The intention of the regime in place between April and July is that any shortfall between the block payments and actual expenditure should be covered through monthly top up payments from NHSEI. These top up payments cover the additional costs associated with responding to the Covid-19 Pandemic and shortfalls in income from other sources, offset by reductions in spend on non-Covid-19 related activity. Therefore the Trust is expected to break even each month. The monthly return to NHSEI provides details of the costs incurred and the income received through the block arrangements and other sources. The balance to break-even is the required adjustment to the top up payment.

The plan provided by NHSEI, against which the Trust's monthly position is reported, is their assessment of the position of the merged organisation based on 2019/20 expenditure and does not represent the Trust's pre-Covid-19 plan.

These arrangements are in place for the first four months of the year, although they are likely to continue for much of the remainder of the year albeit with some further changes as the NHS moves to a recovery phase. This regime provides challenges to NHSEI, the STP and the Trust to provide accountability on the resources being spent, demonstrate financial control and to report on financial performance in a meaningful way.

To support the Trust in maintaining financial control through 2020/21, a separate paper describes the existing mechanisms that remain in place, new approaches to reflect the changed funding mechanisms and temporary processes in place to assist with the response to Covid-19-19.

For 2020/21 Divisional financial performance will still be managed by measuring actual income and expenditure against an agreed budget. The change to the financial regime has necessitated changes to the New Year budgets delaying their completion until month 2.

However, of increased importance for 2020/21, as a consequence of the Covid-19 Pandemic and the associated changes to the national NHS financial framework, it will be increasingly important to assess divisional performance through monitoring and controlling actual expenditure.

Recovery

Following the receipt of the national communication concerning the second phase of the NHS's response to Covid-19, plans are being developed for the restoration of the elective programme.

During the month of April, outpatient activity volumes have reduced to approximately half of normal levels. Similarly, elective procedure volumes have reduced to approximately one third of normal volumes.

A proposed governance process for the restoration of elective activity was approved at SLT on 21 May. Two groups are being established – a theatre prioritisation group and an outpatient / diagnostic services prioritisation group. These groups will consider the relative priority of services to be restored taking account of key dependencies including PPE supply, staffing levels, availability of anaesthetic agents, imaging support and requirements concerning infection control / social distancing. These groups will report into the planned care group, which will make recommendations to the Silver group for approval. The groups are constituted with clinical representation at consultant level, divisional representation, and leads from the other departments / equipment group.

Plans are being implemented for the utilisation of the independent sector capacity at the Spire. Cardiology lists commenced on the 18 May, with adult surgical lists commencing on the 1 June, and paediatric surgical lists on the 8 June. In addition, the Trust is utilising the diagnostic capacity at the Spire for cardiac echo, CT and MRI.

At a system level, restrictions were introduced as part of the initial response to Covid-19-19. This meant that GPs were unable to refer routine patients. In order to support GPs, the hospital trusts were asked to establish advice and guidance services, and for patients already on waiting lists, and any new urgent patients, to triage and offer alternatives to face-to-face attendance where appropriate. At present, 49 advice and guidance services are operational (there were 10 pre-Covid-19). In addition, 85 services have been set up to offer video clinics (there were zero pre-Covid-19). In total, 54 of these services have started to offer video clinics, with more than 1,200 consultations completed in the last seven weeks.

A phased reopening of the ability to refer routine patients has been agreed at a system level, with paediatric services, haematology and gynaecology opening on the 18 May, and all other services opening on the 26 May. As part of efforts to 'lock in' some of the beneficial changes to the model of service delivery, a set of principles are being agreed at a system level including moving beyond the traditional face-to-face model of outpatients as being the default way of working, to manage the care of more people locally in integrated community services, to ensure that every interaction is value adding for patients, and to make the best use of available resources including digital technologies.

Finally, pre-operative processes are also being revised following receipt of the NHS Operating Framework for services during Covid-19, which has set a requirement for patients who remain asymptomatic to have isolated for 14 days prior to admission along with members of their household.

Board Recommendations

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

Dr Mark Smith
Deputy Chief Executive and Chief Operating Officer

21 May 2020

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Weston Integration Progress Update
Report Author	Emma Mooney, Director of Communications
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary
<p>This report provides an update to the Board on the progress of the Weston Integration Programme since February 2020 which includes the successful merger of Weston Area Health NHS Trust and University Hospitals Bristol NHS Foundation Trust on 1st April 2020.</p> <p>The creation of the new organisation as University Hospitals Bristol and Weston NHS Foundation Trust cements the many years of partnership working between the two Trusts, and creates a combined organisation of over 13,000 staff aiming to deliver exceptional local services for local people and specialist services across the South West and beyond.</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>Board members should note:</p> <ul style="list-style-type: none"> • The safe transfer of staff and services on 1 April 2020. • The implications of COVID-19 on the post-merger integration programme.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
<p>The risks associated with this report include:</p> <p>No risks are associated with this report.</p>
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> • This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Weston Integration Progress Update
Report Author	Emma Mooney, Director of Communications
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report

Introduction

On 1 April 2020 University Hospitals Bristol NHS Foundation Trust successfully merged with Weston Area Health NHS Trust (WAHT) to form University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

The merger cements the many years of partnership working between the two Trusts, and creates a combined organisation of over 13,000 staff aiming to deliver exceptional local services for local people and specialist services across the South West and beyond.

Post-merger integration has progressed well and the focus remains on delivering the stated benefits which include: a better experience for our patients; increased diversity, capacity and resilience; the opportunity to share expertise and best practice; and releasing untapped potential in our services.

Implications of COVID19 on the post-merger integration programme: The operational decision was taken on 30 March to delay or scale back consultation on corporate integration which was due to commence in April. Planning is now underway for the phased restart, as outlined in this paper.

With operational focus on the pandemic response, post-merger priorities and activities have been reviewed to ensure the correct operational support to the Bristol and Weston sites in dealing with the pandemic. This has included a specific project to support the extension of services in the Ambulatory Emergency Care Unit at Weston.

The full impact on the integration timelines of the COVID-19 response is being assessed and reflected into the risk register. There is a well-defined programme of work and governance that will begin to be reinstated as post-COVID-19 recovery and restoration plans are stepped-up.

Key points to note since 1 April:

TUPE transfer: The smooth TUPE transfer of staff employed by WAHT to UHBW took place on 1 April. This transfer followed an appropriate consultation period, and multiple communication and engagement activities to support staff through this process.

Service integration: The safe transfer of services to UHBW was achieved on 1 April. In addition, a small number of services successfully transferred to other providers: Breast

Cancer services to North Bristol NHS Trust, and Specialist Community Children's Services to Sirona Care and Health.

Plans to fully integrate clinical and corporate services continue to be developed by clinical and non-clinical teams. Integration of corporate services will take place in a phased way with the first services recently commencing consultation. Staffside and HR continue to work together on this process.

Clinical services are initially operating as a clinical division of UHBW led by a Clinical Chair, a Divisional Director and a Head of Nursing. Full integration of these services will be undertaken in a carefully planned and phased way over the next two years with the opportunity for securing patient benefit through early integration as part of COVID-19 recovery plans, being a key consideration.

Cultural integration: Development of an organisational and cultural integration programme is underway and aims to ensure a highly engaged and committed workforce and an inclusive culture that will attract, develop and retain exceptional people. The programme will set out our plans to engage staff in building shared values and a single, inspiring vision for UHBW. Priorities and enablers are being identified to inform the plan and key milestones for delivery in year.

Managing risks and realising benefits: A Post-Transaction Integration Plan (PTIP) sets out the process being followed by the Integration Programme Board to manage the risks and realise the benefits of the merger against the agreed measurement criteria within the four themes outlined in the PTIP: quality, finance, operational and workforce.

Communications: A new UHBW website was successfully launched on 1 April with links through to the existing UH Bristol and Weston websites, along with media and social media activities to announce the merger and the new name for the organisation. Internal communication activities included a welcome letter from the Chief Executive to staff TUPE transferring from WAHT, and day-1 'need to know' information was cascaded across the Trust as a quick reference guide for staff.

Meeting of the Trust Board in Public on Thursday 28th May 2020

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

1. Report Summary
To review the Trust's performance on Quality, Workforce and Access standards.
2. Key points to note (Including decisions taken)
The report titled "University Hospitals Bristol" is the regular Quality and Performance monthly report, but without Weston data. The report titled "Weston Division" contains the Weston performance data; presented in the same format as the University Hospitals Bristol report. NOTE: the Weston report will follow. From June, these two reports will merge and so there will be one report showing combined Bristol and Weston data.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
N/A
4. Advice and Recommendations (Support and Board/Committee decisions requested):
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
Quality and Outcomes Committee - 22 nd May 2020



University Hospitals
Bristol and Weston
NHS Foundation Trust

Quality and Performance Report

University Hospitals Bristol

May 2020

Oversight Framework

- The 62 Day Cancer standard for GP referrals was 91.0% for March. Quarter 4 overall achieved 85.5%. This meant that March and the quarter overall did achieve the national standard of 85%. This means that all four quarters in 2019/20 achieved the 85% standard.
- The measure for percentage of Emergency Department (ED) patients seen in less than 4 hours was 92.2% in April. This did not achieve the 95% national standard.
 - April 2020 saw a significant reduction in ED attendances. April 2019 to February 2020 averaged 12,161 attendances per month. There were 5,546 in April, which is a 54% reduction.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 69.1% as at end of April. This did not achieve the national 92% standard.
 - The average performance for the previous eleven months was 85%; March and April have seen an increase in the 18+ week backlog due to routine patient appointments and procedures being cancelled to ensure capacity is available for Covid-19 patients
- The percentage of Diagnostic patients waiting under 6 weeks at end of April was 40.5%. This is significantly lower than the national 99% standard
 - The average performance for the previous eleven months was 95%. As per Referral To Treatment, the Covid-19 impact has caused this increase in the 6+ week backlog.

The impact of Covid-19 has also brought about significant increases in

- Hospital cancellation rate as routine appointments have been cancelled and re-arranged
- Average Length of Stay for April discharges as significant efforts were made to discharge long-stay patients to free-up bed capacity.

Headline Indicators

A number of quality indicators in this report have been affected by the Covid-19 pandemic resulting in either lack of available data or slower than planned progress towards achieving improvement actions. In addition to information provided in the commentary for key indicators, cleanliness monitoring has also been suspended nationally. Some indicators are impacted by lower bed occupancy data used to calculate rates which may become more apparent in next month's report, and some manual audit data collection has ceased or been reduced to enable staff to focus on Covid-19 or to be redeployed to alternative roles. This has resulted in lack of data or unusual figures due to smaller sample sizes.

Incident reporting has reduced during Covid-19, some of which is due to staff focusing on the challenges of Covid-19 but some of which will be due to fewer patients coming into our hospitals at the present time. Staff are being encouraged to continue reporting incidents, especially where harm has occurred to patients, and future data are likely to show an increase in the percentage of incidents causing harm to patients as a result of a reduction in reporting no harm incidents and near misses. Themes from reported incidents relating to patients with Covid-19 are being fed into Gold Command weekly.

There were five Clostridium Difficile cases in April one MRSA case. Pressure Ulcer and Patient Falls incidence (per 1,000 beddays) both exceeded the normal target, although in part this is driven by current bed occupancy, during the COVID pandemic, being a very different casemix to the pre-COVID era. Overall, the number of Patient Falls fell to 86 in April from 121 in March, and only one fall resulted in moderate harm or above. There were 11 category 2 Pressure Ulcers in April, but no category 3 or 4. The Pressure Ulcer increase relates, in part, to non-invasive ventilation and prolonged periods of proning in intensive care to maximise lung function in patients with significant respiratory compromise related to Covid-19.

The headline measures from the monthly inpatient surveys remain above their minimum target levels in April 2020. However, for the first time in the data series, the outpatient survey score was below its target level in March, but it has returned to above minimum target levels in April.

In Patient Complaints, 76% of formal complaints were responded to within timeframe a deterioration on the 85.9% reported in March 2020. Divisions have been operating in a challenging environment due to the Coronavirus outbreak. However the rate of dissatisfied improved to 1.6%. This represents just one case from the 62 first responses sent out during that month, compared with 11.1% and 5.5% for the previous two months.

Last Minute Cancelled Operations (LMCs) saw a significant reduction, with only 13 LMCs in April, down from 115 in March. This represented 0.6% of elective admissions and is a reflection of the reduced elective activity undertaken in April. Conversely, 38 of last month's LMCs breach the 28 day readmission standard due to the reduction in routine elective capacity.

Workforce

April 2020 compliance for Core Skills (mandatory/statutory) training remained static at 90% overall across the eleven programs (excluding Child Protection Level 3).

Bank Usage (5.0%) is above the 4.5% target but Agency Usage (0.8%) was below the 1% target in April. Turnover remained static at 12.9% compared with last month. In addition, overall vacancies reduced to 2.1% compared to 3.4% in the previous month. Recruiting to vacancies, particularly hard to recruit and specialist areas which are covered by high cost agency workers, remains an important element in the Trust's agency reduction plan in 2020/21. The average vacancy rate for 2019/20 was 4.6% across the Bristol Hospitals, which compares favourably with other Teaching Trusts. The internal target for UH Bristol is to sustain 4.6% through 2020/21. Whilst there is an overarching Trust target, Divisions have this year set their own individual vacancy targets, moving away from the generic 5% target set in previous years. These targets were set as part of the annual planning round earlier in the year and does not account for the impact of the Covid-19 pandemic.

Sickness absence reduced to 4.0% in April, compared with the previous month. This does NOT include Medical Suspension reporting. As reported last month, March saw weekly sickness reporting introducing 'Medical Suspension' as a new reason in light of Covid-19. This does not count towards an employee's sickness entitlement, but shows on the employee's absence record.

Overall appraisal compliance reduced to 60.5% in April compared with 63.4% in the previous month. All divisions remain non-compliant. Appraisals have been temporarily suspended in light of COVID-19. Some Divisions have chosen to re-introduce these where this does not compromise operational challenges. Focus in the next month will be working with HR Business Partners to develop a robust plan to 're-commence' appraisals. The new Agenda for Change pay progression process, which currently applies to members of staff who have joined the Trust or been promoted since April 2018, was nationally paused for the duration of the pandemic. There is no change however to the expectation that the new pay progression system will apply to all staff by April 2021.

1.2 OVERVIEW –Oversight Framework

Financial Year 2019/20

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours Standard: 95%	Actual	78.3%	78.0%	81.5%	81.9%	84.8%	81.4%	82.4%	80.3%	76.1%	81.8%	78.4%	81.0%
	Trajectory	84.5%	90.5%	90.5%	90.5%	90.5%	85.5%	89.7%	84.7%	83.5%	85.0%	81.6%	81.7%
Cancer 62-day GP Standard: 85%	Actual (Monthly)	86.8%	86.0%	84.0%	86.8%	85.8%	83.6%	85.4%	87.0%	83.9%	80.8%	82.0%	91.0%
	Actual (Quarterly)	85.7%			85.4%			85.4%			85.5%		
	Trajectory (Monthly)	85%	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	89.0%	88.1%	87.5%	86.5%	84.3%	83.6%	83.0%	83.0%	82.5%	83.2%	82.4%	78.3%
	Trajectory	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	86.9%	86.9%	86.9%	87.9%
6-week wait diagnostic Standard: 99%	Actual	95.3%	93.4%	93.5%	96.2%	95.1%	96.2%	95.9%	96.7%	96.1%	95.2%	95.4%	85.7%
	Trajectory							96.0%	96.5%	96.5%	97.0%	98.0%	98.0%

GREEN rating = national standard achieved

AMBER rating = national standard not achieved, but STF trajectory achieved

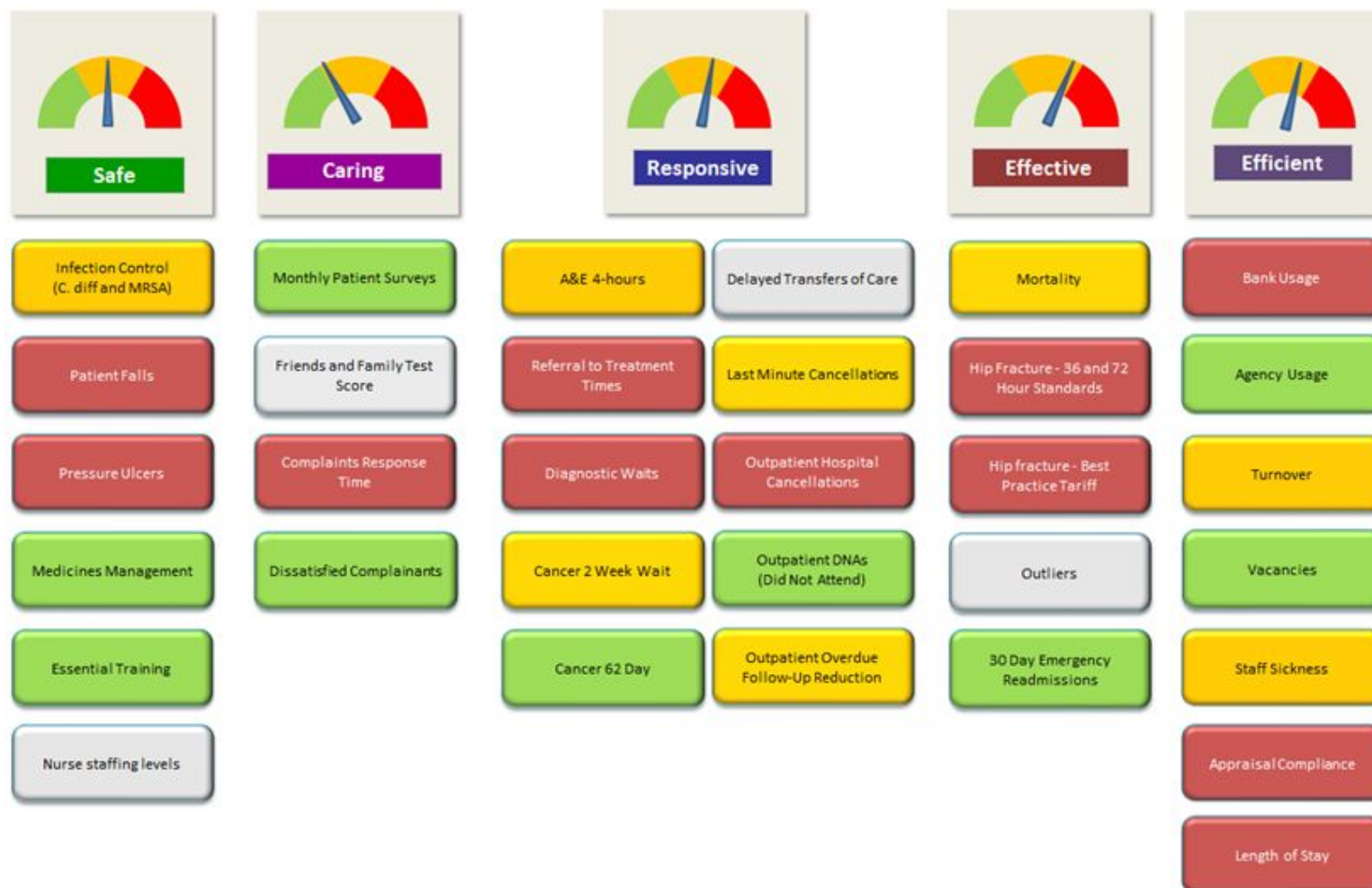
RED rating = national standard not achieved, the STF trajectory not achieved

Financial Year 2020/21

The table below contains the same metrics as reported in the 2019/20 table on the previous page. Due to the Covid pandemic, the planning round did not conclude discussion on the required metrics for 2020/21 or their thresholds.

Access Key Performance Indicator		Quarter 1 2020/21			Quarter 2 2020/21			Quarter 3 2020/21			Quarter 4 2020/21		
		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
A&E 4-hours Standard: 95%	Actual	92.2%											
	Trajectory												
Cancer 62-day GP Standard: 85%	Actual (Monthly)												
	Actual (Quarterly)												
	Trajectory (Monthly)												
	Trajectory(Quarterly)												
Referral to Treatment Standard: 92%	Actual	69.1%											
	Trajectory												
6-week wait diagnostic Standard: 99%	Actual	40.5%											
	Trajectory												

Below is a summary of all the Key Performance Indicators reported in Section 2.



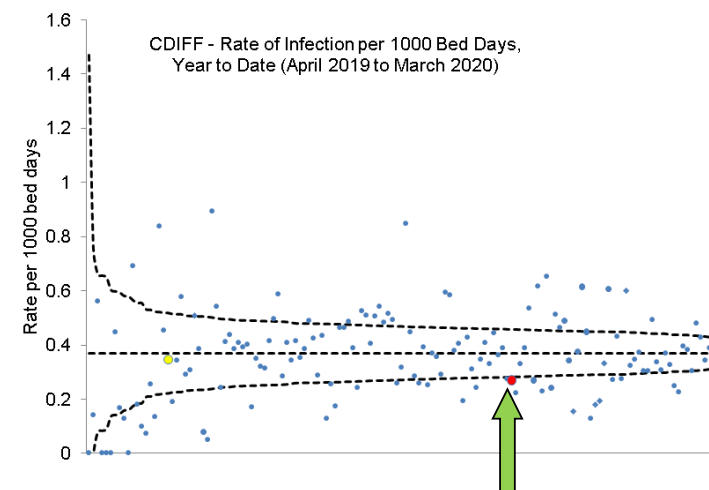
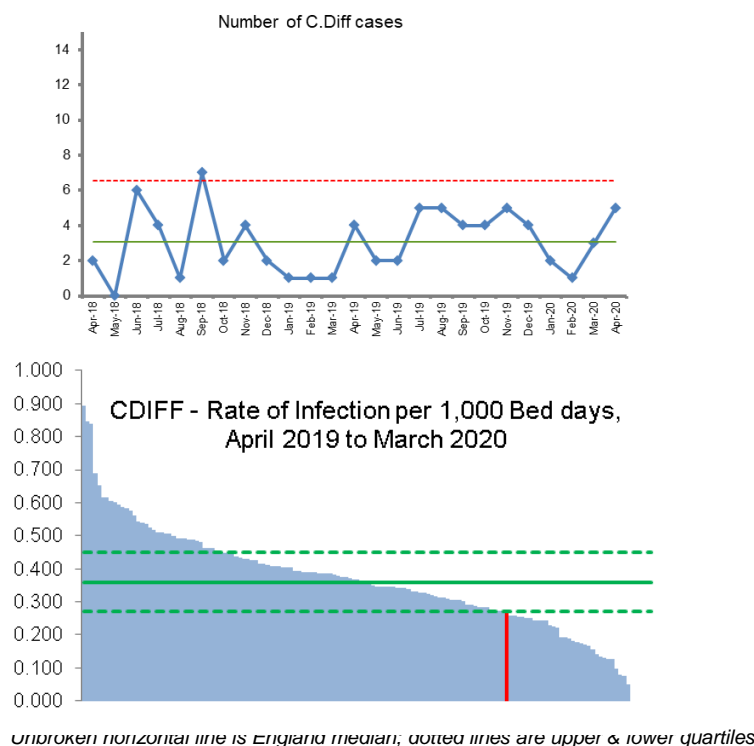
	Successes	Priorities
ACCESS	<ul style="list-style-type: none"> Compliance with the 62 day GP cancer standard was achieved in March and for quarter 4 overall Continued management of cancer Patient Tracking List (PTL) and reporting during the Covid-19 pandemic to maintain patient safety During April the focus continues on validation of the overall waiting list in order to review patient waiting for routine appointments and admissions. The list size reduced by 2,100 patients, this is due to focusing validation resource on the whole waiting list. The RTT status codes and functionality for Medway PAS has now been agreed with Weston, although confirmation of the go-live date may be delayed until End of September due to Covid-19 The 4 hour Emergency Department standard achieved 92.2% in April. Specialities have delivered an increasing number of contacts using Non Face To Face methodologies of phone and video conferencing Advice and Guidance services has been deployed across approximately 50 specialities. Attend Anywhere (a secure NHS video call service) has been deployed trust wide to 825 users and has delivered over 1,000 contacts. 	<ul style="list-style-type: none"> Manage cancer patients to minimise risks during the Covid-19 pandemic, by ensuring clinical priority is documented and implemented correctly Start to recover cancer performance for appropriate cohorts of patients i.e. those whom it is safe to treat/investigate During the Covid-19 pandemic, routine patient appointments and procedures have been cancelled to ensure correct social distancing and to ensure staff are released to support the inpatient care of Covid patients. During this period the priority will be to focus on waiting list reduction where possible and safety netting of those patients who have been cancelled during this period. Plans have commenced with Divisions on quantifying the impact of Covid-19 and developing outlying plans for recovery. This is likely to consist of utilising independent sector capacity at the Spire, Nuffield and Prime Endoscopy. A targeted improvement plan for Weston has been submitted; this will be used to agree the approach for the outstanding data quality issues. This plan includes input from NHSE/I Intensive Support Team (IST) and includes details of other subjects such as staff training, Access Policy, Medway roll-out and RTT status codes and other items that will be required to be implemented to integrate the Weston Division.

	Opportunities	Risks and Threats
ACCESS	<ul style="list-style-type: none"> Implementation of Medway PAS at Weston Division will ensure that new functionality within Medway will be tried and tested prior to roll out across the combined organisation. Weston Division are now integrated into the weekly performance meetings and the Planned Care Group. They are also involved in the impact and recovery assessment Discussions at system level about how beneficial changes from Covid-19 can be “locked-in” including changes to referral pathways and making best use of digital technologies. 	<ul style="list-style-type: none"> The Covid-19 pandemic will adversely affect the cancer waiting time standards performance. Currently all standards are affected with the exception of the 31 day subsequent radiotherapy standard. The duration of the impact will depend on external factors such as Public Health England advice on social distancing, therefore cannot be forecast. The risk is mitigated as far as possible through thorough tracking and management of pathways and planning for recovery in due course. The 6 week Diagnostic backlog is now at 4235 (a maximum of 80 is needed to deliver the 99% standard). This is due to the cancellation of low clinical priority elective work to free scan capacity for Covid-19 inpatients. Significant breach volumes are in, Non-obstetric ultrasound (1,026 breaches) and MRI (1,331 breaches). Availability of adequate Personal Protective Equipment (PPE) supply, anaesthetic agents and changes to clinical pathways and processes are key dependencies related to the restoration of elective activity. The Trust has seen an increase in 52-week breaches during the pandemic, at the end of April the Trust reported 78 patients who were 52 week breaches. This will continue to increase until robust plans are put into place. The Trust will continue to see a growth in the 18-week Referral To Treatment (RTT) backlog due to the routine cancellation due to Covid-19. At the end of April reporting, the backlog position is almost 10,000 patients (excluding Weston Division) who are over 18-weeks. A robust recovery plan is required following the government guidelines around Covid in order to start to recover the patients who are waiting for routine treatment

	Successes	Priorities
QUALITY	<ul style="list-style-type: none"> No reported medication incidents resulting in moderate or higher level of harm in March 2020 for the third consecutive month. 	<ul style="list-style-type: none"> To re-establish data collection for locally determined quality indicators paused during Covid-19. We are aiming to restart in July 2020 when it is anticipated staff could be in a position to resume local audits. For some quality indicators, restart of data collection will be nationally determined.
	Opportunities	Risks and Threats
QUALITY	<ul style="list-style-type: none"> No new opportunities identified 	<ul style="list-style-type: none"> There has been an increase in pressure injuries relating to medical devices occurring on patients' head and neck areas relating to facial oedema combined with non-invasive ventilation and prolonged periods of proning in intensive care to maximise lung function in patients with significant respiratory compromise related to Covid-19. The tissue viability team pre-empted possible proning pressure injuries (medical device related such as naso-gastric tubes, oxygen masks, tubing) on Wards A600 and A400 with dressing information and advice, but despite staff consistently using pressure re-distribution aids to help with this, not all have been prevented.

	Successes	Priorities
WORKFORCE	<ul style="list-style-type: none"> A condensed corporate induction began on 6 April, at a planned rate of two per week until the end May. In total, April saw an intake of approx. 91 students and returning NHS staff in response to the pandemic. A successful and well received focus has been given to staff engagement and wellbeing during the pandemic. This has included the introduction of 'Wellbeing Wednesday' on social media, bite size videos and a wellbeing offer utilizing the QR code, giving staff immediate access to wellbeing advice and guidance. With the Skills Hub established in response to Covid, a webpage and internal campaign was created resulting in 3,097 visits in April, with 90 referral forms for redeployment and 47 staff redeployed. HEE National Returners programme saw 100 returners triaged by communicating with departments and local healthcare partners to assess need, resulting in 9 returners recruited to Covid-19 positions within UHB. Successful testing and processing of all locum work undertaken by the F1 and FY2 – ST2 doctors on the Covid and ED medical rosters has seen all successfully paid using HealthRoster. Plans are underway to widen this further to include more locum doctors. 	<ul style="list-style-type: none"> Working with Divisional colleagues to mobilise the development of the culture plans as a result of the staff survey. Data analysis shows three key areas of focus; wellbeing, quality of appraisal and diversity and inclusion. Appointment to the Diversity and Inclusion Manager post which will enable the commencement of delivery of the year two strategy plan. Commencing the Corporate Services Integration Programme post the UHB / Weston merger and supporting the ongoing appointments to the new Weston Divisional structure. Developing plans to re-commence performance management initiatives, appraisal, pay progression, and leadership/management programmes. Planning for the required merge of Bristol and Weston's HealthRoster databases to create one system and oversight of staffing activity across both sites. This will link with the planned merge or ESR. Finalising unified bank pay rates for UHB and Weston bank contracts to go live from 1 June 2020. These will also align closer with other STP NHS partner organisations.
	Opportunities	Risks and Threats
WORKFORCE	<ul style="list-style-type: none"> A number of different options have been agreed to support staff in taking time out during COVID, covering the Trust's position on annual leave and other extended temporary measures such as extended special leave, unpaid leave and EAUL. Investment from both NHS Partners has been agreed for Avon Partnership Occupational Health Service (APOHS), supporting the immediate commencement of service recovery. There is a potential partnership project with Allocate Software to fast track the medical eRostering rollout to capitalize on the benefits highlighted using Health Roster for the Covid rosters. This will also include an escalation protocol in preparation for any further requirements to merge medical rotas across both UHB and Weston. There is an opportunity to review and standardise the on-call policies of Bristol and Weston. This review will begin in June. Return to Practice and Trainee Nurse Associate programme are to be restarted, capitalising on the wave of NHS positivity and enthusiasm. 	<ul style="list-style-type: none"> The first day of condensed corporate induction provides only a few essential sessions via face to face training (Patient Safety, IPC, and Safeguarding), as there is a much greater reliance on eLearning to accomplish the remaining programmes. Although new starters are now given access to Kallidus on Day One, compliance may begin to reduce in coming months as the majority of essential training is no longer accomplished at induction. Appraisal compliance continues to decrease. This can in part be contributed to the suspension of the requirement to undertake appraisals during COVID-19. An increase in high cost nurse agency supply as operational activity begins to increase, after a significant reduction in use during the pandemic. With a significant increase in the size of the NA Bank pool in response to the pandemic, but with a reduced operational hospital activity, NAs who work regularly on the Trust Staff Bank are not receiving shifts, which is affecting their ability to earn.

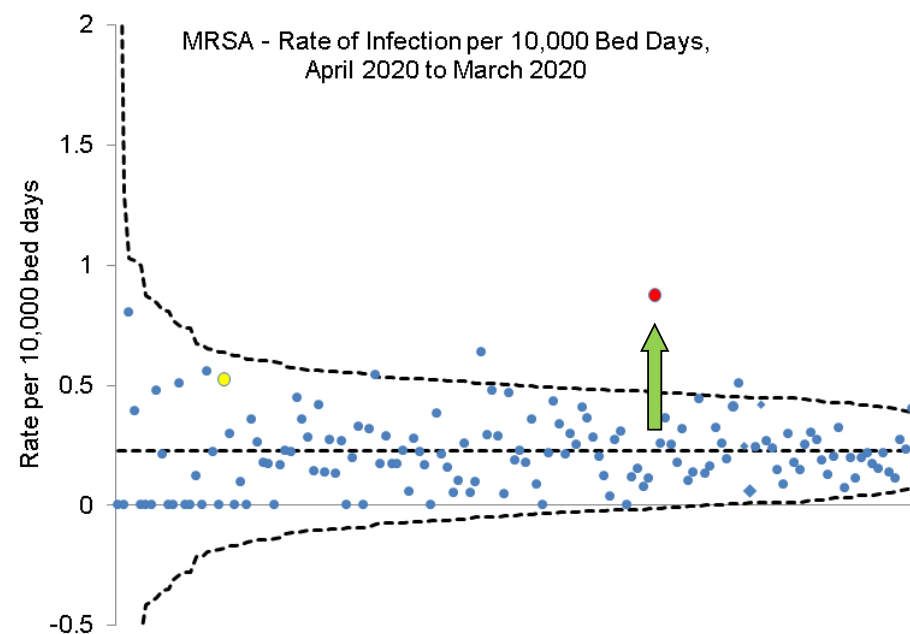
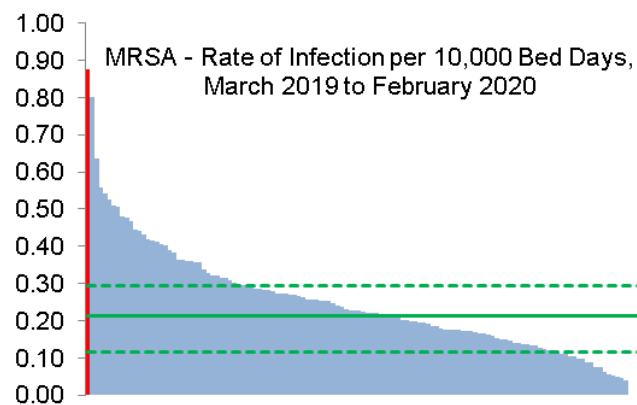
Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 57 cases. This was the trajectory for 2019/20 which will be used until a new trajectory for 2020/21 is available. This gives a maximum monthly target of 4-5 cases. Review of these cases with commissioners to identify if there was a "lapse in care".
Performance:	There were five trust apportioned C.Diff cases in April 2020.
Commentary/ Actions:	There were five cases of C. Difficile identified in April 2020. These cases requires a review by our commissioners before determining if it will be Trust apportioned if a lapse in care is identified. C. Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). This is a new criterion from NHSI, which commenced in April 2019. There has been no commissioner review of cases during the Covid-19 pandemic. There was one cases of Community Onset Healthcare-Associated (COHA) C. Difficile in April. Patients assigned to the COHA category are those with C. Difficile who are admitted to one our hospitals overnight and had a previous admission in the previous four weeks. The patients within this criteria count towards the Trust numbers. The Infection Control Team investigates these cases to ensure there have been no in lapses in care. There were zero cases of Community Onset/Community-Acquired (COCA) attributed to the community in April 2020.
Ownership:	Chief Nurse



CDIFF Cases	Apr-20	2020/2021
Medicine	2	2
Not Known	0	0
Specialised Services	1	1
Surgery	1	1
Women's and Children's	1	1
Grand Total	5	5

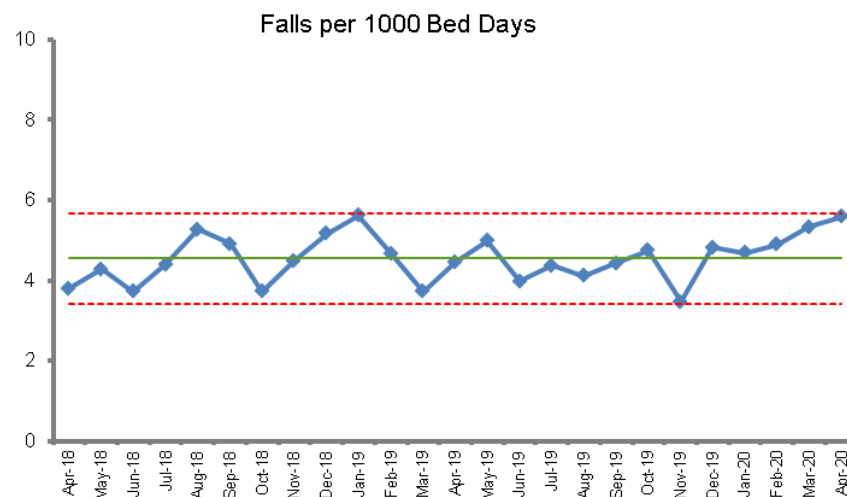
Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There was one Trust apportioned MRSA cases in April 2020.
Commentary/ Actions:	There has been one case of MRSA attributed to the Trust during April 2020. This involved a patient at the Children's hospital. At the time of writing the source of the infection is unknown and the incident is under investigation.
Ownership:	Chief Nurse

MRSA	Apr-20	2020/2021
Medicine	0	0
Specialised Services	0	0
Surgery	0	0
Women's and Children's	1	1
Grand Total	1	1

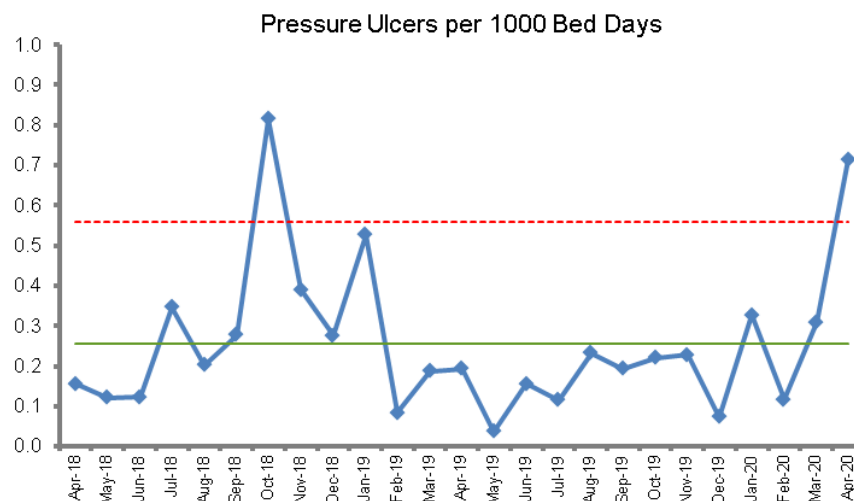


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

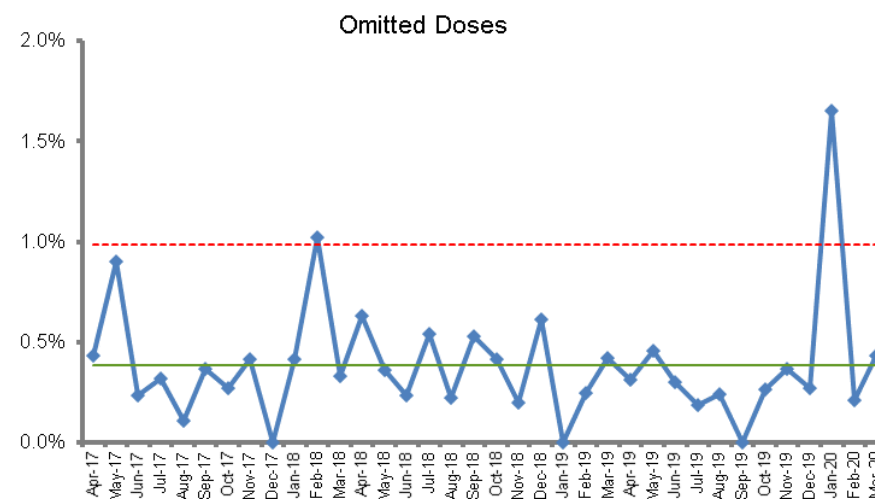
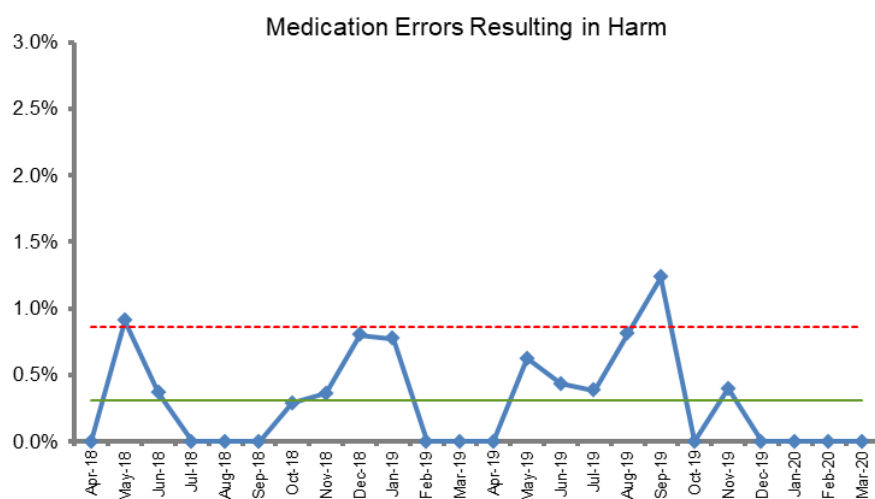
Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for April was 5.59 per 1,000 beddays. This was 86 falls with one resulting in moderate or higher level of harm.
Commentary/ Actions:	In April 2020, the overall number of falls decreased to 86 per month from 121 in March. The per 1,000 bed days measure however was 5.59 (target 4.8) and therefore red. It is surmised that this is due to continued lower bed occupancy, seen since the Covid 19 pandemic began. It is anticipated that as activity and bed occupancy begins to increase over the coming months, that the per 1000 bed day measure will start to reduce. Of the 85 falls, 65 resulted in no harm, the remaining falls ranged from near miss to minor harm, with one fall resulting in major harm. Whilst Falls Steering Group meetings are not currently taking place, the Dementia and Falls team continue to work closely with wards and staff to ensure good practice is maintained.
Ownership:	Chief Nurse



Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for April was 0.72 per 1,000 beddays. There were eleven category two pressure ulcers and zero category 3 or 4 pressure ulcers.
Commentary/ Actions:	<p>There has been an increase in pressure injuries relating to medical devices occurring on patients' head and neck areas relating to facial oedema combined with non-invasive ventilation and prolonged periods of proning in intensive care to maximise lung function in patients with significant respiratory compromise related to Covid-19.</p> <p>There has also been a theme of category 2 pressure injuries on patients' coccyx and sacral areas. Six incidents attributed to Division of Medicine, a combination of frail and elderly patients, with late presentation to our services exacerbating fragility and vulnerability</p> <p>The tissue viability lead is working with division, particularly around hotspots (C808) and targeted training for staff.</p> <p>Further actions:</p> <ul style="list-style-type: none"> • We plan to restart refresher training with small numbers / ward based training / hotspots <p>During Covid-19 the following actions are on hold:</p> <ul style="list-style-type: none"> • Move to digitalise the Pressure ulcer risk assessment tool; we have now re-engaged with IT to pick this work up. • Deep dive review of Trauma and Orthopaedic pressure injuries; we are developing the scope and time scale of this work with the division.
Ownership:	Chief Nurse



Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Zero moderate harm medication incidents were reported in March 2020, out of 187 cases audited. Omitted doses data were not collected in April due to the increased pharmacist focus on planning and streamlining essential tasks related to patient care during the Covid-19 pandemic.
Commentary/ Actions:	Medication errors resulting in harm: percentage of medication errors resulting in moderate or greater harm to be below 0.5%. Note this measure is a month in arrears. No moderate harm medication incidents were reported in March 2020, out of 188 medication incidents reported
Ownership:	Medical Director



Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In April 2020 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	<p>April 2020 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programmes. There were five reductions, by 1.0 percentage points. There were also three increases, each by 1.0 percentage points.</p> <p>Overall compliance for 'Remaining Essential Training' remained static at 93% compared to the previous month.</p> <ul style="list-style-type: none"> Condensed corporate inductions began in April with both Bristol and Weston adopting similar models. Maximum training capacities are imposed due to social distancing i.e. Bristol can induct 30 at a time and Weston 12. Day One of these inductions focus on a few key essential training sessions via face to face provision (Patient Safety, IPC, and Safeguarding) with the emphasis upon the programmes being accomplished via eLearning. New starters are given access to Kallidus from Day One. Day Two emphasis has shifted to 'upskilling' clinical staff in a raft of clinical skills, based upon departmental need. The benefits from the 'condensed' induction model provide an opportunity to further develop corporate induction, including pass-porting all eleven core skills, early safe release to the workplace, and granting access to eLearning on Day One which avoids the social distancing risks now inherent with face-to-face training.
Ownership:	Director of People

Essential Training	Apr-20	KPI
Equality, Diversity and Human Rights	97%	90%
Fire Safety	87%	90%
Health, Safety and Welfare (formerly Health & Safety)	93%	90%
Infection Prevention and Control	87%	90%
Information Governance	85%	95%
Moving and Handling (formerly Manual Handling)	88%	90%
NHS Conflict Resolution Training	93%	90%
Preventing Radicalisation	95%	90%
Resuscitation	80%	90%
Safeguarding Adults	92%	90%
Safeguarding Children	92%	90%

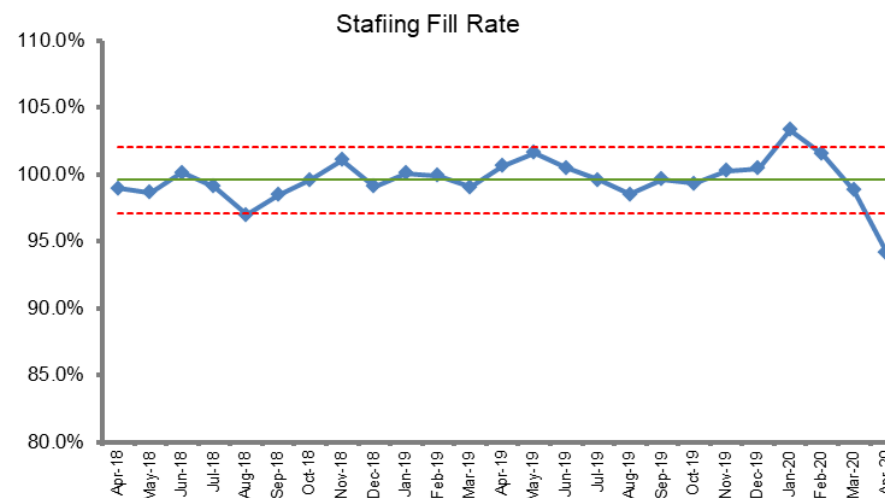
Essential Training	Apr-20	KPI
UH Bristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	94%	90%
Medicine	89%	90%
Specialised Services	90%	90%
Surgery	90%	90%
Women's & Children's	88%	90%
Trust Services	92%	90%
Facilities & Estates	90%	90%

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	April's overall staffing level was at 94.2% (222,986 hours worked against 236,799 planned). Registered Nursing (RN) level was at 93.4% and Nursing Assistant (NA) level was at 96.2%
Commentary/ Actions:	We continue to validate temporary staffing assignments against agreed criteria and progress the agency controls action plan.
Ownership:	Chief Nurse

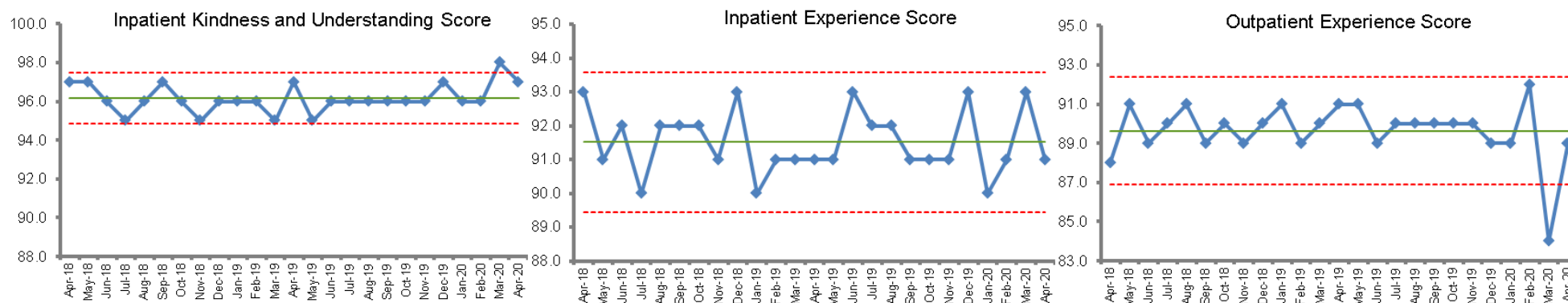
April 2020 Data

April	Day	Night	TOTAL
Registered Nurses	93.6%	93.1%	93.4%
Nursing Assistants	94.9%	97.9%	96.2%
TOTAL	94.0%	94.4%	94.2%

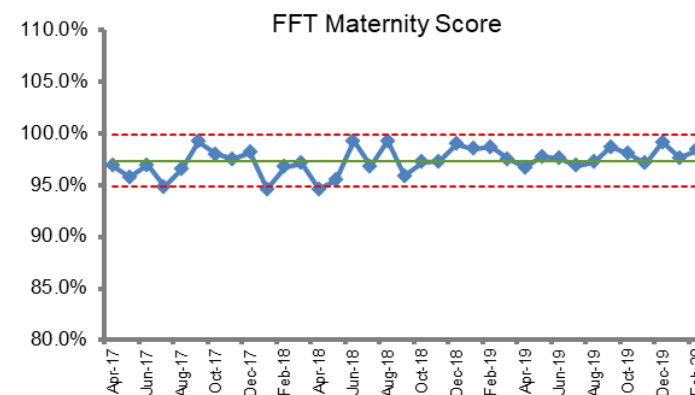
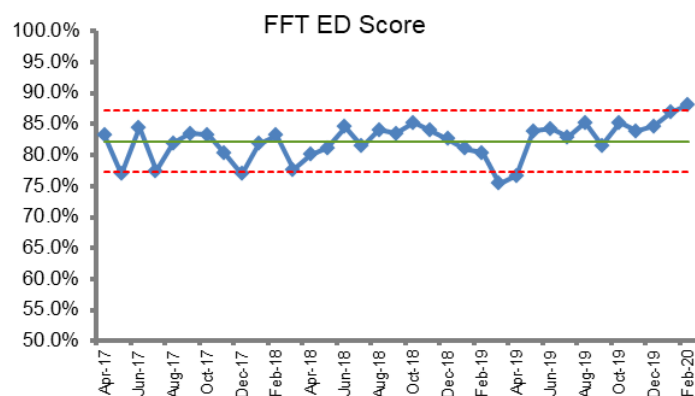
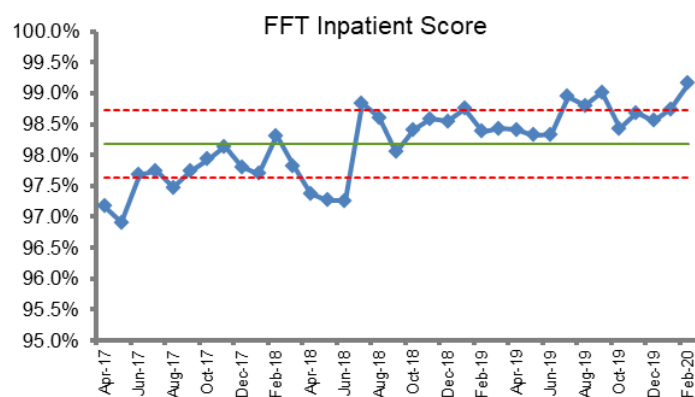
April	
Medicine	102.3%
Specialised Services	84.3%
Surgery	88.9%
Women's and Children's	97.0%
TOTAL	94.2%



Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 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 of 90 or over.
Performance:	For April 2020, the inpatient score was 91/100, for outpatients it was 89. For the kindness and understanding question it was 97.
Commentary/ Actions:	The inpatient headline measures exceeded their minimum target levels, indicating the continued provision of a positive inpatient experience at UH Bristol. Last month (March 2020), for the first time in our data series, the outpatient survey score was below its target level (84/100 against a target of 85). At the time we attributed this to a range factors, in particular that the survey was based on a sample of patients who attended on the day that the initial pandemic "lockdown" measures were announced by Government. This was clearly a very challenging time for staff and patients and this may have impacted on service experience. This score reverted to the normal range in April, which could (cautiously) be attributable to the Trust's outpatient services adjusting to, and embedding, new ways of working. The data will continue to be monitored closely.
Ownership:	Chief Nurse

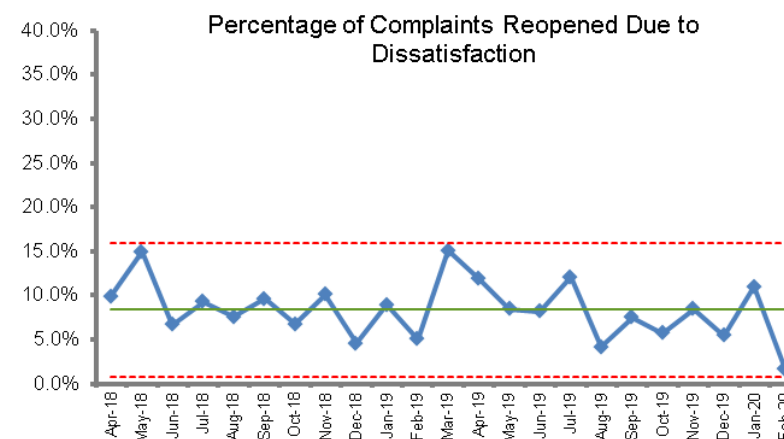
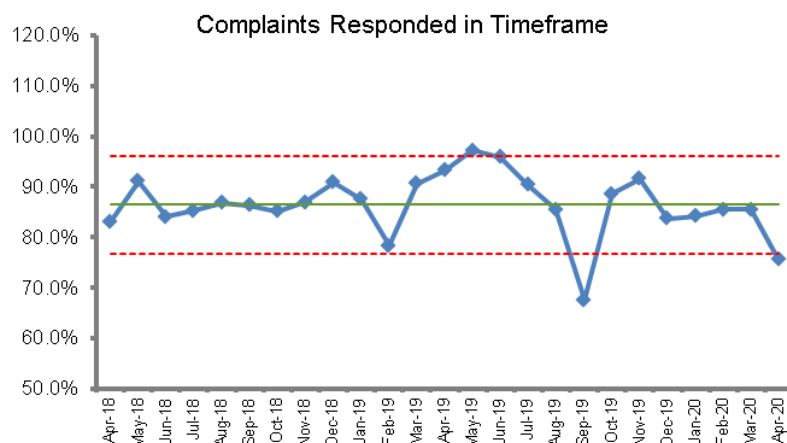


Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	February's FFT score for Inpatient services was 99.2% (1875 out of 1891 surveyed). The ED score was 88.1% (1193 out of 1354 surveyed). The maternity score was 98.4% (245 out of 249 surveyed).
Commentary/ Actions:	Nationally the Friends and Family Test has been suspended during Covid-19.
Ownership:	Chief Nurse

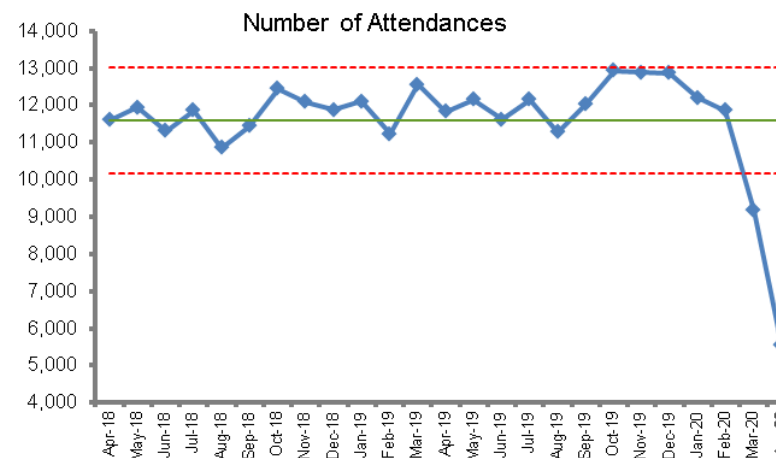
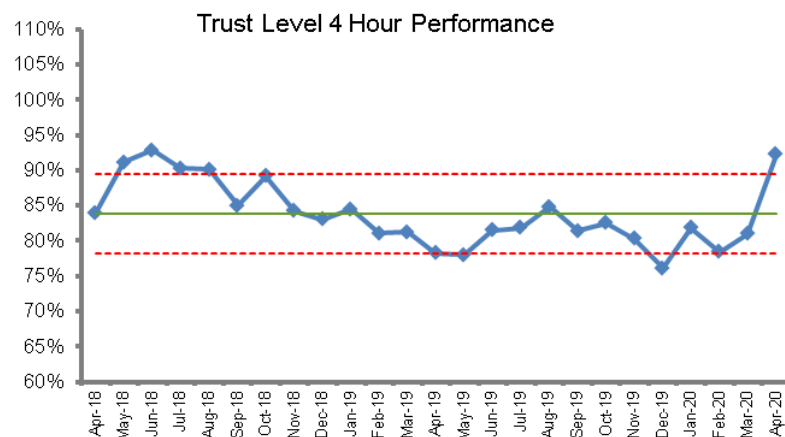


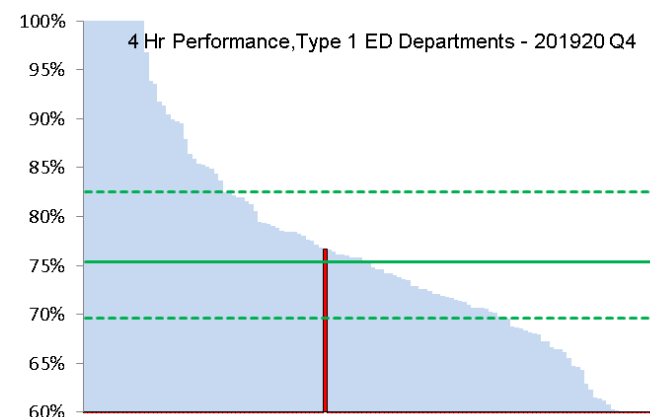
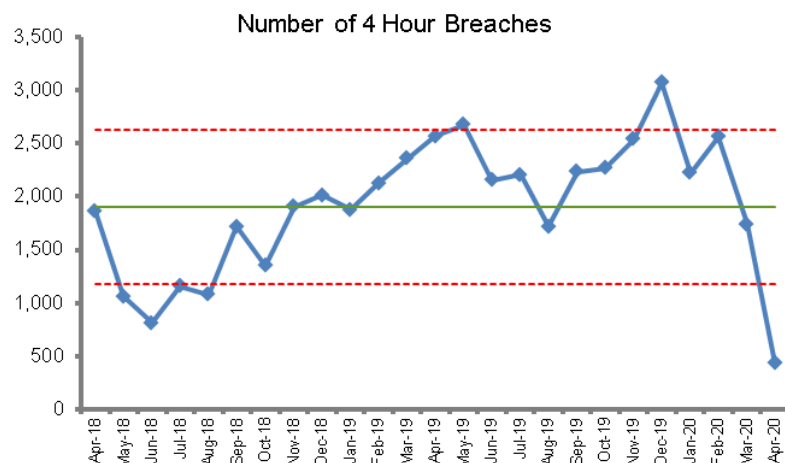
	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	33.1%	35.5%	99.2%	98.7%
Emergency Department				
Bristol Royal Infirmary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

Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In April, 37 out of 49 formal complaints were responded to with timeframe (75.5%) Of the 62 formal complaints responded to in February, 1 resulted in the complainant being dissatisfied with the response (1.6%)
Commentary/ Actions:	<p>In April 2020, 76% of formal complaints (37 out of 49) were responded to within timeframe, a deterioration on the 85.9% reported in March 2020. Of the 12 breaches, six were attributable to Divisions, four were attributable to the Patient Support and Complaints Team (PSCT) and two were due to delays during the Executive sign-off process. Of those breaches attributable to Divisions, three were breaches by the Division of Surgery, two were for the Division of Medicine and one was for Women & Children.</p> <p>Divisions have been operating in a challenging environment due to the Coronavirus outbreak. PSCT breaches occurred because staff were working from home, so response letters were not taken to Executives for signing in a timely manner; a new electronic sign-off process was implemented in May, which will prevent this from happening in future.</p> <p>All Divisions achieved 100% for informal responses in April, with the exception of Trust Services, which had two breaches from six responses (67% response rate). These were the only breaches from the 42 informal responses in April.</p> <p>The rate of dissatisfied complaints in February 2020 (this measure is reported two months in arrears) was 1.6%. This represents just one case from the 62 first responses sent out during that month, compared with 11.1% reported for January 2020 and 5.5% reported for December 2019.</p>
Ownership:	Chief Nurse



Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for April was 92.2% (5546 attendances and 431 patients waiting over 4 hours).
Commentary/ Actions:	<p>The reduction in around 50% of ED attendances seen during the latter part of March, attributed to the Covid 19 lockdown, continued into early April. An increasing trend in the number of ED attendances was seen in the latter half of the month, although these along with emergency GP referrals for speciality admission remain significantly below historical levels. A trend in patients presenting with mental health associated needs is noted.</p> <p>Due to reconfiguration of clinical space within front door services to support delivery of covid and non-covid pathways of care, there was an associated reduction in both ED majors and observation unit capacity which impacted patient flow and 4hr performance as activity increased.</p> <p>Interim local reconfiguration of front door services has been undertaken to safely increase capacity in non-covid streams. Longer term work has commenced to develop sustainable models of care for the management of normalised levels of ED attendances with both covid and non-covid presentations.</p>
Ownership:	Chief Operating Officer

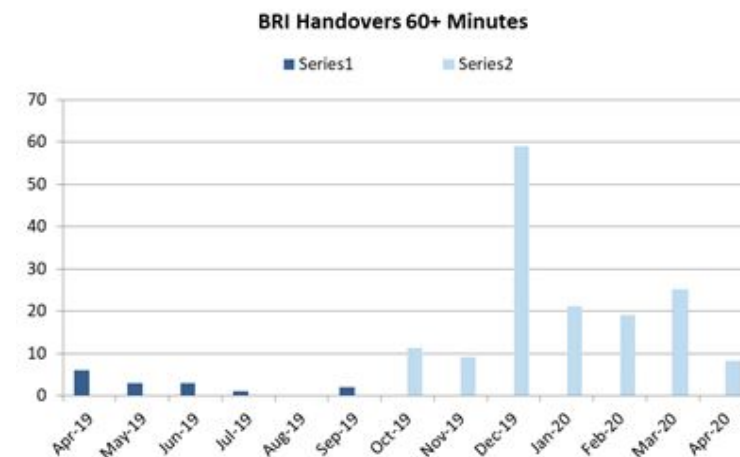
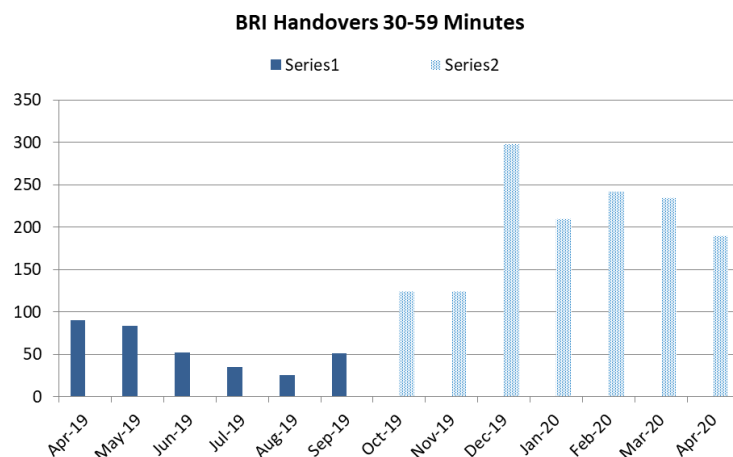




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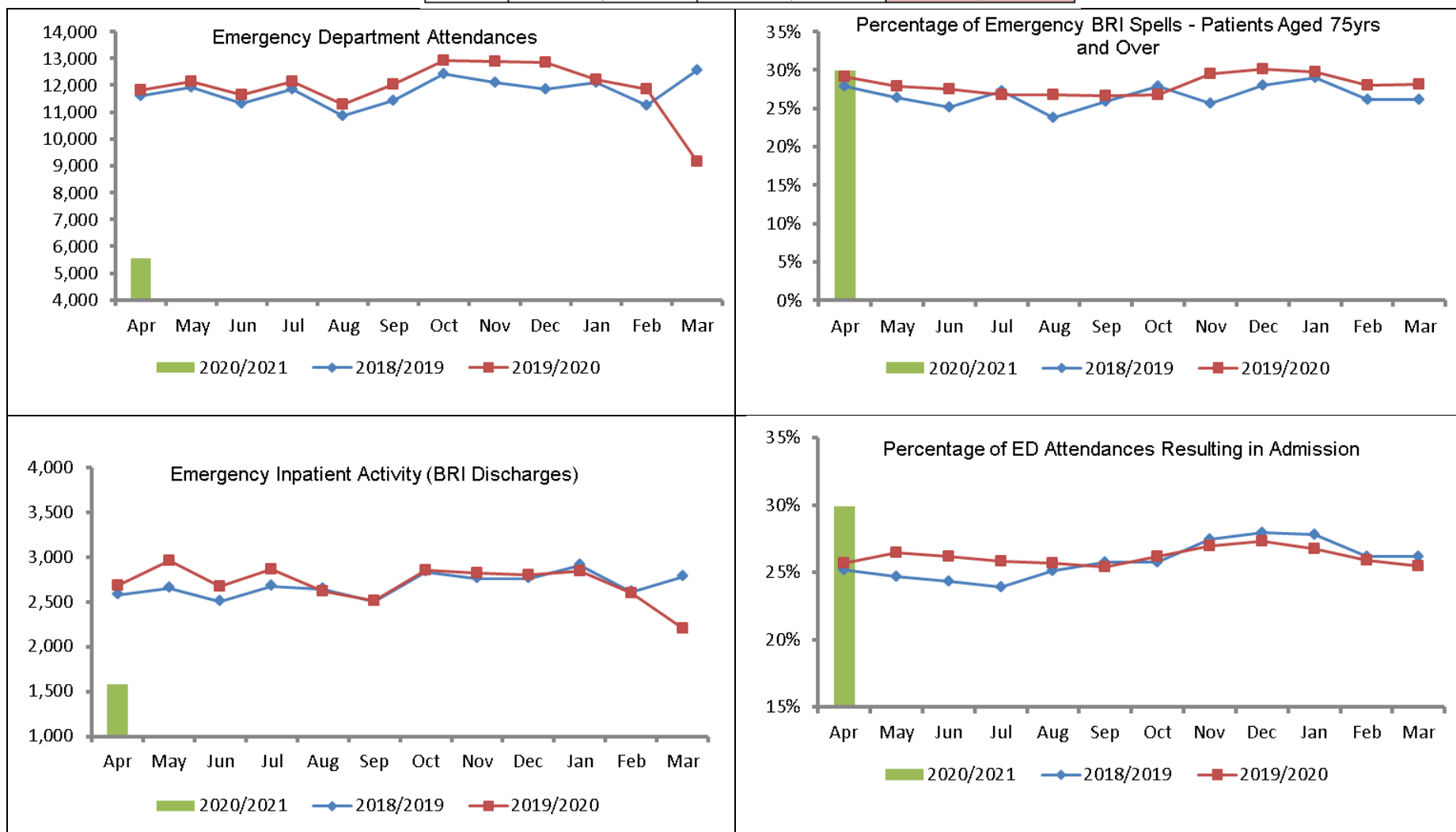
AMBULANCE HANDOVERS

Prior to October 2019, the Trust validated the data from the South West Ambulance Service Foundation Trust (SWASFT) and it was this post-validation data that was reported within UHBristol. This did not tally with the data the Ambulance Service was reporting within their organisation. From October 2019, UHBristol discontinued the validation process.

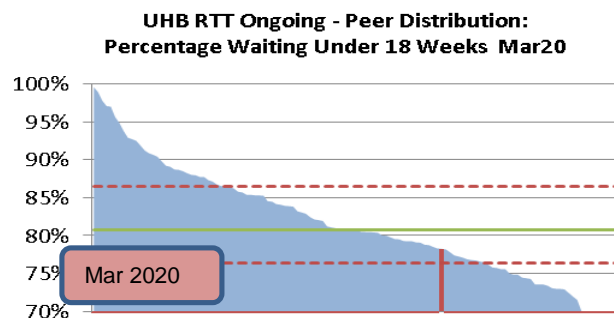
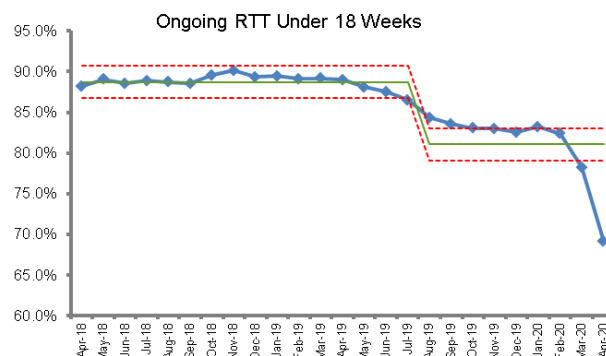


Note that there is no national monthly performance return for this data; it is up to the organisations across the system to agree on the correct data source for these measures. Although data is submitted each day (11am) on the NHSI Daily Situation Report (SitRep), this is only data as at 11am for the previous day, it is for operational purposes and is not necessarily a complete, validated or approved performance data set.

	Attendances		Under 4 Hours		Performance	
	Apr-20	2019/2020	Apr-20	2019/2020	Apr-20	2019/2020
BRI	3054	73499	2779	50352	91.00%	68.51%
Trust	5546	142939	5115	114976	92.23%	80.44%



Referral to Treatment (RTT)	
Standards:	At each month-end, the Trust reports the number of patients on an ongoing 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. In addition, no-one should be waiting 52 weeks or over. NHS Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume; for UHBristol this was 34,229.
Performance:	At end of April, 69.1% of patients were waiting under 18 week (21,245 under 18 weeks and 9,489 over 18 weeks). 78 patients were waiting 52+ weeks. The overall RTT list size was 30,734.
Commentary/ Actions:	During the Covid-19 pandemic, routine patient appointments and procedures have been cancelled to ensure correct social distancing and to ensure staff are released to support the inpatient care of Covid patients. During this period the priority will be to focus on waiting list reduction where possible and safety netting of those patients who have been cancelled during this period. Plans have commenced with Divisions on impact and recovery to ensure we have robust capacity in place with external providers to support recovery. This is likely to consist of using outsourced capacity such as Spire and Nuffield. At the end of April, the waiting size had reduced by 2,098 patients; this is due to focusing validation resource on under 18 weeks (as per recommendation by NHS England) and also a reduction in Clock Start events, e.g. referrals.
Ownership:	Chief Operating Officer

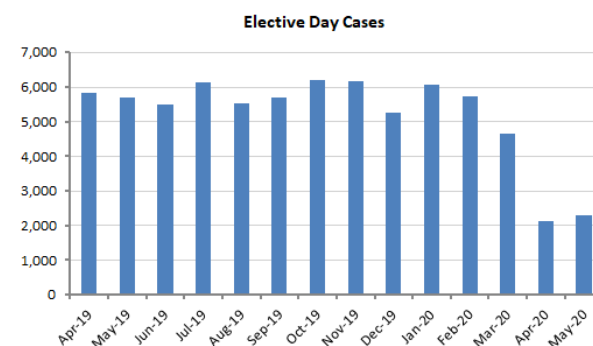
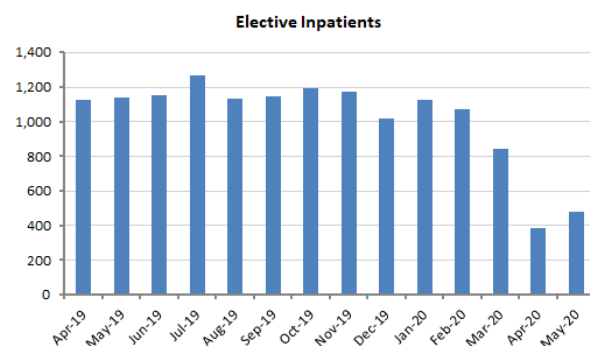
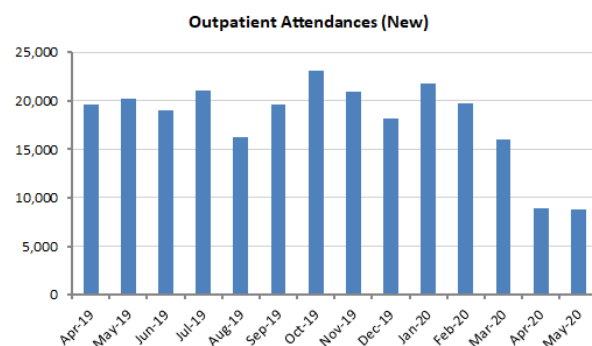
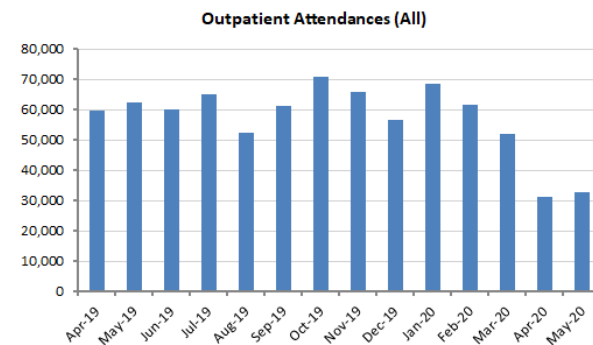
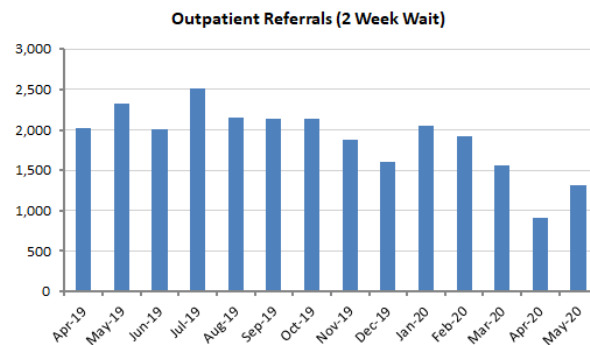
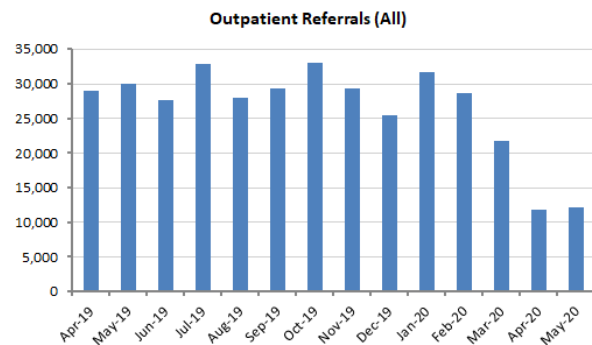


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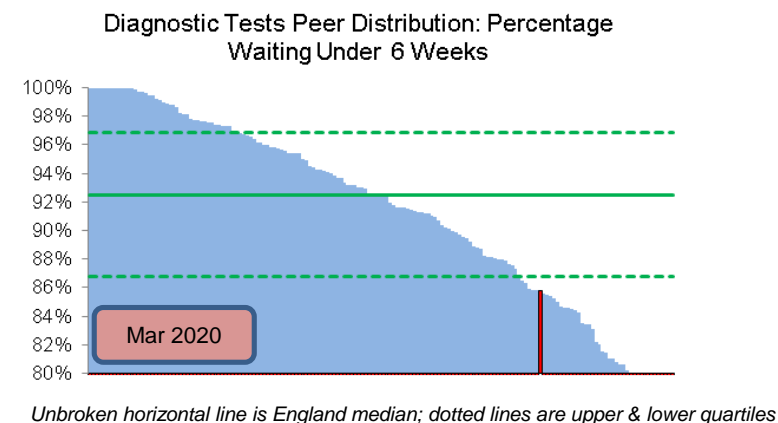
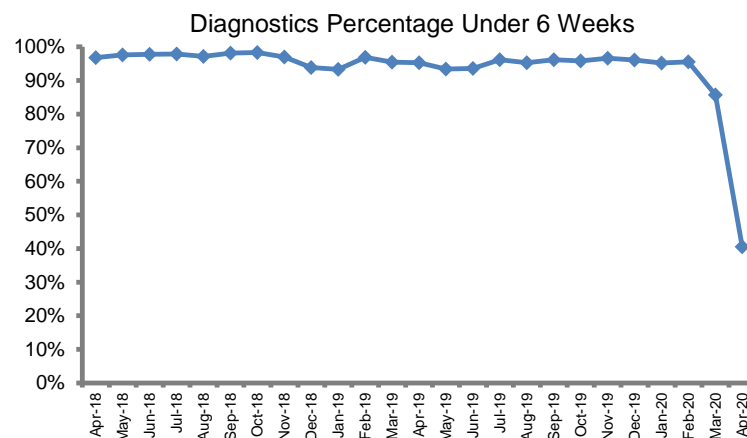
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Ongoing Pathways at Apr-20			
	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,570	982	61.8%
Cardiothoracic Surgery	444	201	54.7%
Dermatology	1,761	360	79.6%
ENT	1,509	381	74.8%
Gastroenterology	1,496	253	83.1%
General Medicine	9	0	100.0%
Geriatric Medicine	186	66	64.5%
Gynaecology	1,120	221	80.3%
Neurology	148	12	91.9%
Ophthalmology	3,443	939	72.7%
Oral Surgery	3,489	1,379	60.5%
Other (Clinical Genetics)	685	252	63.2%
Other (Dental)	2,860	1,099	61.6%
Other (General Surgery)	1,716	754	56.1%
Other (Haem/Onc)	138	15	89.1%
Other (Medicine)	344	64	81.4%
Other (Other)	311	16	94.9%
Other (Paediatric)	6,661	2,055	69.1%
Other (Pain Relief)	16	0	100.0%
Other (Thoracic Surgery)	128	45	64.8%
Plastic Surgery	0	0	-
Rheumatology	476	48	89.9%
Thoracic Medicine	683	154	77.5%
Trauma & Orthopaedics	541	193	64.3%
TOTAL	30,734	9,489	69.1%

PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO MAY 2020
 May 2020 data is 1st to the 17th factored-up (by working days) for a full month estimate



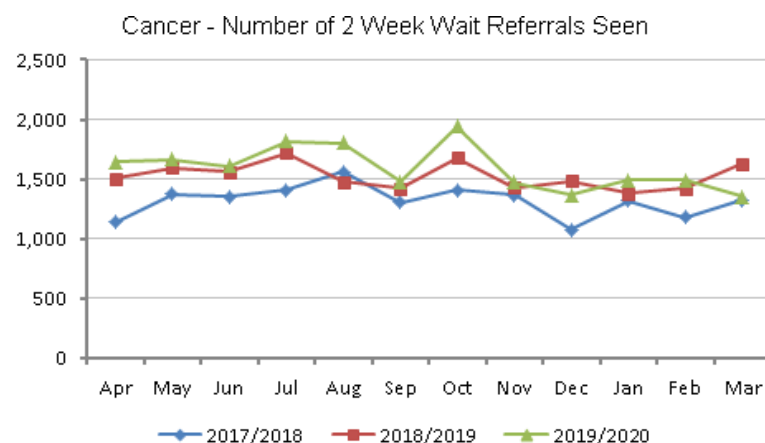
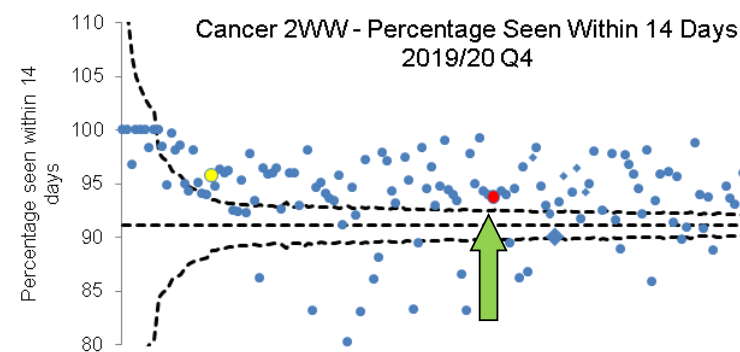
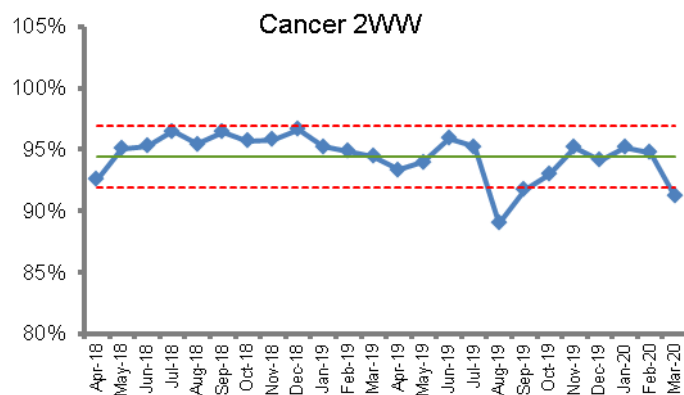
Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of April, 40.5% of patients were waiting under 6 weeks (2,885 out of 7,120 patients). There were 4,235 breaches of the 6-week standard and a maximum of 70 were needed to achieve 99%.
Commentary/ Actions:	The Diagnostic wait time standard has also been impacted significantly by the Covid-19 pandemic. Most low clinical priority elective diagnostics have been cancelled to allow capacity to be re-allocated to diagnostic work for Covid-19 inpatients. From April 2019 to February 2020, the Trust averaged 392 6+ week breaches at month-end. This has now increased to 4,235 and represents over half of the diagnostic waiting list. At end of April the significant breach volumes are in Adult Endoscopy (632 breaches), Non-obstetric ultrasound (1,026 breaches), MRI (1,331 breaches), Echocardiography (555 breaches). Additional endoscopy theatre capacity has been set-up at South Bristol to see, on average, 10 patients per weekday. Some additional capacity is being used at Prime Endoscopy.
Ownership:	Chief Operating Officer



	Diagnostic Tests Waiting List at Apr-20			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	177	80	257	68.9%
Colonoscopy	137	304	441	31.1%
CT	564	372	936	60.3%
DEXA Scan	166	120	286	58.0%
Echocardiography	447	555	1,002	44.6%
Flexi Sigmoidoscopy	31	100	131	23.7%

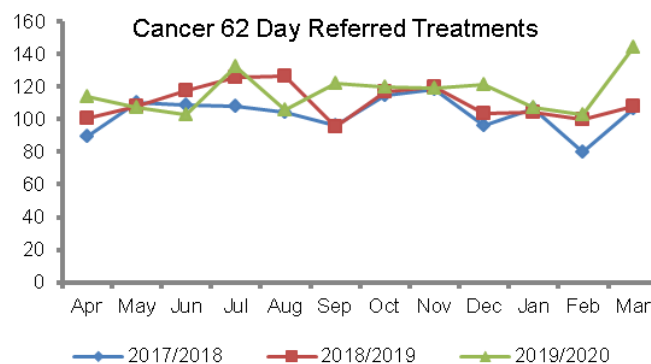
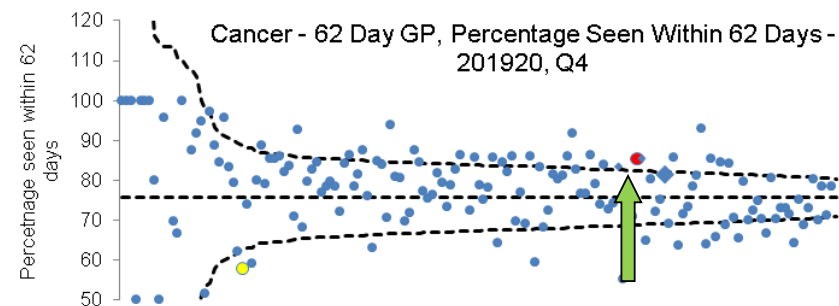
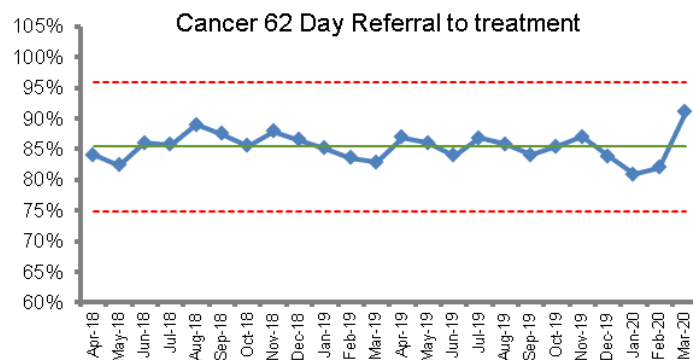
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	138	303	441	31.3%
MRI	694	1,331	2,025	34.3%
Neurophysiology	28	38	66	42.4%
Sleep Studies	5	6	11	45.5%
Ultrasound	498	1,026	1,524	32.7%
Grand Total	2,885	4,235	7,120	40.5%

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For March, 91.2% of patients were seen within 2 weeks (1234 out of 1353 patients). Quarter 1 2019/20 achieved 94.4%. Quarter 2 achieved 92.0%. Quarter 3 achieved 94.0%. Quarter 4 achieved 93.8%
Commentary/ Actions:	The standard was not achieved in March due to the Covid-19 epidemic. During March, many services had to be completely restructured at short notice to be delivered via telephone instead of face to face. This caused some delays as patients booked before the epidemic were moved into different clinics. There was also a rise in patients choosing to delay their appointments, due to anxiety about the epidemic, particularly before telephone clinics were established.
Ownership:	Chief Operating Officer



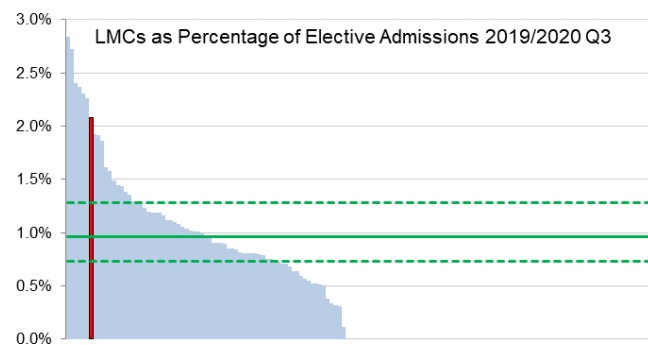
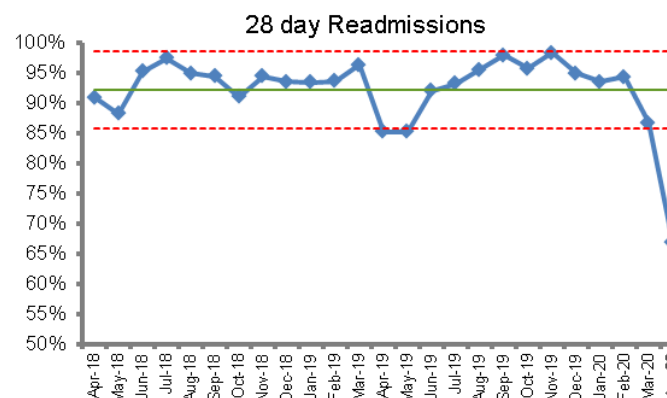
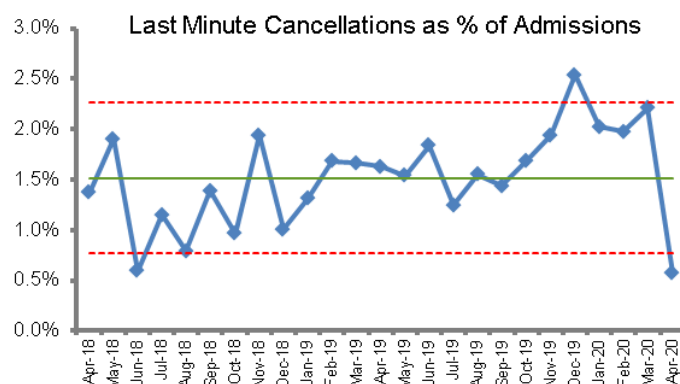
Cancer 2WW - Mar-20			
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer	2	2	100.0%
Suspected children's cancer	14	14	100.0%
Suspected gynaecological cancers	91	101	90.1%
Suspected haematological malignancies	8	9	88.9%
Suspected head and neck cancers	342	404	84.7%
Suspected lower gastrointestinal cancers	119	133	89.5%
Suspected lung cancer	29	29	100.0%
Suspected skin cancers	576	599	96.2%
Suspected upper gastrointestinal cancers	53	62	85.5%
Grand Total	1,234	1,353	91.2%

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%.
Performance:	For March, 91.0% of patients were seen within 62 days (131 out of 144 patients). Quarter 1 2019/20 achieved 85.7%. Quarter 2 achieved 85.6%. Quarter 3 achieved 85.4%. Quarter 4 achieved 85.5%
Commentary/ Actions:	The standard was compliant in March and for the quarter, partly due to increased activity in March. During March it was anticipated that the impact of the coronavirus peak on services might significantly curtail cancer operating in mid-April. Therefore where possible, appropriate patients were brought forwards and treated early in March to reduce the risk of their surgery being cancelled or postponed until after the epidemic. This contributed to very high performance in March of over 90%, as well as benefitting patients.
Ownership:	Chief Operating Officer

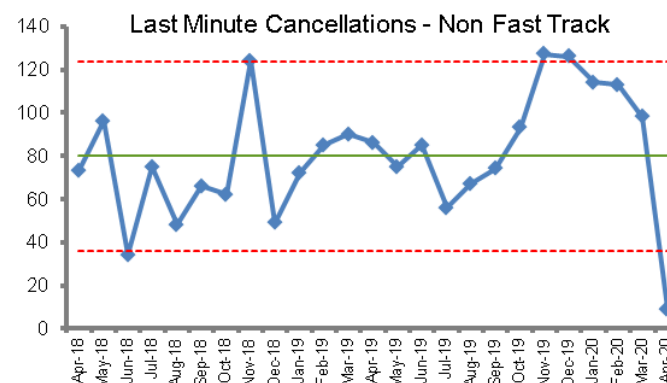
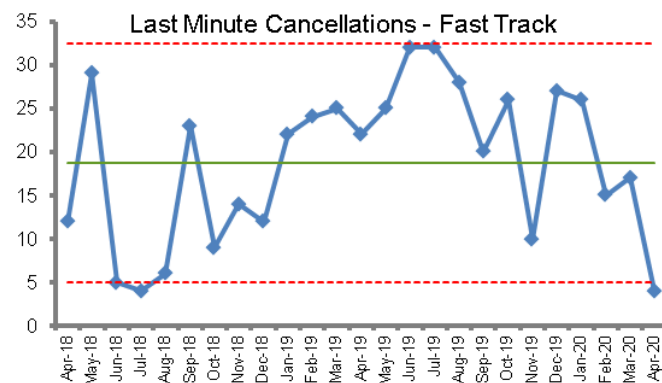


Cancer 62 Day - Mar-20			
	Within Target	Total Pathways	Performance
Breast	3.0	3.5	85.7%
Gynaecological	7.5	10.5	71.4%
Haematological	5.5	6.5	84.6%
Head and Neck	10.5	12.5	84.0%
Lower Gastrointestinal	4.5	4.5	100.0%
Lung	9.5	11.5	82.6%
Other	2.0	2.0	100.0%
Sarcoma	1.0	2.0	50.0%
Skin	77.0	78.0	98.7%
Upper Gastrointestinal	9.0	11.0	81.8%
Urological	1.5	2.0	75.0%
Grand Total	131.0	144.0	91.0%

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In April there were 13 last minute cancellations, which was 0.6% of elective admissions. Of the 115 cancelled in March, 77 (67%) had been re-admitted within 28 days.
Commentary/ Actions:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations (111 in March and 132 in February). However the reduction in elective work resulted in a rise in last minute cancellations from the previous month not being re-admitted within 28 days,
Ownership:	Chief Operating Officer

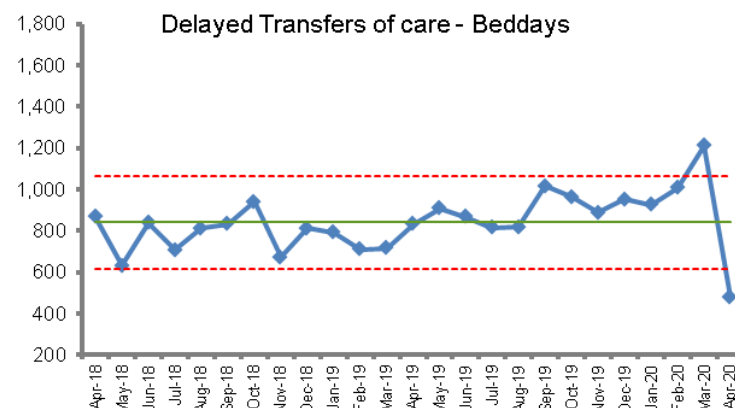
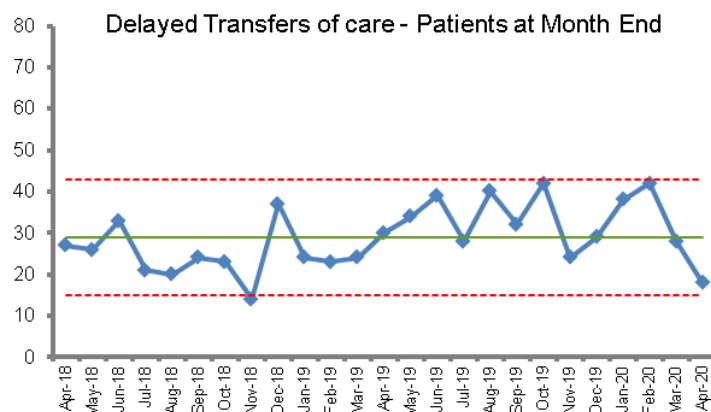


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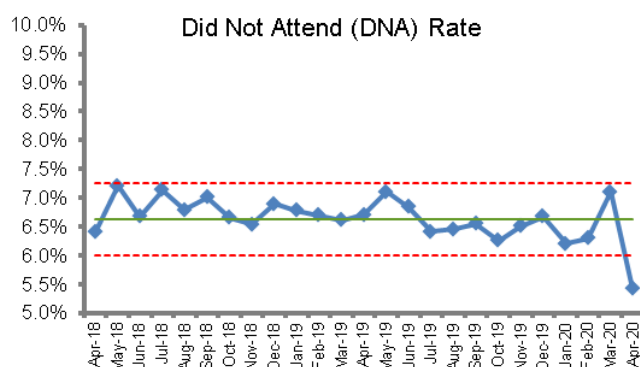
	Apr-20			
	Fast Track	Routine	Urgent	TOTAL
Other Emergency Patient Prioritised	3	1	2	6
Lack of staff due to Covid-19	0	3	0	3
Booking Error	0	0	2	2
AM list over-ran	1	1	0	2
TOTAL	4	5	4	13

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
Performance:	In April there were 18 Delayed Transfer of Care patients as at month-end (including 9 at South Bristol), and 479 beddays consumed by DToC patients.
Commentary/ Actions:	As of the 6th of April 2020, the Integrated Care Bureau (ICB) was stood down due to the COVID outbreak and the CICB (Community Integrated Care Bureau) was formulated for the management of all Single Referral Forms (SRFs) by community partners. As a result, the Integrated Discharge Service (IDS) workload shifted to coordinating, vetting and providing quality assurance for all SRF submissions from the BRI, South Bristol Hospital and Weston. 219 SRFs were managed by the IDS in April 2020. 54 patients were referred for Pathway 1/Homefirst (16 to SBCH), 26 for Pathway 2 and 38 for Pathway 3. The IDS manages and coordinates the submission of the COVID Discharge SitRep from all the wards across all sites in the Trust. The SitRep is submitted daily, including weekends, with updates provided for every inpatient on every ward. The IDS also continues to manage patients on the Green To Go (G2G) list with specific focus on patients requiring intensive coordination due to with complex discharge plans. 176 patients were discharges from the G2G list throughout April. Care Home Selection (CHS) continues to support self-funding patients helping reduce delays for those awaiting long term care (either home or an intermediate care setting).
Ownership:	Chief Operating Officer

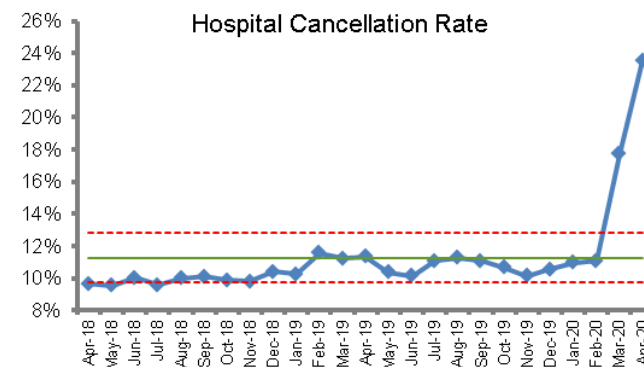
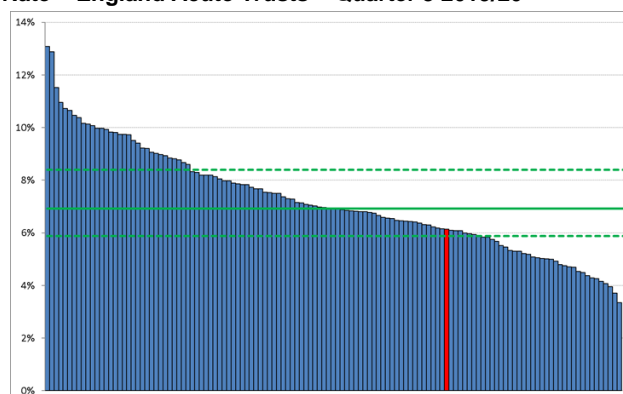


			Apr-20			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	4	149	7	120
		NHS	1	5	1	10
		Social Care	1	11	0	7
Di	Care Home Placement	NHS	0	4	0	0
		Social Care	1	50	0	0
Dii	Care Home Placement	NHS	0	1	0	12
		Social Care	1	43	1	38
F	Community equipment / adaptio	Both	1	10	0	14
		Social Care	0	5	0	0
TOTAL			9	278	9	201

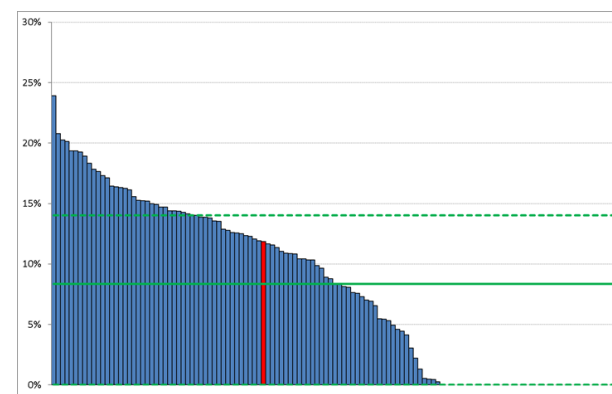
Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. 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 April there were 15,401 hospital-cancelled appointments, which was 23.5% of all appointments made. There were 1,772 appointments that were DNA'ed, which was 5.4% of all planned attendances.
Commentary/ Actions:	The exceptional Hospital Cancellation rate in March and April reflects the impact of the Covid-19 pandemic, as significant numbers of appointments were cancelled or re-arranged to free staff capacity and resources for the expected Covid cases. This is reflected in a reduction in outpatient attendances. On average there were 61,600 attendances per month in April to February, whereas April had 31,400 attendances which is a 49% reduction. Of the appointments that were not cancelled, the DNA rate fell significantly, beyond the historic process limits (see chart below). Of the appointments that are going ahead, DNA Rates have reduced.
Ownership:	Chief Operating Officer



DNA Rate – England Acute Trusts – Quarter 3 2019/20



Hospital Cancellations – England Acute Trusts – Quarter 3 2019/20



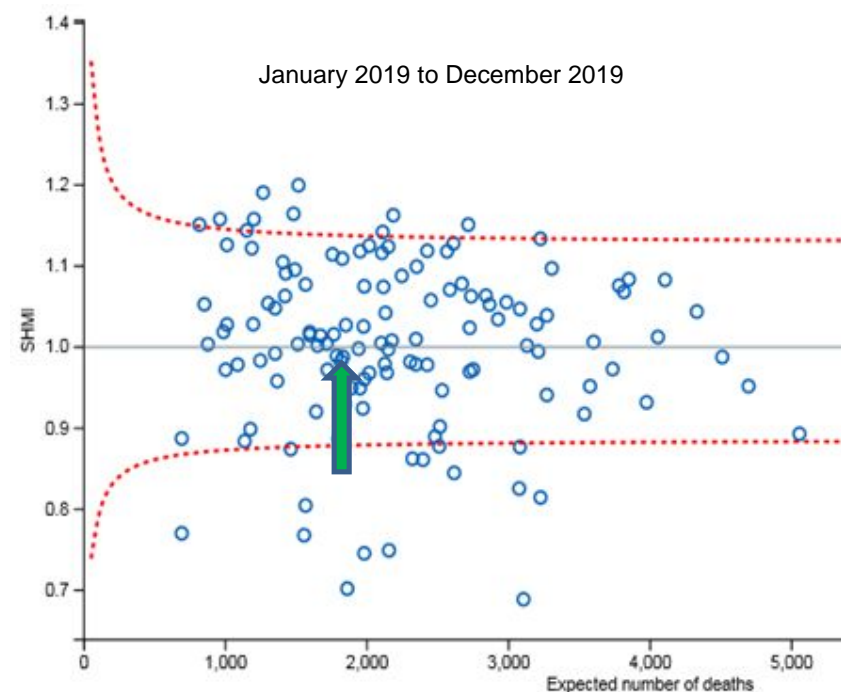
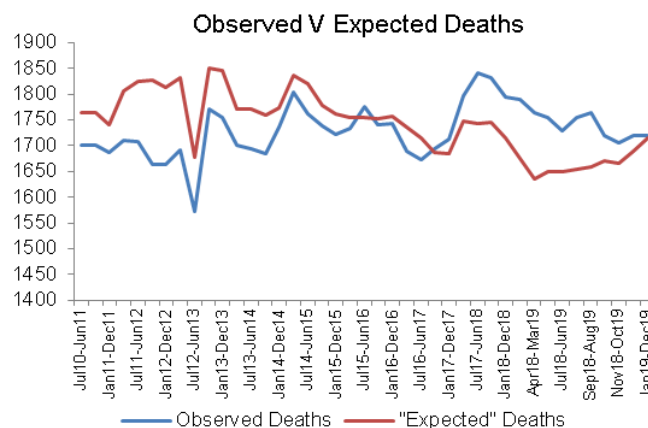
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Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a “Partial Booking List”, which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of April, number overdue by 12+ months is 1155 and overdue by 9+ months is 2201.
Commentary/ Actions:	The focus remains on two specialties: Trauma & Orthopaedics and Clinical Genetics. All other areas had cleared the 9+ month backlog and are focussed on the 6-8 month cohort. Please note that although there is an increase in these volumes it is confined to two specialties with known capacity issues. The Trust overall has made significant improvements since 2017 when the numbers overdue by 6+ months stood at 9,000. However, these measures are being monitored as part of the weekly performance process as Covid-19 is likely to result in increases in overdue partial booking backlogs in other specialties if overall outpatient capacity is reduced.
Ownership:	Chief Operating Officer

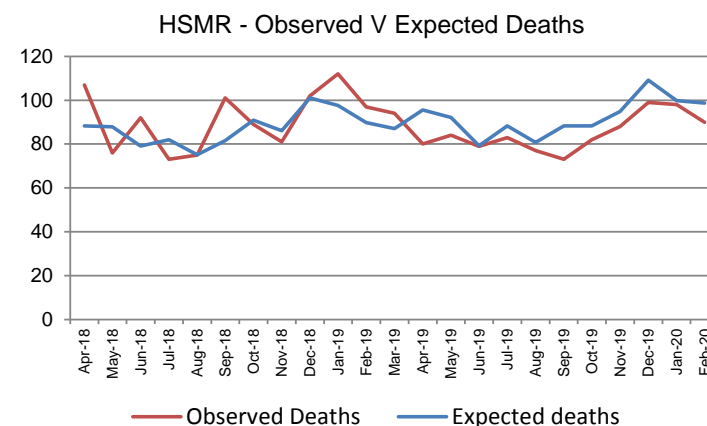
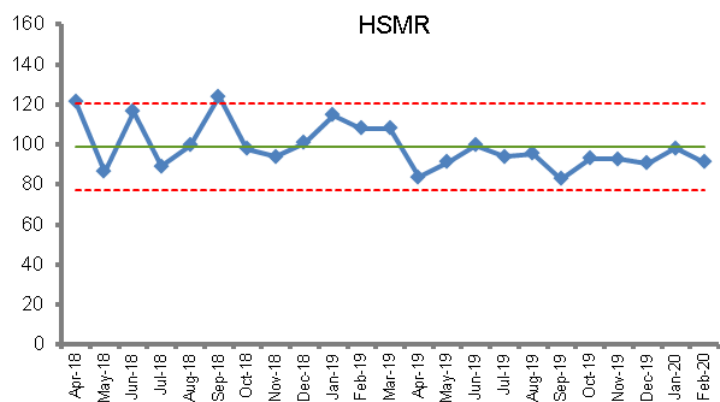
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Outpatients Overd 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	
	Medicine	3	3	3	3	3	3	1	1	1	4	4	1	3
	Specialised Services	0	34	62	90	136	183	274	321	348	418	460	456	378
	Surgery	61	62	66	91	135	214	243	309	362	487	543	597	763
	Women's and Children's	150	46	3	0	2	2	5	2	2	0	1	2	11
	TRUST TOTAL 12+ months	214	145	134	184	276	402	523	633	713	909	1,008	1,056	1,155
Outpatients Overd 9+ Months	Diagnostics and Therapies	0	0	2	0	0	0	0	0	0	0	0	0	
	Medicine	4	3	3	4	4	5	5	6	7	27	93	171	208
	Specialised Services	181	261	278	323	392	450	503	536	569	619	661	659	555
	Surgery	264	272	333	450	499	586	630	724	858	1,052	1,131	1,182	1,371
	Women's and Children's	349	174	128	111	101	66	62	61	51	63	46	38	67
	TRUST TOTAL 9+ months	798	710	744	888	996	1107	1200	1327	1485	1761	1931	2050	2201

Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period December 2018 to November 2019. The SHMI was 101.8 (1720 deaths and 1690 “expected”). The Trust is in NHS Digital’s “As Expected” category.
Commentary/ Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see the narrative for HSMR below.
Ownership:	Medical Director

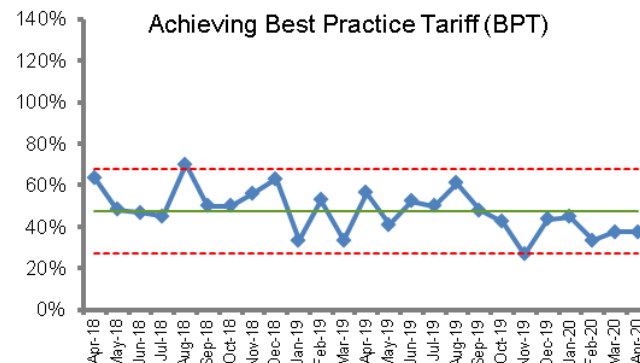
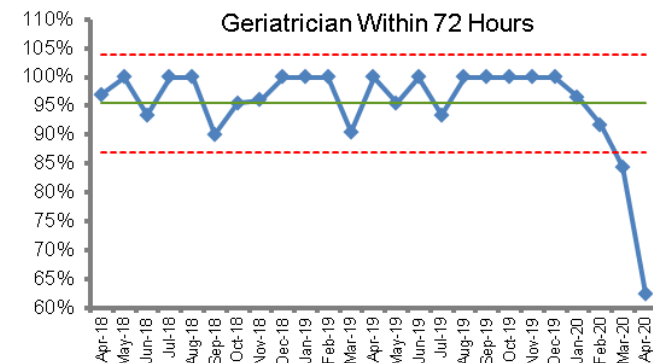
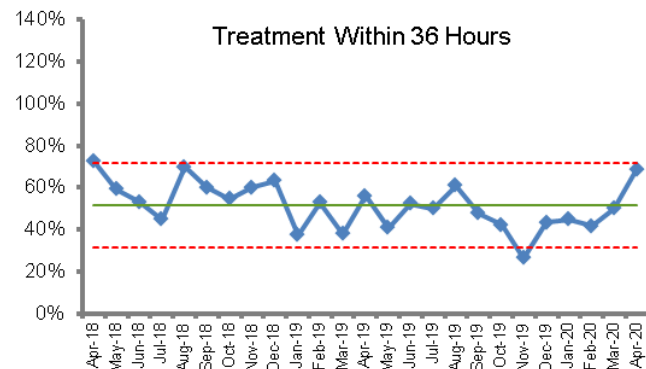
Publication Number	Timeframe	Observed Deaths	“Expected” Deaths	SHMI
21	Jul15-Jun16	1,775	1,754	101.2
22	Oct15-Sep16	1,741	1,752	99.4
23	Jan16-Dec16	1,743	1,758	99.1
24	Apr16-Mar17	1,690	1,737	97.3
25	Jul16-Jun17	1,674	1,714	97.6
26	Oct16-Sep17	1,693	1,686	100.4
27	Jan17-Dec17	1,712	1,684	101.7
28	Apr17-Mar18	1,796	1,748	102.7
29	Jul17-Jun18	1,841	1,744	105.6
30	Oct17-Sep18	1,833	1,745	105.0
31	Jan18-Dec18	1,795	1,715	104.7
32	Mar18-Feb19	1,790	1,675	106.9
33	Apr18-Mar19	1,765	1,635	108.0
34	Jun18-May19	1,755	1,650	106.4
35	Jul18-Jun19	1,730	1,650	104.8
36	Aug18-Jul19	1,755	1,655	106.0
37	Sep18-Aug19	1,765	1,660	106.3
38	Oct18-Sep19	1,720	1,670	103.0
39	Nov18-Oct19	1,705	1,665	102.4
40	Dec18-Nov19	1,720	1,690	101.8
41	Jan19-Dec19	1,720	1,715	100.3



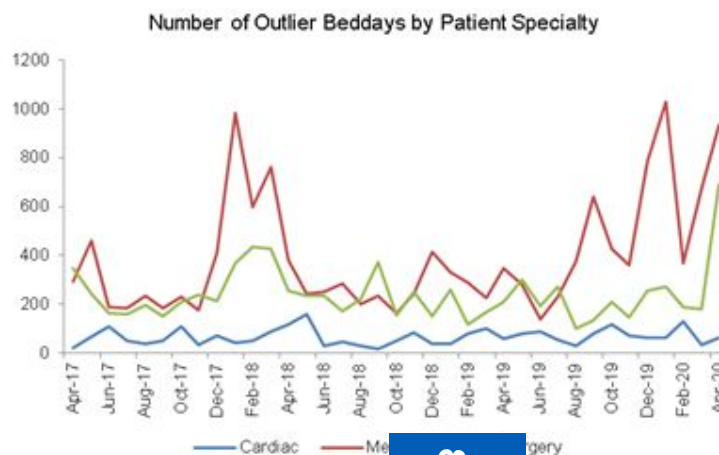
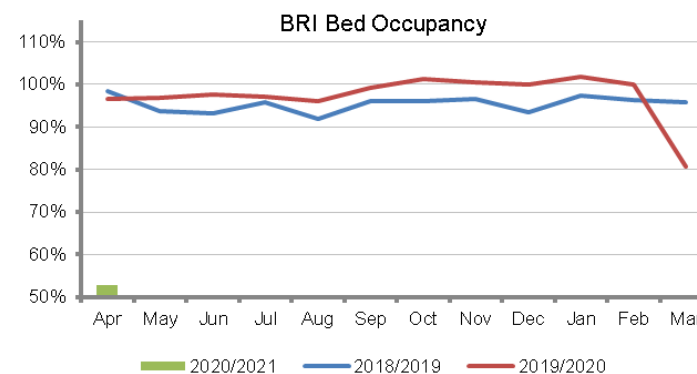
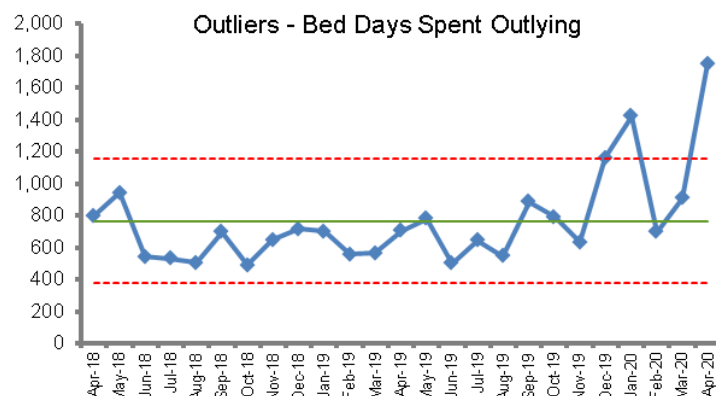
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for February 2020. The HSMR was 91.2 (90 deaths and 99 “expected”)
Commentary/ Actions:	As previously reported, actions are being taken in response to the detailed report into the trust’s HSMR and mortality for acute myocardial infarction. These actions include improving palliative care coding, extending data fields used to submit data to NHS Digital to capture all patient co-morbidities, and improvements in repatriating patients to their local hospital following acute coronary intervention.
Ownership:	Medical Director



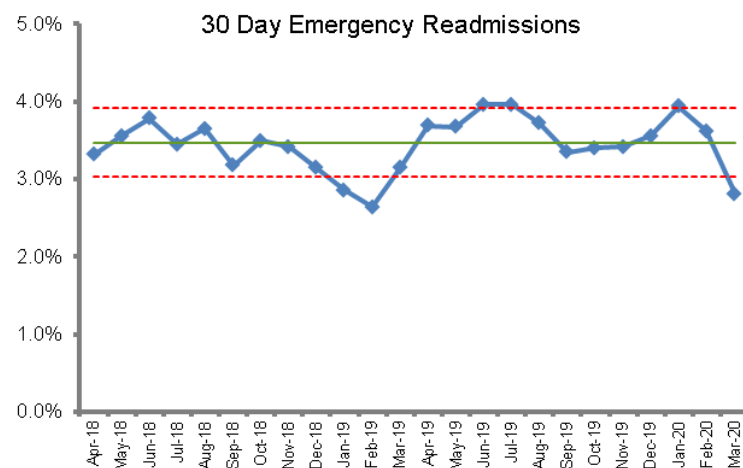
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In April, there were 24 patients discharged following an admission for fractured neck of femur. Of these, 16 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 69% (11 patients) were seen with target. For the 72 hour target, 63% (10 patients) were seen within target. Therefore 6 patients (38%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	There are no new actions beyond those previously reported to the Board. During Covid-19, recruitment to consultant posts continues as best it can.
Ownership:	Medical Director



Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology.
Performance:	In April there were 1752 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight). However this is reporting against the pre COVID-19 bed configuration.
Commentary/ Actions:	To support the treatment of COVID-19 patients, and maintain separation from non-COVID patients, the Trust bedbase has been re-configured. This is to allow the flow of patients waiting testing and then the flow of positive and negative COVID-19 patients. In addition wards have been re-configured to allow the Trust to cope with potential future surges in COVID patients. Therefore the previous concept of outliers, in terms of Medical/Surgical/Cardiac, is not an appropriate measure of quality during this pandemic. As an indicator of how different the bedbase is, the Bristol Royal Infirmary was operating at 55% bed occupancy in April, compared to 95%+ in most of 2019/20.
Ownership:	Chief Operating Officer

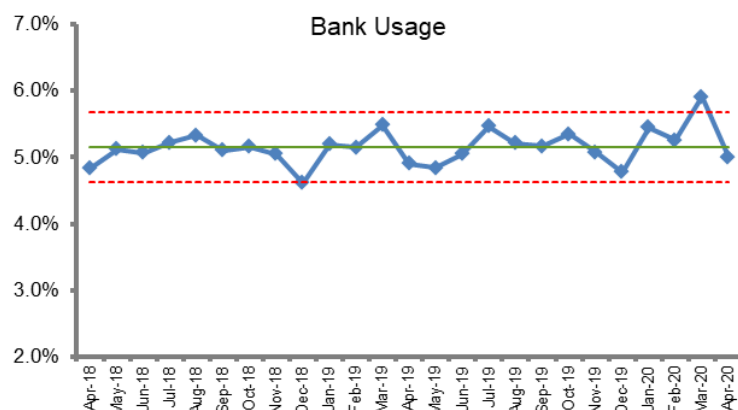


30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In March, there were 10,531 discharges, of which 296 (2.81%) had an emergency re-admission within 30 days.
Commentary/ Actions:	6.7% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.2% from Surgery and 1.0% from Specialised Services.
Ownership:	Chief Operating Officer

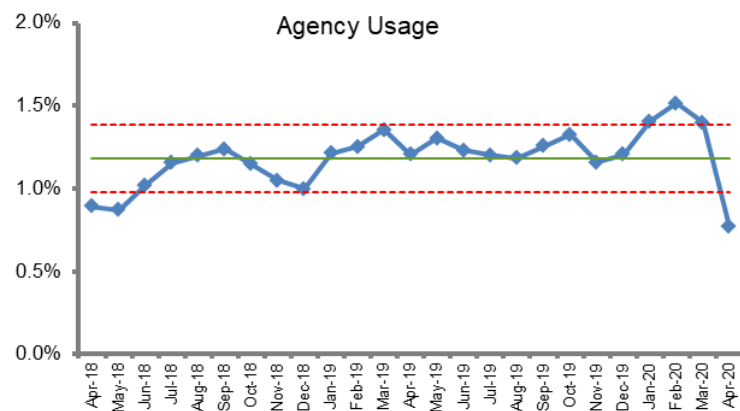


Mar-20	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	2	26	7.69%
Medicine	146	2,191	6.66%
Specialised Services	26	2,513	1.03%
Surgery	74	2,313	3.20%
Women's and Children's	48	3,488	1.38%
TRUST TOTAL	296	10,531	2.81%

Bank and Agency Usage	
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In April 2020, total staffing was at 9196 FTE. Of this, 5.0% was Bank (460 FTE) and 0.8% was Agency (71 FTE).
Commentary/ Actions:	<p>Agency usage reduced by 60.6 FTE. The largest divisional reduction was seen in Medicine, reducing to 31.5 FTE from 60.2 FTE the previous month. The largest divisional increase was seen in Facilities and Estates, increasing to 5.4 FTE compared to 1.5 FTE in the previous month. The largest staff group reduction was within Nursing and Midwifery Staff, reducing to 55.4 FTE compared to 124.0 FTE in the previous month. The largest staff group increase was within Health Professionals, increasing to 6.7 FTE compared to 2.6 FTE in the previous month.</p> <p>Bank usage reduced by 94.9 FTE. The largest divisional reduction was seen in Medicine, reducing to 135.6 FTE from 167.1 FTE the previous month. The largest increase was seen in the division of Diagnostic and Therapies, increasing to 3.9 FTE from 0.4 FTE the previous month. The largest staff group reduction was within Nursing and Midwifery staff, reducing to 306.0 FTE compared with 395.3 in the previous month. The largest staff group increase was within Health Professionals, increasing to 34.9 FTE compared to 16.6 FTE in the previous month.</p> <ul style="list-style-type: none"> 197 appointments and reappointments to the Trust Staff Bank in the month of April 2020 in response to Covid-19 across all staff groups. Reassuring communication sent to all Bank Workers during a time when there are fewer work opportunities. Alternative video conference interviewing being used to continue bank recruitment during social isolation. Further significant reduction in the use of high cost non framework nurse agency supply due to reduced operational pressures.
Ownership:	Director of People

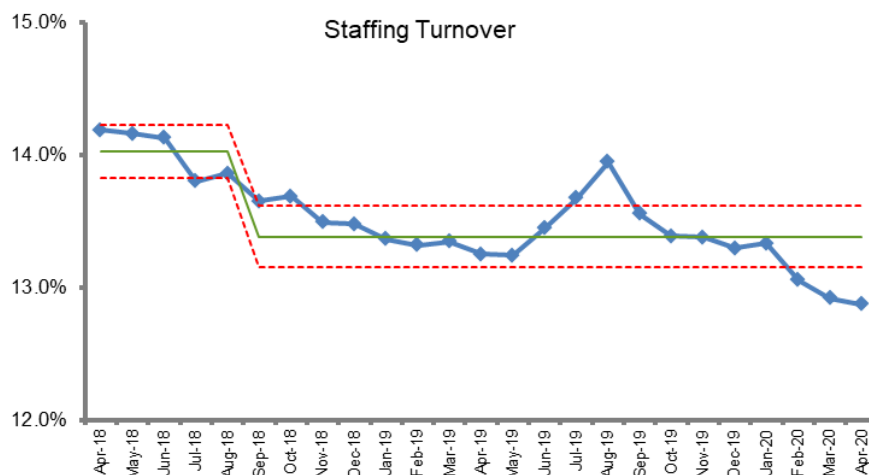


Bank	Apr FTE	Apr Actual %	KPI
UH Bristol NHS Foundation Trust	460.0	5.0%	4.5%
Diagnostics & Therapies	25.6	2.4%	1.2%
Medicine	135.6	9.8%	9.4%
Specialised Services	56.3	5.2%	5.8%
Surgery	88.9	4.8%	4.5%
Women's & Children's	67.7	3.2%	2.0%
Trust Services	42.3	4.5%	3.1%
Facilities & Estates	43.8	5.8%	6.7%



Agency	Apr FTE	Apr Actual %	KPI
UH Bristol NHS Foundation Trust	70.8	0.8%	1.0%
Diagnostics & Therapies	3.9	0.4%	0.8%
Medicine	31.5	2.3%	2.4%
Specialised Services	10.4	1.0%	0.8%
Surgery	10.1	0.5%	1.4%
Women's & Children's	9.5	0.5%	0.4%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	5.4	0.7%	0.2%

Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In April 2020, there had been 938 leavers over the previous 12 months with 7286 FTE staff in post on average over that period; giving a Turnover of $938 / 7286 = 12.9\%$.
Commentary/ Actions:	<p>Turnover remained static at 12.9% compared with last month, two divisions saw an increase in turnover whilst five divisions saw a reduction in turnover. The largest divisional increase was seen within Facilities and Estates, increasing to 13.5% from 12.8% the previous month. The largest divisional reduction was seen within Trust Services, reducing to 11.5% from 11.9% the previous month. The biggest reduction in staff group were seen within Additional Clinical Services, where turnover reduced by 0.8 percentage points. The largest increase in staff group was seen within Medical and Dental (0.8 percentage points).</p> <ul style="list-style-type: none"> Ongoing analysis of Exit information to provide greater understanding to inform retention programmes.
Ownership:	Director of People



Turnover	Apr-20	KPI
UH Bristol NHS Foundation Trust	12.9%	12.8%
Diagnostics & Therapies	12.7%	12.8%
Medicine	15.7%	15.6%
Specialised Services	12.9%	13.2%
Surgery	13.3%	13.1%
Women's & Children's	11.3%	11.4%
Trust Services	11.5%	12.0%
Facilities & Estates	13.5%	12.6%

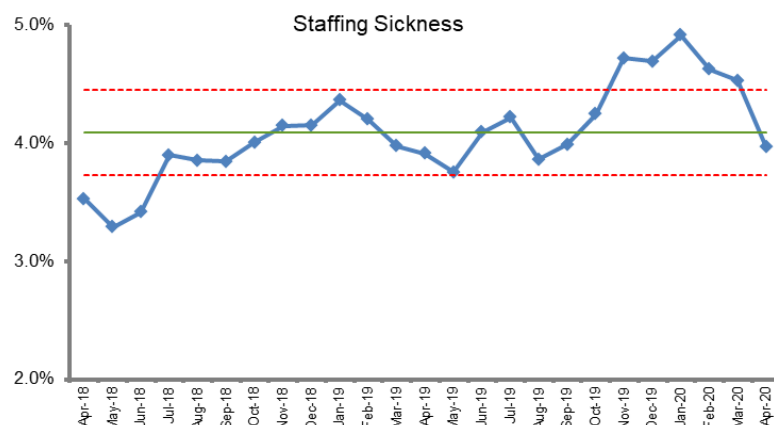
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In April 2020, funded establishment was 8846 FTE, with 181 FTE as vacancies (2.1%).
Commentary/ Actions:	<p>Overall vacancies reduced to 2.1% compared to 3.4% in the previous month. A staff group increase was seen within Admin and Clerical staff, increasing to 83.5 FTE, compared with 77.0 FTE the previous month. Reductions were seen in all other staff groups; the largest was in Nursing, which reduced to 89.0 FTE from 166.2 FTE the previous month. Trust Services had the largest Divisional reduction to -46.1FTE from 11.4 FTE the previous month and are therefore over established.</p> <ul style="list-style-type: none"> Recruiting to vacancies, particularly hard to recruit and specialist areas which are covered by high cost agency workers, remains an important element in the Trust's agency reduction plan in 2020/21. The average vacancy rate for 2019/20 was 4.6% across the Bristol Hospitals, which compares favourably with other Teaching Trusts. The internal target for UH Bristol is to sustain 4.6% through 2020/21. Whilst there is an overarching Trust target, Divisions have this year set their own individual vacancy targets, moving away from the generic 5% target set in previous years. These targets were set as part of the annual planning round earlier in the year and do not account for the impact of the Covid-19 pandemic. Women's & Children's and Trust Services are rated red against target. This is due to a reduction in funded establishment for these divisions compared with Month 12, and the baseline positions in their Operating Plans. A virtual Nurse Open Day is being developed and designed with the aim to go live at the beginning of June. This innovative initiative will support the restrictions with social distancing. UHBW are working closely with STP partners to develop a collaborative approach to the future recruitment of newly qualified nurses across the BNSSG area.
Ownership:	Director of People



Vacancy	Apr-20	KPI
UH Bristol	2.1%	4.6%
Diagnostics & Therapies	2.8%	5.5%
Medicine	4.5%	6.5%
Specialised Services	2.3%	5.5%
Surgery	3.5%	4.5%
Women's & Children's	-1.0%	1.0%
Trust Services	-5.5%	4.9%
Facilities & Estates	9.3%	9.1%

of 53

Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In April 2020, total available FTE days were 259,433 of which 10,280 (4.0%) were lost to staff sickness.
Commentary/ Actions:	<p>Sickness absence reduced to 4.0% compared with the previous month (based on updated figures), with increases in two divisions. This does NOT include Medical Suspension reporting.</p> <p>The largest divisional increase was seen in of Medicine, rising from 4.3% last month to 5.1%.</p> <p>Trust Services saw the largest divisional reduction, reducing by 1.6 percentage points compared to the previous month.</p> <p>The largest staff group increase was seen in Estates and Ancillary, where sickness increased to 8.5% compared with 7.8% in the previous month.</p> <ul style="list-style-type: none"> As reported last month, March saw weekly sickness reporting introducing 'Medical Suspension' as a new reason in light of Covid-19. This does not count towards an employee's sickness entitlement, but shows on the employee's absence record. From April 2020, sickness recording has not included Covid-19 in response to national NHS Employers guidance received at the end of March which clarified that Medical Suspension must include all Covid related absence i.e. sickness/symptoms as well as self-isolation. For payroll recording purposes, Medical Suspension is therefore defined as: <ul style="list-style-type: none"> Self-isolation/shielding/carers - Medical Suspension with Pay, Infection Sick with Covid-19 - Medical Suspension with Pay, Infection, with a related reason of Coronavirus (Covid-19) In April, there were 1,270 (headcount) episodes of Medical Suspension. In line with NHSI/E requirements, the Trust continues to record on a daily basis the number of absences of staff, defined as sickness, symptoms, self-isolation and working from home. Occupational Health has been focussing on urgent referrals over the last couple of months, but is now in a position to start receiving non urgent staff referrals again.
Ownership:	Director of People

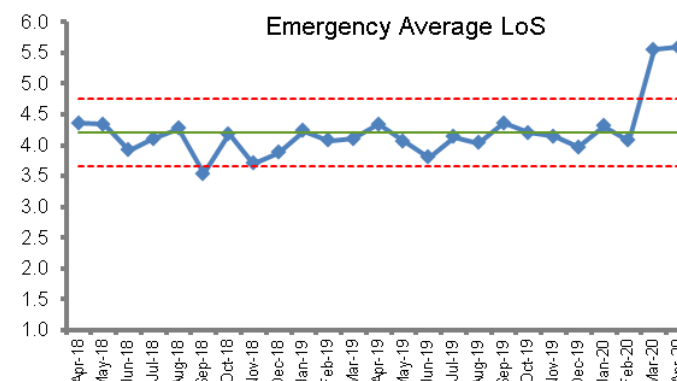
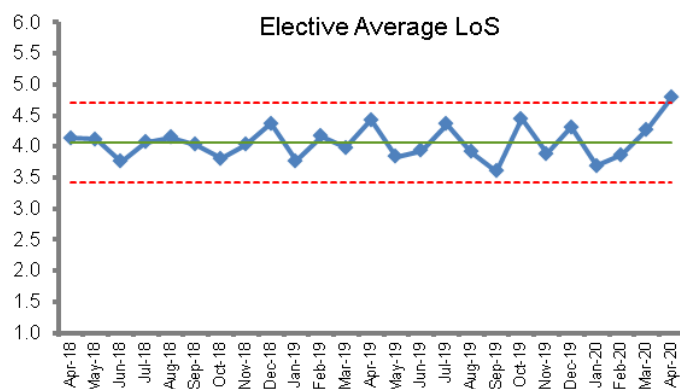


Sickness	Apr-20	KPI
UH Bristol	4.0%	3.7%
Diagnostics & Therapies	3.0%	2.9%
Medicine	5.1%	4.0%
Specialised Services	3.7%	3.3%
Surgery	3.8%	4.0%
Women's & Children's	3.2%	3.6%
Trust Services	2.9%	3.1%
Facilities & Estates	7.7%	5.5%

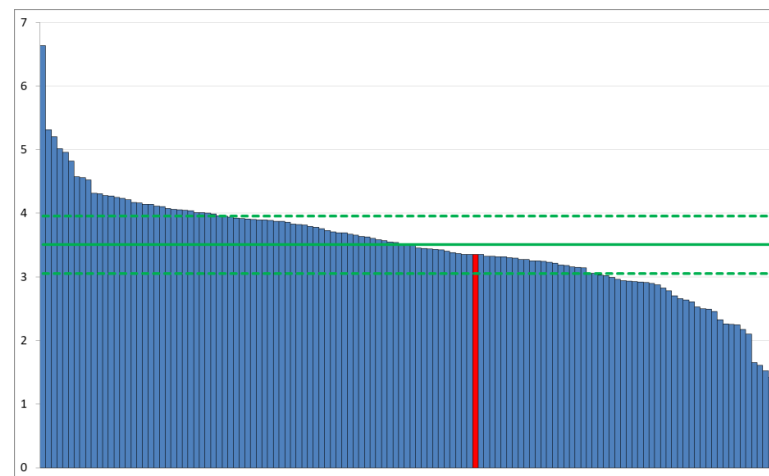
Staff Appraisal	
Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In April 2020, 5,160 members of staff were compliant out of 8,529 (60.5%).
Commentary/ Actions:	<p>Overall appraisal compliance reduced to 60.5% compared with 63.4% in the previous month. There were no increases in any division. The largest divisional reduction was seen within Facilities and Estates, reducing to 61.7% from 66.2% the previous month. All divisions are non-compliant.</p> <ul style="list-style-type: none"> Appraisals have been temporarily suspended in light of COVID-19. Some Divisions have chosen to re-introduce these where this does not compromise operational challenges. Focus in the next month will be working with HR Business Partners to develop a robust plan to 're-commence' appraisals. The new Agenda for Change pay progression process, which currently applies to members of staff who have joined the Trust or been promoted since April 2018, was nationally paused for the duration of the pandemic. There is no change however to the expectation that the new pay progression system will apply to all staff by April 2021.
Ownership:	Director of People

Appraisal (Non-Consultant)	Apr-20	Mar-20	KPI
UH Bristol NHS Foundation Trust	60.5%	63.4%	85.0%
Diagnostics & Therapies	57.8%	61.2%	85.0%
Medicine	55.4%	56.9%	85.0%
Specialised Services	74.7%	77.9%	85.0%
Surgery	49.3%	52.6%	85.0%
Women's & Children's	63.9%	65.8%	85.0%
Trust Services	65.9%	69.4%	85.0%
Facilities & Estates	61.7%	66.2%	85.0%

Average Length of Stay	
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 April there were 3,743 discharges that consumed 17,512 beddays, giving an overall average length of stay of 4.7 days.
Commentary/ Actions:	The spike in Emergency length of stay reflects the efforts made in March and April to discharge patients and free-up capacity for Covid-19 patients. As part of this, more patients with a long length of stay were discharged than usual. Prior to March, around 6.5% of emergency discharges were patients who had been in hospital for 14+ days. For April, this rose to 7.7%. Although this is only a small increase this has a significant impact on length of stay. It is a small number of patients but with a large number of beddays accrued. If April had had 6.5% of discharges on 14+ days then this would've been around 800 fewer beddays, which would've brought the April Length of Stay down to 4.6 days. This would've been in-line with previous month's values (see chart below).
Ownership:	Chief Operating Officer



Average Length of Stay – England Trusts - 2019/20 Quarter 2



Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Length of Stay of Inpatients at month-end

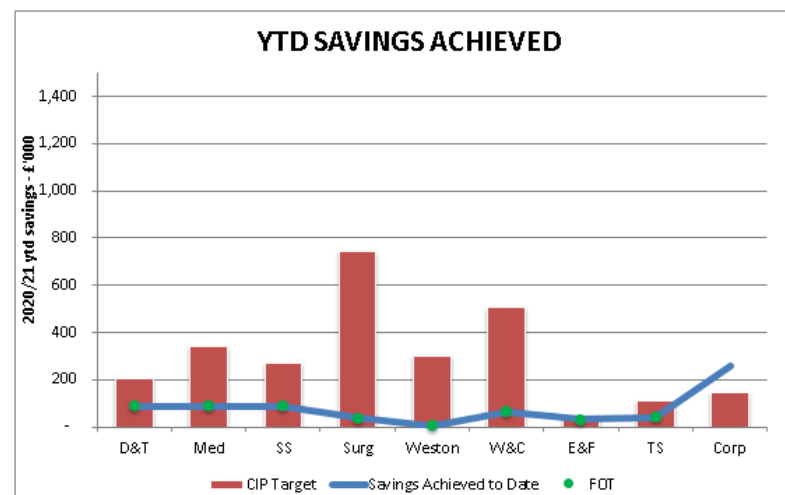
Apr-20	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	45	28	23	19
Bristol Haematology & Oncology Centre	13	7	4	2
Bristol Royal Infirmary	95	53	33	22
South Bristol Hospital	47	43	31	24
St Michael's Hospital	23	13	9	7
TRUST TOTAL	223	144	100	74

Bristol Royal Infirmary Divisional Breakdown:

Medicine	58	34	19	14
Specialised Services	17	9	7	3
Surgery, Head & Neck	20	10	7	5

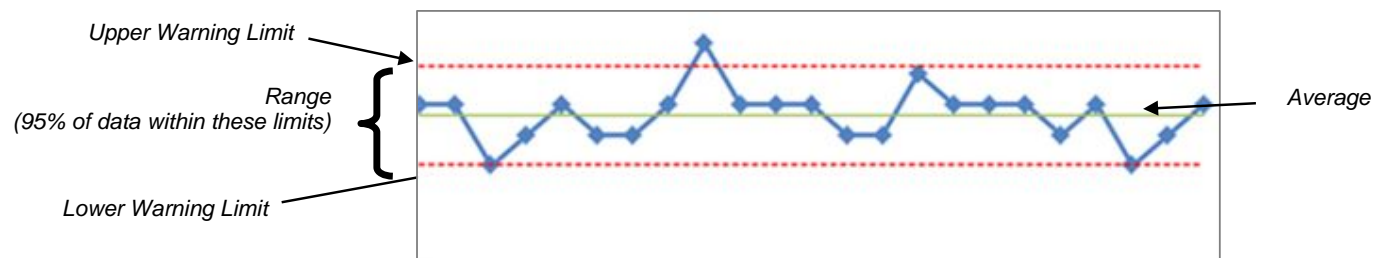
More detailed reporting will be available next month; after Month 2 (May) data has been processed.

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	61.966	61.297	(0.669)
Income from Operations	12.055	10.190	(1.865)
Employee Expenses	(45.042)	(44.906)	0.136
Other Operating Expenses	(25.450)	(23.040)	2.410
Depreciation (owned & leased)	(2.393)	(2.398)	(0.005)
PDC	(0.993)	(0.937)	0.056
Interest Payable	(0.214)	(0.206)	0.008
Interest Receivable	0.071	0.000	(0.071)
Reported Financial performance	0.000	0.000	-
Depreciation (donated)	0.000	(0.156)	(0.156)
Donated Income	0.000	0.016	0.016
Surplus/(deficit)	0.000	(0.140)	(0.140)



In Section 2, some of the metrics are being presented using Statistical Process Control (SPC) charts

An example chart is shown below:



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

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

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

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

Rating for acute services/acute trust

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

SAFE, CARING & EFFECTIVE

			Annual		Monthly Totals														Quarterly Totals			
Topic	ID	Title	19/20	20/21 YTD	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1		
Patient Safety																						
Infections	DA01	MRSA Trust Apportioned Cases	4	1	0	0	0	1	0	0	0	0	2	0	1	1	1	0	3	1		
	DA02	MSSA Trust Apportioned Cases	48	0	6	4	6	5	4	4	3	3	5	2	1	0	15	10	8	0		
	DA03	CDiff Trust Apportioned Cases	41	5	2	2	5	5	4	4	5	4	2	1	3	5	14	13	6	5		
	DA06	EColi Trust Apportioned Cases	80	4	8	9	14	4	5	8	6	9	4	3	4	4	23	23	11	4		
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.3%	95.7%	96.6%	96.9%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	97.6%	97.7%	97.6%	98.3%		
	DB02	Antibiotic Compliance	77.9%	-	84.2%	80.2%	88.6%	85.6%	82.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	-	84.5%	73.5%	79.1%	-		
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	96%	96%	96%	96%	95%	98%	97%	92%	-	-	-	-	-	-		
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	97%	98%	98%	98%	97%	99%	99%	98%	-	-	-	-	-	-		
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	96%	96%	96%	96%	98%	98%	97%	-	-	-	-	-	-		
Serious Incidents	S02	Number of Serious Incidents Reported	73	3	3	8	10	8	5	4	7	6	7	6	2	3	23	17	15	3		
	S02a	Number of Confirmed Serious Incidents	60	-	3	7	9	8	5	3	6	5	6	1	-	-	22	14	7	-		
	S02b	Number of Serious Incidents Still Open	12	3	0	1	1	0	0	1	0	1	1	5	2	3	1	2	8	3		
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	95.9%	66.7%	100%	100%	100%	100%	60%	100%	100%	100%	100%	100%	100%	66.7%	91.3%	100%	100%	66.7%		
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	71.4%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	71.4%	100%	100%	92.3%	71.4%		
	S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	1	1	1	2	4	2	0	1	1	2	2	-	7	3	5	-		
Never Events	S01	Total Never Events	4	0	0	1	1	1	0	0	0	1	0	0	0	0	2	1	0	0		
Patient Safety Incidents	S06	Number of Patient Safety Harm Incidents Reported	20760	-	1398	1467	2686	1455	1074	1398	2878	1109	1157	1985	1949	-	5215	5385	5091	-		
	S06b	Patient Safety Harm Incidents Per 1000 Beddays	66.44	-	52.36	57.13	102.94	56.4	41.39	51.47	109.5	40.78	42.02	77.66	85.89	-	66.99	66.78	67.17	-		
	S07	Number of Patient Safety Incidents - Severe Harm	150	-	8	9	9	24	14	19	8	16	12	11	11	-	47	43	34	-		
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	5.59	4.98	3.97	4.37	4.11	4.43	4.75	3.46	4.82	4.68	4.89	5.33	5.59	4.3	4.35	4.95	5.59		
	AB06a	Total Number of Patient Falls Resulting in Harm	26	1	0	0	2	1	1	4	1	2	7	4	1	1	4	7	12	1		
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.715	0.037	0.156	0.115	0.233	0.193	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.18	0.174	0.251	0.715		
	DE02	Pressure Ulcers - Grade 2	49	11	1	4	2	4	3	5	6	2	9	2	7	11	9	13	18	11		
	DE04A	Pressure Ulcers - Grade 3 or 4	8	0	0	0	1	2	2	1	0	0	0	1	0	0	5	1	1	0		
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	88.3%	98.2%	98.2%	98.2%	77%	78.9%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	85.3%	77.9%	87.9%	88.3%		
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	93.2%	94.2%	93.1%	-	-	-	-	-	-	-	-	-	93.1%	-	-	-		
	N04	Number of Hospital Associated VTEs	38	-	5	0	5	10	1	2	0	3	0	8	-	-	16	5	8	-		
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	0	0	1	1	0	0	0	0	0	0	-	-	2	0	0	-		
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	1	0	0	5	1	2	0	2	0	8	-	-	6	4	8	-		
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	-	84.4%	-	-	86.9%	-	-	87.9%	-	-	88.2%	-	86.9%	87.9%	88.2%	-		
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	99.6%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	100%	99.9%	99.9%	99.9%		
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	-	0.62%	0.43%	0.38%	0.81%	1.23%	0%	0.4%	0%	0%	0%	0%	-	0.8%	0.14%	0%	-		
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	-	0.46%	0.3%	0.18%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.14%	0.3%	0.92%	-		

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			19/20	20/21 YTD	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7.8%	7.8%	8.3%	8.3%	6.5%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.1%	7.8%	7.3%	7.4%	8.2%	7.8%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.8%	21.1%	23.5%	22.1%	23.3%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.8%	21.8%	21.1%	22.2%	23.2%	22.9%	21.1%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9211	356	805	705	815	708	713	870	873	781	850	731	611	356	2236	2524	2192	356
Staffing Levels	RP01	Staffing Fill Rate - Combined	100.3%	94.2%	101.6%	100.5%	99.6%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	98.8%	94.2%	99.2%	100%	101.2%	94.2%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	104.1	-	106.4	104.8	106	106.3	103	102.4	101.8	100.3	-	-	-	-	105.1	101.5	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	91.9	-	91.1	99.7	94	95.4	82.7	92.9	92.8	90.7	98.2	91.2	-	-	90.6	92	94.7	-
Readmissions	C01	Emergency Readmissions Percentage	3.6%	-	3.67%	3.96%	3.96%	3.72%	3.35%	3.4%	3.42%	3.55%	3.93%	3.62%	2.81%	-	3.68%	3.46%	3.5%	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	68.8%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	50%	68.8%	52.1%	36.7%	45.9%	68.8%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	62.5%	95.5%	100%	93.3%	100%	100%	100%	100%	100%	96.6%	91.7%	84.4%	62.5%	97.2%	100%	90.6%	62.5%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	37.5%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	37.5%	37.5%	52.1%	36.7%	38.8%	37.5%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	-	-	-	-	45.7%	54.3%	59.6%	52.6%	51.3%	57.1%	69.7%	60.5%	-	50.6%	54.8%	63.5%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	-	-	-	-	71.4%	69.6%	70.2%	68.4%	69.2%	78.6%	75.8%	65.8%	-	70.4%	69.4%	71.8%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	65.2%	-	43.8%	28.6%	92.9%	50%	81.8%	88.9%	55.6%	71.4%	62.5%	-	-	-	77.1%	72%	62.5%	-
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83.2%	49.4%	87.6%	85.8%	85.8%	88.3%	91%	85.9%	84.8%	79.6%	77.6%	78.6%	72.3%	49.4%	88.5%	83.3%	76.3%	49.4%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	89.6%	92%	95.8%	85.2%	94.6%	76.9%	83.8%	89.7%	88.1%	86.5%	86.1%	88.9%	97.2%	92%	86%	88.1%	90.7%	92%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.2%	-	66.7%	100%	100%	100%	100%	60%	100%	100%	-	100%	100%	-	100%	71.4%	100%	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying	9692	1752	782	503	645	547	887	794	633	1164	1423	699	911	1752	2079	2591	3033	1752
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	93	92	92	91	91	91	93	90	91	93	91	92	92	91	91
	P01g	Patient Survey - Kindness and Understanding	-	-	95	96	96	96	96	96	96	97	96	96	98	97	96	96	96	97
	P01h	Patient Survey - Outpatient Tracker Score	-	-	91	89	90	90	90	90	90	89	89	92	84	89	90	90	90	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	-	42.4%	34.4%	39.4%	36.2%	34.2%	36.2%	31%	35.3%	32.3%	33.1%	-	-	36.7%	34.1%	32.7%	-
	P03b	Friends and Family Test ED Coverage	16.6%	-	18.1%	18.7%	17.4%	18.2%	15.2%	16.9%	15.8%	16.6%	16.7%	15.4%	-	-	16.9%	16.4%	16%	-
	P03c	Friends and Family Test MAT Coverage	26.5%	-	30.4%	24.1%	30.1%	31.6%	16.5%	17.7%	36.1%	26.8%	28.2%	21.8%	-	-	25.9%	26.6%	25.3%	-
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.7%	-	98.3%	98.3%	98.9%	98.8%	99%	98.4%	98.7%	98.6%	98.7%	99.2%	-	-	98.9%	98.5%	98.9%	-
	P04b	Friends and Family Test Score - ED	84%	-	83.8%	84.2%	82.9%	85.2%	81.5%	85.2%	83.8%	84.6%	86.9%	88.1%	-	-	83.3%	84.6%	87.5%	-
	P04c	Friends and Family Test Score - Maternity	97.6%	-	97.7%	97.6%	96.9%	97.2%	98.7%	98.1%	97.1%	99.1%	97.7%	98.4%	-	-	97.4%	98%	98%	-
Patient Complaints	T01	Number of Patient Complaints	1842	50	161	166	168	125	149	178	150	117	152	171	121	50	442	445	444	50
	T03a	Formal Complaints Responded To Within Trust Timeframe	88%	75.5%	97.2%	95.9%	90.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84.1%	85.5%	85.5%	75.5%	83.6%	88.3%	85%	75.5%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	91%	85.7%	98.6%	98%	91.6%	93.8%	75%	90%	95.8%	83.6%	86.6%	90.3%	91.3%	85.7%	88.3%	90.3%	89.2%	85.7%
	T05A	Informal Complaints Responded To Within Trust Timeframe	89.5%	95.2%	86.9%	89.8%	85.7%	87.9%	90.3%	93.4%	83.3%	91.2%	92.4%	82.4%	100%	95.2%	87.5%	90.1%	91.9%	95.2%
	T04c	Percentage of Responses where Complainant is Dissatisfied	7.97%	-	8.45%	8.16%	12.05%	4.17%	7.5%	5.71%	8.45%	5.46%	10.98%	1.61%	-	-	8.77%	6.63%	6.94%	-

RESPONSIVE

Topic	ID	Title	Annual		Monthly Totals														Quarterly Totals			
			19/20	20/21 YTD	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1		
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	88.1%	87.5%	86.5%	84.3%	83.6%	83%	83%	82.5%	83.2%	82.4%	78.3%	69.1%	-	-	-	-		
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3578	3874	4436	5216	5574	5866	5903	6028	5745	6223	7134	9489	-	-	-	-		
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	78	11	11	9	9	5	4	5	10	15	11	30	78	23	19	56	78		
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	136	128	152	211	219	202	219	282	305	315	411	772	-	-	-	-		
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	-	94%	95.9%	95.2%	89%	91.7%	93%	95.2%	94.1%	95.2%	94.8%	91.2%	-	92%	94%	93.8%	-		
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	-	45.6%	54.7%	35.2%	27.5%	33.7%	38.6%	37.8%	35.1%	49.7%	24.3%	18.8%	-	31.9%	37.3%	31.2%	-		
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	-	94.1%	95.1%	97.1%	96.3%	94.4%	96.6%	97%	95.7%	92.3%	96.2%	97.4%	-	95.9%	96.4%	95.4%	-		
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	-	97.9%	99.1%	99%	99%	97.1%	97.7%	99.2%	100%	98%	100%	99.1%	-	98.4%	98.9%	99%	-		
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	-	90.9%	89.7%	90.4%	94.2%	91.7%	93.3%	92.3%	93.5%	94.5%	92.7%	92.5%	-	92.1%	93.1%	93.2%	-		
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	-	89.6%	91.8%	94.4%	95.2%	96.2%	96.5%	96.8%	94.3%	94.5%	98.5%	99.5%	-	95.2%	95.9%	97.4%	-		
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	-	86%	84%	86.8%	85.8%	84%	85.4%	87%	83.9%	80.8%	82%	91%	-	85.6%	85.4%	85.3%	-		
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	-	100%	83.3%	66.7%	100%	85.7%	55.6%	53.8%	33.3%	36.4%	33.3%	81.8%	-	83.3%	48.4%	51.6%	-		
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	-	89.6%	83.5%	85.7%	87.1%	80.8%	82.9%	84%	89.2%	86.3%	85.1%	91.2%	-	84.4%	85.5%	87.4%	-		
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	-	3.5	3	4.5	6.5	3.5	3	4.5	2	4	3	0.5	-	14.5	9.5	7.5	-		
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	0.57%	1.54%	1.84%	1.25%	1.55%	1.44%	1.69%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	1.41%	2.03%	2.06%	0.57%		
	F01a	Number of Last Minute Cancelled Operations	1394	13	100	117	88	95	94	119	137	153	140	128	115	13	277	409	383	13		
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	67%	85.2%	92%	93.2%	95.5%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	95.3%	96.3%	91.7%	67%		
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.31%	2.4%	1.62%	1.81%	1.6%	1.93%	2.6%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	1.79%	2.26%	2.41%	0.31%		
	F07a	Number of Admissions Cancelled Day Before	1625	7	156	103	128	98	126	183	138	135	122	120	207	7	352	456	449	7		
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	63.8%	-	61.8%	68.6%	54.3%	64.7%	60.5%	55.9%	68.4%	59%	64.1%	-	-	-	59.8%	61.3%	64.1%	-		
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	88.1%	-	88.2%	85.7%	80%	88.2%	83.7%	88.2%	94.7%	84.6%	92.3%	-	-	-	83.9%	89.2%	92.3%	-		
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	93.41%	93.54%	96.19%	95.26%	96.21%	95.85%	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	-	-	-	-		
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	23.5%	10.4%	10.1%	11.1%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	11.1%	10.5%	13.3%	23.5%		
	R05	Outpatient DNA Rate	6.6%	5.4%	7.1%	6.8%	6.4%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	6.5%	6.5%	6.5%	5.4%		
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.52	2.1	2.21	2.12	2.25	2.15	2.07	2.15	2.11	2.17	2.12	2.26	2.52	2.17	2.11	2.18	2.52		
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	12.3%	16.9%	15.8%	17.9%	16.9%	14.6%	17%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	16.5%	18.6%	19.4%	12.3%		

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			19/20	20/21 YTD	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	9	23	27	19	32	19	30	19	21	27	29	21	9	70	70	77	9
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	9	11	12	9	8	13	12	5	8	11	13	7	9	30	25	31	9
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	278	607	625	532	654	783	708	590	731	713	790	962	278	1969	2029	2465	278
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	201	302	243	283	165	233	257	298	220	212	217	249	201	681	775	678	201
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	56	61	48	75	58	83	69	75	95	107	87	32	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	25	27	31	23	26	31	20	27	26	30	36	21	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	2435	1916	1986	2402	2393	2480	2388	2398	3166	2751	3110	1253	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	842	830	877	659	840	948	812	784	776	907	1002	871	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	4.68	3.73	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.89	3.83	4.05	4.68
	J04D	Percentage Length of Stay 14+ Days	6.7%	7.7%	6.5%	6%	6.6%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	6.6%	6.4%	7.1%	7.7%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	4.68	3.73	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.89	3.83	4.05	4.68
AMU	J35	Percentage of Cardiac AMU Wardstays	4.6%	0%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	4.6%	5.5%	3.7%	0%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	-	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	42.6%	35.7%	37%	-

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	92.23%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	82.64%	79.63%	80.36%	92.23%
This is measured against the national standard of 95%																				
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	80.44%	92.23%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	82.64%	79.63%	80.36%	92.23%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	91%	63.86%	68.78%	68.95%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	71.53%	68.8%	68.25%	91%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	90.24%	90.38%	93.61%	94.82%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	93.02%	86.78%	90.76%	90.24%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	99.18%	98.39%	97.55%	98.16%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	97.98%	98.08%	97.91%	99.18%
This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	25	0	0	0	0	0	0	0	0	8	11	1	5	0	0	8	17	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	99.3%	97%	98.3%	98%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.5%	97%	95.3%	99.3%
	B02b	ED Time to Initial Assessment - Data Completeness	96.9%	97.5%	98.4%	98%	98.3%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.5%	96.1%	96.2%	97.5%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	90.3%	47.6%	49.9%	50.1%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	52.2%	48.8%	54.7%	90.3%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	99.5%	96%	96.1%	96.8%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	96.9%	97.3%	97.2%	99.5%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.3%	3.2%	3.1%	3.4%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	4.1%	3.8%	3.3%
	B05	ED Left Without Being Seen Rate	1.6%	0.5%	1.8%	1.6%	1.7%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	1.7%	1.5%	1.4%	0.5%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	352	-	87	55	36	25	53	-	-	-	-	-	-	-	114	-	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	4.6%	0%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	4.6%	5.5%	3.7%	0%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	-	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	42.6%	35.7%	37%	-

FINANCIAL MEASURES

This Scorecard will be updated for 2020/21 next month.

Topic	Title	Monthly Totals											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Year To Date Annual Plan Surplus / (Deficit) £'000	Annual Plan excluding PSF	(416)	302	(389)	2,740	3,171	3,633	6,086	5,489	4,521	4,521	2,622	2,593
	Actual excluding PSF	(416)	(410)	(378)	2,382	1,116	3,698	5,060	5,054	4,107	4,114	2,219	2,668
	Annual Plan including PSF	117	1,368	1,209	5,030	6,153	7,308	10,773	11,118	10,793	12,402	11,674	12,815
	Actual Plan including PSF	117	656	1,220	4,672	4,808	8,083	10,457	11,463	11,527	12,705	11,981	13,600
Year to Date Variance Divisional Position Favourable / (Adverse) £'000	Diagnostics & Therapies	(4)	(39)	(56)	(66)	(328)	(366)	(343)	(178)	(273)	(233)	(154)	(52)
	Medicine	(167)	(320)	(502)	(701)	(1,222)	(1,687)	(2,023)	(2,045)	(2,245)	(2,757)	(3,258)	(3,738)
	Specialised Services	(54)	13	201	82	(173)	(265)	(335)	(322)	(397)	(381)	(404)	(252)
	Surgery	(175)	(659)	(1,168)	(1,867)	(2,760)	(3,422)	(4,188)	(4,576)	(5,428)	(6,398)	(7,182)	(8,150)
	Women's & Children's	(215)	(311)	(407)	(534)	(1,029)	(1,377)	(1,474)	(1,465)	(1,814)	(2,657)	(2,833)	(3,810)
	Estates & facilities	(5)	(9)	(13)	(24)	(66)	(76)	(80)	(57)	(72)	(75)	(35)	(5)
	Trust Services	4	3	(33)	17	25	39	51	78	74	57	68	396
	Other Corporate Services	42	29	(85)	(37)	(89)	49	55	108	867	1,046	1,086	1,027
	Total	(574)	(1,293)	(2,063)	(3,130)	(5,642)	(7,105)	(8,337)	(8,457)	(9,288)	(11,398)	(12,712)	(14,584)
Year To Date Savings Actuals £'000	Diagnostics & Therapies		299	438	543	591	700	823	964	1,108	1,266	1,411	1,537
	Medicine		231	324	426	532	627	746	941	1,141	1,404	1,626	1,815
	Specialised Services		381	555	811	1,060	1,190	1,311	1,530	1,774	1,932	2,351	2,729
	Surgery		572	788	1,063	1,249	1,485	1,630	1,783	1,999	2,192	2,382	2,617
	Women's & Children's		660	941	1,171	1,310	1,451	1,738	2,006	2,308	2,558	2,781	3,014
	Estates & facilities		120	183	232	281	331	382	455	506	557	607	658
	Trust Services		134	202	270	341	412	483	553	624	695	766	837
	Other Corporate Services		195	292	382	477	573	668	763	859	961	1,063	1,165
	Total	0	2,591	3,723	4,898	5,841	6,769	7,781	8,995	10,318	11,564	12,988	14,373
In Month Variance Subjective Analysis Favourable / (Adverse) £'000	Nursing & Midwifery Pay	(542)	(449)	(438)	(475)	(274)	(603)	(530)	(554)	(535)	(824)	(953)	(955)
	Medical & Dental Pay	(360)	(187)	(445)	(433)	(381)	(139)	(307)	(390)	(619)	(512)	(356)	(177)
	Other Pay	902	636	883	908	655	203	119	159	190	64	100	283
	Non Pay	954	189	356	(101)	475	518	(388)	(439)	(831)	(583)	(490)	(1,149)
	Income from Operations	(172)	(94)	(2)	(18)	(116)	(205)	(5)	123	1,053	238	539	333
	Income from Activities	(632)	(336)	(301)	(303)	(2,419)	(1,238)	(122)	981	(89)	(453)	(194)	(207)
	Total	150	(241)	53	(422)	(2,060)	(1,464)	(1,233)	(120)	(831)	(2,070)	(1,354)	(1,872)
In Month Agency Expenditure Actuals £'000	Nursing & Midwifery	684	644	627	615	648	720	726	642	608	851	896	881
	Medical												
	Consultants	72	82	92	94	72	61	84	52	120	93	89	63
	Other Medical	56	20	85	108	54	35	68	49	46	59	51	57
	Other	140	144	131	154	185	72	169	117	76	72	82	219
	Total	952	890	935	971	959	888	1,047	860	850	1,075	1,118	1,220
Cash £'000	Actual Cash	110,000	109,402	100,954	119,042	127,950	126,226	135,301	121,697	117,727	126,832	119,166	129,840
Capital Spend £'000	Actual Capital Expenditure	916	2,300	4,704	7,868	10,229	12,449	14,672	18,632	21,084	25,634	29,130	35,740

Quality and Performance Report Weston Division

May 2020

Operations

The Trust performance continues to be impacted by Covid-19 as the hospital reconfigured its services and estate to cope with the predicted volume of Covid cases. This included, following national guidance, suspending routine elective activity, implementing plans to maximise the availability of ITU and ward beds to manage the anticipated demand for inpatient during the Covid outbreak. This has also involved the zoning of the hospital into Blue, Amber and Green zones.

Quality

The Division has seen an increase in patient falls but remains below trajectory. Infection control metrics show no MRSA or C Difficile cases for the month of April. Pressure injuries remains above trajectory and requires further work to be undertaken, which will be supported by the Trust's Tissue Viability workplan. Following the organisational merger there are opportunities to support and increase education and training for all staff. There were four serious incidents reported in April. Many quality reporting metrics continue to be suspended due to Covid, including Friends and Family Test (FFT) and complaint responses. However, plans are in place to report this data when collection can be restarted.

Workforce

Turnover remains below target. Key priorities include recruitment to key posts with a focus on nursing, stabilising the management team at Weston and consulting on the divisional structure.

1.2 OVERVIEW –Oversight Framework

Financial Year 2019/20

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours Standard: 95%	Actual	79.60%	80.04%	77.31%	76.60%	75.99%	73.19%	74.71%	69.05%	70.21%	68.52%	70.43%	76.80%
	Trajectory	89.00%	92.50%	94.90%	93.50%	91.50%	92.60%	88.50%	86.10%	86.20%	86.40%	86.60%	90.10%
	Year to Date	79.00%			75.28%			71.37%			71.50%		
Cancer 62-day GP Standard: 85%	Actual (Monthly)	85.11%	53.33%	61.43%	73.17%	50.00%	57.38%	53.62%	78.57%	60.00%	45.28%	58.82%	65.00%
	Actual (Quarterly)	64.97%			58.75%			61.99%			57.87%		
	Trajectory (Monthly)	73%	75%	76%	77%	82%	83%	82%	78%	83%	86%	80%	80%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	91.02%	89.23%	87.14%	86.61%	84.69%	85.63%	83.43%	83.63%	84.07%	84.72%	84.60%	83.19%
	Trajectory	93.10%	93.10%	93.10%	92.70%	93.50%	93.50%	93.10%	92.30%	92.60%	92.60%	92.00%	92.60%
6-week wait diagnostic Standard: 99%	Actual	97.99%	92.37%	93.37%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%
	Trajectory	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%

Access Key Performance Indicator		Quarter 1 2020/21			Quarter 2 2020/21			Quarter 3 2020/21			Quarter 4 2020/21		
		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
A&E 4-hours Standard: 95%	Actual	93.24%											
	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Year to Date												
Cancer 62-day GP Standard: 85%	Actual (Monthly)												
	Actual (Quarterly)												
	Trajectory (Monthly)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory (Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	78.72%											
	Trajectory	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
6-week wait diagnostic Standard: 99%	Actual												
	Trajectory	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

1.3 OVERVIEW – Key Performance Indicators Summary

Below is a summary of all the Key Performance Indicators reported in Section 2.

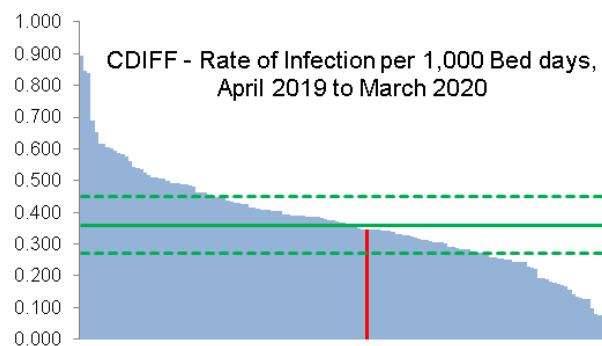
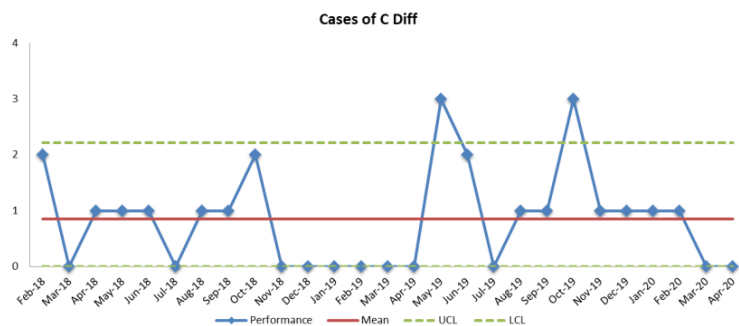


	Successes	Priorities
ACCESS	<p>Work was completed on the extension of the Ambulatory Emergency Care (AEC) to provide Same Day Emergency Care (SDEC) capacity; The Geriatric Emergency Medicine Service (GEMS) were given permanent space adjacent to the Emergency Department; Medical Day case facilities were completed to provide care in a green zone; the division took delivery of the North Somerset excess body storage facility; Medically Fit For Discharge (MFFD) numbers were reduced from 68 to 21 and the entire hospital was reconfigured in 7 days to accept the anticipated Covid-19 cases.</p>	<p>Post Covid-19 restoration planning is currently underway, but the immediate priority is to manage the Covid-19 bed base and maximise the available capacity for non-covid patients</p>
	Opportunities	Risks and Threats
ACCESS	<p>Covid-19 response has improved ways of working in many areas that provide enormous opportunity to adopt permanently:</p> <ul style="list-style-type: none"> • Direct referral SDEC pathway • Advice and guidance and “attend anywhere” clinics • Critical care transfer Standard Operating Procedure (SOP) • Virtual bed meetings • Frailty service support to SDEC 	<p>As part of the restoration process, assessments are being made to ensure departments are able to operate with the appropriate social distancing / infection control requirements. This will likely have an impact on activity and throughput which is currently being assessed.</p>

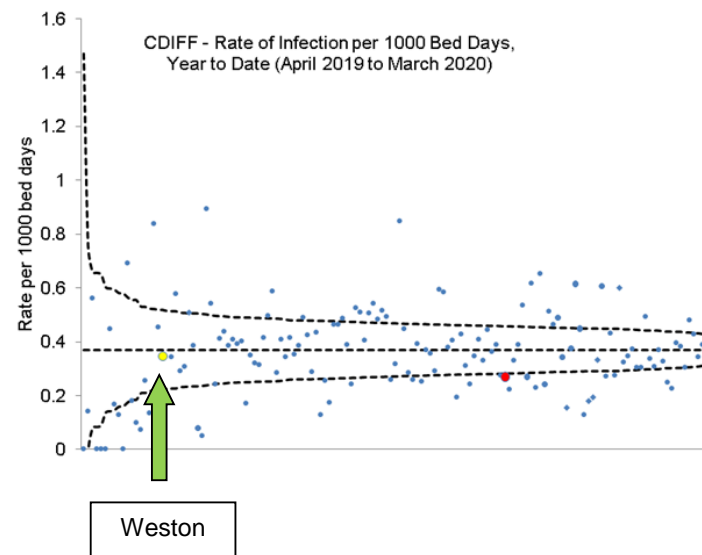
	Successes	Priorities
QUALITY	Sustained performance in relation to inpatient falls, remaining below trajectory.	Pressure injuries remains above trajectory and requires further work to be undertaken, which will be supported by the Trust's Tissue Viability workplan.
	Opportunities	Risks and Threats
QUALITY	Support and increase education and training in relation to pressure injuries prevention, falls risk assessments	The response to the Covid outbreak has impacted on the roll-out / continuation of some quality metrics. These will be rolled-out at the earliest opportunity.

	Successes	Priorities
WORKFORCE	<ul style="list-style-type: none"> • Turnover remains below target • Communications has been key to ensuring that all staff are reassured about their involvement in future plans. 	<ul style="list-style-type: none"> • Recruitment to key posts with a focus on nursing. • Stabilizing the management team at Weston, consulting on the divisional structure • Addressing the key issues identified in the NHS Staff Survey
	Opportunities	Risks and Threats
WORKFORCE	<ul style="list-style-type: none"> • The organizational merger provides an opportunity to develop career pathways and training opportunities for staff, e.g. rotating staff between sites, and bringing down agency usage. • Recruitment is a key focus, building on the opportunities associated with the organisational merger to support recruitment to the Weston site. 	<ul style="list-style-type: none"> • Management of absence in relation to the Covid outbreak. • Recruiting to key posts when nationally there is a shortage of staff; this has been more challenging as a result of the Covid outbreak.

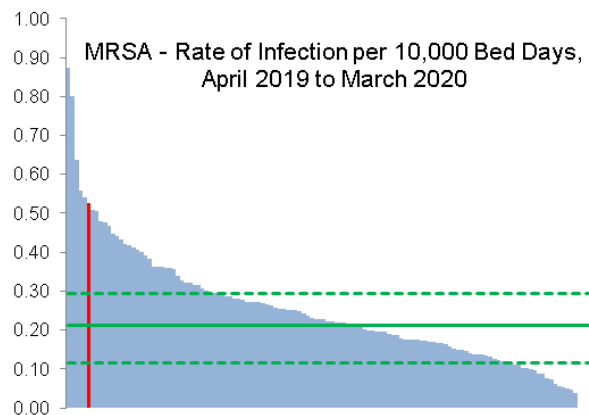
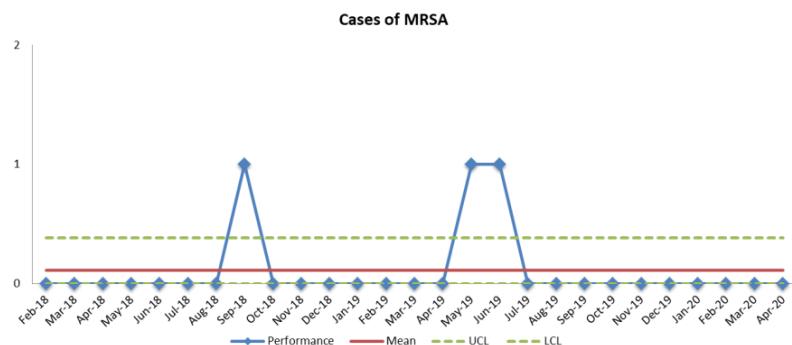
Infections – Clostridium Difficile (C.Diff)	
Standards:	No target has currently been set for 2020.
Performance:	There was zero division apportioned C.Diff cases in April 2020, and 0 cases year-to-date.
Commentary/ Actions:	There have been no cases attributed to the division during April 2020.
Ownership:	Head of Nursing



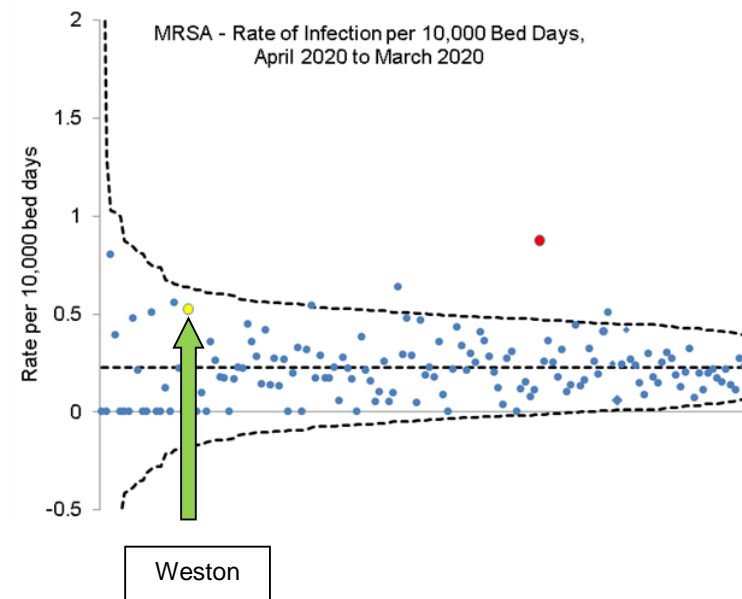
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles



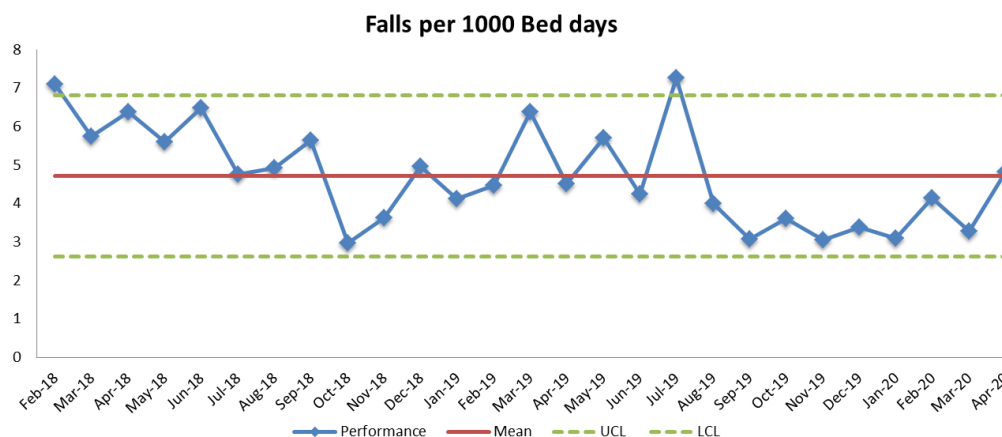
Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	Zero Division Apportioned MRSA cases.
Performance:	There were zero apportioned MRSA cases in April 2020 and zero cases year to date.
Commentary/ Actions:	There have been no cases attributed to the division during April 2020.
Ownership:	Head of Nursing



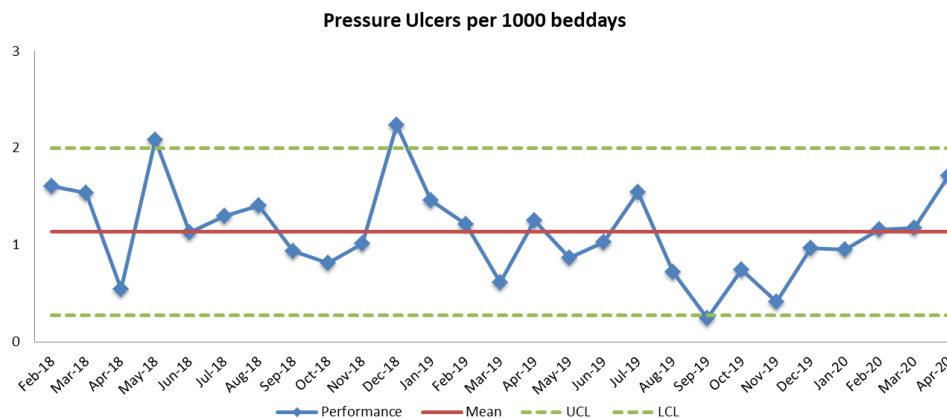
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles



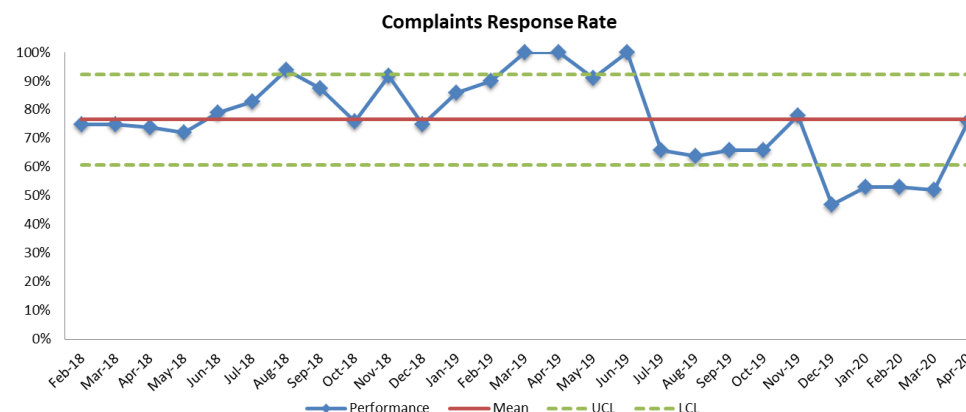
Patient Falls	
Standards:	Inpatient Falls to be less than 5.66 per 1,000 bed days and 0 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for March was 4.82 per 1,000 beddays. This was 1 fall which resulted in harm.
Commentary/ Actions:	<p>There were 28 reported inpatient falls within the Division, of which one resulted in a fracture of the patients Neck of Femur. A 72 hr report has been completed, with the learning identified. The actions identified support the recovery plans below. The majority of the falls were when patients were mobilising, with a number of patients having dementia.</p> <p>Improvement plan:</p> <p>Complete a review of falls risk assessment awareness and training. A number of patients who fell this month had dementia, a retrospective review of these patients will be undertaken to assess if the risk assessment was accurate and patients had the correct nursing support if requiring enhance observation.</p> <p>Actions to be implemented based on the review.</p> <ul style="list-style-type: none"> Assessment of level of accuracy of bed rails assessment will be completed. Safety huddles need to be embedded – awareness/understanding of safety huddles to be promoted. Incomplete/inaccurate documentation. Ensure falls risk assessments policy is understood and embedded. Undertake monthly audit to ensure compliance and understanding.
Ownership:	Head of Nursing



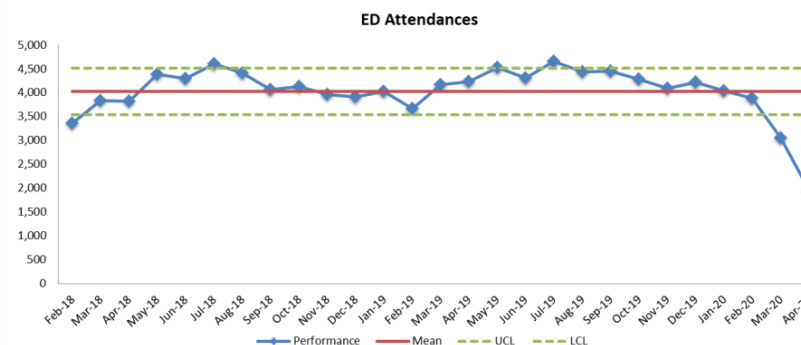
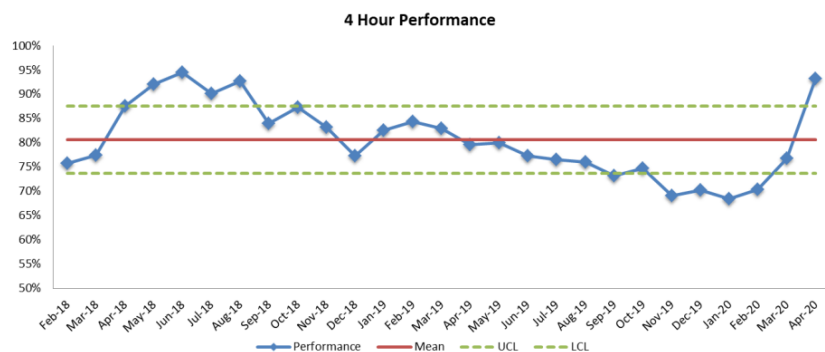
Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers (Grade 2-4) per 1000 beddays to be below 0.92. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for April per 1,000 beddays was 1.72. There was one Grade 3 pressure ulcer and zero Grade 4 pressure ulcers.
Commentary/ Actions:	<p>In April 2020 there were 9 grade 2 hospital acquired pressure injuries reported. Of which 7 were device related. 3 in Medicine and 6 in Surgery. There was one grade 3 pressure injury on ITU also device related currently being investigated.</p> <p>Recovery Plan</p> <ul style="list-style-type: none"> • Specific actions will be developed as part of the Trust's Tissue viability workplan. • Continue with onsite teaching of staff and linking with the tissue viability champions day at the BRI • Training to be arranged for the Emergency Department on Waterlow calculation. • Medical Device-related poster has been circulated. Recommencements of using the Perfect ward Audit to assess staff awareness of knowledge of how to assess patient's risk of pressure injuries.
Ownership:	Head of Nursing

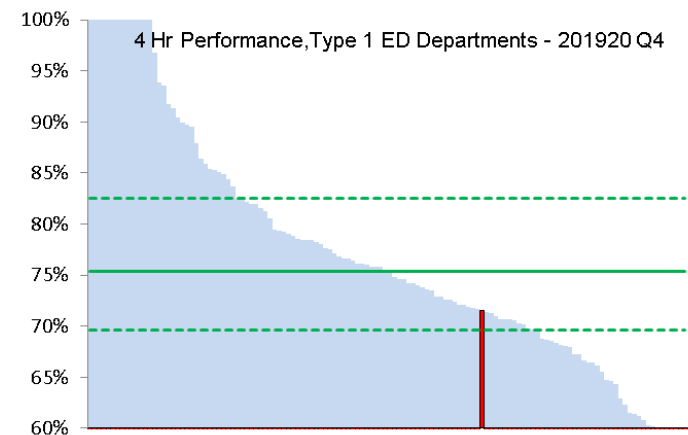
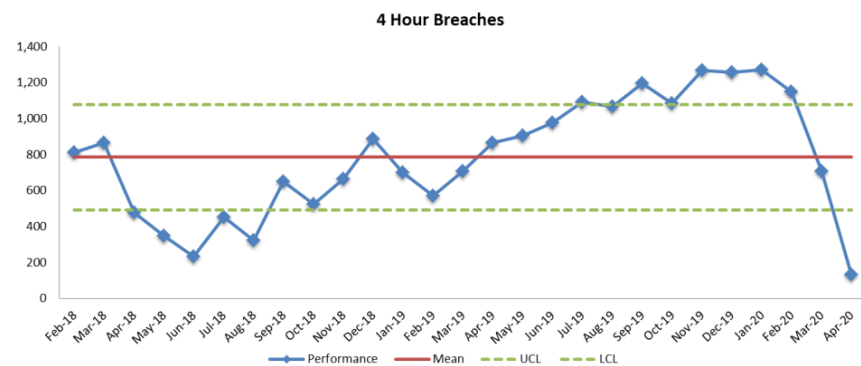


Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe.
Performance:	In April, 65% of formal complaints were responded to with timeframe.
Commentary/ Actions:	As a result of Trust merger, Weston General Hospital's target is to complete complaints investigations within 30 working days, in line with the rest of UHBW (Weston's target had previously been 40 working days, then 35 working days). In other words, the standard being measured in the graph accompanying this data has changed over time. In April – the first month after merger – the response rate for the Division of Weston was 76%, representing a notable improvement compared to the previous four months when performance had been consistently closer to 50%. However, fewer complaints were investigated in April, following a Trust-wide decision made in response to the COVID-19 pandemic to limit investigations to high risk complaints only. All complaints are currently being triaged: non-high risk complaints are being placed on hold until 1 st July and/or complainants are being directed to other sources of support in the meantime.
Ownership:	Head of Nursing

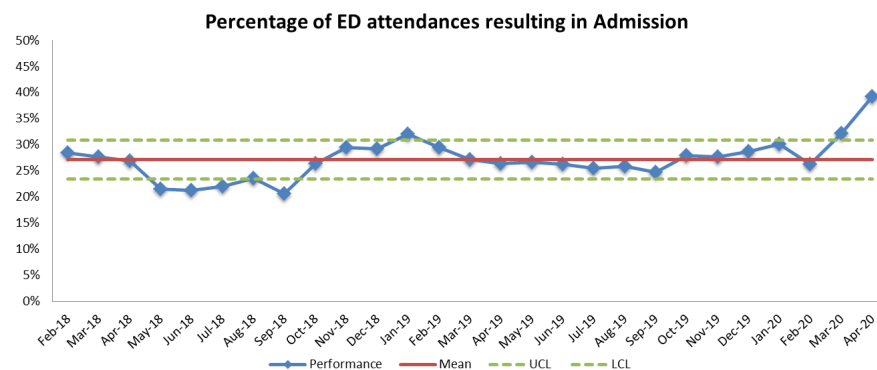


Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours.
Performance:	The 4 hour performance for April was 93.24% (1968 attendances and 133 patients waiting over 4 hours).
Commentary/ Actions:	<p>There has been a significant improvement in the four hour performance from 76.80% in March to 93.24% in April.</p> <p>There has been a large decrease in ED attendances nationally due to the COVID19 pandemic. During the month of April 2020, the Weston site Emergency Department saw less than half the usual attendances. A higher percentage of the attendances are type 1 (major) attendances which contributed to a higher conversion rate of 39.46%.</p> <p>Hospital capacity has been able to accommodate patients requiring admission due to the low volume of admissions. Ambulance hand over delays performance has improved in all aspects of the triggers, 15, 30 and 60 minute ambulance offloads and no reported 12 hour trolley waits.</p> <p>The Emergency Department had instigated an operational model to manage this cohort of patients appropriately in line with NHSE/I guidance.</p> <p>The department continues to focus on the operational reset, reviewing systems, processes and engagement with internal and external stakeholders. Key dependence on this strategy will be system flow inside and outside of the hospital.</p>
Ownership:	Divisional Director

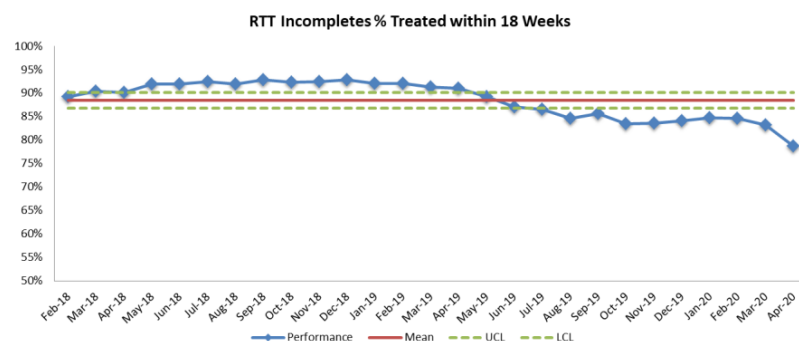




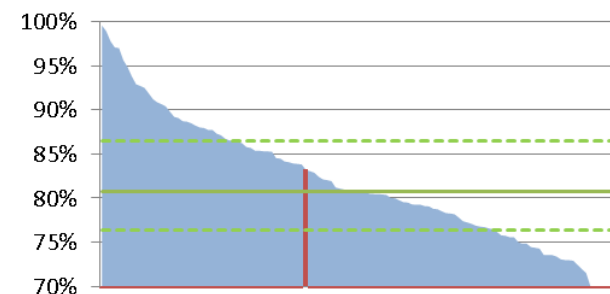
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles



Referral to Treatment (RTT)	
Standards:	At each month-end, the division reports the number of patients on an ongoing 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. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of April, 78.72% of patients were waiting under 18 weeks (4314 out of 5480 patients). 36 patients were waiting 52+ weeks.
Commentary/ Actions:	<p>Decline in RTT performance from last month by 4.5%. This is mostly driven by the Trust suspending routine elective activity in line with national guidance, in response to Covid 19 pandemic.</p> <p>All routine elective operations were suspended in the second half of March 2020, this continued throughout April. Routine outpatient activity has also been suspended with the exception of non-face-to face appointments. There is a significant reduction in numbers of pathways being stopped. Where clinically appropriate, patients are receiving non face-to-face consultations.</p> <p>There is a significant backlog of patients waiting over 18 weeks mainly in orthopaedics with specialty performance now at 42% - T&O was impacted by last year's bed capacity pressures with plans to recover the position in spring/summer 2020. Due to Covid 19 all elective activity has now been suspended leading to T&O reporting 108 patients waiting over 40 weeks for treatment and 22 over 52ww breaches at the end of April.</p> <p>Further 52 week waits have been reported: 4 in Colorectal, 6 in urology, 1 in gastro, 1 in gynaecology and 1 in respiratory and cardiology. All pathways are managed using the approved escalation and clinical harm review process. Total number of reported 52w breaches for April is 36.</p> <p>Total waiting list has reduced from 6871 pathways in March to 5480 at the end of April. This mainly relates to three specialties (Breast surgery, community paediatrics and CAMHS) moving under a new provider from 01 April 2020.</p>
Ownership:	Divisional Director

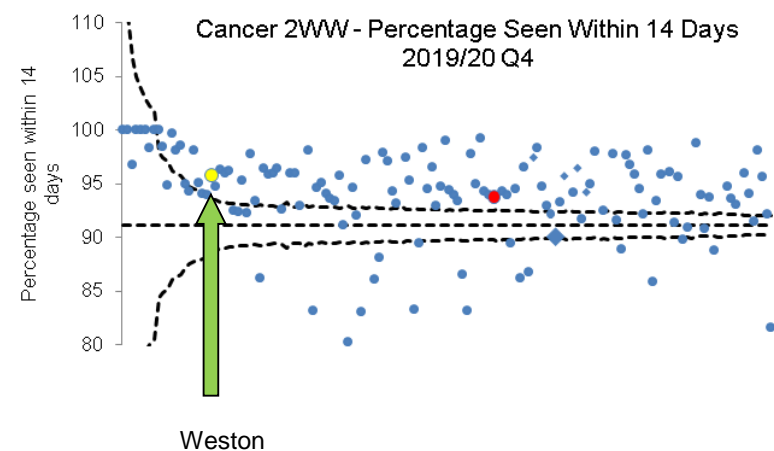
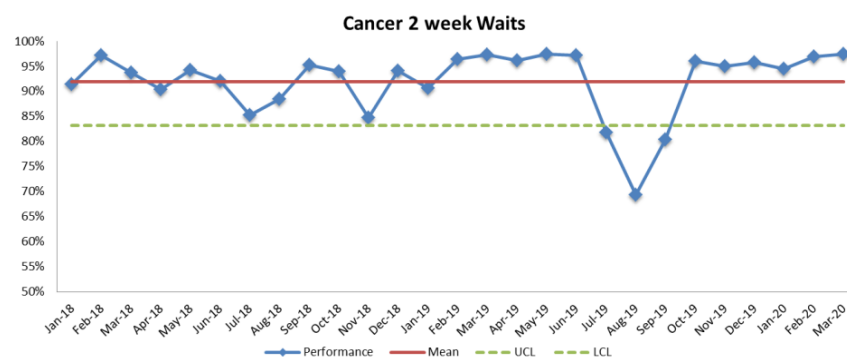


Weston RTT Ongoing - Peer Distribution:
Percentage Waiting Under 18 Weeks Mar20

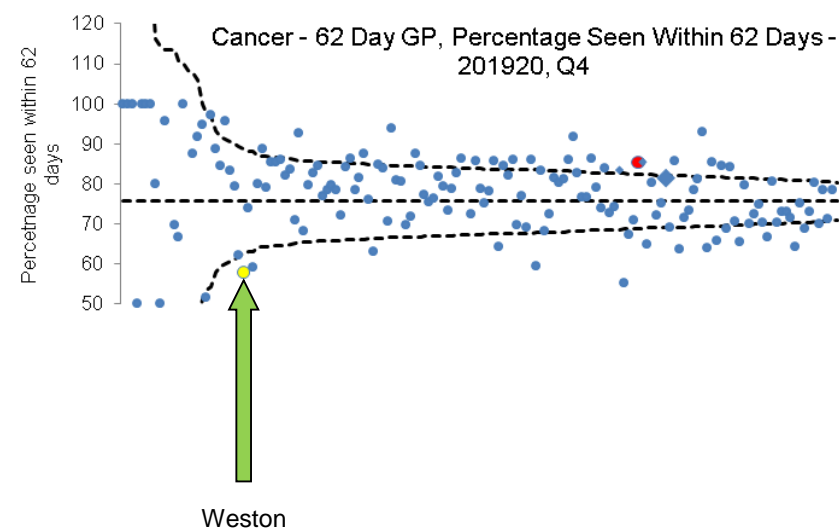
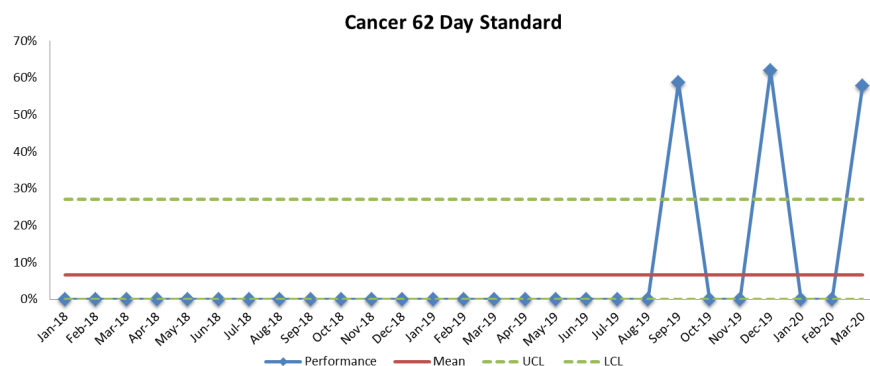


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that the Trust should achieve at least 93%.
Performance:	For March, 97.51% of patients were seen within 2 weeks (391 out of 401 patients). Quarter 1 2019/20 achieved 96.97%. Quarter 2 achieved 77.52%. Quarter 3 achieved 95.68%. Quarter 4 achieved 96.31%.
Commentary/ Actions:	Weston continued to achieve the 2 weeks wait target during March and for Quarter 4. The challenges across colorectal during Quarter 2 has affected the overall yearly achievement which is 91.62%. New processes to triage Straight to Test referrals within this tumour site within Quarter 3 mean that there is an expectation that the hospital will continue to exceed national standards against this target.
Ownership:	Divisional Director

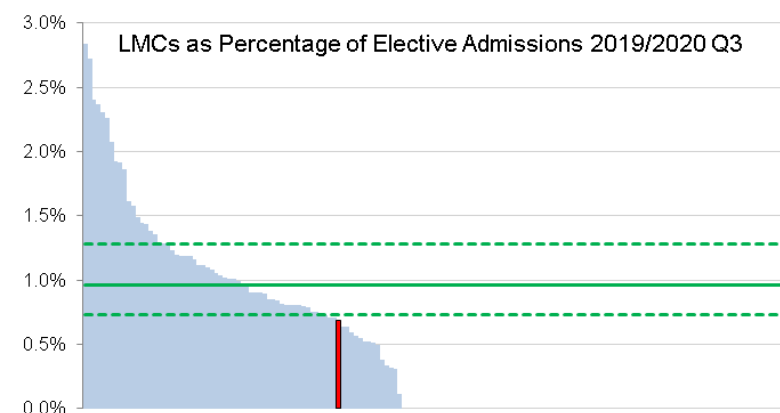
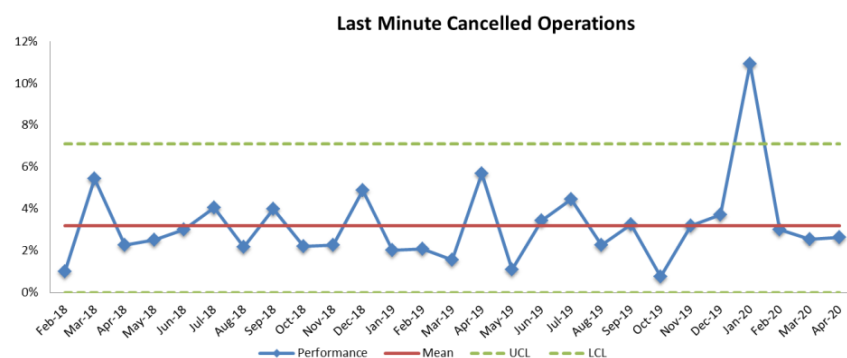


Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%.
Performance:	For March, 64.52% of patients were seen within 62 days (30 out of 46 patients). Quarter 1 2019/20 achieved 64.97%. Quarter 2 achieved 58.75%. Quarter 3 achieved 61.99%. Quarter 4 achieved 57.87%.
Commentary/ Actions:	As of 1 April the management of Breast Surgery moved to North Bristol Trust. The remaining tumour sites achieved a 75% delivery of treatments within 62 days – this related to 2 x tertiary patients within lung and gynaecology where treatment was delivered at Bristol. Both delays were related to complex pathways. Operational teams continue to work proactively to manage as optimally as possible with the restrictions faced and help to deliver the Cancer Improvement Plan. The risk to performance from the impact of Covid-19 is high as patients are reluctant to access diagnostics services and treatments. Work is continuing by the clinical teams to individually assess every 2WW patient and find the best options for their care.
Ownership:	Divisional Director



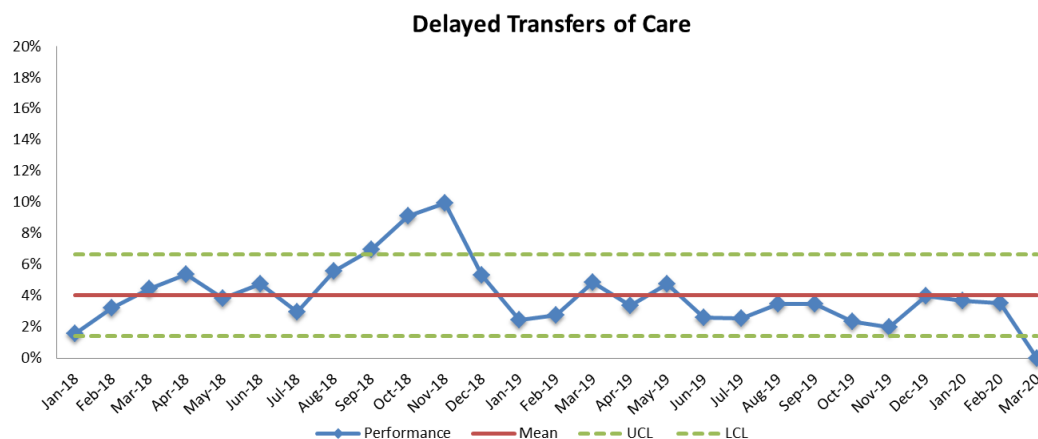
Last Minute Cancelled Operations

Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions.
Performance:	In April there was 1 last minute cancellation, which was 2.63% of elective admissions.
Commentary/ Actions:	This patient was cancelled due to the list being overrun due to extended operating times per patient as a result of extra precautions taken for Covid.
Ownership:	Divisional Director

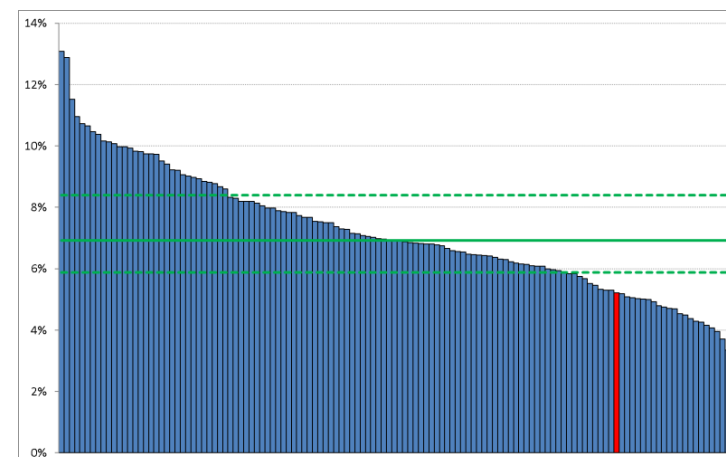
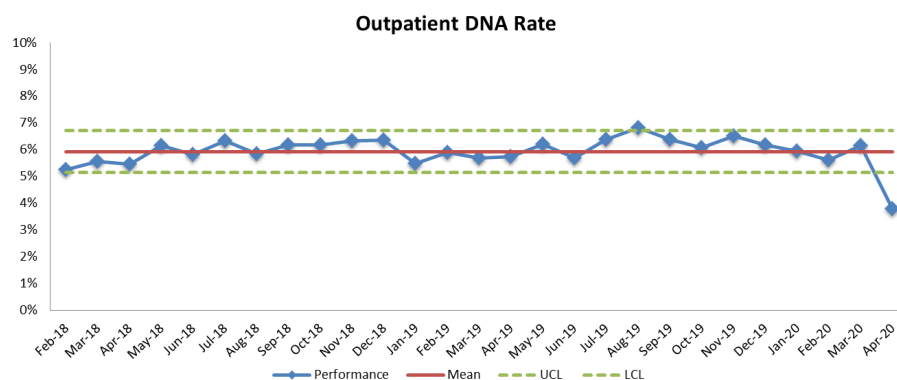


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
Performance:	Reported a month is arrears. In March there were 0 Delayed Transfer of Care patients as at month-end and 0 bed days consumed by DToC patients. There was an average of 29 patients on the MFFD list.
Commentary/ Actions:	In line with the system response to Covid19, management of medically fit for discharge patients ensured timely and transfer to the appropriate discharge pathway.
Ownership:	Divisional Director

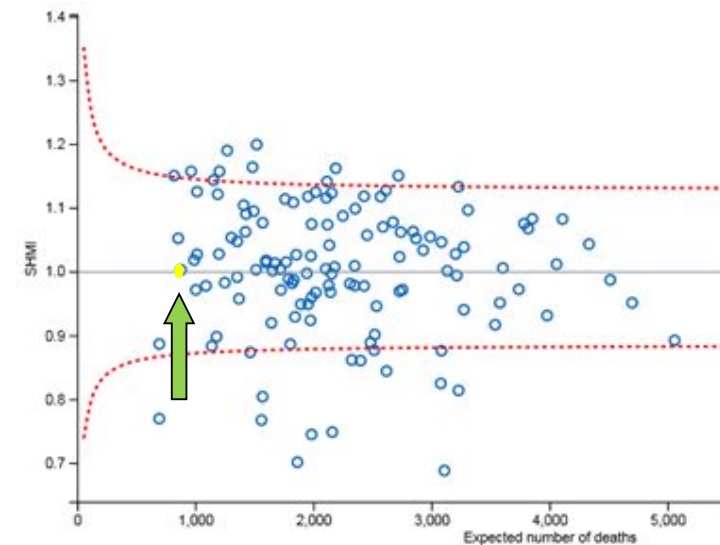
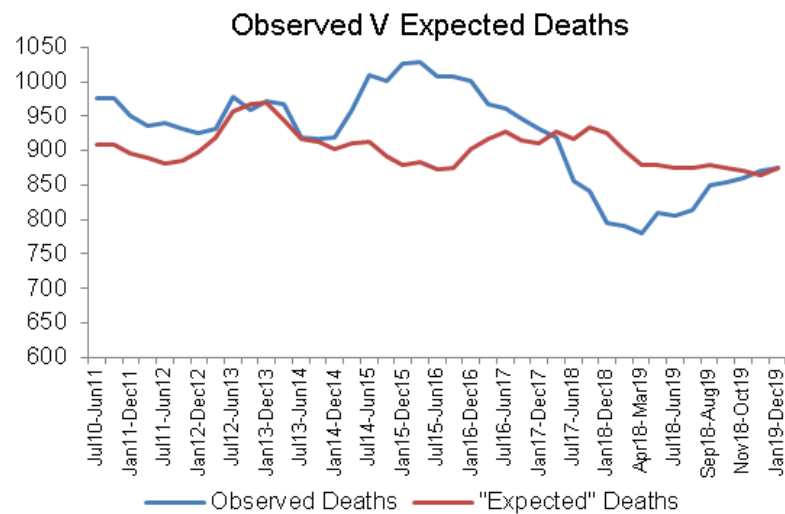


Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.
Performance:	In April there were 6622 appointments that were DNA'ed, which was 3.81% of all planned attendances.
Commentary/ Actions:	
Ownership:	Divisional Director

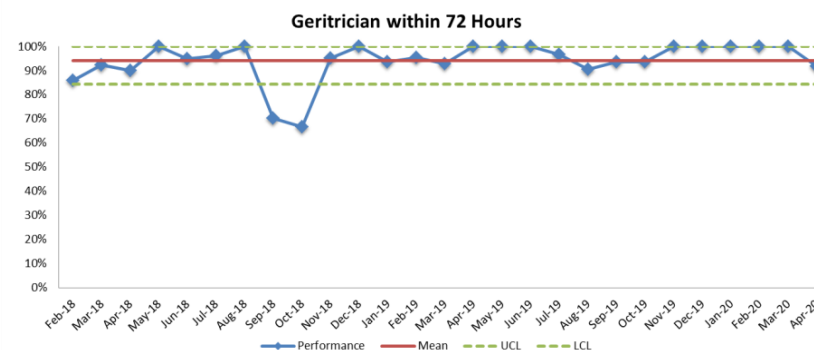
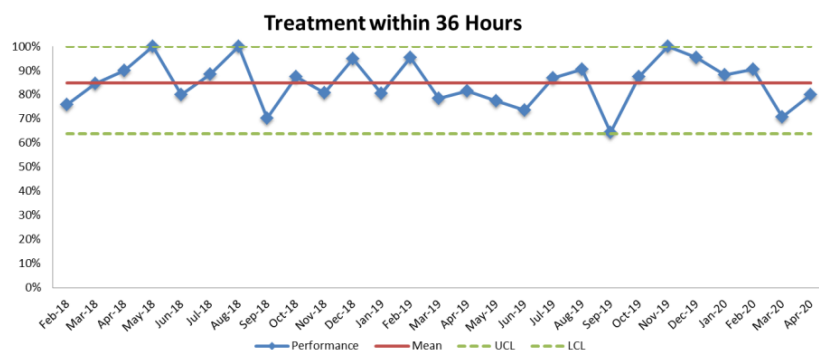


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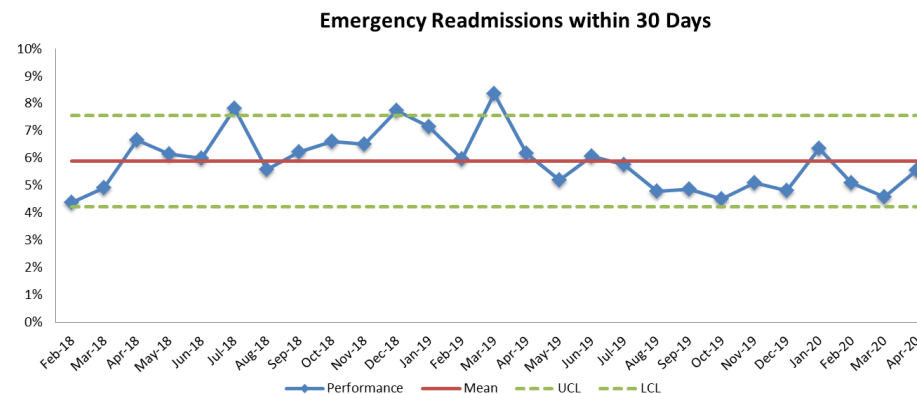
Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period December 18 to November 19. The SHMI was 1.0041 (875 deaths and 875 “expected”). The division is in NHS Digital’s “As Expected” category.
Commentary/ Actions:	
Ownership:	Clinical Chair



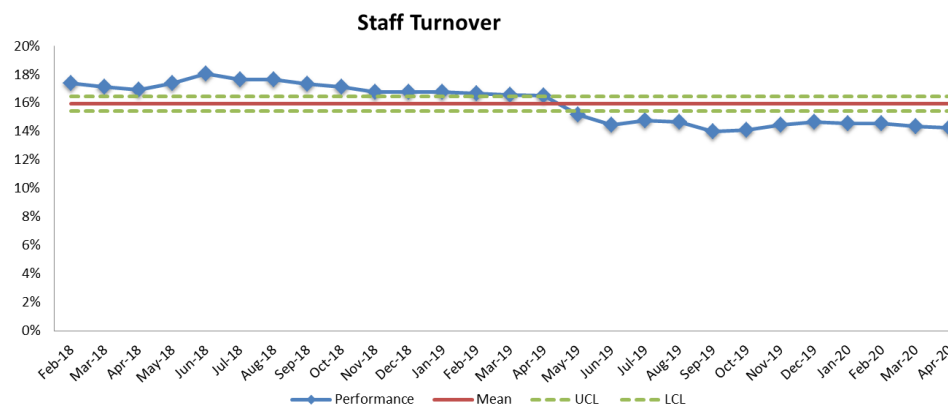
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In April, there were 25 patients discharged following an admission for fractured neck of femur at Weston General Hospital. 80% (20 patients) were operated within 36 hours from admission 92% (23 patients) were seen by the Orthogeriatrician within 72hrs of admission 19 patients (76%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	<p>Challenges resulting in patients not being operated within 36 hours and access to geriatrician within 72hrs:</p> <ul style="list-style-type: none"> Access to trauma theatre space either due to other trauma or other surgical priorities Unavoidable medical issues preventing timely surgery Period of Covid related sickness for the geriatrician who supports the NOF service <p>Actions for May:</p> <ul style="list-style-type: none"> During Covid-19 pandemic, continue to review full day trauma operating to allow for prioritisation of fractured neck of femur on trauma lists Continue to create additional capacity for trauma by utilising vacant theatre sessions <p>From April 2020 all patients who have sustained a fracture of any part of the femur are now included within BPT (national change)</p>
Ownership:	Clinical Chair



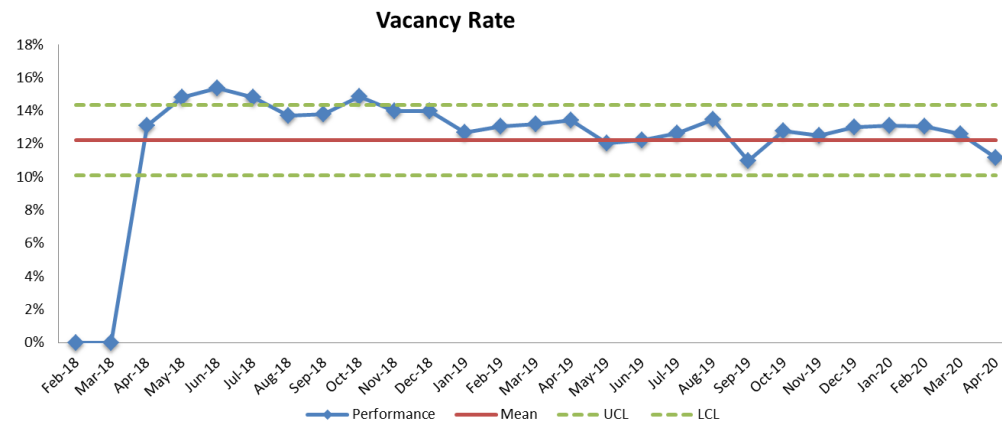
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity.
Performance:	In April, there were 1223 discharges, of which 68 (5.56%) had an emergency re-admission within 30 days.
Commentary/ Actions:	6.66% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.51% from Surgery. A focused piece of work will be undertaken to ascertain reason for the readmissions.
Ownership:	Divisional Director



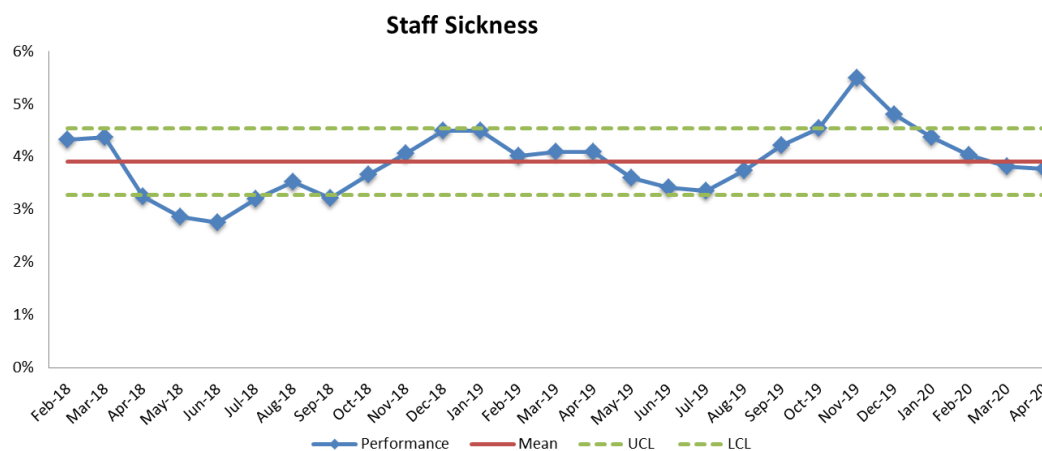
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. This should not be more than 15%.
Performance:	In April 2020, there had been 221 leavers over the previous 12 months with 1547 FTE staff in post on average over that period; giving a Turnover of 14.28%.
Commentary/ Actions:	Rolling turnover (with exclusions) reduced to 14.3% compared with 14.6% in March 2020.
Ownership:	Head of Human Resources



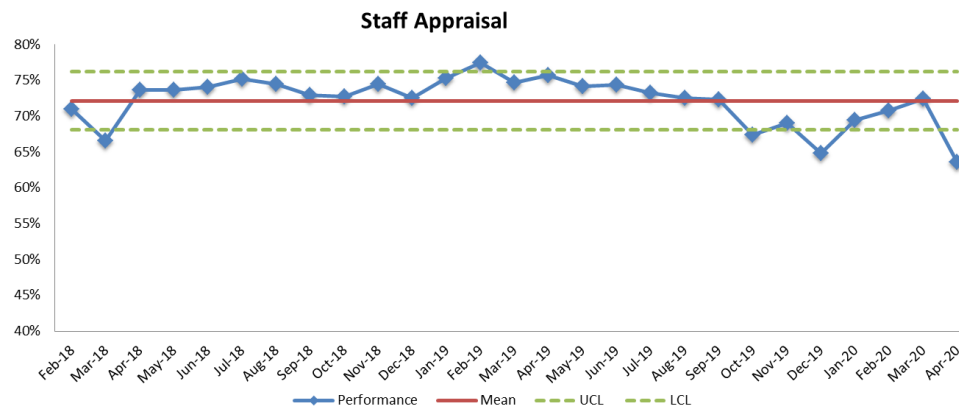
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a target of 8%.
Performance:	In April 2020, funded establishment was 1589.96 FTE, with 1412.02 FTE as vacancies (11.19%).
Commentary/ Actions:	Vacancies for April 2020 were 11.19%
Ownership:	Head of Human Resources



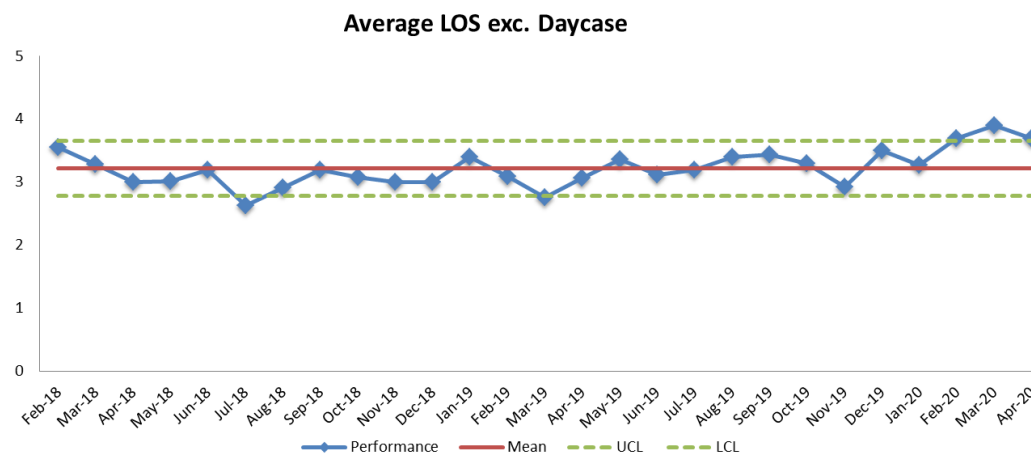
Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In April 2020, total available FTE days were 45,527.43 of which 1603.13 (3.77%) were lost to staff sickness.
Commentary/ Actions:	Month 1 sickness remained static at 3.8% compared with the previous month.
Ownership:	Head of Human Resources



Staff Appraisal	
Standards:	Staff Appraisal is measured as a percentage of staff including consultants who have had their appraisal signed-off. The target is 85%.
Performance:	In April 2020, 770 members of staff were compliant out of 1211 (63.58%).
Commentary/ Actions:	Compliance reduced to 63.6% in April 2020, compared with 72.4% in the previous month. Previously Consultant appraisals were included in this figure which accounts for some of this reduction.
Ownership:	Head of Human Resources

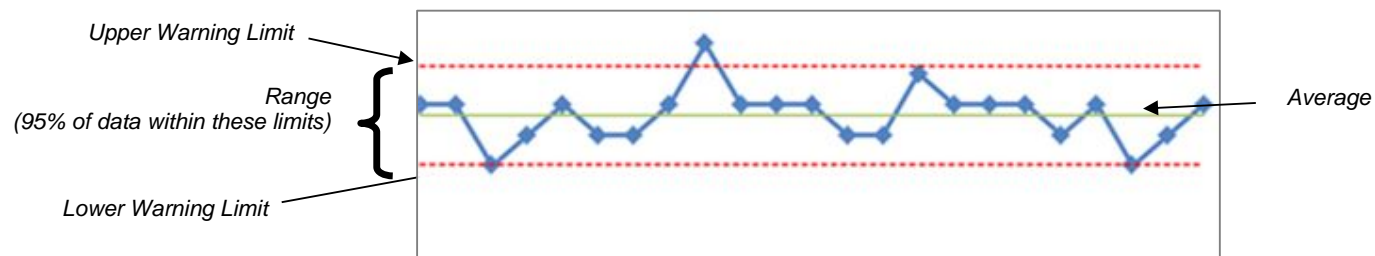


Average Length of Stay	
Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges. The target excluding Day case is less than or equal to 5.5 days.
Performance:	In April there were 846 discharges that consumed 4561 beddays, giving an overall average length of stay of 5.4 days (excluding Daycase)
Commentary/ Actions:	Work continues to improve the LOS, and this work alongside the focus on the medically fit for discharge list has ensured an improved position this month.
Ownership:	Divisional Director



In Section 2, some of the metrics are being presented using Statistical Process Control (SPC) charts

An example chart is shown below:



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

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

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

The overall rating was Requires Improvement, and the breakdown by domain and category is shown below.

Ratings for Weston General Hospital

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

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

Following the merger of University Hospitals Bristol and Weston Area Health Trust, it was decided that the Integrated Performance Report for Weston would adopt the same format and measures as per the existing University Hospitals Bristol report.

There are some metrics that are not currently captured as part of Weston's monthly performance process. This will be reviewed and resolved over the coming months.

The table below lists the measures that are currently missing.

DOMAIN	STANDARD
SAFE	Medicines Management
	Mandatory Training
	Essential Training
	Nurse Staffing Levels
CARING	Patient Surveys
	Friends and Family Test *
RESPONSIVE	Overdue Follow-Ups
EFFECTIVE	Ward Outliers
EFFICIENT	Bank and Agency Usage

* NHS England have suspended reporting on this measure due to Covid-19

Quality Measures

Single Oversight Framework	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend	
	3	Incidents	Occurrence of any Never Event	Nil	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
	4		Patient Safety Alerts not completed by deadline		2	0	0	0	1	1	1	1	1	1	1	1	0	0	
	5	Patient Experience	Mixed Sex Accomodation Breaches	Nil	0	0	0	0	0	0	0	0	0	0					
	6		Inpatient Scores from Friends and Family Test- % Would Recommend	≥95% per mth	96.37%	95.97%	96.77%	97.44%	97.50%	96.09%	97.47%	97.78%	97.96%	98.04%					
				Numerator	744	667	690	608	545	712	617	618	623	701					
				Denominator	772	695	713	624	559	741	633	632	636	715					
	7		Emergency Care Friends and Family Test- % Would Recommend	≥88% per mth	93.08%	98.44%	95.48%	92.31%	91.51%	94.78%	94.32%	92.05%	93.33%	91.67%					
				Numerator	121	126	190	156	97	363	332	278	294	242					
				Denominator	130	128	199	169	106	383	352	302	315	264					
	9	VTE Compliance	VTE Risk Assessment	95%	95.74%	95.04%	95.19%	95.03%	95.05%	95.30%	94.63%	95.02%	94.57%	93.08%	78.47%				
				Numerator	2136	1974	2178	1989	1997	2231	2044	2061	2073	1898	1396				
				Denominator	2231	2077	2288	2093	2101	2341	2160	2169	2192	2039	1779				
				Quarterly	95.55%			95.09%			94.99%								
	97	Healthcare Associated Infections	Meticillin resistant Staphylococcus Aureus (MRSA)	0 p/a	1	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Meticillin sensitive Staphylococcus Aureus (MSSA)		≤5 p/a	1	0	1	1	0	0	1	0	1	0	0	0	0	0		
Clostridium Difficile	≤14p/a		3	2	0	1	1	3	1	1	1	1	0	0	0	0			
C difficile actual variance from plan			2	0	-1	-1	0	1	1	1	1	1	0	0	0	0			
E.Coli			2	1	5	2	2	1	1	0	0	0	3	0	0	0			
15	Mortality	Summary Hospital-level Mortality Indicator	1	0.92	0.92	0.93	0.97	0.98	0.99										

Operating Plan	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend
	32	Falls Reduction Strategy	Falls with Moderate or Severe Harm	10 p/a	0	0	0	2	1	0	1	1	1	0	0	1	1	
	33		Falls per 1000 bed days	5.66	5.71	4.25	7.26	4.00	3.08	3.61	3.06	3.38	3.10	4.14	3.28	4.82	4.82	
				Numerator	46	33	61	33	25	29	22	28	26	32	25	28	28	
				Denominator	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5813	
	35	Hospital acquired pressure ulcer reduction strategy	Hospital Acquired Pressure Ulcers-Grade 3	7 p/a	0	0	2	2	1	1	1	0	1	0	1	1	1	
	36		Hospital Acquired Pressure Ulcers-Grade 4	1 p/a	1	0	0	0	0	0	0	0	0	0	0	0	0	
39	Reduce mortality related to sepsis and decrease number of patients deteriorating	No. of Cardiac arrests	20% Reduction from March 19 position	4	4	7	1	0	2	0	5	2		1				

Other	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend
Other	76	Patient Experience	Friends & Family Test - % Wouldn't Recommend Inpatient	<2%	1.17%	1.73%	1.54%	0.48%	1.43%	1.35%	0.95%	0.79%	0.47%	0.56%				
				Numerator	9	12	11	3	8	10	6	5	3	4				
				Denominator	772	695	713	624	559	741	633	632	636	715				
			Friends & Family Test - % Wouldn't Recommend Emergency Care	<2%	3.85%	0.78%	3.52%	5.33%	6.60%	2.61%	2.27%	4.97%	2.22%	3.41%				
				Numerator	5	1	7	9	7	10	8	15	7	9				
				Denominator	130	128	199	169	106	383	352	302	315	264				
			Local Patient Survey - Were you treated with dignity and respect?	≥90% per mth	98.28%	97.50%	97.80%	98.76%	98.12%	97.82%	98.94%	97.28%	98.38%	98.65%				
				Numerator	513	468	400	397	365	539	374	394	364	438				
				Denominator	522	480	409	402	372	551	378	405	370	444				
			Local Patient Survey - How was your nursing care?	≥90% per mth	98.29%	96.67%	97.82%	98.51%	98.11%	98.55%	97.88%	99.02%	98.93%	98.43%				
				Numerator	516	464	403	398	364	544	369	406	369	438				
				Denominator	525	480	412	404	371	552	377	410	373	445				
		Incidents	Hospital Attributable Pressure Ulcer (grade 2-4) - incidence per 1000 bed days	0.92	0.87	1.03	1.55	0.73	0.25	0.75	0.42	0.97	0.96	1.16	1.18	1.72	1.72	
				Numerator	7	8	13	6	2	6	3	8	8	9	9	10	10	
				Denominator	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5813	
			Incidents	Target Not Applicable	577	507	682	512	514	495	434	525	586	584	407	215	215	
		Complaints	Incidents - Serious Incidents	Target Not Applicable	2	2	4	4	3	3	2	1	3	1	1	4	4	
			Duty of Candour Breaches	Nil	0	0	0	0	0	0	0	0	0	0	0	0	0	
			Complaints - Received Trust total	Target Not Applicable	9	19	15	19	29	19	28	24	22	15	9	24	24	
			Complaints - Trust Response Rate	85%	91.00%	100%	66%	64%	66%	66%	78%	47%	53%	53%	52%	76%	76%	
Other	90	Nursing	Agency (WTE) - Nursing only		71.19	66.17	93.00	86.79	75.98	70.60	67.78	66.18	75.29	72.29	63.89	38.26	38.26	
					93.61%	94.59%	98.31%	91.23%	92.88%	94.63%	96.13%	91.50%	94.30%	97.37%				
				Numerator	30607	29696	32488	30285	29558	29323	28769	30681	29175	28117				
			RN levels (% Achieved)	Denominator	32696	31393	33045	33195	31825	30985	29927	33530	30938	28875				
					115.43%	115.88%	112.44%	114.86%	107.58%	108.70%	108.99%	88.07%	116.60%	120.16%				
				Numerator	28581	27761	28956	29112	26356	27447	26837	28123	29767	28702				
			Numbers (% Achieved)	Denominator	24761	23956	25753	25345	24498	25251	24624	31934	25530	23887				
					7.45	7.29	7.45	7.25	7.00	7.08	7.32	7.15	7.18	7.45				
				Numerator	59188	57457	61444	59397	55914	56770	55606	58803	58942	56819				
			Care Hours per Patient Day	Denominator	7943	7879	8245	8196	7992	8015	7593	8223	8204	7630				
					578.51	489.67	875.03	704.52	539.01	451.66	465	484	503	586	408	288	288	
				Total Agency Costs (excluding outsourced bank) in £'000														
			Total Gross Employee Benefits (including agency) in £'000		2181	2204	2464	2334	2116	2096	2150	2109	2210	2227	2125	1929	1929	
				Nursing Agency Costs as % of Total Nursing Costs		26.52%	22.22%	35.52%	35.51%	25.47%	21.55%	22.94%	22.78%	26.33%	19.21%	14.94%	14.94%	

Operational Measures

Single Oversight Framework	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend	
	16	A&E	A&E 4 Hour Performance	95%	80.04%	77.31%	76.60%	75.99%	73.19%	74.71%	69.05%	70.21%	68.52%	70.43%	76.80%	93.24%	93.24%		
				Numerator	3625	3328	3571	3377	3263	3205	2827	2963	2766	2742	2347	1835	1835		
				Denominator	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	1968		
	17	RTT	RTT Incomplete - 92% in 18 weeks	92%	89.23%	87.14%	86.61%	84.69%	85.63%	83.43%	83.63%	84.07%	84.72%	84.60%	83.19%	78.72%	78.72%		
				Numerator	4814	4728	5008	4936	5350	5054	5458	5559	5661	5871	5716	4314	4314		
				Denominator	5395	5426	5782	5828	6248	6058	6526	6612	6682	6940	6871	5480	5480		
	18a	Cancer Waiting Times	All cancers - maxium 62- day wait for first treatment from:	85%	53.33%	61.43%	73.17%	50.00%	57.38%	53.62%	78.57%	60.00%	45.28%	58.82%	64.52%		0.00%		
				Numerator	16	21.5	15.0	14.5	17.5	18.5	16.5	18.0	12.0	15.0	30.0		0		
				Denominator	30	35.0	20.5	29.0	30.5	34.5	21.0	30.0	26.5	25.5	46.5		353		
			Quarterly	64.97%			58.75%			61.99%			57.87%						
			Numerator	57.50			47			53			57						
			Denominator	88.50			80.00			85.50			98.50						
	18b		b.NHS cancer screening service referrals	90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%		100%	
				Numerator	0.0	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	n/a	0.50	0.50			
				Denominator	0.0	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	n/a	0.50	0.50			
				Quarterly	n/a			n/a			n/a			n/a					
				Numerator	n/a			n/a			n/a			n/a					
				Denominator	n/a			n/a			n/a			n/a					
	19	Diagnostics	Maximum 6 week wait for diagnostic Procedures	99%	92.37%	93.37%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%				
				Numerator	2641	2466	2464	1800	1562	1731	1839	1942	2092	2277	1228			0	
Denominator				2859	2641	2607	1839	1583	1750	1886	2032	2208	2304	1258			0		

Other	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend
	101	Emergency Department	12 Hour Trolley Waits	0	4	15	18	11	39	21	127	124	257	134	41	0	0	
	102		Green to Go- average	30	56	47	62	65	63	48	50	62	65	63	61	29	29	
	102a		Bed days lost to patients on the Green to Go list		1732	1407	1928	2012	1883	1494	1501	1936	2030	1814	1889	880	880	
	103		Re-attendance at ED within 7 days of original attendance	between 1% - 5%	5.35%	6.37%	6.92%	6.06%	6.19%	6.49%	6.24%	6.25%	6.38%	5.96%	5.57%	6.59%	6.59%	
				Numerator	258	272	322	269	276	281	253	264	257	232	170	130	130	
				Denominator	4823	4268	4652	4442	4458	4330	4055	4226	4029	3893	3050	1972	1972	
	104		95th percentile of times from arrival at ED to admission, transfer or discharge	≤ 4:00hr	10:15:00	11:56:00	13:50:00	13:15:00	14:48:00	13:56:00	15:16:21	15:55:00	19:10:00	14:53:00	09:33:00	05:15:00	05:15:00	
	105		The percentage of people who leave the ED department without being seen	≤ 5% per mth	1.94%	2.00%	0.32%	2.57%	3.43%	2.70%	3.25%	2.70%	2.13%	2.72%	1.73%	0.20%	0.20%	
				Numerator	88	86	15	114	153	116	133	114	86	106	53	4	4	
				Denominator	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	1968	
	106		Median time spent from arrival at ED to treatment	≤ 01:00 hrs	01:07:00	01:17:00	01:13:00	01:18:00	01:15:00	01:09:00	01:21:05	01:07:00	01:04:00	01:12:00	00:53:00	00:19:00		
			Median time from arrival at ED to assessment	≤ 00:15 mins	00:15:00	00:17:00	00:18:00	00:20:00	00:19:00	00:17:00	00:17:00	00:16:00	00:16:00	00:16:00	00:15:00	00:10:00		
	107	Ambulance Handover Delays	ED Attendances		4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	1968	
	108		% Total Ambulance arrivals delayed > 30 - 60 mins		4444	4398	4658	4486	4094	4197	4013	3889	4077	3739	4246	4078	4078	
				0%	5.87%	5.09%	5.95%	7.35%	7.63%	6.59%	10.72%	10.12%	9.83%	9.59%	7.93%	1.48%	1.48%	
				Numerator	63	54	61	77	79	72	115	114	110	100	71	11	11	
				Denominator	1074	1061	1026	1047	1036	1093	1073	1127	1119	1043	895	741	741	
	109		% Total Ambulance arrivals delayed > 60 mins	0%	0.74%	0.19%	0.78%	0.96%	0.97%	0.64%	0.56%	1.15%	1.43%	0.96%	0.67%	0%	0.00%	
Numerator				8	2	8	10	10	7	6	13	16	10	6	0	0		
Denominator				1074	1061	1026	1047	1036	1093	1073	1127	1119	1043	895	741	741		

Other	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend
	110	Operations	Breast Symptoms Referred To A Specialist Who Are Seen Within 2 Weeks Of Referral	≥93% per mth	100%	97%	100%	87.50%	90.00%	94.44%	87.50%	100%	55.56%	80.00%	88.89%			
				Numerator	18	32	24	7	9	17	7	14	5	12	8			
				Denominator	18	33	24	8	10	18	8	14	9	15	9			
				Quarterly	99.07%			95.24%			95%			76%				
				Num	107			40			38			25				
				Denom	108			42			40			33				
	111		31 Days For Second Or Subsequent Cancer Treatment - Surgery	≥94% per mth	75.00%	100%	100%	50.00%	75.00%	83.33%	80.00%	100%	100%	100%	100%			
				Numerator	6	3	6	1	3	5	4	5	6	9	3			
				Denominator	8	3	6	2	4	6	5	5	6	9	3			
				Quarterly	80.00%			83.33%			87.50%			100%				
				Num	12			10			14			18				
				Denom	15			12			16			18				
	112		31 Days For Second Or Subsequent Cancer Treatment - Drug Treatment	≥98% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
				Numerator	4	6	7	5	2	8	4	16	13	9	10			
				Denominator	4	6	7	5	2	8	4	16	13	9	10			
				Quarterly	100%			88%			100%			100%				
				Num	18			14			28			32				
				Denom	18			16			28			32				
	113		2 week wait (urgent GP referral to 1st outpatient appointment all urgent suspected cancer referrals)	≥93% per mth	97.45%	97.25%	81.88%	69.31%	80.44%	96.04%	95.07%	95.86%	94.51%	97.03%	97.51%			
Numerator				420	460	375	280	362	509	444	463	413	424	391				
Denominator		431		473	458	404	450	530	467	483	437	437	401					
Quarterly		96.97%			77.52%			95.68%			96.31%							
Num		1282			1017			1416			1228							
Denom		1322			1312			1480			1275							
114	NHS Cancer Plan 31 Day Standard	≥96% per mth	100%	98%	100%	95.74%	97.92%	100%	97.50%	95.92%	92.68%	100%	100%					
		Numerator	54	47	38	45	47	49	39	47	38	47	62					
		Denominator	54	48	38	47	48	49	40	49	41	47	62					
		Quarterly	99.31%			97.74%			97.83%			98.00%						
		Num	143			130			135			147						
		Denom	144			133			138			150						

Other	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend	
	115	Stroke	Stroke Care - Stroke patients to spend 90% of their stay on a stroke unit	≥90% per mth	75.00%	64.29%	46.15%	81.25%	76.47%	70.00%	83.33%	95.24%	75.00%	83.33%	82.35%	83.33%	83.33%		
			Numerator	15	9	6	13	13	21	15	20	15	15	14	15	15			
Denominator			20	14	13	16	17	30	18	21	20	18	17	18	18				
116	Re-admissions	Emergency re-admissions within 30 days following an elective or emergency spell	n/a	5.20%	6.09%	5.77%	4.81%	4.87%	4.53%	5.09%	4.82%	6.37%	5.09%	4.60%	5.56%	5.56%			
		Numerator	137	147	152	115	118	125	127	121	163	122	97	68	68				
		Denominator	2633	2413	2633	2393	2421	2762	2493	2509	2557	2395	2110	1223	1223				
117	Fractured Neck of Femur	#NOF - Percentage of Patients Assessed by Ortho-geriatrician within 72hrs of admission to ED or fall within hospital	90%	100%	100%	97%	90%	94%	94%	100%	100%	100%	100%	100%	92%	92.00%			
			Numerator	31	19	30	19	29	15	12	22	17	21	24	23	23			
			Denominator	31	19	31	21	31	16	12	22	17	21	24	25	25			
118		#NOF - Surgery within 36hrs of admission to ED or fall within hospital	n/a	77.42%	73.68%	87.10%	90.48%	64.52%	87.50%	100%	95.45%	88.24%	90.48%	70.83%	80.00%	80.00%			
			Numerator	24	14	27	19	20	14	12	21	15	19	17	20	20			
			Denominator	31	19	31	21	31	16	12	22	17	21	24	25	25			
119			Number of #NOFs discharged	n/a	31	19	31	21	31	16	12	22	17	21	24	25	25		
		120	High Risk Transient Ischemic Attack	% of High Risk TIA Patients seen within 24 hours	60%	61.11%	76.92%	52.94%	40.00%	29.41%	77.27%	82.35%	68.42%	84.21%	50.00%	60.00%	55.56%	55.56%	
					Numerator	11	10	9	6	5	17	14	13	16	8	6	5	5	
Denominator	18				13	17	15	17	22	17	19	19	16	10	9	9			
121	RTT	RTT waits over 52 weeks for incomplete pathways	0	3	3	2	2	3	4	7	5	9	18	22	36				
			Access and Waiting Times	NHS E-Referral slot availability	≥96% per mth	95.58%	94.83%	94.92%	93.72%	99.44%	96.24%	97.59%	97.96%	97.38%	97.99%	97.09%			
					Numerator	2573	2514	2839	2269	2490	2896	2829	2447	2859	2541	2100			
Denominator	2692	2651			2991	2421	2504	3009	2899	2498	2936	2593	2163						
Daycase Rate	≥85% per mth	92.74%		92.99%	94.21%	92.85%	87.36%	92.35%	92.78%	92.89%	94.39%	93.11%	93.83%	95.19%	95.19%				
	Numerator	1188		1128	1269	1091	1127	1280	1144	1085	1144	1121	898	376	376				
	Denominator	1281		1213	1347	1175	1290	1386	1233	1168	1212	1204	957	395	395				
Outpatient DNA Rate	≤8% per mth	6.22%		5.69%	6.40%	6.83%	6.39%	6.09%	6.51%	6.19%	5.94%	5.63%	6.15%	3.81%	3.81%				
	Numerator	871		733	958	867	850	921	913	712	807	719	670	252	252				
	Denominator	14000		12884	14971	12686	13310	15128	14021	11495	13579	12773	10886	6622	6622				
125	Outpatient New to Follow Up	≤1.6 per mth		1.90	1.94	1.95	1.84	1.84	1.75	1.98	1.92	1.95	1.83	2.07	2.79	2.79			
		Numerator		8607	8022	9255	7664	8077	9040	8708	7093	8445	7794	6887	4689	4689			
		Denominator		4522	4129	4758	4155	4383	5167	4400	3690	4327	4260	3329	1681	1681			
126	Cancelled Ops	Cancellation of Elective Care Operations on the day for Non-Clinical reasons	≤0.8% per mth	1.10%	3.43%	4.46%	2.27%	3.26%	0.76%	3.20%	3.72%	10.93%	3.02%	2.55%	2.63%	2.63%			
			Numerator	5	16	20	9	12	4	15	15	34	14	6	1	1			
			Denominator	456	466	448	396	368	529	469	403	311	463	235	38	38			
127		Cancelled operations - 95% of cancelled patients to be rebooked within 28 days	95%	88%	100%	100%	80%	100%	80%	88%	92%								
			Numerator	7	5	15	4	9	4	7	11								
			Denominator	8	5	15	5	9	5	8	12								
128		Urgent Operations -no urgent operation should be cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend
Other	Operations	Delayed Transfers of Care	≤ 3.5% per mth	4.79%	2.61%	2.58%	3.46%	3.48%	2.35%	1.98%	4.00%	3.68%	3.52%	0.00%		#DIV/0!	
			Numerator	386	203	217	286	283	189	142	331	308	272	0		0	
			Denominator	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	7623		0	
		Average LOS (Days)	≤ 2.9 per mth	3.36	3.12	3.20	3.40	3.44	3.30	2.92	3.50	3.27	3.70	3.90	3.70	3.7	
			Numerator	8835	7524	8419	8180	8324	9171	7274	8857	8371	8765	8262	4561	4561	
			Denominator	2633	2413	2633	2393	2421	2762	2493	2509	2557	2395	2110	1223	1223	
		Average LOS (Days) exc. Daycase	≤ 5.5 per mth	6.2	6.0	6.4	6.4	6.6	6.3	5.5	6.3	6.0	7.0	6.9	5.4	5.4	
			Numerator	8835	7524	8419	8180	8324	9171	7274	8857	8371	8765	8262	4561	4561	
			Denominator	1421	1260	1318	1270	1267	1464	1329	1414	1387	1249	1194	846	846	
		ED Conversion Rate	≤ 24% per mth	26.67%	26.36%	25.59%	25.86%	24.70%	28.00%	27.72%	28.77%	30.10%	26.28%	32.23%	39.23%	39.23%	
			Numerator	1208	1135	1193	1149	1101	1201	1135	1214	1215	1023	985	772	772	
			Denominator	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	1968	
		LOS over 7 days	≤ 18% per mth	27.06%	27.40%	29.35%	28.00%	29.08%	30.34%	24.05%	27.72%	28.43%	30.24%	31.46%	25.62%	25.62%	
			Numerator	385	345	388	357	371	460	322	393	396	384	376	216	216	
			Denominator	1423	1259	1322	1275	1276	1516	1339	1418	1393	1270	1195	843	843	
		Bed Occupancy (funded)	<95%	109.64%	110.47%	114.90%	112.88%	114.88%	110.07%	101.84%	112.96%	105.81%	102.19%	94.84%	75.42%	75.42%	
			Numerator	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5813	
			Denominator	7351	7032	7311	7316	7075	7306	7053	7329	7915	7568	8038	7707	7707	
		Morning Discharge %	≥ 30% per mth	22.97%	26.18%	26.05%	27.29%	23.14%	23.87%	25.23%	20.93%	21.47%	25.03%	21.52%	21.73%	21.73%	
			Numerator	249	261	230	280	215	269	217	189	190	213	195	148	148	
			Denominator	1084	997	883	1026	929	1127	860	903	885	851	906	681	681	
		Discharges at Weekend as % of Discharges During Week	≥ 50% per mth	40.84%	34.89%	37.77%	46.52%	45.14%	36.63%	39.26%	33.66%	42.70%	38.54%	39.71%	40.78%	n/a	
			≥ 98% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.9%	100%	100%	100.00%	
			Numerator	1159	1070	1246	1085	1110	1255	1015	973	1098	1317	845	370	370	
		Admission On Day Of Surgery	Denominator	1159	1071	1249	1085	1112	1255	1016	973	1098	1318	846	370	370	
			≤ 9% per mth	40.32%	28.21%	44.09%	39.62%	43.24%	41.22%	31.54%	50.00%	56.07%	34.43%	37.50%	73.68%	73.68%	
			Numerator	50	33	56	42	48	61	41	53	60	42	33	14	14	
		Theatres - % late starts (Elective)	Denominator	124	117	127	106	111	148	130	106	107	122	88	19	19	
			≥ 85% per mth	72.56%	74.04%	69.64%	61.19%	64.98%	80.93%	73.87%	64.56%	56.44%	73.58%	50.00%	11.33%	11.33%	
			Numerator	156	154	156	134	141	191	164	133	127	156	108	23	23	
		Theatre session utilisation (Elective)	Denominator	215	208	224	219	217	236	222	206	225	212	216	203	203	
			≥ 85%	84.19%	83.71%	79.37%	78.47%	79.69%	78.45%	77.48%	78.98%	70.46%	76.91%	72.93%	70.43%	70.43%	
			Numerator	28919	28590	26640	25037	27395	35733	30199	25748	21416	28685	18273	4121	4121	
		Theatre in-session utilisation (Elective)	Denominator	34350	34155	33565	31905	34376	45547	38976	32601	30396	37297	25056	5851	5851	

Workforce Measures

Single Oversight Framework	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend	
	23	Human Resources	Staff Sickness	≤3.9% per mth	3.61%	3.42%	3.35%	3.74%	4.22%	4.54%	5.50%	4.80%	4.37%	4.03%	3.82%	3.77%	3.77%		
				Numerator	1635	1480	1500	1680	1826	2042	2413	2172	1985	1714	1743	1603	1603		
				Denominator	45256	43257	44766	44883	43261	44976	43903	45256	45419	42540	45623	42527	42527		
	24		Staff Turnover	≤15%	15.20%	14.46%	14.80%	14.70%	14.03%	14.10%	14.46%	14.70%	14.56%	14.56%	14.36%	14.29%	14.29%		
				Numerator	229	217	221	220	214	217	188	191	188	188	214	221	221	221	
				Denominator	1507	1501	1515	1514	1525	1521	1301	1298	1293	1293	1245	1547	1547	1547	
	25		Proportion of Temporary Staff		11.14%	11.01%	13.02%	13.17%	12.99%	12.46%	14.21%	12.20%	15.48%	15.51%	15.99%	13.39%	13.39%	13.39%	
				Numerator	186	185	219	224	222	210	245	206	269	270	281	218	218.32	218.32	
				Denominator	1671	1677	1683	1707	1707	1683	1725	1685	1690	1744	1758	1630	1630.34	1630.34	

Operating Plan	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend		
	62	Human Resources	Improvement in workforce stability measures due to reduced turnover	<8%	12.04%	12.24%	12.67%	13.48%	11.01%	12.81%	12.50%	13.03%	13.10%	13.08%	12.60%	11.19%	11.19%			
				Numerator	201	205	243	230	187	187	211	220	221	221	213	178	178			
				Denominator	1671	1677	1712	1703	1702	1702	1691	1690	1690	1690	1690	1590	1590			
	63		A reduction in the number of overall vacancies	Statutory/mandatory compliance of all staff groups	≥90%	85.32%	82.11%	83.39%	79.17%	79.28%	79.44%	79.34%	76.13%				76.21%	76.21%		
					Numerator	2894	9540	9386	11435	9441	9742	11561	9631				14227	14227	14227	
					Denominator	3392	11618	11255	14444	11908	12263	14572	12650				18668	18668	18668	
	64		Appraisal compliance of all staff groups		≥85%	74.16%	74.40%	73.25%	72.51%	72.34%	67.38%	69.03%	64.79%	69.42%	70.81%	72.40%	63.58%	63.58%		
					Numerator	1016	1017	975	926	871	901	912	841	917	895	918	770	770	770	
					Denominator	1370	1367	1331	1277	1204	1337	1321	1298	1321	1264	1268	1211	1211	1211	

Other	No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend
	140	Human Resources	Total Staffing FTE Compared to Funded Establishment (% from target)	Not Applicable	-0.90%	-1.22%	0.35%	0.28%	0.29%	-0.39%	2.0%	-0.34%	2.82%	3.22%	4.05%	2.54%	2.54%	
				Numerator	1656	1656	1688	1707	1707	1683	1725	1685	1738	1744	1758	1631	1631	
				Denominator	1671	1677	1683	1703	1702	1690	1691	1690	1690	1690	1690	1590	1590	
	141		Staffing	Total Pay Bill (£000s)	Not Applicable	7329	7007	7660	7435	7195	7337	7066	7008	7467	7612	7657	7033	7033
142	Agency/Bank/Locum Pay Bill (£000s)			Not Applicable	1594	1384	1894	1806	1423	1596	1260	1334	1581	1865	1640	1206	1206	

Financial Measures

Operating Plan	No.	Section		Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend		
	70	Finance	Fast access to clinical documents	95 % Percent of scoped document available in the document search application	95%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%		
	71			Live interactive bed board to enhance handover and tracking of patients	Every ward have access to a live bed board	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	72		Increase logins and system usability within key systems	Increase active users within Connecting Care, Summary Care Record, and EMIS viewer	> previous month	1565	1563	1836	1779	1974	2367	2343	2349	2823	2823	2492	2195	2195			
	73			Increase concurrent users within key systems	> previous month	223	224	238	224	231	239	241	241	251	236	241	177	177			
	74		Improve end user experience	Service desk customer satisfaction surveys	4	4.97	4.98	4.85	4.98	5.00	4.98	4.92	4.88	4.72	4.66	4.83	4.91	4.91			
Other	No.	Section		Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Year to Date Apr 20-Mar 21	Trend		
	143	Finance	Information	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	99%	99.92%	99.91%	99.92%	99.97%	99.84%	99.93%	99.92%	99.93%	99.94%	99.91%	99.91%	99.93%	99.93%	99.93%		
					Numerator	21802	21338	284616	22469	21820	24022	22196	20070	23266	21943	21043	11423	11423	11431	11431	
					Denominator	21819	21358	284830	22475	21855	24039	22213	20084	23281	21963	21062	11431	11431	11431	11431	
	144			Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95%	99.17%	99.37%	98.92%	99.26%	99.60%	99.58%	99.41%	99.36%	99.40%	99.52%	99.26%	99.09%	99.09%	99.09%	99.09%	
					Numerator	4515	4276	4601	4409	4440	4312	4031	4199	4000	3900	3093	1954	1954	1954	1954	1954
		Denominator	4553		4303	4651	4442	4458	4330	4055	4226	4024	3919	3116	1972	1972	1972	1972	1972		

Meeting of the Board of Director – 28 May 2020

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

For Information

The meeting considered a range of quality and access information including the Quality and Performance Report, Serious Incident Report and Root Cause Analysis Report. The following was highlighted and discussed:

- The performance of the Trust had been significantly affected by the need to respond to the Covid-19 Pandemic. A number of changes to the configuration of the hospital as well as national and internal reporting had been made.
- The next stage of the Trust's plans were noted alongside a paper on the positive changes that had been made to help manage outpatient appointments. The Trust was now utilising capacity at Spire hospital in Bristol, initially for Cardiology, but which would be expanded to adult and paediatric elective work.
- The positive changes to outpatient services included:
 - Growth in non-face-to-face clinics,
 - Introduction of video clinics,
 - Expansion of advice and guidance services,
 - Pilot of a community phlebotomy service, and
- The risks to performance during winter were highlighted specifically the expected challenges of having to manage the response to Covid-19, flu and norovirus – whilst numbers attending ED increased. Also the Covid streaming had introduced an additional inefficiency in utilisation of the bed base..
- It was confirmed that the Trust had achieved the Cancer 62 Day GP Standard in Q4 and therefore had achieved the standard for all four quarters of 2019/20.
- The increase in pressure injuries and falls was discussed, and it was noted that an increase in the “proning” of patients and use of medical devices, related to the caring of patients with Covid-19, was a contributory factor, as was the reduced bed occupancy which had increased the prevalence of falls.

The Committee received the following reports for information and assurance:

- Monthly Nurse Safe Staffing Report
- Learning from Death Reports for Q4 2019/20 for both UH Bristol and WAHT
- Quarterly Inquest Report
- Upper Quartile Benchmarking Report

For Board Awareness, Action or Response	
<p>There had been an increase in the number of patients testing positive for Covid-19 at Weston General Hospital, an associated risk to patient and staff safety and evidence of transmission within Weston. A review had been undertaken by the Chief Nurse, Medical Director and Chief Operating Officer, supported by the Director of Infection Control and Divisional leadership. There was an emergency meeting later that day to agree a management plan to agree actions to mitigate the risks.</p>	
Key Decisions and Actions	
N/A	
Date of next meeting:	26 June 2020

Meeting of the People Committee on 22nd May 2020

Reporting Committee	People Committee
Chaired By	Bernard Galton, Non-Executive Director
Executive Lead	Matt Joint, Director of People

For Information

- The Director of People provided a strategic update to the Committee, and gave a summary of the significant role the HR function had played during the ongoing Covid-19 situation. This included the setting up of a skills hub; a revised half day induction programme for new and returning members of staff; PPE fit testing; the implementation of an Employee Assistance Programme for all staff; and the provision of hundreds of wellbeing packs to staff. It was reported that overall staffing levels had remained resilient despite some staff having to self-isolate. The Trust's contribution to the wider system response to Covid-19 was also highlighted, with the Trust contributing 30% of the staff at the Nightingale Hospital and taking a leading role in the People agenda across the BNSSG health system. The Committee also received an update on the integration of Weston General Hospital following the merger on 1st April 2020.
- The Committee considered an update against the strategy plan for Diversity and Inclusion. Updates were provided on the provision of cultural awareness workshops (which had been halted due to Covid-19); work around talent management and an increasing focus on talent liberation; and the national position in respect of WRES reporting. It was noted that at the last meeting of the Board it had been requested that all the WRES indicators should be included in future reports, and it was confirmed that work was ongoing in respect of this. The need to ensure the Diversity and Inclusion priorities of the former Weston Areas Health NHS Trust were carried forward into the new merged organisation was also emphasised, and it was confirmed that the revised strategy would take account of this.
- The Committee received a six monthly progress report on the Transformation Strategy. The changes already brought about by the merger and the response to Covid-19 were discussed, and it was suggested that a special event could be organised (along the lines of the Bright Ideas initiative) to harness the changes arising from Covid-19 into long term improvements.
- The Committee considered the Monthly Workforce and Education Scorecard. The position in respect of appraisals continued to be of concern and this needed to be addressed despite the challenges presented by Covid-19. It was confirmed that a proposal to restart appraisals in the near future was being developed. The Committee also discussed risk assessments for BAME staff during the Covid-19 crisis, and it was emphasised that there needed to be greater transparency in respect of this. It was requested that an update be brought to the next meeting on this, and members requested that there should be confirmation that all front line staff had spoken with their manager about a risk assessment.

- In respect of the People Strategy it was noted that this needed to be refreshed in light of the changes brought about by Covid-19, and that this should be discussed further at the next meeting and at the Board Seminar the following week.

The People Committee received reports on the following for information and assurance:

- Staff Survey - Q4 Update. It was suggested that the response rate of 60% needed further improvement and work was required with the Divisions to achieve cultural change in respect of attitudes towards the survey. It was also suggested that the data on bullying and harassment provided by the survey should be triangulated with Freedom to Speak Up data.
- An update on the provision of apprenticeships at the Trust.

For Board Awareness, Action or Response

The committee received an update from the Medical Director on the actions taken by the former Weston Area Health Trust to address on-going GMC/HEE concerns around the provision of high quality postgraduate training, and the enhanced response in 2019 to specific concerns in the Emergency Department. It was reported that significant progress had been made over the past three years and the vast majority of actions had now been completed. Some of the work had been paused due Covid-19 but this would restart shortly and the picture remained a positive one.

Key Decisions and Actions

N/A

Date of next meeting:

26th June 2020

Meeting of the Finance Committee on 26th May 2020

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

Information
<p>The Committee received the Finance Director's Report and the 2020/21 Covid-19 Financial Plan for the period from 1st April 2020 to 31st July 2020. It was reported that the NHS financial regime for 2020/21 has significantly changed in response to the Covid-19 Pandemic, with Payment by Results having been replaced by block payments from commissioners broadly based on 2019/20 contract values. Income from local authorities, HEE and other NHS Providers is also being received as block payments.</p> <p>The plan against which the Trust's monthly position was reported had been provided by NHSE/I and was their assessment of the position of the merged organisation based on 2019/20 expenditure, and did not therefore represent the Trust's pre-Covid plan. In delivering the funded break-even position for month 1, the Trust received £59.5m block funding and required £3.1m of top up funding. The Trust incurred £2.7m of additional costs relating to Covid-19 of which £0.181m related to supporting the Nightingale Hospital.</p> <p>The Committee discussed the financial risks arising from the current Covid-19 situation, and it was felt that overall the Trust was in a relatively low risk position whilst the block payment system was in place. It was suggested that for the next report a simple summary of the financial risks, both during the current block payment period and immediately afterwards, would be useful information for the Committee to receive.</p> <p>The Committee considered a paper which set out the current position in respect of the financial controls the Trust had in place for 2020/21. This included existing mechanisms that remained in place and new approaches to reflect the changed funding mechanisms and temporary processes that had been put in place to assist with the response to Covid-19. The Chair welcomed the fact that firm financial control measures were in place during the current unprecedented period. It was also suggested that in respect of cost savings, rather than simply concentrating on efficiency savings, a greater focus on enabling macro changes across the organisation at a functional level could bring significant benefits.</p> <p>The Committee received the following for assurance:</p> <ul style="list-style-type: none"> • The Quarter 3 Service Line Reporting position for 2019/20 compared to 2018/19. • A summary report from the last meeting of the Capital Programme Steering Group.

For Board Awareness, Action or Response	
N/A	
Key Decisions and Actions	
N/A	
Date of next meeting:	25 th June 2020

Reporting Committee	Audit Committee – April 2020
Chaired By	David Armstrong, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

Due to the Covid-19 crisis this meeting was held virtually, with members of the committee being sent the papers via email and invited to submit comments on the contents.

For Information
<ol style="list-style-type: none"> 1. The Committee reviewed the draft Annual Governance Statements for University Hospitals Bristol Foundation NHS Trust and Weston Area Health NHS Trust, which form part of the respective Annual Reports and Accounts for 2019/20. It was reported that no significant control issues had been identified for inclusion in the Bristol Annual Governance Statement and one significant control issue had been identified in Weston's Annual Governance Statement, which had been in relation to Care Quality Commission actions. It was agreed that it should be clarified within the Annual Governance Statement for UHBristol that IT governance is overseen by the Finance Committee, and that the Audit Committee has responsibility for reviewing the Estates Risk Report. 2. The Audit Committee reviewed the Strategic Risk Register and Corporate Risk Register for Quarter 4 for assurance. 3. The Annual Review of Board Members' Register of Interests was presented to the Committee. No concerns were raised by the Committee. 4. The Committee received the External Audit Progress Reports from Heather Ancient from PricewaterhouseCoopers. Key points reported included: <ul style="list-style-type: none"> • For the audit, weekly calls had been set up with the Trust's finance team to keep in regular contact. • PwC had been unable to physically attend a sample of the Trust's annual stock counts due to Covid-19 circumstances. This would likely require PwC to issue a limitation of scope qualified opinion. This aspect has been discussed by all auditing firms with NHSE/I and the National Audit Team, and would likely be a common qualification across the sector. • Technologies would be utilised for the continuation of audit procedures. • The timetable for audited accounts and annual report had been postponed by NHSI/E. • No limited assurance opinion would be provided on the Annual Quality Reports. • Additional risks had been included to encompass Covid-19 circumstances. 5. The Committee received and noted reports from the Chairs of the Finance Committee, Quality and Outcomes Committee and People Committee in respect of the meetings of these committees held in March 2020.

For Board Awareness, Action or Response	
N/A	
Key Decisions and Actions	
<p>6. The Audit Strategy and Audit and Assurance Plan covering 2020/2021 to 2022/2023 were approved by the Committee. Several comments were made in respect of the timing of the commencement of the plan and the proposed focus of Internal Audit over the plan's lifespan, and it was noted that these would be taken into account by the Executive Team.</p> <p>7. The Committee approved the Accounting Policies and Critical Accounting Estimates and Judgement as presented by Neil Kemsley, Director of Finance. The report echoed a number of comments that were flagged in the external auditor report update, and key changes had been influenced by the impact of Covid-19.</p> <p>8. The Counter Fraud Workplan for 2020/21 was approved by the Committee. The Counter Fraud Progress Reports were also reviewed and noted.</p>	
Date of next meeting:	18 th June 2020

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Finance Directors Report
Report Author	Neil Kemsley, Director of Finance & IT; Kate Parraman, Deputy Director of Finance
Executive Lead	Neil Kemsley, Director of Finance & IT

1. Report Summary
The purpose of this report is to inform the Board of the financial position of the Trust for April 2020.
2. Key points to note <i>(Including decisions taken)</i>
<p>The NHS financial regime for 2020/21 has significantly changed in response to the Covid-19 Pandemic.</p> <p>Payment by Results has been replaced by block payments from commissioners broadly based on 2019/20 contract values. Income from local authorities, HEE and other NHS Providers is also being received as block payments. Between April and July, any shortfall between the block payments and actual expenditure is to be covered through monthly top up payments from NHSE/I. Therefore the Trust is expected to break even each month.</p> <p>The plan against which the Trust's monthly position is reported has been provided by NHSE/I and is their assessment of the position of the merged organisation based on 2019/20 expenditure and does not represent the Trust's pre-Covid plan.</p> <p>In delivering the funded break-even position for month 1, the Trust received £59.5m block funding and required £3.1m of top up funding.</p> <p>The Trust incurred £2.7m of additional costs relating to Covid-19 of which £0.181m related to supporting the Nightingale Hospital.</p> <p>Work is continuing to establish budgets to reflect the revised funding arrangements, including Covid-19 additional costs. Reporting against budgets will be re-instated for month 2. Divisional performance for month 1 is reported through review of income and expenditure run rates in comparison to 2019/20 trends.</p> <p>Understandably, there has been limited consideration of savings plans over the last two months and the achieved savings of £0.704m to date, a shortfall of £1.946m against plan is reported in this context.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
None
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Report of the Finance Director

Section 1 – Executive Summary

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	61.966	61.297	(0.669)
Income from Operations	12.055	10.190	(1.865)
Employee Expenses	(45.042)	(44.906)	0.136
Other Operating Expenses	(25.450)	(23.040)	2.410
Depreciation (owned & leased)	(2.393)	(2.398)	(0.005)
PDC	(0.993)	(0.937)	0.056
Interest Payable	(0.214)	(0.206)	0.008
Interest Receivable	0.071	0.000	(0.071)
Reported Financial performance	0.000	0.000	-
Depreciation (donated)	0.000	(0.156)	(0.156)
Donated Income	0.000	0.016	0.016
Surplus/(deficit)	0.000	(0.140)	(0.140)

The performance summary reflects the Provider Finance In-Year Monitoring Return (PFR) submitted by the Trust for month 1.

In response to the Covid-19 pandemic, the Operational Planning process has been paused. The plan to date represents the Covid-19 financial framework block payment and top up model provided by NHSI.

Payment by Results has been replaced by block payments with commissioners based on 2019/20 contract values. Income from Local Authorities, HEE and NHS Providers are also through block payments. The shortfall in these block payments is now covered through monthly top up payments from NHSE/I. These top up payments cover the additional costs associated with responding to the Covid-19 pandemic and shortfalls in income from other sources, offset by reductions in variable costs for reduced non-Covid related activity. Therefore, the Trust is expected to break even (excluding technical items).

- In delivering the funded break-even position for month 1, the Trust received £59.5m block funding and required £3.1m of top up funding.
- The Trust incurred £2.7m of additional costs relating to Covid-19 of which £0.181m related to supporting the Nightingale Hospital.
- Income from activities is £0.669m adverse to plan, of this £0.477m relates to NHS England, £0.184m to other NHS Trusts and £0.099m to private patients. Whilst the NHSI plan reflected the block payment due from NHSE, the amount received was the net of income from activities, operations and operating expenditure. The correct accounting treatment has therefore created a variance across the NHSI subjective headings.
- Inter NHS Trust transactions are block payments based on 2019/20 Quarter 4 charges. The NHSI plan is a combination of UHB and WAHT whereas the income flow between the two Trusts has ceased.
- Income from operations is £1.865m adverse to plan. Income relating to GDE and BHOC fire insurance, received in 2019/20 only, and income flows with Weston have been included in the NHSI payment. Research income, car parking and catering income are lower because of Covid-19.
- Employee expenses included £1.3m additional Covid-19 related costs. Costs were broadly in line with plan. Agency was £0.6m below plan.
- Other operating expenditure was £2.4m below plan and included £1.8m in relation to Covid-19. Supplies and services were £2.0m below plan, drugs £0.7m below.

The budgets for the combined organisation have been set using the pre-Covid plan presented to the Finance Committee and Trust Board in April. Divisional base budgets have been inflated and funded for the agreed cost pressures and developments incurred from the start of the year. However, changes from contracts and the savings targets have not been allocated yet due to the change in financial regime.

Work is continuing to establish budgets to reflect the revised funding arrangements, including Covid-19 additional costs. Reporting against budgets will be re-instated for month 2 along with the run-rate analysis provided in this report.

Divisional performance for month 1 is reported through review of income and expenditure in comparison to 2019/20 trends. Section 2 provides information in relation to pay and non pay. Further analysis of income is excluded due to the block funding arrangements.

The additional revenue costs associated with Covid-19 are provided in the tables below. As the NHS moves into the second phase of the response to Covid, changes in the areas where the Trust incurs necessary and additional expenditure are expected. Expanding workforce, testing, remote management of patients and segregation of patient pathway costs will increase whilst additional shifts for existing workforce, backfill for sickness absence and remote working for non-patient activities are expected to decrease.

	£'000	£'000
	2019-20	2020-21 Year to Date
Covid Expenditure by Division		
Diagnostics and Therapies	62	148
Medicine	526	328
Specialised	65	275
Surgery	303	735
Women's and Children's	71	236
Weston	137	523
Estates and Facilities	96	220
Trust Services	162	397
Other (RD, Central)	-	4
Total	1,422	2,862

	£'000	£'000
	2019-20	2020-21 Year to Date
Covid Expenditure by Type		
Nursing and Midwifery Pay	181	519
Medical and Dental Pay	90	384
Other Pay	117	382
Blood, Drugs and Clinical Supplies	576	435
Other Non Pay	419	944
Income from Activities	-	130
Income from Operations	39	73
Total	1,422	2,866

Section 2 – Division and Corporate Services Performance

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Diagnostics and Therapies	Pay - Nursing & Midwifery	(95)	(87)	0	(87)
	Pay - Medical & Dental	(680)	(689)	(2)	(691)
	Pay - Other	(3,119)	(3,255)	(82)	(3,337)
	Pay Subtotal	(3,894)	(4,032)	(84)	(4,116)
	Non Pay - Drugs, Blood & Clinical Supplies	(1,199)	(1,167)	(27)	(1,194)
	Non Pay - Other	(521)	(417)	(20)	(437)
	Non Pay Subtotal	(1,719)	(1,585)	(47)	(1,632)
	Income from Activities	44	1	0	1
	Income from Operations	497	348	(17)	331
	Total	(5,072)	(5,267)	(148)	(5,415)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Specialised	Pay - Nursing & Midwifery	(1,906)	(1,914)	(90)	(2,004)
	Pay - Medical & Dental	(1,763)	(1,685)	(34)	(1,719)
	Pay - Other	(1,043)	(1,055)	(34)	(1,089)
	Pay Subtotal	(4,712)	(4,653)	(159)	(4,812)
	Non Pay - Drugs, Blood & Clinical Supplies	(5,394)	(4,176)	(29)	(4,205)
	Non Pay - Other	(698)	(543)	(4)	(546)
	Non Pay Subtotal	(6,093)	(4,719)	(33)	(4,752)
	Income from Activities	433	139	(84)	56
	Income from Operations	387	243	0	243
	Total	(9,986)	(8,989)	(275)	(9,265)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Medicine	Pay - Nursing & Midwifery	(2,910)	(2,900)	(83)	(2,983)
	Pay - Medical & Dental	(1,843)	(1,890)	(61)	(1,951)
	Pay - Other	(648)	(667)	(5)	(672)
	Pay Subtotal	(5,401)	(5,457)	(149)	(5,606)
	Non Pay - Drugs, Blood & Clinical Supplies	(2,025)	(2,117)	(167)	(2,284)
	Non Pay - Other	(645)	(634)	(6)	(639)
	Non Pay Subtotal	(2,670)	(2,751)	(172)	(2,923)
	Income from Activities	213	7	0	7
	Income from Operations	209	172	0	172
	Total	(7,650)	(8,028)	(321)	(8,349)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Surgery	Pay - Nursing & Midwifery	(2,546)	(2,416)	(128)	(2,544)
	Pay - Medical & Dental	(3,437)	(3,438)	(112)	(3,550)
	Pay - Other	(1,697)	(1,743)	(10)	(1,753)
	Pay Subtotal	(7,679)	(7,596)	(251)	(7,847)
	Non Pay - Drugs, Blood & Clinical Supplies	(2,566)	(1,440)	(180)	(1,620)
	Non Pay - Other	(544)	(480)	(304)	(784)
	Non Pay Subtotal	(3,110)	(1,919)	(485)	(2,404)
	Income from Activities	(174)	16	0	16
	Income from Operations	311	196	0	196
	Total	(10,652)	(9,303)	(735)	(10,038)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Women's and Children's	Pay - Nursing & Midwifery	(4,544)	(4,522)	(155)	(4,677)
	Pay - Medical & Dental	(3,729)	(3,668)	(73)	(3,741)
	Pay - Other	(1,338)	(1,363)	(2)	(1,364)
	Pay Subtotal	(9,612)	(9,553)	(230)	(9,783)
	Non Pay - Drugs, Blood & Clinical Supplies	(2,411)	(2,179)	0	(2,179)
	Non Pay - Other	(723)	(600)	(5)	(605)
	Non Pay Subtotal	(3,134)	(2,779)	(5)	(2,784)
	Income from Activities	180	8	0	8
	Income from Operations	573	333	0	333
	Total	(11,992)	(11,991)	(236)	(12,226)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Weston Includes Weston Site Corporate Service and Estates and Facilities	Pay - Nursing & Midwifery	(1,691)	(1,508)	(57)	(1,565)
	Pay - Medical & Dental	(1,767)	(1,683)	(99)	(1,782)
	Pay - Other	(3,864)	(3,237)	(187)	(3,424)
	Pay Subtotal	(7,322)	(6,428)	(343)	(6,771)
	Non Pay - Drugs, Blood & Clinical Supplies	(1,308)	(1,122)	(30)	(1,152)
	Non Pay - Other	(2,045)	(1,693)	(104)	(1,797)
	Non Pay Subtotal	(3,353)	(2,815)	(134)	(2,949)
	Income from Activities	9,153	9,257	(46)	9,211
	Income from Operations	718	426	0	426
	Total	(804)	440	(523)	(83)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Estates and Facilities (Bristol Site)	Pay - Nursing & Midwifery	0	0	0	0
	Pay - Medical & Dental	0	0	0	0
	Pay - Other	(1,889)	(1,937)	(52)	(1,988)
	Pay Subtotal	(1,889)	(1,937)	(52)	(1,988)
	Non Pay - Drugs, Blood & Clinical Supplies	(29)	(26)	(2)	(28)
	Non Pay - Other	(1,830)	(1,760)	(110)	(1,871)
	Non Pay Subtotal	(1,859)	(1,787)	(112)	(1,898)
	Income from Activities	(7)	0	0	0
	Income from Operations	314	231	(57)	175
	Total	(3,441)	(3,492)	(220)	(3,712)

Division	Category	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid) £'000	Covid Costs/ Income Loss £'000	20/21 Actuals M1 £'000
Trust Services (Bristol Site)	Pay - Nursing & Midwifery	(316)	(356)	(1)	(357)
	Pay - Medical & Dental	(121)	(126)	0	(126)
	Pay - Other	(2,275)	(2,371)	(10)	(2,380)
	Pay Subtotal	(2,712)	(2,853)	(11)	(2,864)
	Non Pay - Drugs, Blood & Clinical Supplies	(28)	(15)	0	(15)
	Non Pay - Other	(689)	(421)	(386)	(807)
	Non Pay Subtotal	(717)	(436)	(386)	(822)
	Income from Activities	0	0	0	0
	Income from Operations	689	363	0	363
	Total	(2,741)	(2,926)	(397)	(3,323)

This section highlights, by division, changes in expenditure run rates for both pay and non – pay. Tracking expenditure run rates going forward will be a useful tool in order to identify changes in expenditure and hence lines of enquiry and actions required in order to maintain financial control over the following months.

As it is difficult to establish a “standard” quarter in terms of expenditure for the purposes of comparison, the following compares month 01 2020/21 to the average in month expenditure for 2019/20.

In summary lower spend is being incurred compared to the average expenditure rate for 2019/20 on non pay, particularly for drugs and clinical supplies as a consequence of lower activity volumes for elective surgery cases and in particular for high cost procedures. There has been a significant reduction in agency staff spending offset by smaller increases in average spend on permanent and bank staff.

Diagnostic and Therapies

Overall expenditure for the first month of 2020/21 of £5.747m is £0.134m higher than the average monthly figure for 2019/20. The position for pay and non pay varies with pay being £0.088m lower than the average for 2019/20 and non-pay spend being £0.222 higher.

Overall Covid 19 related costs for month 01 totalled £0.131m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £1.632m, this compares to an average monthly spend in 2019/20 of £1.719m.

Compared to the monthly average for 2019/20 there were reductions in spend on clinical supplies, from £0.685m to £0.593m, and an increase in drugs spend from £543k to £0.623m. Partly as a consequence of the merger with Weston internal recharges have increased (income reduced) by £0.073m.

In addition there were smaller changes including a reduction in costs relating to lower than average PHE testing costs.

Pay

Pay expenditure in month 01 2020/21 totalled £4.116m, this compares to an average monthly spend in 2019/20 of £3.894m, so an increase of £0.222m. The increase in month 01 over the 2019/20 average spend is

mainly within Allied Healthcare Professionals / Clinical Scientists which increased by £0.232m this included Covid 19 Costs of £0.079m

Medicine

Overall expenditure for the first month of 2020/21 of £8.529m is £0.458m higher than the average monthly figure for 2019/20. Pay is £0.205m higher and non pay is £0.253m higher than the average for 2019/20.

Overall Covid-19 related costs for month 01 totalled £0.321m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £2.923m, this compares to an average monthly spend in 2019/20 of £2.670m an increase of £0.253m.

Compared to the average for 2019/20 there was an increase in spend reported for drugs £0.316m and a decrease in spend on Clinical supplies £0.059m. The clinical supplies expenditure in month 01 of £0.404m includes £0.167m of Covid related costs, therefore excluding this the reduction costs for non Covid related activity reflects low levels of activity in the division in the first month of the year.

Pay

Pay expenditure in month 01 2020/21 totalled £5.606m, this compares to an average monthly spend in 2019/20 of £5.401m. Pay costs were therefore £0.205m higher than the average for 2019/20. However month 01 included £0.149m of Covid 19 costs.

The most significant increase in pay expenditure was for medical staff which was £0.108m higher than the average for 2019/20 although month 01 included £0.061m of Covid 19 medical staff related costs.

Specialised Services

Overall expenditure for the first month of 2020/21 of £9.564m is £1.241m lower than the average monthly figure for 2019/20. There is a significant reduction in non pay compared to the average for 2019/20 and a small increase in pay costs.

Overall Covid 19 related costs for month 01 totalled £0.192m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £4.752m, this compares to an average monthly spend in 2019/20 of £6.093m a reduction of £1.341m.

Compared to 2019/20 there were significant reductions in spend reported for both drugs £0.324m and clinical supplies £0.684m. The clinical supplies expenditure in month 01 of £0.837m includes only £0.017m of costs related to Covid 19 therefore the reductions in spend as a consequence to low levels of activity in month 01 is clear. There was a significant reduction in expenditure of high cost devices within Cardiology and a reduction in drugs spend particularly for chemotherapy.

In addition to the above there were lower levels of expenditure across most other headings when compared to 2019/20 including other expenditure as a consequence or reduced outsourcing costs.

Total Covid 19 related costs non pay costs in Month 01 was £0.033m.

Pay

Pay expenditure in month 01 2020/21 totalled £4.812m, this compares to an average monthly spend in 2019/20 of £4.712m Pay costs in month 01 were £0.100m higher than the average for 2019/20.

The most significant increase in pay expenditure was for nursing staff which was £0.098m higher than the average for 2019/20 mainly due to high Covid 19 related costs incurred in month 01 of £0.090m.

Total Covid 19 related pay costs in Month 01 was £0.159m.

Surgery

Overall expenditure for the first month of 2020/21 of £10.250m is £0.538m lower than the average monthly figure for 2019/20. There is a significant reduction in non pay compared to the average for 2019/20 £0.706m and a small increase in pay cost £0.168m.

Overall Covid 19 related costs for month 01 totalled £0.735m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £2.404m, this compares to an average monthly spend in 2019/20 of £3.110m, so month 01 is £0.706m lower than the monthly average for 2019/20.

Compared to 2019/20 there were significant reductions in spend reported for both drugs £0.420m and clinical supplies £0.497m. The clinical supplies expenditure in month 01 of £0.797m includes £0.165m of Covid 19 related costs. The reduction costs related to low levels of activity is clear. The reduction in drugs spend related to activity is particularly clear within the Eye Hospital. The spend on general supplies and services in month 01 of £0.376m is £0.287m higher than the average for 2019/20. This is primarily due to Covid 19 costs incurred in month 01 of £0.301m due to high expenditure of items such as Personal Protective Equipment.

Pay

Pay expenditure in month 01 2020/21 totalled £7.847m, this compares to an average monthly spend in 2019/20 of £7.679m. Pay costs in month 01 were £0.168m higher than the monthly average for 2019/20.

The most significant increase in pay expenditure was for medical staff £0.112m, all of which related to Covid 19 costs. Nursing costs were the same as the monthly average for 2019/20 however £0.128m of Covid related costs were incurred in month 01.

Overall Covid 19 related pay costs in month 01 2020/21 was £251k. This factor explains the increased pay costs for month 01 compared to the monthly average pay costs for 2019/20.

Women's and Children's

Overall expenditure for the first month of 2020/21 of £12.567m is £0.178m lower than the average monthly figure for 2019/20. There is a significant reduction in non pay compared to the average for 2019/20 of £0.350m and an increase in pay costs of £0.172m.

Overall Covid 19 related costs for month 01 totalled £0.235m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £2.784m, this compares to an average monthly spend in 2019/20 of £3.134m. Month 01 is £0.350m lower than the monthly average spend for 2019/20.

Compared to 2019/20 there was a significant reduction in spend reported for clinical supplies £0.479m, related to low levels of activity. There were no cochlear implants carried out in April, theatre activity was low and elective activity well below averages. There was also a reduced level of Glanso activity in month 01 which is also reflected in lower than average services from other bodies non pay costs £0.071m.

Drug costs for month 01 were £0.188m higher than the monthly average for 2019/20 however this can be accounted for by higher than average pass-through drug expenditure. Non pass-through activity related drugs costs were lower in month 01 than the monthly average for 2019/20.

Pay

Pay expenditure in month 01 2020/21 totalled £9.783m, this compares to an average monthly spend in 2019/20 of £9.612m Pay costs in month 01 were £0.171m higher than the monthly average for 2019/20.

The most significant increase in pay expenditure was for nursing staff which was £0.133m higher than the average for 2019/20. This is due to Covid 19 related staffing costs in PICU and ED totalling £0.155m in month 01.

Total Covid 19 related pay costs in month 01 were £0.230m.

Weston Division

Overall expenditure for the first month of 2020/21 of £9.720m is £0.954m lower than the average monthly figure for 2019/20 There were significant reductions in pay and non pay compared to the average for 2019/20.

Overall Covid 19 related costs for month 01 totalled £0.476m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £2.949m, this compares to an average monthly spend in 2019/20 of £3.353m. Month 01 is £0.404m lower than the average for 2019/20.

Compared to the 2019/20 monthly average there were significant reductions in spend reported for drugs £0.106m and recharges £0.249m (The recharges are offset in the Bristol based divisions)

Overall Covid 19 costs relating to non-pay in month 01 totalled £0.134m.

Pay

Pay expenditure in month 01 2020/21 totalled £6.771m, this compares to an average monthly spend in 2019/20 of £7.322m. Pay costs in month 01 were £0.551m less than the monthly average for 2019/20. Of this decrease £0.352m relates to reduced agency costs particularly for nursing.

Pay costs have also reduced due to this impact of service transfers out including the transfer of CAMH's.

Estates and Facilities

Overall expenditure for the first month of 2020/21 of £3.887m is £0.139m higher than the average monthly figure for 2019/2. There were increases in both pay and non pay compared to the average for 2019/20.

Overall Covid 19 related costs for month 01 totalled £0.163m.

Non - Pay

Non - pay expenditure in month 01 2020/21 totalled £1.898m, this compares to an average monthly spend in 2019/20 of £1.859m. Month 01 is £0.040m higher than the average for 2019/20.

Compared to the 2019/20 monthly average there were significant reductions in recharges to other divisions £0.110m (mainly catering costs due to reduced number of patients) and a reduction in spend on premises and fixed plant £0.049m.

Overall Covid 19 costs relating to non-pay in month 01 totalled £0.112m.

If Covid costs were removed the non pay spend would show a significant reduction compared to the average for 2019/20. This is a consequence of reduced patient volumes.

Pay

Pay expenditure in month 01 2020/21 totalled £1.988m, this compares to an average monthly spend in 2019/20 of £1.889m. Pay costs in month 01 were £0.099m higher than the monthly average for 2019/20. Of this increase £0.094 m relates to increased spend on Healthcare Assistants of which £0.034m was a consequence of Covid 19.

Section 3 – Clinical and Contract Income

Average Activity by Year and Quarter (Bristol Sites Only)

	2019/20				2020/21
	Q1	Q2	Q3	Q4	Q1
Activity Based					
Accident & Emergency	11,719	11,743	12,571	10,826	5,520
Emergency Inpatients	3,987	3,874	4,351	3,810	2,226
Day Cases	5,045	5,109	5,059	4,949	1,824
Elective Inpatients	1,058	1,086	1,048	987	387
Non-Elective Inpatients	1,242	1,296	1,204	1,254	976
Excess Beddays	1,352	1,643	1,517	1,644	1,721
Outpatients	53,858	53,778	55,415	53,019	26,466
Bone Marrow Transplants	14	13	15	12	8
Critical Care Beddays	4,361	4,185	4,477	4,371	2,619

- All providers have moved to block contract payments for an initial period of 1 April to 31 July 2020, with the suspension of the usual PBR national tariff payment architecture and associated administrative/ transactional processes
- A national top-up payment has been issued to providers to reflect the difference between the expected baseline net costs and block contract and other income, where modelling of the expected cost base is higher.
- A national true-up is provided to adjust provider positions for additional costs and/or loss of revenue where the block and top-up payments do not equal the actual costs of genuine and reasonable additional marginal costs due to Covid-19.
- We continue to invoice local authorities, non-contract territorial bodies and other providers in line with normal billing arrangements to reflect services actually provided, but we are proceeding in the spirit of the interim financial framework, simplifying where possible.
- The expectation is that these funding streams should provide sufficient funds for providers to deliver a break-even position through the period and will provide the basis against which NHSE/I will monitor financial performance.
- The table opposite shows the reduction in activity we have seen in our Bristol sites during April compared with last year. This is consistent with the national pattern.

Section 4 – Savings Programme

Analysis by work streams:

	2020/21 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.062	0.005	0.002	(0.003)
Diagnostic Testing	0.207	0.017	0.017	-
Estates & Facilities	0.940	0.019	0.019	-
Healthcare Scientists	0.198	0.016	0.015	(0.001)
HR Pay and Productivity	0.028	0.004	0.004	-
Income, Fines and External	3.615	0.284	0.268	(0.017)
Medicines	0.710	0.060	0.042	(0.018)
Non Pay	4.132	0.311	0.195	(0.116)
Other / Corporate	0.468	0.039	-	(0.039)
Productivity	2.255	0.231	0.072	(0.159)
Trust Services	0.447	0.038	0.038	-
Medical Pay	0.348	0.026	0.013	(0.013)
Nursing Pay	0.364	0.019	0.019	-
Plans in development	18.949	1.579	-	(1.579)
Total	32.724	2.650	0.704	(1.946)

Analysis by Division:

	2019/20 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Diagnostics & Therapies	2.212	0.203	0.089	(0.114)
Medicine	4.062	0.341	0.088	(0.254)
Specialised Services	3.292	0.268	0.087	(0.181)
Surgery	8.669	0.742	0.038	(0.703)
Weston	4.300	0.299	0.006	(0.293)
Women's & Children's	6.194	0.507	0.066	(0.441)
Estates & Facilities	1.009	0.039	0.032	(0.007)
Finance	0.198	0.016	0.016	-
Human Resources	0.300	0.026	0.005	(0.021)
Trust Headquarters	0.320	0.028	0.011	(0.017)
Corporate/Capital	1.247	0.106	0.257	0.151
Digital Services	0.451	0.038	0.010	(0.028)
Miscellaneous Support	0.468	0.039	-	(0.039)
Total	32.724	2.650	0.704	(1.946)

- The Trust has delivered savings of £0.704m for the year to date, 27% of plan.

- There has, understandably, been limited consideration of savings plans over the last two months and the position is reported in this context.
- The savings requirement for 2020/21 is £32.724m. The Trust has achieved savings of £0.704m to date, a shortfall of £1.946m. The bulk of the under achievement is in plans in development of £1.579m and Productivity of £0.159m
- All Clinical Divisions are behind plan. Surgery £0.703m; Women's & Children's £0.444m; Weston £0.293m; Medicine £0.254m and Specialised Services £0.181m.

Section 5 – Capital Programme

Applications	Annual Plan £m	Planning Profile M1 £m	Actual M1 £m	Variance £m
Strategic Schemes	40.154	2.008	3.112	1.104
Medical Equipment	20.054	1.003	0.463	(0.540)
Operational Capital	21.304	1.065	0.251	(0.814)
Fire Improvement	3.450	0.173	0.010	(0.163)
Information Technology	14.027	0.701	0.174	(0.527)
Estates Replacement	10.456	0.523	0.075	(0.448)
Gross Expenditure	109.445	5.472	4.085	(1.387)
In year slippage - Strategic schemes	(13.786)	(0.689)	-	0.689
In year slippage - Other	(33.725)	(1.686)	-	1.686
	61.934	3.097	4.085	0.988

Key Points on Capital Plan

- The Trust's capital programme, as per the Resources paper reported last month, is £61.934m; Weston £11.934m and Bristol £50m.
- The profile to month 1 is based on the planning assumptions used to deliver the Annual Plan submissions to NHSEI in March. The Capital Finance team are in the process of generating revised monthly profiles based on forecast monthly expenditure assessments undertaken by individual budget holders across the Clinical Divisions, Estates and Facilities and IM&T. The internal profile plan will be reported to next month's committee.
- Capital expenditure to 30th April 2020 was £4.085m compared with a planning profile of £3.097m a variance of £0.988m. The majority of the expenditure in month relates to the Combined Heat and Power scheme with the Trust taking delivery of the new Combi boiler and CHP engine.
- Included within the expenditure figure is £0.391m for Covid-19 equipment which is expected to be reimbursed by NHSEI. Total Covid related capital expenditure to date is £0.642m.

- As reported last month the 20/21 major medical prioritisation process has concluded however the operational capital process, which was due to complete in May, will now complete in June. The Clinical Chairs and Divisional Directors will meet with the Senior Leadership to prioritise the schemes for the financial year. Consideration will be given to resource capacity and access due to Covid-19.

Update on the STP Capital Envelope

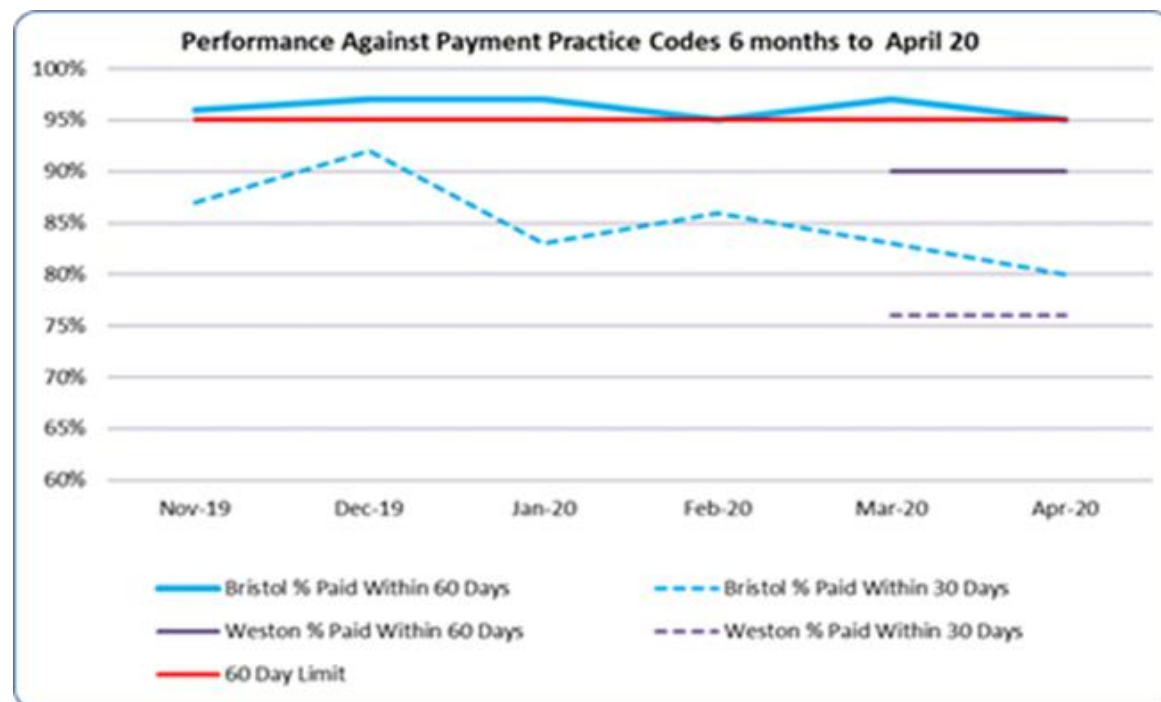
- Last month the Committee were advised of the changes in the capital planning regime and the provision of an STP capital envelope.
- The BNSSG STP has been advised of a capital envelope of £76.889m against current capital plans across the STP providers of £79.315m. The capital envelope is generated from

Source of Funds	£m
Depreciation	48.785
Self-financing from gross asset value	7.085
Self-financing from historic surplus	9.019
Backlog maintenance assessment	7.000
Regionally approved PDC	5.000
Total	76.889

- The provider Trusts are working together to review the STP envelope and to agree 2020/21 capital programmes which deliver within the allocation.
- A revised 5 year capital programme has to be submitted by the 29th May 2020.

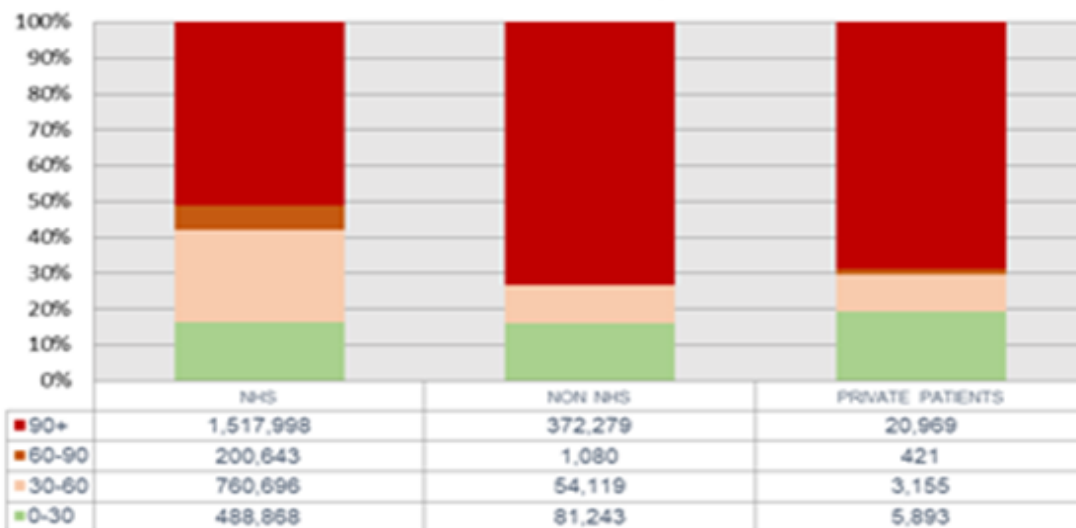
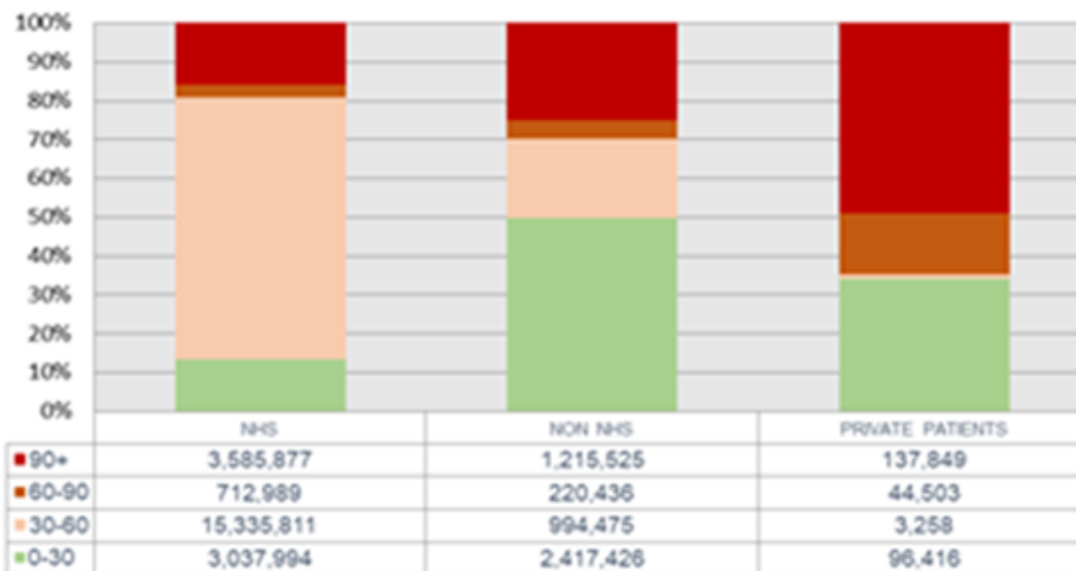
Section 6 – Statement of Financial Position and Cashflow

	UHBW Bristol 30 April 2020 £000's	UHBW Weston 30 April 2020 £000's	Total 30 April 2020 £000's
Non current assets	416,945	76,355	493,300
Current assets	257,199	15,052	272,251
Current liabilities	(168,204)	(74,904)	(243,108)
Total assets less current liabilities	505,940	16,503	522,443
Non current liabilities	(62,488)	-	(62,488)
Total net assets employed	443,452	16,503	459,955
Taxpayers equity	443,452	16,503	459,955



Key Points

- The total assets less current liabilities at 30 April were £522m. The net current assets were £29.143m.
- The Trust's cash and cash equivalents balance, included within current assets was £212.375m. The cash balance is significantly higher due to the income block payment and top up received a month in advance and accounted within deferred income under current liabilities.
- The Trust's total receivable position at 30 April was £31.310m; Weston £3.507m, Bristol £27.803m. The graphs on the next page show the aged debt analysis for each. From month 2 the receivables position will be consolidated and reported at Trust level.
- The total receivables balance over 60 days old is £8.031m; Weston £2.113m (60% of total receivables) and Bristol £5.917m (21% of total receivables). The Trust continues to chase for payments of outstanding debts but this has found it difficult to contact non NHS bodies during lockdown.
- Payment performance data will be reported at Trust level from month 2. In April, Weston paid 90% and Bristol 95% of invoices paid within the 60 day target set by the Prompt Payments Code and 76% and 83%, respectively within the 30 day target set by the Better Payment Practice Code (BPPC).

Weston Receivables April 2020**Bristol Receivables April 2020**

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Provider Licence Self-Certifications
Report Author	Eric Sanders, Director of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
To present the proposed self-certifications against the Provider Licence conditions for approval by the Board.
2. Key points to note <i>(Including decisions taken)</i>
<p>NHS foundation trusts are required to self-certify, on an annual basis, whether or not they have:</p> <ul style="list-style-type: none"> (1) complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution); (2) the required resources available if providing commissioner requested services (CRS); (3) complied with governance requirements; and (4) have provided Governors with the necessary training <p>This paper has been written by the Director of Corporate Governance to provide the Board with assurance that the Trust fully meets the NHS provider licence conditions.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The appendix identifies potential risks to compliance with the governance statement conditions and describes the identified mitigating actions.
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> • This report is for APPROVAL • The Board is asked to APPROVE the Trust's provider licence self certifications.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Provider Licence - Self-Certifications

1. Purpose

- 1.1. To provide evidence of compliance against the Provider Licence to support a decision by the Board.

2. Background

- 2.1. NHS foundation trusts are required to self-certify whether or not they have:

- (1) complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);
- (2) the required resources available if providing commissioner requested services (CRS); and
- (3) complied with governance requirements.

- 2.2. NHS Improvement has issued guidance which has been used to inform this paper and the appendices. The guidance can be access at the link below:

https://improvement.nhs.uk/documents/5075/Self-certification_2018_-_Consolidated_Guidance.pdf

3. Self-Certification Requirements

- 3.1. Providers need to self-certify the following after the financial year-end:

NHS provider licence conditions
The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
Publication of condition G6(3) self-certification Condition G6(4)
The provider has complied with required governance arrangements (Condition FT4(8))
The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to foundation trusts that are providers of CRS. (Condition CoS7(3))
Governors have received the necessary training to ensure they are equipped with the skills and knowledge they need to undertake their role.

- 3.2. It is up to providers how they undertake the self- certification; however a number of templates have been provided which the Trust has used as the basis of the document in Appendix 1.
- 3.3. Trusts are required to state either “confirmed” or “not-confirmed” against each element of the licence condition, and if the Trust chooses “not-confirmed” must provide an explanation why.
- 3.4. Boards must sign off on self-certification no later than
- G6/CoS7(3): 31 May 2020
 - G6(4)FT4: 30 June 2020
- 3.5. To fulfil the requirement to publish the self-certification, the templates, proposed by

NHS Improvement, will be completed and will be signed by the Chair and Chief Executive. These documents will then be added to the Key Publications section of the Trust's website.

4. Proposed Outcome

- 4.1. The Director of Corporate Governance has reviewed the statements and evidence sets and is proposing that the Board of Directors responds with "confirmed" for all elements. The evidence to support the response is outlined in Appendix 1.
- 4.2. For FT4, the Board is also required to consider any risks and mitigating actions for each element of the provider licence condition. These are described in Appendix 1.
- 4.3. The responses will be translated into the NHS Improvement template once agreed.

5. Recommendations

- 5.1. The Board of Directors is asked to consider the evidence aligned to each element of the provider licence conditions, which the Board is required to self-certify against, and confirm its response, noting the risks and mitigations.

Eric Sanders
Director of Corporate Governance

Appendix 1 – Provider Licence Self-Certification

		Proposed Response	Evidence	Risks	Mitigating Actions
FT4 - Corporate Governance Statement					
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	<ul style="list-style-type: none"> Annual Governance Statement Well-led Framework - External Review Head of Internal Audit Opinion Board Assurance Framework Board annual effectiveness evaluation Compliance with the Code of Governance External audit of the annual report and accounts 	<ul style="list-style-type: none"> The size and complexity of the organisation means there is a risk that good governance is not fully embedded in all divisions 	<ul style="list-style-type: none"> The Trust utilises its management and committee structures to ensure that good governance is embedded. This is complemented by the risk, performance and planning frameworks. Guidance and advice is provided by the Director of Corporate Governance.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	<ul style="list-style-type: none"> As above plus: Alignment of performance reports to the Single Oversight Framework in the Quality and Performance Report 	<ul style="list-style-type: none"> Guidance is not identified or implemented in a timely manner 	<ul style="list-style-type: none"> The Trust ensures that regular communications from NHSI, CQC and other key bodies are reviewed and acted upon. Internal and external audit consider application of good governance during their audit programmes.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	<ul style="list-style-type: none"> Governance structure Board and Committee annual effectiveness reviews Scheme of Reservation and Delegation and Standing Financial Instructions Committee Terms of Reference Reports from the Chairs of the Committees to the Board and Council of Governors, and its focus groups 	<ul style="list-style-type: none"> Committee Terms of Reference are not fit for purpose/aligned with up to dates guidance on effective governance. 	<ul style="list-style-type: none"> Annual reviews of Committee Terms of Reference, with reference to relevant up to date guidance. Stakeholder analysis now included as part of the review process to ensure all internal and external requirements are identified and included in the Terms of Reference.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory	Confirmed	<ul style="list-style-type: none"> Quality and Performance Report and Finance Report to Board each month Annual Operating Plan and Budget (Trust and Divisional) Standing Financial Instructions Head of Internal Audit Opinion Annual Governance Statement Clinical Audit Programme and Reports Financial Strategy 	<ul style="list-style-type: none"> The Trust's internal control systems are not sufficiently robust to ensure compliance 	<ul style="list-style-type: none"> The systems and processes are regularly tested through the internal and external audit programmes, and the robust approach to risk management

		Proposed Response	Evidence	Risks	Mitigating Actions
	<p>regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		<ul style="list-style-type: none"> Committee Structure and Terms of Reference External Audit of the Trust Annual Report and Accounts Risk Management Strategy Corporate and Divisional Risk Register Board Assurance Framework Annual Operating Plan 		
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	Confirmed	<ul style="list-style-type: none"> Well-led Framework – External Review Board Skills and Knowledge Review Board Development Programme Board member annual appraisals Non-Executive Director and Executive Challenge of proposals Monthly Quality and Performance Report Active engagement with Commissioners, local Health Scrutiny, Health & Well-being Boards and Healthwatch Quality Governance Framework (safety, experience, outcomes and access) 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	Confirmed	<ul style="list-style-type: none"> Board Skills and Knowledge Review Remuneration, Nominations and Appointments Committee Terms of Reference and work programme Management and Organisational Development Programmes 	<ul style="list-style-type: none"> There is a risk of unforeseen changes at Board level which may impact on the requirements 	<ul style="list-style-type: none"> There are deputies in post and succession plans for all Executive Directors The Board has appointed to all Non-Executive Directors roles and currently has one Non-Executive Director (Designate) and one NeXT Director.

		Proposed Response	Evidence	Risks	Mitigating Actions
			<ul style="list-style-type: none"> Divisional Performance Reviews Senior Leadership Team oversight Monthly and Six Monthly Nurse Staffing Reviews Revalidation and appraisal processes (Medical and non-Medical) Other workforce metrics included in the Quality and Performance Report 		
General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)					
1	Following a review for the purpose of paragraph 2(b) of licence condition G6 ¹ , the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	<ul style="list-style-type: none"> Internal Audit and clinical audit work programmes Annual Operating Plan reviews Governance structure Risk Management Strategy Corporate Risk Register Board Assurance Framework Monthly Quality and Performance Report and Finance Report 	N/A	N/A
Continuity of services condition 7 – Availability of Resources					
1	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed	<ul style="list-style-type: none"> Annual Operating Plan and Budget Financial Strategy Annual accounts and going concern statement 	N/A	N/A
Training of Governors					
	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	<ul style="list-style-type: none"> Seminar Programme (4 per year) Induction programme Access to external training via NHS Providers Specific and targeted training and updates – quality, strategy, auditor appointment Governor skills audit Internal Audit of the support to Governors. 	N/A	N/A

¹ "2. (b) regular review of whether those processes and systems have been implemented and of their effectiveness."

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Freedom to Speak Up Annual Report 2019/20
Report Author	Eric Sanders, Freedom to Speak Up Guardian
Executive Lead	Eric Sanders, Freedom to Speak Up Guardian

1. Report Summary
The report provides a summary of Freedom to Speak Up activity across the Trust during 2019/20.
2. Key points to note <i>(Including decisions taken)</i> <ul style="list-style-type: none"> • There has been good progress to deliver the FTSU Strategy although a number of areas had been identified for further work in 2020/21. • There had been a 72% increase in the number of concerns raised, year on year. The majority of concerns related to Attitude and Behaviours, and the majority of concerns were raised by Admin and Clerical staff. • The Guardian was supported by an FTSU Engagement Lead during the year to recognise the increasing workload. Further agreement was reached to appoint a Deputy FTSU Guardian from 1 April 2020 given the merger with Weston Area Health NHS Trust and further increase in workload. • The trends in concerns across the year, particularly the increase in the number of concerns, in the Trust data broadly mirror the increases seen nationally, with the exception that the Guardian has not received any anonymous concerns, and the proportion of concerns relating to patient safety are significantly lower in the Trust compared to the national picture. • A lot of learning has been identified and shared following staff raising concerns. This is being built into the Trust's learning and development programmes. Case studies are being developed to help share and build confidence in speaking up. • The latest staff survey results demonstrate further improvement in the Trust's speaking up culture but shows that further work is required in relation to staff feeling secure about raising concerns, ensuring staff have confidence that the organisation will take action and that staff feel confident that the organisation would address their concerns. This directly links to the FTSU Strategy objectives and further work is commencing to join up all avenues where staff can raise concerns so that the joint resources can work in unison. • The Trust achieved a FTSU index score of 79%, as calculated by the National Guardian's Office. The FTSU index was calculated as the mean average of responses to four questions from the NHS Annual Staff Survey and is aligned with the Trust's overall CQC rating.

3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: There is a risk that staff do not know about, or have confidence in, the speaking up arrangements in the Trust. This is being addressed through the delivery of the FTSU Strategy and through communication to all staff groups, in all locations, which will seek to include the use of case studies in 2020/21.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance. <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the Freedom to Speak Up Annual Report 2019/20 Seek further assurance, via the People Committee, that there are structures and a coordinated approach in place to support cultural change across the Trust, that will address the identified gaps around management and leadership training and which will drive improvement in the staff survey results. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Senior Leadership Team	20 May 2020

Freedom to Speak Up – Annual Report – 2019/20

1. Purpose

- 1.1. To present an overview of the work of the Freedom to Speak Up (FTSU) Guardian and Advocates over the year including high level details of the number of cases raised, a thematic analysis and any learning from the cases.

2. Background

- 2.1. The report by Sir Robert Francis, *Freedom to Speak Up; An Independent review into creating an open and honest reporting culture in the NHS (2015)* highlighted 20 Key Principles for NHS organisations to implement, which included an emphasis on creating a culture of safety, raising concerns, culture free from bullying, visible leadership and valuing staff.

- 2.2. In addition, the review introduced the role of the Freedom to Speak Guardian to act as an;

Independent and impartial source of advice to staff, with access to anyone in the organisation including the CEO, or if necessary outside the organisation. They can ensure that the primary focus is on the safety issue; that the case is handled appropriately, investigated promptly and case addressed; and that there are no repercussions for the person who raised it.

- 2.3. UHBW is committed to implementing the recommendations of the Francis Report 2015 and embedding a strong culture throughout the Trust.

- 2.4. NHS England and NHS Improvement published Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trust¹ in July 2019. A summary of the expectations on Boards is as follows:

- The Board demonstrates its commitment to creating an open and honest culture where workers feel safe to speak up
- The Board has a clear vision for the speaking up culture in their trust that links the importance of encouraging workers to speak up with patient safety, staff experience and continuous improvement
- The Board demonstrate their commitment to creating a positive speaking up culture by having a well-resourced FTSU Guardian
- The Board needs to be assured that workers will speak up about things that get in the way of providing safe and effective care and that will improve the experience of workers

- 2.5. Board members are encouraged to read the guidance and seek further assurance to ensure that it is performing its role effectively.

3. Progress against the FTSU Strategy

- 3.1. The Board approved a Freedom to Speak Up Strategy at its meeting in May 2019. This set out three key objectives:

- Raise awareness about speaking up across the Trust
- Build confidence in speaking up to encourage people to come forward
- To utilise the learning from speaking up to drive cultural change.

¹ https://improvement.nhs.uk/documents/2468/FTSU_guidance.pdf

- 3.2. The strategy contained a number of actions and measures. Progress against these is described in the tables in Appendix 1. The main highlights are as follows:
- 3.2.1. The number of concerns has risen again, with a 72% increase in the number of concerns raised (55, up from 32).
 - 3.2.2. The new video, developed in the year, has now been included in the corporate induction programme for all new staff with attendance rates above 98%. Local induction rates remain low (68%) and further work is required to ensure that advising on how to raise concerns is included in the programme and that compliance rates increase.
 - 3.2.3. Awareness raising sessions have been held across the organisation either by the Guardian or by Advocates. These have been coupled with regular articles in Newsbeat, a Schwartz Round and other marketing approaches to raise the profile of Speaking Up.
 - 3.2.4. Advocate numbers and diversity across the Trust has increased with more than 50 Advocates now in place.
 - 3.2.5. Feedback on the process remains positive, with the majority of staff who have raised concerns reporting that they would speak up again.
- 3.3. This demonstrated good progress in most areas, although there remains a need to focus on the following areas:
- 3.3.1. Development of a series of case studies to support building confidence about the process with staff. These will seek to give examples of the types of concerns that are raised, the process that an individual might go through and how they are supported. The case studies will also provide the perspective of the manager to give confidence that speaking up is an important tool for understanding issues within their teams and how it can support them to improve the culture in their areas.
 - 3.3.2. Development of a more coordinated approach across all functions which support speaking up, including HR, Unions, Wellbeing Advocates, Patient Safety, Guardian of Safe Working Hours and others.
 - 3.3.3. More regular snap shot surveys with higher response rates to get an improved picture of speaking up across the Trust.
 - 3.3.4. Extension of the Freedom to Speak Up approach across Weston General Hospital, including promoting the new Guardian, and developing the Advocate network.

4. Key Achievements During 2019/20

- 4.1. In addition to the progress against the strategy, the Board should be aware of the following achievements:
- A new short video was developed to promote speaking up across the Trust and linked to the national speaking up month in October 2019. This is now used in Trust induction, will be included in the Medical induction from August 2020 and in local promotion activities. The video can be found at the following link:
[UHBW Speaking Up Video](#)
 - The FTSU intranet presence has been reviewed and refreshed to make access clearer and accessible to all staff.

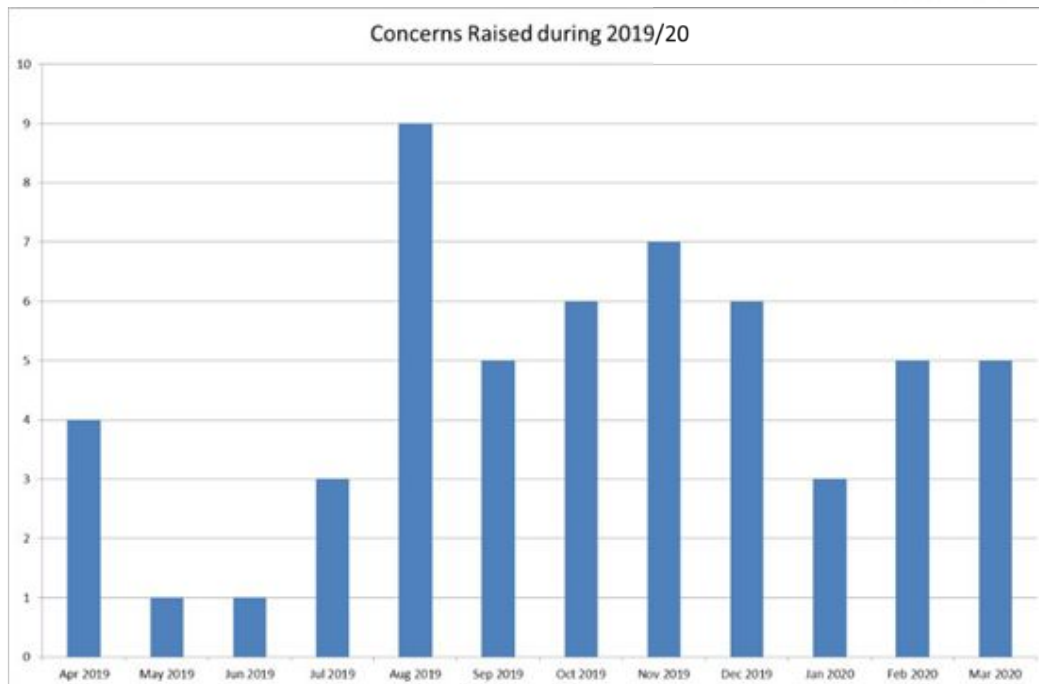
- The Guardian and FTSU Engagement Lead have attended a range of staff meetings to promote the FTSU programme. These have included Divisional Management Teams, nurse leadership groups, and specific clinical and non-clinical areas including finance, and estates and facilities.
- Further awareness raising has been undertaken through regular updates in Newsbeat, and messaging in the voluntary services newsletter and other divisional/speciality newsletters. The Advocates are playing a growing role in communicating key messages into their divisions and teams.
- Quarterly meetings of the Advocates are held with these meetings providing a forum for sharing lesson learnt, key messages and to provide additional training which would be beneficial to the Advocates. This has included training on Nip it in the Bud and the role of Employee Services, so that Advocates can confidently sign post staff to the most appropriate team to help deal with their concern.
- There is now six monthly reporting to the Board and People Committee on the work of the Guardian. Overall the Board or Committee receives a quarterly update.
- The Guardian is a Happy App super user with access to all areas of the system. This is helpful in terms of understanding the feedback from staff to help target resources for further awareness raising. There is also now a direct link from the Happy App to the FTSU pages on the intranet should concern wish to be raised with the Guardian.

5. Challenges Identified During 2018/19

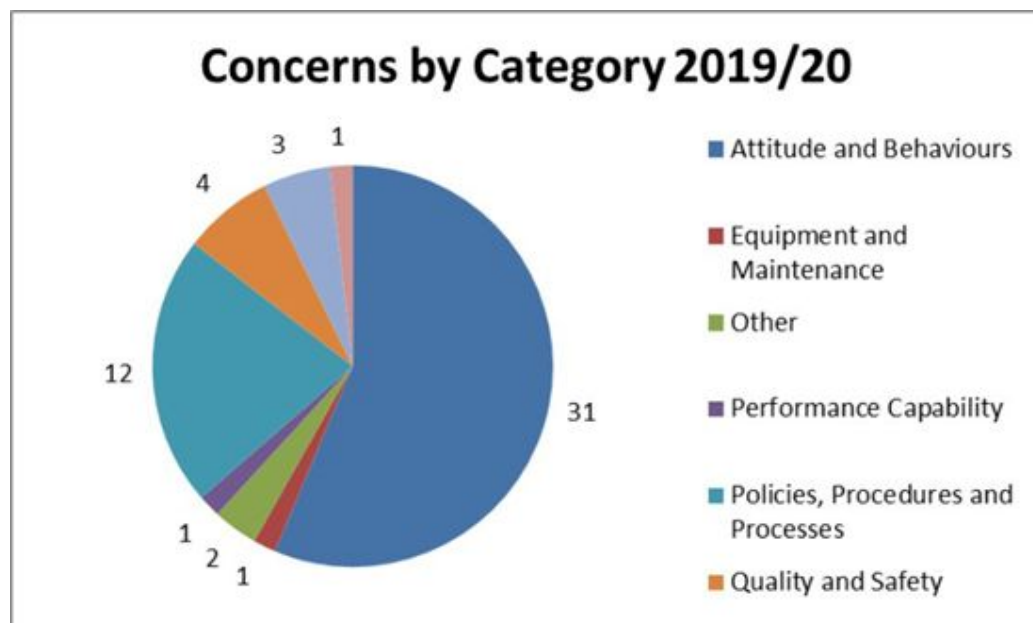
- 5.1. The key challenge during the year has been the capacity of the Guardian to deliver the strategy. Specifically to follow up on concerns raised and to undertake proactive work to identify and then target “hot spot” areas where more focused attention would be beneficial.
- 5.2. A Speaking Up Engagement Lead was appointed to support the Guardian during the year and funding was agreed to substantively appoint a Deputy Freedom to Speak Up Guardian from 1 April 2020. This also recognised the increase in the role anticipated following the merger with Weston Area Health NHS Trust.
- 5.3. Recruitment to the role, on an interim basis, was completed in March 2020 and Kate Hanlon was appointed into this role for six months. This timeframe allows for the corporate services consultations to be completed and the role will be advertised on a permanent basis in September or October 2020.

6. Summary of Cases Raised During 2019/20

- 6.1. During 2019/20 there were 55 cases raised to the FTSU Guardian. This compares to 32 in the previous financial year. This is a 72% increase year on year.



6.2. In none of the cases, where a concern has been closed, has an individual reported suffering a detriment as a result of speaking up. Where there is a risk that this may happen, the Guardian is working closely with the individual to monitor this and action will be taken swiftly if this is identified.



6.3. The four cases (down from five in the previous year) where patient safety issues were identified were immediately raised to the Chief Nurse and Medical Director. Investigations were commissioned from appropriately trained staff and a range of actions were identified including additional training and support for individuals, and enhanced processes to further reduce the risk of harm to patients.

- 6.4. An analysis by division demonstrates the following. This includes concerns per 1,000 FTE to allow for a more accurate comparison and as requested by the Senior Leadership Team:

Division	Number of concerns	Concerns per 1,000 FTE
Diagnostics & Therapies	2	1.87
Medicine	8	6.62
Specialised Services	6	5.84
Surgery	20	11.53
Trust Services	17	11.02
Women's & Children's	2	0.97

- 6.5. The majority of concerns have been raised from the Surgery Division and Trust Services. Within Trust Services the majority of concerns were raised by Estates and Facilities staff.

- 6.6. Concerns continue to be raised by all staff groups, but the majority are being raised by Administrative and Clerical staff and Nurses:

Profession	Number of concerns
Administrative/clerical staff	29
Allied Healthcare Professionals	3
Cleaning/Catering/Maintenance/Ancillary staff	4
Dentists	5
Doctors	3
Nurses	11

- 6.7. In all cases, where an investigator was appointed the Guardian ensured they were not conflicted and could apply objectivity to their review. The Guardian met with the investigators after they had completed their investigation to test the robustness of their approach and suggest any further areas for consideration. Where appropriate external investigations have been commissioned, particularly where there was a need for an independent and expert consideration of the concerns raised.

7. Benchmarking

7.1. The national data is summarised below for 2018/19 and the first three quarters of 2019/20:

	2018/19	2019/20		
		Q1	Q2	Q3
Total Cases	12,244	3,173	3,486	4,120
Element of Patient Safety	3,523	774	846	915
Element of Bullying and Harassment	4,969	1,230	1,246	1,496
Suffered Detriment	564	116	127	147
Anonymous	1,491	439	455	469

7.2. The following should be noted from a comparison of the Trust data with the national data:

- The trends described, particularly the increase in the number of concerns, in the Trust data broadly mirror the increases seen nationally
- The Guardian has not received any anonymous concerns
- The proportion of concerns relating to patient safety are significantly lower in the Trust
- No one was reported suffering a detriment as a result of speaking up.

7.3. In 2018/19 nurses (30%) raised the most concerns of any staff group nationally. In the Trust, the majority of concerns were raised by Admin and Clerical staff. this is possibly due to the communications channels that have so far been utilised which are more likely to target staff with regular access to their PCs.

8. Summary of Learning from Speaking Up

8.1. The majority of the 55 concerns raised have resulted in learning for the Trust. A summary of this learning is described below:

- Managers need to be visible to their teams, be open to listening to issues and communicate where action can and cannot be taken.
- New roles need to be promoted widely to ensure fair access to opportunities as these arise.
- Reminder to ensure that booking staff do not make clinical decisions and have appropriate access to clinical staff to support decisions on the reprioritisation of patients
- Staff are now reminded that during procurement processes they need to be aware of how meetings with the incumbent supplier maybe perceived and could be seen to be influencing the procurement process. All meetings with suppliers during this period should involve the procurement team to ensure no breaches to procurement rules.
- Staff should always raise an incident for actual and near miss incidents.
- Improved communications about how decisions are taken which affect groups of staff differently and the rationale behind these decisions. This is to ensure that staff do not feel they are being treated unfairly.
- Reminder that confidential information should not be communicated in public spaces.

- Managers should hold regular team meetings to ensure staff are aware of local changes and issues, as well as wider divisional and Trust changes which may affect them.
 - That managers should apply policies fairly and consistently.
- 8.2. There is a theme throughout a large number of concerns that the key to making a step change to improve the culture within the Trust is to ensure that all managers and leaders live by, and operate to, the Trust's values and behaviours.
- 8.3. Whether they are appointed through a values based interview, or are mandated to attend a Trust leadership and development programme, the Trust should work to ensure that everyone in a management or leadership role understands what is expected of them and are then held to account for meeting these values and behaviours. This links with the third objective of the Freedom to Speak Up Strategy in ensuring leaders and managers understand their own behaviours and deal effectively with concerns.

9. National Staff Survey Results 2019

9.1. The national staff survey includes indicators which directly link to the FTSU programme. The results demonstrate positive improvement in the majority of the indicators with the exception of question 18a, which showed a slight decline: "If you were concerned about unsafe clinical practice you would know how to report it".

Questions related to raising concerns	2015	2016	2017	2018	2019	All Trusts Average
% agreeing / strongly agreeing with the following statements:						
"My organisation treats staff involved in an error, near miss or incident fairly" (17a)	53.5	57.7	57.4	64	65.8	59.6
"My organisation encourages us to report errors, near misses, incidents" (17b)	86.9	88.4	88.7	89.3	90.7	88.2
"If you were concerned about unsafe clinical practice you would know how to report it" (18a)	92.1	92.8	93.3	94.3	93.8	94.2
"I would feel secure raising concerns about unsafe clinical practice" (18b)	64.7	67	67.5	71.7	72.7	70.4
"When errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again"	66.8	70.6	71.1	74.6	74.9	70.2
"I am confident that the organisation would address my concern"	52.7	56.3	57.5	61.4	63.3	57.7

9.2. However the results do indicate that there is still work to do in relation to the following areas, particularly as we move forward as a merged organisation:

- Staff feeling they will be treated fairly if involved in an error, near miss or incident
- Staff feeling secure about raising concerns about unsafe clinical practice
- Staff confidence that the organisation will take action to make sure the error, near miss or incident does not occur again
- Staff feeling confident that the organisation would address their concerns.

- 9.3. The FTSU Strategy and the action which described the development of a more coordinated approach to all areas which encourage an open culture will support improvement in these areas. However without managers seeing the benefit of and therefore encouraging and supporting their teams to raise concerns, we will not see the necessary improvements.
- 9.4. The Board should also be aware that the staff survey scores for WAHT have traditionally been lower than for UH Bristol and therefore the 2020 results will likely change as a result of the merger.

10. Freedom to Speak Up Index Report 2019

- 10.1. As previously reported to the Board, the Trust achieved a FTSU index score of 79%. The FTSU index was calculated as the mean average of responses to four questions from the NHS Annual Staff Survey. The survey questions that have been used to make up the FTSU index are:
- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
 - % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
 - % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
 - % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)
- 10.2. The best Trust, Cambridgeshire Community Services NHS Trust, achieved a score of 87%.
- 10.3. To increase the overall score the Trust should consider focusing on the way in which staff feel they are treated when raising concerns and ensuring staff feel confident and secure when speaking up.

11. Recommendations

- 11.1. The Board is asked to:
- Note the Freedom to Speak Up Annual Report 2019/20
 - Seek further assurance, via the People Committee, that there are structures and a coordinated approach in place to support cultural change across the Trust, that will address the identified gaps around management and leadership training and which will drive improvement in the staff survey results.

Eric Sanders
Freedom to Speak Up Guardian

Appendix 1 – Progress against the Freedom to Speak Up Strategy

	Data 2019/20	Description of changes in year and proposed areas of focus													
Awareness															
Consistently high compliance for corporate induction training (and local induction)	<table><tr><th>June 2019</th><th>Rate</th></tr><tr><td>Induction</td><td>98%</td></tr><tr><td>Staff Local Induction Workbook</td><td>60%</td></tr></table>	June 2019	Rate	Induction	98%	Staff Local Induction Workbook	60%	A FTSU video was developed and was included in corporate induction from November 2019. Inclusion in medical induction needs to be confirmed from August 2020. Further work with the recruitment and HR teams to ensure that awareness around speaking up is included in local induction and to increase local induction rates.							
	June 2019	Rate													
	Induction	98%													
	Staff Local Induction Workbook	60%													
	<table><tr><th>September 2019</th><th>Rate</th></tr><tr><td>Induction</td><td>99%</td></tr><tr><td>Staff Local Induction Workbook</td><td>64%</td></tr></table>	September 2019	Rate	Induction	99%	Staff Local Induction Workbook	64%								
	September 2019	Rate													
	Induction	99%													
	Staff Local Induction Workbook	64%													
	<table><tr><th>December 2019</th><th>Rate</th></tr><tr><td>Induction</td><td>99%</td></tr><tr><td>Staff Local Induction Workbook</td><td>73%</td></tr></table>	December 2019	Rate	Induction	99%	Staff Local Induction Workbook	73%								
	December 2019	Rate													
	Induction	99%													
	Staff Local Induction Workbook	73%													
	<table><tr><th>March 2020</th><th>Rate</th></tr><tr><td>Induction</td><td>99%</td></tr><tr><td>Staff Local Induction Workbook</td><td>74%</td></tr></table>	March 2020	Rate	Induction	99%	Staff Local Induction Workbook	74%								
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Number and type of updates to staff and other workers in the Trust about speaking up															
Regular 'meet the advocate' case studies in Newsbeat. Voices April 2019; Divisional newsletters; Focus in October for National Speak Up month included walkarounds, drop in sessions, briefings and a Schwartz Round on the theme of 'When I spoke up'.															
<table><tr><th colspan="2">Guardian presentations in year</th></tr><tr><td>Obs & gynae team, STMH</td><td>07/05/2019</td></tr><tr><td>Nurse Preceptorship</td><td>27/06/2019</td></tr><tr><td>Divisional Board Medicine</td><td>31/10/2019</td></tr><tr><td>BEH Theatre staff</td><td>25/10/2019</td></tr><tr><td>STMH leadership team</td><td>24/10/2019</td></tr><tr><td>Heads of Service D&T</td><td>24/10/2019</td></tr></table>		Guardian presentations in year		Obs & gynae team, STMH	07/05/2019	Nurse Preceptorship	27/06/2019	Divisional Board Medicine	31/10/2019	BEH Theatre staff	25/10/2019	STMH leadership team	24/10/2019	Heads of Service D&T	24/10/2019
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Heads of Service D&T	24/10/2019														
Increase in the number of Guardian and Advocate presentations: 24 in 2019/20 up from 9 in 2018/19 Further resources developed to support Advocates undertaking briefings; utilised National Speak Up month in October to generate interest in speaking up. Objective for this year to include more regular quarterly updates on number and themes of concerns (post Board reporting) alongside other updates. Also need to find a more structured way of talking to different teams and departments.															

NHS Foundation Trust

	<table><tr><td>SLT Briefing</td><td>23/10/2019</td></tr><tr><td>SBCH walkaround</td><td>22/10/2019</td></tr><tr><td>Governor development seminar</td><td>16/10/2019</td></tr><tr><td>BDH walkaround and drop in</td><td>15/10/2019</td></tr><tr><td>Finance teams</td><td>15/10/2019</td></tr><tr><td>Children's Hospital Leadership Team Meeting</td><td>11/10/2019</td></tr><tr><td>Unity Training Day</td><td>November</td></tr><tr><td>Surgery Divisional Board</td><td>05/12/019</td></tr><tr><td colspan="2">Advocate presentations in year</td></tr><tr><td>Cleft team away day</td><td>14/05/2019</td></tr><tr><td>House porters</td><td>09/07/2019</td></tr><tr><td>Hotel Services - BRHC - two sessions</td><td>19/07/2019</td></tr><tr><td>D&T Staff Forum</td><td>23/10/2019</td></tr><tr><td>Outpatients at BEH</td><td>30/10/2019</td></tr><tr><td>IM&T workshop with Employee Services</td><td>13/12/2019</td></tr><tr><td>Trust Services HR Surgery</td><td>06/01/2020</td></tr><tr><td>Estates & Facilities HR Surgery</td><td>08/01/2020</td></tr><tr><td>Trade staff meeting (Estates)</td><td>19/02/2020</td></tr></table>	SLT Briefing	23/10/2019	SBCH walkaround	22/10/2019	Governor development seminar	16/10/2019	BDH walkaround and drop in	15/10/2019	Finance teams	15/10/2019	Children's Hospital Leadership Team Meeting	11/10/2019	Unity Training Day	November	Surgery Divisional Board	05/12/019	Advocate presentations in year		Cleft team away day	14/05/2019	House porters	09/07/2019	Hotel Services - BRHC - two sessions	19/07/2019	D&T Staff Forum	23/10/2019	Outpatients at BEH	30/10/2019	IM&T workshop with Employee Services	13/12/2019	Trust Services HR Surgery	06/01/2020	Estates & Facilities HR Surgery	08/01/2020	Trade staff meeting (Estates)	19/02/2020	
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Response to annual 'snapshot' survey relating to awareness of Speaking Up (targeted also to volunteers, agency workers, students and trainees)	Inaugural survey June 2019 – 57 responses to awareness of FTSU – 80% (note survey distributed online only via Newsbeat). Further survey undertaken as part of the internal audit undertaken through the year.	Survey to be repeated in 2020 with a more focused communications drive to improve the response rate.																																				
Number and location of Freedom to Speak Up staff advocates across the Trust	<table><tr><td>51</td></tr><tr><td><table><tr><td>Trust Services</td><td>17</td></tr><tr><td>Women's and Children's</td><td>10</td></tr><tr><td>Specialised Services</td><td>9</td></tr></table></td></tr></table>	51	<table><tr><td>Trust Services</td><td>17</td></tr><tr><td>Women's and Children's</td><td>10</td></tr><tr><td>Specialised Services</td><td>9</td></tr></table>	Trust Services	17	Women's and Children's	10	Specialised Services	9	Increase of 21 since April 2019. Objective for this year to recruit advocates within Weston division and increase number of clinical advocates.																												
51																																						
<table><tr><td>Trust Services</td><td>17</td></tr><tr><td>Women's and Children's</td><td>10</td></tr><tr><td>Specialised Services</td><td>9</td></tr></table>	Trust Services	17	Women's and Children's	10	Specialised Services	9																																
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NHS Foundation Trust

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Medicine	7															
Diagnostics and Therapies	4															
Surgery	4															
Confidence																
Number of cases raised through the Raising Concerns phone line, email address and Datix	55	Increase from 32 concerns in 2018/19														
Number of case studies completed and shared	0	Objective for this year to develop and share case studies														
Response to question in annual 'snapshot' survey relating to confidence in Speaking Up	Inaugural survey June 2019 – 51 responses to confident in raising concerns with line manager/supervisor – 67% (online responses only)	As above.														
Timelines for cases from date raised to date closed	Data not monitored in year. Cases are all unique and timelines are dependent on the circumstances. For information timelines for concerns being resolved have varied between 1 day and over 1 year.	Further work to be undertaken to ensure timelines can be more accurately monitored.														
Feedback from those who have raised concerns (i.e. whether they would speak up again)	Of the 39 cases closed during the year, 27 said they would speak up again, 1 said they would not and 1 did not respond when asked.	More detailed survey developed to support feedback on the process.														
Supporting leaders and managers																
Take up of management (behaviours) training by division	<div>678 total participants on 14 leadership modules</div> <table><tr><td>Trust Services</td><td>162</td></tr><tr><td>Women's & Children's</td><td>127</td></tr><tr><td>Diagnostics & Therapies</td><td>107</td></tr><tr><td>Surgery</td><td>106</td></tr><tr><td>Medicine</td><td>74</td></tr><tr><td>Specialised Services</td><td>61</td></tr><tr><td>Estates and Facilities</td><td>41</td></tr></table>	Trust Services	162	Women's & Children's	127	Diagnostics & Therapies	107	Surgery	106	Medicine	74	Specialised Services	61	Estates and Facilities	41	<div>Further work required to support improvement in the uptake of the courses and to ensure the courses fit with the Trust's expectations around leadership and management styles and approaches.</div> <div>Note that quite a few of those numbers will be double ups as programmes with day 1 and day 2 elements are counted as individual attendances.</div>
Trust Services	162															
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Prevalence of 'hot spot' areas identified through Happy App data and annual Staff Survey	Not yet formally completed. Some work undertaken as a direct result of issues identified through concerns, coupled with data from HR, Happy App and information from Employee Services.	More robust approach to be developed to ensure a coordinated approach, which is evidence and data driven. See main report for more details.														

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Annual Review of Code of Conduct for Board of Directors (<i>including Fit and Proper Persons Self Certification</i>)
Report Author	Eric Sanders, Director of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
<p>This report contains the Board of Directors' Code of Conduct and declaration of the Fit and Proper Persons requirement in line with the Care Quality Commission Fundamental Standards of Care, and provides assurance that all members of the Board have signed the annual declaration of compliance with these standards.</p>
2. Key points to note (Including decisions taken)
<p>The Fit and Proper Person Test is outlined in full in Regulation 5 of the 2014 Regulations and states that providers must not appoint a person to a director level post (including permanent and interim posts) or to a non-executive director post unless he or she:</p> <ul style="list-style-type: none"> • Is of good character; • has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed; and • is able by reason of his or her health and after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed. <p>The Trust has in place a "<i>Fit and Proper Persons Policy</i>" which sets out its commitment to ensuring that all persons appointed as Directors, or performing the functions of, or functions equivalent or similar to those of a director satisfy the Fit and Proper Person Requirements as directed by the Care Quality Commission (CQC) Regulation 5.</p> <p>All members of the Board of Directors have completed and signed the annual declaration against the standards of the Code of Conduct and Fit and Proper Persons requirement. Copies of signed declarations are available to the public on request from the Trust Secretariat. A copy of the declaration is attached as Appendix 1.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
N/A

4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> • This report is for Assurance. • The Board is asked to receive assurance that the Board of Directors comply with the required standards of the Code of Conduct and Fit and Proper Persons Policy.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Board of Directors Code of Conduct

1. Introduction

High standards of corporate and personal conduct are an essential component of public services. As a Foundation Trust, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice.

The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all Directors (in addition to the standard for employees set out in the policy defined in Standards of Business Conduct). This document therefore includes the Department of Health Code of Conduct/Code of Accountability for Boards, specifically for Chairs and Non-Executive Directors, and the Code of Conduct for NHS Managers specifically the Chief Executive and Executive Directors.

This code, with the Code of Conduct for Governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour.

2. Principles of public life

All Directors and employees are expected to abide by the Nolan principles of: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership:

Selflessness - Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit alone.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

3. General principles

Foundation Trust Boards of Directors have a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public. The Board of Directors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct. The Board of Directors expects that this Code will inform and govern the decisions and conduct of all Directors.

4. Confidentiality and access to information

Directors and employees must comply with the Trust's confidentiality policies and procedures and must not disclose any confidential information, except in specified lawful circumstances. The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be adhered to at all times.

5. Register of interests

Directors are required to register all relevant interests on the Trust's register of interests in accordance with the provisions of the constitution. It is the responsibility of each Director to update their register entry if their interests change. A pro forma is available from the Trust Secretary. Failure to register a relevant interest in a timely manner will constitute a breach of this Code.

6. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a Director or for doing (or not doing) anything in that capacity.

If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the corporation, the Director must declare the nature and extent of that interest to the other Directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair and Trust Secretary will advise Directors in respect of any conflicts of interest that arise during Board and Committee meetings, including whether the interest is such that the Director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board to decide whether a Director must withdraw from the meeting.

7. Gifts & hospitality

The Board will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of the Trust funds for hospitality and entertainment will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector.

The Trust has adopted a policy on register of interests and gifts and hospitality which will be followed at all times by Directors and all employees. Directors and employees must not accept gifts or hospitality other than in compliance with this policy.

8. Whistle-blowing

The Board acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The Board has adopted a Speaking Out policy on raising matters of concern which will be followed at all times by Directors and all staff.

9. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specifically Directors must:

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct;
- Respect others and treat them with dignity and fairness;
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- Be honest and act with integrity and probity;
- Contribute to the workings of the Board as a Board member in order for it to fulfil its role and functions;
- Recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- Raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- Recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, Executive Directors and Non-Executive Directors;
- Make every effort to attend meetings where practicable;

- Adhere to good practice in respect of the conduct of meetings and respect the views of others;
- Take and consider advice on issues where appropriate;
- Acknowledge the responsibility of the Council of Governors to represent the interests of the Foundation Trust's members and partner organisations in the governance and performance of the Trust, and to have regard to the views of the Council of Governors;
- Not use their position for personal advantage or seek to gain preferential treatment nor seek improperly to confer an advantage or disadvantage on any other person; and
- Accept responsibility for their performance, learning and development

10. Compliance

The members of the Board will satisfy themselves that the actions of the Board and individual Directors in conducting Trust business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All Directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code of Conduct including their compliance with; the Department of Health Code of Conduct and Accountability (Appendix 1); Code of Conduct for NHS Managers (Appendix 2); and the Nolan principles of governance.

Board members will be required to re-affirm their compliance with the Codes on an annual basis.

Please could you sign and return this document to confirm your continued compliance with these codes and support to the Nolan principles of governance.

Signed:

Date:

Print Name:
(IN CAPITALS)

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Register of Seals Report – Q4 Update
Report Author	Mark Pender, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
This report provides a summary of the applications of the Trust Seal made since the previous report in January 2020 .
2. Key points to note <i>(Including decisions taken)</i>
Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: N/A
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Information.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Register of Seals

January 2020 – April 2020

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness	Additional Comments
830	03/02/20	Section 106	Mark Smith	Neil Kemsley	Mark Pender	It is a legal requirement for the Section 106 to be signed and sealed
831	20/02/20	<ul style="list-style-type: none"> • Dead of Priority between HSBC PLC and UHB • Legal charge to secure on additional payment relating to Brentry Laundry and Central Nursing Unit, Brentry Hospital, Charleton Road, Bristol • HM Land Registry DS1- Cancellation of entries relating to a registered charge 	Neil Kemsley	Robert Woolley	Mark Pender	
832	20/02/20	Transfer of part registered title relating to the acquisition of Abbotts House by the Trust from Above and Beyond	Neil Kemsley	Robert Woolley	Mark Pender	
833	03/03/20	Project 2 Cath Labs	Mark Smith	Robert Woolley	Mark Pender	DH approved framework for the completion of the substantial

Register of Seals

						design, construction and handover.
834	09/03/20	Section 106 agreement relating to Fripps Chapel (old Building) between Bristol City Council, UH Bristol and LDC (Old Hospital) Ltd	Neil Kemsley	Robert Woolley	Mark Pender	Legally binding document between parties

Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Research & Innovation 2019-2020 Summary Report
Report Author	David Wynick, Director of Research
Executive Lead	William Oldfield, Medical Director

1. Report Summary
The purpose of this report is to provide an update on performance and governance for the Board.
2. Key points to note <i>(Including decisions taken)</i>
See executive summary in report.
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 <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has previously been received.
N/A

Executive Summary

This report covers the full financial year 2019/20.

This year culminated in the recognition of Bristol as a centre of research excellence with the designation of Bristol Health Partners as an Academic Health Science Centre alongside Imperial, UCL, King's, Oxford, Cambridge, Manchester and Newcastle.

Performance:

Our performance against High Level Objective (HLO)1 (total recruitment) was marginally below the stretch target of 7500 at 7,187 (96%). We met the benchmark of 80% for recruitment to time and target for commercial trials and for non-commercial research achieved 67%. Median study site setup times for commercial and non-commercial research were both rated green (56.5/56 days respectively).

We expect that we will not be assessed against the HLOs during 2020/21, due to the need to suspend/close usual research activity.

Funding:

The clinical research network allocation for 2020/21 based on our performance in the previous year is £3.5m. The research capability funding allocation was reduced as expected, to £1.09m, due to the national removal by NIHR of infrastructure funding associated with the BRC and ARC. We have a reasonable pipeline of small grants that will feed through into NIHR applications and if successful, that will start to bolster our RCF in future years. We achieved our highest ever level of commercial income, £2.8m during 2019/20.

COVID-19 Research Update:

On 12th March 2020 a letter was sent out to all researchers and their teams advising of our plans to suspend non-essential research and asking them to work with us in a phased way to categorise research so that we could prioritise closure, and identify which studies should remain open. By the end of March study suspensions had been agreed, enacted and captured on our research management database. Those remaining open included Urgent Public Health research, studies for which the clinicians' view was that treatments would protect patients, and those for which no UHBW resource was required. Approximately 400 studies were put on hold due to COVID-19 (setup, recruitment or follow up), either because there was a risk to patients of continuing, or because it was anticipated that resource would have to be available to be redirected elsewhere and there was no benefit to keeping the study open. We continued with setup for a number of studies to position us for opening rapidly at the appropriate time. A number of studies remained open where patients were receiving clinical care that was protocol dependent and gave patient safety benefits.

There are now ten Urgent Public Health studies open at UHBW, across multiple hospitals and both in Bristol and Weston. A further three studies are currently in setup. Amongst these are the most important national platform randomised controlled trials designed to identify and test new treatments. These are phase 3

trials RECOVERY and REMAP-CAP, with TACTIC (phase 2) in setup. We have also successfully recruited 129 participants to the phase 2 Oxford vaccine trial, and will commence the phase 3 trial imminently, with an expected recruitment target of >500 participants. The Trust COVID-19 work is led by Jane Blazeby, Professor of Surgery, who is working with clinicians and research teams to identify the research that is the most important for our patients and most likely to generate the evidence we need for new treatments. Underpinning the clinical work is the development of the UNITE database which allows us to collect relevant core data once only, and extract it to populate databases for multiple ethically approved COVID-19 studies. We are seeing unprecedented collaboration across the trust and with our University colleagues.

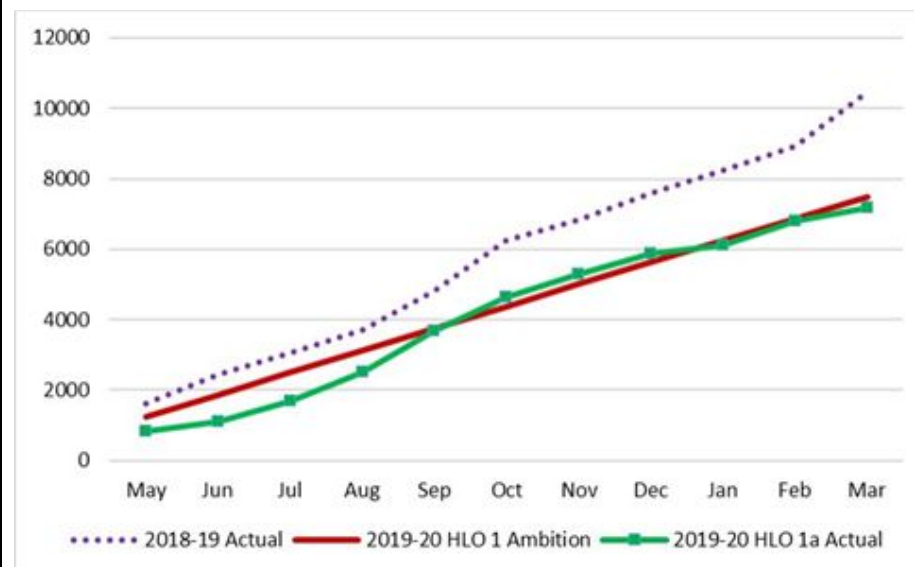
Overview

Successes	Priorities
<ul style="list-style-type: none"> • Designation of Bristol Health Partners as an Academic Health Science Centre, one of only eight national centres. • Highest level of commercial income generated to date. • Achievement of challenging recruitment targets to achieve 96% of stretch target 	<ul style="list-style-type: none"> • To deliver COVID-19 research, specifically that badged with Urgent Public Health (UPH) status effectively in the Trust. • Continue to plan a bid for an NIHR Clinical Research Facility, alongside the bid for renewal of the NIHR Biomedical Research Centre in 2021.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Position ourselves as a leading centre for adult vaccine studies • Formalise and build on the best elements of our new ways of working that have developed organically as part of the research response to COVID-19 • Re-set our research portfolio, ensuring we prioritise the most important alongside the COVID-19 research portfolio. 	<ul style="list-style-type: none"> • Continued need to prioritise COVID-19 research with associated requirements for a flexible and agile workforce, may mean we have reduced capacity to deliver some non-COVID-19 research • Restarting non-COVID research must be carefully managed in order to maintain COVID research without losing the best of our specialist research portfolio • Clinical pressures deprioritise research across the trust and limit opportunities to maintain activity and increase in new areas of potential. • Reduction in commercial research activity will impact on commercial income, which supports research infrastructure across the trust.

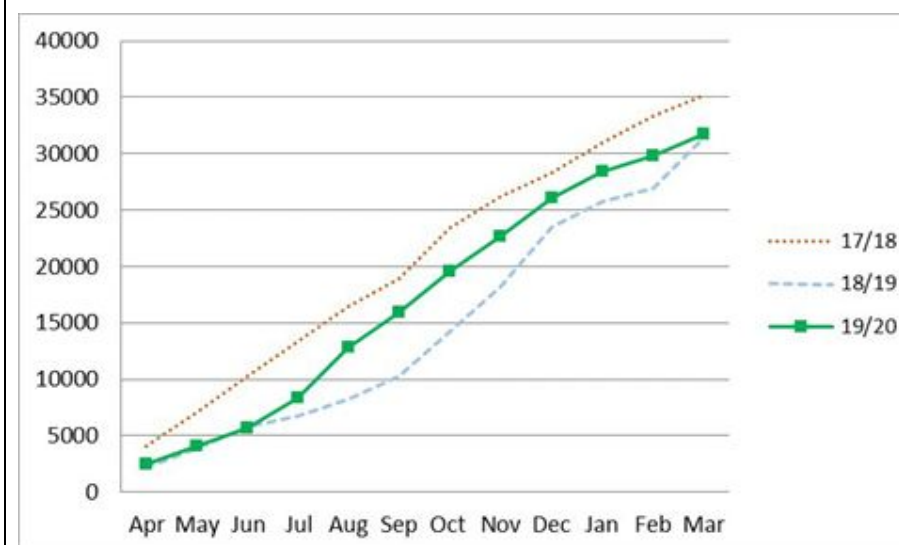
Performance Overview

This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

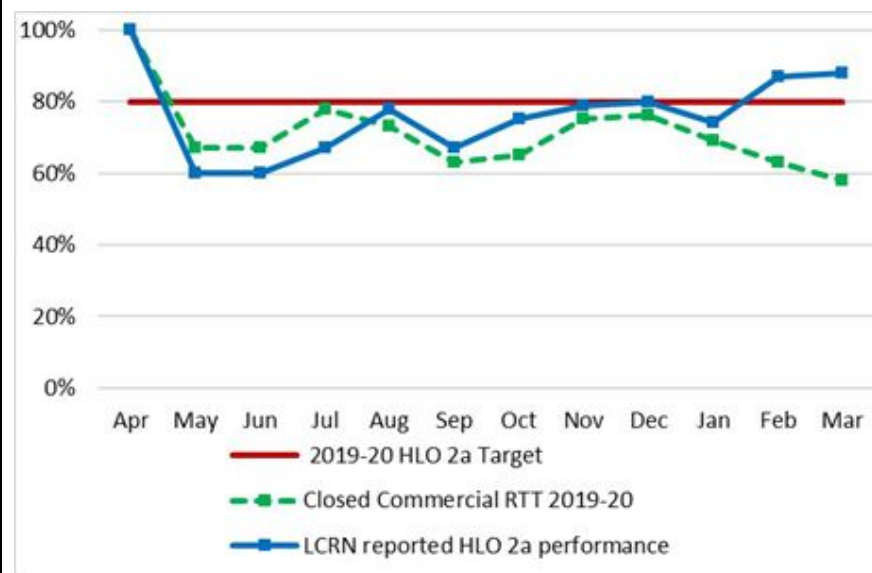
a) Cumulative Recruitment in Commercial and Non-Commercial NIHR Studies



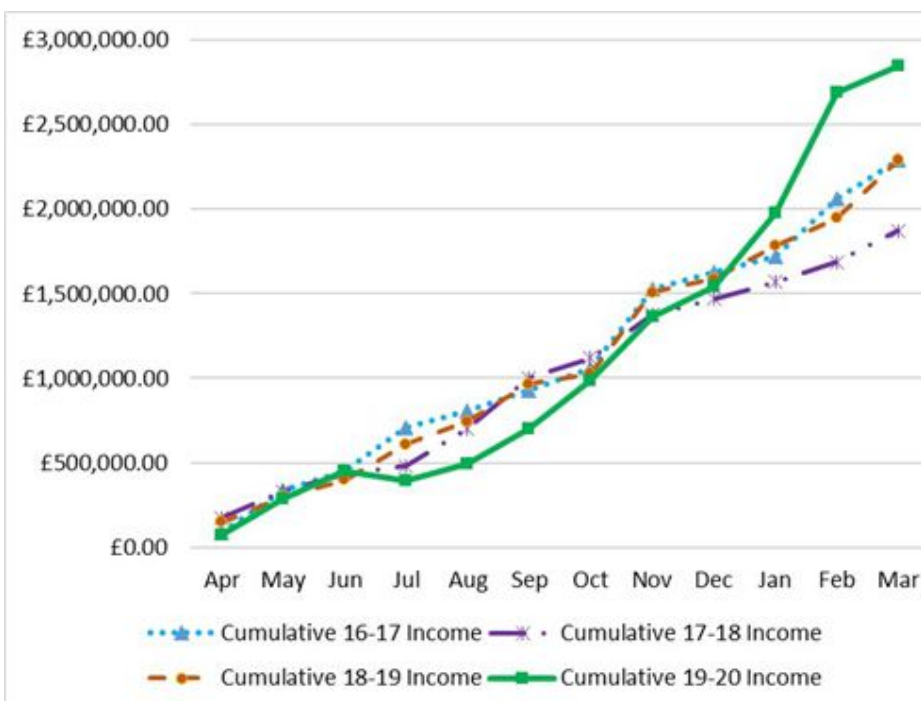
b) Cumulative weighted recruitment into NIHR portfolio studies 19-20. [NB. There is a 6 week lag in some recruitment data becoming visible on the system.]



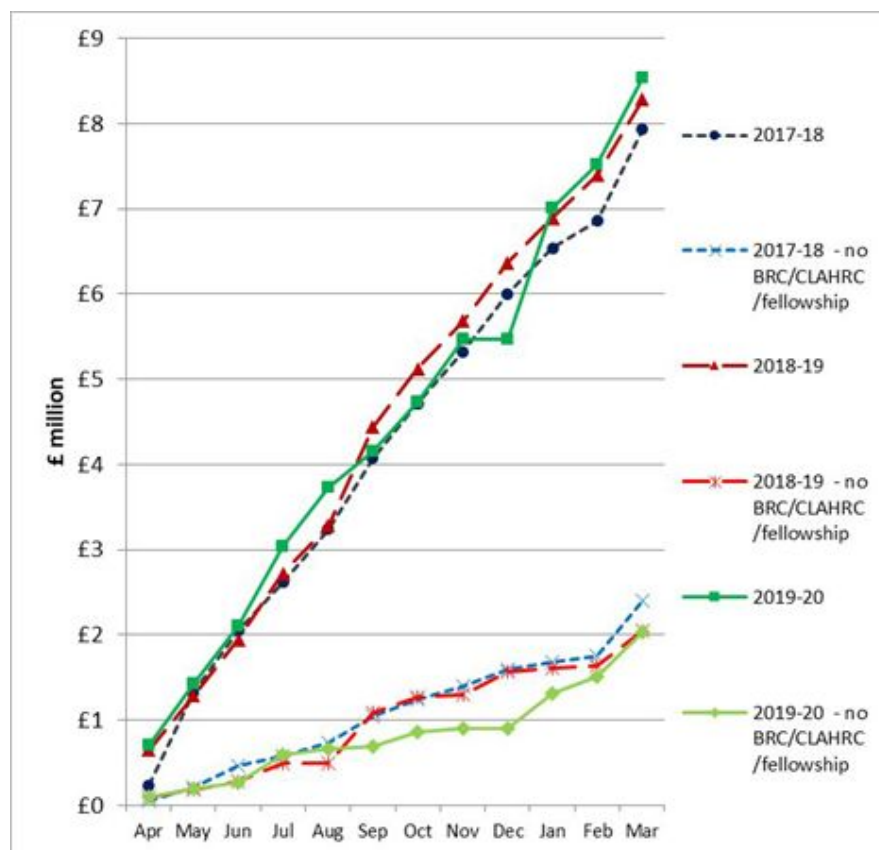
c) Percentage of closed commercial studies recruiting to time and target
(this is a new CRN metric from 19-20 financial year)



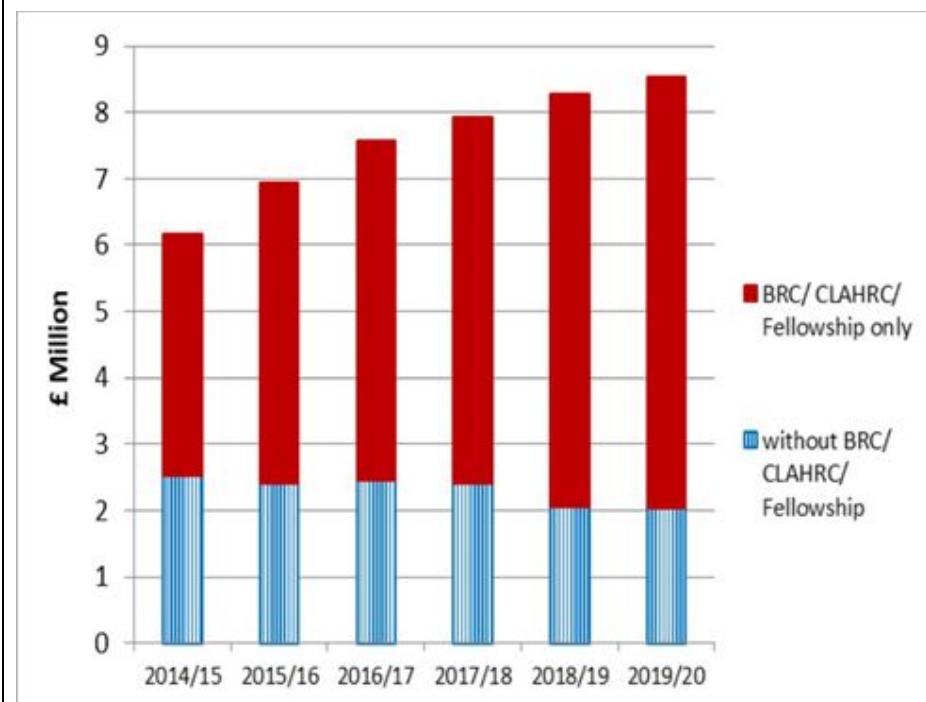
d) Monthly commercial income



e) NIHR monthly grant income – year on year comparison



f) NIHR grant income – drives research capability funding



Meeting of the Board of Directors in Public on Thursday 28 May 2020

Report Title	Governors' Log of Communications
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Jeff Farrar, Chair

1. Report Summary
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.
2. Key points to note <i>(Including decisions taken)</i>
Since the last public Board of Directors meeting there have been six questions added to the Governors' Log of Communications.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
N/A
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Information.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

ID **Governor Name****236** John Rose**Theme:** Covid-19 testing of patients**Source:** Governor Direct**Query** 20/05/2020

Are all patients being tested for Covid-19 before discharge and are the results showing "no infection" before actual discharge, particularly when being discharged to care homes or nursing homes?

Division: Medicine**Executive Lead:** Chief Nurse**Response requested:** 20/05/2020**Response****Status:** Assigned to Executive Lead

ID	Governor Name		
235	Sue Milestone	Theme: Assessment criteria for critical care	Source: Governor Direct
<hr/>			
Query	11/05/2020		
<p>Disability campaigners have been asking the government for national guidance about how doctors should decide who will be prioritised for critical care if the Covid-19 pandemic gets to a point where demand for life-saving ventilators or beds exceeds supply. Can the Trust comment on the need for national guidance in this regard? Has the Trust needed to review its assessment criteria for advance care planning including DNR orders in relation to Covid-19, and what assurance can you provide that any changes will not adversely impact people with disabilities?</p>			
Division: Medicine		Executive Lead: Medical Director	Response requested: 11/05/2020
Response	12/05/2020		
<p>National Guidance for Critical Care Admission for patients with Covid-19 exists and has been shared with the governor raising the question for information. Thankfully, our local system has never been under extreme pressure, rendering much of the guidance hypothetical. The process around the decision to “Do Not Resuscitate” a patient similarly remains unchanged. The Trust is clear that decisions about what treatments to offer should be made based on the likelihood of them befitting the patient and not on any other criteria e.g. age, frailty, disability or pre-existing co-morbidity. Any contentious or borderline decision will involve at least two senior clinicians.</p>			
Status: Awaiting Governor Response			

ID **Governor Name**
234 **Mary Whittington** **Theme:** Trust's responsibilities re carers **Source:** From Constituency/ Members

Query **22/04/2020**

In light of current pressures on critical care services and new hospital visiting restrictions, could the Trust give assurance that carers are and will continue to be consulted when decisions are made about the treatment of the person they care for in line with the Care Act 2014, and that this includes their involvement in the ReSPECT process?

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 22/04/2020

Response **28/04/2020**

The process of decision-making regarding treatment decisions including completing the ReSPECT paperwork is unchanged throughout the current pandemic and in line with all relevant national guidance.

Status: Awaiting Governor Response

233 **Carole Johnson** **Theme:** Withdrawal of treatment **Source:** From Constituency/ Members

Query **09/04/2020**

What is the Trust's policy with regard to withdrawal of treatment and other essential support services for patients, and has this changed with the outbreak of Covid-19?

Division: Medicine

Executive Lead: Medical Director

Response requested: 09/04/2020

Response **12/05/2020**

There is a Trust Policy for Withdrawal of Treatment. The procedure has not been altered for patients dying from / with Covid-19 so all patients are treated equitably.

The Standard Operating Procedure document for Withdrawal of Treatment that is currently in use has been shared with the governor raising the question for information.

Status: Awaiting Governor Response

ID **Governor Name**
232 Sue Milestone

Theme: Coronavirus - protection for staff

Source: Governor Direct

Query 11/03/2020

What measures is the Trust taking to protect non-medical staff (including governors and volunteers), from the Covid-19 virus?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 25/03/2020

Response

Status: Assigned to Executive Lead

ID	Governor Name	Theme	Source
231	Martin Rose	Accessible information	Governor Direct
Query	18/02/2020		
<p>As a patient of UH Bristol hospitals with sight issues, I have been trying to get my hospital correspondence in large type for over 12 months. I understand that my visual impairment is noted on my records, but disappointingly the only clinic that seems able to send my correspondence in large type is the Bristol Eye Hospital. I am concerned about how UH Bristol is meeting the needs of not only those with visual impairments, but for any other people with any disability, impairment or sensory loss, especially when this has been declared.</p>			
Division:	Trust-wide	Executive Lead:	Chief Nurse
		Response requested:	03/03/2020
Response	20/03/2020		
<p>The Trust fully recognises the importance of supporting patients who have specific communication and/or information needs. This is reflected in our recently-updated Accessible Information Standard (AIS) Policy, and the range of support we have available for patients who require this.</p> <p>We acknowledge that there is some inconsistency in ensuring that letters are always sent in accessible formats where this has been requested. Due to the nature of the services provided at the Bristol Eye Hospital, many of their letters are automatically printed in large type. Other departments across the Trust can usually provide large type letters too, but they do so much less frequently and it will often require a member of staff to identify the alert on the patient's record and then manually re-format the letter before it is sent. Whilst we always strive to meet peoples' needs, with huge volumes of patient correspondence being generated via a range of systems and staff, this can unfortunately result in some letters not being re-formatted before they are mailed out.</p> <p>We have an AIS action plan in place that is driving improvement in this area. Some of the activity completed as part of this plan includes:</p> <ul style="list-style-type: none"> - Working with our external supplier of appointment letters, Synertec Ltd, to be able to produce these letters in accessible formats (e.g. large print, Braille, email) - Implementing a Standard Operating Procedure to show staff how to edit letters on our patient record system (Medway) so that they can be changed to large print - Updating our internal and external websites to better signpost people to the information/ communication support that we can provide them - A re-tendering of our translating and interpreting services to ensure that we are delivering the highest quality support to people who need to access these services <p>We are currently refreshing the AIS action plan for the 2020/21 financial year and beyond. The new action plan will have a particular focus on how we can more consistently meet peoples' specific communication/information requests.</p>			
Status:	Closed		