University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board Meeting Papers

Date: Thursday 30 July 2020

Time: 10.30 – 13.30

Venue: Video Conference

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Conference Room, Trust HQ, Marlborough St, Bristol, BS13NU

University Hospitals Bristol and Weston NHS Foundation Trust

Board of Directors (in Public)

Meeting of the Board of Directors to be held in Public on Thursday 30 July 2020 at 10.30 – 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 – *Verbal update*	Information	Chair	10.30
2.	Declarations of Interest – *Verbal update*	Information	Chair	10.32
3.	Patient Story	Information	Chief Nurse	10.35
4.	Minutes of the Last Meeting • **28 May 2020**	Approval	Chair	10.55
5.	Matters Arising and Action Log	Approval	Chair	11.00
6.	Chief Executive's Report	Information	Chief Executive	11.10
Strategic				
7.	Board Assurance Framework a) Strategic Risk Register – Q1 b) Corporate Objectives Update – Q1	Assurance	Chief Executive	11.20
8.	Covid-19 Update	Assurance	Deputy Chief Executive and Chief Operating Officer	11.30
9.	UH Bristol/WAHT Integration Update	Assurance	Director of Strategy and Transformation	11.40
10.	Transforming Care Programme Board Report – Q1	Assurance	Director of Strategy and Transformation	11.50 *Paper to follow*
11.	Strategic Capital Update	Assurance	Director of Strategy and Transformation	11.55

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Quality and Performance				
12.	Integrated Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	12.00
13.	Committee Chair's Reports • Audit • Charity • Finance • People • Quality and Outcome	Assurance	Chairs of the Committees	12.15
14.	Finance Report	Information	Director of Finance and Information	12.20
15.	Framework of Quality Assurance for Responsible Officers and Revalidation	Assurance	Medical Director	12.30
16.	Safeguarding Annual Reports for UHB and Weston	Assurance	Chief Nurse	12.35
17.	Emergency Preparedness Annual Report	Assurance	Deputy Chief Executive and Chief Operating Officer	12.40
18.	Quarterly Patient Experience Report	Assurance	Chief Nurse	12.45
19.	Annual Patient Complaints Report	Assurance	Chief Nurse	12.55
People Management				
20.	National Staff Survey Results	Assurance	Director of People	13.05
Governance				
21.	Annual Review of Risk Appetite Statements	Approval	Chief Executive	13.20
22.	Board of Directors Annual Business Cycle	Approval	Director of Corporate Governance	13.25
23.	Register of Seals – Q1	Information	Director of Corporate Governance	13.30
24.	Governors' Log of	Information	Director of Corporate	

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
	Communications		Governance	
Concluding Business				
25.	Any other urgent business	Information	Chair	
26.	Date of next meeting: • **29 September 2020**	Information	Chair	

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Meeting of the Board of Directors in Public on Thursday 30th July 2020

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

1. Report Summary

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

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

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

2. Key points to note
(Including decisions taken)

In this story we will meet Antonia. Antonia leads a full, healthy and active life. Following a health episode in the summer of 2019 and a consultation with her GP, Antonia was referred to the TIA clinic at the BRI for tests. This resulted in a referral to the Bristol Heart Institute for a non-surgical closure of a patent foramen ovale, a congenital heart defect, and planned for March 2020. Antonia's story offers a personal insight into her journey through our hospitals both prior to and during the Covid-19 pandemic. Antonia will talk about how her planned care package changed as a result of the pandemic, the impact this had on both her and her husband and the support and reassurance she received from our Psychological Health Services and others in the run up to her re-scheduled and successful procedure at The Spire as a UHBW patient.

Antonia will pay particular attention to both the clinical expertise shown and the importance of the quality of the individuals and their communication throughout her journey, something she describes as a "wrap around care service." In doing so Antonia will reflect on some of the lighter touches and unexpected aspects of care, including a personal lesson on the anatomy of the heart, which she found helped normalise things during this time of vulnerability.

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

The risks associated with this report include:

N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **INFORMATION** • The Board is asked to **NOTE** the report
5. History of the paper **Please include details of where paper has previously been received.**

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

University Hospitals Bristol and Weston NHS Foundation Trust

Minutes of the Board of Directors Meeting held in Public

Thursday 28th May 2020, 11:00-12:55, by videoconference

In line with the social distancing restrictions imposed by the UK government at the time of this meeting due to the COVID-19 Coronavirus pandemic, this meeting was held as a videoconference and broadcast live on YouTube.

Present

Board Members

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

In Attendance

Name	Job Title/Position
Eric Sanders	Director of Corporate Governance
Mark Pender	Head of Corporate Governance (Minutes)

The Chair opened the Meeting at 11:00

Minute Ref	Item	Action
Preliminary Business		
01/06/20	**Welcome and Introductions/Apologies for Absence**	

	The Chair welcomed everyone to the meeting, especially those members of the public who were viewing the meeting via YouTube. The Board noted that an apology for absence had been received from Steve West, Non-Executive Director.	
02/06/20	**Declarations of Interest**	
	Members of the Board noted the following interests: • Guy Orpen held a senior position at the University of Bristol; • Madhu Bhabuta, Non-Executive Director (Designate), was a Trustee at the University of Bristol. • Kam Govind was an employee of Bristol City Council.	
03/06/20	**Minutes of the previous meeting**	
	The Board reviewed the following minutes: • Minutes of the meeting of the University Hospitals Bristol NHS Foundation Trust (UHBristol) Board held in public on 30 January 2020; and • Minutes of the meeting of the Weston Area Health NHS Trust (WAHT) Board held in public on 3 March 2020. **Members of the Board resolved to approve as a true and accurate record the above minutes.**	
04/06/20	**Matters arising and action log**	
	Board Members received and reviewed the action logs from the Board meetings held in public of both UHBristol and WHAT as follows: ***UHBristol:*** **<u>03/01/20 - 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.** Carolyn Mills reported that a review of the cancellation of surgery had been delayed due to Covid-19 and would commence once it was feasible to do so. The summary of the patient's complaint would be circulated to the Board. <u>Action ongoing.</u> **<u>10/01/20 - Strategic Capital update</u>** **Trust's strategic capital programme to be included in regional system discussions.** *The Chair reported that conversations across the system had been ongoing in respect of this. Following the changes to the NHS funding regime indications of how capital allocations would work in future had been given, but final guidance was awaited to allow the process to be taken forward within the BNSSG. Once this was in place the Board would be updated. <u>Action ongoing.</u>*	

18/01/20 - Safe Working Hours Guardian report

Board to receive a report on the challenges of the implementation of e-rostering.

The Director of People reported that as part of the response to Covid-19 e-rostering was now being used across all Divisions. Action closed.

84/09/2019 - Chief Executive's Report

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.

It was reported that the agreed timescales had been paused due to Covid-19. Actions and refreshed timescales were to be reviewed as part of the Trust's and system recovery. Action ongoing.

99/09/2019 - Any Other Urgent Business

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.

The Director of People reported that transgender awareness training was now available and would be offered as part of the Trust's training portfolio going forward. Carolyn Mills undertook to check on whether the guidance for healthcare workers on transgender issues had been completed or put on hold due to Covid-19. The Chair reported that he had drafted a letter to send to national commissioners. Action ongoing.

WAHT:

1569.19 - Partnership and Merger Update

To produce a report to summarise the feedback from the Hopes and Fears workshop.

This has been reported to the Board in previous merger update reports. Action closed.

1608.20 - 2020/25 Sustainable Development Strategy

Ensure the results of the Healthier Together baseline assessment is distributed once received.

It was confirmed that the WHAT 2020/25 Sustainable Development Strategy would be incorporated into the merged organisations' Sustainability Strategy. Action closed.

1625.20 - 2019 National Staff Survey Results

The actions required to reduce the experience of bullying, harassment and racism among BME staff be included in 2020/21 Operational Planning Funding.

	It was confirmed that this would be incorporated into the Trust's staff survey and diversity and inclusion action plans and monitored by the People Committee. *Action closed.* **1629.20 - Performance report** **Check rationale for hospital telephone number being withheld in contacts with patients.** *It was reported that this was still under review but that the Deputy Chief Executive and Chief Operating Officer would pick this up.* *Action closed.* **1630.20 - Escalation report from the People and Organisational Development Committee** **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.** *The Director of Corporate Governance confirmed that Freedom to Speak Up was being promoted across Weston General Hospital and was being actively utilised by members of staff there.* *Action closed.* **1631.20 - Any other business** **Discuss the possibility of Healthwatch membership on the future Weston Divisional Board with the future Division.** *The Chief Nurse confirmed that Healthwatch would be engaged through existing Trust engagement mechanisms and that Healthwatch North Somerset had a seat at table at UHBW Patient Experience Group.* *Action closed.* **Members resolved to:** • **Approve** the action log.	
05/06/20	**Chief Executive's Report**	
	Chief Executive Robert Woolley gave a verbal update on the following key issues: • The May report from the Senior Leadership Team was summarised for the Board. The Trust was now in Phase 2 of its organisational response to the Covid-19 pandemic, and work was underway on the approach the Trust would take to the restoration of activity. The 2020/21 Business Plan was also in the process of being reset and the impact of Covid-19 on the Trust's strategic objectives had also been reviewed. The Strategic Leadership Team was of the view that the existing strategic objectives were still appropriate and an implementation plan was now being developed to deliver these. • As the Board was aware, a decision had been taken on Monday to close Weston General Hospital (including A&E) to new patients in response to a high number of patients who had tested positive for Covid-19 in the hospital. This decision had been clinically led and included input from NHSEI and was taken balancing the risks of not maintaining a service against the possibility of further Covid-19 infections of patients and staff. Proactive public statements had been	

made by the Trust and a video briefing had been provided to staff. The aim was to reopen to hospital as soon as it was safe to do so.

- All patients who had appointments at the hospital this week had been contacted to explain the situation and to receive revised appointments.

- The Chief Executive thanked South Western Ambulance Services NHS Foundation Trust, local GPs, Sirona Health & Care, the CCG and North Bristol NHS Trust for the support they had provided in responding to the closure and the provision of alternative care.

- The Chief Executive assured the Board that there had been no diminution of care at the hospital, and that the hospital would undergo a deep clean before it reopened. It was acknowledged that this was a small hospital with limited space, and measures would be put in place to ensure a clear separation between Covid and non-Covid patients before reopening. It was anticipated that the hospital would not reopen for at least a week. The Chief Executive confirmed that a root cause analysis was underway as part of the Trust's internal critical incident.

- The Chief Executive was sad to report that Mike Lyall, who had attended Weston Area Health NHS Trust Board meetings had who had been a great supporter of the hospital, had recently passed away, and condolences were expressed to his family on behalf of the Board. The Chair echoed these sentiments.

- In positive news, the Chief Executive reported that the Bristol Royal Hospital for Children Hospital had been ranked first of all specialist hospitals in England for patient experience.

During the ensuing discussion the following points were made:

- Julian Dennis, Non-Executive Director, commented that there had been reports in the media that the management team at Weston General Hospital had not been on top of developments, and asked the Chief Executive if he had any sense of this. Robert Woolley responded that he had seen these comments but was unsure of how well informed they were. A new leadership team had been put in place at the hospital prior to the merger, and this team had been working extremely hard. However, there were pre-existing challenges for them at the hospital, and they were then faced with an unprecedented pandemic, and this had been a challenging set of circumstances. If there were lessons to be learned these would be identified as part of the root cause analysis which was now underway. In the meantime further appointments were being made to key roles at Weston and a new Divisional Director was due to take up their position in June.

- Jayne Mee, Non-Executive Director, asked whether staff absences had gone up at Weston General Hospital and what steps the Trust

was taking to reassure staff there that it took their health and wellbeing very seriously. Robert Woolley responded that staff absence rates were higher at Weston General Hospital than at the Bristol hospitals, but that this had not fluctuated recently. Excellent health and wellbeing support had been put in place for all staff at the Trust, including an Employee Assistance Programme which was free to any member of staff.

- David Armstrong welcomed the Bristol Children's Hospital's ranking as first of all specialist hospitals in England for patient experience. In respect of the management of Covid-19 at Weston General Hospital, he was assured that the decisions taken over the weekend prior to closure had been made appropriately. In respect of the criteria that had been developed for the closure of the hospital, he asked whether these could be formalised and shared so that they were available as an asset for the future should they be needed, and shared with the Board in due course. Robert Woolley responded that the internal criteria had been developed taking account of the alternative provision that could be provided both internally and across the system. The wider system criteria needed to be documented and he would be talking with system colleagues on how to do this. He confirmed that the criteria for reopening Weston as soon as possible were in the process of being developed and would be shared with the Board when available.

- Sue Balcombe, Non-Executive Director asked whether in the week leading up to hospital's closure there had been any sense that the high level of Covid-19 cases were arising in Covid-19 free wards or from new admissions, and whether there had been any concerns regarding infection control practices or supply of PPE at Weston General Hospital. Robert Woolley replied that as part of the decision making process prior to the closure of the hospital the Executive Team had wanted to assure itself that Infection Control practices at the hospital were robust. In respect of PPE there had been no shortages at the hospital that he was aware of. The other issue that had been considered prior to the closure was how patient streaming was working, and assurance had been sought that this had been implemented in the correct way. In respect of where specific infections occurred, this would be investigated as part of the Root Cause Analysis investigation.

- Martin Sykes asked whether the turnaround times for test results were as short as possible to enable the Trust to take rapid action if required. Robert Woolley responded that the turnaround time for test results had been an issue of national concern, but at Weston there was an onsite staff testing facility provided with the support of Public Health England, and that it was anticipated that the results of all the retesting carried out at Weston would be available by the end of the week.

	• Jeff Farrar, Trust Chair, welcomed the clear communications that had been issued by the Trust in respect of this issue, and reiterated the importance of keeping staff and the public updated as the situation progressed. **After further discussion Members resolved to:** • **Receive the Chief Executive's Report for information.**	
Strategic Items		
06/06/20	**Covid-19 Update**	
	Mark Smith, Deputy Chief Executive and Chief operating Officer, presented a report that provided an update on the Trust's response to Covid-19. It was noted that this report had been prepared prior to the decision to close Weston General Hospital. The following points were highlighted to the Board: • The Trust has commenced its recovery programme, with the first phase being operational restart. • There remained significant risks to the workforce, particularly in relation to health and wellbeing, and resources and additional support had been put in place to mitigate the risk to staff. Staff testing was also being increased. • There continued to be risks in relation to the availability of PPE, and this was being monitored daily, with appropriate escalation to local, regional and national organisations as required. In respect of investigating the position at Weston General Hospital, this was being undertaken in an honest and transparent way and would look at the processes followed prior to the closure and whether there were any lessons to be learned. It was noted that safe patient pathways were already in place to deal with a closure of Weston A&E and these had been used following the decision to close the hospital. In respect of the turnaround of Covid-19 tests at Weston, it was reported that this was now less than 24 hours which provided a much better understanding of the Covid-19 status there. Matt Joint, Director of People, added that support for staff included the newly introduced Employee Assistance Programme as well as a fantastic team of clinical psychologists who were available to provide support across all sites. The safety of BAME staff had been the focus at national level and risk assessments for this group of staff were in the process of being carried out. Bill Oldfield, Medical Director thanked all the partner organisations in the system that had provided support in responding to this rapidly evolving situation. This was endorsed by the Board and the Chair undertook to write to partner organisations to thank them for their help. **After further discussion the Members resolved to:** • **Receive the Covid-19 Update for assurance.**	**Chair**

07/06/20	**Weston Integration Update**	
	Paula Clarke, Director of Strategy and Transformation, introduced a report which provided an update on the integration of UH Bristol and WAHT into the new combined University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) following the merger on 1 April 2020. Since the last public meeting of the Board a successful merger had taken place, which would provide real benefits to the population the merged organisation served. It was reported that 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 had 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 were being assessed and reflected in the risk register. There was a well-defined programme of work and governance that would begin to be reinstated as post Covid-19 recovery and restoration plans were stepped-up. During the ensuing discussion the Chair commented that the coincidence of the merger with the Covid-19 pandemic had made things extremely challenging and he thanked all those involved in securing a successful merger. Robert Woolley echoed these sentiments and assured the Board that despite Covid-19 an Executive presence was being maintained at Weston General Hospital. The Board also discussed the use of the Nightingale Hospital and why it was not used as an alternative A&E facility when Weston General hospital was closed. It was reported that this was not a full ICU facility – as part of the response to Covid-19 it was established to provide only respiratory support as this was initially thought to be the key requirement in treating the illness. It was now clear that Covid-19 was a multi-organ failure illness, with 25% to 30% of patients requiring renal treatment. Paula Clarke reported that work was ongoing on the future use of the Nightingale Hospital, and there was ICU capacity within the system. The Nightingale Hospital was however an additional intensive care resource for the system, albeit at a different level to that of a hospital ICU. **After further discussion the Board resolved to:** • **Receive the Weston Integration Update report for assurance.**	
Quality and Performance		
08/06/20	**Quality and Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced the report reviewing the Trust's performance on Quality,	

Workforce and Access standards. It was reported that the need to stream patients into symptomatic, asymptomatic and non Covid-19 patients had reduced the operational efficiency of the Trust's bed base in Bristol and Weston. Demand remained lower than normal due to the elective programme and referrals from GPs being suspended. The Trust was actively modelling the restart of the elective programme and planning very carefully for the cohort of patients that would be referred by GPs once these resumed.

It was reported that A&E performance had improved, RTT had been supressed due to the lack of referrals and for the fourth quarter in a row the Trust had met the 62 day cancer standard.

It was noted that the Weston Quality and Performance Report had not been published as on this occasion the timing of its production meant that it had missed the distribution for the Board, but that this would be published on the Trust's website the following week.

Quality Indicators:

Carolyn Mills, Chief Nurse reported that the Quality Report did lack some data sets due to the impact of Covid-19 and the difficulty this created in collecting some data. Covid-19 had also had an impact on the quality indicators due to lower bed occupancy, with some indicator looking worse and some better. The inherent risks around ventilating patients in ICU whilst prone were also highlighted to the Committee.

William Oldfield, Medical Director reported that for the third consecutive month there had been no medication incidents causing moderate harm or above. Mortality indicators had also continued to fall.

Quality and Outcome Committee Chair's Report: Julian Dennis, Chair of the Quality and Outcomes Committee, reported that the Committee had received an update on the Covid-19 situation, and discussed how innovations developed in response to this could be captured for the future. The plans for winter had also been discussed. David Armstrong suggested that in respect of the integration of quality and performance reporting, a separate report should initially be maintained for Weston so that the position there could continue to be monitored. It was agreed that this would be discussed further at the Quality and Outcomes Committee.

Workforce Indicators: Matt Joint, Director of People, reported that the workforce indicators remained remarkably stable, with turnover, vacancy and sickness absence rates very low. The creation of the Skills Hub was welcomed, as was the work undertaken with system partners in respect of developing policies and resourcing areas of need within the system. The major investment in the Avon Occupational Health Partnership, which was hosted by UHBW, was recognised as an extremely useful resource in the current climate.

People Committee Chair's Report: Bernard Galton, Chair of the People Committee, summarised his report and reported that he had welcomed new members to the Committee in May, and the

	Committee had noted the excellent work the HR function had done as part of the response to Covid-19. **Members resolved to:** • **Receive the Integrated Performance Report for information.**	
Finance		
09/06/20	**Finance Report**	
	Neil Kemsley, Director of Finance and Information, presented the monthly Finance Report and highlighted the following: • The NHS financial regime for 2020/21 has significantly changed in response to the Covid-19 Pandemic, with Payment by Results being replaced by block payments from commissioners broadly based on 2019/20 contract values. Between April and July, any shortfall between the block payments and actual expenditure was to be covered through monthly top up payments from NHSE/I, and the Trust was therefore expected to break even each month during this period. • 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. • Work was continuing to establish budgets to reflect the revised funding arrangements, including Covid-19 additional costs. Reporting against budgets would be re-instated for month 2 and Divisional performance for month 1 was reported through the review of income and expenditure run rates in comparison to 2019/20 trends. • Due to Covid-19 there had 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 needed to be seen in this context. During ensuing discussion David Armstrong suggested that the risks relating to financial performance should be refreshed in light of the revised funding arrangements, and Neil Kemsley confirmed that these would be included in next month's report. The revised funding arrangement would be in place until the end of July and it was anticipated that this would be extended to October. **Finance Committee Chairs Report:** Martyn Sykes, Chair of the Finance Committee, summarised the Chair's report and commented that the Committee had spent some time looking at the revised risks	

	arising from the new funding regime. **Audit Committee Chair's Report:** David Armstrong, Chair of the Audit Committee, summarised the Chair's report and commented that the holding the meeting via videoconference had not adversely affected the meeting and that business had been conducted effectively. A great deal of effort was currently going into the preparation of the Annual Governance Statement, Annual Report and Annual Accounts which would be considered by the Audit Committee in June. **Members resolved to:** **Receive the Finance Report for assurance.**	
10/06/20	**Provider Licence Self-Certifications**	
	Eric Saunders, Director of Corporate Governance, presented the Provider License Self-Certifications report. It was noted that NHS Foundation Trusts were required to self-certify each year whether or not they had complied with the conditions of the NHS provider licence; had the required resources available if providing commissioner requested services (CRS); and complied with governance requirements. It was proposed that the Board confirm that it did comply with the above requirements. **Members resolved to:** **Approve the responses to the Provider Licence Self-Certifications as set out in the report, noting the risks and mitigations in place.**	
12/06/20	**Freedom to Speak Up Annual Report**	
	Eric Saunders, Director of Corporate Governance, presented the Freedom to Speak up Annual Report. It was noted that the report related to UHBristol only. The Board was reminded that the Freedom to Speak Up Strategy set out three key objectives: • Raise awareness about speaking up across the Trust • Build confidence in speaking up to encourage people to come forward • Utilise the learning from speaking up to drive cultural change. It was noted that the largest number of cases within the Trust came from administrative and clerical staff, whereas nationally most cases came from nurses, and work was ongoing to understand why this was the case. The role of the Board in promoting a speaking up culture was also discussed, and it was noted that Speaking Up month would take place in October. Jayne Mee, Non-Executive Director, asked how many cases	

	remained unresolved, and how quickly cases were dealt with on average. Eric Sanders replied that there were currently around 20 open cases and that timelines for dealing with concerns were actively monitored. The time taken to resolve concerns depended on their complexity, with some concerns being dealt with within a day and others taking much longer. Jayne Mee also asked if there was a breakdown of cases by gender and ethnicity, and Eric Sanders replied that this data was not reported as this information was not currently collected and there were also issues with providing such a breakdown as this could lead to individuals being identified and breaching their confidentiality. He would however look at this area again, and the Chair emphasised the importance of this work and asked that this be recorded as a Board action. **Members resolved to:** • **Receive and note the Freedom to Speak up Annual Report for Assurance; and** • **Seek further assurance, via the People Committee, that there were 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**.	**Director of Corporate Governance**
13/06/20	**Annual Review of Code of Conduct for Board of Directors (including Fit and Proper Persons Self Certification)**	
	Eric Saunders, Director of Corporate Governance, presented the Annual Review of Code of Conduct for Board of Directors. **Members resolved to:** **Receive and note the Annual Review of Code of Conduct for Board of Directors for Assurance.**	
14/06/20	**Register of Seals – Q4**	
	Eric Saunders, Director of Corporate Governance, presented the Register of Seals for Quarter 4. **Members resolved to:** **Receive and note the Register of Seals for Quarter 4 for Information.**	
15/06/20	**Research and Innovation Report**	
	William Oldfield, Medical Director, presented the Research and Innovation Report. The Board noted that Bristol Health Partners had been designated as an Academic Health Science Centre, one of only eight national centres. The Chair undertook to write to David Wynick, Director of Research, to thank him for his work in respect of this.	**Chair**

	Members resolved to: **Receive and note the Research and Innovation Report for Information.**	
16/06/20	**Governors' Log of Communications**	
	Eric Saunders, Director of Corporate Governance, presented the Governors' Log of Communications. **Members resolved to:** **Receive and note the Governors' Log of Communications for Information.**	
17/06/20	**Any Other Urgent Business**	
	The Chair informed the Board that a series of questions relating to Covid-19 had been received from a former Governor, and that these would be dealt with at the meeting of the Council of Governors later in the day. A written response would be provided.	
Concluding Business		
18/06/20	**Date of next meeting**: Thursday 30 July 2020 by video conference.	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting
30 July 2020

Outstanding actions from the meeting held on 30 January 2020					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	06/06/20	**Covid-19 Update** Chair to write to partner organisations to thank them for their support in response to the closure of Weston General Hospital.	Chair	June 2020	**Completed** Letters sent.
2.	12/06/20	**Freedom to Speak Up Annual Report** Analysis of FTSU cases by gender and ethnicity to be investigated.	Director of Corporate Governance	September 2020	**Work in Progress**
3.	15/06/20	**Research and Innovation Report** Chair to send a letter to David Wynick, Director of Research, to thank him for his work in respect of the designation of Bristol Health Partners as an Academic Health Science Centre.	Chair	July 2020	**Completed** Letter sent to David Wynick.
4.	03/01/20	**What Matters To Me – A Patient Story** 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	**Work in Progress** Synopsis of complaint response and action taken has been circulated to the Board.
5.	10/01/20	**Strategic Capital update** Trust's strategic capital programme to be included in regional system discussions	Chair and Chief Executive	July 2020	**Work in Progress** Verbal update to be provided.

6.	84/09/2019	**Chief Executive's Report** 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	July 2020	**Work in Progress** Actions and refreshed timescales to be reviewed as part of UH Bristol and system recovery. Verbal update to be provided.
7.	99/09/2019	**Any Other Urgent Business** 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.	Chief Nurse Chief Nurse Chair	July 2020	**Work in Progress** Transgender awareness training was now available and would be offered as part of the Trust's training portfolio going forward. Delivery of guidance delayed by Covid-19 and this is now unlikely to be presented to the BNSSG Governing Body until August. Letter to national commissioners drafted.
Closed actions from the meeting held on 30 January 2020					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	18/01/20	**Safe Working Hours Guardian report** Board to receive a report on the challenges of the implementation of e-rostering.	Deputy CE/COO and Director of People	June 2020	**Completed** As part of the response to Covid-19 e-rostering was now being used across all Divisions.
2.	WAHT 1569.19	**Partnership and Merger Update** To produce a report to summarise the feedback from the Hopes and Fears workshop	Director of Business Development		**Completed** This has been reported to the Board in previous merger update reports.
3.	WAHT 1608.20	**2020/25 Sustainable Development Strategy** Ensure the results of the Healthier Together baseline assessment is distributed once received.	Director of Business Development		**Completed** It was confirmed that the WHAT 2020/25 Sustainable Development Strategy would be brought into the merged organisations' Sustainability

					Strategy.
4.	WAHT 1625.20	**2019 National Staff Survey Results** 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		**Completed** Confirmed that this would be incorporated into the Trust's staff survey and diversity and inclusion action plans and monitored by the People Committee.
5.	WAHT 1629.20	**Performance report** Check rationale for hospital telephone number being withheld in contacts with patients.	Director of Operations		**Completed** It was reported that this was still under review but that the Deputy Chief Executive and Chief Operating Officer would pick this.
6.	WAHT 1630.20	**Escalation report from the People and Organisational Development Committee** 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		**Completed** It was confirmed that Freedom to Speak Up was being promoted across Weston General Hospital and was being actively utilised by members of staff there.
7.	WAHT 1631.20	**Any other business** Discuss the possibility of Healthwatch membership on the future Weston Divisional Board with the future Division.	Chair		**Completed** Confirmed that Healthwatch North Somerset have a seat at table at UHBW Patient Experience Group

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – JULY 2020

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in June and July 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 and the Weston Outbreak and Re-opening Report.

The group **supported** the recommendations to use Medway as the source of Referral to Treatment reporting.

3. STRATEGY AND BUSINESS PLANNING

The group **received** updates on the Weston Integration Programme.

The group **received** an update on progress with elective restoration programme.

The group **supported** the recommendations in principle for the Education Recovery Plan.

The group **supported** the recommendations as outlined following the stocktake review against the Trust's current strategy.

The group **approved** the proposal for developing corporate projections for the 2020/21 operating plan refresh.

The group **approved** the proposal to reconfigure the medicine wards noting the impact this will have on the bed base across the Trust, subject to further financial review and review of the wider implications for the Trust.

The group **supported** the proposal and recommendations to centralise the stores function on the Bristol site for a 12 month period, noting a wider review across the Trust is to be undertaken.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on the month 2 and 3 financial position 2020/21.

The group **approved** the 2020/21 Operational Capital Programme.

The group **received** an update on the Dental Hospital Action Plan.

The group **approved** the proposed actions in relation to the Dental Instrument Procurement Investigation .

The group **approved** the proposal to change the education supervision PA to 0.125.

The group **approved** the recommendation for fire training to have a second mandatory element added for fire evacuation equipment training.

The group **approved** the Trust's Corporate Objectives for 2020/21.

The group **received** the Quarter 4 Patient Safety Programme Board update.

The group **received** the Quarter 4 Patient Complaints and Patient Experience and Involvement report.

The group **noted** the requirement to complete the Covid staff risk assessments.

The group **approved** the updated Terms of Reference for the Clinical Quality Group.

The group **supported** the work programme set out to explore options to establish a single Trauma and Orthopaedic Service Network for Bristol, North Somerset and South Gloucestershire.

The group **approved** the principle that all new, substantive senior doctor appointments are cross-site, unless there are exceptional reasons for single-site working.

The group **approved** the recommendations outlined to take forward the next steps of the Operating Plan Refresh for 2020/21.

The group **approved** the Quality Impact Assessments undertaken to assess the quality impact of the cost improvement programme schemes for 2020/21.

The group **approved** the Full Business Case for the development of Level 4 and 5 of the Bristol Haematology and Oncology Centre.

The group **received** the recommendations from the report on the Hepatobiliary Surgical Service from the Royal College of Surgeons of England and **approved** the action plan developed.

The group **approved** the proposal to rebrand and rename the Bristol Medical Simulation Centre to UHBW Simulation Services and UHBW Simulation Centre.

The group **noted** and **welcomed** the approach to the cultural programme for the newly formed organisation, and the initial priorities for the short term.

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

The group **received** five final internal audit reports, two with a significant assurance rating (Financial Reporting and Budgetary Control, and, Purchase to Pay Group: No Purchase Order to EROS project) and three with a satisfactory assurance rating (Framework for Staff to Raise Issues, Management of Bank and Agency Staff, and Removing Health Inequalities: Access to Translating and Interpreting Services.

The group **received** the annual report for Emergency Preparedness prior to submission to Trust Board.

The group **received** the annual complaint reports for both Bristol and Weston, prior to submission to Trust Board.

The group **received** the annual report and annual plan for the Clinical Research Network prior to submission to Trust Board.

The group **received** the annual complaint reports for both Bristol and Weston, prior to submission to Trust Board.

The group **received** the Safeguarding Adult and Children Annual report prior to submission to Trust Board.

Reports from subsidiary management groups were **noted,** including updates from the Clinical Quality Group, Trust Research Group and the Cellular Pathology Performance Group.

The group **received** the quarter 1 Freedom to Speak Up update prior to submission to Trust Board.

The group **received** the Corporate and Strategic Risk Registers prior to submission to Trust board.

The group **received** the Quarterly Strategic Capital report prior to submission to Trust Board.

The group **received** the Transforming Care Quarterly Report prior to submission to Trust Board.

The group **received** Divisional Management Board minutes from the Divisions of Weston, and Estates and Facilities for information.

The group **received** the impact assessment of the two metre rule on inpatient bed capacity for information.

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
July 2020

Meeting of the Trust Board in Public
30 July 2020, 10:30-13:30
WebEx

Report Title	Q1 Strategic Risk Register
Report Author	Sarah Wright, Head of Risk Management
Executive Lead	Robert Woolley, Chief Executive

1. Report Summary

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

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

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

2. Key points to note

There are **16** risks on the Strategic Risk Register; this is summary of the action taken to manage the risks during the last financial quarter :

Points to note:

- No new risks
- 2 risks increased
  - *737 Recruitment* - from 12 to 16
  - *2640* – Commissioning - from 8 to 12
- No risks reduced
- No risks closed

Good practice suggests that Board committees should use the BAF as a tool for delivering their responsibilities.

Considering the following prompts when reviewing strategic risks could be beneficial:

- Are there any identified gaps in assurance?
- Are mitigating plans in place?
- Is there good evidence that risks are being effectively managed?
- What specific action is the committee to commission for review at its next meeting?

3. Risks

See attached appendix.

4. Advice and Recommendations:

This report is for **ASSURANCE**

5. History of the paper

Executive Directors Meeting	24/06/2020
Risk Management Group	14/07/2020
Senior Leadership Team	22/07/2020
People, Finance and QOC (relevant risks)	27-28/07/2020
Audit Committee	28/07/2020
Trust Board	30/07/2020

Alignment with Strategic Priorities

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

The annual corporate objectives have been formulated to support the delivery of the strategic priorities. The RAG ratings against the achievement of the 2020/21 corporate objectives is shown in the second column.

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

STRATEGIC PRIORITIES	Corporate Objective RAG*	STRATEGIC RISKS
1 - **Our Patients**: We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.		2644
2 - **Our People**: We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.		737, 2646, 2694
3 - **Our Portfolio**: We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focussing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.		2642
4 - **Our Partners**: We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.		2640, 2643, 3472.
5 - **Our Potential**: We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation.		2633, 2741, 2992
6 - **Our Performance:** We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.		416, 869, 2695, 2954

Taken from Document - Corporate Objectives 2020-21 v0.5 Q1)

7.1

New Strategic Risks		
	NIL	

Quarterly update on existing Risks		
416	**Risk that the Trust may not be able to deliver the financial strategy**	**9**
⟷	Whilst this risk is still broadly relevant, it will be updated in the next few months. The Trust's strategic review is due to be completed at the end of July. Following this the enabling strategies will be developed, including the finance strategy. This will include an assessment of the risks in the current climate and operating regime, cash surplus expectations, new capital regulations and system working.	
737	**Risk that continuity and effectiveness of services may suffer through inability to recruit**	**16**
↑	During the past quarter a new Tactical Recruitment Group has been set up including senior clinical leadership across the Trust to drive clinical recruitment across the newly merged organisation. Whilst the current Trust vacancy position is positive (2.7% as at May 2020 against a 4.6% target) the longer term position is likely to be very challenging with growth planned in cardiac services, cancer services and children's. This growth is set against a background of reduced numbers going in to nurse training, challenges around recruiting to middle grade medical vacancies, immigration rule changes due to be implemented in January 2021, increasing costs of living and working in Bristol and the associated lack of accommodation provision, ongoing challenges of recruiting to the Weston Division and the lack of global mobility due to the effects of COVID-19 have led to increase in the overall assessment of the risk. Going forward, a robust clinical recruitment plan is being developed to target all hard to recruit to posts and areas which will then be managed through the Tactical Recruitment Group.	
869	**Risk that the Trusts reputation may be negatively affected**	**9**
⟷	Temporary closure of Weston General Hospital due to high number of patients with COVID has led to extensive and sustained media interest from national, regional and local media outlets and has led to a mix of balanced and negative reporting of the issue. A handling plan and communication materials have been developed and agreed with system partners and NHSEI colleagues as appropriate. Communications planning is on-going and seeks to mitigate adverse reputational impact. The risk will continue to be kept under review as appropriate.	
2633	**Risk that Trusts IM&T Systems fail to deliver the required levels of efficiencies**	**8**
⟷	The IT strategy supports deployment and maintenance of a resilient IT infrastructure but previous and current levels of associated investment fall short of that required to ensure that all components are refreshed and maintained within necessary timescales. Planned investment is therefore prioritised to achieve technical refresh and maintenance of the most vulnerable components although this is sometimes at the expense of upgrades for performance.	
2640	**Risk that services are not commissioned at levels of forecasted demand**	**12**
↑	As the NHS enters into Phase 2 recovery, it is more likely that capacity will be restricted in some areas due to new Infection Prevention Control and social distancing requirements, meaning that there is an increased	

	possibility of actual demand exceeding capacity. This is being assessed across the BNSSG system and by point of delivery, as new care models are also in place in some places such as outpatients which may be less constrained than inpatients or theatres. Further modelling will now be undertaken in support of the refreshed Trust wide operating plan over the Summer. Between June and August the Trust will be refreshing the Indicative Activity Plan which will inform our assessment of capacity and demand and in doing so the likelihood of this risk materialising.	
2642	**Risk that the Trust is unable to invest in maintaining and modernising the Trust estate**	**6**
⟷	Myrtle Road completed and Cardiology and ICU/CICU stage 1 approved and on site. Cardiovascular Research Unit due to commence on site August , subject to further discussions on funding with UoB. Full site review of infrastructure under way. Reassessment of Oncology schemes presents presented to Execs. Feasibility review underway for Marlborough Hill site to develop Urgent and Emergency Assessment Centre and theatre /endoscopy expansion.	
2643	**Risk that the STP fails to deliver a system strategy**	**8**
⟷	The delivery of the existing system strategy in its established form was suspended to enable the response to the COVID 19 pandemic. A serious of Cells, both strategic and operational were established to coordinate the system response and as part of this, certain aspects of the system strategy were accelerated and others put on hold. As part of the next stages of planning, the system five year Long Term Plan is currently being revised and refreshed in the context of COVID and the associated changes to our operating environment. In addition to this it is expected that a system level 20/21 plan will be expected to be submitted as part of the Phase 3 COVID planning. UHBW have strong representation on the system level groups and are part of the process of refreshing and updated the system strategy. The model for the delivery of the system strategy, and the realignment of structures to respond to the new requirements is also being reviewed, with the aim of providing simplified mechanisms for delivery and more alignment across the system transformation function. UHBW is currently completing a refresh of the Trust strategy in the context of COVID and the next step is to review and redesign out internal delivery model and ensuring alignment with the system model will be a key part of this function.	
2644	**Risk that a local or regional provider fails to maintain viability of services**	**8**
⟷	The system impact of COVID on available capacity across providers has been significant, which will present further risk to the viability of a number of clinical services. The coordination of the system response, both across acute and primary and community care providers has been key in mitigating the impact of this to date and will continue to be going forward, to ensure that no unplanned impact is experienced by any provide. Planning is underway as part of the next stages of our system response to understand the level of capacity that can be delivered and how new levels of demand can be managed effectively going forward to maintain the viability of services.	

2646	**Risk that the Trust has insufficient management and leadership capacity and capability**	12
⟷	All leadership and management training is currently suspended due to the pandemic. During this time all resources have been reviewed and updated to reflect candidate feedback and new techniques where appropriate. A number of bite sized videos to support managers are being developed with 'dealing with difficult conversations' being launched last month. OD are supporting the development of the education charitable bid which is reviewing the provision of education in light of the pandemic and will include a review of how we deliver training in the future. The HPS Talent Management scheme has been suspended due to the pandemic. In order to pilot an approach to talent management; Estates are undertaking a talent diagnostic with an external consultant to determine an outline framework on 24th June. This approach will be used as proof of concept for future roll-out across the organisation	
2694	**Risk that the Trust's workforce is insufficiently motivated and engaged**	12
⟷	light of the pandemic the focus for engagement has been predominantly wellbeing. This has resulted in a number of resources and an EAP and the securing of a £600K bid which will enable increased resources and support for staff. A culture programme paper is being presented at Executive Directors on June 24th which outlines the immediate priorities for OD alongside the long term framework to mobilise sustained culture change for UHBW.	
2695	**Risk that the Trust fails to establish and maintain robust governance processes**	6
⟷	Risk score reduced in quarter 4 to reflect the improvements in the Trusts governance arrangements, and the reduced uncertainty around OFSTED and fire compliance. Additional controls have since been implemented to reflect governance changes in response to managing Covid-19.	
2741	**Risk that Research and Innovation is not adequately supported**	9
⟷	At the end of Q4 a large proportion of research had been suspended, and this will have an impact on recruitment and commercial income to support staff. The clinical research network recognises that KPIs could not be met in the current period and HLOs have been suspended for the time being. Meanwhile COVID-19 urgent public health research has been prioritiseed and there is good visibility of research with Trustwide collaboration and excellent engagement with junior doctors and research staff in supporting this endeavor.	
2954	**Risk that Brexit causes disruption to delivery of NHS goods and services**	9
⟷	negotiations on future relationship with the EU remain ongoing with no change to current deadline. No current requirement to implement any plans with position to be reviewed in the autumn or when notified to start by NHS England.	
2992	**Risk that benefits of transformation, improvement and innovation are not realised**	9
⟷	Funding has been secured for 2020/21 to recruit a band 6 trainer and planning has commenced for restarting the QI training programmes, which were paused due to Covid-19.	
3472	**Risk that the Trust fails to deliver the Sustainable Development Strategy**	10
⟷	Head of Sustainability post appointed. Divisional operating plan agreed to fund remainder of the sustainability team structure and work in progress to appoint/transfer staff to fully meet required establishment. Workstreams redefined and terms of reference signed off.	

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3898	Risk that the Trust is unable to timely re-establish 'business as usual' following a major event	12
⟷	As part of the work of the Covid-19 Silver group business continuity plans have been updated to include pandemic response requirements and the Outbreak Policy has been updated in light out covid outbreak at Weston. Recovery planning is being managed and the Deputy COO for Planned Care has led on a piece of work to restart elective services, including use of the Independent Sector (Nuffield and Spire).	

The current and target assessments of risks are shown below:

Risk ID	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/2		Target
416	6	6	6	6	6	9	9	9	9	9	⟷	4
737	12	12	12	12	12	12	12	12	12	16	↑	6
869	9	9	9	9	9	Accepted					⟷	9
2633				4	4	4	4	8	8	8	⟷	4
2640				12	12	12	12	8	8	12	↑	8
2642	12	12	12	6	6	Accepted					⟷	6
2643				12	8	8	8	8	8	8	⟷	8
2644				12	8	Accepted					⟷	8
2646				12	12	12	12	12	12	12	⟷	6
2694				12	12	12	12	12	12	12	⟷	4
2695	9	9	9	9	9	9	9	9	6	6	⟷	6
2741	9	9	9	9	9	9	9	9	9	9	⟷	6
2954				12	8	8	15	9	9	9	⟷	3
2992					9	9	9	9	9	9	⟷	6
3472								10	10	10	⟷	5
3898									12	12	⟷	8

The current scores are summarised in the following heat map:

Impact	Likelihood				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Very Likely					
4 Likely			2646	737	
3 Possible			416, 869, 2741, 2954, 2992, 3898	2640, 2694	
2 Unlikely			2642, 2695	2633, 2643, 2644	3472
1 Rare					

7.1

Q1 2020/21 Strategic Risk Register							Inherent				Controls			Assurance			Current Assessment					Target				Review	
ID	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
416	Financial	External	Financial Strategy	Finance Committee	Director of Finance & Information	**If** the income and expenditure surplus is not delivered or can't be achieved then less cash is available to fund the capital programme. **If** the cost of capital schemes increase beyond that provided for. for, then the strategy will need revising through reducing content, deletion or deferral or additional funding needs to be found. **If** additional schemes are required not provided for in the programme. then additional funding sources are needed or the programme reprioritised. **If** external regulation is imposed regarding the use of Trust resources (this may include the requirement to share resources within an STP or restrictions on the use of cash surpluses) then the strategy may be compromised. All of these would risk delivery of the Trust's financial strategy.	Catastrophic	Likely	20	Very High Risk	Effective reporting, monitoring and review of operational plan to identify issues requiring a financial recovery plan. Established contract monitoring and commissioner dialogue to minimise external factors arising from contracting issues. Established working relationship with Charitable partners to manage donations Fully worked up schemes in advance with experienced staff input, control of tenders and costs and effective monitoring and reporting of costs. A managed contingency reserve. Engagement at a national level regarding any proposed external regulation A comprehensive, committed capital programme proceeding at pace.	Inadequate	Revised national financial framework remains in development.	Detailed monthly submission of financial performance submitted to the Regulator, NHS Improvement. Strong statement of financial position. Liquidity metric of 1 (highest) and Use of Resources Rating of 1 (highest rating) Regular Reporting to the Finance Committee and Trust Board. Monthly Pay Controls Group, Non Pay Controls Group and Nursing Controls Group scrutiny of Divisions performance. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Delivery of the capital programme, including the prioritisation and allocation of strategic capital.	Second Line Assurance - Risk and Compliance	None noted.	Moderate	Possible	9	High Risk	Deliver the action plan out lined in the 2020/21 business planning paper approved at Finance Committee to improve the underlying position. Once national framework is in place, work with STP partner to maintain control over Trust cash reserves.	31/03/2021	Moderate	Unlikely	6	Moderate Risk	01/09/2020	Action Required Risks
737	Workforce	External	People Strategy	People Committee	Director of People	**If** the Trust is unable to recruit and retain sufficient numbers of substantive staff and to fill specific staff groups/occupations where there is a limited supply, **Then** continuity and effectiveness of services may suffer, **Resulting in** increased waiting times, inefficiencies, harm and poor patient experience.	Moderate	Very Likely	15	Very High Risk	A new Tactical Recruitment Group has been set up including senior clinical leadership across the Trust to drive clinical recruitment across the newly merged organisation. A robust clinical recruitment plan is being developed to target all hard to recruit to posts and areas which will then be managed through the Tactical Recruitment Group. Divisional position reviewed through monthly exec scrutiny.	Inadequate	The nursing vacancy position remains a challenge in some hard to fill areas such as Care of the Elderly, T&O, Oncology & Haematology. Turnover in nursing remains high. Ongoing challenges exist with Radiographers, Sonographers, Neurophysiology and Audiology, where there is a national and international shortage. Each of these roles remain on the national shortage occupation list. A dedicated D&T recruitment manager is in post to give key recruitment input to these hard to recruit to roles. The Trust is dependent upon Health Education England to allocate sufficient numbers of doctors in training. The number of doctors the Trust is allocated does not correlate with optimum staffing levels. This results in ongoing vacancy rates. Ongoing gaps in consultant posts such as Dermatology, Stroke Services and Acute Medicine continue to challenge service delivery. The new Weston Division has significant vacancy rates across all clinical roles.	Monitoring achievement of Strategic Workforce Plan objectives though People Committee. Divisional performance is monitored monthly at Performance and Operational Reviews. Monitoring of controls by People Committee.	Second Line Assurance - Risk and Compliance	None noted.	Major	Likely	16	Very High Risk	Develop mutually beneficial relationships across the BNSSG healthcare economy and beyond to increase workforce supply.	31/12/2020	Moderate	Unlikely	6	Moderate Risk	01/09/2020	Action Required Risks
																					TRAC functionality now fully rolled out across medical recruitment and a full suite of medical KPI's introduced. Work ongoing to ensure that consultants more fully use the functionality available through TRAC.	31/12/2020						
																					Introduce new roles and innovative T&C's to attract new junior doctors in training.	31/08/2020						
																					Marketing & attraction – ongoing marketing plan for innovative campaigns using recruitment videos, targeted email shots, social media and recruitment microsites, all underpinned with a strong marketing brand.	31/12/2020						
																					Develop the scope of the apprenticeship provision, to include a wider number of job roles, levels and progression pathways. Ongoing	31/12/2020						
																					European head hunters now being used to target hard to recruit to nursing and medical vacancies. Success being reviewed on a quarterly basis.	31/12/2020						
																					Brexit – Package of support measures going live 1st April 2019 which includes drop in support sessions to help EU staff with the application process for EU settled status and personalised letters being issued to all EU staff. Impact on EU staff numbers being monitored on a weekly basis and reported to NHS Commissioners.	31/12/2020						

Q1 2020/21 Strategic Risk Register							Inherent					Controls			Assurance			Current Assessment						Target				Review	
ID	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
869	Reputational	External	Trust Strategy	Audit Committee	Deputy Chief Executive	**If** the Trust is subject to adverse media coverage due to provision of inadequate care, **Then** public perception of Trust activities may be affected, **Resulting in** reputational damage.	Moderate	Likely	12	High Risk	Pro-active monitoring of forthcoming publications, inquests and other milestones. Detailed communications strategies and plans developed as appropriate. Robust inquest preparation for these including pro-active & reactive communication. Media and stakeholder management and monitoring of social media as considered appropriate. Transparent implementation of external review recommendations. Active placement of positive news about Trust services.	Adequate		Reporting of Electronic media analytics to SLT from Website, Facebook, Twitter, Instagram and Patient Information Service. Complaint reports. Inquest reports. Clinical outcome monitors.	Second Line Assurance - Risk and Compliance	None noted.	Moderate	Possible	9	High Risk			Moderate	Possible	9	High Risk	01/09/2020	Accepted Risks
2633	Quality	External	Digital Strategy	Audit Committee	Director of Finance & Information	**If** the Trusts clinical Systems fail to operate at the required levels of reliability, **Then** planned efficiencies may not be realised, **Resulting in** inability to deliver effective care, poor patient outcomes and staff disengagement in the digital strategy.	Major	Very Likely	20	Very High Risk	Disaster Recovery Plan. Business Continuity arrangements (Trust and local plans). Engagement in local and regional Emergency Preparedness, Resilience and Response Framework (EPRR). Regular testing on individual parts of the Trust's IT infrastructure. Harnessing the CCIO team and their clinical networks to engage and collaborate widely across clinical users. This is now further supported by establishing Digital Hospital Programme Committee Applying best practice management and operational disciplines and controls to IT operations	Adequate		Testing of disaster recovery arrangements to SLT. Routine departmental assurance by programme management office for all digital and IM&T projects and activities reported to IM&T Management Group. EPRR Annual Report to the Board.	Third Line Assurance - Independent	Digital Services do undertake a range of testing on individual parts of the Trusts IT infrastructure, but a full disaster recovery test has not taken place for a number of years. It has been agreed that it would not be worthwhile undertaking a full live failure/outage test. The reason discussed was that this would cause major inconvenience to clinical services over many hours no matter what time of the day or night it took place (it would require to separate outages of approximately 6 hours each).	Major	Unlikely	8	High Risk	RMG directed Neil Kemsley to amend this risk to account for affect poor infrastructure (such as CR2) could have upon strategic aims. Therefore, Infrastructure should be included in the Strategy.	01/09/2020	Major	Rare	4	Moderate Risk	01/09/2020	Action Required Risks
2640	Quality	External	Trust Strategy	Quality & Outcomes Committee	Director of Strategy & Transformation	**If** services are not commissioned at levels of forecasted demand, **Then** the Trust could have insufficient capacity to manage patients, **Resulting in** increased waiting times and poor patient experience.	Major	Possible	12	High Risk	Trust Strategy sets context for capacity required - Trust strategy tested and being refreshed in the context of the new operating environment created by the COVID pandemic. Operating Plan (annual with review and change) and established contract negotiation processes - 20/21 Operating process refreshed in light of the impact of COVID and subsequent impact on capacity. Assessments of new capacity available being undertaken and fed into system discussions regarding addressing gaps. Engagement with system control cells to respond to COVID related capacity requirement and cross system plans to address capacity gaps. Executive membership of system planning groups. Integrated Contract & Quality Performance Management monthly meetings with commissioners and monthly internal Commissioning and Planning forum. Strategic capital programme in place to address capacity growth.	Adequate		Reports to Quality & Outcomes Committee include: Integrated Performance Report. Reporting of Improvement trajectories - RTT, Cancer etc. Reports to Trust Board include: - Annual Operating Plan. - Strategic Capital Programme. - Integrated Performance Report. - Financial Report - Reporting of Improvement Trajectories - RTT, Cancer etc. - Quality Impact Assessments for service developments / capacity not commissioned.	Second Line Assurance - Risk and Compliance	None noted.	Major	Possible	12	High Risk	Process to negotiate 2020/21 activity, reflecting the BNSSG long term plan and demand management - suspended due to Covid. Trust to influence changes to process in light of changing commissioning and contracting arrangements operationally. Refresh of Trust capacity / activity to be reviewed weekly internall and with system partners.	01/09/2020	Major	Unlikely	8	High Risk	01/09/2020	Action Required Risks

Q1 2020/21 Strategic Risk Register							Inherent				Controls			Assurance			Current Assessment					Target				Review	
ID	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
2642	Business	Internal	Estates Strategy	Audit Committee	Chief Operating Officer	**If** the Trust is unable to invest in maintaining and modernising the Trust estate, **Then** there could be a deterioration of the patient and staff work environment, and facilities that may not support patient care pathways, **Resulting in** inefficiencies, deterioration in staff engagement and a poor patient experience.	Major	Very Likely	20	Very High Risk	Medium Term Financial Plan. Strategic Capital Plan and Operational Plan. Planned preventative maintenance budget. Trust Capital Group Chaired by Deputy COO, receives monthly status reports on Capital Projects from Divisions and Assistant Director of Estates. SCCS Programme Board to oversee all SCCS schemes, chaired by Director of Strategy and Transformation. Financial Control Procedures, including the scheme of delegation and Standing Financial Instructions in place. Approved Five year Medium Term Capital Programme. Delivery of the 2019/20 capital programme, including the prioritisation and allocation of strategic capital. Delivery of the 2019/20 Operational plan without significant deterioration in the underlying run rate to ensure availability of strategic capital is available for future investment.	Adequate		Monthly KPI report through Divisional Board on Reactive maintenance. Prioritisation of backlog maintenance through Capital Programme Steering Group Reports from Trust Capital Group to Capital Programme Steering Group. Reports from Phase 5 Programme Board to Capital Programme Steering Group. Chairs reports from Capital Programme Steering Group to Finance Committee. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Regular Reporting to the Finance Committee and Trust Board.	Second Line Assurance - Risk and Compliance	Lack of assurance that capital expenditure controls for delegated Divisional Capital are fully effective.	Moderate	Unlikely	6	Moderate Risk			Moderate	Unlikely	6	Moderate Risk	01/09/2020	Accepted Risks
2643	Business	External	Trust Strategy	Audit Committee	Director of Strategy & Transformation	**If** the STP fails to deliver a system strategy, **Then** system partners will be unable to align service delivery strategies, delivering incremental changes rather than transformation, that supports delivery of the NHS Long Term Plan objectives. **Resulting in** poorer outcomes and experience for patients and reputational damage for the Trust.	Major	Possible	12	High Risk	Engagement with STP - Chief Executive joint lead for Healthier Together STP with other Executives playing lead roles. Delivery of the existing system strategy suspended to enable the response to the COVID 19 pandemic. Cells, both strategic and operational, established to co-ordinate the system response and ensure certain aspects of system strategy accelerated / put on hold. UHBW have strong representation on the system level groups and are part of the process of refreshing and updated the system strategy. Model for delivery of the system strategy and realignment of structures to respond to the new requirements is being reviewed to simplify mechanisms for delivery and alignment across the system transformation function. System Delivery Oversight Group meetings (SDOG) in place which bring BNSSG planning and strategy leads together. System Planners Group as a subgroup of SDOG revised in April 2019 and brings together strategy and planning leads below Exec level. Healthier Together reports into Trust Board SLT updates/standing item on strategic or business meetings as appropriate. A BNSSG System Plan for 2019/20 was submitted in April 2019 The 5 year plan was submitted in December 2019. Measures to increase and improve current partnership working with WAHT and significant involvement in Healthy Weston programme.	Adequate		STP Reports to the Board and SLT.	Second Line Assurance - Risk and Compliance	Need for further development of relationships and networks with emerging Primary Care locality hubs.	Major	Unlikely	8	High Risk	Test role of associate medical director for primary care to support development of relationships between primary, community and secondary care Hold workshops 2-3 times per year with primary care and Sirona to support development of locality hubs for agreed conditions Next stages of planning the system five year Long Term Plan currently being revised and refreshed in the context of COVID and the associated changes to our operating environment. A system level 20/21 plan expected to be submitted as part of the Phase 3 COVID planning UHBW is currently completing a refresh of the Trust strategy in the context of COVID and the next step is to review and redesign out internal delivery model and ensuring alignment with the system model will be a key part of this function.	31/12/2020 30/09/2020 30/09/2020	Major	Unlikely	8	High Risk	01/09/2020	Action Required Risks
2644	Quality	External	Trust Strategy	Audit Committee	Director of Strategy & Transformation	**If** a local or regional provider fails to maintain viability of services, **Then** this could lead to significant, unplanned increases in demand for a UHBW service or services, **Resulting in** increased waiting times, increased cancellations, harm and poor patient experience.	Major	Possible	12	High Risk	Stakeholder Engagement - CCG, NBT, NHSI/E, Community Providers, North Somerset Partnership Board, Severn Network. Co-ordination of the system response to Covid, across acute, primary and community care providers through system ICC structure. Membership of Clinical Networks. Operating Plans. Horizon scanning including review of local CQC and Deanery reports and monthly commissioning & planning group. Clinical Strategy Group horizon scanning. System contingency planning approach applied throughout clinical operational groups	Adequate		CEO and Executive reports to Board. Board briefings and reports form Partnership Boards, and Board to Board meetings. Integrated Performance Report and Finance Report - tracking of activity changes.	Second Line Assurance - Risk and Compliance	None noted.	Major	Unlikely	8	High Risk	Review of contracts held with NSCP / BCH and agreement of transfer arrangements with Sirona Attendance at Integrated Care Programme Board / Community Services mobilisation group to understand impact of Sirona Year 1 plans on likely activity shifts from the Trust. In turn information should be used to ensure Trust provided services are planned for in accordance with system interventions that are being planned Resilience of clinical services to be strengthened through Acute Services Review with NBT.	28/08/2020 30/04/2021 31/12/2020	Major	Unlikely	8	High Risk	01/09/2020	Accepted Risks

Q1 2020/21 Strategic Risk Register							Inherent				Controls			Assurance			Current Assessment					Target				Review	
ID	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
2646	Workforce	Internal	People Strategy	People Committee	Director of People	If the Trust has insufficient management and leadership capacity and capability, **Then** the Trusts ability to deliver its strategy may be negatively affected, **Resulting in** decreased capacity to maintain financial and operational sustainability.	Major	Very Likely	20	Very High Risk	Funding for 1 year for 0.5 WTE has been secured to scope the talent management agenda and to develop an organisational framework. The workplan is as follows: - Complete diagnostic for talent management - end of November 2019. - Commence High Potential Scheme across the STP - as of March 2020. - Work with external consultant to develop a best practice framework to be presented at People Committee in May 2020.	Inadequate	Further development of the Talent Management Framework is required. This will be presented to People Committee at the end of May.	Assurance reports to the Remuneration, Nominations and Appointments Committee and SLT. Divisional Performance reviews and the People Committee will provide the governance for this risk.	Second Line Assurance - Risk and Compliance	Divisional level analysis of succession plan not in place at present, therefore there is an 'unknown' risk. The risk of not funding the executive leadership programme will impact on the ability to provide leadership capacity at the senior level of the organisation.	Moderate	Likely	12	High Risk	Following the cancellation of You said we did week due to COVID19 soft launch of staff survey results you said we did response from the organisation on transformation boards from 17th March 2020 - 3rd April 2020	30/09/2020	Moderate	Unlikely	6	Moderate Risk	01/09/2020	Action Required Risks
																					Launch the High Potential Scheme across the STP	31/12/2020						
																					Run 5 x 2 day programmes on Leadership for Managers to a target audience of 100 at Weston, ahead of the merger.	30/09/2020						
2694	Workforce	Internal	People Strategy	People Committee	Director of People	If the factors that contribute to a decrease in the staff annual engagement score are not improved, **Then** the workforce may be disengaged and demotivated, **Resulting in** increased turnover, absence and other workforce KPI's.	Moderate	Likely	12	High Risk	People Strategy, focus on improving key cultural elements of: - Staff Engagement - Bullying and Harassment - Recognition - Performance Management - Diversity and Inclusion - Workplace Wellbeing - Leadership and management development. All workstreams have detailed action plans to ensure improvements are in place. This is supported by 3 sub-groups: - Wellbeing Steering Group - Workforce Diversity & Inclusion Group - Culture & People Group These groups feed into the People and Education group, and ultimately feed into the People Committee.	Adequate		Monthly HR/OD partnership meetings in place to review all plans which are then presented to the people management group and the supporting sub groups of wellbeing and Diversity and Inclusion. Each division has a workforce committee to provide assurance on this agenda Divisional Performance reviews monitoring progress against these KPI's Quarterly update to the the people committee and the Trust Board	Second Line Assurance - Risk and Compliance	Not achieving a score in the upper quartile nationally among peer Trusts.	Major	Possible	12	High Risk	The recognition framework will be refreshed and re-launched at the end of February following an audit of recognition schemes across the organisation which has been completed	30/06/2021	Major	Rare	4	Moderate Risk	01/09/2020	Action Required Risks
																					Plan and execute 'You said, we did' week.	30/09/2020						
																					Evaluate cultural awareness training post 3 months delivery	31/08/2020						
																					Embed the Supporting Positive Behaviours Framework	31/08/2020						
2695	Business	Internal	Trust Strategy	Audit Committee	Deputy Chief Executive	If the Trust fails to establish and maintain robust governance processes, **Then** Operational, financial and quality performance could be negatively impacted, **Resulting in** additional regulatory scrutiny and reputational damage.	Moderate	Very Likely	15	Very High Risk	Internal Audit reports. External audit plan and reports. Risk Management Strategy. Governance Structure. Performance Management Framework. Estates & Facilities Compliance report produced and reported monthly to E&F DMB and quarterly into Audit Committee. Annual assessment against the Foundation Trust Code of Governance Annual Provider Licence self certifications CQC Inspection Report 2019 Updated governance arrangements to support the Trust's response to Covid-19	Inadequate	Updates required to the enabling strategies to support the delivery of the revised Trust Strategy (includes the Education Strategy) Compliance with OFSTED requirements specifically relating to apprenticeships. Governance around estates compliance including fire safety.	External well-led reviews. CQC Inspections. Internal quarterly reviews of CQC regulation 17. Annual Report, Annual Governance Statement, and Annual Quality Report and Annual Accounts submitted to Trust Board. Regular reporting to NHS Improvement following Board approval. NHS Improvement returns signed off by the Trust Board. Internal Audit Reports on Governance, risk management and financial accounts reported to Audit Committee. Monthly Board Reports. Performance and Finance Reports at each Board Meeting. Committee Reports at each Board Meeting. Independent reports from CQC on Inspection Visits.	Third Line Assurance - Independent	Partial assurance of effectiveness of controls, in light of on-going failure of some standards.	Moderate	Unlikely	6	Moderate Risk	Board to review and approve all enabling strategies	30/08/2020	Moderate	Unlikely	6	Moderate Risk	01/09/2020	Action Required Risks
																					Completion of Premises Assurance Model (PAM)compliance report.	30/03/2021						

Q1 2020/21 Strategic Risk Register							Inherent				Controls			Assurance			Current Assessment					Target				Review	
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2741	Quality	Internal	Research Strategy	Quality & Outcomes Committee	Medical Director	**If** financial pressures, service pressures or failure to recognise the value of research cause it to be deprioritised, **Then** the Trust will be unable to sustain research activity, **Resulting in** loss of reputation, income and ability to attract and retain highly skilled and motivated staff. limitation of patient choice, loss of potential to offer novel and/or cutting edge treatments and inability to contribute to the evidence to improve patient care.	Moderate	Likely	12	High Risk	Memorandum of agreement with University of Bristol. Joint Posts and Clinical Networks. Research Standing Operating Procedures. Process in place for corrective and preventative actions where breaches of GCP/protocol are identified to support learning by PI/CI and research team. Regular review of research recruitment on a trust-wide level. Key Performance Indicators at divisional level (bed holding only) finalised for regular divisional review. Appropriate study selection to maximise fit with patient pathways and minimise high resource use at times of clinical pressure. Research grants, Research Capability Funding, commercial and delivery income maintained. SPAs recognised in consultant job plans. Experienced and dedicated research teams to support delivery of clinical research. NIHR award £21m over 5 years for Biomedical Research Centre to Trust and UoB partnership.	Adequate		Reporting structures for divisional research committees/groups to Trust Research Group. Regular reports to divisions and the Board on KPI reviews (Trust-wide & divisional). Internal and External Audits and inspections. Process in place to identify and address poor performance within R&I Dept.	Second Line Assurance - Risk and Compliance	No clear mechanism for protecting time for non-medical PIs who do not hold funded research role recruiting to National Institute of Health Research portfolio trials not in place.	Moderate	Possible	9	High Risk	Continue to work with our researchers, with the RDS and with trials units to encourage them to submit high quality applications to NIHR funding streams. NIHR project grants draw in Research Capability Funding. Therefore increasing the number and value of NIHR project grants will lead to an increase over time of RCF. Drawing in successful grants also increases the research activity of the trust.	30/09/2020	Moderate	Unlikely	6	Moderate Risk	01/09/2020	Action Required Risks
2954	Business	External	Trust Strategy	Audit Committee, Finance Committee, People Committee, QOC	Chief Operating Officer	**If** the Government fail to negotiate a robust withdrawal agreement and framework for a future trading relationship with the EU, **Then** the plans could result in disruption to delivery of goods and services to NHS providers, **Resulting in** potential delays in importing medicines, exclusion from the European Rare Diseases Network, the ending of reciprocal healthcare agreements and new immigration rules that could affect the ability of the NHS to recruit doctors,other medical staff and nursing staff from the rest of the EU, and the subsequent changes to current rules around the mutual recognition of medical qualifications.	Moderate	Very Likely	15	Very High Risk	Organisations to follow guidance from the Secretary of State for Health and Social Care on the government's on-going preparations to protect patients and health and social care services in the event of a March 2019 no-deal scenario, should this occur. The Department for Health and Social Care has also written to pharmaceutical companies and suppliers of medical devices asking for their contingency plans and pinpointing where their concerns lie (e.g. short-life products, warehousing, distribution) in order to focus national-level support where necessary. The Trust is planning to support employment settlements costs for permanent staff who have classed themselves as from countries within the European Union.	Adequate	The Trust is unable to address the cause of the risk.	Findings of preparatory work, table top exercise and updates to operating plans report into SLT.	Second Line Assurance - Risk and Compliance	None noted.	Moderate	Possible	9	High Risk	Whilst there is a risk no future relationship is agreed with the EU by the end of the transition relationship all Trust internal planning is stood down. Action is to review if internal planning needs to be be re-established utilising the same structures	31/10/2020	Moderate	Rare	3	Low Risk	01/09/2020	Action Required Risks
2992	Business	Internal	Quality Strategy	Quality & Outcomes Committee	Director of Strategy & Transformation	**If** sufficient priority is not given to developing the capacity and capability of staff for delivering transformation, improvement and innovation; **Then** staff in the organisation may not be able to support the scale and pace of change necessary to work in new ways and deliver the organisation's and system's strategies; **Resulting in** a partial or non-realisation of benefits, loss of reputation as an innovative organisation, poor performance, demotivation of staff, associated impact on recruitment and retention, and a reduced influence as a leader in our Local system.	Moderate	Possible	9	High Risk	Transformation Programme Board membership at Executive and Divisional Director / Clinical Chair level. Transformation and improvement priorities embedded into annual Trust and Divisional operating plans. Staff engagement embedded in planning service improvement and transformation work. Transformation and other service improvement leads networked across the divisions. Working in partnership with the Academic Health Science Network to train a cohort of improvement coaches. Quality Improvement Academy established 2017 and "dosing plan" for training developed. Digital Hospital programme a priority within the Transformation programme with Digital Hospital Committee aligning actions into clinical safety and operational decisions. Transformation, Improvement and Innovation strategy approved by Trust Board 27.9.19.	Adequate		Reporting to Transformation Board & Senior Leadership Team. Evidence of wide range of innovation and improvement programmes completed/underway including good response to programmes such as Bright Ideas, Trust Recognising Success awards , Quality Improvement Hub, QI annual forum and achievement of local / national awards. Audit and inspections. Quarterly Transformation reports to the Trust Board and six monthly updates to be provided through governance structure to People Committee Benefits realisation plans in place for all Transformation projects. Routine departmental assurance by programme management office for all digital and IM&T projects and activities reported to IM&T Management Group.	First Line Assurance - Operational	Lack of an Improvement and Innovation strategy. Scale of QI Programme for larger transformation projects. Securing sufficient capacity to deliver 'Dosing' strategy.	Moderate	Possible	9	High Risk	Grow the scope of the QI Academy offer in the line with the dosing strategy, including the development of a QI foundation programme and QI for Senior Leaders programme Develop plans for online and virtual training for staff during Covid-19 period Develop and approve Digital Strategy	30/09/2020	Moderate	Unlikely	6	Moderate Risk	01/09/2020	Action Required Risks

Q1 2020/21 Strategic Risk Register							Inherent				Controls			Assurance			Current Assessment					Target				Review	
ID	Domain	Origin	Strategy	Assurance	Executive	Principal Risk Description	C	L	S	Risk level	Key Controls	Adequacy	Gaps in Controls	Form of Assurance	Level	Gaps in Assurance	C	L	S	Risk level	Action Details	Due date	C	L	S	Risk level	Next Review	Status
3472	Reputational	External	Sustainability Strategy	Audit Committee	Chief Operating Officer	**If** the Trust fails to educate and drive changes in behaviour and ways of working of staff, contractors and in the supply chain, **Then** it will be unable to contribute to making a positive impact on combatting climate change, **Resulting in** failure to deliver on the priorities and objectives in the Trust Sustainability Strategy and reputational damage.	Catastrophic	Possible	15	Very High Risk	Sustainability Strategy approved at Trust Board in September 2019. Sustainability Plan in place to support delivery of strategy objectives. A Sustainable Development Board with supporting governance structure and work streams to oversee delivery of the Sustainable Strategy has been approved by SLT. Energy & Sustainability Manager in Post. Big Green Scheme responsible for supporting the Trust's work to become more sustainable; socially, environmentally and economically, across all areas.	Adequate		Reports to SLT and Trust Board.	Second Line Assurance - Risk and Compliance	None noted.	Catastrophic	Unlikely	10	High Risk	Develop proactive stakeholder engagement and communication plan	31/08/2020	Catastrophic	Rare	5	Moderate Risk	01/09/2020	Action Required Risks
3898	Business	Internal	Trust Strategy	Audit Committee		**If** there are insufficient preparations in place to respond to a major event, **Then,** should such an event occur the Trust may not be able to respond in the most efficient or effective manner to re-establish 'business as usual', **Resulting in** financial loss, reduced performance, regulatory scrutiny and disruption to both elective and emergency treatment.	Major	Likely	16	Very High Risk	Business Continuity Plans in place and are monitored through BC planning group with divisional leads Trust Pandemic Plan. Emergency Hospital Response including Civil Contingencies Committee and Gold Command Structure.	Inadequate	Not all services have comprehensive and up to date business continuity arrangements in place. Lack of a COVID-19 Pandemic recovery Plan.	The Integrated Performance Report provides oversight of all performance related metrics to the Trust Board and its sub-committees. The Finance Report provides oversight of financial performance to the Trust Board and its sub-committees. NHS England annual assessment of emergency response arrangements includes a review Business Continuity plans.	Second Line Assurance - Risk and Compliance	None noted.	Major	Possible	12	High Risk	Undertake a review of the Trusts response to the COVID-19 pandemic to identify if the are any lessons learned that can improve existing controls.	01/10/2020	Major	Unlikely	8	High Risk	01/09/2020	Action Required Risks

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	2020/21 Corporate Objectives Quarter 1 update
Report Author	Executive Team Members
Executive Lead	Paula Clarke, Executive Director of Strategy & Transformation

1. Report Summary

The attached document provides the Quarter 1 update on progress in delivering the Trust's Annual Corporate Objectives for 2020/2021.

2. Key points to note
(Including decisions taken)

The objectives align to the 2025 Trust Strategy, Embracing Change: Proud to Care. As part of the strategy refresh they have been reviewed against the New World Drivers and therefore reflect the updated priorities for the organisation in 2020/21 in the context of the COVID-19 pandemic.

The corporate objectives were approved by SLT in June 2020, and were approved by the Trust Board in June 2020 with the following suggested additions to the goals and initiatives, which have been included in the report:

- Implementation of Healthy Weston
- Mental health and parity of esteem
- Emergency Department admission avoidance
- More explicit emphasis on staff health and wellbeing

The Associate Director of Strategy and Business Planning and the Head of Risk Management will undertake a rapid review of the corporate risk register and strategic risk register to ensure alignment with this year's corporate objectives, as the final stage of the strategy refresh exercise. A report of the outcome of this exercise will be presented to SLT in August 2020.

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

The risks associated with this report include:
As aligned in corporate and strategic risk registers.

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

- This report is for **Assurance.**
- The Committee is asked to **NOTE** the report.

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

Senior Leadership Team	**22 July 2020**
Quality and Outcomes Committee	**27 July 2020**

7.2

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

People Committee	**27 July 2020**
Finance Committee	**28 July 2020**

CORPORATE OBJECTIVES 2020/2021

Mission:

To improve the health of the people we serve by delivering exceptional care, teaching and research, every day.

VISION:

Grow our specialist hospital services and our position as a leading provider in south west England and beyond
Work more closely with our health and care partners to provide more joined up local healthcare services
Become a beacon for outstanding education and research and our culture of innovation

Plan Owner
Paula Clarke
Version Number / Date
v1.1 21Jul2020

KEY: Strategic Objectives 2019 - 2025			
Specialist & Regional Services	**Local acute services and integrated care**	**Education and workforce**	**Research and innovation**

Grey	Not due to start yet
Red	Not started and behind schedule / not achieved
Amber	Commenced but behind schedule / risk of not achieving
Blue	Commenced and on-plan
Green	Complete

Strategic priority	Objective	Goal *[measureable goals for the organisation]*	Measure *[How the initiatives will be measured for success]*	Initiative *[Top level initiatives that will deliver the objectives and goals]*	Risk *[What are the risks to delivery of the objective]*	Timeline	Quarter update	RAG	Exec owner
Our Patients: We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.	1. To develop a consistent approach to quality across the Trust, embedded in systems not people to support retaining our CQC Outstanding rating.	• Completion and sign off of all actions relating to previous CQC inspections at UHB and WAHT. • Completion of baseline review of compliance with CQC Fundamental Standards (Regulations at Weston General Hospital. • Completion of a 'Delivering Best Care' mock inspection at WGH, in the second half of 2020/21, as and when social distancing allows.	• Outstanding rating retained. • CQC sufficiently satisfied by UHBW desktop review of evidence of actions taken in response to WAHT ED Warning Notices, that an urgent focussed inspection is not deemed necessary by CQC. • Any subsequent CQC inspections at Weston General Hospital confirm improvements made since 2019 inspections	• Deliver post merger Quality Improvement plan at Weston. • Review and validate evidence cited by WAHT in respect of ED Warning Notices, 'must do' requirements and 'should do' recommendations. • Baseline review of compliance with CQC Fundamental Standards (regulations) at Weston General Hospital.	The planned improvement work does not deliver quality improvements and mitigate risks identified through due diligence processes within planned timescales (UHBW CQC rating is protected from impact of merger for up to 2 years from 1st April 2020).		•Quality improvement plan post merger delayed due to Covid adversely impact on ability to recruit to funded quality transition post and access to clinical teams. Work on this the CQC elements of this objective have commenced with a review of evidence supporting closure of the two Warning Notices served upon WAHT in respect of its ED service - findings reported to private board in June 2020. •Second phase is a review of completion of other WAHT 'must do' inspection actions - to be completed and reported in July 2020. Routine monitoring of CQC regulations has recommenced following Covid pause - operational leads have been made aware of the need to extend assurance into Weston - in July we will be setting an achievable deadline for completion of a baseline assessment of Weston compliance.		CM
	2. Develop an integrated regional system for children's health care	Improve consistency of and access to specialist services for children across the south-west and build the reputation of the Trust as a lead provider nationally.	Act as host provider for networks for existing networks in the division and new networks for 20/21(paediatric critical care, surgery in children, children's cancer and TYA, and fetal networks)	• Realise benefits of leadership through Congenital Heart Disease and Neonatal networks and formalisation of further Networks models. • Work with NHSE to develop an overarching children's network framework for the South West.	NHSE funding has still not yet been confirmed for some of the network team roles within the new surgery in children and children's critical care networks, and for all roles in the children's/TYA cancer, and fetal networks	Q2	• CHD and neonatal networks continue to function well and have been supporting the region through pandemic • Network managers and clinical directors in post in children's critical care and surgery in children, and set-up progressing, despite some gaps in team. • NHSE will be leading the set of regional overarching network forums, working in partnership with the Trust. Progress delayed due to Covid.		PC
	3. Invest in our hospital estate and a healing environment	• 10 year Estates Strategy completed • Develop and approve business cases for the service developments and infrastructure requirements in the Strategic Clinical Capital Programme (SCCS) • Make progress with implementation of the Sustainability strategy • Further development and delivery of Culture and Arts Strategy	• Estates strategy approved by Board • Complete stocktake of business Cases and refresh of the SCCS Programme and business cases approval against agreed timescales. • Progress against year 1 metrics in Sustainability Strategy • Completion of phase 1 expansion of critical care and approval of business case for phase 2. • Business case agreed for preferred options to create new model for urgent care, theatres and endoscopy.	• Business Cases within the SCCS Programme approved against agreed timescales. Priorities for 2020/21 within plan being Acute Services and Critical Care Phase 2, along with delivery of BHI phase 1 and associated research unit. All other approved outline cases to be progressed. • Agree strategic approach to BHOC estate. • Operational Capital schemes agreed and delivered in year to align with strategic programmes. • Sustainability Board established as subgroup of SLT.	• Capacity to deliver year 1 objectives	Q2-4	• Estates strategy continuing to be developed with inclusion of Weston site, infrastructure review / issues and future site flexibility. • Cardiology & ICU stage 1 started on site in April. • BHOC Stage 1 continuation supported by SLT in May. • Sustainable Development Board terms of reference established - first meeting planned for August. • Sustainable Development Strategy work streams terms of reference approved. • Sustainability KPIs drafted and reporting being developed. • Sustainability team being established - two of five new posts appointed. • Work continues with National Performance Advisory Group for Arts, Design and Heritage in Hospitals to create national guidelines for arts in hospitals, and to collaborate on a high profile national Covid commemoration piece. • Regular meetings with Arts Council England on national work. • Refurbishment of BHI courtyard donation complete. • Arts Programme Manager commenced in May. • Additional work on installation of artwork for Bristol Nightingale with NBT.		PC
			• SDEC and other initiatives to be measured through agreed KPIs reported to UCSG • We will rebuild the adult acute floor, creating space for well designed urgent care pathways and the co-location of acute services such as Same Day Emergency Care (SDEC). As part of this development, we will work with system partners to determine the right model of referral into the EDs, noting that this may include the provision of an Urgent Treatment Centre across our front door. • We will expand our critical care capacity to ensure that we have the requisite capacity to meet the needs of our elective services. • We will develop our plans to expand our theatres and endoscopy facilities. • We will use our demand and capacity modelling to determine the optimal size and configuration of our acute bed base to ensure timely access to specialist services.	• Various estates plans have been drawn up for development of the acute floor and are being circulated for clinical consultation. • Winter summit being planned to bring together cross Divisional plans for reducing admissions and LOS.	• Capacity and finance to deliver initiatives in a timely way		•A revised UEC programme structure has been drafted to enable restoration of the improvement programme prior to winter. This will include monitoring and embedding SDEC. •The rebuild of the acute floor has stalled due to covid-19 restrictions, but Estates colleagues continue to work up the planning side of the scheme, including draft configurations which clinical colleagues have been able to comment on. •A new system project on redirection from ED has commenced and is likely to be the prelude to any referral-only model BNSSG may chose to adopt in the future. Bed modelling has been undertaken to inform the IAP. A task and finish group has been established to implement the use of Simul8 (simulation modelling)		MS
	4. Ensure Weston General Hospital remains at the heart of the community, improving the resilience of services and meeting the needs of its local people.	• Achieve a successful transition into UHBW, including implementation of clinical service models and integration of services.	• Measurable progress made against benefit delivery and risk mitigation reported into relevant Board committees. • Vision and values for UHBW developed. • Healthy Weston service changes implemented.	• Develop benefits delivery plan and oversee realisation through Benefits and Strategic Change workstream. • Corporate services integration completed. • Clinical integration, including use of clinical practice groups to integrate services.	• Lack of capacity of the Divisional Teams to realise the benefits plan - Transformation team to support delivery.	Post implementation review March 2021	•Successful merger via acquisition took place on 1st April 2020. •Corporate and clinical integration workstreams schedules re profiled, but remain on track to deliver service integration by March 2021 and March 2022 respectively. • Weston Division established with full governance in development and Divisional management team appointed. •Organisational development programme approved, focussing on developing shared vision and values in year 1. •Benefits realisation Q1 assessment reported to Board. •Financial ledgers and ESR systems integration delayed to Q2 (end July)		PC
		• We will develop and integrate the working of the intensive care services at Weston General Hospital, including the development of a critical care transfer team. • We will extend and develop Ophthalmology services at Weston General Hospital.	•New ICU model and transfer team in place •Ophthalmology at Weston model in place •Deliver clinical integration programme	•New integrated ICU and ophthalmology models in place across both sites •Services integrated across sites against agreed milestones	Impact of Covid on available capacity and demand requirements		Integration process for Weston Ophthalmology has been paused as a result of Covid. Planning continues with respect to the appointment of an ICU transfer team		MS
	5. To transform outpatient services to meet the aspirations outlined in the Long Term Plan	To develop more responsive, patient-centred outpatient services including: 1. reducing unnecessary follow ups. 2. expand our offer of non-face-to-face alternatives to outpatient attendances. 3. Make the best use of technology to redesign our services.	Constitutional standards and defined KPIs related to follow-up waiting times and non Face-to-Face activity.	• Expansion of the use of Attend Anywhere platform for video consultation. • Further develop use of Advice & Guidance supported by roll out of electronic triage. • Capitalise on digital technologies including implementation of Medway Outcome, Medway Clinical Notes and Fluency dictation software. • Conclude pilot of community phlebotomy hub in South Bristol Community Hospital, with a review of the service informing Phase 2 of the implementation plan. • Undertake workshops with clinical teams to consider re-design of outpatient model, including opportunities to integrate care.	Risk related to integration of clinical systems and pathways.		Attend Anywhere has been set up for 92 services. 70 services and live, and 5,000 video calls have been made since the end of March. Advice and Guidance has been set up for 54 services. 51 services are live. Activity data is pending. Outpatient steering group has been re-established and will consider electronic triage, clinical notes etc as part of its workplan. Community phlebotomy pilot went live in SBCH in Jun 2020. Outpatient redesign workshops currently being planned.		MS

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Our People: We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.	6. Culture: investing in our people to create a culture that fulfils the Trust's potential at every level	The Strategic Workforce Plan is translated into Divisional Plans against which recruitment, Education and OD deliver the required resource. • To continue to see year on year increase with staff engagement by ensuring a robust approach to OD interventions utilising the hotspot and key theme data to ensuring we create opportunities to listen and respond to staff feedback. • Achieve reduction in Bullying and Harassment by focussing on leadership, communications and staff support and launching and embedding the approved supporting behaviours framework across the organisation. • Ensure staff are supported in both their physical, healthy and psychological wellbeing by delivering against the year 1 wellbeing framework strategy plan which has been realigned to support the requirements in light of the pandemic. • Deliver the year two plan within the Diversity and Inclusion Strateov this will ensure we continue to focus on • Develop an internal framework for Talent Management which will shape our approach alongside commencing the HPS scheme which focuses on 8A and above.	• Staff survey of 7.6 or above and upper quartile for the ten survey themes. • Deliver against the commitments of the Diversion and Inclusion Strategy.	• Organisational development initiatives e.g. D&I strategy, leadership development demonstrably improve UHB's ability to recruit and retain valued staff. • Pilot talent assessments and talent pipelines at senior management level (8A and above) and middle management level. • Identify Talented people, manage talent pipelines and ensure robust succession plans are in place. • Lead and guide the ICS in the implementation of the national senior high potential scheme. • Year on year improvement in WRES, WDES and Gender Pay Gap metrics, reduction in the disproportionate number of BAME staff involved in: Disciplinary & Grievance and Bullying & Harassment and evidence of progress towards the delivery of the National targets for recruitment in 2020. Increase percentage of staff believing that the Trust provides equal opportunity for career progression and promotion.	Postponed launched of BNSSG Talent programme until mid-2020/21. Strategic Workforce Plan must be re-assessed for the Covid-19 context e.g. some unknown factors such as the medium-term situation for international recruitment.		OD focus for Q 1 has been on wellbeing as follows: • Development and delivery of over 400 Covid wellbeing packs across the Trust • The provision of a dedicated Wellbeing Hub for staff to have conversations and seek advice on wellbeing • Securing a Trust-wide Employee Assistance Programme offering a 24/7 helpline to support staff • Implementation of 'Going Home Checklist' to support individual wellbeing prior to going home • Process to support the management of food/donations for staff during the period of Covid • Developing and securing £600K charitable bid which will create a sustainable model for wellbeing for the next three years. The cultural priorities were signed off by Board for the remainder of 2020/21 these are : D&I, Bullying and Harassment, wellbeing and quality of appraisal. Alongside this there will be a full review of our Values and Leadership Behaviours		MJ
	7. Education: develop exceptional people for exceptional careers	•We will excel in the provision and procurement of high-quality education that creates a highly skilled, adaptable and competent workforce for safe, compassionate care. • We will become a beacon of outstanding education with a culture of organisational learning. • We will provide education that nurtures motivation and aspirational career development. • We will champion outstanding education and support of our trainees.	• Utilise the SLT investment in education in Q2 to support the success of the Education strategy. • Move apprenticeship QAR data and KPIs out of the lower quartile. • Increase use of technology for education by 50 % across all provision. • Achieve 90% compliance in statutory and mandatory training across Bristol and Weston sites. • Improve overall utilisation of levy for all staff groups. • Evidence of enhanced medical education governance. • Develop new education supply routes able to respond to workforce priority areas.	• Complete education consultation process as part of corporate services integration. • Drive forward post Ofsted Quality Improvement Plan. • Undertake Internal review of medical education with agreed reporting and governance. • Agree an operational recovery plan for education. • Corporate Education Group and passporting of statutory and mandatory training as part of BNSSG Learning Academy. • Strategic partnership working with education partners and through the AHSN. • Agree priority workforce areas and align respective education offer. • Embed the Skills Hub as an internal and external gateway for training.	•Education and occupational expertise within the Trust Services Education team. •Limited availability of AV/IT equipment in education centre to support remote learning. •Disruption to university training programmes and HEE changing expectations of education funding.		•Education consultation paperwork completed awaiting HR for support to commence start date. • Education operational recovery plan presented at SLT in June 2020 and principles supported; escalation to executive of lack of digital skills available in education team to manage priority areas such as corporate education and awaiting solution. • Equipment bid for AV/IT equipment not supported through capital programme, at SLT request Above and Beyond contacted for possible support that was declined. • QIP continuing to align to apprenticeship strategy and aligned to DfE Covid recommendations.		MJ
	8. Resourcing: develop and implement a Strategic Workforce Plan to respond to the workforce challenges To become an outstanding employer of choice which attracts, recruits and retains a rich diversity of people across the organisation	• We will have responsive and proactive collaborative workforce strategies and resourcing plans with partners across local health and social care, creating a sustained system wide supply pipeline. • We will be a leading partnership model with the creation of the fully developed North and South City Staff Banks, delivering an efficient, cost effective structure to temporary staffing arrangements. • Responding to the refreshed Divisional Operating Planning rounds, there will be one innovative and proactive recruitment plan, addressing staff shortages across both Bristol and Weston. • We will champion national recruitment and retention initiatives, taking a leading role to maximise workforce supply opportunities.	• Efficient time to hire from application to start. • Strengthened local employment pipeline. • Evidence that recruitment and selection approach has delivered more diverse and inclusive hires. • Delivery of the strategic workforce priorities for resourcing, training, education & talent. • Sustained vacancy reduction against target. • Turnover rates sustained against target. • To benchmark the upper quartile amongst peer organisations. • Reduced temporary staffing use and spend. • Realise a return on investment across all marketing solutions. • Achievement of the recruitment and retention trajectories for UHB&W	• Reset the Trust's vacancy position as a result of the reduced bed: staff base established in line with national infection control guidance. • Develop a business case for clinical/nurse overseas recruitment in readiness for go live, recognising the changes in global workforce supply. • Implement Phase 2 of the recruitment website design extending this online platform to incorporate Weston, creating also a focus on local employment opportunities. • Roll out the national digital passporting system for the mandated suite of employment checks. • Explore bank collaboration approaches with aligned Bank rates to maximise the newly formed North and South Banks • Ongoing controls of high cost nurse agency spend through the BNSSG&B Nurse Agency Controls programme.	• The vacancy and retention challenges in Weston. • The global pandemic impacting on the mobilisation of people to Bristol and to the UK. • The reduced registered nurse pipeline. • Reduced junior doctor numbers being allocated from the Deanery. • Lack of investment in creating new roles. • Nationally challenged, hard to fill specialist roles.		A Trustwide recruitment steering group has been established to have strategic oversight of priorities and initiatives across Weston & Bristol sites. The group will monitor vacancy reduction trajectories, reset following bed capacity changes. •The trust is a pilot site for the roll out of the national digital employment check passport. Early testing will be undertaken in July with NBT as a partner trust. •A nurse virtual open day webinar has been designed and developed. Led by UHBW, this has been in conjunction with BNSSG partners, establishing a collaborative system approach to newly qualified nurse recruitment. •A self-service online nurse open day has been developed. First of its kind in the sector. All the benefits of an onsite open day but without the need to travel. •A divisional refresh of OPPs commenced this quarter to reflect the challenges and impact on the workforce and workforce performance in light of Covid 19.		MJ
	9. People Systems: maximise the beneficial use of technology to improve how we manage our people	• Reduction in manager reliance on Employee Services and Medical HR. • Significant improvement in key HappyApp metrics. • Manager Self Service - functionality of Allocate and ESR Self Service for sickness (and other absence) recording to be reviewed by end Oct '19(?) and recommendations made. • Implementation of Microsoft 365 to enable full functionality of the revised HR Web. • Conclude the roll out of e-Rostering across the Medical and Dental staff group. • Implement eJob planning across the consultant and SAS body. • Successfully deliver manager self-service for sickness reporting and pay progression.	• Transformational efficiencies and sustainable workforce solutions to the management of safe working and productivity. • Reduced locum use and spend. • Accurate annual leave and study leave recording. • Reduced sickness absence through improved reporting. • Safe Staffing assurance. • Improved alignment of resources to clinical demand.	• Refresh the M&D eRostering programme to deliver across all specialties and divisions. • Conclude the creation of a Trustwide Medical Locum Bank. • Merge the Weston Allocate Database into UHBW to provide one joined up system for Rostering, Temporary Staffing management, payroll services an operational day to day staffing visibility via SafeCare. • Deliver organisational-wide AfC pay progression through [illegible] • Develop and deliver a robust and reliable sickness reporting functionality for non-rostered areas.	• The merge of Weston and UHB Rostering systems. • ESR merger across both sites. • Challenges with divisional engagement.		•A task and finish group is being set up to oversee the Allocate Rostering system merger with Weston. •Work continues with key stakeholders ahead of the Bristol & Weston ESR merger in July. •Proposals are in draft to engage Allocate to upload the remaining doctors on to e-rostering following their support with the cohort upload to create the Covid super rota.		MJ
Our Portfolio: We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focussing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.	10. Consolidate and grow our specialist services portfolio	• Develop the Genomics Medicines Centre working with the NBT Genetic Laboratory Centre.	• Plan for future of Genomic Lab Centre confirmed with NBT	• Clarity on successful future model for genomics		Q3/4	The national designation process for Genomic Medicines Service Alliances (GMSAs) was paused during the pandemic. However, the partner organisations (NBT, RD&E and UHBW) were invited to submit draft proposals to help inform the future process. This was completed and initial feedback has been received, and the Trust has been advised there will be a further submission in August, and a formal request is awaited.		PC
		• Complete the Full business case for NICU services across Bristol working with NBT, the ODN and commissioners.	• NICU FBC completed and approved through Boards	• New cross city model for NICU			• The cross city NICU Project was paused from March-May due to the operational pressures caused by Covid, but agreed by UHBW and NBT to restart again in June with a focus on finalising a draft Full Business Case (FBC) in July. • First stage capital scheme designs have been developed with estimated costs and are being tested with key stakeholders. Funding gap from the OBC estimate noted as a risk to project delivery. • Good progress in developing a proposed Management Agreement between UHBW and NBT with supporting Joint NICU Service Partnership Board, underpinned by Memorandum of Understanding. This will form part of the FBC when it is submitted for review at Trust Boards in September.		
		• Agree the future model for dental teaching programme and renew our relationship with University of Bristol.	• Agreed next steps for future of dental teaching programme in place.	• Clarity of future dental teaching programme			•UHBW task and finish group established to assess the potential impacts and the Trust options with regard to the proposals made by UoB Board of Trustees (BoT) following their review of the future of the Dental School . •Joint UHBW/UoB working groups established to develop joint proposals •Proposals to be reviewed by UHBW August 2020 prior to UoB BoT meeting September 2020		

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		• Cardiovascular Research Unit at the BHI built with UoB and BHF.	• CRU build completed	• Cardiovascular Unit at BHI with charitable support	• Capacity to develop and deliver in Covid restoration environment		•CRU Project team in place with Trust, University, Architects and BAM Construction. Planning and design complete and initial GMP presented by BAM. This has been challenged as it is over budget, and value engineering taking place. •A further risk remains relating to confirmation of BHF funding for 25% of costs - an outcome is expected in September.		
		• Increase the provision of chemotherapy services at SBCH.	• Increased chemo services at SBCH in place and operating				Chemotherapy at South Bristol has been disrupted due to Covid. The BHOC chemotherapy and peripheral site offers were consolidated in the dental hospital as part of Covid response, but will resume at BHOC, SBCH and Concorde from September.		
		• Continue development of chimeric antigen receptor T-cell (CAR-T) treatment	•Next steps of implementation plan in place and operating	• Be at the forefront of development of CAR-T services and innovation	• Covid impact changing capacity across the system	Q3	The CAR-T programme continues and despite an interruption at the beginning of the pandemic, activity has continued. Nationally agreed changes to CAR-T protocols have been adopted which are shown to reduce the predicted requirement for critical care admission, and will continue to progress the programme over the coming months. A capital scheme to create an additional bed on D703 is also being progressed, with the expectation that this would be concluded by the end of Q3.		
	11. Improve how we manage growing acute demand inside and outside our hospitals	• Implement and test direct delivery of capacity out of hospital to support improved flow • Increase ICU capacity	• Monthly access to 24 beds capacity out of hospital and impact on delayed discharge performance • Improvement in operations cancelled due to ICU capacity • Phase 1 and 2 ICU expansion completed	• Test delivery of reablement bed capacity with a charitable provider (Brunelcare) and evaluate impact on flow and patient experience. •Delivery of Phase 1 and Phase 2 ICU against agreed milestones	• Underutilisation of the bed capacity with the charitable provider; the charitable partner is unable to discharge patients in a timely manner - both will impact on flow within the Trust.	• Review contract performance Oct 2020, with option to continue, modify or terminate the contract. • Evaluate contract performance in Q4 to consider whether to continue contract in 2021/22	•Brunelcare contract commenced April 2020 with 12 beds utilised at Little Heath Apr and May in line with contract. Trust worked with Brunelcare to expand the criteria for acceptance of patients in order to fill the 24 beds – achieved 20 patients in June. There have been no bed closures or IPC issues throughout the period of the pandemic at Little Heath. • Business case drafted for Phase 2 ICU expansion and estate options being scoped. Phase 1 expansion of 5 beds on track for Q4 2020/21.		PC
		• Working with system partners, we will take a system position on commissioning of out of hospital care using the demand and capacity tool developed by the Out of Hospital Delivery Group. • Using our strategic partnership with Brunelcare, we will design new ways to provide care for our patients who no longer require acute care but are not yet ready to return home.	• Agreed KPIs in place with Brunelcare and monthly review meetings.	• Working with partners on enhanced discharge pathways for patients with complex needs. • Development of new MDT approach for people with complex needs, including agreement for joint funding between CCG and LAs.	• Patients with complex needs attract long LOS due to need to commission bespoke services for them.	Q2	•Monthly review meetings with Brunelcare are taking place with all 24 beds now in use at Little Heath. Patient experience and outcomes feedback has been extremely positive. •System working on reducing MFFD numbers and bed days is working well, with c50 beds on the Bristol site saved as a result, and 15-20 beds at Weston. Over 21 day LOS has also reduced considerably.		MS
Our Partners: We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.	12. Extend acute collaborative partnerships	• Provide leadership within the Healthier Together Acute Care Collaboration and expanding the Clinical Practice Group approach to support service resilience risks and reduce variation. • Implement a Clinical Sponsorship Board with NBT to align clinical strategies that ensure high quality and consistent clinical services offer for local and regional populations. • Progress an Acute Services Review working with NBT and the Healthier Together Acute Care Collaboration workstream.	•Ongoing participation and leadership to ACC. •Agreed actions for CPG model progressed within nominated specialties. •Clinical Sponsorship Board in place with NBT. • Terms of Reference and scope of ASR agreed with NBT and programme team established to progress actions.	• We will work with system partners to deliver comprehensive integrated stroke services, from specialist acute care to rehabilitation and recovery at home. • We will work with system partners to review the configuration of MSK services, including trauma, to ensure that they are responsive to the needs of patients. •We will design programme for ASR in partnership with NBT and delivery agreed objectives against approved milestones.	•Ensuring impact on aligned services are accounted for in preferred option. •Recruitment challenges in Stroke •System capacity to design and deliver programme	Q4	• The structure for progressing established clinical work streams with NBT, including CPG approach, being reviewed in the context of the Acute Services Review. • CCG and Healthier Together leading the development of the Stroke services business case with a target completion of a strategic outline business case by summer/Autumn 2020. • Internal assessment of the risks and benefits of the proposed options currently underway, including impact on interdependent services with the Trust. Internal assessment, including potential mitigations to risks being fed into the system programme through the Stroke Board • MSK programme being led through CCG and Healthier Together. Programme being re-established and being led through the new Cell structure, following the delay of the programme during the immediate COVID response period. UHBW currently reviewing draft outline of programme and engaging through CCG group. Impacts of potential options being evaluated and would be presented to SLT on 22/07/20		PC
	13. Improve how we work with primary and community provider partners and the charitable sector for the benefit of patients	• Develop the model of care for South Bristol Community Hospital rehabilitation services and opportunities to increase collaborative delivery of out of hospital care.	• Model of care for SBCH rehab agreed with Sirona and in line with Stroke programme.	• Executive Interface Meeting and specifically a SBCH Model of Care and Future Transition Group meeting to further develop the clinical service strategy and the transition to Sirona.			Milestone plan agreed for service transfer pre-COVID and updated further following meeting with BNSSG CCG, Sirona and UHBW to bring forward the agreement of an exit management plan from December to September 2020. All parties have agreed to convene a SBCH Working Group that will run fortnightly until April 2021, which will be chaired and project managed by Sirona. Sirona have also confirmed Jenny Theed as Executive Sponsor and Claire Chapman as SRO. Running in parallel with the SBCH future model discussions with the CCG are plans for the future Stroke rehab pathway configuration and UHBW intentions for charging for green to go BRI patients and receiving rehabilitation due to lack of community capacity. This is also an issue that will affect Weston General Hospital.		
		• Deliver advice and guidance services for GPs and Outpatient transformation and further development of Teledermatology to enable out of hospital dermatology services. • Develop Eye Care Strategy for BNSSG working with commissioners and community optometrists. • Deliver 3 projects with PCN/Locality Boards to evidence the impact of integrated working on acute capacity and patient experience. • Deliver bi-annual engagement and continuous professional development events with GP Localities. • Actively pursue opportunities to work more effectively and creatively with third sector provider partners.	• Increase in rate of non-face to face consultations in outpatients. • Eye care strategy agreed internally and progressed with CCG. • 3 projects with PCN agreed and action plans in place to deliver against set milestones. • Programme for bi-annual engagement events with Primary care in place. • Approach to engaging with third sector providers agreed.	•Delivery of Outpatient Transformation programme to include non-face to face initiatives. • Development of PCN model and associated initiatives and development of networks and content of programme through bi-annual engagement events. •Develop new and innovative opportunities to engage differently with third sector providers.	Timing with alignment of Stroke programme	Q3	Progress on the outpatient transformation initiative is given under the objective "To transform outpatient services to meet the aspirations outlined in the Long Term Plan" (Objective No 5). Discussion to take place and agree resumption of activity for AMD for Primary Care in Q2		PC
		• Continue to develop partnership with Sirona as the single adult community service provider across BNSSG - with focus on priority areas - Home First Service, Integrated Frailty Model and SBCH model. • Take advantage of new opportunities to support primary care with specialist expertise enabled by the Healthier Together single approach. • Establish stronger strategic partnership with Bristol City Council.	• Regular meetings in place with Sirona to progress joint agenda. • Actions agreed with Bristol City Council to support a stronger strategic partnership.	•Contribute to the delivery of Sirona Transformation plans with UHBW involvement. •Specific initiatives identified and delivered with Bristol City Council	System capacity	Q3	Establishment of stronger strategic partnership with Bristol City Council delayed due to Covid - will be progressed in Q2. Pre-COVID opportunities identified for joint partnership working have not yet been fully capitalised upon due to limited capacity during the Covid response and prioritisation of the Adult services mobilisation by Sirona. There have been some operational changes during Q1 that have continued to develop the partnership, including changes to the governance arrangements for the Integrated Care Bureau to maximise benefits from the Discharge to Assess Pathway 1 (home with support). Further work still required to ensure future continuity of contracts that have transferred from other Adult service providers to Sirona in April 2020, but none of these have been affected in the short term so present low risk. Whilst the SBCH model continues to be a top priority, the pipeline of other future initiatives is to be scoped out in more detail during the Summer, building on discussions pre-COVID.		PC

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Green	Complete

Strategic priority	Objective	Goal *[measureable goals for the organisation]*	Measure *[How the initiatives will be measured for success]*	Initiative *[Top level initiatives that will deliver the objectives and goals]*	Risk *[What are the risks to delivery of the objective]*	Timeline	Quarter update	RAG	Exec owner
		• Using Connecting Care as the platform, we will communicate with primary care networks (PCNs) when our patients are admitted to hospital to start planning the best discharge for them from day 1. • Deliver advice and guidance services for GPs and Outpatient transformation • We will work with PCNs to improve referral routes into hospital, which in turn will ensure patients have a reduced length of stay and improved outcomes by getting to the • We will expand our work with both adult and paediatric patients who use our services the most frequently (AKA "High Impact Users", ensuring that they have access to new pathways of care which better meet their needs first time.	Value stream mapping for each D2A pathway to ensure KPIs being met for each part of the pathway.	• Establishment of Community based ICBs to make discharge decisions for patients with complex needs. • Social workers moved out of the hospital to enable them to complete assessments remotely.		Q3	•Working proactively with PCNs has stalled due to Covid response. Renewed focus will be given to this via an UEC workshop taking place on 10 July 2020. •A new workstream aimed at improving the experience of high impact and high intensity users is also about to restart across the system. •D2A pathways are now working better than ever before. Some capacity issues remain in pathway 3. This will be addressed to an extent by a piece of work to review therapy requirements in this pathway with the aim of reducing overall LOS. •Community ICBs are now embedded as the BAU approach, and all social care staff are now based outside of hospital only in-reaching to complete assessments for patients with particularly complex needs.		MS
		Work with charitable partners to support delivery of our corporate objectives and provide opportunities for our staff to improve the care they deliver.	• Charitable partners policy approved and Charities Forum established and operational. • Regular engagement with charities over capital programme and charitable contributions agreed as part of programme refresh. • Location of and timescales for Maggie's Centre agreed.	• Agreed a charitable partners policy and establish a new Charities Forum. • Optimise the potential for charitable support for our strategic and operational capital plans and education opportunities. • Progress development of a Maggie's Centre for holistic care, as part of SCCS programme.	Impact of Covid on charitable activities	Q3	•Monthly business meeting with Above and Beyond established and discussing opportunities to support strategic, as well as operational schemes. •Work on identifying location of Maggie's scheme paused due to COVID, but contact not re-established to confirm timescales and next steps. •Charitable partners policy to be developed		PC
Our Potential: We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation.	14. Develop our people and our culture to enable improvement and innovation in our services.	• Continue to develop and deliver our Transforming Care programme to support achievement of our strategic ambitions. • Provide our staff with improvement skills and capabilities through our QI Academy and create an environment that makes it easy to innovate within the organisation through our QI Hub and Bright Ideas.	• Delivery of Transformation priorities. • Delivery of year 1 of dosing strategy. • Number of people using the QI Hub and submitting to Bright Ideas.	• Agree Transformation priorities 2020/21. • Establish additional capacity for delivering training across organisation. • Develop non face to face options for training. • Rebrand the QI academy and hub to make it more accessible to whole organisation with appropriate communications.	• Timing and speed of Post Covid recovery may impact on capacity of organisation to deliver transformation priorities. • Capacity to deliver QI training - business case for additional resource partly funded.	In line with project/programme timelines March 2021	• Review of proposed Transforming Care programme 2020/21 undertaken with senior leaders, with aim of commencing programme in September 2020/21 post completion of Covid-related projects. • Planning underway to recommence QI Academy training remotely from September 2020. • Recruitment process commenced for QI Trainer post.		PC
	15. Continue to grow our research portfolio and reputation for excellence	• Develop an ambitious and credible bid for BRC2, building on the achievements of BRC1. • Develop a credible bid for a Clinical Research Facility, with the aim of supporting experimental medicine/early phase research that will underpin our BRC themes and other important clinical areas. • Maintain an effective R&I function that will continue to support research excellence and develop capacity and capability in the newly merged organisation.	• High quality bid for BRC2 submitted on time. • High quality bid for CRF submitted on time. • Fully staffed R&I team that supports and oversees research at both Bristol and Weston.	• Relevant UHBW staff to work with BRC Director and COO as part of bid project group. • Relevant UHBW staff to work with proposed CRF director as part of bid project group. • Staff R&I department appropriately in order to identify opportunities at Weston whilst maintaining full support in Bristol; work very closely with Weston Research Unit.	• If there is no call for BRCs we will not be able to submit a bid (risk - extremely low). • If there is no call for CRFs we will not be able to submit a bid (risk - low) • We are currently below establishment within UHBW and will not be gaining additional capacity. If we cannot put in place staff changes to increase R&I capacity, then this will limit the extent to which we can engage with Weston to increase activity. If there is not clinical and research staff capacity at Weston (e.g. through staff losses or failure to appoint), this will limit the extent to which they are able to engage with research at higher than current levels.	End Q4 End Q4 End Q2	Bid project group in planning, probably to be established by start of Q3. Scoping for BRC2 themes under way. Call is delayed for at least 6 months (timing to be confirmed). R&I capacity remains static (and still below establishment) during current Covid crisis. All minimal required activities are ongoing, including regular liaison and involvement of unit lead in Weston. No development of Weston activity taking place due to Covid.		WO
		• Work with researchers to develop a sustainable pipeline of research that will facilitate future grant development. • Offer to patients the opportunity to participate in high quality research that is efficiently run across Bristol and Weston. • Further develop our regional collaborative working through Bristol Health Partners and the Bristol AHSC.	• Grant and researcher support workshops held regularly. Number of A&B grant submissions/awards. • Meet Trust's Clinical Research Network High Level Objective (HLO) 1. Contribute to Local Clinical Research Network's (regional) achievement of HLOs 2 and 9. • Strong unified presentation across all BHP organisations at the AHSC designation interview.	• Identify research active/interested staff and support to develop links with mentors/trials units, signpost to funding opportunities and assist in grant development as appropriate. • Support delivery units to open and maintain a research portfolio that has breadth and depth across the trust and is relevant to our patient population. Provide targeted financial support to ensure continuity where necessary.	• If there is a dearth of research active/interested clinicians then it will not be possible to engage with them to develop grants. • If the appropriate studies are not available on the research portfolio then it will not be possible to open them and recruit to them. If the R&I team is below strength we will not have capacity to open and performance manage studies to meet targets. If we do not open enough commercial trials then we will not have commercial funds to support gaps in capacity (e.g. maternity/sick leave) and sustain activity.	End Q4 (ongoing) End Q4 (ongoing)	Grant facilitation staff working with researchers to increase NIHR activity through increased pump priming grants and NIHR applications Covid pandemic caused us to suspend approximately half of all research. CRN funded staff have been redeployed to support urgent public health research including vaccine trials. CRN HLOs have been suspended, however performance is still reviewed for open studies. RESTART in progress to reopen research where it is safe and we have capacity.		
	16. Use technology and our digital capabilities to transform where and how we deliver care, education and research and maximise the opportunity provided by our successful appointment as a Global Digital Exemplar site	• Complete refresh of clinical digital strategy as an enabler to delivery of the clinical strategy incorporating priorities identified from the review of the Trust strategy to respond to Covid requirements. • Implementation of new delivery and governance structure through the Digital Hospital Programme Board Implementation of modules identified as a priority within Covid impact review, along with year two projects within the overall strategy.	• Refresh of strategy completed and approved. • New structures in place and delivering agenda. • Modules delivered in line with agreed scope, associated Measures of Success, KPIs, Benefits and budget within specified timelines.	Weston Phase 1 Careflow Connect Clinical Workspace Medway Upgrade Medway Server Refresh Vitals Upgrade Transfer of Care Medway Ordercomms ED Digitalisation Clinical Information Digitalisation	• Alignment to the current Clinical Strategy to drive the digital agenda. • Limited/inconsistent clinical ownership of the Portfolio of Work. • Inconsistent/limited level of Clinical Engagement across the Programme Portfolio. • Limited resources available to deliver the Portfolio Pipeline i.e. Demand significantly outweighs Supply.		Following delay due to Covid disruption, the new Digital Hospital Programme Board has now met twice. Finance Committee Terms of Reference will be revised in July to reflect role in overseeing delivery of Digital Strategy. Digital Strategy on Board Seminar agenda in September.		NK / MS
Our Performance: We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.	17. Achieve Annual financial plan for the Trust and contribute to the delivery of the required STP trajectory. For UHBW, this will include delivery of the merger financial benefits and the restoration of the underlying health of the UHB financial position.	• Deliver financial position as determined in final plan for the year, using post COVID version of plan, incorporating changed context. • Deliver financial benefits as per the merger business case, subject to any changes resulting from the wider Plan reset. • Implement recovery plans to achieve restoration of underlying financial surplus across the Trust.	Delivery of financial plan as reported in monthly reports to Finance Committee and Trust Board. Reporting to include delivery of merger benefits and divisional delivery of financial recovery plans.	A refreshed Trust savings plans incorporating operational efficiency, GIRFT, model hospital and procurement opportunities.	Uncertainty regarding the national financial framework to be in place from end of July 2020. Ongoing operational disruption as a result of the impact of Covid.	Q3	UHBW achieving break-even in accordance with interim national financial framework. Month 3 shows significant increase in required true-up payment largely due to restoration of clinical activity. Revised savings plan to be presented to July Finance Committee in accordance with expected regime for second half of financial year.		NK
	18. Support the delivery of the STP financial plan	•Contribute to development of new contracting and commissioning models to drive system innovation. • Delivery of STP financial revenue and capital plan.	• Active participation in developing new models. New contracting arrangements in place against agreed timescales. • Delivery of STP financial plan as reported through internal and system governance	Re-introduction of the STP financial recovery plans, incorporating system Covid impact.	Uncertainty regarding the national financial framework to be in place from end of July 2020. Ongoing operational disruption as a result of the impact of Covid.	Q3	Given suspension of contract arrangements for 2020/21 Trust contribution to STP delivery is summarised above.		NK
	19. Ensure our services are responsive and achieve all constitutional access standards	• To reduce the size of the RTT incomplete waiting list to pre-Covid level. • To eradicate waits of 52 weeks or more for treatment. • To reduce waiting times for diagnostic investigations. • Cancer 62D standard. • To meet four hour standard performance in our EDs	Constitutional standards	Relaunch of the urgent care programme of work, focusing on delivery of SDEC and system work on suppression / diversion of minors attendances.	Lack of traction on scheme to divert activity elsewhere means risk of crowding and clinical incidents, in particular related to inability to offload ambulances in a timely way.		At the end of January 2020, the combined Trust waiting list was 40,911. At present, the waiting list is now 34,564. There has been a significant increase in the number of 52 week waiters as a result of the Covid outbreak - 245 in May 2020. There has been a sharp deterioration in diagnostic waiting time performance - performance was 41% in May 2020. Cancer 62 day is being impacted by delays in the endoscopy pathway. ED performance has improved to 90.7% in May 2020, partly as a result of lower attendance levels.		MS

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Organisational Response to Novel Coronavirus (Covid-19) Outbreak**
Report Author	**Lucy Parsons and Philip Kiely – Deputy Chief Operating Officers**
Executive Lead	**Mark Smith, Deputy Chief Executive and Chief Operating Officer**

1. Report Summary

To update the Board on the Trust's ongoing arrangements to manage the implications of the novel coronavirus (COVID-19) outbreak and the recovery actions being taken to re-establish normal business.

2. Key points to note
(Including decisions taken)

Submitted to update and inform the Board on the ongoing response to managing Covid-19 and its ramifications across UHBW. The paper includes an operational update regarding the ongoing Trust response to Covid-19, as well as work being undertaken across the BNSSG system to help manage demand. There is also a section on Trust recovery planning and restoration work.

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

No risks to highlight.

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

- This report is for **Assurance.**

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

Senior Leadership Team	**22 July 2020**
Quality and Outcomes Committee	**27 July 2020**

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Organisational Response to Novel Coronavirus (COVID-19) Outbreak – July 2020 Update

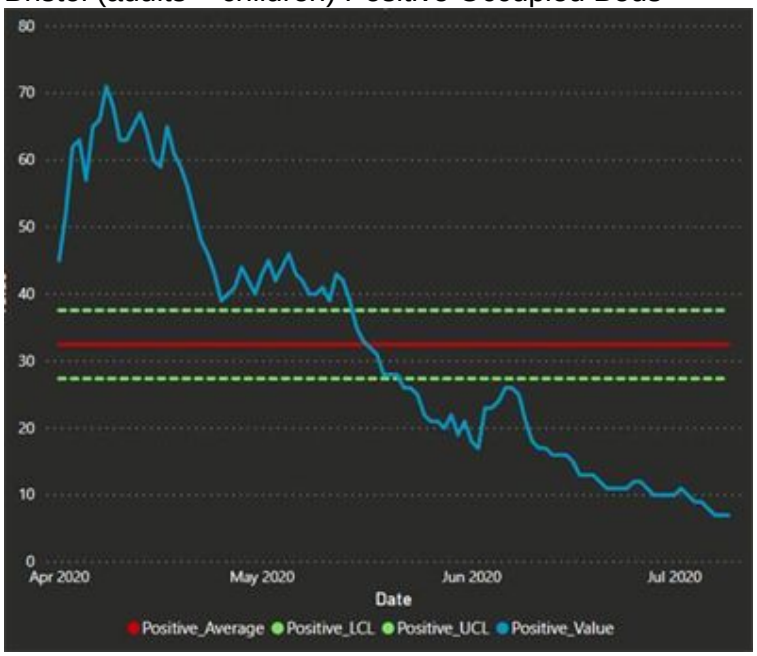
1) Purpose

To update the Trust Board on the Trust's ongoing arrangements to manage the implications of the novel coronavirus (COVID-19) outbreak and the recovery actions being taken to re-establish normal business.

2) Local Context

The number of covid-19 confirmed cases across the UHBW sites remains low, as shown in the graphs below. At the time of writing (14 July 2020) there are two positive cases in BRI and four at Weston, with no new cases over the last week:

Bristol (adults + children) Positive Occupied Beds



Weston Positive Occupied Beds

This is in line with University of Bristol modelling for BNSSG CCG, which shows an ongoing, gradual decline in covid-19 positive cases across the system.

3) Evolving Trust Response - Review of Trust Silver Meetings and Covid-19 Management Structure

Recognising that whilst the Trust is experiencing an ongoing reduction and downward trend of Covid-19 patients in all its sites, there does remain the likelihood that some form of response will be required for the foreseeable future.

Trust Silver has been meeting since 4th March 2020. During the peak of the pandemic this was seven days a week before being gradually being reduced to a frequency of Monday, Wednesday and Friday. Silver has attendance or representation from all Executive Directors as well as members of Divisional triumvirates and other key sub groups and departments. Some of the subgroups have been ad hoc or task and finish orientated, whereas others are still operational.

Acknowledging the change in focus on covid-19 from response to restoration and the different approach required from the Trust to meet the needs of recovery, Silver meetings have been reduced to twice weekly, with the ability to increase frequency again should the covid-19 situation change, for example in line with a second wave or spike. The terms of reference are currently being reviewed, to include an assessment of the subgroup structure required for the ongoing response and to support recovery.

4) Responding to Capacity Requirements

I. Medicine Ward Moves and Relocation of BRI ED

In March 2020 during the initial response phase to the Covid-19 pandemic, pathway and bed base reconfigurations were quickly implemented to enable rapid assessment processes and streaming of patients to meet infection control guidelines set out by Public Health England (PHE). As the Trust continues to work on recovery and restoration of services, a further review and reconfiguration has been conducted within the Division of Medicine in order to continue to meet IPC and universal testing requirements. Alongside bedbase and ED reconfigurations, medical and nursing teams have been realigned to the new structure.

In order to support streaming of patients from ED and the organisation of the department into symptomatic and asymptomatic capacity, the BRI ED majors, resus and observation unit functions have been relocated into A300 (formerly the Acute Medical Unit). The ED team now oversee a larger majors area (an increase from 11 to 16 cubicles) and have capacity which can be felxed up in times of anticipated higher demand, for example a fit to sit area which has been used to support the reopening of the night-time economy and the associated increase in attendances. The relocation has also enabled the Incident Triage and Assessment centre (ITA) to move indoors from its temporary location in the ambulance bay. It is necessary to base resus, majors and SDEC/observation functions in one area due to the medical oversight and workforce requirement to support these areas, in particular, overnight.

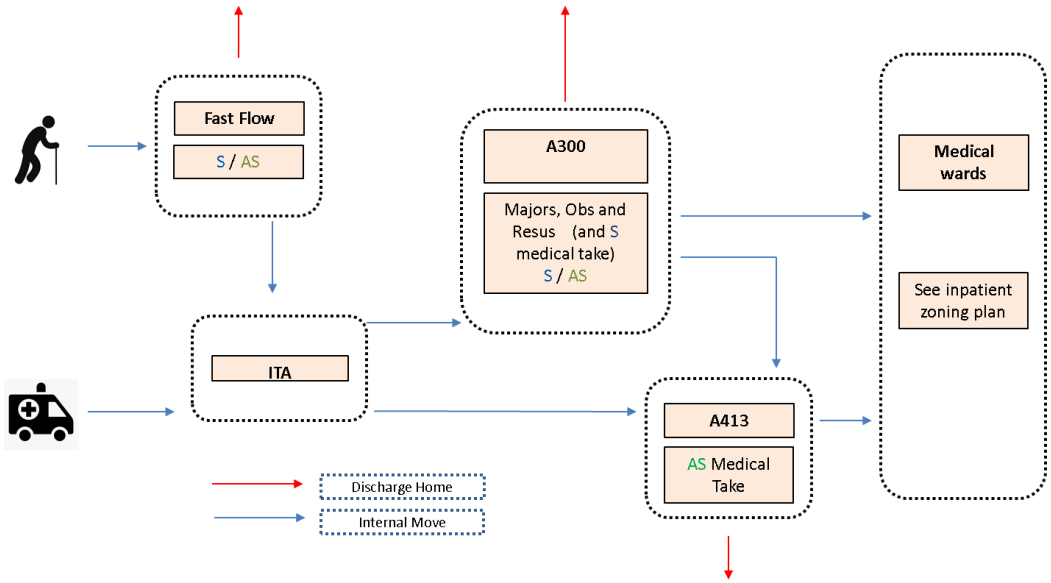
The following benefits have been created through the move:

- Increased majors' space which will support winter pressures and challenges with 4 hour performance and ambulance offloading.
- The ability to flex space up and down to meet required demand.

- Establishment of designated blue and amber clinical areas, therefore optimising intra department infection control.
- Creation of PPE donning and doffing facilities.
- Establishment of a same day emergency care (SDEC) area which acute medicine will support.

A summary of the new configuration on A300 is shown below:

The flow into and through BRI ED is shown below:



Moving ED into A300 (formerly 32 inpatients beds) has of course impacted on the BRI adult bedbase. As far as possible mitigations have been developed, a summary of which is below:

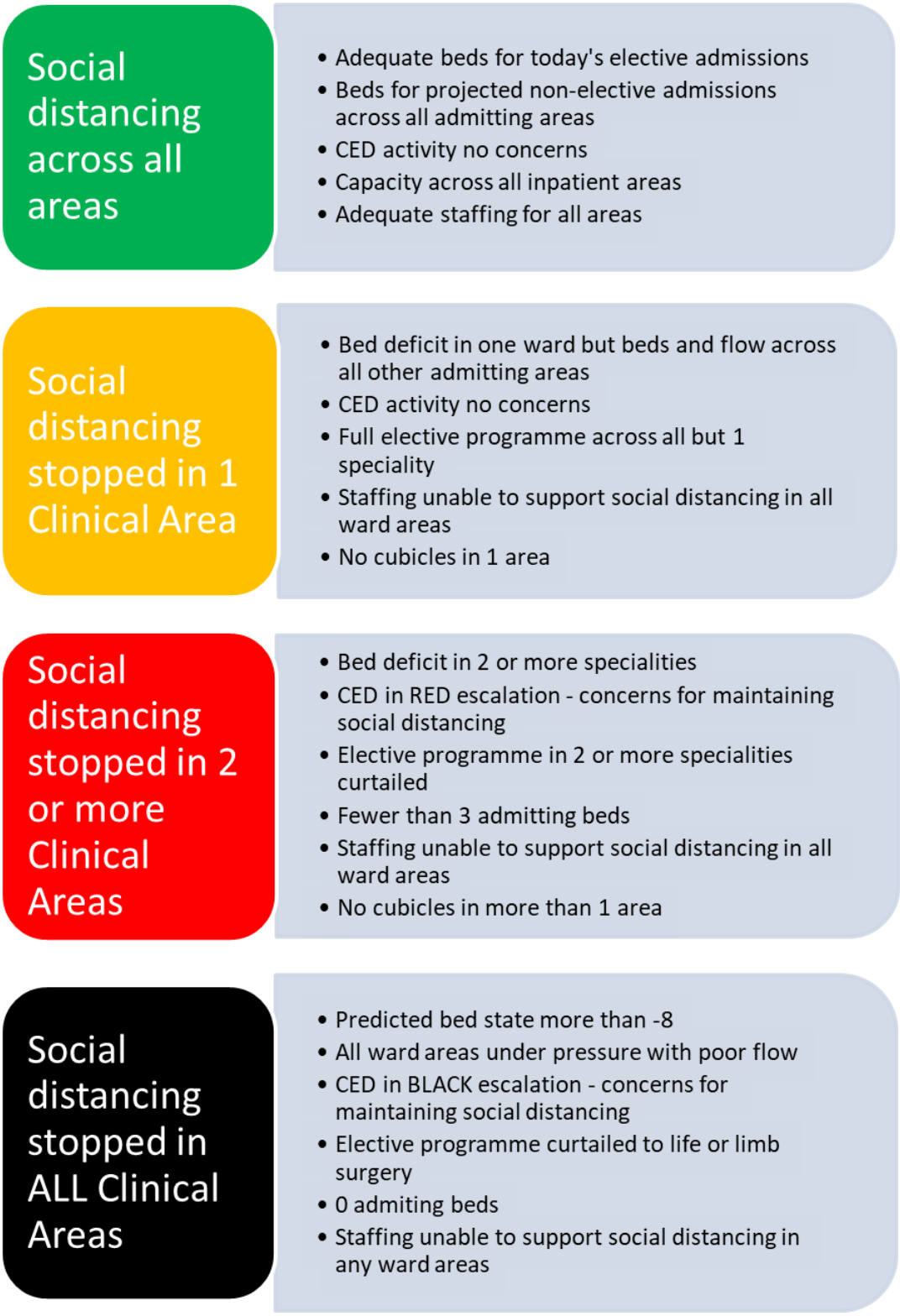
- Creation of 10 SDEC spaces, 4 additional A413 medical assessment spaces and 5 additional Majors cubicles.

- Continue to recruit to frailty and acute teams to enhance the SDEC offer at the front door.
- System work to improve medically fit for discharge numbers and associated beddays (approximately 40 UHBW Bristol adults beds and up to 20 beds at Weston have been saved through measures taken so far.).
- A flow programme is being launched by the Head of Nursing in Medicine to ensure a Division-wide, multi-disciplinary approach.
- Pathways which have successfully been diverted out of ED, A300 and A413 during Covid-19 remain in their current configuration and do not return into the medicine footprint.

II. BRHC risk based approach

Since activity levels have started to increase towards pre covid-19 levels, and the Trust is bringing in more elective care patients, the Children's Hospital has been running at high levels of occupancy. This has been compounded by the significant number of beds removed within the hospital to accommodate IPC and social distancing recommendations. A balance of risk assessment has been conducted within children's inpatient services in order to inform escalation capacity decision making when the site is running at high levels of occupancy. The flow process depicted below was approved at Trust Silver in June and is now being used to assist decision making to stop social distancing in order to ensure children are being cared for in appropriate clinical areas.

To date this process has been used almost daily, on between one and four wards at a time. BRHC colleagues estimate that without using the process, the hospital would have been in Black escalation 3-4 times week commencing 29 June 2020, and permanently in Red escalation for the week commencing 6 July 2020.



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III. Escalation Plan Review

A review of Trust escalation plans is currently underway and will include reassessments of each extra capacity area in light of social distancing requirements and restoration of elective

work. Options for pre-emptive and surge boarding will also be re-evaluated. This review will go through the Silver meeting for discussion and sign off in August.

IV. Reducing nosocomial infections – working safely on site

As part of the Trust's response to minimising the spread of covid-19 infection, guidance has been produced for staff which emphasises home working as the preferred option where this is possible. All Divisions have organised themselves to work from home where staff are able to, including as a blended model with some time spent on site. Next steps are for all non-clinical areas to be risk assessed as to whether or not they are covid secure. Mitigations are included in the guidance, including the wearing of face masks if social distancing cannot be maintained in a particular area.

V. Space Review

Linked to the actions above, is the need for space requirements to be reviewed in order to provide decant space for socially distanced clinical work to recommence, and to support a longer term strategy for Trust staff to continue working from home productively. This work will commence shortly and will report back through Silver.

5) System Response and Preparation for Winter

The BNSSG system response to covid-19 continues, with a new focus on Phase 3 Planning. A summary of some of the key programmes currently underway and the progress being made is included below.

- **Ambulance Handovers**
  Reduced capacity in BNSSG EDs resulting from social distancing requirements, along with the increase in attendances over recent months, has created pressure in the ambulance offloading and handover process. A system group is running to keep this under review, and includes actions to increase alternatives to an ED disposition for SWAST crews – for example through direct referral in to the GEMS frailty services at Weston, and a pathway by pathway approach to review other possibilities. System partners have supported by re-introducing the REACT service into BRI ED and by block booking the ARC (Alcohol Recovery Centre) to be deployed in central Bristol across Friday and Saturday nights throughout July. An internal group is meeting to review and improve handovers at the BRI ED which has been particularly pressured.

  Progress to date has been positive in the BRI ED, with a significant reduction in handovers > 1 hour (from 35 during weekend of 27 and 28 June to 1 across weekend of 4 and 5 July in BRI ED).

- **ED Redirection Project**
  This project was launched in July in order to facilitate the redirection of appropriate patients from the BNSSG EDs into bookable alternatives. Options include:

  - Access to Primary Care appointments
  - Bookable appointments in the Urgent Care Centre (UCC) and Minor Injuries Units (MIUs)
  - Extended hours (requested until 11pm) in the MIUs and UCC to include appointment slots

- The system has started a discussion regarding the longer term urgent care offer for central Bristol and whether the temporarily closed Broadmead walk-in centre resource can be repurposed
- Internal pathways and redirection to, for example, same day emergency care and hot clinics
- Internal redirection to BEH and BDH

Capacity exists in several of the above options, and so are seen as “quick wins” which we will expedite at pace.

The main aims of the project are:

a. to ensure ease of access to a suitable alternative to ED for patients
b. reduce crowding / improve ability for social distancing in BNSSG EDs and waiting areas
c. reduce evening surges in BNSSG EDs and contribute to an improved night shift experience for BRI and BRHC staff and patients
d. contribute to change in patient behaviours towards patients accessing the right service first time in future.

- **UEC Clinical Workshop**
  A BNSSG system, clinically led workshop was held on 10 July 2020 to review the current state of urgent and emergency care transformation work across BNSSG, and to focus on the “what next”. BNSSG CCG is currently writing up the results which will be shared promptly prior to starting work on new projects.A summary wil be included in August’s Covid-19 management update.

  A similar workshop to review UEC workstreams for children and young people will be organised by the CCG for late July / early August.

- **Mental Health Business Case and Mental Health ED**
  A comprehensive business case which reviews and responds to the emerging mental health crisis resulting directly and indirectly from covid-19 has been developed by BNSSG CCG,Bristol City Council and wider system partners, and is currently at system Gold level for consideration and exploration of funding options. The case includes a series of proposals that reflect the need for early intervention and prevention, aiming to protect BNSSG acute services and ensure the right capacity is in place to respond to anticipated surges.

  National estimates indicate that the UK may see a 30% increase in mental health need as a result of Covid-19. This is from both the illness itself and the measures being taken to protect people from the virus (such as ongoing suspension of face to face support for some patients). Local modelling has assessed the potential size of different demand groups to inform mitigation planning.

  The surge impact is already being felt across the BNSSG system, and particularly within our EDs, and is set to increase. From children and young people unable to access school and the support it offers, whose education and careers are now more uncertain; to workforce members who may have experienced trauma; to older people who may be shielding and experiencing higher levels of isolation, as well as those

experiencing complex bereavement. Those who have severe and enduring mental illnesses and learning disabilities have experienced disruptions in their care, which may exacerbate the considerable inequalities they face.

In considering the required response to this increase and the wider societal impacts the baseline position prior to the onset of Covid-19 has also been reviewed. BNSSG has for a number of years been in a challenging situation with levels of mental health crisis in the system being higher than services are able to support. BNSSG has been one of the systems with the highest usage of out of area placements in the country. Evidence shows that out of area placements result in poorer outcomes for patients, as well as being extremely high cost (circa £800 per day for a private Psychiatric Intensive Care Unit bed). People with lived experience consistently report their struggle to find the right service and in particular the level of crisis support when needed being fragmented and hard, or at times even impossible, to access.

The BNSSG business case seeks to address deficiencies from across the mental health pathway, including in prevention and primary care services. There is a focus on community / home based care and treatment across the longer term. UHBW and NBT have challenged this approach on the basis that these services will take some time to build up and bed in, and there may not be enough in the business case to address the very immediate problems people in crisis attending our E.Ds are experiencing.

6) Trust Recovery and Restoration

- **Independent Sector Contract**
  The Trust continues to make use of the capacity offered by the independent sector contract, with activity increasing week-on-week. The Trust is undertaking surgical and cath lab procedures, diagnostic imaging, endoscopy and outpatients across all three independent sector hospital sites. There are further plans to extend ophthalmology surgery (oculoplastics) at the Nuffield, and Weston orthopaedic surgery at the Spire.

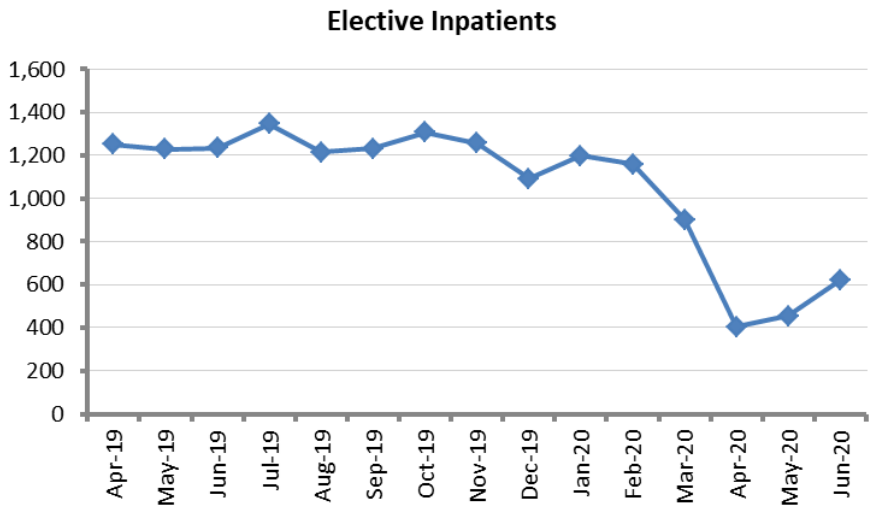
  It is anticipated that the current independent sector contract will run until the end of October 2020. NHS England are running a procurement exercise in parallel, which will inform the contractual arrangements from October to the end of the financial year.

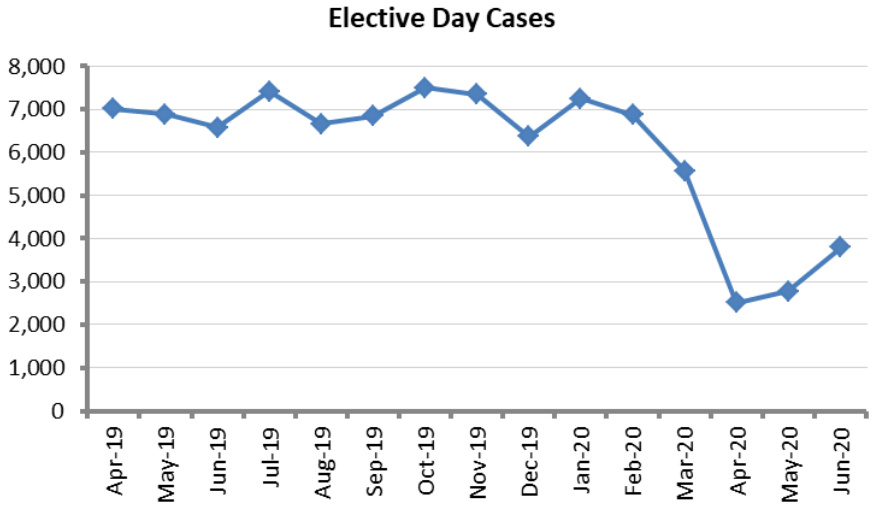
Specialty	Site	18-May-20	25-May-20	01-Jun-20	08-Jun-20	15-Jun-20	22-Jun-20	29-Jun-20	06-Jul-20	TOTAL
Cardiology/GUCH	Spire	11	9	10	6	6	3		9	**54**
CT	Spire	32	19	15	16	37	14	8	8	**149**
Dermatology	Spire				3	6	14	15	15	**53**
Echo	Spire	10	32	52	47	57	59	47	62	**366**
Endoscopy	Prime				12	11	12	10	15	**60**
Endoscopy	Emerson's						6	7	7	**20**
Endoscopy	Nuffield				4	17	17	21	26	**85**
ENT	Spire				12	10	13	8	10	**53**

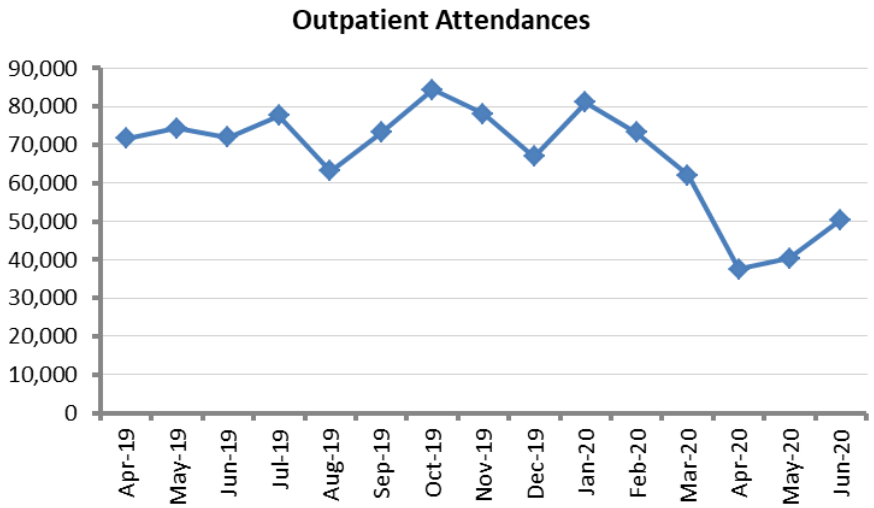
GI Surgery	Spire			10	8	7	7	11	6	**49**
Max Fac Surgery	Spire			3	3	2	3	3	3	**17**
MRI	Spire				17	9	11	12	10	**59**
MRI	Spire	22	10	14	24	31	11	30	22	**164**
MRI Cardiac	Spire		3	6	4	5	4	4	5	**31**
Ophthalmology	Nuffield					4	4	3	3	**14**
Radiology	Spire			1	3	1	1		2	**8**
T&O	Spire				3	1	2	3	2	**11**
T&O	Nuffield								8	**8**
Ultrasound	Emerson's								30	**30**
		75	**73**	**111**	**162**	**204**	**181**	**182**	**243**	**1231**

- **Restoration of Elective Activity**
  The process of prioritising the restoration of elective activity continues with weekly theatres and outpatients / diagnostic services prioritisation groups. The table below provides activity as a % of the activity delivered in the same period in 2019 compared to 2020. The levels of elective activity are recovering across all work types.

	Elective DC	Elective IP	New OP	F-Up OP
April	36%	32%	54%	62%
May	45%	41%	64%	79%
June	52%	45%	73%	81%





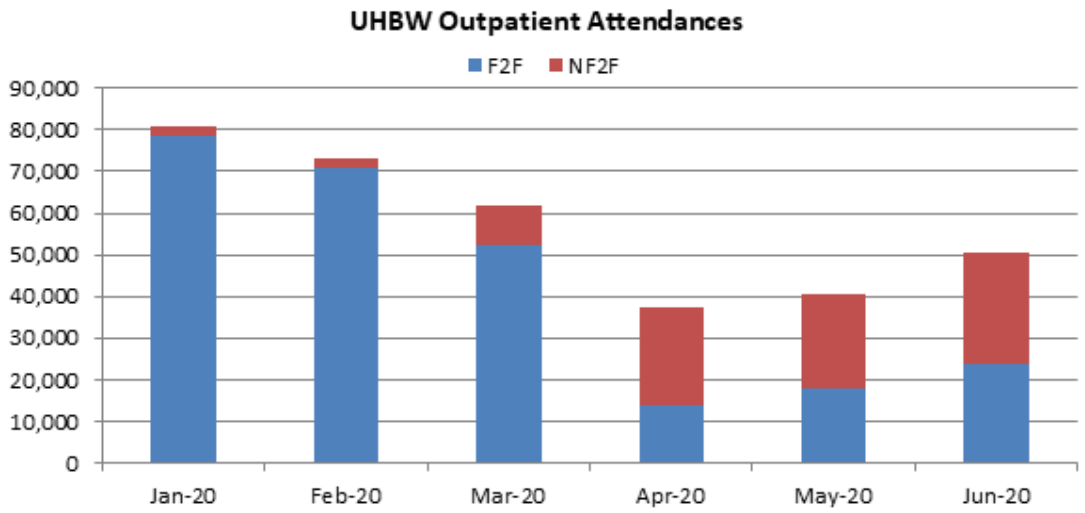


There still remain significant constraints on activity levels. Of the 51 theatres, endoscopy rooms and cath labs, at present 10 are closed due to social distancing / infection prevention requirements and the availability of staffing. This has been offset to some extent by the capacity offered in the independent sector outlined above.

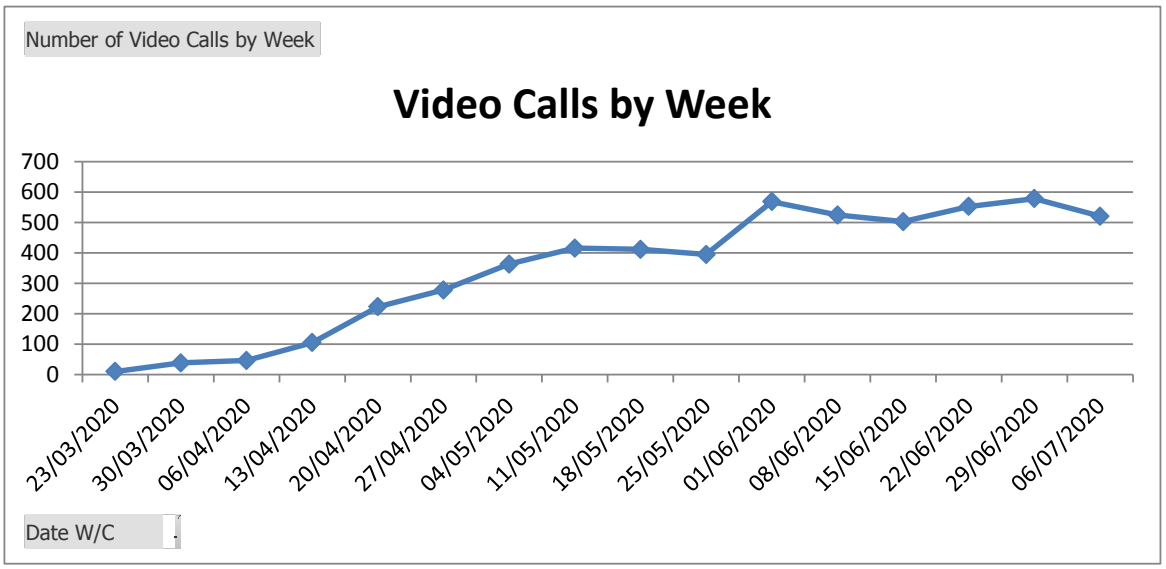
Similarly, outpatient departments have reduced the number of patients seen in each clinic to manage social distancing within outpatient clinic environments. An assessment tool has been issued to divisions to complete an assessment of how many patients they can safely manage through waiting room areas etc.

- **Outpatient Model of Care**
  At a system level, it was agreed to maximise alternatives to face-to-face attendance at outpatient clinics, to maintain continuity of patient care and assessment, and reduce footfall through the outpatient departments. Non-face-to-face appointments have been

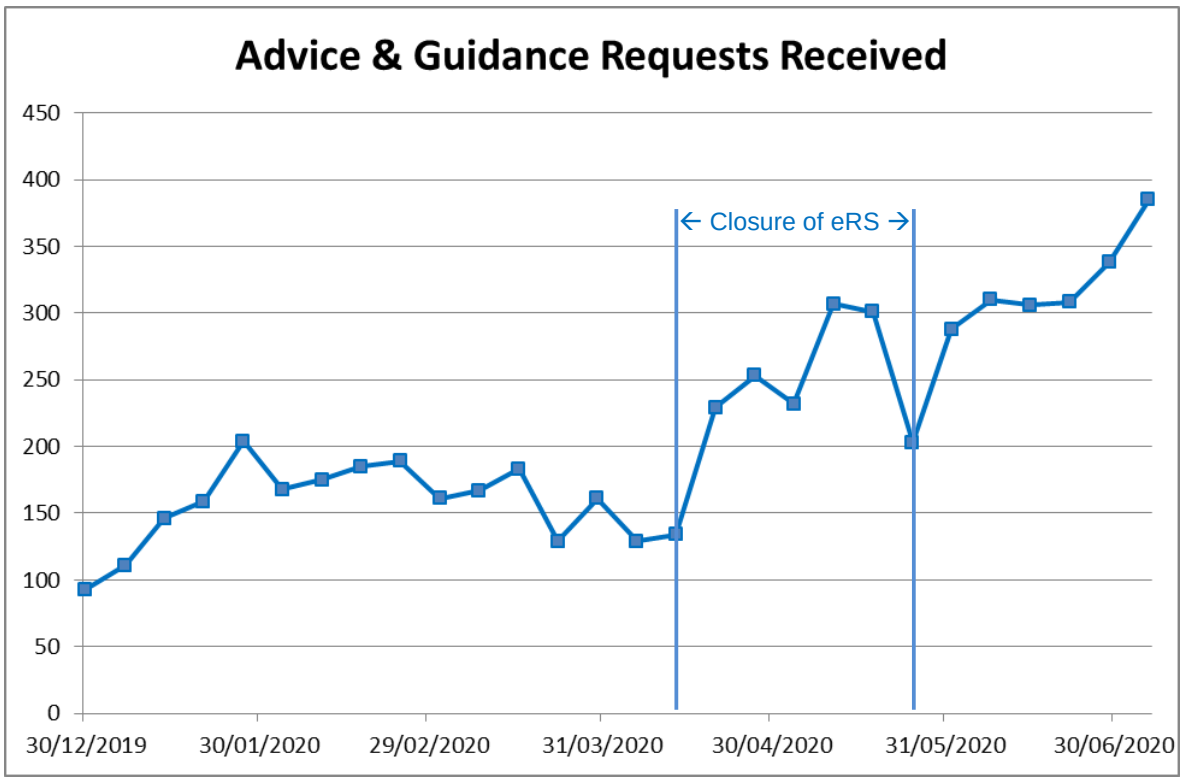
offered to patients either by telephone or video clinic. The graph below provides details of the relative proportion of outpatient activity that is being delivered non-face-to-face (telephone and video clinics).



The use of video clinics (a subset of the NF2F data above) was launched in March 2020. There are now 92 services that have been set up to use this platform. Although the Trust has made relatively good progress in the BNSSG locality, the volume of activity is levelling off at around 500 video consultations per week. A review is being undertaken with specialties that have been set up, but that aren't presently making use of the opportunities offered by the platform.



At a system level, a decision was made to close eRS for routine referrals as part of the initial response to the Covid outbreak. At this time, it was agreed to expand the availability of advice and guidance services to support general practice. Prior to the Covid outbreak, there were 10 services offered by the Trust, and this number has now increased to 54 services.



Weekly advice and guidance requests for Bristol have risen from 84 to 344 per week, and in Weston requests have risen from 9 to 46 per week. Over 90% of requests are responded to within 7 days (the standard that was set); requests are responded to on average within 2 days.

7) Conclusion

The recovery work of the Trust is dependent on close work with system partners in reducing unplanned attendances, admissions and associated beddays. In June's Organisational Response to Novel Coronavirus (COVID-19) Outbreak Update, some of the system progress in reducing medically fit for discharge delays and beddays was described. Work continues to embed these improvements, whilst the focus has started to shift, in terms of transformation work, towards attendance and admission avoidance. Success in these areas will be critical in supporting the restoration of elective programmes, and also any second wave of covid-19 potentially associated with schools returning on 1 September 2020.

8) Recommendations

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

Lucy Parsons and Philip Kiely
Deputy Chief Operating Officers, Urgent and Planned Care
14 July 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Weston Integration Progress Update**
Report Author	**Robert Gittins, Programme Director**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

1. Report Summary
This report provides an update to the Board on the progress of the Weston Integration Programme during the first quarter of 20/21
2. Key points to note *(Including decisions taken)*
Board members should note: • The progress that has been made despite the necessary focus on Covid-19
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
Corporate risk, 4539 that 'Trust activities and performance are adversely affected post Weston integration'.
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance.**
5. History of the paper **Please include details of where paper has previously been received.**

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

9

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Meeting of Board of Directors in Public
30th July 2020

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

1. Introduction

It has been just over three months since University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) was established on 1 April. As the merger happened within the first few weeks of a global pandemic, understandably staff across the newly merged trust have rightly been focussed on, and working exceptionally hard in responding to this pandemic.

Despite this, good progress has been in combining our organisations including:

- Weston Divisional Management Board and Governance has been established with the Divisional leadership team.
- Combined Trust performance reporting is in place.
- Consultations have commenced with staff in corporate services to begin to formally bring teams together.
- Detailed planning to bring together the first wave of clinical services is underway and is being led by the clinical teams.
- UHBW IT systems are accessible from both sites.
- The 'One team, one vision - #TeamUHBW' organisational development programme is working on building the shared values and vision for the new enlarged organisation.

One visible sign of our coming together has been the changes in external signage on both sites in Bristol and Weston to reflect our new name. This is another step in developing the identity as the new enlarged Trust.

A lot of emphasis has been placed within the integration programme on post-merger activities and helping to maintain operational stability in Weston, whilst establishing new ways of working corporately and within the new division. Overall, the Integration programme is making good progress.

2. Recruitment and retention planning

The Recruitment and Retention Merger Taskforce Steering Group, has been set up to address the Weston Divisional recruitment and retention challenges across UHBW, providing single strategical oversight of for the nursing, allied health professionals and medical staff groups, across the newly merged organisation.

3. Progress against Benefits Realisation

A range of benefits to be realised from the merger were set out within the Transaction Business Case (TBC) which included:

- A better experience for our patients – ensuring people from North Somerset and surrounding areas will be able to be seen and treated in their local hospital, and improving access to specialist services in both Bristol and Weston through better use of an expanded workforce, estates and facilities.
- A 13,000+ strong workforce increases our diversity, capacity and resilience. Allowing for greater development opportunities for our staff across a much wider portfolio of services, strengthening the knowledge base, peer support and skills and experience of all our employees.
- The opportunity to share expertise and best practice – particularly in the delivery of exemplar models of frailty, ambulatory and out-of-hospital care. Using the opportunity to develop and learn from each other to create truly joined up care which enables people to stay in their own home, or return home as soon as they no longer need our care.
- Accelerating the roll out of digital technology to enhance and improve the quality and delivery of services across the new organisation, further cementing our Digital Exemplar status.
- Releasing untapped potential in our services – particularly medical and surgical ambulatory care, nurturing innovation, and research and empowering our teams to design services and pathways at the forefront of care.

Whilst more quality and service related benefits will flow from bringing together clinical and corporate services in the longer term, there are already benefits of operating as a single organisation since April. These include:

- the joined up Covid19 response and sharing of expertise across Bristol and Weston, providing greater resilience in dealing with the pandemic.
- Effective working from home where appropriate has also been supported as a result of the merger, enabling staff to access to a broader range of on-line training and information.
- Ambulatory Emergency Care (AEC) services at the Weston General Hospital (WGH) have been also extended as part of the Covid-19 response, with the assistance of the broader project resources of the enlarged organisation.
- The successful introduction of on-line outpatient consultations have been a feature of the Trust's covid19 response across Bristol and Weston.
- The Single improved Trust website has been well received and gives patients and visitors clearer information about accessing services in the enlarged organisation.

Work has also begun on realising the financial mitigations set out in Year 1 of the 5-year plan that supported the Transaction Business Case agreed by the University Hospital's Bristol board in November 2019. Good progress has been made in relation to savings in management overheads associated with the reduction from two trust boards to one and on

reducing agency nursing spend. However other aspects of the plan have inevitably been delayed as a consequence of the focus on tackling the Covid-19 pandemic. Now that we are starting to emerge from this and restoration activity is underway, it is anticipated that progress will be made during the second half of the financial year from September onwards.

Progress is also being made on managing risks and realising benefits, in line with the programme set out within the Post-Transaction Integration Plan (PTIP). Specifically this includes:

- Measurement of progress towards delivery of identified financial benefits is in place and is being monitored through the overall trust cost improvement programme;
- Mechanisms for delivery of the longer term 'qualitative' benefits are being developed in conjunction with the trust Transformation team and a benefits evaluation framework is being developed; and
- A continuing focus on identifying, managing and mitigating the risks associated with the integration. Where appropriate, risks are captured within the corporate risk register and reported to and reviewed by the Integration Programme Board on a regular basis.

4. Update on related system mergers

UHBW has a five year digital convergence programme, updating and bringing together the key IM&T systems across Bristol and Weston, which is a major undertaking. There are a number of key systems that are scheduled for merger during Year 1 post-merger. The position on the next systems to merge is as follows:

- Merging Financial Ledgers – This remains on track for completion by end of July 2020.
- Merging Electronic Staff Record (ESR) systems – This also remains on track for end July 2020.
- Moving onto a single patient administration system (Medway) – This remains on track for the first phase transfer at the end of September 2020.

5. One team, one vision - #TeamUHBW

Our organisational development teams across Bristol and Weston have developed a plan which will take the best of both Bristol and Weston to create the right environment for our staff and our patients now and into the future. The includes understanding what staff like about where they work, how they want to be treated and ensuring they have opportunities to have their say. This will help us to build shared values and a shared vision for the new enlarged organisation where everyone feels part of the bigger team. Aligning our vision and values across our Bristol and Weston sites will mean we are working towards a shared purpose underpinned by values we can get behind. This will ensure that UHBW will be a diverse and inclusive place to work that attracts, develops and retains exceptional people. This programme of work will commence in September 2020.

Meeting of the Board in Public on 30th July 2020 in the Conference Room, Trust Headquarters

Report Title	**Transforming Care Programme Board Report**
Report Author	**Melanie Jeffries, Transformation Programme Manager** **Cathy Caple (Associate Director of Improvement and Innovation)**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

1. Report Summary

Transformation Team resource was redirected to support Covid-19 related projects during quarter 1 2020/21. All existing transformation projects were paused. This Transforming Care update therefore provides highlights for quarter 1 (April–June 2020) of the Covid-19 projects supported by the Transformation Team, and also summarises other key transformation and improvement work that has progressed during this period

2. Key points to note *(Including decisions taken)*

- Approval of the 2020/21 Transforming Care priorities has been delayed due to Covid 19 pandemic - Transformation Board was stood down all of quarter 1. The priorities will be finalised at the Transformation Board on 12th August 2020 and recommendations will be made to August Business SLT.
- The inaugural Transformation Team 2019/20 Annual Report is attached

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

The risks associated with this report include:

- None

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

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

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

[Name of Committee/Group/Board]	***[Insert Date paper was received]***
SLT	22nd July 2020

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Quarter 1 Transforming Care programme report

Transformation Team resource was redirected to support Covid-19 related projects during quarter 1 2020/21. All existing transformation projects were paused. This Transforming Care update therefore provides highlights for quarter 1 (April–June 2020) of the Covid-19 projects supported by the Transformation Team, and also summarises other key transformation and improvement work that has progressed during this period.

Covid- 19 response

As part of the organisation's response to the Covid-19 pandemic, Transformation Team resource was reallocated to a variety of projects across Bristol and Weston campuses, in line with Trust priorities. Projects have been a mixture of accelerated transformation, and supporting new operational processes to be established. The projects are summarised in the SPORT report at appendix 1, and some of the key projects are summarised below:

To support delivery of outpatient care the use of video clinic technology has been rolled out across the Trust. 71 clinics are live, enabling 5,034 appointments to be held using the attend anywhere system between 25th March and 13th July 2020.

The use of Advice and Guidance for primary care clinicians to access specialist expertise to manage patient care was accelerated. 52 specialties across Bristol and Weston campuses now provide an advice and guidance function, compared to 10 prior to the pandemic. 4,013 advice and guidance requests have been completed since the end of March. Requests are responded to on average within two days, with 90% competed within seven days.

Working with the Clinical Commissioning Group (CCG) and Sirona, a pilot has been commenced to provide phlebotomy for patients at a community hub (South Bristol Community Hospital), instead of attending hospital services. Updates to the model are being considered before a wider roll out.

As part of the national response to Covid-19, NHS England issued contracts to private healthcare providers to strengthen capacity during the pandemic. University Hospitals Bristol and Weston NHS Foundation Trust worked collaboratively with Spire Bristol Hospital, an independent healthcare provider, to recover planned activity following the peak of the pandemic. Cardiology, Dermatology, GI surgery, ENT, Maxillofacial, Orthopaedic and Radiology services worked with colleagues at Spire Bristol Hospital to deliver diagnostic procedures and treatment to patients. By the end of June, 859 patients had received their surgery or imaging at Spire Bristol Hospital.

Weston and Bristol campuses Personal protective equipment (PPE) processes have been developed to ensure robust management of requests and stock control, including the requirements for recommencing planned activity. The approach on each campus has had to remain separate due to national stock distribution processes.

A full list of projects supported is in the SPORT report below.

Quality Improvement and Bright Ideas

The Spring Bright Ideas competition received 53 submissions. Following a delay due to the pandemic 33 submissions have asked to be considered in the shortlisting process, which is now planned for October 2020.

To provide an opportunity for staff to develop ideas they have had during the pandemic response, a specific Covid-19 Bright ideas competition is planned for August 2020.

All quality improvement work had to be postponed during the quarter, plans to recommence the Quality Improvement Academy training programmes using digital technology in September 2020 are underway.

Transformation Team Annual Report 2019/20

An inaugural annual report to share how the transformation team has supported the organisation to improve or transform services has been written. The report is attached.

Appendix 1: Transforming Care – Progress Summary Q1 April – June 2020/21

Successes	Priorities
• Transformation Team 2019/20 Annual Report • Streamlining recording, management and reporting processes for patients requiring community services for discharge (green to go list), such as care homes, rehabilitation services. * The process now needs to be amended due to Covid-19. • Funding for Quality Improvement (QI trainer post, to support delivery of the Transformation, Improvement and Innovation strategy secured • Support for a range of Covid-19 response projects: ▪ Testing and Screening programme ▪ Accelerated implementation of Attend Anywhere technology, enabling clinical teams to deliver video outpatient clinics ▪ Accelerated implementation of Advice and Guidance, enabling clinical teams to support primary care manage patient care ▪ Community Phlebotomy ▪ Managed Access to Hospitals guidance for security teams ▪ Nosocomial risk assessment processes ▪ Social distancing in outpatient processes ▪ Internal Capacity escalation plans ▪ PPE management processes, including development of a database and establishment of an interim central stores function ▪ Weston Outbreak support ▪ Weston Incident command and control and PPE processes ▪ Use of independent sector hospital (Spire): • plans for step down capacity (not required) • Implementation of UHBW elective surgery	• Sign off of the Transforming Care programme for the remainder of 2020/21, including projects to support the Trust restoration of services • Resource priority transforming care programme projects to commence in Sept 2020, remaining priorities added to project pipeline. • Delayed Spring Bright Ideas shortlisting planned for October 2020 • Bright Ideas Covid-19 competition launch in August 2020, providing an opportunity for staff to submit ideas developed during the new ways of working due to the pandemic • Delivery of Quality Improvement Academy courses remotely, using video meeting technology • Recruitment to the new QI trainer post • Finalise the Clinical Practice Group methodology, to support the clinical integration of services on Bristol and Weston campuses
Opportunities	**Risks and Threats**
• Learning from other organisations on transformation implemented during the Covid 19 pandemic, including: ▪ Members of Shelford Transformation Network ▪ Beneficial Change Network ▪ Change methodologies	• Impact of Covid-19 on operational teams to engage with Transforming Care priorities • Ability to maintain delivery of projects at pace, as operational and transformation capacity becomes stretched

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Transformation Team

Annual Report 2019/20

A summary of the work undertaken by transformation team members, across University Hospitals Bristol NHS Foundation Trust during 2019/20

Date: 21/07/20. **Final version**

Author: Melanie Jeffries, Transformation Programme Manager

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The Team

Current team

Paula Clarke	Executive Director for Strategy and Transformation
Cathy Caple	Associate Director of Improvement and Innovation
Anne Frampton	Clinical lead for Transformation
Melanie Jeffries	Transformation Programme Manager
Caitlin Bateman	Senior Improvement Lead
Emma Dodd Stephen Brown Susan Philpott	Improvement leads
Rachel Rainford	Improvement Manager
Suzanne Hetherington/ Kate Reader (job share)	Transformation admin support
Jane Riley Jan Belcher Jennifer Pollock Lee Chesham Laura West	Other members of the team during 2019/20

The Transformation Team is a corporate service established to support the Trust in delivering our strategic vision and priorities through a structured programme of improvement, innovation and service re-design.

2019/20 involved a variety of changes for the team.

Our new leader Cathy Caple, Associate Director of Improvement and Innovation started with the Trust in March 2019.

The team moved location to

WHITEFRIARS
BRISTOL | BS1 2NT

The move enabled the Weston Merger team to be located in Trust headquarters.

Team members changed due to maternity leave and secondments.

A new senior structure was implemented to lead, develop and drive our approach and delivery of improvement work across the Trust.

Relationships were developed with the Weston Transformation team in preparation for the merger on 1st April 2020, identifying best practice used in both locations.

The year ended with Anne Frampton, our clinical lead for the past 7 years deciding to step down from the role at the end of August 2020. Anne has been instrumental in establishing foundations of continuous improvement in the Trust, and will continue as a member of the Quality Improvement faculty. The Transformation clinical lead will be re-appointed during 2020.

Transformation, Improvement and Innovation Strategy 2020-2025

In September 2019 the Transformation, Improvement and Innovation strategy was agreed by the Trust Board. The strategy has been developed as an enabling strategy to support the delivery of the Trust Embracing Change, Proud to Care – Our 2025 Strategy.

Empowering staff to be able to continuously improve their services and try out innovative ways of working is an essential building block for a high performing organisation.

The strategy describes how University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) will deliver the improvement, innovation and transformation agenda over the next five years.

Improvement refers to making something that already exists better, whilst **change** means to make something different.

Transformation relates to a complete overhaul of the current state or the emergence of an entirely new state, involving both improvement and change.

In order to improve or transform we need to **innovate**, becoming better at what we do by introducing new methods, ideas or services.

Quality improvement refers to the use of systematic tools and methods to continuously improve the quality of care and outcomes for patients.

The strategy can be accessed on the Transforming Care connect page.

Key Elements

Building transformation, improvement and innovation capability

Implement UHBW dosing model to develop improvement knowledge and expertise across the organisation

Encourage and support innovation

BRIGHT IDEAS

Relaunch Bright Ideas competition to promote innovation across the Trust, with support from our hospitals charity, Above & Beyond and West of England Academic Health Science Network (WEAHSN)

Develop our networks and work in partnership with others

Work collaboratively with partner organisations, patients and carers to deliver better, safer care through transformation, improvement and innovation initiatives.

2019/20

Transforming Care programme

The Trust renews the Transforming Care programme at the start of each financial year.

Initiatives are prioritised for the six pillars by the Senior Leadership Team (SLT)

Where required, initiatives are allocated transformation team resource.

Initiatives are reported monthly to SLT, and quarterly to the Trust Board

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Transforming care project/programmes supported by transformation team members

The following is a summary of the key achievements supported by the transformation team within these initiatives

Transforming Outpatients

Three key areas were agreed, in line with the ambitions of the Strategy and Transformation programme (STP).

- Reducing follow ups
- Expanding the use of Advice and Guidance
- Utilisation of non-face to face appointment methods

A small patient sample were asked for their views on receiving non face to face appointments

In October 2019 a well-attended Trust wide workshop generated ideas for implementing the changes in a variety of services. This was followed by a specific Women and Children division workshop in March 2020.

An agreement to trial the use of Attend Anywhere, a video clinic system was made and preparation work for implementation was undertaken.

Through the STP Healthier Together Outpatient group collaborative working to develop system outpatient pathways commenced.

At the end of the year, the programme was being restructured following a review with the new Deputy Chief Operating Officer for Planned Care, and new Trust Outpatient Manager.

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Real time outpatients

The programme commenced in November 2018, to improve patient pathways by:

- Patients having same day diagnostics, where possible
- Clinic letters being typed and sent within seven days of clinic, reducing to 48 hours
- Patients leave with appointment for diagnostics booked, and follow up appointment within six weeks

In 2019/20 a video was launched explaining the programme:

The initiative was expanded to the following specialities:

- Adult and Paediatric Rheumatology
- Paediatric ENT
- Paediatric Trauma and Orthopaedics
- Paediatric Spinal Surgery
- Maxillo facial surgery

The project team worked with the Clinical Genetics administrative team to redesign processes, supporting a reduction in their backlog.

Collaborative work for enabling processes has been undertaken, such as working with Digital Services regarding the implementation of technology which will support the generation of same day clinic letters.

Initial improvements such as a reduction in missing outcomes, and time for clinic letters to be sent have been challenging to sustain. A decision to review the approach was made at the end of 2019/20.

Dermatology Admin

Support was provided to establish work programmes for five work streams:

- Booking process for follow up patients
- Utilisation of Dermatology services
- Booking process for surgical patients
- Staff teamwork and development
- Patient experience: quality and communication

A key change made was a new process for straight booking of high risk patients for surgery and follow up

Digitally enabled pathways: Venous Thromboembolism (VTE) risk assessment

The Trust Senior Leadership Team (SLT) agreed the VTE working group recommendation to digitalise all adult inpatient risk VTE risk assessments.

The recommendation was made to address the challenges with the completion of risk assessments on paper drug charts, supported by a snap shot audit undertaken by three pharmacists.

A Medway VTE risk assessment was launched on the 1st August 2019 in all adult inpatient areas.

The transformation team provided the following support to the project team:

- Co-ordination of the implementation plan
- Development and distribution of communications
- Floor walking support at initial launch
- Audit of VTE risk assessment outcomes and patient drug charts, to address concerns that the two were now separated.

As the use of a Medway clinical note required a significant change in medical team processes ongoing support has been provided to ensure challenges are resolved, where possible.

Compliance with VTE risk assessments being completed for patients admitted over 24 hours has improved each month, 19/20 ended with **79%** compliance in March.

Customer Service

2019/20 was the final year of a quality objective programme to develop a consistent customer service mind-set in all our interactions with patients and their families.

In April 2019 a video to celebrate our Here to Help culture was launched

The Take Phonership initiative was transferred to business as usual. A telecoms governance process, including an automated report was developed to support operational teams sustain improvements made.

A post project evaluation identified several unexpected benefits, including:

- In the Bristol Dental Hospital calls were answered 69% faster and talk time reduced by 32%, possibly because callers were less frustrated.
- Co-ordinators in the Sleep Unit adjusted administrative schedules to answer more calls at their busiest times. They answered four times more calls and received 46% fewer voice mails.
- Teams made improvements to administrative processes by analysing barriers to answering the phone. Co-ordinators at the Bristol Haematology and Oncology Centre divided tasks more clearly to reduce the number of overlapping duties. The percentage of answered calls improved by 22% and inbound calls reduced by 30%.

Following the launch of our Here to Help principles in 2018/19. Work was undertaken to incorporate questions based on the principles into our Trust recruitment process.

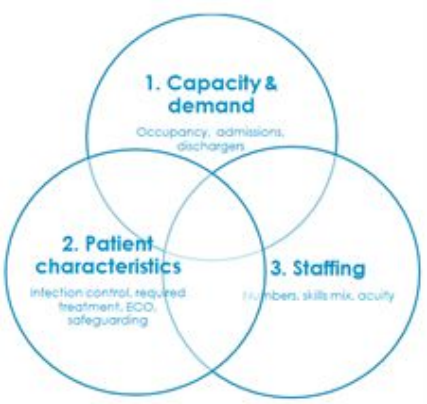
Information has been published on our Connect site to support staff embed our customer service approach.

A successful bid to Above and Beyond is supporting the provision of a two year enhanced customer care training programme.

Real time bed management

The aim of the project was to enable accurate information about admission, transfer and discharge being digitally recorded in real time and used to facilitate bed management decisions.

A thorough gap analysis of operational processes across the Trust and Medway bed management functionality has been completed, reviewing the ability to manage the following key elements:



Prior to the COVID 19 pandemic, a trial using Medway to facilitate a pull process from Emergency department by the assessment units was being planned, along with a wider roll out of the Medway repatriation form.

Bristol Eye Hospital Cataract Improvement

A key aim of the project was to increase the number of cataract patients receiving treatment.

Work undertaken to support this improvement includes:

- Implementation of non-invasive anaesthetic options by introducing topical and intracameral anaesthetic for non-complex surgery. Since launching in June 2019, more than **500** patients have had their surgery with Mydrane anaesthesia
- Improving the quality of referral information to reduce waiting for information from community services
- Implementing a quick-reference guide for cataract assessment and documentation on the digital system to ensure information is readily available for surgeons. The service has seen 12% increase in compliance with reporting of key information to help surgeons start surgery on time.

The final stage of the initiative is to implement a one stop pre-operative clinic. A successful bid for Above and Beyond charitable funding is supporting the required estate improvements and process changes.

Improving Handover (Careflow)

During 2019/20 work was predominantly undertaken in Bristol Royal Hospital for Children to redesign handover processes, migrating medical teams from local handover systems to using Careflow handover functionality.

The project expanded the scope to utilise other key functions of Careflow, such as referrals and task management, supporting engagement with clinical teams and use by the whole multi-disciplinary team.

Engagement and implementation of new Adult clinical teams using Careflow commenced during the latter part of the year.

To support the standardised use of Careflow a Trust wide steering group was established.

Training guides and videos to support users have been developed and published on Connect

The year ended with **2117** registered users, and **297** clinical groups have been established. **33** local handover systems have been retired, **13** teams have paperless handovers and since March 2019 **19,771** handover entries have made.

Benefits experienced by users included:

- Improved information governance and reduced environmental impact, through not printing multiple copies of handover sheets each day.
- Improved communication across the pharmacy service has led to increased

compliance with the TTO turnaround target (75mins). 87.7% in December 2019 compared to 79.4% in December 2018.

- A reduction in the time required to update handover information., achieved through:
  - using a standardised SBAR format
  - a live feed from Medway ensuring accurate patient information
  - the ability to update from any location.

  Options for accelerating the roll out across the Trust to maximise the benefits of improved clinical team communication were challenging to implement , but were being revisited as part of the planning for the 2020/21 Transforming care programme.

Emailing patient correspondence

The option to receive appointment letters by email was expanded to the majority of our patients. In total **8901** appointment letters were sent by email in 2019/20 saving **£5,429,** the cost of 2nd class postage for each letter sent.

Due to unforeseen challenges, emailing of letters has been paused. Patients continue to register to receive emails when the issues have been resolved.

Optimising Diagnostics

The optimising diagnostics programme aimed to ensure patients had the right diagnostic, at the right time using the right method.

Clinical teams were supported to evaluate their diagnostic pathways, and deliver identified improvements.

Successes in 19/20 included:

- Reduction of placenta swabs required
- Urine test guidelines to support urine dipstick reduction, linking to a CQUIN
- Radiographer led hot reporting

A successful 'hot' reporting pilot led to 51% of plain films requested by the adult emergency department and urgent care centre being reported by a radiographer within 15 minutes. Since the pilot the service has been expanded from afternoons only, to an all-day service.

An option appraisal of the project due to challenges releasing required clinical capacity, decided a toolkit to support teams deliver improvements could be helpful. The proposal is being discussed with clinical teams.

Working Smarter: Clinical Utilisation Review Initiative (CUR)

Work to enable operational teams to use CUR to support flow decisions included development and distribution of:

- CUR Roles and Responsibilities
- Delay code guide, including streamlining and theming of codes

As part of work to embed CUR into the Integrated Discharge Service (IDS) processes, the following was undertaken:

- Implementation of the Adult Discharge Log in Medway, replacing the 'logger' on e-handover.
- Communication to explain how all the discharge processes/systems link together

- Green to Go Management standard operating procedure written detailing processes for managing patients requiring community discharge services
- Green to Go patient recording /management moved into Medway, along with the development of a new BI report, significantly reducing time required for IDS reporting processes.

The ongoing challenge which remains is the multiple coding systems in use for this group of patients, such as Delayed Transfers of Care (DTOC), and NHSE-I Long Length of Stay Discharge Patient Tracking List (LLOS DPTL).

Clinical Practice Groups (CPG)

A Clinical Practice Group is a methodology developed by the Royal Free Hospital to support collaborative working across organisations providing the same specialty service, e.g. cardiology to:

- ensure the delivery of evidence based best care
- reduce unwarranted variation in clinical practice and processes,
- offer patients care in the most appropriate setting
- ensure the same pathway and standard of care across all organisations

Work has been undertaken to develop a clinical practice model which can:

- support the integration of clinical teams as part of the merger with Weston Area Health Trust
- support standardisation across the STP

Early adopters of the model supported by the transformation team have been:

- Adult Oncology services in Bristol and Weston, where two workshops have been well attended, and the outcomes are being used to create a service development plan.
- An initial workshop was held to explore options for standardising adult surgery pre-habilitive management across the STP.

The CPG model is being further developed to accelerate the implementation and ensure alignment with local and system groups.

Innovation & Quality Improvement (QI)

Building on the success of the previous two years, 2019/20 launched the inaugural Quality Improvement Academy Gold Programme.

The aim of Gold is to provide a bridge between smaller improvements undertaken through the silver programme and the more complex transforming care projects. Each division selected a priority project to undertake, and a project team to attend the training.

Programme content included:

- Quality Improvement methodology and tools
- Project management
- Psychology of change
- Wicked Problems
- Human factors

Coaching is provided to each team outside of the training days. Due to COVID-19 pandemic the final programme day has been delayed.

In July 2019 the third QI forum was held in the BHI atrium.

From 56 displayed posters, the three winners were:

- Improving our lung cancer pathway – the significance of marginal gains
- Improving the ability of healthcare professionals to optimise symptom control for patients with Advanced Chronic Liver Disease
- Improving nutrition screening for paediatric cancer patients

Booking of QI academy Bronze and Silver courses was set up on the Trust training system Kallidus, supporting improved management and reporting.

The **1000th** staff member attended Bronze training since the launch of the QI Academy in 2017, with a total of **223** staff attending in 2019/20. **Three** bronze sessions were run in Weston General Hospital.

Within the QI faculty, Transformation team members have:

- Facilitated **12** bronze and **7** silver sessions
- Provided coaching or organised coaching from the most appropriate QI faculty member for projects submitted via the QI Hub. **48** projects were registered, not all required support.
- Provided coaching for allocated projects from the **two** silver cohorts, which included a total of **30** projects

Development work included the creation of a QI nurse preceptorship programme, and writing a business case to support delivery of the Transformation, Improvement and Innovation strategy.

The autumn 2019 Bright Ideas completion had **eight** successful winners who have received project and/or financial support to help make their idea a reality.

10

Divisional Improvement work

45

Initiatives have been supported by transformation team members in across the six divisions. This section of the report shows the types of work completed.

Each of the clinical divisions has an allocated member of the transformation team * to support them one day a week to undertake local improvement initiatives

* Other team members may also support Division requests when needed

A key focus of the role is transferring improvement knowledge and skills to build capability of staff across the organisation

Medicine

Diagnostic to understand challenges with **ambulance handover** in adult ED working with South Western Ambulance Service Trust (SWAST)

Development of project plan for **Panther service expansion** and **self-check - in kiosk** implementation

Facilitation of session to re-design delivery of the **Fracture Liaison Service**, and development of implementation action plan

Internal medicine forum: facilitation of two sessions to develop a **new model for medicine services**

Supported the design of **team working processes** as part of the ED consultant team away day

Development of **flow role guidance** as part of the Urgent Care recovery programme, followed by cross divisional role guidance

Trust Services

Implementation of a **new starter form,** which is completed by Resourcing to speed up accounts for new employees to Trust systems, including Payroll

Facilitation of **Communication** team (UH Bristol and Weston) away day

Project management coaching to achieve compliance with **waste segregation standards**

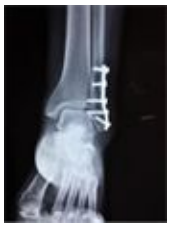
Paused due to COVID 19

Facilitation of **operational estates team** lead away day, to improve and align ways of working

Facilitated a workshop with **Union partners** in UH Bristol and Weston Area Health Trust, to plan future ways of working

Facilitation of workshop to develop a new process for managing **non-agility estates and facilities** requests

Surgery



Supported project planning for assessment by external body of **Trauma and Orthopaedics Junior Doctor** training

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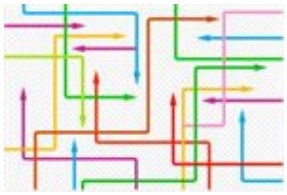


Process mapping of **Surgical and Trauma Assessment Unit** (STAU) pathways

Bristol Eye Hospital Emergency Department Improvement project completed

(Transforming Care project 18/19)

Project management support and coaching to the project team implementing **Surgical Ambulatory Emergency Care** pathway

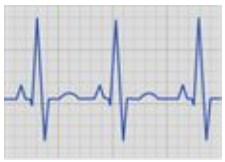
Specialised Services

Support the development and implementation of standardised **criteria Led discharge** for elective ablations

Support the Trainee Advanced Care Practitioner to conduct a service evaluation of TYA inpatient and outpatient areas and develop roles and responsibilities for the **Advanced Care Practitioner role**

Coaching support for project lead to design and roll out **level 2 Psychological skills training** for staff across the South West Cancer Alliance area.

BHI Chasing Diagnostics System to support teams track requested diagnostics (e.g. ECHO, Cardiac Tapes) for discharged inpatients and outpatients, ensuring outcomes are reported/reviewed



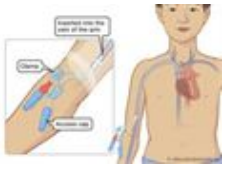
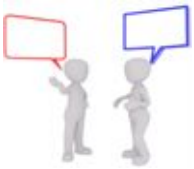
Diagnostic of **Inpatient ECHO** booking and prioritisation processes

Project management and support team to develop and implement a pathway for **BRACA gene testing**

Demand and capacity analysis for **Oncology and Haematology Acute ambulatory care.**

Process mapping of **BHOC Outpatient** patient notes and pathways to understand current challenges

Women and Children

			
Closure of 18/19 Transforming Care Programme, which included development of the **'Improving Flow at BRHC'** Connect pages and **Puzzle wood** (Ambulatory Care) project	Coaching for project lead and team to develop a business case for a **Paediatric Vascular Access** Service, and implement small improvements to existing processes.	Coaching for project lead and team to implement the changes agreed at the service redesign event for the **Paediatric Epilepsy Service**	Facilitation of workshop to design the future needs of a **Gynaecology Ambulatory Care Service ,** and coaching for project lead to deliver project
			
Facilitation of workshop to refresh the **Community Children Services** project, and project management support to ensure delivery of project	Co-ordinate transformation team support for #**Conversations** activities.	Facilitation of clinical team workshop to support the next phase of the Neonatal Intensive Care Unit project across UH Bristol and North Bristol Trust	Facilitation of a workshop with UHBristol and CAMHS teams to identify improvements required to effectively deliver the **Eating Disorder inpatient** pathway.

Diagnostics and Therapies

			
Facilitation of process mapping to improve the **Paediatric MRI booking process**, ensuring capacity is utilised	Facilitation of sessions to redesign delivery of **South Bristol Therapy** patient pathway.	D&T **Project Management Masterclass** -teaching project management methodology and tools for heads of service	Coaching for project lead delivering improvements to the administrative processes within the **Trauma & Orthopaedics Therapy** pathway
			
Surgery Outpatient Therapy Pathway Facilitation of a session to review outpatient processes and how these could be made paperless.	Allocated **Transformation drop in sessions** for Divisional staff to have coaching for delivery of improvement initiatives	Supported pharmacy to understand ward **'ready for discharge'** documentation to enable improved prioritisation of TTA workload.	Facilitation of process mapping to improve the **Deep Vein Thrombosis** pathway

COVID 19 Pandemic

Along with the rest of the Trust 2019/20 ended with a sudden change of focus to support the response to the COVID 19 pandemic.

By the end of March the following had been achieved:

COVID 19 Patient Results Hub

To support clinical teams inform patients who had COVID 19 swabs taken with an admission of less than 72 hours, a results hub delivered by admin staff was established.

Work involved designing and implementing the process, then swiftly resolving any issues which arose in the initial weeks.

By the 31st March

- **204** records have been checked
- **79** patients have had a COVID-19 swab identified
- **65** patients had been contacted

COVID 19 Capacity Planning

To manage predicted COVID 19 admissions, sessions were facilitated to design the safest and most effective way to create the required Trust capacity.

Outputs included the immediate creation of capacity escalation charts, collation and distribution of tasks for rapid action

Work had commenced on the following initiatives:

COVID 19 Attend Anywhere – video conferencing

Planning commenced to accelerate the implementation of Attend Anywhere, initially being planned as a two year programme, to support non-face to face outpatient appointments

COVID 19 Staff Testing

Planning commenced to implement staff testing, working with the Trust Director of Infection Prevention and Control (DIPC)

Review of ward processes

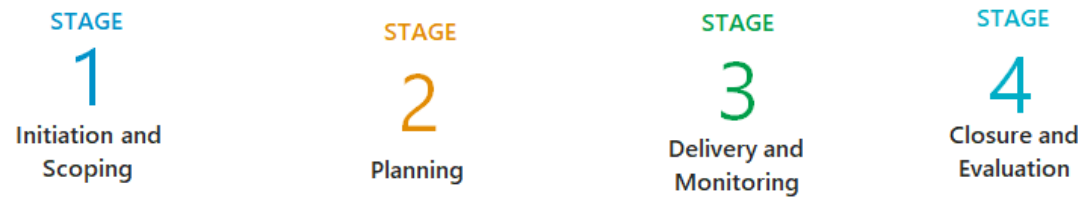
Working with the senior nurse for quality the current non -direct care processes undertaken by ward nurses were reviewed to identify options for other staff completing the tasks.

Continuous Improvement – developing our approach

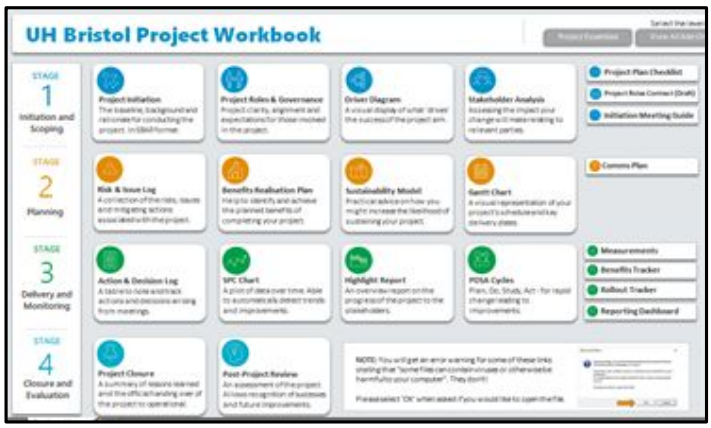
Work was undertaken to refine our approach to delivering projects to ensure success, and provide tools for staff to undertake local projects with minimal support.

- Prioritisation criteria have been developed to support decisions regarding resource allocation. The following will be assessed:
  - Alignment with Trust priorities
  - Reach
  - Impact
  - Confidence
  - Effort

- Revision of the 4-stage, structured project approach:



- Design and implementation of project gateway reviews for completion at the end of each stage, checking all the required elements are in place and it is appropriate to proceed with the project
- Design of a new project initiation document, using a Situation, Background, Assessment, Recommendation (SBAR) approach
- Development of a new project workbook, containing the core project tools and ability to add in other tools dependent on the size and type of project being undertaken:



Available at http://connect/transformingcare/Pages/UsefulDocuments.aspx

- A monthly divisional transformation report has been implemented to support the awareness and sharing of transformation work underway in each area.
- Work completed outside the transforming care programme is reported to Transformation Board quarterly

10

Developing our network

Developing our network

Learning from others is an essential part of the Transformation team role

University Hospitals Bristol and Weston are members of the following Transformation, Improvement and Innovation networks:

Shelford group transformation directors network

Improvement directors network

WEAHSN Link Director networks for Innovation and Improvement

In January 2020 we hosted the Shelford Transformation Network, showcasing our QI journey, and the BEH Cataract project, as an example of our approach to improvement projects.

The meeting provided an opportunity to learn how other Trusts have developed their improvement culture, share ideas and discuss challenges.

During 2019/20 as part of their work transformation team members visited the following to develop our learning from others:

- South West Getting It Right First Time symposium
- South West Cost Improvement Programme Network meeting
- Bath Royal United Hospital
- North Bristol Healthcare Trust
- Clinical Utilisation Initiative national and paediatric learning events
- Delivering Improvement network meetings

https://q.health.org.uk/

The Q community is an initiative delivered by the Health Foundation, supported by NHS England and NHS Improvement.

The aim of the initiative is to connect people with improvement expertise.

In 2019/20 **two** members of transformation team successfully applied to join the community.

One member of the team successfully completed the South West Leadership Academy's EMCC Accredited Mentoring Programme, becoming a registered practitioner level mentor.

177 tweets were made about improvement work being undertaken at the trust via **UHBristol Transformation & QI,** these tweets were mentioned 368 times by others. The year ended with a total of 476 followers, an annual increase of 248.

Twitter enables the team to participate in local and national improvement discussions, both sharing and learning from others.

10

Team ambitions for 2020/21

During 2020/21 the Transformation team will embed the new approach to support the delivery of the Transforming Care priorities agreed by the Trust Senior Leadership Team, along with Divisional initiatives, and undertake the following development work:

Quality Improvement Academy

Increase training capacity to deliver the dosing model in the Transformation, Improvement and Innovation strategy

Benefits realisation

Improve the identification, planning, monitoring and realisation of the benefits of improvement initiatives, including

- Quality: Safety/Experience/Outcomes
- Efficiency/productivity
- Risk reduction
- Environmental sustainability

Environment Sustainability

Work with the sustainability team to identify the environmental benefits of transformation, improvement and innovation initiative.

Return on Investment

Work with the financial service improvement team to identify financial benefits of projects

Improve monitoring of resources supporting improvement initiatives

QI University of Bristol module

Work collaboratively with the University of Bristol to deliver a QI module as part of the new masters for healthcare leadership and improvement due to be launched in 2020

Project stories

To improve the sharing of transformation, improvement and innovation being undertaken across the Trust, a repository of project stories for improvement initiatives completed is being developed.

A project story will include:

- Approach to a problem/opportunity
- innovative solutions developed
- challenges experienced
- lessons learned, what could have been done differently/better successes

Project management training

Provide a one day training for trust staff on project methodology and how to use the tools

Transformation drop in sessions

Provide drop in sessions for all divisions where staff can get advice and support for projects they are undertaking

If you would like to discuss anything in this report please contact:

Cathy Caple, Associate Director of Improvement and Innovation (Cathy.Caple@UHBW.nhs.uk) or Melanie Jeffries, Transformation Programme Manager (Melanie.Jeffries@UHBW.nhs.uk)

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Strategic Capital Q1 Update**
Report Author	**Carly Palmer, Associate Director of Capital**
Executive Lead	**Paula Clarke, Executive Director of Strategy & Transformation**

1. Report Summary

This paper provides an update on the overall progress of the SCCS programme and notes the need to review the programme in the context of the 2025 Strategy refresh and the work underway to assess Trust-wide infrastructure issues. The report also sets out the position for the following:-

- Status of the feasibility study for a new build Combined Urgent & Emergency Assessment Centre (UEAC) & Theatres / Endoscopy feasibility study.
- Progress on live schemes

2. Key points to note

(Including decisions taken)

- Cardiovascular Research Unit – planning approval granted, FBC to be brought through Trust approvals process in August with construction planned to commence in September 2020. This represents a month's delay to the previously reported timeline
- Cardiac & General Intensive Care Unit (GICU)/Cardiac Intensive Care Unit (CICU) Stage 1 Construction commenced on site in April 2020 with a target completion date of March 2021 with 5 addition critical care beds to come into operation by winter 2020/21.
- GICU / CICU Stage 2 – Funding approved to undertake an initial feasibility study for medium term ICU expansion approved by CPSG in June, with work planned to commence in July for an 8 week period.
- BHOC stages 1 & 2 – An assessment was completed in June of wider building issues, including infrastructure, has been completed to determine the overall condition and investment requirements needed to support the building into the future. A report was presented to SLT following the assessment and the continuation of stage 1 to expand outpatient clinic space and day unit facilities was supported. An FBC will be brought through the formal approvals process during July.
- Neonatal Intensive Care Unit (NICU) expansion – Minimum, medium and maximum redesign options have been developed and discussions are currently underway across the wider project stakeholder group to determine next steps. A

FBC is planned for September 2020 for consideration for approval by both UHBW and NBT Boards.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: • 2642 strategic risk register - Risk that the Trust is unable to invest in maintaining and modernising the Trust estate.
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance.**
5. History of the paper **Please include details of where paper has previously been received.**

Senior Leadership Team	**22 July 2020**

STRATEGIC CAPITAL PROGRAMME UPDATE
Quarter 1 2020/21

1. Background

This paper provides Trust Board with a summary update on progress against the Strategic Clinical Services Capital Programme and the ongoing process to review the programme for assurance that the Trust is providing the right environment to be able to deliver our strategic objectives in a dynamic environment.

The Trust is currently undertaking a refresh of its 2025 Strategy in the context of the opportunities and risks presented through the Covid-19 pandemic response. Work is also underway to provide further information regarding the current estate infrastructure to ensure this is appropriately reflected in the capital investment programme. This will complete by the end of November 2020. Given the scope for accelerated transformation and delivery of new models of care alongside the infrastructure assessment, the strategic capital programme will require further review over the next 3 months to reflect this changed environment.

2. Update on review process

The previous report to Trust Board for Q4 set out the intention to commence a design feasibility study for a 'Combined Urgent & Emergency Assessment Centre (UEAC) & Theatres / Endoscopy scheme'. Work commenced in April and a range of development options have been identified for the Marlborough Hill site. Options have been presented to a number of key stakeholder groups and designs are being refined as a result.

It is proposed that a formal options appraisal process is undertaken via SLT during August to determine a single, preferred development solution, this will be carried out by assessing each of the 3 options against critical success factors (CSF's). CSF's include:-

1. Affordability
2. Programme
3. Safety
4. Urban and Social Integration
5. Patient experience
6. Staff experience
7. Clinical adjacencies
8. Operational Performance
9. Future proofing
10. Ease of implementation

The overall feasibility study is set to conclude by the end of September / beginning of October when a final report will be issued for the preferred development option. The final report will include a design report with relevant architectural, structural and mechanical & electrical details, risk register, programme and outline costs. This will inform the overall strategic capital programme review and the development of Outline Business Cases for schemes that require formal Trust Board consideration.

3. Update on live / approved schemes

To maintain momentum around the strategic capital programme a number of schemes are continuing to be progressed:

- Myrtle Road – Construction completed and building now operational and in use.

- Cardiovascular Research Unit – planning approval granted, FBC to be brought through Trust approvals process in August with construction planned to commence in September 2020. This represents a month's delay to the previous reported programme due to higher costs being put forward by the contractor than anticipated. A value engineering exercise is currently underway. Formal confirmation of UoB and charitable funding contributions are awaited and will be addressed in the FBC.

- Cardiac & General Intensive Care Unit (GICU)/Cardiac Intensive Care Unit (CICU) Stage 1 - Full Business Case (FBC) approved via the Trust governance process in February 2020. Construction commenced on site in April 2020. Target completion date is currently March 2021 with 5 addition critical care beds to come into operation by winter 2020/21

- GICU / CICU Stage 2 – Funding to undertake an initial feasibility study for medium term ICU expansion was approved by CPSG in June, with worked planned to commence in July for an 8 week period.

- Level 7 Ward – This is planned to commence following the construction of the Cardiovascular Research Unit in approx. August 2021.

- BHOC stages 1 & 2 – An assessment of wider building issues, including infrastructure has been completed to determine the overall condition and investment requirements needed to support the building into the future. A report was presented to SLT in June and the continuation of stage 1 to expand outpatient clinic space and day unit facilities was supported. An FBC will be brought through the formal approvals process during July. If supported, works are planned to commence in August. A feasibility study is currently being commissioned for stage 2 expansion.

- D603 refurbishment – this charitably funded scheme is currently on hold due to Covid-19 impact on decant capacity and pending review of wider issues within BHOC (see above).

- Neonatal Intensive Care Unit (NICU) expansion – Minimum, medium and maximum redesign options have been developed and discussions are currently underway across the wider project stakeholder group to determine next steps. A FBC is planned for September 2020 for consideration for approval by both UHBW and NBT Boards.

- Medical education facilities improvements – Initial improvement works are underway within Dolphin House. Additional investment into wider education facilities to be undertaken although scope not yet defined.

- Holistic Centre (100% charitably funded) – SOC approved by the Trust and Charity boards. Scheme to be managed and delivered by Maggie's.

4. Update on remaining schemes

All other schemes within the Strategic Programme that have been identified for delivery later within the programme continue to be considered and will be assessed in greater detail in due course and through the established governance process.

Individual scheme requests for feasibility study funding will be taken to CSPG for approval.

A brief summary of the schemes contained in the programme, those originally outlined in 2018 as well those that have emerged through more recent Strategy updates in 2019, is included in Appendix 1.

5. Recommendations to Trust Board

- **Note the overall content of this report**

Appendix 1: Strategic Capital Clinical Services Programme Summary (Initial Priority List September 2018)

Scheme	Brief summary of schemes
Myrtle Road Acquisition and refurbishment	Purchase of the Myrtle Road property at top of St Michael's Hill to provide additional non-clinical space to enable the transfer of non-clinical functions out of core clinical areas to support the other schemes in the programme. Strategically, this will also support an improved and modern environment for non-clinical staff.
Cardiology Expansion Stages 1 and 2	Cardiology services are part of our core specialist and regional provision and the service has demonstrated year on year growth. Increased contracts for additional activity have been agreed with local and specialised commissioners and additional physical space for catheter laboratories and in-patient beds is required to ensure we can continue to realise our strategic priority to develop our specialist offer.
Cardiovascular Research Unit	Cardiac research is central to our research and innovation agenda and to ensure patients can continue to access leading edge interventions. This scheme proposes to co-locate the Cardiac Research Unit currently provided on Queen's building L7 with the BHI and also vacates core clinical space on L7 of the Queens Building to enable re-provision of medical ward capacity in support of the expansion of cardiac and cardiac inpatient facilities.
D603 (BHOC inpatient ward refurbishment)	Refurbishment of Bristol Haematology and Oncology Centre (BHOC) inpatient wards, providing an improved and modernised environment for staff and patients.
GICU/CICU stage 1 and 2	The provision of critical care facilities is core to the development of our specialist surgical cancer and cardiac work, which are central to the strategic development of our specialist and regional services portfolio. The proposed scheme will assess the opportunities to integrate general and cardiac ICU provision, along with expansion in the bed base on a phased basis to address the current constraints in capacity and account for future growth.
BHOC expansion stage 1 and 2	Cancer services are core to providing high quality services to the local population and to continue to develop and innovate in our specialist and regional services. Sustained growth has been experienced in haematology and oncology services over the last 5 years, supported by increased contracts with our commissioners and income growth in these areas. Additional physical capacity and modernisation of the environment is required in BHOC to respond to this growth and maintain an appropriate environment for staff and patients alongside expanding oncology service access in more local units.
Holistic Well-being Centre/Maggie's Centre	Patient feedback has continued to reflect the need for an appropriate environment aligned to, but separate from, the hospital environment for patients with cancer or other long term conditions. Work is underway to progress a Maggie's Centre for our patients including a collaboration between the Trust, Maggie's and Penny Brohn charities. This programme is strategically aligned to our quality objectives, as well as our development of general and specialist cancer services.

St Michaels Hospital level E (maternity) refurbishment	Upgrade of outdated environment at St Michael's Hospital (STMH) for maternity services. Strategically aligned to providing a modern and up to date environment for our staff and patients and to achieving high quality care in our general services for the local population we serve.
Bristol Eye Hospital ground floor design	This scheme proposes to change the layout of areas of the BEH identified as suboptimal to enable new ways of working and models of care to improve the productivity of outpatient services, expand capacity to match increased demand and provide a modern environment for staff and patients. There is clear alignment of this programme to our current and future strategic objectives, both in relation to environment and driving productivity and efficiency and to the development of our local and specialist service offer.
Bristol Royal Hospital for Children Expansion	The delivery of local, regional and supra-regional services for children is a core strand of our clinical, teaching and research agenda, both currently and for the future. Since the centralisation of specialist paediatric services, we have continued to experience growth across a number of our paediatric services. This has led to the requirement for additional space in the children's hospital and this proposal is to expand facilities in the Emergency Department, outpatients, inpatient beds and paediatric intensive care services. This will result in high quality modern environment for staff and patients, as well as enabling the future strategic development of our paediatric services.
Expansion of the Neonatal Intensive Care Unit	The provision of high quality neonatal intensive care facilities is central to the strategic development of our maternity and paediatric services portfolio. Work is currently underway with North Bristol NHS Trust (NBT) and commissioners to progress plans to collaborate to deliver safe, sustainable services for the local and regional population into the future.
Dermatology upgrade and expansion	The environment within the current dermatology department requires significant refurbishment in order to provide an adequate clinical and non-clinical environment for staff and patients. Its current location is also suboptimal, with patients experiencing difficulty in accessing the department. In addition, dermatology activity has grown significantly over the last 5 years, supported by increased commissioner contracts. This has included the transfer of activity from Weston and more recently, from Taunton. Dermatology services are core to our clinical services strategy, both in relation to general services we provide to our local population and the development of specialist work for the wider region. The proposal is to build a new and modern unit to provide the required space for the expanding service, as well as a modern environment for staff and patients.
Queen's Level 7 Ward	An additional medical ward is required on the Bristol Royal Infirmary (BRI) site to support the development of cardiology services as part of the scheme outlined (i.e. provide space within the Bristol Heart Institute (BHI) to increase cardiology ward capacity) and

	support resilience of patient flow in the context of increasing medical admissions. The development of medical and cardiology inpatient services is core to our provision of urgent and planned care services for our local and regional populations.
BEH 5thTheatre	Surgicube theatre development to facilitate the essential maintenance of existing theatres, also providing potential future capacity expansion.
Urgent & Emergency Assessment Centre & Theatres / Endoscopy scheme	Proposed review and potential redesign of the current theatre and endoscopy facilities, with a focus on Queen's Day Unit (Level 4 BRI) to support the development of endoscopy and theatre facilities. The development of additional theatres will facilitate the essential refurbishment of existing theatres to maintain resilience and provide potential future expansion capacity.
	Expansion of ED facilities to meet increasing levels of demand. Combined business case with Radiology in order to create a single integrated department to deliver significant improvements in Emergency Department (ED) reporting turnaround times would be the redevelopment of the main Radiology department. Options being explored to either expand services within current location (Level 3 Queens) or a new build development elsewhere in the main hospital site.
Pharmacy – aseptic services	Appointment of external specialist approved to review aseptic services and provide a recommendation for future service provision. Review to include potential relocation of services into a single development and will also explore commercial opportunities.
Medical Education Facilities	Capital investment into education facilities to modernise and improve both environment and increase teaching and training capacity.
Transport Hub	*Scheme not supported – planning refused*

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30th July 2020

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

1. Report Summary	
To provide an overview of the Trust's performance on Quality, Workforce and Access standards.	
2. Key points to note *(Including decisions taken)*	
Please refer to Executive summary.	
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:	
• This report is for **Assurance.**	
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Quality and Outcomes Committee	**27 July 2020**
People Committee	**27 July 2020**

Recommendation Definitions:

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

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

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Integrated Performance Report

July 2020

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Impact of Covid-19

Elective performance continues to be significantly impacted by the Covid outbreak, with lower levels of activity and lengthening waiting times.

Elective activity volumes, across all work types, are demonstrating some recovery. However, there remain considerable constraints on outpatient, diagnostic and theatre capacity, related primarily to social distancing and staffing, which is adversely affecting scheduling and productivity.

There are a number of significant backlogs that have developed including RTT long waiters, diagnostic long waiters, cancer over 104 days for inappropriate reasons, and overdue follow-ups.

- Referral To Treatment 18+ week backlog is currently at 17,005. A maximum of 2,900 would be needed to achieve the 92% standard
- The diagnostic 6+ week backlog is currently at 4,831. A maximum of 100 would be needed to achieve the 99% standard
- Prior to Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons. As at 5th July 2020 there were 53 such waiters, with the total number of patients over 104 days having increased five-fold
- The number of outpatients whose follow-up is overdue has doubled. It was 20,986 at the start of April 2019 and it is now 48,234.

The number of urgent care attendances has started to normalise, particularly for fast flow attendances. In order to meet national requirements concerning universal testing, zoning and social distancing, there have been further changes to the inpatient bed base. In order to meet the social distancing requirements, a total of 90 beds and 27 trollies have been removed from the available bed base.

Work continues to develop our bed modelling to establish the likely impact on the elective programme, and to develop further mitigations as part of the Trust's winter plan.

Contents – Headline Indicators

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Safe | **Caring**

Successes	Priorities
• Full complaints function resumed before July 1st 2020 • Regular quality and safety audits in line with national guidance and locally e.g. cleaning, medicines management, hand hygiene restarted. • Positive inpatient experience indicated by Patient Survey at Bristol only	• Commence patient surveys at Weston in the absence of any patient survey data
Opportunities	**Risks & Threats**
• A "fresh eyes" review of pressure injuries will take place by the Deputy Director of Nursing (Transformation) to identify any additional learning and risk mitigation opportunities. • Alignment of system and processes for falls and tissue viability across UHBW	• Healthcare associated infection indicators remain subject to validation by commissioners which has been delayed by the Covid pandemic. As a result the limit for the number of Clostridium Difficile cases for 2020/21 has yet to be set. • Data quality of the quality metrics from Weston site included in this report. Planned work to address risks to data quality through due diligence process has been delayed due to COVID 19 and operational priorities.

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Responsive | **Effective**

Successes

- An increasing number of outpatient attendances are being delivered non-face-to-face including telephone and video consultation
- Attend Anywhere (video consultation) roll out continues, 71 clinics are live, enabling 5034 appointments to be held using the attend anywhere system between 25/03/2020 -13/07/2020.
- Advice and Guidance services for referring clinicians has been deployed in 54 specialities. Since January, the Trust has received 5,366 requests for Bristol and 588 for Weston. Weekly requests for Bristol have risen from 84 to 344 per week, in Weston requests have risen from 9 to 46 per week. Requests are responded to on average within 2 days. Over 90% of requests are responded to within 7 days.
- Sustained compliance with the subsequent radiotherapy and subsequent chemotherapy cancer treatment standards

Priorities

- Focus on recovery of cancer performance for patients whom it is safe to treat/investigate, with a focus on clinically urgent and longest waiting patients as per national guidance
- Implementation of phased plan for the restoration of elective services including theatres, outpatients and diagnostic services.
- An action plan has been produced to address issues relating to RTT data quality in Weston. This plan is targeted on large cohorts of sampling and cleaning referral data to effectively manage the data migration into Medway PAS. The Intensive Support Team will provide support and guidance.
- In March – June 97 ASIs remained un-actioned on e-RS for greater than 180 days. These long waiters have been validated and there is a plan in place for their management. The number of ASIs will likely increase, and an options appraisal has been developed concerning improvements to the management of referrals.

Opportunities

- As part of the implementation of Medway PAS at Weston, there is an opportunity to test new functionality prior to roll out across the organisation. A demonstration by System C will be arranged to allow readiness for new functionality across the Bristol sites
- There is system level agreement concerning the strategic principles for the restoration of outpatient activity post-Covid, including how some of the beneficial changes to pathways and services can be locked in.
- An outpatient Dermatology referral task and finish group has commenced. Focusing on triage and routing of referrals.
- A system level digital patient group has recommenced. The focus is on commissioning a BNSSG wide digital solution including patient portal for correspondence etc.

Risks & Threats

- Number of patients waiting over 104 days on a GP referred suspected cancer pathway increased five-fold from pre-Covid outbreak levels. The number has now stabilised, although significant numbers are unwilling to attend. Whilst this risk is being mitigated as far as possible, the potential for harm to a small number of patients remains with some cases currently under investigation
- There continues to be a significant increase in 52-week breaches with end of June position showing 475 breaches across UHBW. It is anticipated that this number will continue to increase because of capacity constraints.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020

Well-Led

Successes	Priorities
• First joint Bristol and Weston Virtual Nursing Open Day Webinar has been held. The supporting national social media campaign attracted 61 people to sign up, with 42 people in attendance and 12 interviews confirmed to date. • Design and development of an online Open Day creating an innovative solution to social distancing, whilst giving a 24/7 platform for access to the Trust. • Corporate Inductions continued through June at two per week, resulting in approx. 170 clinical and 48 non-clinical staff being inducted. • The Trust Board has approved the cultural work programme for the remainder of 2020/21 which focuses on wellbeing, diversity & inclusion, bullying and harassment, and the quality of appraisals. The programme also includes a review of the values across the newly merged organisation. • Over 100 'upskilling sessions' on the topic of wellbeing were delivered to new-starters on a weekly basis throughout June, in collaboration with Psychological Health Services. • Successful recruitment to the post of Business Development Manager in APOHS, replacing the present incumbent who retires at the end of September.	• Following the refresh of the Divisional Operating Plans, work with Divisions to understand the longer term educational, workforce planning and recruitment needs is essential to meet the longer term supply and retention challenges. • Supporting Managers to undertake a review discussion with all direct reports to determine the need to fill out a personal risk assessment in the light of Covid, mitigating risks to support them to work safely. Continuing with the approach for staff on zero hours contracts on the Trust Bank remains a priority. • Ongoing review of pay protection provisions for staff who have been shielding or have been redeployed, beyond the official shielding end date of 1 August • Secure funding and approval to engage Allocate Software to fast track the medical eRostering rollout to capitalise on the benefits evidenced through the use of HealthRoster for the Covid rosters. • Understanding the increase in employee relations issues seen in HR and triangulating with OH referrals, the Employee Assistant Programmes evaluation and other related data sets/activities, to understand if there is a theme which requires a critical oversight post Covid, particularly around staff resilience.
Opportunities	**Risks & Threats**
• With positive indicators towards overseas recruitment opening up post Covid, scoping with Divisions to understand the requirements for overseas / EU recruitment pipelines is being undertaken. • Maximum audience capacities for face to face Essential Training sessions, in the Education Centre, increased slightly in June with social distancing moving from the 'two metre rule' to the slightly less-restrictive 'one metre plus'. • Scoping the long term potential with the North and South Staff Banks created in response to the pandemic resource pressures across the local health and social care system. • IELTS/OET Overseas Nurses and Nursing Assistants; A free partnership pilot with a local English language school has provided 12 of current staff with additional support to pass exams and achieve NMC registration. Exams due to be taken during July. • Preparation for the delivery of the 2020 Virtual 'Recognising Success' event which will run from August until delivery of a virtual week in November.	• A rise in high cost nurse agency supply as operational activity begins to increase, after a significant reduction in use during the pandemic. • The unsuccessful appointment to the role of Diversity & Inclusion Manager poses a resource risk to deliver the strategy and associated work plan • Ongoing Trust-wide appraisal compliance rates. • The suspension of OD work programmes linked to staff development including leadership & management development which could potentially impact on staff morale and future staff survey outcomes. • The unknown impact on staff retention and staff sickness absences levels post Covid

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020

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

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

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

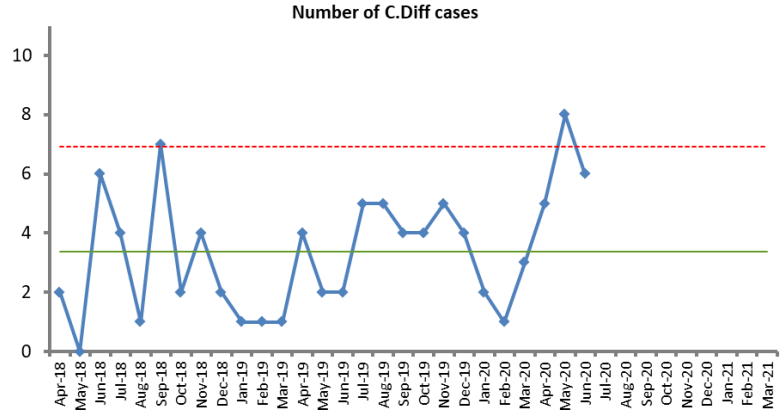
N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

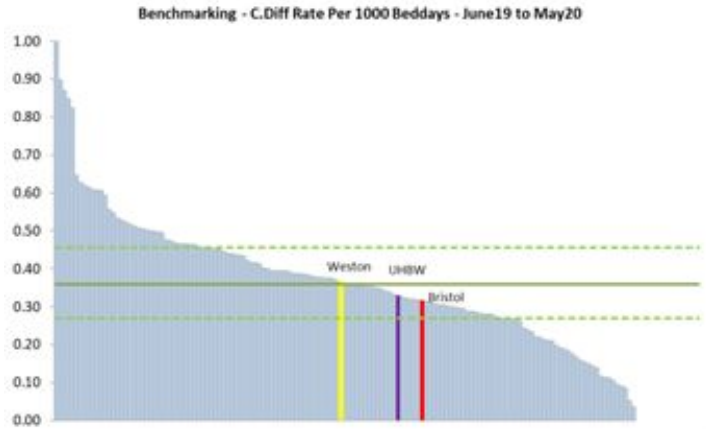
Infection Control – C.Difficile

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Period: June 2020

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol. The limit for UHBW has not yet been set for 2020/21 as it will be a based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 57 cases would give a trajectory of 4-5 cases a month.
Performance:	There were six trust apportioned C.Diff cases in June 2020: 4 in Bristol and 2 at Weston
Commentary:	There were six cases of hospital-onset, healthcare associated (HOHA) C diff in June 2020, in our Bristol hospitals. This within the upper and lower process control limits. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. HOHA C.Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission.) There was also one case of community-onset, healthcare-associated (COHA) C. Difficile in June. 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. The benchmarking data of cases per 1,000 beddays in the twelve months to April 2020 shows UBHW to be in the lower (best) quartile. There has been no commissioner review of C.Difficile cases during the Covid pandemic.
Ownership:	Chief Nurse





	Jun-20	2020/2021
Medicine	1	7
Specialised Services	1	4
Surgery	3	4
Weston	0	2
Women's and Children's	1	2
TOTAL	**6**	**19**

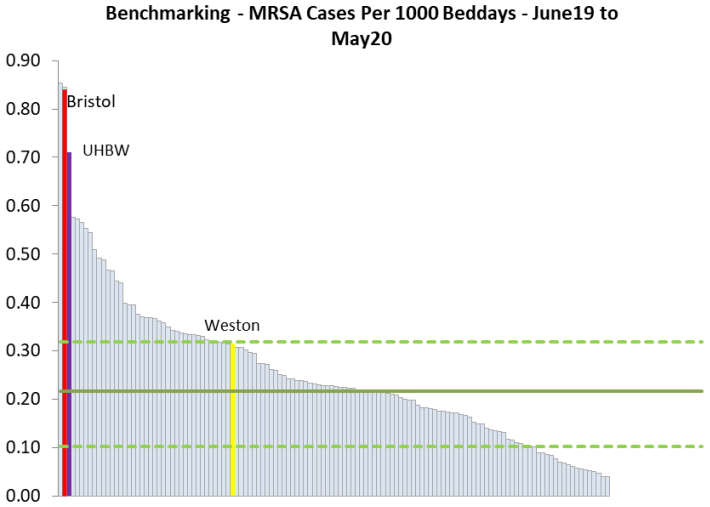
Infection Control - MRSA

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no MRSA bacteraemia cases in UBHW in June 2020, and there has been one to date for 2020/21.
Commentary:	Following review by commissioners, learning from any identified lapse in care is shared with divisions to inform any new improvement actions
Ownership:	Chief Nurse

	Jun-20	2020/2021
Medicine	0	0
Specialised Services	0	0
Surgery	0	0
Weston	0	0
Women's and Children's	0	1
TOTAL	**0**	**1**

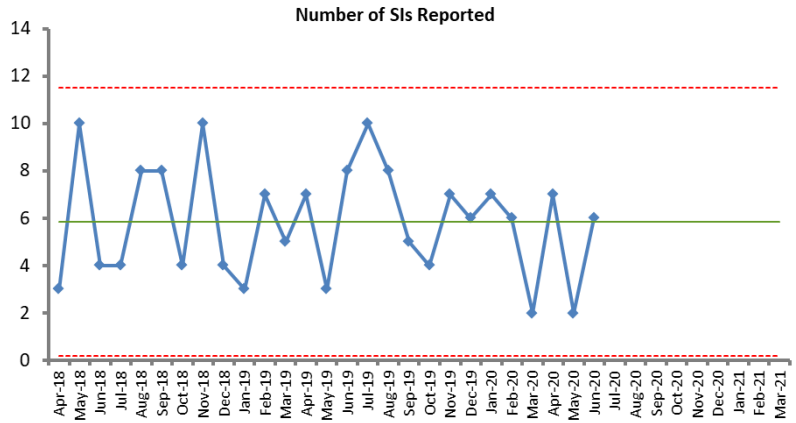


Serious Incidents

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Period: June 2020

Standards:	UHBW is committed to identifying, reporting and investigating Serious Incidents (SIs) and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015.
Latest Data:	Six serious incidents were reported in June 2020, three each on Bristol and Weston sites. . From April 2020 this is a combined figure for both Bristol and Weston sites across UHBW as a newly merged organisation
Commentary:	In Bristol two pressure injuries and one in-patient fall were reported. The fall occurred towards the 2019 but was identified as meeting serious incident criteria following an in depth investigation which concluded in June 2020. In Weston two pressure injuries and one treatment delay were reported. The initial review of facts for the treatment delay incident conducted outside of the Weston Division has confirmed that the patient received timely and appropriate care and commissioners will be requested to downgrade this from a serious incident. The number of reported serious incidents is showing common cause variation. Category 3 pressure injuries, and falls leading to significant harm are the most frequently reported incident types across both sites. Actions: • Please see separate sections in this report on falls and pressure injuries. • Serious incident investigations are conducted in order to understand the significant contributory factors that led to the incident, identifying lessons learned and mitigating actions. The outcomes of these investigations are reported to the Quality and Outcomes Committee (a sub-committee of the Board.)
Ownership:	Chief Nurse



	Jun-20	2020/2021
Medicine	3	4
Specialised Services	0	0
Surgery	0	1
Weston	3	8
Women's and Children's	0	2
TOTAL	**6**	**15**

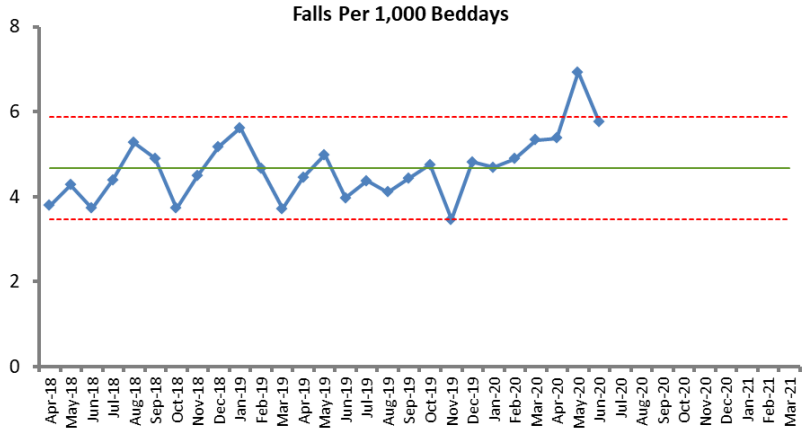
Harm Free Care – Inpatient Falls

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

Standards:	To reduce and sustain the number of falls per 1,000 beddays below the national benchmark of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month.
Performance:	During June2020, the rate of falls per 1,000 beddays was 5.77 across UHBW (6.26 in our Bristol hospitals and 3.28 in Weston General Hospital.) For 2019/20 as a whole the rate of falls per 1,000 beddays was 4.52 in UH Bristol. There were 138 falls in UHBW in June 2020, one of which resulted in moderate or higher level of harm.
Commentary:	During the Covid pandemic, existing ward teams had to be moved as part of rapid service reconfigurations required to care for patients safely; as a result a sound team knowledge base around certain specialities has been disrupted. All falls with harm for 2019/20 have been reviewed. Most falls with harm occurred at bedside, rather than falls in bathrooms as 2018/19 data showed. This suggests our focus in reducing falls in bathrooms appears to have had a positive effect. Actions: We plan to deliver training and education to support staff in services which have been reconfigured again in June, whilst recognising this has to be achieved differently We will address via our annual falls work plan improvements in communication and handover around patients' falls' risks and prevention strategies, especially for patients experiencing a number of ward moves The Trust Falls Group which scrutinises all falls investigations has recommenced virtually in June. The Trust will continue to work with system partners on falls prevention via a falls network, once this collaborative work has restarted.
Ownership:	Chief Nurse

	Jun-20	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	2	-
Medicine	80	10.34
Specialised Services	24	8.09
Surgery	13	4.25
Weston	14	3.41
Women's and Children's	5	0.83
TRUST TOTAL	**138**	**5.77**



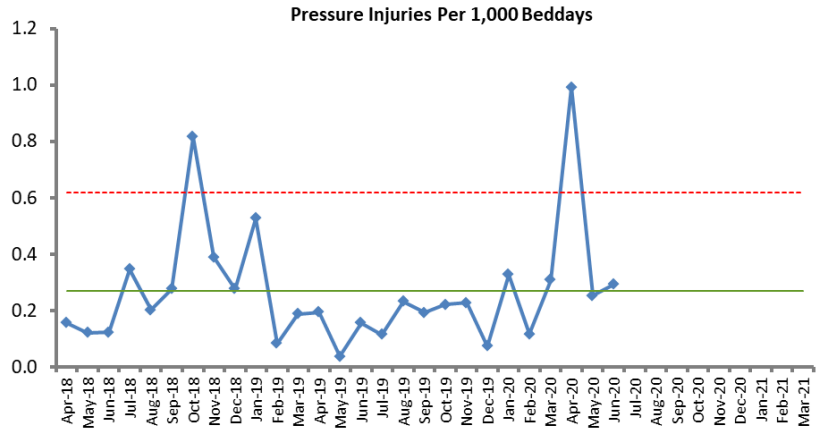
Harm Free Care – Pressure Injuries

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Period: June 2020

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	During June2020, the rate of pressure injuries per 1,000 beddays was 0.29 across UHBW (0.20 in our Bristol hospitals and 0.73 in Weston General Hospital.) For 2019/20 as a whole the rate of pressure injuries per 1,000 beddays was 0.18 in UH Bristol. There were seven pressure injuries in UHBW in June 2020, comprising five category 2 pressure injuries (two in Weston and three in Bristol) and two category 3 pressure injuries, one each in Bristol and Weston.
Commentary:	The previous increase in pressure injuries relating to medical devices seen in April 2020 related to the Covid pandemic has reduced, corresponding with fewer patients requiring proning in ITU. The two category 3 pressure injuries occurred on the heel of a frail, elderly patient and on a child underneath a hard neck collar. RCA investigations underway. Actions: • A "fresh eyes" review of pressure injuries will take place by the Deputy Director of Nursing (Transformation) to identify any additional learning and risk reduction opportunities. • Tissue viability team expansion is underway to enable work across both Weston and Bristol sites focussing on education and training. • Review existing processes to ensure pressure prevention equipment available when required and a reminder to staff around how to order pressure prevention equipment • Re-circulate pressure injury prevention poster and medical device related pressure injury poster across adults and children's services • Benchmarking training materials for children's services with Alder Hey and Great Ormond Street, including medical device related incidents • Update Connect pages with training packages available • Re-introduction of face to face monthly pressure injury prevention teaching from September
Ownership:	Chief Nurse

	Jun-20	
	Pressure Injuries	Per 1000 Beddays
Medicine	2	0.46
Specialised Services	0	0.13
Surgery	1	0.40
Weston	3	0.73
Women's and Children's	1	0.12
TOTAL	**7**	**0.29**



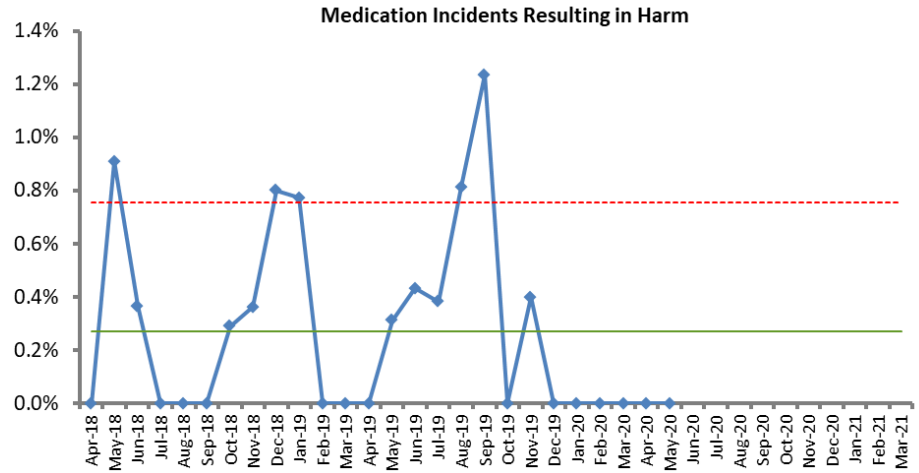
Medicines Management

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: May/June 2020

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	No moderate harm medication incidents were reported in May 2020 across UHBW (0%), out of 232and 25 incidents reported in Bristol and Weston respectively. Of the nine incidents reported that caused any harm, six were reported in Bristol causing minor harm, and three were reported in Weston causing minor harm. Unintentional omitted doses were identified in two patients out of 770 patient drug charts audited at the Bristol sites (0.26%). For 2019/20 as a whole the percentage of omitted medicines was 0.41% in UH Bristol.
Commentary:	The omitted medicines were a dose of azithromycin for Covid. The dose was ordered but given late. The second omitted dose was of insulin which was omitted as the patient could not be precise in giving the details for dosing. The dose was given as soon as medicines reconciliation had been completed. Actions: • To continue to share learning from medication incidents across UHBW via safety bulletins, safety briefs, training opportunities • To continue to highlight to ward staff how to obtain non-ward stock newly prescribed medicines out of hours
Ownership:	Chief Nurse

	May-20		
	Harm Incidents	Total Audited	Percentage
Bristol	0	232	0.00%
Weston	0	25	0.00%
TOTAL	**0**	**257**	**0.00%**



Essential Training

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In June 2020, Essential Training overall compliance remained static at 88% compared to the previous month (excluding Child Protection Level 3).
Commentary:	June 2020 compliance for Core Skills (mandatory/statutory) training remained static at 88% overall across the eleven programmes. There were reductions in one of the programmes, a 1% reduction in Fire Safety. There were increases in five of the programmes, the largest increase was 3% in the Infection Prevention and Control programme. Overall compliance for 'Remaining Essential Training' remained static at 93% compared to the previous month. This figure continues to exclude Weston data. ▪ In June, all phase one actions of the CQC post-inspection compliance improvement action plan were completed. The plan aims to mitigate the effects of Covid-19 on training, and improve compliance at both Bristol and Weston. ▪ Notably, Weston's overall compliance for their core skills improved from 79% to 86%, largely attributed to more refined target audiences, a campaign of targeted, individual communications to non-compliant staff and their managers, and mandatory enrolment of these staff onto required eLearning.
Ownership:	Director of People

Essential Training	Jun-20	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	84%	90%
Health, Safety and Welfare (formerly Health & Safety)	93%	90%
Infection Prevention and Control	86%	90%
Information Governance	84%	95%
Moving and Handling (formerly Manual Handling)	87%	90%
NHS Conflict Resolution Training	91%	90%
Preventing Radicalisation	92%	90%
Resuscitation	75%	90%
Safeguarding Adults	91%	90%
Safeguarding Children	91%	90%

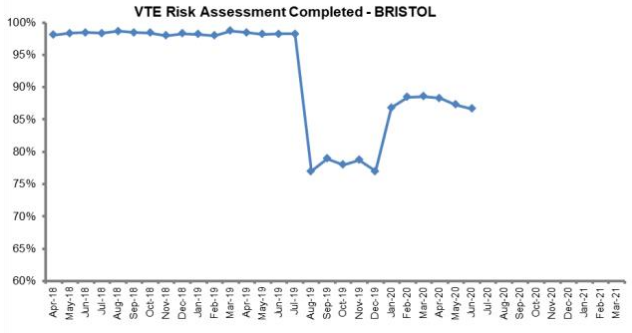
Essential Training	Jun-20	KPI
UHBW NHS Foundation Trust	88%	90%
Diagnostics & Therapies	92%	90%
Medicine	87%	90%
Specialised Services	90%	90%
Surgery	89%	90%
Women's & Children's	87%	90%
Trust Services	87%	90%
Facilities & Estates	90%	90%
Weston	86%	90%

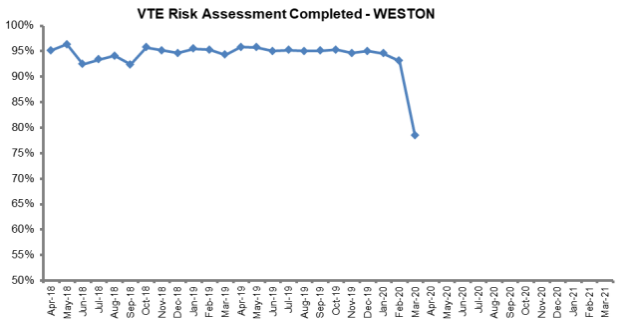
Venous Thromboembolism Risk Assessment

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system. In Weston General Hospital there is a paper based VTE risk assessment. For June, Bristol achieved 86.7%. Weston captures the data quarterly and the latest data (Quarter 4 2019/20) saw Weston averaging 89% per month, but saw a significant drop from February to March.
Commentary:	At UHBristol, there was a change in reporting methodology from August 2019. Prior to this point, compliance was captured by a question as part of the discharge process; with staff having to search patient records to ascertain of a risk assessment had been completed. From August an on-line VTE Risk Assessment tool was rolled-out which enabled compliance to be measured by the presence of a completed online assessment, rather than an answer to a Yes/No question during the discharge process. From 2020, this was rolled-out to other areas that had not gone live in phase 1. This was managed by a VTE Steering Group with decisions on changes to reporting approved by the Medical Director. A bid for a VTE nurse to support patient and staff education in VTE prevention was not prioritised for 2020/21. Actions: • From 1st August 2020, the consultant haematologist who has been the VTE lead for UH Bristol will cover the vacant VTE lead role in Weston General Hospital providing consistent medical leadership for VTE across UHBW. • When electronic medicines prescribing and administration is implemented, there could be an opportunity to include a force function for completion of VTE risk assessment.
Ownership:	Medical Director





Bristol - VTE Risk Assessment Performance

	Jun-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	19	19	100.0%
Medicine	2,130	2,639	80.7%
Specialised Services	1,935	2,034	95.1%
Surgery	963	1,225	78.6%
Women's and Children's	1,322	1,432	92.3%
TOTAL	**6,369**	**7,349**	**86.7%**

Nurse Staffing Levels

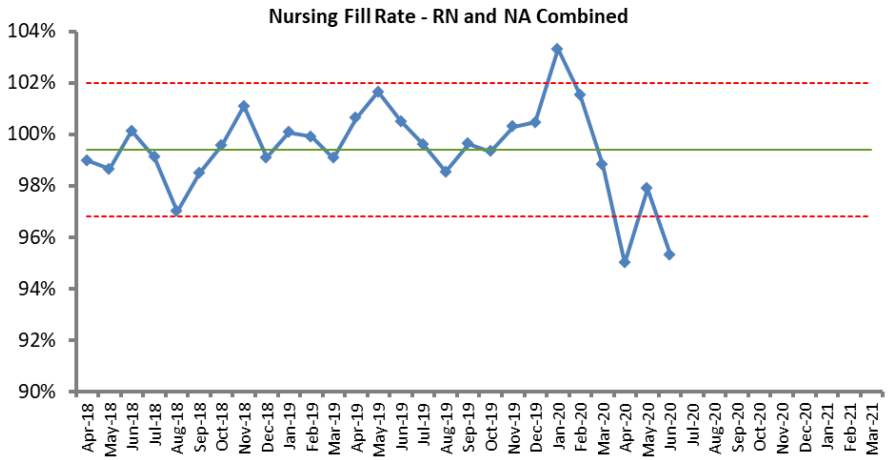
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.
Performance:	The report shows that in June 2020, UHBW had rostered 292585 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 278873. This gave an overall fill rate of 95.3% for UHBW.
Commentary:	Overall for June 2020, the trust had 91% cover for (Registered Nurses) RN's and 104% for Nursing Assistants (NAs) This was due primarily to the Covid reconfiguration on wards and NA specialist assignments to safely care for confused or mentally unwell patients in adults at night.
Ownership:	Chief Nurse

Staffing Fill Rates: Jun-20

	Total	RNs	NAs
Medicine	117.5%	109.4%	127.2%
Specialised Services	86.0%	81.7%	97.7%
Surgery	99.0%	93.1%	115.4%
Weston	72.3%	64.1%	83.0%
Women's and Children's	96.6%	97.2%	94.1%
Bristol Divisions	*100.4%*	*96.0%*	*111.6%*
TRUST TOTAL	**95.3%**	**91.2%**	**104.4%**

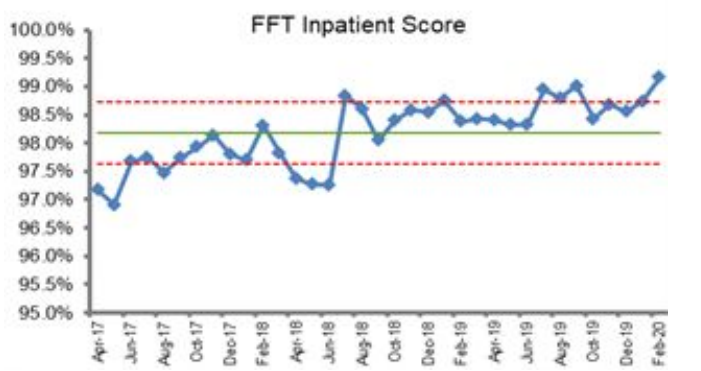


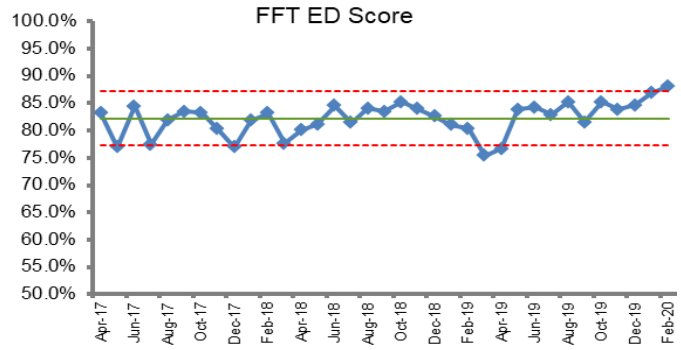
Friends and Family Test

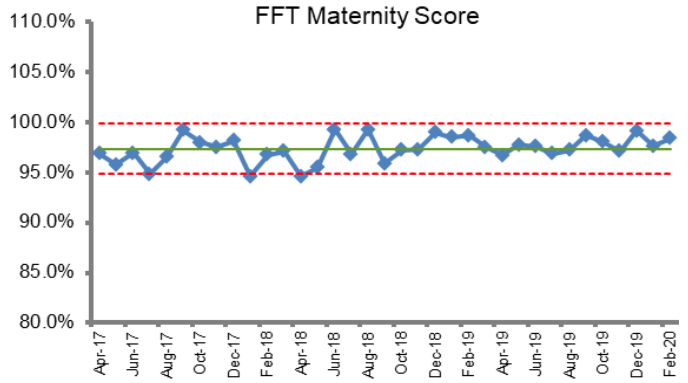
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2020

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:	Nationally the Friends and Family Test has been suspended during the Covid-19 pandemic. The last data reported was February 2020, and the data and charts below show the Bristol data up to that point.
Commentary:	Nationally the Friends and Family Test has been suspended during Covid-19.
Ownership:	Chief Nurse







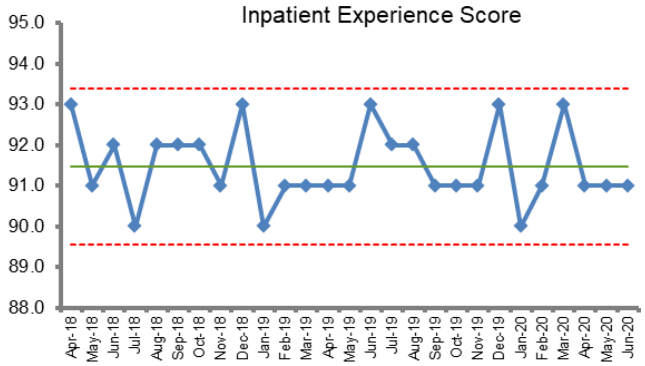
	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	**33.1%**	**35.5%**	**99.2%**	**98.7%**
Emergency Department				
Bristol 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%**

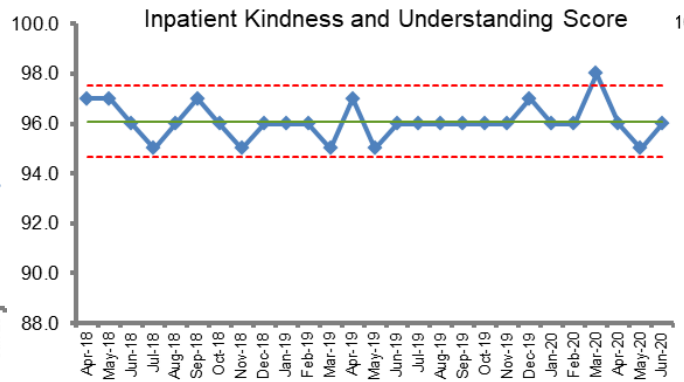
Patient Surveys

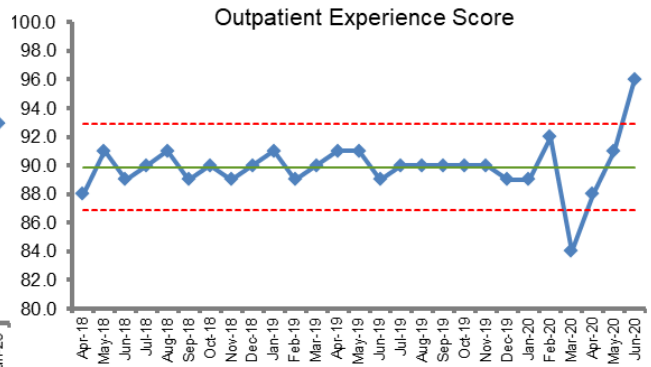
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Standards:	For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For June 2020, the inpatient score was 91/100, for outpatients it was 96. For the kindness and understanding question it was 96. This is data for Bristol hospitals only, as the survey has not yet been implemented at Weston General Hospital. Inpatient and outpatient headline measures exceeded their minimum target levels, indicating the continued provision of a positive inpatient experience at the Trust's Bristol hospital sites.
Commentary:	A detailed analysis of themes arising from patient feedback is reviewed in the Trust's Patient Experience Group and any improvement actions agreed with divisions. The suspension of the Friends and Family Test by NHS England during the Covid pandemic means that Weston General Hospital does not currently have any regular, hospital-wide patient survey programme in place. We are exploring with the Trust's Infection Control Team whether it is possible to re-instate the card-based Friends and Family Test at the hospital as a priority. A risk relating to the lack of ongoing patient feedback channels at Weston General Hospital at the current time has recently been added to the Trust's Risk Register. Actions: • The extension of the postal survey programme to Weston General Hospital is currently being discussed with the IM&T Department. This will require a new process will need to be developed to draw survey samples from the Weston Medway system.
Ownership:	Chief Nurse





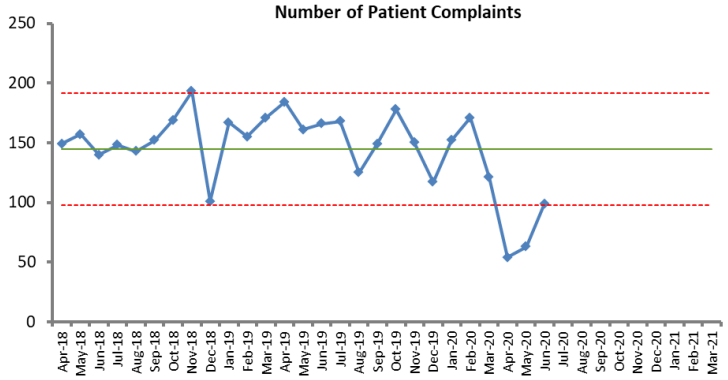


Patient Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

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 June 2020, 63% of formal complaints (19 out of 30) were responded to within timeframe, a deterioration on the 75% reported in May 2020. All 11 breaches were attributable to delays during the Executive sign-off process, following the introduction of a new electronic sign-off process, which is still being refined. Divisions returned 97% of formal responses to the PSCT by the agreed deadline. In total, 98% (47 out of 48) of informal responses were responded to by the agreed deadline, exceeding the Trust's target of 95%. The rate of dissatisfied complaints in April 2020 (this measure is reported two months in arrears) was 3.8%. This represents two cases from the 53 first responses sent out during that month, compared with 4.2% reported in March and 1.6% reported for February 2020.
Commentary:	All complaints that had been placed on hold at the start of the coronavirus lockdown, due to the Covid pandemic pressures on the ability of divisional staff to investigate and respond to complaints, were submitted to the divisions for investigation and response in June. This was possible because the Patient Support and Complaints Team (PSCT) fully re-started the service ahead of the planned timescale of 1st July 2020. The PSCT are now acknowledging all complaints and enquiries within two days of receipt, including new cases for the Division of Weston. Actions: • Refining the new electronic sign off process of formal complaint responses
Ownership:	Chief Nurse



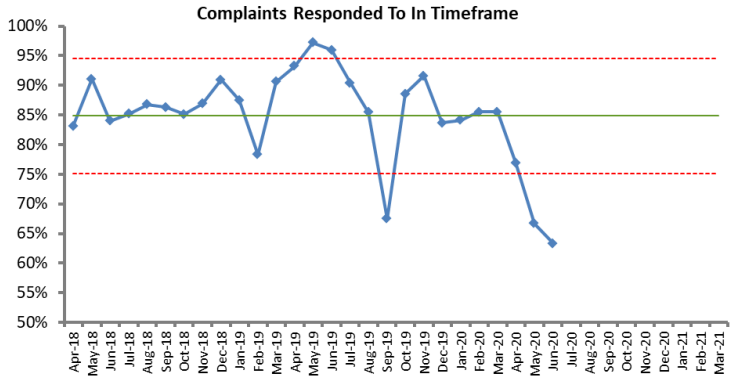
Number of Complaints Received

	Jun-20	2020/2021
Diagnostics and Therapies	2	7
Facilities and Estates	2	11
Medicine	22	59
Specialised Services	11	28
Surgery	31	57
Trust Services	10	15
Weston	1	6
Women's and Children's	20	33
TOTAL	**99**	**216**

Patient Complaints

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020



Responses In Timeframe

	% In Timeframe	Number of Responses
Diagnostics and Therapies	0%	0
Facilities and Estates	0%	0
Medicine	75%	3
Specialised Services	67%	4
Surgery	58%	7
Trust Services	0%	0
Weston	0%	0
Women's and Children's	71%	5

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

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 June was 87.3% across all four Emergency Departments (10,092 attendances and 1281 patients waiting over 4 hours).
Commentary:	**Bristol Royal Infirmary** In June attendances continued to increase as a consequence of the lifting of some elements of the national Covid 19 lockdown arrangements and the ongoing transfer of emergency activity from Weston General due to its temporary closure. Approximately 30 Weston patients attended daily with fluctuating conversion rates to admission. Following the opening of Weston General hospital, attendance levels continued to increase rapidly, although they have yet to fully normalise to pre Covid 19 levels. The department reconfigured it's foot print at pace in the last week of June 2020 to enable delivery of the required national emergency patient pathways for the Covid 19 recovery phase. Emergency patients are managed in pathways defined as non-symptomatic and symptomatic for Covid 19. To achieve these pathways the adult ED moved its Majors, Resuscitation and Observation Units into the foot print of A300, the old AMU. The reconfiguration also delivered a small increase in the overall number of majors cubicles, but this has been counter balanced by the need for ED to be the point of arrival for all symptomatic GP expected patients, with A413 open 24hrs to receive the non-symptomatic medical take. Additionally the ITA (Incident Triage Area), the single point of arrival for all patients conveyed by ambulance to ensure they are put into the correct pathway, was brought into the main building from its temporary location in the Ambulance bay. Additional capital proposals have been developed to support further reconfiguration of ED to optimise the available space. Following a review of the main estate by Infection Prevention and Control and the ward reconfigurations, the net loss was 15 beds across Medicine, Surgery and Specialised Services. The percentage of patients conveyed by ambulance remains above normal range and as ambulance queuing of arriving patients is no longer feasible due to social distancing, ambulance handover performance has been impacted which presents a safety and patient experience concern. Work is being undertaken with system partners to look at a variety of ways to address this issue. Incidents of crowding due to surges in arrivals and compromised flow have increased as activity has continued to increase. The ability to socially distance patients waiting to be seen in the waiting area for the Fast flow stream has become particularly challenging and is compounded by the Broadmead walk in Centre remaining closed, which limits patient choice. A review of available space to expand the waiting room is underway to reduce the risks associated to this issue. Crowding along with a disproportionate increase in the number of patients presenting with significant Mental Health needs , who have been unable to access care relevant to the their needs in primary care, have contributed to a significant increase in incidents of violence and aggression towards staff and other patients.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Commentary:	**Bristol Royal Hospital for Children:** Attendances still continue to raise but still lower compared to last year, attendance for June has increased compared to previous months and 4 hour performance improved to around 94% with an average triage time of 21 minutes for the month of June, the use of Sunflower Ward still continues to be used as an observation unit, which is working well. The department has recently changed its red and blue areas to east and west and continue to stream paediatric patients through the creation of the separate waiting areas, to main social distancing. The department is starting to look at reopening Carousel Outpatients in the evenings to help with flow, late afternoon/evenings is when there is increased numbers of attendances within the Emergency Department. Following a review by Infection Prevention and Control and the ward reconfigurations, the net loss was 32 beds across the division of Women's and Children's. There is additional concern around winter in maintaining social distancing, we continue to run a weekly divisional operational group to discuss options to manage the ED during winter whilst still obtaining social distancing and flow within the main hospital . **Bristol Eye Hospital** In June, BEH ED attendances increased by 13% on May numbers. The total number of breaches increased from 9 in May to 22 in June. The BEH ED continues to offer telephone support to referrers and enhanced nursing triage to assist with the management of ED patients during the pandemic. Reconfiguration of space & change to entry/queueing system: The funding required to create a permanent ED Blue Zone is being sought through the national COVID-19 capital process. This work is urgent as it will release outpatient space that is required to fully restore outpatient services, as well as providing a safe and efficient model for seeing Query COVID patients. Queueing outside the BEH remains to be a recurrent challenge, particularly at the start of the day, and this is made more complicated as outpatient activity increases mean that more are attending. The queue is overseen by clinical staff and action taken where appropriate to bring forward urgent or vulnerable patients. Updated advice for GPs, Optometrists and the website has been circulated to primary care contacts, to keep them updated of the situation and to reduce patients attending at the most busy time. We are advising outpatients verbally and by letter to not arrived early, in order to reduce the risk of bottlenecks in the main waiting area. Work has commenced to improve breach validation in ED following practices in place at the BRI ED. The aim is to ensure that that more accurate breach reasons are utilised in order that necessary actions can be developed.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Commentary:	**Weston General Hospital** From the 1st-17th June Weston General Hospital including the Emergency Department was closed due to an outbreak of COVID19 cases. For the period of 18th-30th June the department saw a total of 1,243 patients of which 163 of these patients breaches the 4 hour target. During this period the Time to Assessment was 11 minutes and Time to Treatment was 22 minutes. 393 patients were conveyed by Ambulance to the trust. Following a review of the hospital by the Infection Prevention Control Nurse 43 beds from the Weston site have been removed to adhere to national requirements for Covid19 guidance. This reduced the Weston bed base from 266 to 223 (which include 5 ITU bed). The Front door services have implemented the Weekday IUC Professional line (BRISDOC) which will now filter the GP referred patients from North Somerset. The Emergency Department continue to work closely with flow to ensure that patients reach the right place in a timely way.
Ownership:	Chief Operating Officer

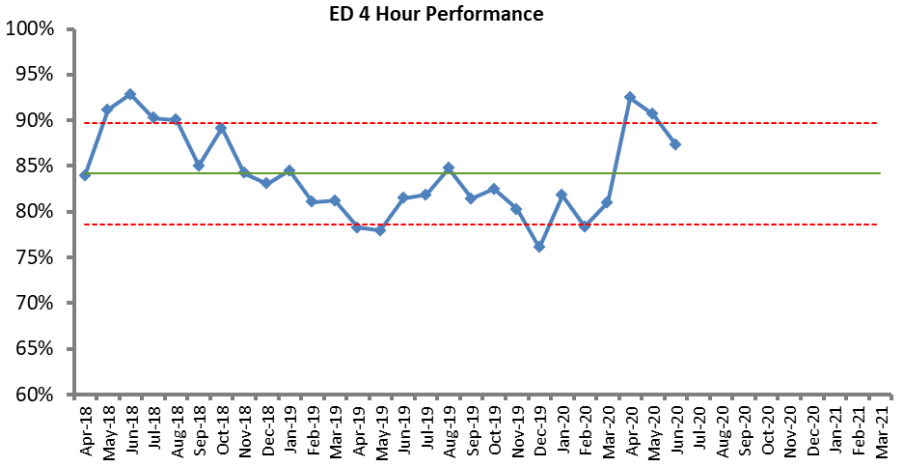
4 Hour Performance	Jun-20	2020/2021
Bristol Royal Infirmary	81.2%	86.6%
Bristol Children's Hospital	94.1%	91.8%
Bristol Eye Hospital	98.5%	99.0%
Weston General Hospital	87.0%	89.5%

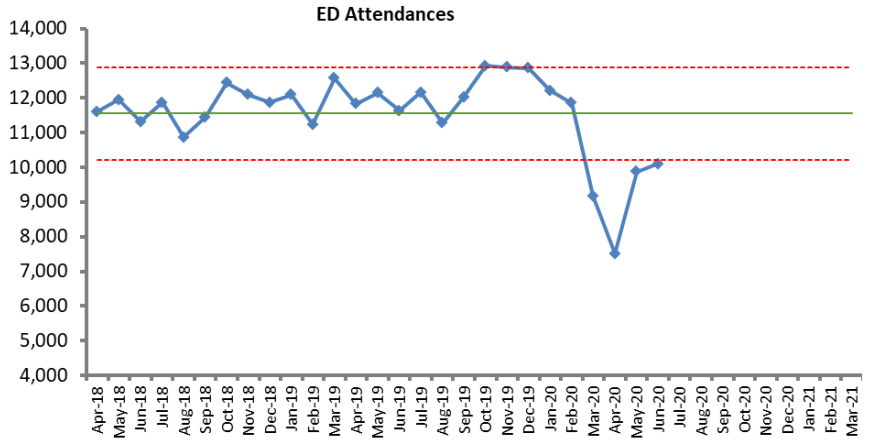
Total Attendances	Jun-20	2020/2021
Bristol Royal Infirmary	4,162	10,975
Bristol Children's Hospital	2,101	5,261
Bristol Eye Hospital	1,467	3,735
Weston General Hospital	1,243	5,305

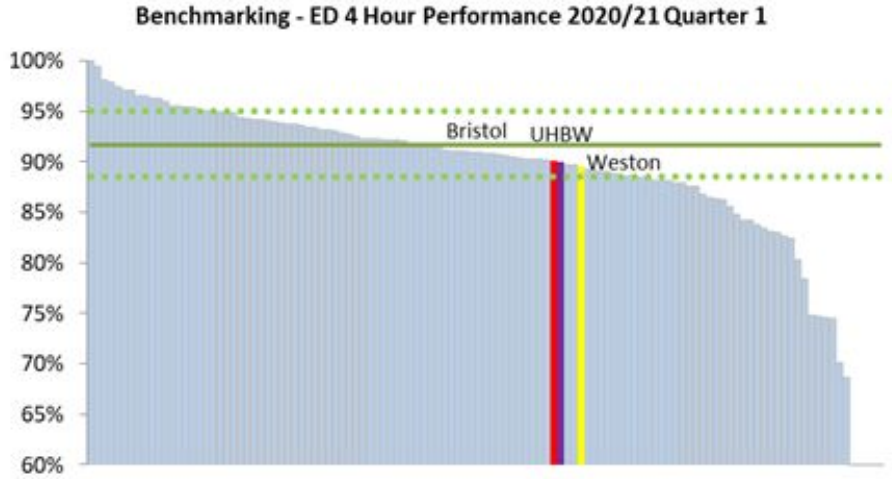
Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020



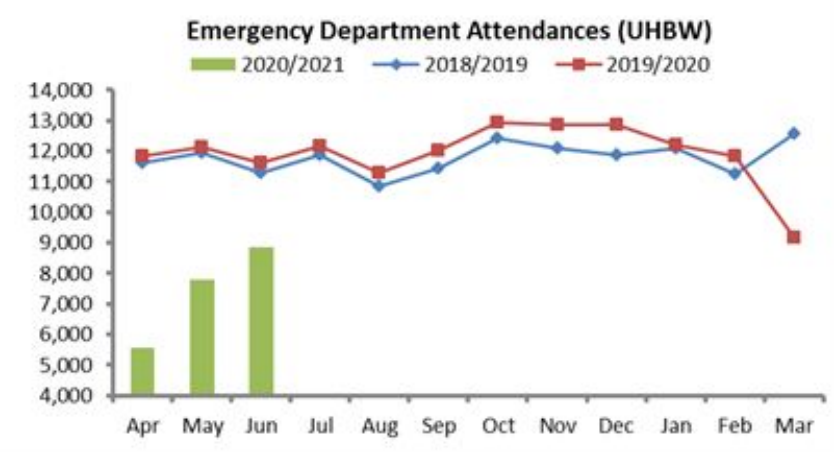


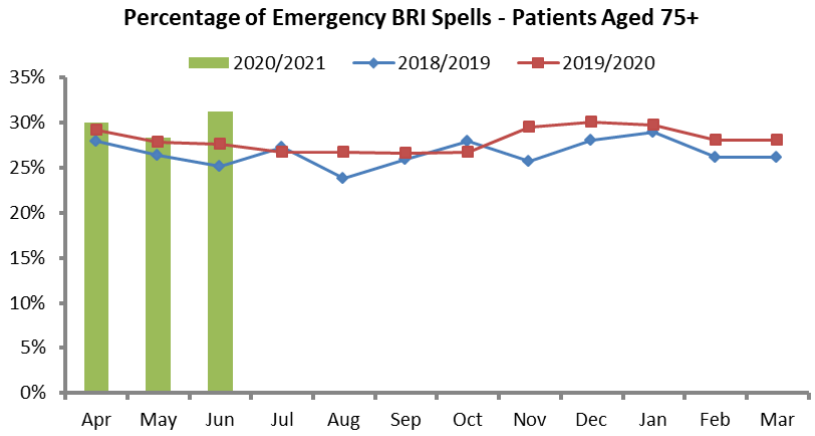


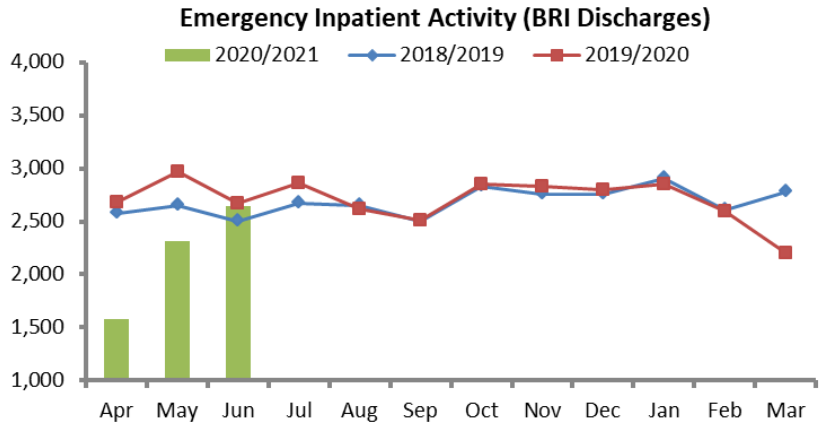
Emergency Care – Supporting Information

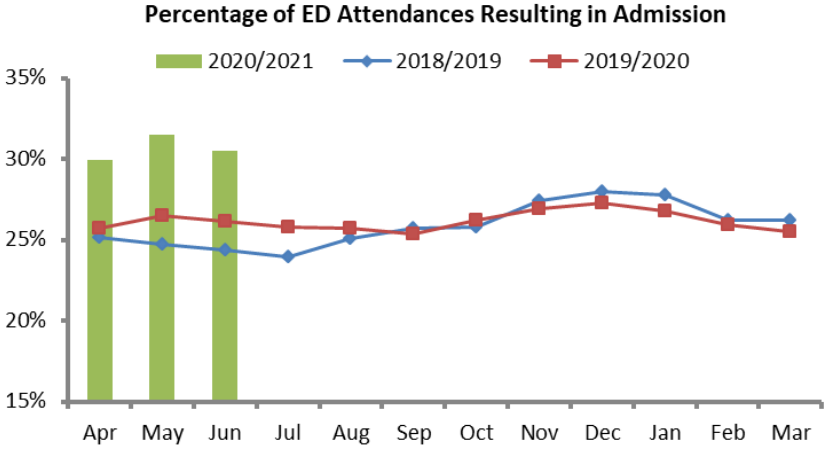
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020







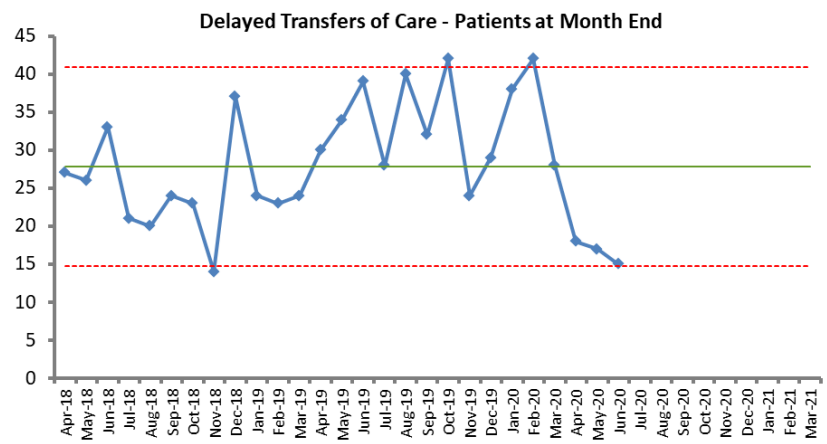


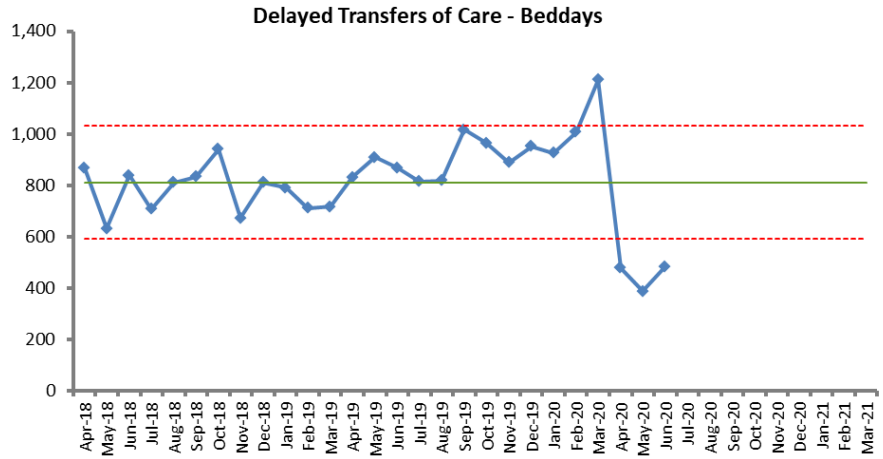
Delayed Transfers of Care

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	At the end of June there were 15 Delayed Transfer of Care patients across Bristol and Weston. There were 5 at Bristol, 1 at South Bristol and 9 at Weston. There were 484 beddays consumed by DToC patients. There were 286 beddays at Bristol (including 88 at South Bristol) and 198 at Weston.
Commentary:	In June 2020, the Integrated Discharge Service (IDS) continued to manage the COVID discharge SitRep submissions daily (weekends included). 320 Single Referral Forms (SRFs) were managed by the IDS in June: 90 Pathway 1, 51 Pathway 2 (21 of which were for South Bristol) and 25 Pathway 3. 68 SRFs were for North Somerset, 8 for South Gloucestershire and 10 for other localities. In addition, there were 49 Continuing Health Care Fast Tracks (CHCFT) assessments completed in June 2020. Care Home Selection (CHS) continues to aim to help reduce delays for self-funding patients with long term care needs by sourcing placements either in an intermediate care setting or at home, however there were no self-funding patients in June.
Ownership:	Chief Operating Officer



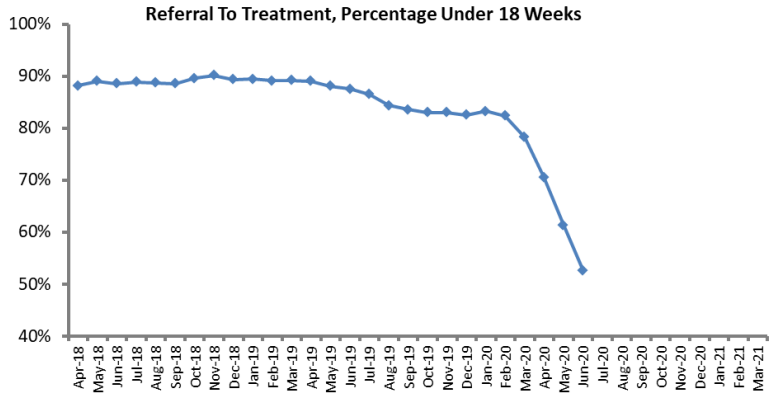


Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

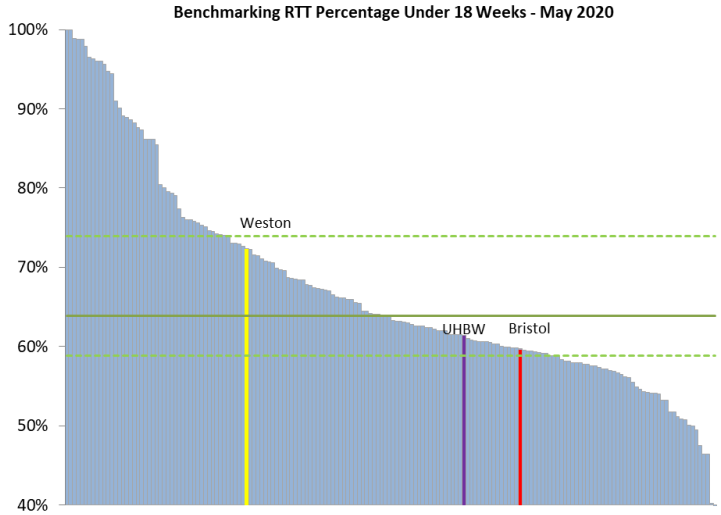
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of June, 52.6% of patients were waiting under 18 week (18,842 under 18 weeks and total waiting list of 35,847).
Commentary:	During the initial response to the Covid-19 pandemic, the Trust followed national guidance in suspending routine patient appointments and procedures. The focus was on ensuring the appropriate safety netting for patients that had their attendance cancelled or deferred. In April, the NHS entering the second stage of the response to Covid-19, and Trusts were asked to provide urgent activity at pre-Covid levels, and, where capacity permits, to restart routine electives, prioritising long waiters first. A Trustwide process has been instituted to prioritise the restoration of elective clinical activity. The Trust has been focussing on making use of the independent sector and plans are in place to use this capacity until October to help restore elective activity as part of a national contract, for theatre, cardiac catheter and diagnostic activity.
Ownership:	Chief Operating Officer



Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020



	Jun-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	53	62	85.5%
Medicine	2,320	3,141	73.9%
Specialised Services	2,166	3,923	55.2%
Surgery	7,999	18,380	43.5%
Weston	2,621	4,384	59.8%
Women's and Children's	3,683	5,957	61.8%
TOTAL	**18,842**	**35,847**	**52.6%**

Referral To Treatment – 52 Weeks

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of June, 475 patients were waiting 52+ weeks.
Commentary:	The majority of the potential 52 week breach patients that were dated prior to the Covid-19 pandemic were cancelled due to the need to free-up capacity for Covid patients. This has resulted in an unprecedented number of breaches; and continues to grow during the pandemic. Where capacity allows the longest waiting patients are being offered dates for treatment in the independent sector however some patients are still declining dates either due to the 14-day isolation period required by the IS or due to the nervousness of having surgery during the pandemic.
Ownership:	Chief Operating Officer

	Jun-20
Diagnostics and Therapies	0
Medicine	2
Specialised Services	67
Surgery	245
Weston	103
Women's and Children's	58
TOTAL	**475**

Weston	
Cardiology	1
Colorectal Surgery	4
Ent	1
Gastroenterology	2
General Surgery	1
Gynaecology	2
Ophthalmology	2
Respiratory Medicine	2
Rheumatology	1
Trauma & Orthopaedics	73
Upper Gastrointestinal S	2
Urology	12
Weston Total	**103**

Bristol	
Cardiac Surgery	2
Cardiology	48
Clinical Genetics	17
Colorectal Surgery	27
Dental Medicine Specialties	4
Dermatology	2
ENT	5
Gastroenterology	2
Gynaecology	7
Maxillo Facial Surgery	38
Ophthalmology	31
Oral Surgery	56
Orthodontics	6
Paediatric Dentistry	28
Paediatric Dermatology	1
Paediatric Ear Nose and Throat	12
Paediatric Gastroenterology	1
Paediatric Maxillo-facial Surgery	3
Paediatric Neurology	1
Paediatric Neurosurgery	1
Paediatric Ophthalmology	7
Paediatric Plastic Surgery	2
Paediatric Respiratory Medicine	1
Paediatric Surgery	5
Paediatric Trauma and Orthopaedics	1
Paediatric Urology	26
Restorative Dentistry	2
Thoracic Surgery	7
Trauma & Orthopaedics	11
Upper GI Surgery	18
Bristol Total	**372**

Elective Activity – Supporting Information

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

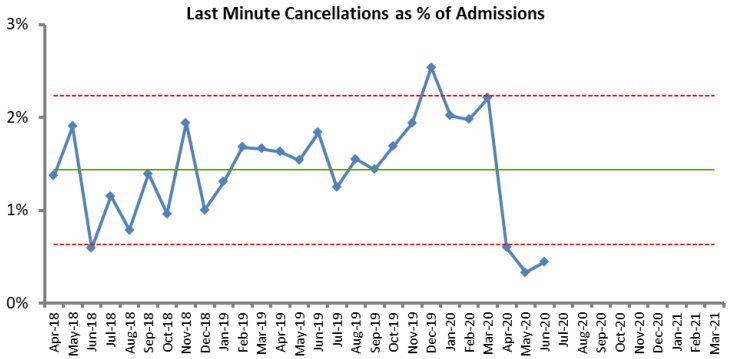
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO JUNE 2020

Cancelled Operations

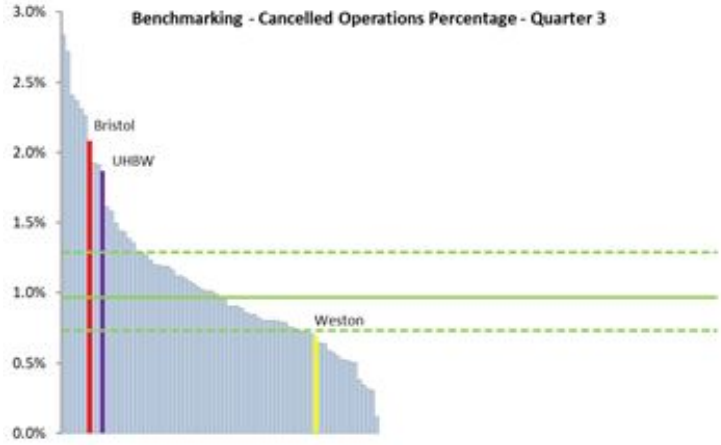
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In June, there were 17 last minute cancellations, which was 0.4% of elective admissions. Of the 9 cancelled in May, 8 (89%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations. Bristol averaged 116 and Weston averaged 14 per month in 2019/20. National reporting of Cancelled Operations was suspended from Quarter 4 due to the Covid pandemic; so latest benchmarking data is for Quarter 3 2019/20.
Ownership:	Chief Operating Officer



LAST MINUTE CANCELLATIONS	Jun-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	1	4
Specialised Services	12	19
Surgery	0	2
Weston	0	1
Women's and Children's	4	14
TRUST TOTAL	**17**	**40**

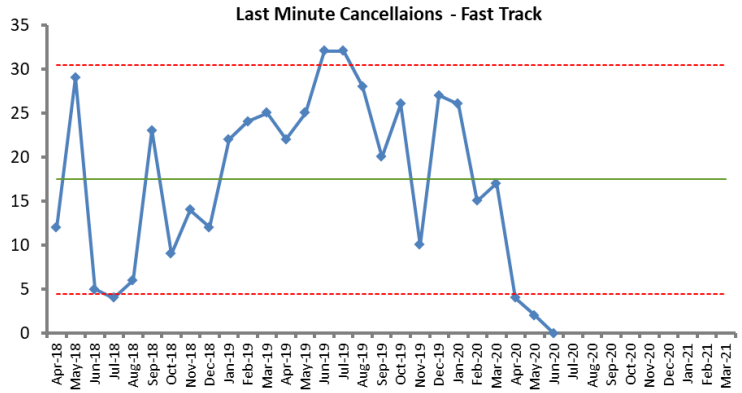


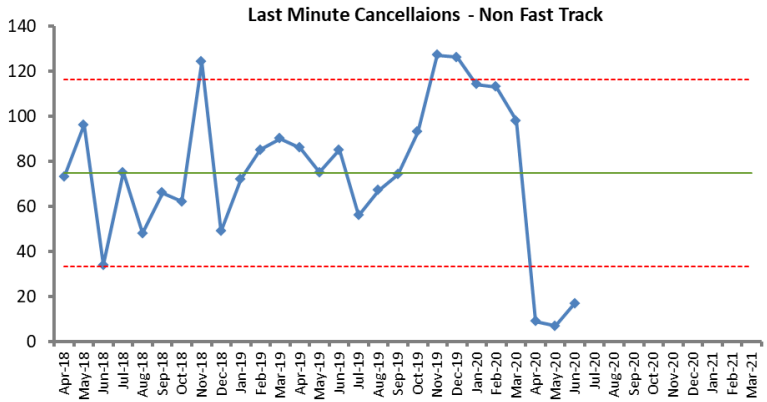
Cancelled Operations

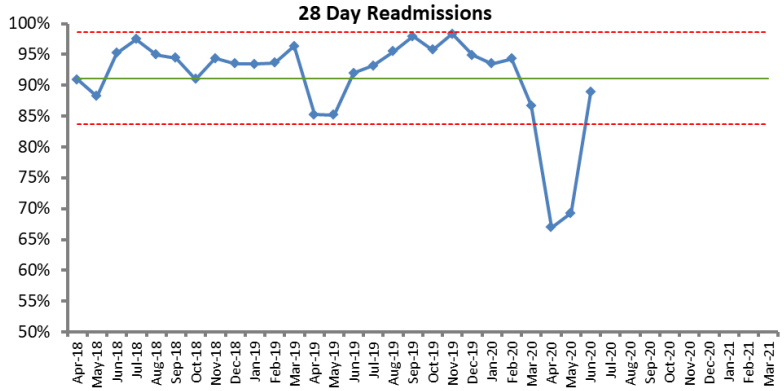
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Bristol data only





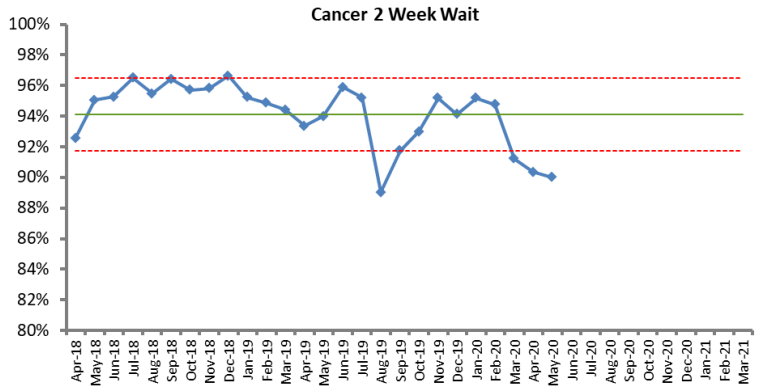


Cancer Two Week Wait

University Hospitals Bristol and Weston NHS Foundation Trust

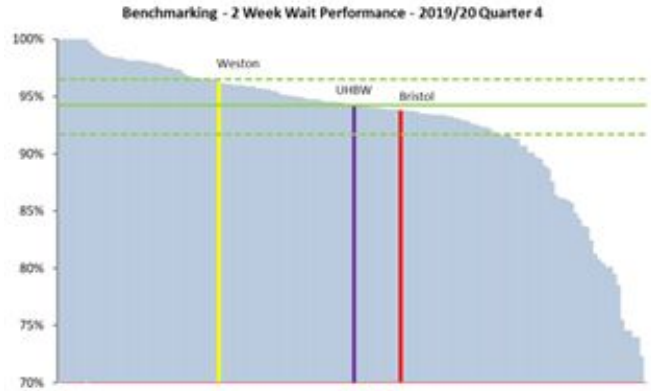
Reporting Month: May 2020

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For May, 90.0% of patients were seen within 2 weeks (864 out of 960 patients). Please note that the data presented is the combined Bristol and Weston performance from April onwards.
Commentary:	The standard was not achieved in May due to high levels of patients deferring appointments during the pandemic and patients delayed by the endoscopy service suspension starting to attend as the service reopened. The standard is expected to remain non-compliant whilst restrictions relating to Covid-19 remain in place, due to the impact on endoscopy capacity and patient choice of these.
Ownership:	Chief Operating Officer



2 Week Wait - May-20

	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer	4	4	100.0%
Suspected children's cancer	7	7	100.0%
Suspected gynaecological cancers	84	89	94.4%
Suspected haematological malignancies excl	14	14	100.0%
Suspected head and neck cancers	291	302	96.4%
Suspected lower gastrointestinal cancers	124	147	84.4%
Suspected lung cancer	13	13	100.0%
Suspected skin cancers	303	304	99.7%
Suspected upper gastrointestinal cancers	24	80	30.0%
Grand Total	**864**	**960**	**90.0%**

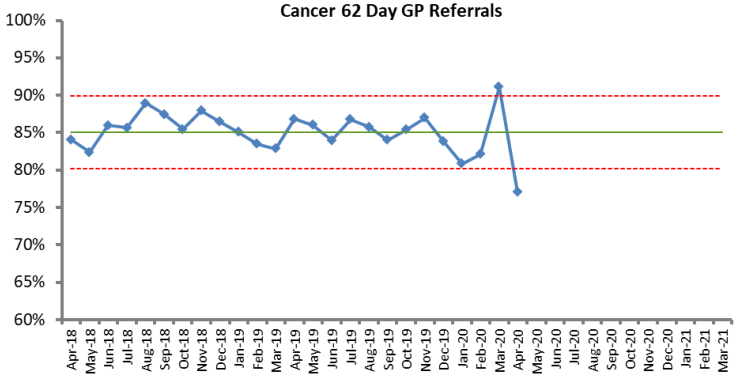


Cancer 62 Days

University Hospitals Bristol and Weston NHS Foundation Trust

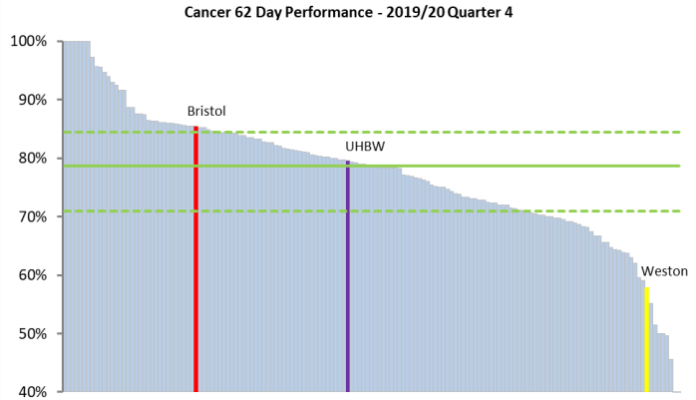
Reporting Month: May 2020

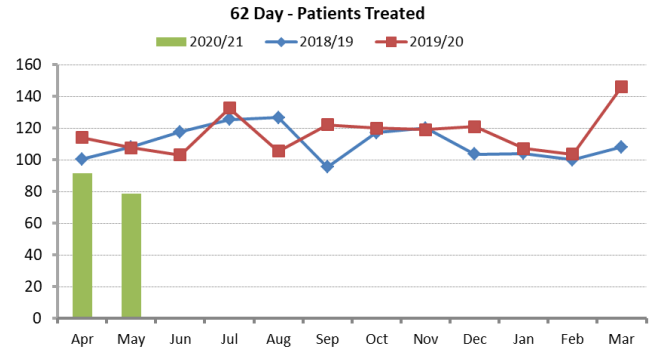
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For May, 77.0% of patients were seen within 62 days (70.5 out of 91.5 patients). Please note that the data presented is the combined Bristol and Weston performance from April onwards
Commentary:	The standard was not compliant in May, due to the impact of the Covid-19 outbreak on services, which directly accounted for at least 50% of the breaches and was a factor in many more. Delays for clinical reasons and Covid impact on capacity were the two largest causes of breaches, followed by pre-pandemic delays to surgical diagnostics in the prostate pathway. The standard is unlikely to attain compliance until restrictions relating to Covid-19 are fully lifted.
Ownership:	Chief Operating Officer



Cancer 62 Day - May-20

	Within Target	Total Pathways	Performance
Breast	0.5	0.5	100.0%
Gynaecological	1.5	5.0	30.0%
Haematological	2.5	4.0	62.5%
Head and Neck	5.0	7.0	71.4%
Lower Gastrointestinal	2.0	7.5	26.7%
Lung	9.0	11.5	78.3%
Other	0.0	0.0	
Sarcoma	0.0	0.0	
Skin	28.0	30.0	93.3%
Upper Gastrointestinal	4.0	5.5	72.7%
Urological	4.5	7.0	64.3%
Grand Total	**57.0**	**78.5**	**72.6%**





Cancer 104 Days

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: Snapshot taken 5th July 2020

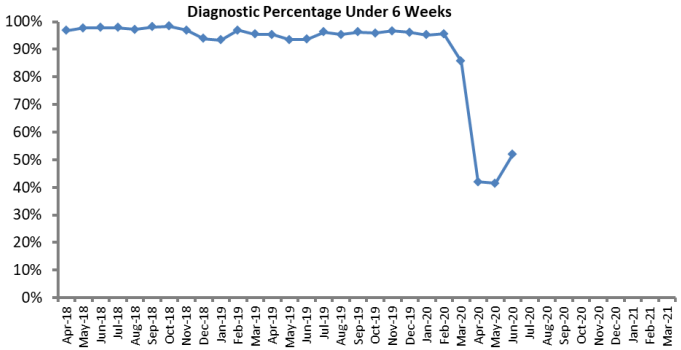
Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons).
Performance:	Prior to Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons. As at 5th July 2020 there were 53 such waiters, with the total number of patients over 104 days having increased five-fold. The number of total waiters stabilised in early July and the number of waiters for inappropriate reasons started to fall.
Commentary:	The vast majority (47/53) of the waits for inappropriate reasons were due to the endoscopy service suspension and ongoing capacity restrictions due to Covid-19 precautions. This number continues to fall week on week. The remainder were due to capacity issues in other services due to the impact of Covid-19, with patients dated for treatment in the next month. 104day waiters are monitored and reported weekly and waiting list management processes have been refocussed to enhance oversight of this cohort of patients at the current time. All patients in this cohort are regularly clinically reviewed to check for potential harm from their waiting time, with action taken as appropriate if risk is identified. The majority of patients in this group will go on to have cancer excluded. To date, seven patients have been identified as at risk of harm due to their waiting time, of which 3 are still waiting (of whom 2 are declining to attend and the remaining one has tests now booked). Potential harm is recorded as an incident and investigated under the Trust's incident process. The Trust is aiming to return to 0 waiters for inappropriate reasons by the end of September (and sooner if possible).
Ownership:	Chief Operating Officer

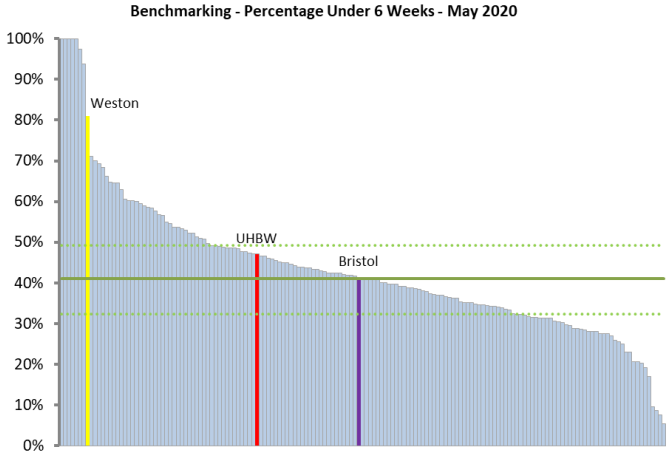
Diagnostic Waits

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of June, 52.0% of patients were waiting under 6 week, with 10,058 patients in total on the waiting list. This is Bristol and Weston combined.
Commentary:	The Diagnostic wait time standard has 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. Due to the government social distancing rules, it is proving difficult to see the usual level of patients through the service due to the inappropriate patient waiting area. Additional diagnostic capacity is being utilised for Endoscopy, MRI, CT and Ultrasound at Prime Endoscopy, St Joseph's Newport, South Bristol Hospital, Cossham hospital , the Nuffield and the Spire.
Ownership:	Chief Operating Officer





	Jun-20		
	Under 6 Weeks	Total On List	% Under 6 Weeks
Audiology	288	392	73%
Colonoscopy	134	680	20%
CT	1,042	1,421	73%
Cystoscopy	2	2	100%
DEXA Scan	173	311	56%
Echocardiography	689	1,285	54%
Flexi Sigmoidoscopy	101	289	35%
Gastroscopy	224	755	30%
MRI	1,037	2,314	45%
Neurophysiology	81	139	58%
Sleep Studies	4	5	80%
Ultrasound	1,452	2,465	59%
TOTAL	**5,227**	**10,058**	**52%**

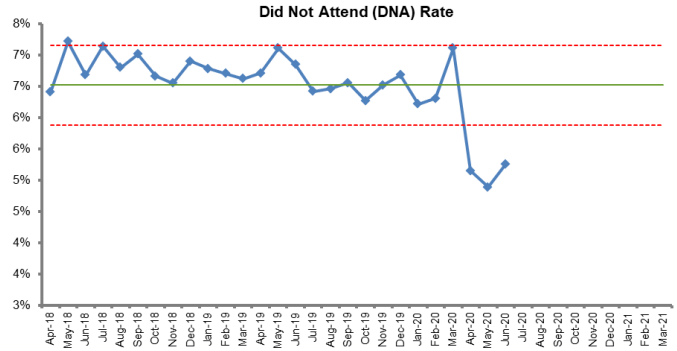
Weston	1,186	1,464	81%
Bristol	4,041	8,594	47%

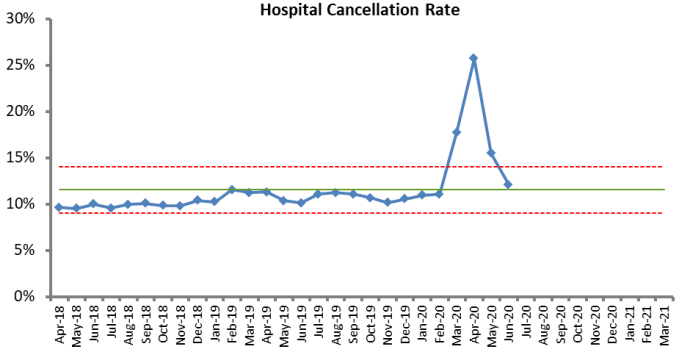
Outpatient Measures

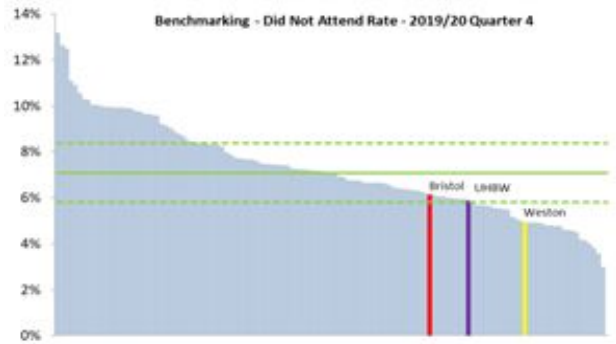
University Hospitals Bristol and Weston NHS Foundation Trust

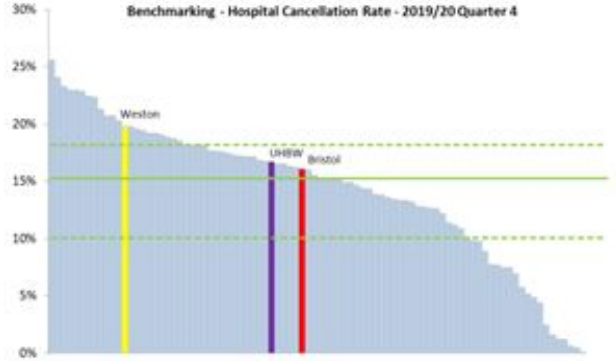
Reporting Month: June 2020

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In June the DNA Rate was 5.3% across Bristol and Weston, with 2089 DNA'ed appointments. The Hospital Cancellation Rate was 12.1% with 8477 hospital cancelled appointments.
Commentary:	The exceptional Hospital Cancellation rate in May and June 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. Of the appointments that were not cancelled, the DNA rate fell significantly, beyond the historic process limits (see chart below).
Ownership:	Chief Operating Officer









	Jun-20	
	DNAs	DNA Rate
Diagnostics and Therapies	244	4.1%
Medicine	567	8.6%
Specialised Services	533	5.0%
Surgery	553	4.6%
Weston	315	4.7%
Women's and Children's	597	5.1%

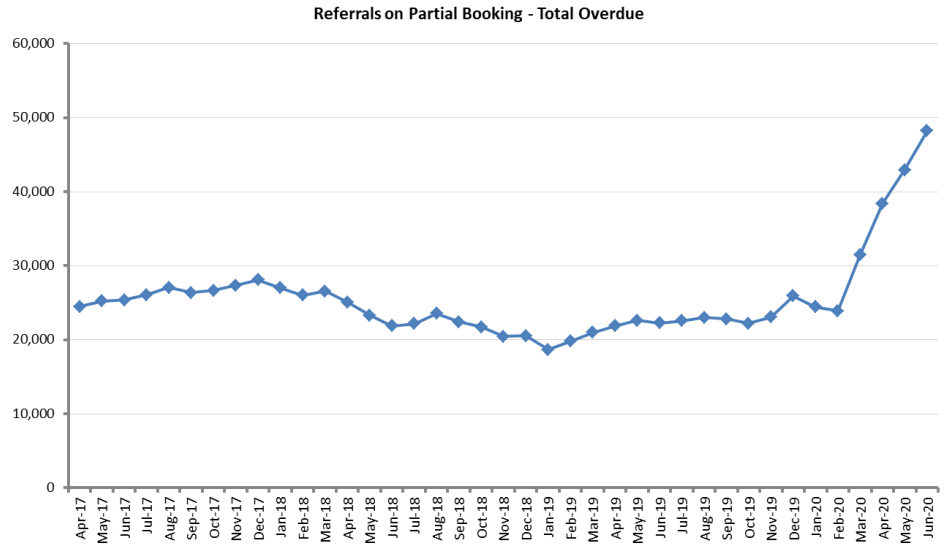
	Jun-20	
	Cancellations	Rate
Diagnostics and Therapies	445	6.5%
Medicine	1,114	13.2%
Specialised Services	1,745	12.6%
Surgery	1,613	9.7%
Weston	2,058	23.5%
Women's and Children's	1,502	9.7%

Outpatient Overdue Follow-Ups

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

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 June, number overdue by 12+ months is 1279 and overdue by 9+ months is 2115. The total number of overdue patients has doubled since the start of 2020.
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. The focus is on four specialties: Ophthalmology, Dental, Trauma & Orthopaedics and Clinical Genetics. Weston data was not available for inclusion this month.
Ownership:	Chief Operating Officer



		Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jun-20
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0
	Medicine	3	3	1	4	3	11
	Specialised Services	0	90	274	418	378	186
	Surgery	61	91	243	487	763	1,052
	Women's and Children's	150	0	5	0	11	30
	TRUST TOTAL 12+ months	**214**	**184**	**523**	**909**	**1,155**	**1,279**
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	0	0	0	1
	Medicine	4	4	5	27	208	118
	Specialised Services	181	323	503	619	555	275
	Surgery	264	450	630	1,052	1,371	1,598
	Women's and Children's	349	111	62	63	67	123
	TRUST TOTAL 9+ months	**798**	**888**	**1200**	**1761**	**2201**	**2115**

Mortality - SHMI

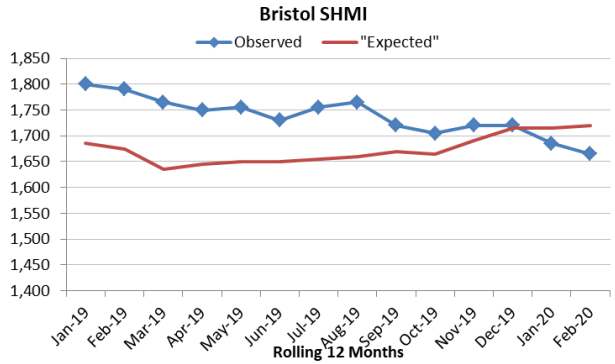
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2020

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to February 2020 and is provided as separate figures for the two predecessor organisations of University Hospitals Bristol and Weston NHS Foundation Trust as it covers the period prior to merger. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	The Summary Hospital Mortality Indicator for 12 months to February 2020 and was 96.8 for University Hospitals Bristol and 100.6 for Weston Area Health Trust. Both figures are in NHS Digital's "as expected" category.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Month SHMI

	Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Jan-19	1,800	1,685	106.8	795	910	87.4
Feb-19	1,790	1,675	106.9	790	900	87.8
Mar-19	1,765	1,635	108.0	780	880	88.6
Apr-19	1,750	1,645	106.4	775	875	88.6
May-19	1,755	1,650	106.4	810	880	92.0
Jun-19	1,730	1,650	104.8	805	875	92.0
Jul-19	1,755	1,655	106.0	815	875	93.1
Aug-19	1,765	1,660	106.3	850	880	96.6
Sep-19	1,720	1,670	103.0	865	875	98.9
Oct-19	1,705	1,665	102.4	860	870	98.9
Nov-19	1,720	1,690	101.8	870	865	100.6
Dec-19	1,720	1,715	100.3	875	875	100.0
Jan-20	1,685	1,715	98.3	865	870	99.4
Feb-20	1,665	1,720	96.8	880	875	100.6



Mortality - HSMR

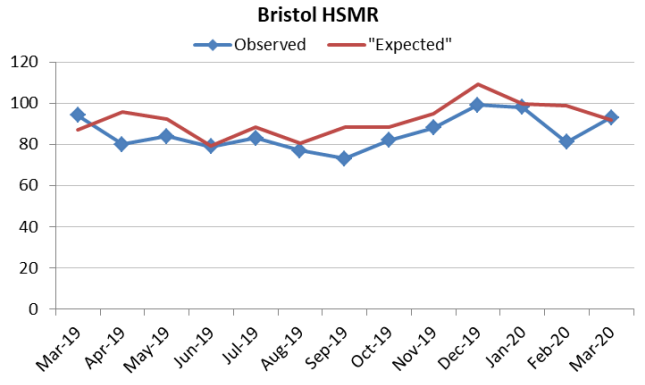
University Hospitals Bristol and Weston NHS Foundation Trust

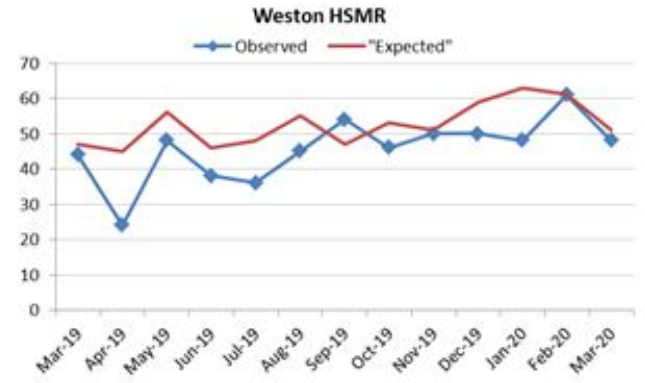
Reporting Month: March 2020

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR for 12 months to March 2020 and was 101.5 for University Hospitals Bristol and 93.9 for Weston Area Health Trust.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts..
Ownership:	Medical Director

HSMR Monthly Data

	Bristol			Weston		
	Observed	"Expected"	HSMR	Observed	"Expected"	HSMR
Mar-19	94	87	108.1	44	47	94.3
Apr-19	80	96	83.7	24	45	53.7
May-19	84	92	91.1	48	56	86.4
Jun-19	79	79	99.7	38	46	82.1
Jul-19	83	88	94.0	36	48	74.4
Aug-19	77	81	95.4	45	55	81.7
Sep-19	73	88	82.7	54	47	115.7
Oct-19	82	88	92.9	46	53	87.0
Nov-19	88	95	92.8	50	51	97.5
Dec-19	99	109	90.7	50	59	85.3
Jan-20	98	100	98.2	48	63	76.0
Feb-20	81	99	82.0	56	57	97.9
Mar-20	93	92	101.5	48	51	93.9



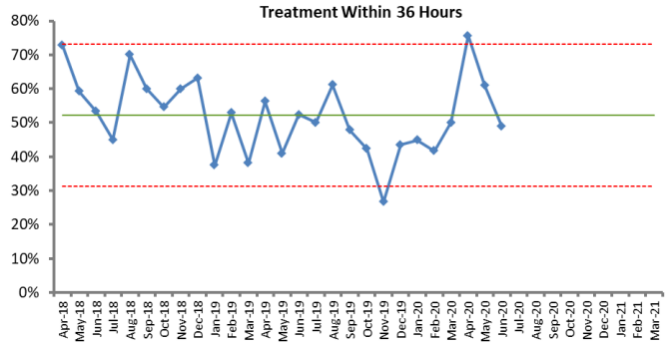


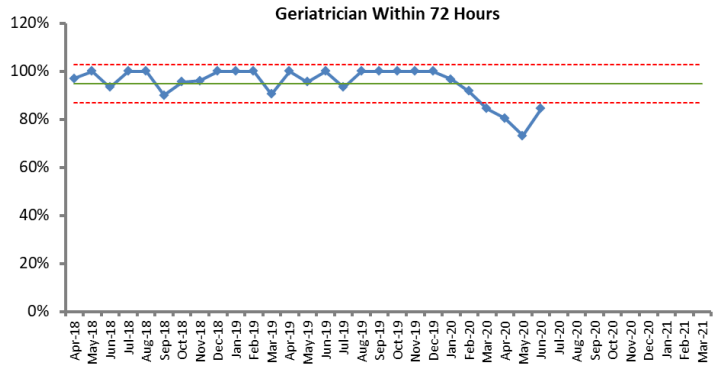
Fractured Neck of Femur (NOF)

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2020

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours.
Performance:	In June, there were 45 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston (31 at Bristol and 9 at Weston). For the 36 hour target, 49% (22 patients) were seen with target. For the 72 hour target, 84% (38 patients) were seen within target.
Commentary:	One of the key enablers for improvement is recruitment of consultants to support the provision of more timely surgery. During Covid-19, recruitment to consultant posts continues as best it can. The recruitment is still on target of having three more consultants join the Trauma and Orthopaedic team in August. Three locum Trauma and Orthopaedic consultants have been successfully interviewed and recruited to on the 15th July 2020. This is a significant step in moving towards a more robust service. We anticipate these consultants can start in the next 6-8 weeks and are talking to their current employers in an attempt to secure early releases. Actions: • The management teams covering Trauma and Orthopaedics for Weston and Bristol have agreed to set up a small working group to investigate how the two sites can work more closely together.
Ownership:	Medical Director





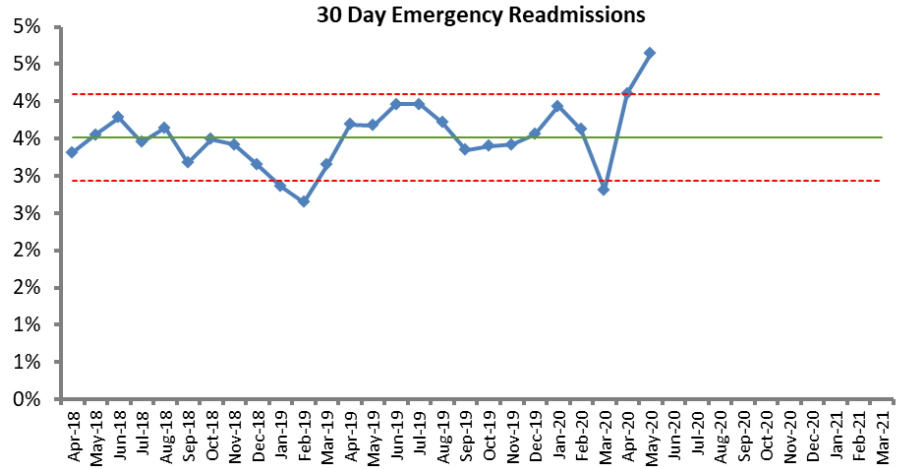
		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	31	13	42%	25	81%
Weston	14	9	64%	13	93%
TOTAL	45	22	49%	38	84%

Readmissions

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: May 2020

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 May, there were 8,679 discharges, of which 403 (4.6%) had an emergency re-admission within 30 days.
Commentary:	Divisional breakdown is shown in the table below. From April, Weston's discharges are included in the overall total.
Ownership:	Chief Operating Officer



	May-20		
	Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	18	0.0%
Medicine	220	2,085	10.6%
Specialised Services	29	1,786	1.6%
Surgery	78	941	8.3%
Weston	43	1,035	4.2%
Women's and Children's	33	2,814	1.2%
TOTAL	**403**	**8,679**	**4.6%**

Workforce – Bank and Agency Usage

University Hospitals Bristol and Weston NHS Foundation Trust

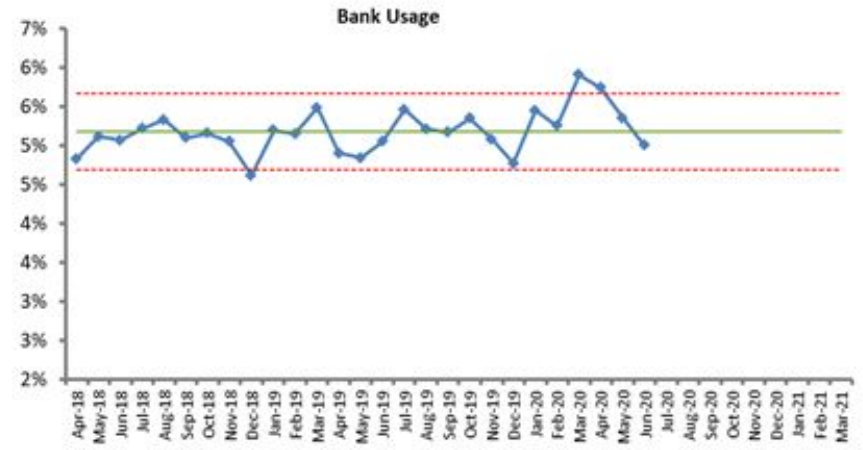
Reporting Period: June 2020

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 June 2020 total staffing was at 10967 FTE. Of this, 5.0% was Bank (549 FTE) and 1.0% was Agency (109 FTE).
Commentary:	**Bank usage** reduced by 33.2 FTE The largest divisional reduction was seen in Weston, reducing to 102.6 FTE from 150.7 FTE the previous month. These figures include the corporate services based staff in Weston as they are incorporated in the Weston division and will be for the foreseeable future. The largest divisional increase was seen in Surgery, increasing to 97.6 FTE compared to 85.5 FTE in the previous month. **Agency usage** increased by 19.8 FTE The largest divisional reduction was seen in Weston, reducing to 31.5 FTE from 58.9 FTE the previous month. These figures include the corporate services based staff in Weston as they are incorporated in the Weston division and will be for the foreseeable future. The largest divisional increase was seen in Medicine, increasing to 50.6 FTE compared to 10.1 FTE in the previous month. ▪ A further 80 appointments and reappointments have been made to the Trust Staff Bank in June across all staff groups, supporting the aim to reduce reliance on agency supply. ▪ High cost non framework nurse agency supply continues to remain low in June. Close collaboration with BNSSG&B partners continues, to ensure a sustained reduction is realised. ▪ Ongoing successful recruitment to the medical locum bank which has seen 10 new registrations.
Ownership:	Director of People

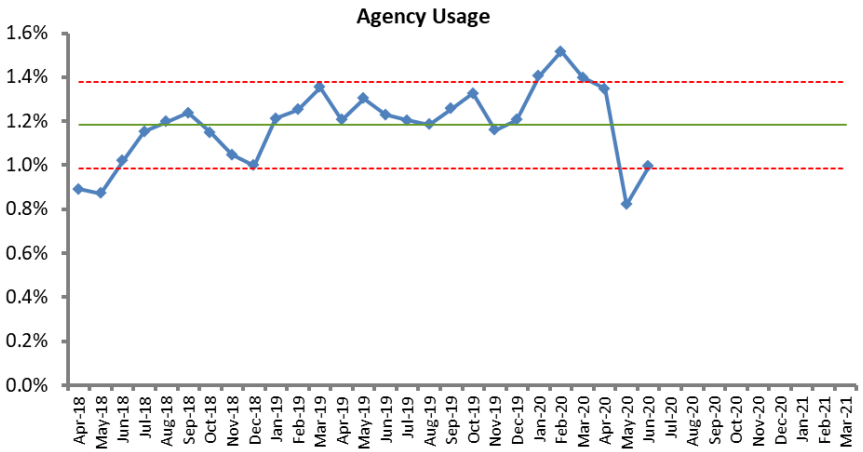
Workforce – Bank and Agency Usage

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020



Bank	June FTE	June Actual %	KPI
UHBW NHS Foundation Trust	**548.6**	5.0%	**4.8%**
Diagnostics & Therapies	22.3	2.1%	1.3%
Medicine	154.8	10.4%	9.6%
Specialised Services	45.6	4.2%	5.4%
Surgery	97.6	5.2%	5.3%
Women's & Children's	54.2	2.5%	1.7%
Trust Services	28.2	3.0%	3.0%
Facilities & Estates	43.4	5.7%	6.7%
Weston	102.6	6.5%	6.1%



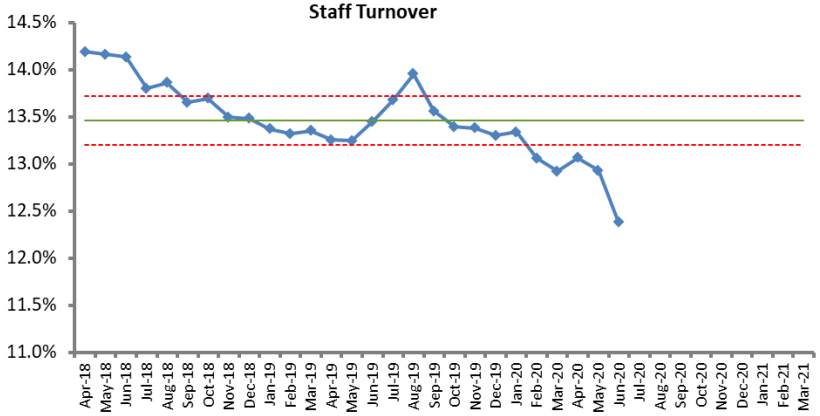
Agency	June FTE	June Actual %	KPI
UHBW NHS Foundation Trust	**109.2**	1.0%	**1.5%**
Diagnostics & Therapies	2.4	0.2%	0.9%
Medicine	50.6	3.4%	2.2%
Specialised Services	4.6	0.4%	1.1%
Surgery	5.3	0.3%	1.0%
Women's & Children's	9.4	0.4%	0.6%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	5.4	0.7%	0.2%
Weston	31.5	2.0%	5.2%

Workforce – Turnover

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

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 June 2020, there had been 1058 leavers over the previous 12 months, with 8542 FTE staff in post on average over that period; giving a Turnover of 1058/ 8542 = 12.4%.
Commentary:	Turnover reduced to 12.4% compared with last month, compared with last month. One division saw an increase in turnover whilst all other divisions saw reductions in turnover. The only divisional increase was seen within Facilities and Estates, increasing to 14.6% from 14.1% the previous month. These figures only include Bristol-based Facilities and Estates (F&E) staff, as the F&E staff based in Weston are incorporated in the Weston division. The largest divisional reduction was seen within Trust Services, reducing to 9.2% from 11.2% the previous month. ▪ A review of the NHSI/E retention tools and initiatives is being undertaken. Covid saw the focus on this programme re-prioritised. The retention programme will be shared with Weston too to ensure a Trust-wide approach. ▪ The licencing issues for retrieving exit interview data is now resolved, with the licence now restored. A review of retrieving missed data over recent months is underway. Exit data will be essential looking ahead to understand the impact of the pandemic on staff retention.
Ownership:	Director of People



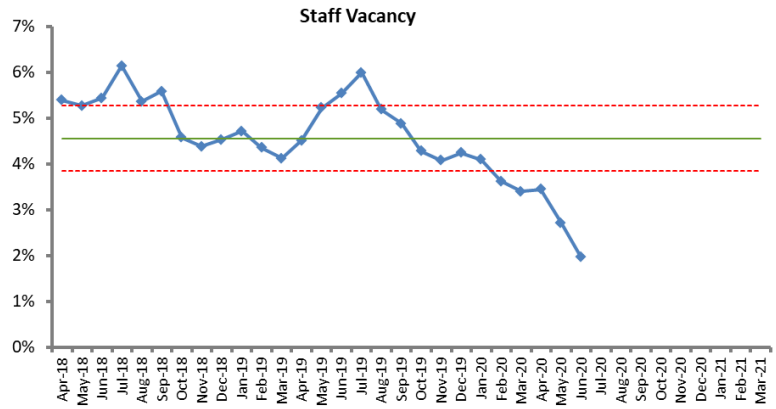
Turnover	Jun-20	KPI
UHBW NHS Foundation Trust	12.4%	**13.1%**
Diagnostics & Therapies	12.1%	12.7%
Medicine	15.3%	15.4%
Specialised Services	12.3%	13.2%
Surgery	12.1%	13.2%
Women's & Children's	10.3%	11.1%
Trust Services	9.2%	12.2%
Facilities & Estates	14.6%	12.7%
Weston	14.1%	14.7%

Workforce – Vacancies

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

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 June 2020, funded establishment was 10,516 FTE, with 208 FTE as vacancies (2.0%).
Commentary:	Overall vacancies reduced to 2.0% compared to 2.8% in the previous month. Women's and Children's had the largest Divisional reduction to minus 89.2 FTE from minus 44.8 FTE the previous month. The division are over established. The largest Divisional increase was seen in Diagnostics & Therapies, vacancies increased to 40.4 FTE from 34.9 FTE the previous month. There are two over-establishments within the divisions of Women's and Children's and Trust Services. This has the effect of lowering the overall total vacancy position for the Trust. ▪ Rollout of a monthly programme for the UHBW Virtual Nursing Open Day webinars has been scheduled until December 2020 following the inaugural success in June. ▪ Rebranding and re-launch of the Trust's Return to Practice programme, with work towards a wider STP offering. ▪ Vacancy reduction trajectories are being re-set as part of the merger Recruitment Taskforce Plan, following the changes in bed capacity ▪ Work is underway scoping the requirement and potential for accommodation provision for new starters, as part of the recruitment attraction strategy for UHBW in light of significant pressures on the supply pipeline.
Ownership:	Director of People



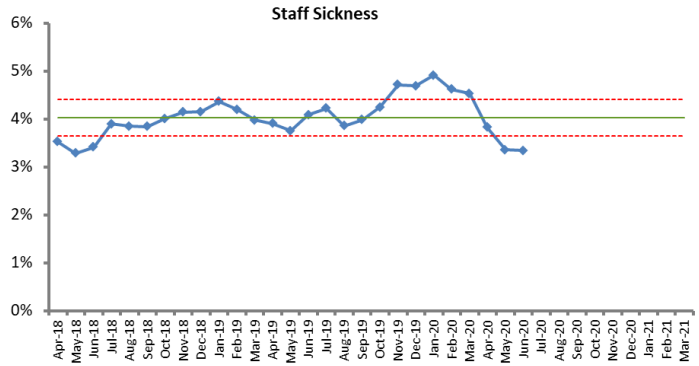
Vacancy	Jun-20	KPI
UHBW NHS Foundation Trust	2.0%	5.6%
Diagnostics & Therapies	3.7%	5.5%
Medicine	0.3%	6.5%
Specialised Services	3.0%	5.5%
Surgery	3.2%	4.5%
Women's & Children's	-4.4%	1.0%
Trust Services	-7.4%	4.9%
Facilities & Estates	9.4%	9.1%
Weston	9.5%	10.9%

Workforce – Staff Sickness

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

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 June 2020, total available FTE days were 309,793 of which 10,344 (3.3%) were lost to staff sickness.
Commentary:	Sickness absence reduced to 3.3% compared with 3.4% the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting. Medical Suspension does not count towards an employee's sickness entitlement, but shows on the employee's absence record. There were increases within four divisions. The largest divisional increase was seen within Specialised Services, increasing 0.4% to 3.1% from 2.8% the previous month. There were reductions within two divisions. The largest divisional reduction was seen within Facilities and Estates, reducing 0.4% to 5.9% from 6.3% the previous month. These figures only include Bristol-based Facilities and Estates (F&E) staff, as the F&E staff based in Weston are incorporated in the Weston division and will be for the foreseeable future. Medical Suspension continues to be the method used to record Covid-19 absences, and these are not included within sickness absence reporting. During June, 3.2% of available FTE was lost to Medical Suspension compared to 3.7% the previous month: 0.5% Covid-19 Sickness, 2.7% Covid-19 Isolation/Shielding. This is in relation to the Bristol site only. Work is being undertaken to bring Weston's Covid related absence reporting in line with Bristol. ▪ In addition to a suite of guidance tools and the Employee Assistance Programmes, the Wellbeing Hubs in both Bristol and Weston remain in place to support staff through the pandemic. ▪ Face to face Supporting Attendance training continues to be developed ensuring appropriate measures for social distancing. Pilot sessions are being delivered via Webex to test the effectiveness of delivering training online.
Ownership:	Director of People



Sickness	Jun-20	KPI
UHBW NHS Foundation Trust	3.3%	3.8%
Diagnostics & Therapies	2.7%	2.9%
Medicine	3.4%	4.0%
Specialised Services	3.1%	3.3%
Surgery	3.5%	4.0%
Women's & Children's	2.9%	3.6%
Trust Services	2.4%	3.1%
Facilities & Estates	5.9%	5.5%
Weston	3.6%	4.1%

Workforce – Appraisal Compliance

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Period: June 2020

Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In June 2020, 6,240 members of staff were compliant out of 10,044 (62.1%).
Commentary:	Overall appraisal compliance increased to 62.1% from 60.7% compared to the previous month. There were increases in seven divisions, the largest increase seen within Specialised Services, increasing to 79.3% from 73.0% the previous month. The largest divisional reduction was seen within Medicine, reducing to 56.0% from 56.2% the previous month. All divisions are non-compliant. ▪ It was agreed in June through Silver that the completion of appraisals would be re-introduced across all divisions. ▪ Non-compliance data will support with local hotspot targeting. A further set of reports are also being developed to support a more proactive approach to compliance. ▪ A task and finish group will meet in July to develop a detailed corporate recovery plan given the ongoing challenges with Trust wide compliance ▪ Focused work will also take place at the end of July to align the approaches across both Weston and Bristol sites to ensure the appraisal experience for staff is consistent and to increase efficiency in reporting in light of this currently being across two systems.
Ownership:	Director of People

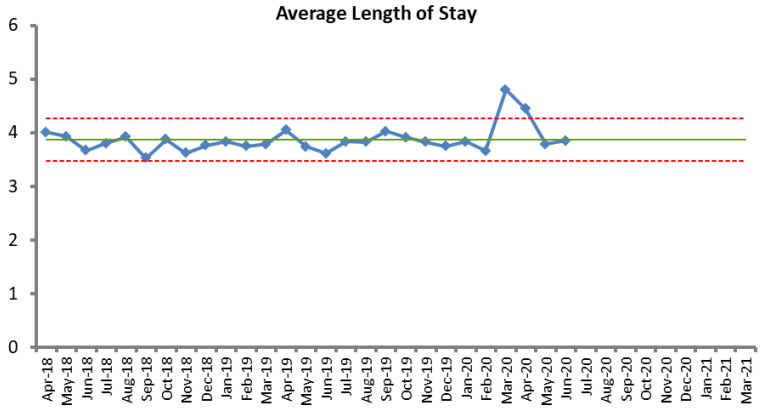
Appraisal (Non-Consultant)	Jun-20	May-20	KPI
UHBW NHS Foundation Trust	62.1%	60.7%	**85.0%**
Diagnostics & Therapies	58.7%	57.1%	85.0%
Medicine	56.0%	56.2%	85.0%
Specialised Services	79.3%	73.0%	85.0%
Surgery	50.8%	49.9%	85.0%
Women's & Children's	65.9%	65.1%	85.0%
Trust Services	66.0%	64.7%	85.0%
Facilities & Estates	63.5%	63.1%	85.0%
Weston	61.8%	60.4%	85.0%

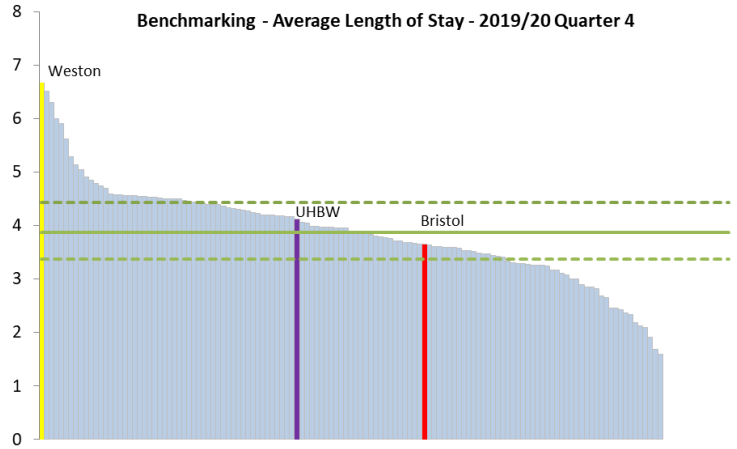
Average Length of Stay

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020

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 June there were 5,426 discharges at Bristol with an average length of stay of 3.8 days. For Weston there were 778 discharges with an average length of stay of 4.5 days. The overall average length of stay for UHBW was 3.9 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
Ownership:	Chief Operating Officer





	Jun-20
Medicine	4.41
Specialised Services	5.78
Surgery	3.42
Weston	4.50
Women's and Children's	2.78

Finance – Performance to Plan

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	185.898	184.220	(1.678)
Income from Operations	36.166	33.677	(2.489)
Employee Expenses	(135.126)	(136.290)	(1.164)
Other Operating Expenses	(76.351)	(70.802)	5.549
Depreciation (owned & leased)	(7.179)	(7.150)	0.029
PDC	(2.979)	(3.056)	(0.077)
Interest Payable	(0.642)	(0.600)	0.042
Interest Receivable	0.213	0.001	(0.212)
Reported Financial performance	**(0.000)**	**(0.000)**	**0.000**
Depreciation (donated)	0.000	(0.467)	(0.467)
Donated Income	0.000	0.130	0.130
Surplus/(deficit)	**(0.000)**	**(0.337)**	**(0.337)**

Finance – Divisional Variance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020

Year to Date Variance £'000 (Fav/(Adv))										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Women's & Children's	Weston Clinical Division	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	59	(1,203)	17	(169)	(734)	726	0			(1,303)
Medical & Dental Pay	74	(786)	(132)	(810)	(656)	(292)	0			(2,601)
Other Pay	(140)	(36)	(139)	17	(156)	(225)	(45)			(725)
Non Pay	236	(632)	1,394	713	1,135	876	(606)			3,115
Income from Activities	(11)	6	32	(83)	(134)	(27)	0			(216)
Income from Operations	(101)	(3)	(35)	(213)	75	(370)	(580)			(1,228)
Total	**116**	**(2,654)**	**1,138**	**(545)**	**(470)**	**689**	**(1,231)**	**0**	**0**	**(2,958)**

Year to Date COVID Spend/ Variance £'000 (Fav/(Adv))										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Women's & Children's	Weston*	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	(5)	(509)	(267)	(392)	(692)	(430)	0			(2,295)
Medical & Dental Pay	(2)	(392)	(150)	(528)	(245)	(353)	0			(1,670)
Other Pay	(223)	(15)	(98)	(36)	(6)	(367)	(189)			(934)
Non Pay	(131)	(774)	(90)	(912)	(33)	(531)	(571)			(3,042)
Income from Activities	0	0	(177)	0	0	0	0			(177)
Income from Operations	(38)	0	0	0	0	0	(532)			(570)
Total	**(399)**	**(1,690)**	**(782)**	**(1,868)**	**(976)**	**(1,681)**	**(1,292)**	**0**	**0**	**(8,688)**

* note COVID costs for Weston cannot be split out at this time between the clinical and non clinical areas.

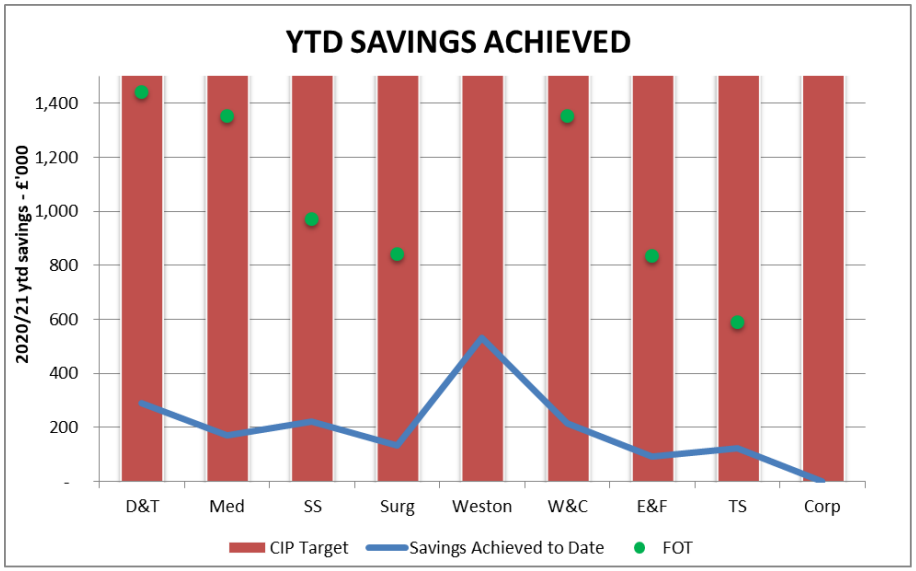
** COVID variance here includes income losses that are not included on the NHSI returns as are matched through the true up process

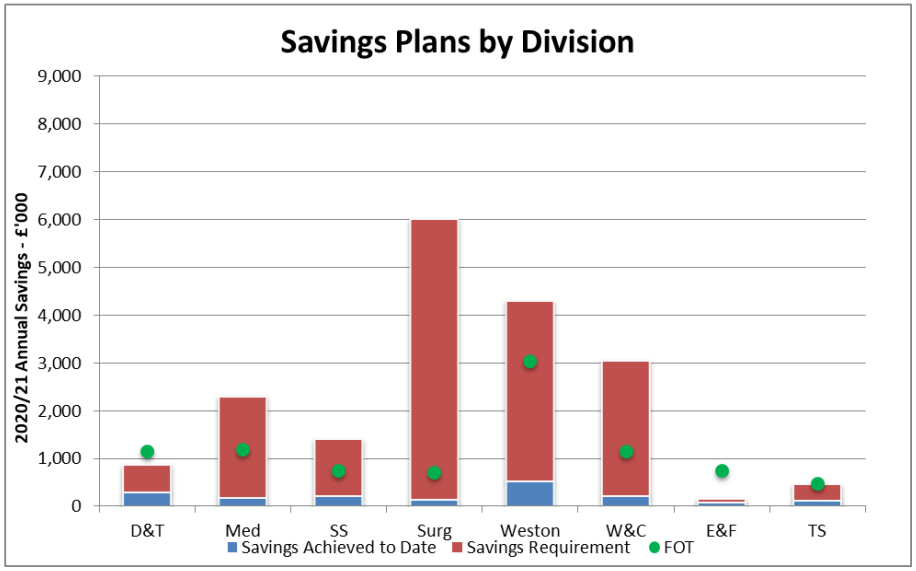
*** Does not show variance on Corporate Services or 'Other' (such as R&I) due to reporting from two ledgers in month 3

Finance – Savings

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2020





Care Quality Commission Rating - Bristol

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

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

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

Rating for acute services/acute trust

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

Care Quality Commission Rating - Weston

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

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

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

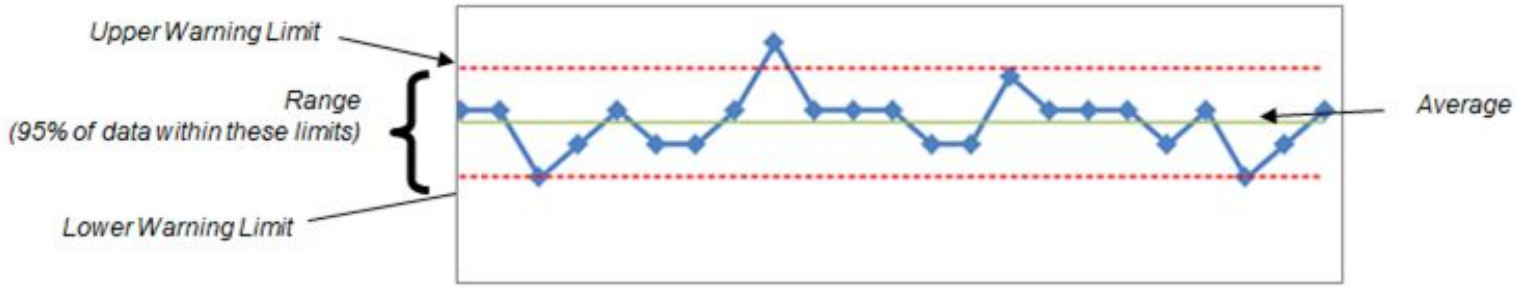
Ratings for Weston General Hospital

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

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

Explanation of SPC Charts

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

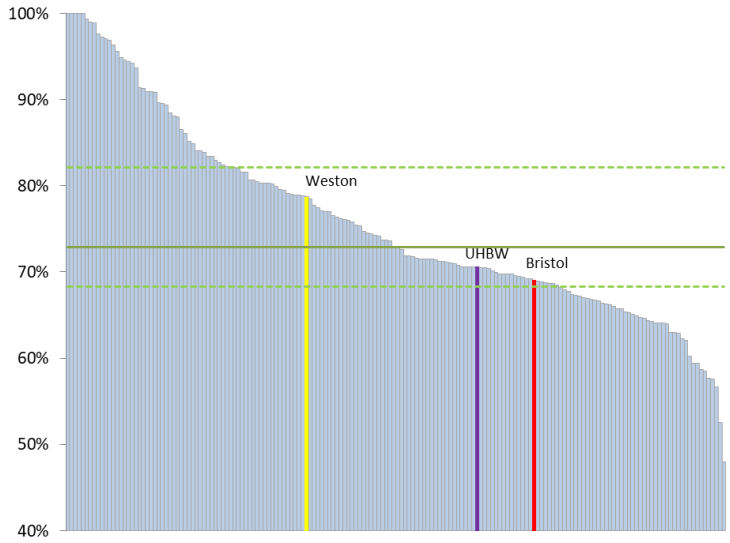


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

Explanation of Benchmarking Charts

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



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

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

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

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

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

Appendix – Bristol Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Monthly Totals Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Quarterly Totals 19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	1	0	1	0	0	0	0	2	0	1	1	0	0	1	0	3	1
	DA02	MSSA Trust Apportioned Cases	48	6	6	5	4	4	3	3	5	2	1	0	4	2	15	10	8	6
	DA03	CDiff Trust Apportioned Cases	41	17	5	5	4	4	5	4	2	1	3	5	6	6	14	13	6	17
	DA06	EColi Trust Apportioned Cases	80	15	14	4	5	8	6	9	4	3	4	4	9	2	23	23	11	15
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.3%	96.9%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	98.1%	97.6%	97.7%	97.6%	98.3%
	DB02	Antibiotic Compliance	77.9%	-	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%	96%	96%	96%	95%	98%	97%	92%	-	-	-	98%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	98%	98%	98%	97%	99%	99%	98%	-	-	-	99%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	96%	96%	98%	98%	97%	-	-	-	99%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	7	10	8	5	4	7	6	7	6	2	3	1	3	23	17	15	7
	S02a	Number of Confirmed Serious Incidents	68	-	9	8	5	3	6	5	7	6	2	-	-	-	22	14	15	-
	S02b	Number of Serious Incidents Still Open	4	7	1	0	0	1	0	1	0	0	0	3	1	3	1	2	0	7
	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%	100%	100%	100%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91.3%	100%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	60%	100%	100%	100%	100%	100%	100%	100%	100%	75%	71.4%	33.3%	100%	100%	100%	92.3%	60%
	S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	1	2	4	2	0	1	1	2	2	-	-	-	7	3	5	-
Never Events	S01	Total Never Events	4	0	1	1	0	0	0	1	0	0	0	0	0	0	2	1	0	0
Patient Safety Incidents	S06	Number of Patient Safety Harm Incidents Reported	20760	239	2686	1455	1074	1398	2878	1109	1157	1985	1949	0	239	-	5215	5385	5091	239
	S06b	Patient Safety Harm Incidents Per 1000 Beddays	66.44	7.13	102.94	56.4	41.39	51.47	109.5	40.78	42.02	77.66	85.89	0	13.16	-	66.99	66.78	67.17	7.13
	S07	Number of Patient Safety Incidents - Severe Harm	150	6	9	24	14	19	8	16	12	11	11	0	6	-	47	43	34	6
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	6.35	4.37	4.11	4.43	4.75	3.46	4.82	4.68	4.89	5.33	5.59	7.1	6.26	4.3	4.35	4.95	6.35
	AB06a	Total Number of Patient Falls Resulting in Harm	26	1	2	1	1	4	1	2	7	4	1	1	0	0	4	7	12	1
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.3	0.115	0.233	0.193	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.202	0.18	0.174	0.251	0.3
	DE02	Pressure Ulcers - Grade 2	49	15	2	4	3	5	6	2	9	2	7	11	1	3	9	13	18	15
	DE04A	Pressure Ulcers - Grade 3 or 4	8	1	1	2	2	1	0	0	0	1	0	0	0	1	5	1	1	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	87.3%	98.2%	77%	78.9%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85.3%	77.9%	87.9%	87.3%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	93.1%	-	-	-	-	-	-	-	-	-	-	-	93.1%	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	5	10	1	2	0	3	0	8	-	-	-	-	16	5	8	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	1	1	0	0	0	0	0	0	-	-	-	-	2	0	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	0	5	1	2	0	2	0	8	-	-	-	-	6	4	8	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	-	-	86.9%	-	-	87.9%	-	-	88.2%	-	-	-	86.9%	87.9%	88.2%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	99.9%	100%	99.9%	99.9%	99.9%
Medicines	WA01	Medication Incidents Resulting in Harm	0.3%	0%	0.38%	0.81%	1.23%	0%	0.4%	0%	0%	0%	0%	0%	0%	-	0.8%	0.14%	0%	0%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.47%	0.18%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.14%	0.3%	0.92%	0.47%

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			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	19/20	20/21 YTD	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-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%	9.1%	6.5%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.1%	7.8%	9.9%	9.3%	7.3%	7.4%	8.2%	9.1%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.8%	19.8%	23.3%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.8%	21.8%	21.1%	18.5%	20%	22.2%	23.2%	22.9%	19.8%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9211	1261	815	708	713	870	873	781	850	731	611	356	394	511	2236	2524	2192	1261
Staffing Levels	RP01	Staffing Fill Rate - Combined	100.3%	97.7%	99.6%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	98.8%	94.2%	98.4%	100.4%	99.2%	100%	101.2%	97.7%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.9	-	106	106.3	103	102.4	101.8	100.3	98.3	96.8	-	-	-	-	105.1	101.5	97.5	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	91.9	-	94	95.4	82.7	92.9	92.8	90.7	98.2	82	101.5	-	-	-	90.6	92	93.7	-
Readmissions	C01	Emergency Readmissions Percentage	3.6%	4.31%	3.96%	3.72%	3.35%	3.4%	3.42%	3.55%	3.93%	3.62%	2.81%	3.82%	4.71%	-	3.68%	3.46%	3.5%	4.31%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	48.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	50%	68.8%	41.2%	41.9%	52.1%	36.7%	45.9%	48.4%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	67.2%	93.3%	100%	100%	100%	100%	100%	96.6%	91.7%	84.4%	62.5%	47.1%	80.6%	97.2%	100%	90.6%	67.2%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	28.1%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	37.5%	37.5%	17.6%	29%	52.1%	36.7%	38.8%	28.1%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	55.9%	-	45.7%	54.3%	59.6%	52.6%	51.3%	57.1%	69.7%	60.5%	57.6%	54.3%	-	50.6%	54.8%	63.5%	55.9%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	83.8%	-	71.4%	69.6%	70.2%	68.4%	69.2%	78.6%	75.8%	65.8%	81.8%	85.7%	-	70.4%	69.4%	71.8%	83.8%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60.8%	64.5%	92.9%	50%	81.8%	88.9%	55.6%	71.4%	58.8%	33.3%	37.5%	77.8%	50%	64.3%	77.1%	72%	47.1%	64.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83.2%	49.4%	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%	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%	-	100%	100%	100%	60%	100%	100%	-	100%	100%	-	-	-	100%	71.4%	100%	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9692	5249	645	547	887	794	633	1164	1423	699	911	1752	1722	1775	2079	2591	3033	5249
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	92	91	91	91	93	90	91	93	91	91	91	92	92	91	91
	P01g	Patient Survey - Kindness and Understanding	-	-	96	96	96	96	96	97	96	96	98	96	95	96	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	90	90	90	90	89	89	92	84	88	91	96	90	90	90	91
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	-	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%	-	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%	-	30.1%	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%	-	98.9%	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%	-	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%	-	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	210	168	125	149	178	150	117	152	171	121	50	62	98	442	445	444	210
	T03a	Formal Complaints Responded To Within Trust Timeframe	88%	71.6%	90.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84.1%	85.5%	85.5%	75.5%	70%	65.5%	83.6%	88.3%	85%	71.6%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	91%	87.5%	91.6%	93.8%	75%	90%	95.8%	83.6%	86.6%	90.3%	91.3%	85.7%	70%	96.6%	88.3%	90.3%	89.2%	87.5%
	T05A	Informal Complaints Responded To Within Trust Timeframe	89.5%	98.5%	85.7%	87.9%	90.3%	93.4%	83.3%	91.2%	92.4%	82.4%	100%	95.2%	100%	100%	87.5%	90.1%	91.9%	98.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	7.51%	4.08%	12.05%	4.17%	7.5%	5.71%	8.45%	5.46%	10.98%	1.61%	2.9%	4.08%	-	-	8.77%	6.63%	5.63%	4.08%

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Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Monthly Totals Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Quarterly Totals 19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Patient Access																				
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	86.5%	84.3%	83.6%	83%	83%	82.5%	83.2%	82.4%	78.3%	69.1%	59.6%	51.6%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	4436	5216	5574	5866	5903	6028	5745	6223	7134	9489	11983	15242	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	634	9	9	5	4	5	10	15	11	30	78	184	372	23	19	56	634
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	152	211	219	202	219	282	305	315	411	772	1242	1832	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	90.1%	95.2%	89%	91.7%	93%	95.2%	94.1%	95.2%	94.7%	91.2%	90.3%	90%	-	92%	94%	93.8%	90.1%
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	51.5%	35.2%	27.5%	33.7%	38.6%	37.8%	35.1%	49.7%	24.3%	18.8%	59.6%	45.9%	-	31.9%	37.3%	31.2%	51.5%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	92.3%	97.1%	96.3%	94.4%	96.6%	97%	95.7%	92.3%	96.1%	97.4%	94.5%	89.7%	-	95.9%	96.4%	95.4%	92.3%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	100%	99%	99%	97.1%	97.7%	99.2%	100%	98%	100%	99.1%	100%	100%	-	98.4%	98.9%	99%	100%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	86.7%	90.4%	94.2%	91.7%	93.3%	92.3%	93.5%	94.5%	92.7%	92.5%	83.3%	90.2%	-	92.1%	93.1%	93.2%	86.7%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	97.5%	94.4%	95.2%	96.2%	96.5%	96.8%	94.3%	94.5%	98.5%	99.5%	98%	97.1%	-	95.2%	95.9%	97.4%	97.5%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	75%	86.8%	85.8%	84%	85.4%	87%	83.9%	80.8%	82.1%	91.1%	77%	72.6%	-	85.6%	85.4%	85.4%	75%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	100%	66.7%	100%	85.7%	55.6%	53.8%	33.3%	36.4%	33.3%	81.8%	100%	-	-	83.3%	48.4%	51.6%	100%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	87.6%	85.7%	87.1%	80.8%	82.9%	84%	89.2%	86.3%	83.9%	91.2%	84.5%	91.3%	-	84.4%	85.5%	87%	87.6%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	-	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%	0.44%	1.25%	1.55%	1.44%	1.69%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	0.33%	0.45%	1.41%	2.03%	2.06%	0.44%
	F01a	Number of Last Minute Cancelled Operations	1394	39	88	95	94	119	137	153	140	128	115	13	9	17	277	409	383	39
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	68.6%	93.2%	95.5%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	69.2%	88.9%	95.3%	96.3%	91.7%	68.6%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.08%	1.81%	1.6%	1.93%	2.6%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	0%	0%	1.79%	2.26%	2.41%	0.08%
	F07a	Number of Admissions Cancelled Day Before	1625	7	128	98	126	183	138	135	122	120	207	7	0	0	352	456	449	7
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	61.7%	63.4%	54.3%	64.7%	60.5%	55.9%	68.4%	59%	64.1%	48.6%	53.8%	63.4%	-	-	59.8%	61.3%	55.8%	63.4%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	84.6%	80.5%	80%	88.2%	83.7%	88.2%	94.7%	84.6%	92.3%	68.6%	66.7%	80.5%	-	-	83.9%	89.2%	76.1%	80.5%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	96.19%	95.26%	96.21%	95.85%	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	39.22%	47.02%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	16.1%	11.1%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	13.5%	10.5%	11.1%	10.5%	13.3%	16.1%
	R05	Outpatient DNA Rate	6.6%	5.3%	6.4%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	5.1%	5.3%	6.5%	6.5%	6.5%	5.3%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.62	2.12	2.25	2.15	2.07	2.15	2.11	2.17	2.12	2.26	2.52	2.72	2.62	2.17	2.11	2.18	2.62
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	13.8%	17.9%	16.9%	14.6%	17%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	14.9%	-	16.5%	18.6%	19.4%	13.8%
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	24	19	32	19	30	19	21	27	29	21	9	10	5	70	70	77	24
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	17	9	8	13	12	5	8	11	13	7	9	7	1	30	25	31	17
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	714	532	654	783	708	590	731	713	790	962	278	238	198	1969	2029	2465	714
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	439	283	165	233	257	298	220	212	217	249	201	150	88	681	775	678	439

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Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	48	75	58	83	69	75	95	107	87	32	46	39	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	31	23	26	31	20	27	26	30	36	21	18	12	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1986	2402	2393	2480	2388	2398	3166	2751	3110	1253	1450	1367	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	877	659	840	948	812	784	776	907	1002	871	531	403	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	3.89	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.89	3.83	4.05	3.89
	J04D	Percentage Length of Stay 14+ Days	6.7%	6.1%	6.6%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	5.2%	5.8%	6.6%	6.4%	7.1%	6.1%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	3.89	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.89	3.83	4.05	3.89
AMU	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.5%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	1.3%	4.6%	5.5%	3.7%	0.5%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	100%	42.6%	35.7%	37%	100%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	90.05%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	82.64%	79.63%	80.36%	90.05%
	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%	90.05%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	82.64%	79.63%	80.36%	90.05%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	86.61%	68.95%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	89.84%	81.18%	71.53%	68.8%	68.25%	86.61%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	91.75%	94.82%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	90.27%	94.09%	93.02%	86.78%	90.76%	91.75%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	98.97%	98.16%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	99.31%	98.52%	97.98%	98.08%	97.91%	98.97%
	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	8	11	1	5	0	0	0	0	8	17	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	97.4%	98%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.6%	95.8%	97.5%	97%	95.3%	97.4%
	B02b	ED Time to Initial Assessment - Data Completness	96.9%	97.1%	98.3%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.4%	96.6%	97.5%	96.1%	96.2%	97.1%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	76.4%	50.1%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	78.6%	65.7%	52.2%	48.8%	54.7%	76.4%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	98.9%	96.8%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	99%	98.3%	96.9%	97.3%	97.2%	98.9%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.2%	3.4%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	2.9%	3.4%	4.1%	3.8%	3.2%
	B05	ED Left Without Being Seen Rate	1.6%	0.8%	1.7%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	0.7%	1%	1.7%	1.5%	1.4%	0.8%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	352	-	36	25	53	-	-	-	-	-	-	-	-	-	114	-	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.5%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	1.3%	4.6%	5.5%	3.7%	0.5%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	100%	42.6%	35.7%	37%	100%

Appendix – Weston Scorecards

NHS
University Hospitals Bristol and Weston
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Oversight Framework

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
3	Quality & Safety	Incidents	Occurrence of any Never Event	Nil	0	0	0	0	0	1	0	0	0	0	0	0
9		VTE Complaince	VTE Risk Assessment	95%	95.19%	95.03%	95.05%	95.30%	94.63%	95.02%	94.57%	93.08%	78.47%			
				Numerator	2178	1989	1997	2231	2044	2061	2073	1898	1396			
				Denominator	2288	2093	2101	2341	2160	2169	2192	2039	1779			
				Quarterly	95.09%			94.99%								
97		Healthcare Associated Infections	Meticillin resistant Staphylococcus Aureus (MRSA)	0 p/a	0	0	0	0	0	0	0	0	0	0	0	0
98			Meticillin sensitive Staphylococcus Aureus (MSSA)	≤5 p/a	1	1	0	0	1	0	1	0	0	0	1	0
99			Clostridium Difficile	≤14p/a	0	1	1	3	1	1	1	1	0	0	2	0
15		Mortality	Summary Hospital-level Mortality Indicator	1	0.93	0.97	0.98	0.99								

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
16	Operational Performance	A&E	A&E 4 Hour Performance	95%	76.60%	75.99%	73.19%	74.71%	69.05%	70.21%	68.52%	70.43%	76.80%	93.24%	87.44%	86.97%
				Numerator	3571	3377	3263	3205	2827	2963	2766	2742	2347	1835	1831	1081
				Denominator	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094	1243
17		RTT	RTT Incomplete - 92% in 18 weeks	92%	86.61%	84.69%	85.63%	83.43%	83.63%	84.07%	84.72%	84.60%	83.19%	78.72%	72.30%	59.79%
				Numerator	5008	4936	5350	5054	5458	5559	5661	5871	5716	4314	3570	2621
				Denominator	5782	5828	6248	6058	6526	6612	6682	6940	6871	5480	4938	4384
19		Diagnostics	Maximum 6 week wait for diagnostic Procedures	99%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%	64.16%	64.96%	81.01%
				Numerator	2464	1800	1562	1731	1839	1942	2092	2277	1228	299	482	1186
				Denominator	2607	1839	1583	1750	1886	2032	2208	2304	1258	466	742	1464

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
23	Human Resources	Staffing	Staff Sickness	≤3.9% per mth	3.35%	3.74%	4.22%	4.54%	5.50%	4.80%	4.37%	4.03%	3.82%	3.77%	3.60%	3.60%
				Numerator	1500	1680	1826	2042	2413	2172	1985	1714	1743	1603	1633	1591
				Denominator	44766	44883	43261	44976	43903	45256	45419	42540	45623	42527	45314	44140
24			Staff Turnover	≤15%	14.80%	14.70%	14.03%	14.10%	14.46%	14.70%	14.56%	14.56%	14.36%	13.59%	14.02%	14.10%
				Numerator	221	220	214	217	188	191	188	188	214	170	175	176
				Denominator	1515	1514	1525	1521	1301	1298	1293	1293	1245	1248	1245	1247

Appendix – Weston Scorecards

University Hospitals Bristol and Weston NHS Foundation Trust

Operating Plan

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
32	Quality and Safety	Falls Reduction Strategy	Falls with Moderate or Severe Harm	10 p/a	0	2	1	0	1	1	1	0	0	1	0	1
33			Falls per 1000 bed days	5.66	7.26	4.00	3.08	3.61	3.06	3.38	3.10	4.14	3.28	4.82	6.36	3.41
				Numerator	61	33	25	29	22	28	26	32	25	28	35	14
				Denominator	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5506	4103
35		Hospital acquired pressure ulcer reduction strategy	Hospital Acquired Pressure Ulcers-Grade 3	7 p/a	2	2	1	1	1	0	1	0	1	1	1	1
36			Hospital Acquired Pressure Ulcers-Grade 4	1 p/a	0	0	0	0	0	0	0	0	0	0	0	0

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
62	Human Resources	Improvement in workforce stability measures due to reduced turnover	Vacancies rates	<8%	12.67%	13.48%	11.01%	12.81%	12.50%	13.03%	13.10%	13.08%	12.60%	11.19%	8.68%	9.53%
				Numerator	243	230	187	187	211	220	221	221	213	178	138	152
				Denominator	1712	1703	1702	1702	1691	1690	1690	1690	1690	1590	1590	1592
64		A reduction in the number of overall vacancies	Appraisal compliance of all staff groups	≥85%	73.25%	72.51%	72.34%	67.38%	69.03%	64.79%	69.42%	70.81%	72.40%	63.58%	60.38%	61.78%
				Numerator	975	926	871	901	912	841	917	895	918	770	730	797
				Denominator	1331	1277	1204	1337	1321	1298	1321	1264	1268	1211	1209	1290

Appendix – Weston Scorecards

NHS
University Hospitals Bristol and Weston
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Other Measures

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	Quality and Safety	Incidents	Hospital Attributable Pressure Ulcer (grade 2-4) - incidence per 1000 bed days	0.92	1.55	0.73	0.25	0.75	0.42	0.97	0.96	1.16	1.18	1.72	0.91	0.73
				Numerator	13	6	2	6	3	8	8	9	9	10	5	3
				Denominator	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5506	4103
83			Incidents	Target Not Applicable	682	512	514	495	434	525	586	584	407	215	225	215
			Incidents - Serious Incidents	Target Not Applicable	4	4	3	3	2	1	3	1	1	4	1	3
84			Duty of Candour Breaches	Nil	0	0	0	0	0	0	0	0	0	0	0	0
		Complaints	Complaints - Received Trust total	Target Not Applicable	15	19	29	19	28	24	22	15	9	4	1	1
85			Complaints - Trust Response Rate	85%	66%	64%	66%	66%	78%	47%	53%	53%	52%	100%	50%	0%

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
91	Quality and Safety cont.	Nursing	RN levels (% Achieved)		98.31%	91.23%	92.88%	94.63%	96.13%	91.50%	94.30%	97.37%		82.83%	79.52%	64.09%
				Numerator	32488	30285	29558	29323	28769	30681	29175	28117		24263	26823	19306
				Denominator	33045	33195	31825	30985	29927	33530	30938	28875		29293	33732	30125
92			Numbers (% Achieved)		112.44%	114.86%	107.58%	108.70%	108.99%	88.07%	116.60%	120.16%	#DIV/0!	120.31%	118.04%	83.01%
				Numerator	28956	29112	26356	27447	26837	28123	29767	28702		26406	29852	19259
				Denominator	25753	25345	24498	25251	24624	31934	25530	23887		21948	25289	23200

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
101	Operations	Emergency Department	12 Hour Trolley Waits	0	18	11	39	21	127	124	257	134	41	0	1	7
102			Green to Go- average	30	62	65	63	48	50	62	65	63	61	29	32	25
102a			Bed days lost to patients on the Green to Go list		1928	2012	1883	1494	1501	1936	2030	1814	1889	880	1003	740
103			Re-attendance at ED within 7 days of original attendance	between 1% - 5%	6.92%	6.06%	6.19%	6.49%	6.24%	6.25%	6.38%	5.96%	5.57%	6.59%	0%	6.31%
				Numerator	322	269	276	281	253	264	257	232	170	130	0	68
				Denominator	4652	4442	4458	4330	4055	4226	4029	3893	3050	1972	2146	1078
105			The percentage of people who leave the ED department without being seen	≤ 5% per mth	0.32%	2.57%	3.43%	2.70%	3.25%	2.70%	2.13%	2.72%	1.73%	0.20%	0.62%	0.48%
				Numerator	15	114	153	116	133	114	86	106	53	4	13	6
				Denominator	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094	1243
106			Median time spent from arrival at ED to treatment	≤01:00 hrs	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	00:22:00	00:22:00
			Median time from arrival at ED to assessment	≤00:15 mins	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	00:10:00	00:11:00
			ED Attendances		4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094	1243
108		Ambulance Handover Delays	% Total Ambulance arrivals delayed > 30 - 60 mins	0%	5.95%	7.35%	7.63%	6.59%	10.72%	10.12%	9.83%	9.59%	7.93%	1.48%	3.70%	4.07%
				Numerator	61	77	79	72	115	114	110	100	71	11	26	16
				Denominator	1026	1047	1036	1093	1073	1127	1119	1043	895	741	703	393
109			% Total Ambulance arrivals delayed > 60 mins	0%	0.78%	0.96%	0.97%	0.64%	0.56%	1.15%	1.43%	0.96%	0.67%	0%	0.14%	0.76%
				Numerator	8	10	10	7	6	13	16	10	6	0	1	3
				Denominator	1026	1047	1036	1093	1073	1127	1119	1043	895	741	703	393

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Other Measures

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
115	Operations	Stroke	Stroke Care - Stroke patients to spend 90% of their stay on a stroke unit	≥ 90% per mth	46.15%	81.25%	76.47%	70.00%	83.33%	95.24%	75.00%	83.33%	82.35%	83.33%		50.00%
				Numerator	6	13	13	21	15	20	15	15	14	15		4
				Denominator	13	16	17	30	18	21	20	18	17	18		8
116		Re-admissions	Emergency re-admissions within 30 days following an elective or emergency spell	n/a	5.77%	4.81%	4.87%	4.53%	5.09%	4.82%	6.37%	5.09%	4.60%	5.56%	4.15%	4.24%
				Numerator	152	115	118	125	127	121	163	122	97	68	43	33
				Denominator	2633	2393	2421	2762	2493	2509	2557	2395	2110	1223	1035	778
117		Fractured Neck of Femur	#NOF - Percentage of Patients Assessed by Ortho-geriatrician within 72hrs of admission to ED or fall within hospital	90%	97%	90%	94%	94%	100%	100%	100%	100%	100%	92%	92%	93%
				Numerator	30	19	29	15	12	22	17	21	24	23	22	13
				Denominator	31	21	31	16	12	22	17	21	24	25	24	14
118			#NOF - Surgery within 36hrs of admission to ED or fall within hospital	n/a	87.10%	90.48%	64.52%	87.50%	100%	95.45%	88.24%	90.48%	70.83%	80.00%	75.00%	64.29%
				Numerator	27	19	20	14	12	21	15	19	17	20	18	9
				Denominator	31	21	31	16	12	22	17	21	24	25	24	14
119			Number of #NOFs discharged	n/a	31	21	31	16	12	22	17	21	24	25	24	14
120		High Risk Transient Ischemic Attack	% of High Risk TIA Patients seen within 24 hours	60%	52.94%	40.00%	29.41%	77.27%	82.35%	68.42%	84.21%	50.00%	60.00%	55.56%	44.44%	60.00%
				Numerator	9	6	5	17	14	13	16	8	6	5	4	3
				Denominator	17	15	17	22	17	19	19	16	10	9	9	5
121		RTT	RTT waits over 52 weeks for incomplete pathways	0	2	2	3	4	7	5	9	18	22	36	61	103
123		Access and Waiting Times	Daycase Rate	≥ 85% per mth	94.21%	92.85%	87.36%	92.35%	92.78%	92.89%	94.39%	93.11%	93.83%	95.19%	96.00%	98.05%
				Numerator	1269	1091	1127	1280	1144	1085	1144	1121	898	376	264	352
				Denominator	1347	1175	1290	1386	1233	1168	1212	1204	957	395	275	359
124			Outpatient DNA Rate	≤ 8% per mth	6.40%	6.83%	6.39%	6.09%	6.51%	6.19%	5.94%	5.63%	6.15%	3.81%	3.56%	4.68%
				Numerator	958	867	850	921	913	712	807	719	670	252	194	315
				Denominator	14971	12686	13310	15128	14021	11495	13579	12773	10886	6622	5457	6734
125			Outpatient New to Follow Up	≤ 1.6 per mth	1.95	1.84	1.84	1.75	1.98	1.92	1.95	1.83	2.07	2.79	2.97	2.81
				Numerator	9255	7664	8077	9040	8708	7093	8445	7794	6887	4689	3938	4733
				Denominator	4758	4155	4383	5167	4400	3690	4327	4260	3329	1681	1325	1686
126		Cancelled Ops	Cancellation of Elective Care Operations on the day for Non-Clinical reasons	≤ 0.8% per mth	4.46%	2.27%	3.26%	0.76%	3.20%	3.72%	10.93%	3.02%	2.55%	2.63%	0.00%	0.00%
				Numerator	20	9	12	4	15	15	34	14	6	1	0	0
				Denominator	448	396	368	529	469	403	311	463	235	38	24	10
127			Cancelled operations - 95% of cancelled patients to be rebooked within 28 days	95%	100%	80%	100%	80%	88%	92%						
				Numerator	15	4	9	4	7	11						
				Denominator	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

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Other Measures

No.	Section		Metric	Standard 2019/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
129	Operations	Patient Flow	Delayed Transfers of Care	≤3.5% per mth	2.58%	3.46%	3.48%	2.35%	1.98%	4.00%	3.68%	3.52%	0.00%	0.00%	0.00%	
				Numerator	217	286	283	189	142	331	308	272	0	0	0	
				Denominator	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5506	4103
130a			Average LOS (Days)	≤2.9 per mth	3.20	3.40	3.44	3.30	2.92	3.50	3.27	3.70	3.90	3.70	5.40	4.50
				Numerator	8419	8180	8324	9171	7274	8857	8371	8765	8262	4561	5585	3497
				Denominator	2633	2393	2421	2762	2493	2509	2557	2395	2110	1223	1035	778
130b			Average LOS (Days) exc. Daycase	≤5.5 per mth	6.4	6.4	6.6	6.3	5.5	6.3	6.0	7.0	6.9	5.4	7.3	8.2
				Numerator	8419	8180	8324	9171	7274	8857	8371	8765	8262	4561	5585	3497
				Denominator	1318	1270	1267	1464	1329	1414	1387	1249	1194	846	770	424
131			ED Conversion Rate	≤24% per mth	25.59%	25.86%	24.70%	28.00%	27.72%	28.77%	30.10%	26.28%	32.23%	39.23%	32.19%	33.23%
				Numerator	1193	1149	1101	1201	1135	1214	1215	1023	985	772	674	413
				Denominator	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094	1243
132			LOS over 7 days	≤18% per mth	29.35%	28.00%	29.08%	30.34%	24.05%	27.72%	28.43%	30.24%	31.46%	25.62%	35.22%	30.59%
				Numerator	388	357	371	460	322	393	396	384	376	216	274	130
				Denominator	1322	1275	1276	1516	1339	1418	1393	1270	1195	843	778	425
133			Bed Occupancy (funded)	<95%	114.90%	112.88%	114.88%	110.07%	101.84%	112.96%	105.81%	102.19%	94.84%	75.42%	68.56%	60.36%
				Numerator	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5506	4103
				Denominator	7311	7316	7075	7306	7053	7329	7915	7568	8038	7707	8031	6798
134			Morning Discharge %	≥30% per mth	26.05%	27.29%	23.14%	23.87%	25.23%	20.93%	21.47%	25.03%	21.52%	21.73%	23.42%	23.71%
				Numerator	230	280	215	269	217	189	190	213	195	148	152	83
				Denominator	883	1026	929	1127	860	903	885	851	906	681	649	350
135			Discharges at Weekend as % of Discharges During Week	≥50% per mth	37.77%	46.52%	45.14%	36.63%	39.26%	33.66%	42.70%	38.54%	39.71%	40.78%	39.94%	36.22%
136			Admission On Day Of Surgery	≥98% per mth	100%	100%	100%	100%	100%	100%	100%	99.9%	100%	100%	100%	100%
				Numerator	1246	1085	1110	1255	1015	973	1098	1317	845	370	252	357
				Denominator	1249	1085	1112	1255	1016	973	1098	1318	846	370	253	358
137			Theatres - % late starts (Elective)	≤9% per mth	44.09%	39.62%	43.24%	41.22%	31.54%	50.00%	56.07%	34.43%	37.50%	73.68%	84.62%	90.91%
				Numerator	56	42	48	61	41	53	60	42	33	14	11	10
				Denominator	127	106	111	148	130	106	107	122	88	19	13	11
138			Theatre session utilisation (Elective)	≥85% per mth	69.64%	61.19%	64.98%	80.93%	73.87%	64.56%	56.44%	73.58%	50.00%	11.33%	7.58%	2.63%
				Numerator	156	134	141	191	164	133	127	156	108	23	15	6
				Denominator	224	219	217	236	222	206	225	212	216	203	198	228
139			Theatre in-session utilisation (Elective)	≥85%	79.37%	78.47%	79.69%	78.45%	77.48%	78.98%	70.46%	76.91%	72.93%	70.43%	73.10%	42.93%
				Numerator	26640	25037	27395	35733	30199	25748	21416	28685	18273	4121	2775	744
				Denominator	33565	31905	34376	45547	38976	32601	30396	37297	25056	5851	3796	1733

University Hospitals Bristol and Weston NHS Foundation Trust

Item to follow:

Agenda item 13 00

Audit Committee Chair's Report

13.1

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors on 30 July 2020

Reporting Committee	**Charity Committee**
Chaired By	**Jeff Farrar, Chair**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

For Information

The Committee considered a summary of fund balances as at 31 May 2020 and noted that no bids had been received. The Committee was aware of a staff wellbeing bid that would need to be considered, as well as commitments to celebrate the history of Weston Area Health NHS Trust as part of the merger. These would be brought to the next meeting of the Committee.

The Committee received and noted an update on the project to take the Charity to independent status. The project was progressing well and in line with the plan.

For Board Awareness, Action or Response

The Committee considered the strategy of the Charity and proposed a focus on three key areas:

- Moving towards independence and potential merger with Above & Beyond
- Effective communication and use of funds to support staff and patients at Weston General Hospital
- Ensure effective scrutiny of charity activities by the Committee

The strategy is being drafted and will be presented to the Board for approval at its meeting September.

The Committee considered its membership and agreed that representation from the Weston Division and Communications would be beneficial. The Terms of Reference have been revised and are attached in Appendix 1 for **approval** by the Board, acting as the Corporate Trustee.

Key Decisions and Actions

The Committee:

- Approved the annual accounts for 2019/20 subject to some minor queries from the auditors

Additional Chair Comments

Date of next meeting:	**14 August 2020**

13.2

University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – Charity Committee

Document Data	
Corporate Entity	Charity Committee
Document Type	Terms of Reference
Document Status	Final
Executive Lead	Robert Woolley, Chief Executive
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	July 2021

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
18/03/2020	1	Director of Corporate Governance	Major	Initial draft for comment

13.2

Contents

1. Constitution of the Committee

1.1. The Trust is the Corporate Trustee of the group of charitable funds registered with the Charity Commission under the charity registration number 1057589 in the name of Weston Health General Charitable Fund.

1.2. The Board of Directors, acting as the Corporate Trustee, hereby resolves to establish a Committee to be known as the Charity Committee.

1.3. Its constitution and terms of reference shall be as set out below, and will be subject to amendments approved by the Corporate Trustee.

2. Stakeholder Assessment

2.1. The Stakeholders of the Charity Committee are identified below:

Internal (accountable to)

- Corporate Trustee (Board of Directors)

Internal (peer)

- None

Internal (reporting to CC)

- Fund Budget Holders

External

- Charity Commission
- Investment Brokers
- External Audit

Stakeholder Analysis

2.2. The Terms of Reference and the responsibilities of the CC are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required, either from or by the CC.

2.3. The following table provides an analysis of the requirements and dependencies associated with the CC's Stakeholder Community.

2.4. **Requirements from CC** - Explains what the Charity Committee is required to do based on the requirements of the stakeholder.

2.5. **Inputs into CC** - Explains what needs to be provided into the Charity Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	**Requirements from CC**		**Inputs to CC**		**Section Reference**
	General	Formal Deliverables	General	Formal Deliverables	
Corporate Trustee (Board of Directors)	Oversee the running of the Charity	CC Chair Report (after each meeting) CC Annual Report		Charity Strategy Approve Terms of Reference	3.1 8.1
Fund Budget Holders				Update on expenditure and plans	7.1

External Stakeholder Community					
Stakeholder	**Requirements from CC**		**Inputs to CC**		**Section Reference**
	General	Deliverables	General	Deliverables	
External Audit	Guidance on possible scope of annual audit			Audit Report Management Letter of Representation	7.1.5
Investment Brokers	Guidance on investment portfolio			Report on investments to each meeting	7.1.9
Charity Commission	Meet good governance in the Charity Governance Code			Annual self-assessment of compliance in the CC annual report	4.1 7.2

3. Purpose

3.1. The purpose of the Charity Committee is to:

3.1.1. Oversee the operation of the Weston Health General Charitable Fund to ensure it is managed and operated in accordance with the governing documents and comply with relevant legislation and guidance from the Charity Commission, Fundraising Regulator and Information Commissioners Office.

3.1.2. Review the operation of the Charity, providing assurance to the Corporate Trustee on the development and delivery of the Charity's Strategy.

3.1.3. Provide assurance to the Corporate Trustee on the efficient and effective running of the Charity's activities and to oversee the implementation of an infrastructure appropriate to the efficient and effective running of the Charity.

3.1.4. Oversee the smooth and compliant transition of the funds held in trust to a charitable partner

4. Authority

4.1. The Committee is authorised to ensure that the Charity acts within the terms of its Declaration of Trust, appropriate legislation, Charity Commission guidance and should provide the Corporate Trustee with assurance that the Charity is properly governed and well managed across its full range of activities.

4.2. The Committee is authorised to seek any information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

4.3. The Committee is authorised by the Corporate Trustee to make decisions

within its terms of reference, including matters specifically referred to it by the Corporate Trustee.

4.4. The Committee may establish sub-committees for a specific purpose. For example a Fundraising Appeals Committee.

5. Membership and attendance

5.1. The membership of the Charity Committee is appointed by the Board of Directors from amongst the Executive and Non-Executive Directors of the Board and shall consist of not less than five members.

5.2. The usual members of the Committee will be:

- Three Non-Executive Directors one of whom will chair the Committee.
- Director of Finance
- Director of Strategy and Transformation

5.3. In the absence of the appointed Committee Chair, another Non-executive will chair the meeting.

5.4. The following officers are expected to attend meetings of the Committee at the invitation of the Chair:

- Financial Controller
- Director of Corporate Governance
- Investment Brokers (as required)
- Fund Budget Holders (as required)
- Divisional Director, Weston Division
- Director of Communications

5.5. The Committee can request the attendance of any other director or senior manager if an agenda item requires it.

5.6. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.

6. Quorum

6.1. The quorum necessary for the transaction of business shall be three members including at least the Committee Chair and the Director of Finance (or their nominated deputy).

6.2. A duly convened meeting of the Charity Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable as set out in these terms of reference.

7. Duties

7.1. The Charity Committee shall discharge the following duties on behalf of the Board of Directors:

7.1.1. To ensure that best practice is followed in terms of guidance from the Charity Commission, and professional financial and investment advisers, where appropriate.

7.1.2. To ensure that appropriate policies and procedures are in place,

consistent with the purposes of the Funds.

7.1.3. To review investment income and the arrangements with the investment brokers at regular intervals.

7.1.4. To review the Scheme of Delegation for charitable funds on a regular basis and recommend changes where appropriate.

7.1.5. To agree Fund budget holders proposals for income and expenditure on an annual basis or more frequently if appropriate.

7.1.6. To ensure that a separate register of interests is compiled for both Trustees and Fund budget holders, and that it is reviewed and updated on a regular basis.

7.1.7. To approve fundraising policies in conjunction with the Director of Finance, ensuring compliance with statutory requirements.

7.1.8. To ensure that any proposals for equipment purchases are consistent with Funds' objectives and overall Trust Business Plans.

7.1.9. To oversee the management of investments. The committee will ensure the investment brokers are aware of the overall objectives for the use of charitable and non-charitable funds and of the risk considerations.

7.1.10. To ensure that information from Investment brokers is received in a timely manner and that the service is market tested at regular intervals.

7.1.11. To ensure that all research monies paid into charitable funds meet the criteria for charitable status as specified by the Charity Commission.

7.1.12. To review the number of funds on an annual basis and undertake a programme of rationalisation, where appropriate.

7.1.13. To approve any requests to set up new funds and cost centres.

7.1.14. To decide the bases of apportionment for investment income and administration costs respectively.

7.1.15. To arrange an annual audit or inspection of the Funds as required.

7.2. The Charity Committee will seek to ensure that all donations, sponsorship, legacies and other income that may be received by the Charity is given on terms that permit flexibility in its use, consistent with overall requirements of the Charity Commission and other bodies set out in this document. Where necessary it will seek advice from the Charity Commission.

8. Reporting and Accountability

8.1. The Chair of the Charity Committee shall report to the Board of Directors on the activities of the Committee.

8.2. The Chair of the Charity Committee shall make whatever recommendations to the Board deemed by the Committee to be appropriate (on any area within the Committee's remit where disclosure, action or improvement is needed).

9. Administration

9.1. The Trust Secretariat shall provide administrative support to the Committee.

9.2. Meetings of the Charity Committee shall be called by the Trust Secretariat at the request of the Committee Chair.

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

9.4. Supporting papers shall be made available to Committee members no later than three working days before the date of the meeting.

9.5. A member of the Trust Secretariat shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

9.6. Draft Minutes of meetings shall be made available promptly to all members of the Committee.

10. Frequency of Meetings

10.1. The Committee will meet four times a year and will be set in advance as part of the planning of the Board of Directors/Corporate Trustee and Committee meetings annual calendar of business. The meetings will be scheduled to enable timely reporting to the Corporate Trustee meeting.

10.2. Further meetings can be called at the request of the Committee Chair.

10.3. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.

11. Review of Terms of Reference

11.1. The Committee shall, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness.

Meeting of the Finance Committee on 28th July 2020

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

Information

The Committee received the Finance Director's Report. It was reported that under the revised NHS funding regime the Trust received £59.5m block funding and £2.9m of top up funding. In order to break even in June, the Trust required £3.8m of true-up funding, (compared with £0.3m in May and £0.2m in April). Activity has increased thereby increasing the costs of delivery and there was a significant increase in Covid-19 related costs, with to date £10.3m of additional costs being incurred. Clinical Divisions and Estates and Facilities were £3.0m adverse to budget to the end of June, improving to £5.7m favourable after removing the Covid related costs. It was noted that the divisions' savings targets had been restated with a requirement to deliver savings at least equal to the underlying deficit brought forward from 2019/20. To date the Trust had achieved £1.8m of savings against a target of £4.4m on this basis. These savings targets would be reviewed in line with future national planning guidance.

The Committee discussed the cost pressures resulting from the Covid-19 pandemic and also the financial outlook for the rest of 2020/21 taking account of the measures that had been put in place in response to Covid-19. The assumptions underpinning the high-level projections were debated by the Committee, and the difficulties in planning for the second half of the financial year in such a fluid and dynamic situation were noted. Overall it was felt that it was unlikely that the Trust would see a return to the activity levels seen the previous year in the short term.

The corporate objectives which fall within the remit of the Finance Committee were reviewed, and it was noted that several of these cut across a number of the Board's Committees.

The Committee received an update on the work of the Digital Hospital Programme Board, and the importance of using the digital agenda as a mechanism for achieving cultural change and new ways of working were highlighted.

The Committee received the following for assurance:

- Capital Programme Update and a summary report from the last meeting of the Capital Programme Steering Group
- Statement of Financial position
- Quarterly Treasury Management Statement

For Board Awareness, Action or Response

The Committee considered a revised draft of its terms of reference, which took account of the Board's decision that the Committee should provide assurance about the development and delivery of the Trust's Digital Strategy. During the discussion several comments were made regarding the contents of the terms of reference, particularly

around the role of the Committee and how this was expressed throughout the document. The need to get the Committee's cycle of business and frequency of meetings right was seen as critical to the success of the Committee in delivering its responsibilities. It was agreed that structure and flow of the terms of reference should be reviewed but that they should be agreed in principle. The Trust is therefore recommended to approve the draft terms of reference attached as Appendix 1 and that this should remain a live document and updated as necessary as the work of the Committee proceeded.

Key Decisions and Actions	
N/A	
Date of next meeting:	**27 August 2020**

Terms of Reference – Finance and Digital Committee

Document Data	
Corporate Entity	University Hospitals Bristol and Weston NHS Foundation Trust
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Director of Finance and Information
Document Owner	Director of Corporate Governance
Approval Authority	Board of Directors
Document Reference	Not Applicable
Review Cycle	12 months
Next Review Date	
Estimated Reading Time	7 Minutes

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
November 2007	N/a	Not recorded	Pre-FT	Not recorded
March 2008	N/a	Not recorded	Pre-FT	Not recorded
07 October 2008	N/a	Not recorded	FT	First Foundation Trust version
March 2009	N/a	Not recorded	Not recorded	Not recorded
22 June 2012	1.1	Trust Secretary	Redraft	To ensure congruence with the Terms of Reference of other committees of the Trust Board of Directors as revised at the beginning of 2011-2012. Endorsed by Finance Committee for approval by Trust Board of Directors with addition of footnote 4.
28 June 2012	2.0	Trust Secretary	Major Version	Approved by Trust Board of Directors.
26 September 2014	3.0	Joint Interim Head of Membership & Governance	Redraft	To ensure congruence with the Terms of Reference of other committees of the Trust Board of Directors ahead of the well led Governance Review to be undertaken in late 2014.
28 July 2016	4.0	Trust Secretary	Minor	Changes to job titles and quorum for the committee. Change from Monitor to NHS Improvement. Additional section 7.2 in relation to the quorum. Change from the Trust Secretary attending from time to time, to each meeting. (6.6 (b)

13/10/2017	5.0	Trust Secretary	Minor	Minor typographical amendments Inclusion of the reporting requirement to the Audit Committee (section 5.2) 4.2 (e) updated to reflect the Capital Investment Policy 8.1 a (x) updated to reflect the Use of Resources Rating 4.3 (e) updated to clarify wording
23/10/18	6.0	Deputy Trust Secretary	Minor	Revisions to make sure Tor align with best practice. Revisions to clarify the risk function (as part of a review of all Board ToR in relation to risk) and to ensure assurance mapping is correct across Committees. Clarity of wording.
02/01/20	7.0	Director of Corporate Governance	Major	Inclusion of Information Technology within the remit of the Committee and a new Stakeholder Analysis section

1. Constitution of the Committee

1.1. The Finance and Digital Committee (the Committee) is a non-statutory committee established by the Board of Directors to discharge the duties set out in these Terms of Reference.

2. Purpose and role

2.1. The purpose of the Committee is to support the implementation of the Board's Strategy by seeking assurance about the Trust's financial and digital strategies.

2.2. Additionally, the Committee shall carry out the role of 'investment committee' for the purposes of the Trust's Capital Investment Policy.

3. Stakeholder Community

3.1. The Committee's (FDC) primary responsibility is to the Board of Directors, as detailed above. However, in order to discharge these responsibilities appropriately the FDC must work in close partnership with a number of internal and external Stakeholders. These Stakeholders influence the work of the FDC by:

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust's approach.

3.2. The Stakeholders of the Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors
- Accounting Officer (CEO of the Trust)

Internal (peer)

- Audit Committee

Internal (reporting to FDC)

- Internal Audit (sub-contracted)

External

- NHS England and Improvement
- NHS X
- NHS Digital

Stakeholder Analysis

3.3. The Terms of Reference and the responsibilities of the FDC are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required, either from

12

13.3

or by the FITC.

3.4. The following table provides an analysis of the requirements and dependencies associated with the FDC's Stakeholder Community.

3.5. **Requirements for FDC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6. **Inputs into FDC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	Requirements for FDC		Inputs into FDC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	To advise on status, risks, opportunities associated with the key parameters listed in 2.1	Chair Report (after each meeting) FITC Annual Report and annual review of the Terms of Reference Feedback on the risks held within the BAF and Trust Risk registers	SRR and CRR Recommendations from high risk Internal Audit Approve Terms of Reference	None	7.1, 10.1, 10.3, 10.4 15.1
Council of Governors	Updates at Governors Focus Group Input into the annual operational plans and budget	None	None	None	10.1
Accounting Officer	Finance reports shared with the Senior Leadership Team	None	None	None	10.1
Audit Committee	None	Chair's Report (each mtg)		None	7.2

Internal Stakeholder Community					
Internal Audit (sub-contracted)	None	None	None	Relevant high risk Internal Audit Reports (each mtg)	10.4

External Stakeholder Community					
Stakeholder	Requirements for FDC		Inputs into FDC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	None	Report the Trust's financial position	None	Finance reports	10.1
NHS X	None	Global Digital Exemplar requirements	None	Update on compliance with GDE	10.3
NHS Digital		Compliance with National standards for management and use of Information Technology, incl. cyber-sec, DSP, information standards		Update on compliance	10.3

4. Function

4.1. The function of the Committee is to seek assurance, on behalf of the Board of Directors in relation to the Trust's financial and digital strategies, and specifically

Financial Strategy

- Progress on the delivery of the Financial Strategy
- Delivery of the financial aspects of the Operational Plan
- The annual financial plans: revenue, budgets, capital, working and associated targets for savings to ensure sustainability going forward
- The Trust's financial plans over the short, medium and long term.
- The availability of financial management information (to ensure a consistent approach to financial management);

- Sustainable service commissioning;
- Review and maintain an overview of financial and service delivery agreements and key contractual arrangements
- Oversee the development, management and delivery of the Trust's annual capital programme [1]
- Consider the effectiveness and alignment of key financial policies e.g. investment policy with the Trust's Strategy
- To consider and recommend for approval by the Trust Board of Directors any proposed changes to Trust Standing Financial Instructions.

Digital Strategy

- Progress on the delivery of the Trust's Digital Strategy and aligned programmes
- The changes being brought about by the use of data, information, knowledge and technology within the Trust
- The opportunities and risks of the changes brought about by the Digital Strategy and the changing expectations of staff, stakeholders, patients, service users and the public
- That the risks associated with the adoption of use of digital technologies are understood, weighted against the benefits and mitigated as far as is possible
- That the Trust is supported by technology that is scalable, interoperable, flexible, fixable, resilient and fit for purpose
- That digital implementation and support structures are properly resourced, are embedded throughout the organisation and appropriately involve users and other stakeholders.

5. Authority

5.1. The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The Committee is authorised by the Board to:

- Review, monitor, and where appropriate, investigate any matter within its terms of reference, and seek such information as it requires to facilitate this activity;
- Obtain whatever advice it requires, including external professional or legal advice if deemed necessary (as advised by the Director of Corporate Governance). In so doing, it may require directors and other officers, or independent specialists to attend meetings to provide such advice.
- The Committee discharges the authority delegated to the members of the Committee (when present) both in the Scheme of Delegation, and from time to time by the Chief Executive as recorded in the minutes of meetings.

5.2. Additionally, the Committee has delegated authority to:

[1] The Finance Committee shall carry out the role of "investment committee" for the purposes of the Trust's Capital Investment Policy.

- Approve the investment and borrowing strategy and associated policies;
- Set financial performance benchmarks;
- Approve Project Initiation Documents (as recommended by the Trust Senior Leadership Team) for capital schemes above the de minimis amount[2];
- Approve capital investments and divestments above the de minimis amount[2];
- Approve Business Cases with a capital cost greater than 0.5% and up to and including 1% of the Trust's turnover as per the Capital Investment Policy.

6. Limitations

6.1. Unless expressly provided for in Trust Standing Orders or Standing Financial Instructions the Committee shall have no further powers or authority to exercise on behalf of the Board of Directors.

7. Reporting

7.1. The Chair of the Committee shall report to the Board of Directors on the activities of the Committee and shall make whatever recommendations the Committee deems appropriate (on any area within the Committee's remit where disclosure, action or improvement is considered necessary).

7.2. The Chair shall provide a report on the activities of the Committee at each Audit Committee.

7.3. The Committee shall prepare a statement for inclusion in the Annual Report about its activities.

8. Membership and attendance

8.1. Members of the Committee shall be appointed by the Board of Directors and shall include:

- Three Non-Executive Directors;
- The Chief Executive;
- The Director of Finance and Information;
- The Chief Operating Officer[3].

8.2. The Chair of the Trust may be a member of the Committee.

8.3. One of the Non-Executive members will be appointed Chair of the Committee by the Board and will not Chair any other standing Committee of the Board.

8.4. It is expected that members will or a nominated appropriate representative will

[2] As set out in the Trust's Standing Financial Instructions.

[3] In circumstances where the Chief Operating Officer is unable to attend a meeting, a suitable deputy shall be designated to attend. Attendance by the designated deputy shall be subject to approval by the Chair of the Finance Committee and the Chief Executive jointly. Their presence shall not contribute to the quorum.

attend a minimum of 75% of committee meetings a year.

8.5. The following officers may be required to attend meetings of the Committee at the invitation of the Chair:

- Chief Information Officer
- Chief Clinical Information Officer
- Deputy Director of Finance (Planning)[4]
- Deputy Director of Finance (Governance)
- Associate Director of Finance
- Head of Financial Management and Service Improvement;
- Clinical Chairs;
- Divisional Directors;
- Divisional Finance Managers,

8.6. Only members of the Committee, and other Board members, have the right to attend Committee meetings. However, other individuals, including external advisors, may be invited to attend for all or part of any meeting, as and when appropriate.

8.7. The Director of Corporate Governance shall attend each meeting to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance.

9. Quorum

9.1. The quorum necessary for the transaction of business shall be two Non-Executive members, the Director of Finance or nominated deputy, and one other Executive Director, or nominated deputy).

9.2. In the event the Chief Executive is unable to attend a duly convened meeting, then another Executive Director (other than the Director of Finance) will be nominated to attend on behalf of the Chief Executive.

9.3. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee as set out in these Terms of Reference.

10. Duties

10.1. The duties of the Committee in relation to Finance are to consider and examine on behalf of the Board of Directors:

[4] In the event that the Director of Finance is unable to attend, the Deputy Director of Finance (Planning) is a required attendee. In those circumstances the presence of the Deputy Director of Finance (Planning) does contribute to the quorum.

- The annual budget
- Key Trust and Divisional financial performance indicators;
- Progress to deliver the capital investment programme, in line with recommendations from the Capital Programme Steering Group
- Risks associated with financial plans (finance risk);
- Financial relationships with the Trust's Commissioners;
- Use of Resources Ratings applied by NHS Improvement
- Financial performance forecasts;
- Financial aspects of the Board Assurance Framework document; and, Business cases classed as 'major' or 'high' risk; making recommendations for approval or rejection to the Board, and,

10.2. The duties of the Committee in relation to Investments are:

- Approve the investment and borrowing strategy and associated policies;
- Set financial performance benchmarks and monitor the performance of investments;
- Review proposed revisions to the Capital Investment Policy for approval by the Trust Board of Directors each year;
- Seek and consider evidence of organisational compliance with the Capital Investment Policy;
- Approve Project Initiation Documents for all capital schemes above the de minimis amount;
- Approve capital investments and divestments above the de minimis amount, ensuring in each case that the Trust has the legal power to enter into the investment;
- Approve business cases within its delegated authority.

10.3. The duties of the Committee in relation to Information Technology are:

- Review the Digital Strategy to ensure that it aligns with the Trust Strategy and operational objectives, including patient care delivery
- Review and recommendation of the annual Digital plan to the Board
- Update on compliance with the Global Digital Exemplar programme
- Seek assurance about the delivery of IT programmes, including benefits realisation, value for money and approaches to the prioritisation of resources
- Consider the risks to the delivery of the IT programmes and Digital Services, in line with the review of the Strategic Risk Registers and Corporate Risk Registers
- Seek assurance about the resilience of Digital services specifically in relation to the digital infrastructure, defending against, and recovery from, external threats
- Ensuring the linkages between the Trust's transformation programme and the

Digital Strategy and programmes.

10.4. The Committee will also consider relevant high risk internal audit reports and seek updates on progress to close recommendations.

11. Secretariat Services

11.1. The Finance Department Secretariat shall co-ordinate secretariat services to the Committee.

12. Notice and Conduct of Meetings

12.1. Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.

12.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, any other person required to attend and all other non-executive directors, no later than seven working days before the date of the meeting.

12.3. Supporting papers shall be made available to Committee members and to other attendees as appropriate, no later than three working days before the date of the meeting.

13. Minutes of Meetings

13.1. The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

13.2. Draft Minutes of Committee meetings shall be made available promptly to all members of the Committee and, once agreed, to all other members of the Board, unless a conflict of interest exists.

14. Frequency of Meetings

14.1. The Committee shall meet eight times per year, and at such other times as the chair of the Committee shall require.

14.2. The Committee may convene additional meetings should the Chair of the Committee and the Director of Finance and Information agree, or at the request of the Board of Directors.

15. Review of Terms of Reference

15.1. The Committee shall, at least once a year, review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

University Hospitals Bristol NHS Foundation Trust

Meeting of the People Committee on 27th July 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 stated that planning was already underway for the winter flu campaign and potential Covid-19 vaccination programme. The core priority remained the wellbeing of staff; inclusion and diversity; and recruitment and retention. There was particular concern around the impact of the Covid-19 pandemic on the recruitment and retention of international staff. The Director of people also reported that an organisation development strategy was being developed for the whole of the BNSSG system and this would be brought to the Committee for consideration at a future meeting. The BNSSG was also one of handful of sites to be chosen to be a pathfinder for the national retention programme which aimed to recruit tens of thousands of additional nurses, domestic staff, apprentices and allied healthcare professionals.

- The Director of People reported on the recent increase in violence and aggression being experienced by frontline staff in ED, and a campaign to combat this would begin shortly. A pilot of body worn cameras by ED staff was also being considered. The Committee condemned the actions of the small minority of people who behaved in this way and was assured that action was being taken to address this.

- The Committee reviewed the corporate objective which sat within its remit. The Chair noted that the delivery of many of these objectives was dependant on the implementation of Microsoft 365 and a written update on this would be circulated to members. The impact of an aging NHS workforce was also discussed and it was reported that this was something the national retention programme which the BNSSG was participating in would cover this in order to make it easier for older members of staff to be retained.

- The Committee received an update on the integration programme following the merger of University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. The relatively high use of agency staff at Weston was discussed, as was noted that whilst still high this had been reducing in recent months. The need to retain the permanent staff already at Weston was emphasised, as was the importance of the ongoing post-merger recruitment process at Weston.

- An update was provided on organisation development covering the key areas of Diversity & Inclusion; Performance Management; Bullying and Harassment; and Wellbeing.

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

- Freedom to Speak Up - Quarter 1 update.
- Education Review – Quarter 1 update
- Workforce performance
- Workforce risks report – Quarter 1 update
- Talent Management

- The following items were identified for discussion at the next meeting of the Committee:

  - An overview of the challenges and opportunities in respect of recruitment;
  - Short term absence update;
  - An update on leadership development initiatives.

For Board Awareness, Action or Response
The Committee expressed concern regarding the continued difficultly in the completion of fire evacuation training, and the Director of People was asked to liaise with the Director of Estates to resolve this.
Key Decisions and Actions
N/A

Date of next meeting:	**25th September 2020**

University Hospitals Bristol and Weston NHS Foundation Trust

Item to follow:

Agenda item 13 04

Quality and Outcomes Committee Chair's Report

13.5

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	***Finance Directors Report***
Report Author	***Neil Kemsley / Kate Parraman***
Executive Lead	***Neil Kemsley, Director of Finance & IT***
Agenda Item No:	

1. Report Summary

The purpose of this report is to:

- inform the Finance Committee of the financial position of the Trust for May

2. Key points to note

(Including decisions taken)

The NHS financial regime for 2020/21 has significantly changed in response to the Covid-19 Pandemic. Payment by Results has been replaced by block payments from commissioners based on the agreement of balances in the first 9 months of 2019/20 contract values and top up payments. 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 and top up payments and actual expenditure is then covered through additional true-up payments from NHSE/I to enable Trust's to break even each month.

The plan against which the Trust's monthly position is reported has been provided by NHSE/I.

Each month the Trust receives £59.5m block funding and £2.9m of top up funding. To break even in May, the Trust required £0.3m true-up funding, (£0.2m in April).

To date the Trust has incurred £5.5m of additional costs relating to Covid-19.

Divisional budgets have been established. Divisions were £0.7m adverse to budget to the end of May. This improves to £5.2m favourable after removing the covid related costs. Divisional performance continues to be reported through a review of income and expenditure run rates in comparison to 2019/20 trends.

The divisions' savings targets have been restated with a requirement to deliver savings at least equal to the underlying deficit brought forward from 2019/20. To date the Trust has achieved £1m of savings against a plan of £3.1m on this basis. The savings targets will be reviewed in line with future national planning guidance.

The Trust has a revised capital plan of £59.6m comprising of £53.2m CDEL, £5.4m of additional PDC and £1m of donations. Spend to date is £8.6m.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
Risks are described in the report in section 7.	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:	
• This report is for **INFORMATION.**	
5. History of the paper **Please include details of where paper has previously been received.**	
Finance Committee	***25 June 2020***

Report of the Finance Director

Section 1 – Executive Summary

Performance to NHSI Plan	Annual Plan (4 months) £m	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	247.864	185.898	184.220	(1.678)
Income from Operations	48.222	36.166	33.677	(2.489)
Employee Expenses	(180.168)	(135.126)	(136.290)	(1.164)
Other Operating Expenses	(101.802)	(76.351)	(70.802)	5.549
Depreciation (owned & leased)	(9.572)	(7.179)	(7.150)	0.029
PDC	(3.972)	(2.979)	(3.056)	(0.077)
Interest Payable	(0.856)	(0.642)	(0.600)	0.042
Interest Receivable	0.284	0.213	0.001	(0.212)
Reported Financial performance	**0.000**	**0.000**	**0.000**	**0.000**
Depreciation (donated)	0.000	0.000	(0.467)	(0.467)
Donated Income	0.000	0.000	0.130	0.130
Surplus/(deficit)	**0.000**	**0.000**	**(0.337)**	**(0.337)**

The performance summary reflects the Provider Finance In-Year Monitoring Return (PFR) submitted by the Trust for month 3.

In response to the Covid-19 pandemic, the operational planning process has been paused. The plan represents the Covid-19 financial framework block payment and top up model provided by NHSE/I for the first 4 months of 2020/21.

Payment by Results has been replaced by block payments and top up payments with a retrospective true up payment to 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. The Trust is therefore funded to break even (excluding technical items).

The Trust receives £62.394m of block and top up funding from commissioners each month. To break even in June required £3.772m of true-up funding (compared to £0.498m for April and May combined).

In the first two months of the year, non-Covid related activity was significantly reduced and therefore the block and top up funding broadly covered the additional costs incurred due to Covid-19, requiring a relatively small retrospective true-up. In June non-Covid related activity increased as did the costs of supporting the response to Covid. Costs for bank staff of £0.211m and medical staff of £0.142m were incurred which related to May.

To date the Trust has incurred £9.5m of additional costs relating to Covid-19, (£4.1m of which related to June) and has reduced income of £0.8m. Details are provided in the table at the end of this section.

Income from activities is £1.678m adverse to plan, of this £0.3m relates to private patients, £0.4m relates to a prior year adjustment and £0.6m is in respect of income no longer received from Weston. 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 £2.489m adverse to plan. The NHSEI plan includes non-recurring items from 2019/20 such as the BHOC Fire Insurance (£0.9m year to date), GDE and other IT income (£0.3m), and Education funding (£0.5m). The plan also assumes income flows between Weston and UHBristol which have ceased following the merger (£1.4m year to date). Other significant items include loss of commercial income due to activity change (car parking, catering, research, £1.5m year to date). In addition, the assumptions made by NHSI in providing the four month plan duplicated income relating to items such as LWAB funding and CEA awards that is received as part of the block funding under activities (£1.4m). These differences will continue until the plan is revised.

Employee expenses included £5.0m additional Covid-19 related costs and are £1.164m adverse to plan, reflecting an increase in expenditure in month 3. Agency was £2.4m below plan.

Other operating expenditure was £5.5m below plan and included £4.4m in relation to Covid-19. Supplies and services were £5.8m below plan, drugs £0.1m below. The run rate of underspend has reduced as activity including high-cost 'pass through' items has increased.

The additional revenue costs associated with Covid-19 are provided by division in the table below. Funding has not been issued to divisions, therefore the variances reported in section 2 are the net of these additional costs combined with the variances against planned non-Covid activities.

Year to Date COVID Spend/ Variance £'000 (Fav/(Adv))										
Category	**Diagnostics & Therapies**	**Medicine**	**Specialised Services**	**Surgery**	**Women's & Children's**	**Weston***	**Facilities & Estates**	**Trust Services**	**Other**	**Total**
Nursing & Midwifery	(5)	(509)	(267)	(392)	(692)	(430)	0	(10)	(86)	**(2,391)**
Medical & Dental Pay	(2)	(392)	(150)	(528)	(245)	(353)	0	(27)	(36)	**(1,733)**
Other Pay	(223)	(15)	(98)	(36)	(6)	(367)	(189)	(7)	(6)	**(947)**
Non Pay	(131)	(774)	(90)	(912)	(33)	(531)	(571)	(1,400)	(3)	**(4,445)**
Income from Activities	0	0	(177)	0	0	0	0	0	0	**(177)**
Income from Operations	(38)	0	0	0	0	0	(532)	(49)	0	**(619)**
Total	**(399)**	**(1,690)**	**(782)**	**(1,868)**	**(976)**	**(1,681)**	**(1,292)**	**(1,493)**	**(131)**	**(10,312)**

The NHSE/I return reports £9.6m of additional expenditure (£0.1m higher than the spend in the table above as it requires the Nightingale costs to be reported as full rather than marginal). This consists of:

	April and May £m	**June £m**	**Total £m**
Staff related costs	2.340	2.158	4.498
National procurement	0.761	0.430	1.191
Increased ITU capacity (inc staff)	0.746	0.311	1.057
Testing	0.255	0.402	0.657
Release of bed capacity	0.000	0.436	0.436
Nightingale costs	0.179	0.351	0.530
Other	0.712	0.514	1.226
Total	**4.993**	**4.602**	**9.595**

The increase in costs in June included £0.172m of prior month costs relating to out of hospital care which have been re-assigned to Covid. The significant items of expenditure incurred in June included £0.225m for software licences for the Nightingale hospital, £0.370m for the testing hubs and home service, £0.064m for storage and £0.085m for student nurses being hosted for Sirona and primary care organisations.

Section 2 – Division and Corporate Services Performance

The table below provides a summary of the variance analysis for Clinical Divisions and Estates and Facilities with further information within the detailed reports at agenda item 2.2. The variance reports the net position of performance against plan pre-Covid and additional unfunded Covid related costs (provided in the table above). Note that Trust Services variance analysis continues to be excluded whilst the corporate services integration work is completed and the budgets realigned.

Year to Date Variance £'000 (Fav/(Adv))								
Category	**Diagnostics & Therapies**	**Medicine**	**Specialised Services**	**Surgery**	**Women's & Children's**	**Weston Clinical Division**	**Facilities & Estates** (Weston and Bristol Sites)	**Total**
Nursing & Midwifery	59	(1,203)	17	(169)	(734)	726	0	**(1,303)**
Medical & Dental Pay	74	(786)	(132)	(810)	(656)	(292)	0	**(2,601)**
Other Pay	(140)	(36)	(139)	17	(156)	(225)	(45)	**(725)**
Non Pay	236	(632)	1,394	713	1,135	876	(606)	**3,115**
Income from Activities	(11)	6	32	(83)	(134)	(27)	0	**(216)**
Income from Operations	(101)	(3)	(35)	(213)	75	(370)	(580)	**(1,228)**
Total	**116**	**(2,654)**	**1,138**	**(545)**	**(470)**	**689**	**(1,231)**	**(2,958)**

Divisional performance continues to be measured against income and expenditure run rates, these are summarised in the tables and commentary below, with further information at agenda item 2.2.

Diagnostics & Therapies	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(95)	(87)	(83)	(86)	(5)	(261)
Pay - Medical & Dental	(680)	(689)	(644)	(653)	(2)	(1,988)
Pay - Other	(3,119)	(3,255)	(3,249)	(3,249)	(223)	(9,976)
Pay Subtotal	**(3,894)**	**(4,031)**	**(3,976)**	**(3,988)**	**(230)**	**(12,225)**
Non Pay - Drugs, Blood & Clinical Supplies	(1,199)	(1,167)	(984)	(1,039)	(72)	(3,262)
Non Pay - Other	(521)	(417)	(404)	(355)	(59)	(1,235)
Non Pay Subtotal	**(1,719)**	**(1,584)**	**(1,388)**	**(1,394)**	**(131)**	**(4,497)**
Income from Activities	44	1	2	3	0	6
Income from Operations	497	347	313	372	(38)	994
Total	**(5,072)**	**(5,267)**	**(5,049)**	**(5,007)**	**(399)**	**(15,722)**

Medicine	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(2,910)	(2,900)	(2,785)	(3,124)	(509)	(9,318)
Pay - Medical & Dental	(1,843)	(1,890)	(1,969)	(1,926)	(392)	(6,177)
Pay - Other	(648)	(667)	(661)	(683)	(15)	(2,026)
Pay Subtotal	**(5,401)**	**(5,457)**	**(5,415)**	**(5,733)**	**(916)**	**(17,521)**
Non Pay - Drugs, Blood & Clinical Supplies	(2,025)	(2,117)	(1,859)	(2,707)	(273)	(6,956)
Non Pay - Other	(645)	(629)	(658)	(378)	(501)	(2,166)
Non Pay Subtotal	**(2,670)**	**(2,746)**	**(2,517)**	**(3,085)**	**(774)**	**(9,122)**
Income from Activities	213	7	2	2	0	11
Income from Operations	209	172	227	253	0	652
Total	**(7,650)**	**(8,024)**	**(7,703)**	**(8,563)**	**(1,690)**	**(25,980)**

Specialised	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(1,906)	(1,914)	(1,819)	(1,825)	(267)	(5,825)
Pay - Medical & Dental	(1,763)	(1,685)	(1,638)	(1,751)	(150)	(5,224)
Pay - Other	(1,043)	(1,055)	(1,034)	(1,086)	(98)	(3,273)
Pay Subtotal	**(4,712)**	**(4,654)**	**(4,491)**	**(4,662)**	**(515)**	**(14,322)**
Non Pay - Drugs, Blood & Clinical Supplies	(5,394)	(4,176)	(4,623)	(6,120)	(77)	(14,996)
Non Pay - Other	(698)	(542)	(556)	(501)	(13)	(1,612)
Non Pay Subtotal	**(6,093)**	**(4,718)**	**(5,179)**	**(6,621)**	**(90)**	**(16,608)**
Income from Activities	433	139	83	82	(177)	127
Income from Operations	387	243	150	176	0	569
Total	**(9,986)**	**(8,990)**	**(9,437)**	**(11,025)**	**(782)**	**(30,234)**

Surgery	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(2,546)	(2,416)	(2,287)	(2,538)	(392)	(7,633)
Pay - Medical & Dental	(3,437)	(3,438)	(3,469)	(3,376)	(528)	(10,811)
Pay - Other	(1,697)	(1,742)	(1,692)	(1,723)	(36)	(5,193)
Pay Subtotal	**(7,679)**	**(7,596)**	**(7,448)**	**(7,637)**	**(956)**	**(23,637)**
Non Pay - Drugs, Blood & Clinical Supplies	(2,566)	(1,440)	(1,603)	(1,992)	(304)	(5,339)
Non Pay - Other	(544)	(480)	(404)	(515)	(608)	(2,007)
Non Pay Subtotal	**(3,110)**	**(1,920)**	**(2,007)**	**(2,507)**	**(912)**	**(7,346)**
Income from Activities	(174)	16	10	7	0	33
Income from Operations	311	196	246	189	0	631
Total	**(10,652)**	**(9,304)**	**(9,199)**	**(9,948)**	**(1,868)**	**(30,319)**

Women's & Children's	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(4,544)	(4,523)	(4,339)	(4,461)	(692)	(14,015)
Pay - Medical & Dental	(3,729)	(3,668)	(3,782)	(3,827)	(245)	(11,522)
Pay - Other	(1,338)	(1,362)	(1,486)	(1,389)	(6)	(4,243)
Pay Subtotal	**(9,612)**	**(9,553)**	**(9,607)**	**(9,677)**	**(943)**	**(29,780)**
Non Pay - Drugs, Blood & Clinical Supplies	(2,411)	(2,179)	(2,243)	(2,600)	(17)	(7,039)
Non Pay - Other	(723)	(600)	(698)	(643)	(16)	(1,957)
Non Pay Subtotal	**(3,134)**	**(2,779)**	**(2,941)**	**(3,243)**	**(33)**	**(8,996)**
Income from Activities	180	8	24	(2)	0	30
Income from Operations	573	334	539	444	0	1,317
Total	**(11,992)**	**(11,990)**	**(11,985)**	**(12,478)**	**(976)**	**(37,429)**

Weston Clinical Division	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(2,178)	(1,796)	(1,818)	(1,735)	(430)	(5,779)
Pay - Medical & Dental	(2,279)	(2,112)	(1,840)	(1,957)	(353)	(6,262)
Pay - Other	(1,897)	(1,782)	(1,905)	(1,769)	(367)	(5,823)
Pay Subtotal	**(6,354)**	**(5,690)**	**(5,563)**	**(5,461)**	**(1,150)**	**(17,864)**
Non Pay - Drugs, Blood & Clinical Supplies	(831)	(709)	(610)	(653)	0	(1,972)
Non Pay - Other	(1,072)	(806)	(691)	(588)	(531)	(2,616)
Non Pay Subtotal	**(1,903)**	**(1,515)**	**(1,301)**	**(1,241)**	**(531)**	**(4,588)**
Income from Activities	46	(22)	22	24	0	24
Income from Operations	277	64	60	47	0	171
Total	**(7,934)**	**(7,163)**	**(6,782)**	**(6,631)**	**(1,681)**	**(22,257)**

Estates & Facilities (Combined Sites)	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	0	0	0	0	0	0
Pay - Medical & Dental	0	0	0	0	0	0
Pay - Other	(2,251)	(2,318)	(2,295)	(2,333)	(189)	(7,135)
Pay Subtotal	**(2,251)**	**(2,318)**	**(2,295)**	**(2,333)**	**(189)**	**(7,135)**
Non Pay - Drugs, Blood & Clinical Supplies	(30)	(27)	(23)	(42)	(34)	(126)
Non Pay - Other	(2,275)	(2,125)	(1,914)	(2,238)	(537)	(6,814)
Non Pay Subtotal	**(2,305)**	**(2,152)**	**(1,937)**	**(2,280)**	**(571)**	**(6,940)**
Income from Activities	31	51	41	46	0	138
Income from Operations	403	367	322	344	(532)	502
Total	**(4,122)**	**(4,052)**	**(3,869)**	**(4,223)**	**(1,292)**	**(13,435)**

Trust Services (Bristol Site)	1920 Monthly Average £'000	20/21 Actuals M1 (Excludes Covid)	20/21 Actuals M2 (Excludes Covid)	20/21 Actuals M3 (Excludes Covid)	Covid Costs/ Income Loss YTD	20/21 YTD (Including Covid)
Pay - Nursing & Midwifery	(316)	(356)	(324)	(327)	(12)	(1,019)
Pay - Medical & Dental	(121)	(126)	(174)	(134)	(14)	(448)
Pay - Other	(2,275)	(2,370)	(2,368)	(2,435)	(23)	(7,196)
Pay Subtotal	**(2,712)**	**(2,852)**	**(2,866)**	**(2,896)**	**(49)**	**(8,663)**
Non Pay - Drugs, Blood & Clinical Supplies	(28)	(15)	(68)	(108)	0	(191)
Non Pay - Other	(689)	(421)	(481)	(285)	(1,489)	(2,676)
Non Pay Subtotal	**(717)**	**(436)**	**(549)**	**(393)**	**(1,489)**	**(2,867)**
Income from Activities	0	0	0	0	0	0
Income from Operations	689	363	405	485	0	1,253
Total	**(2,741)**	**(2,925)**	**(3,010)**	**(2,804)**	**(1,538)**	**(10,277)**

* Combined run rate reports being worked on for month 4 reporting

Divisional position

Diagnostic and Therapies

Run rate

At £4.094m the run rate for pay expenditure in month 03 is slightly higher than the average for 2019/20 and for Q4, particularly for the allied healthcare professionals and clinical scientist staff group. This is primarily due to additional Covid 19 costs of £0.230m. The division incurred £0.013m of backdated bank costs on month 03 relating to prior months.

The run rate for non pay is significantly less than the rate for 2019/20 in total and for Q4. This is due to reduced non Covid 19 activity levels. Covid related non pay costs to month 03 totalled £0.131m.

Variance to budget

The division reports a favourable variance at month 03 of £0.116m. There is a favourable variance on non pay of £0.235m which is due to lower than planned activity in radiology and pathology due to the impact of Covid 19. Pay reports a minor adverse which consists of Covid 19 expenditure of £0.230m offset by favourable variances of £0.233m due to vacancies in radiology.

Income from operations reports an adverse variance of £0.101m, this is due to a reduction in both resuscitation income and research income partly attributable to the impact of Covid 19.

Covid 19 impact

Covid pressures to month 03 totalled £0.400m, £0.230m on pay, £0.131m on non pay and £0.039 due to income reductions.

Medicine

Run rate

Pay expenditure for month 03 is higher than both the average for 2019/20 and Q4 rates of spend. Covid cost have driven up expenditure for medical staff particularly due to early arrival of F1 doctors to support Covid 19 response.

Expenditure on nursing has increased and reflects not only the appointment of student nurses but also the requirement to staff the duplicated ED function. There has also been an increase in specialist nursing costs as the cohort of mental health patients increases.

Please note that the division incurred bank pay costs of £0.088m relating to prior months in month 03.

Despite a significant level of COVID-19 expenditure, clinical supplies costs remain much lower than in 2019/20 and reflect lower volumes of emergency and elective activity.

Higher expenditure on drugs in June is entirely 'pass-through' and primarily from the Cystic Fibrosis service.

Variance to budget

The division reports adverse variance to budget of £2.654m. The key reason for this is an adverse variance on pay of £2.025m. Nursing reports an adverse variance of £1.203m partly due to Covid 19 response costs of £0.509m and partly due to ongoing pressures from last financial year.

Covid 19 costs of £0.774m contribute to an adverse variance of £0.632m on non-pay. Without the Covid costs non-pay would be underspent and this is a reflection of lower than planned non Covid 19 activity.

Covid 19 impact

Covid 19 pressures to month 03 total £1.690m, £0.916m on pay and £0.774m on non pay.

Specialised Services

Run rate

The run rate for expenditure has increased in each or the first three months of the year primarily due to increases in activity. Nevertheless, month 03 expenditure is still lower than the average for the final quarter of 2019/20 due to lower than planned elective activity.

Non pay expenditure remains well below 2019/20 levels which is a reflection of reduced levels of elective activity particularly related to high cost cardiology devices. It should be noted that the division incurred a cost of £0.140m on clinical supplies in month 03 due to a stock adjustment related to previous months. An additional cost of £0.047m was incurred on pay related to previous months.

Variance to budget

The division reports a favourable variance to budget of £1.138m, this is driven almost entirely by a substantial favourable variance on non pay (£1.394m) due to lower than planned elective surgery being undertaken. Pay reports an adverse variance of £0.253m. This is caused primarily by Covid related costs of £0.514m

Covid 19 impact

The division has incurred £0.782m of expenditure related to Covid 19 of which £0.515m was on pay. There was a loss of expected income from private patients due to the impact of Covid 19 totalling £0.177m.

Surgery

Run rate

The run rate for month 03 for expenditure has shown a significant increase both for pay and non pay. This is primarily due to the pickup in clinical activity. This is particularly noticeable for clinical supplies, the run rate in June being £1.992m compared to £1.692m in May and £1.440m in April. The pay run rate for June is in line with the average run rate for 2019/20. The division incurred £0.036m of bank costs in month 03 which related to prior months.

Variance to budget

The division reports an adverse variance to month 03 of £0.545m. There was a significant adverse variance on pay of £0.962m including £0.810m relating to medical staff pay. The division has been impacted by significant Covid related costs of £0.956m year to date. Non pay reports a favourable variance £0.713m due to the clinical activity this year being below planned levels and below levels achieved in 2019/20 particularly for elective activity.

Covid 19 impact

The division incurred expenditure of £1.869m related to Covid 19, £0.957m on pay (including £0.528m on medical staff and £0.392m on nursing) and £0.912m on non pay.

Women's and Children's

Run rate

The run rate for expenditure in month 03 was higher than reported in month 01 and month 02 reflecting the increase in clinical activity. For the first three months of 2020/21 Covid 19 related pay expenditure totalled £0.943m. Other key differences in run rate to 2019/20 are a reduced level of expenditure on clinical supplies due to lower non Covid 19 activity levels and an increased rate of expenditure on drugs related to increased pass through drugs costs related to the treatment of Cystic Fibrosis patients. It should be noted that the division incurred £0.142m of medical pay costs in month 03 which related to previous months.

Variance to budget

The division reports an adverse variance to month 03 of £0.470m. Pay reports an adverse variance of £1.546m of which £0.943m was Covid 19 related. Non pay reports a favourable variance of £1.135m as for other divisions this is due to lower than planned elective activity being undertaken.

Covid 19 impact

The division has incurred £0.976m of expenditure to month 03 related to Covid 19 of which £0.943m was on pay including £0.692m on nursing.

Weston Division

Run rate

The run rate for expenditure showed a similar pattern in month 03 to the previous month both of which show reductions in expenditure for pay and non pay compared to the average for 2019/20 and the average for Q4. This is despite considerable expenditure on Covid 19 related activity in the first three months of the year including £1.150m on pay and £0.531m on non pay.
It should of course be understood that due to the Covid 19 situation at Weston Hospital non Covid activity has been restricted due to the hospital closure for part of June.

Variance to budget

The division reports a favourable variance to month 03 of £0.689m. There was a favourable variance on pay of £0.210m despite expenditure on Covid 19 of £1.150m, the Covid 19 spend being offset by a considerable reduction on pay spend particularly on agency staff. Non pay reports a favourable variance of £0.876m despite Covid related expenditure of £0.531m. The non Covid 19 variance being a consequence of a significant reduction in non Covid activity due mainly to the reduced activity regarding the hospital closure.

Covid 19 impact

The division incurred £1.681m of expenditure to month 03, £1.150m on pay (including £0.580m on nursing and £0.354m on medical staff) and £0.531m on non pay mainly clinical supplies and services.

Estates and Facilities (Combined Bristol and Weston)

Run rate

Overall the run rate at month 03 for expenditure is higher than both the average for 2019/20 and Q4 19/20. This is due to significant Covid 19 related expenditure of £0.760m.

Excluding Covid 19 the division's pay run rate at month 03 is comparable to the average for 2019/20 and the run rate for Q4. The non pay run rate is lower than the Q4 run rate for 19/20 despite incurring £0.570m of Covid related costs. The division incurred backdated bank pay costs of £0.020m in month 03 relating to prior months.

A key run rate change for the division is a reduced level of income from operations as a result of reduced levels of car parking and retail catering income.

Variance to budget

The division reports a significant adverse variance to budget of £1.231m. Non pay reports an adverse variance of £0.606. Income from operations reports an adverse variance of £0.580m, both of these variances being driven by additional Covid 19 related pressures.

Excluding the impact of Covid 19 the division reports a small favourable variance of £0.061m.

Covid 19 impact

The division has been heavily impacted by Covid 19 incurring £1.112m of expenditure of which £0.569m was on non pay and £0.190m on pay. Operating income was £0.353 lower than planned due to Covid 19 including loss of car parking income and retail catering income.

Trust Services

For month 03 the Trust Services reported position includes only the Bristol site due to ongoing work to combine corporate services for the two sites.

Run rate

The run rate for pay in month 03 is broadly in line with that incurred in 2019/20. The non pay run rate is significantly higher than the average run rate for 2019/20 and the Q4 run rate this largely being driven by Covid costs. However there has been a further increase in monthly spend this month in

line with increased Covid related expenditure. Examples of Covid related expenditure are provided in the Covid 19 impact section below.

Variance to budget

Trust services reports a significantly adverse variance to month 03 of £1.676m including an adverse variance on non pay of £1.631m. The adverse variance on non pay is almost entirely driven by additional Covid 19 related costs see below.

Covid 19 impact

Trust services incurred £1.444m of Covid 19 related expenditure to month 03, £1.400m on non pay and £0.044m on pay. Examples of Covid 19 expenditure include set up of a new adult critical care transfer services, which is hosted by the Trust £0.140m, costs of £0.403m relation to Digital Services costs in support to the Nightingale Hospital and £0.370m expenditure relating to Covid 19 Testing (Including home testing and the testing hub at Ashton Gate.

Trust services also received £0.049m less income from operations than expected due to Covid 19.

Section 3 – Clinical and Contract Income

Volumes by Point of Delivery (Bristol Sites)

	2019/20 M1-11 Average	2019/20 M12	2020/21 M1	2020/21 M2	2020/21 M3
Activity Based					
Accident & Emergency	11,958	9,038	5,520	7,820	8,882
Emergency Inpatients	4,074	3,268	2,226	2,981	3,408
Day Cases	5,135	4,036	1,824	2,238	3,109
Elective Inpatients	1,062	850	387	465	640
Non-Elective Inpatients	1,244	1,209	976	1,126	1,099
Excess Beddays	1,498	1,623	1,721	608	1,400
Outpatients	54,736	46,990	26,466	29,740	39,846
Bone Marrow Transplants	14	11	8	11	7
Critical Care Beddays	4,352	4,316	2,619	3,456	3,182

Volumes by Point of Delivery (Weston Site)

	2019/20 M1-11 Average	2019/20 M12	2020/21 M1	2020/21 M2	2020/21 M3
Activity Based					
Accident & Emergency	4,287	3,050	1,965	2,093	1,259
Emergency Inpatients	1,206	1,095	807	750	382
Day Cases	1,128	880	371	259	361
Elective Inpatients	89	60	17	10	7
Non-Elective Inpatients	9	8	9	8	33
Excess Beddays	388	388	201	244	188
Outpatients	10,952	9,169	5,472	4,874	5,539
Critical Care Beddays	144	149	116	109	94

- 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. The year to date national true-up for the Trust is £4.270m, an increase of £3.772m in month 3.
- 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 tables opposite show the changes in volume we have seen in our sites since the start of the pandemic. In general, volumes have increased gradually since April.

Section 4 – Savings Programme

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

Analysis by work streams:

	2020/21 Annual Target £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.062	0.015	0.010	(0.005)
Diagnostic Testing	0.207	0.052	0.052	-
Estates & Facilities	0.619	0.057	0.057	-
Healthcare Scientists Productivity	0.198	0.049	0.049	-
HR Pay and Productivity	0.028	0.012	0.012	-
Income, Fines and External	0.615	0.106	0.050	(0.057)
Medical Pay & Productivity	0.348	0.079	0.046	(0.033)
Medicines	0.495	0.135	0.124	(0.011)
Non Pay	4.278	0.856	0.551	(0.306)
Nursing Pay & Productivity	0.364	0.058	0.058	-
Productivity	2.252	0.601	0.219	(0.383)
Trust Services	0.447	0.114	0.114	-
Weston Merger	2.700	0.675	0.438	(0.237)
Plans to be developed from Pipeline	5.963	1.590	-	(1.590)
Total	**18.575**	**4.401**	**1.780**	**(2.621)**

Analysis by Division:

	2019/20 Annual Target £m	Year to date			Forecast Outturn £m
		Plan £m	Actual £m	Variance fav/(adv) £m	
Diagnostics & Therapies	0.868	0.238	0.289	0.052	1.152
Medicine	2.303	0.586	0.171	(0.415)	1.182
Specialised Services	1.407	0.333	0.221	(0.112)	0.749
Surgery	6.019	1.487	0.133	(1.354)	0.708
Weston	4.300	0.917	0.533	(0.384)	3.035
Women's & Children's	3.054	0.678	0.216	(0.462)	1.137
Estates & Facilities	0.160	0.040	0.094	0.054	0.743
Finance	-	-	0.047	0.047	0.198
Human Resources	0.135	0.037	0.014	(0.022)	0.044
Trust Headquarters	0.090	0.026	0.032	0.006	0.112
Digital Services	0.239	0.060	0.029	(0.031)	0.113
Total	**18.575**	**4.401**	**1.780**	**(2.621)**	**9.175**

The Trust has delivered savings of £1.780m for the year to date, 40% against its target. Forecast savings total £9.175m (49% achievement).

- The savings target for 2020/21 is £18.575m. The Trust has achieved savings of £1.780m to date, a shortfall of £2.621m.
- Divisions behind plan include Surgery £1.354m; Women's & Children's £0.462m; Medicine £0.415m; Weston £0.384m and Specialised Services £0.112m. Diagnostics & Therapies, Estates & Facilities, Finance and Trust HQ are slightly ahead of the target, while Human Resources and Digital Services are slightly behind target.

Key Actions:

- The in year performance and forecast outturn are reviewed and challenged in detail at the monthly Divisional Savings Programme reviews and at the Cost Savings Delivery Group as well as Divisional Finance and Operations reviews.

Section 5 – Capital Programme

1 STP Capital Envelope

As previously reported, the STP capital envelope for 2020/21 was set at a Capital Departmental Expenditure Limit (CDEL) of £76.889m with the Trust's allocation at £53.161m.

The annual plan submitted to NHSE/I was £59.559m, £6.398m greater than the CDEL limit due to schemes which sit outside the CDEL STP envelope; for example NHS Digital and Covid-19 PDC and donations.

2 Internal profiling of capital budget

At the time the NHSE/I annual plan is submitted the Trust does not have a monthly profile of forecast spend for each project therefore the plan is submitted with planning profiles based on previous years' trend analysis.

The check and challenge review of the budget holder forecasts by Procurement, Estates, Digital Services and Finance is due to complete in July which will enable the Trust Capital Group to agree and prioritise the deliverable schemes for the year.

The Capital Programme Finance Manager and Chair of Trust Capital Group will confirm the key actions and timeframes for the divisional capital leads to review and re-profile the deliverable schemes.

The re-profile will be approved at Trust Capital Group in August, reported to Capital Programme Steering Group and used as a more meaningful basis to monitor the capital programme and ensure delivery within the STP envelope allocation.

3 Covid-19 capital bids for Phase 2

National requests for additional funding have been expanded to include covid-19 related capital to switch on critical services within existing capacity. The Trust's assessment of potential phase 2 schemes totalled £51.3m with the template submitted to the Regional Capital Team on 15 July 2020.

The most significant schemes relate to infrastructure including high level forecast costs for the reconfiguration and refurbishment of wards at Weston of £12m, removal and reconfiguration of open plan bays across all dental sites of £10.3m, reconfiguration of wards within BRHC of £8m and theatre and endoscopy reconfiguration of £5m.

The Trust has also worked with the STP to identify additional capacity the system could put into place together with estimated capital costs.

4 Capital Spend to Month 3

Applications	Annual Plan £m	Planning Profile M3 £m	Actual M3 £m	Variance £m
Strategic Schemes	16.052	3.830	8.951	5.121
Medical Equipment	11.247	1.184	0.730	(0.454)
Operational Capital	9.229	0.923	0.463	(0.460)
Fire Improvement	2.042	0.204	0.072	(0.132)
Digital Services	5.934	0.593	0.410	(0.183)
Estates Replacement	2.730	0.273	0.413	0.140
Weston	11.934	1.182	0.412	(0.770)
Covid-19	0.391	0.391	0.753	0.362
Gross Expenditure	**59.559**	**8.580**	**12.204**	**3.624**

Capital expenditure to 30th June 2020 was £12.204m compared with a planning profile of £8.580m, a variance of £3.624m.

The key variance relates to the Combined Heat and Power scheme within Strategic Schemes; although this is ahead of the NHSE/I planning profile by £4.960m it is in line with the forecast profile submitted by the project manager. The variances on medical equipment and operational capital are due to capacity within BWPC and Estates to deliver schemes slipped from 2019/20 and fire improvement due to the scheme being stood down due to Covid-19. The Weston capital allocation is in the process of being prioritised and will be re-profiled accordingly.

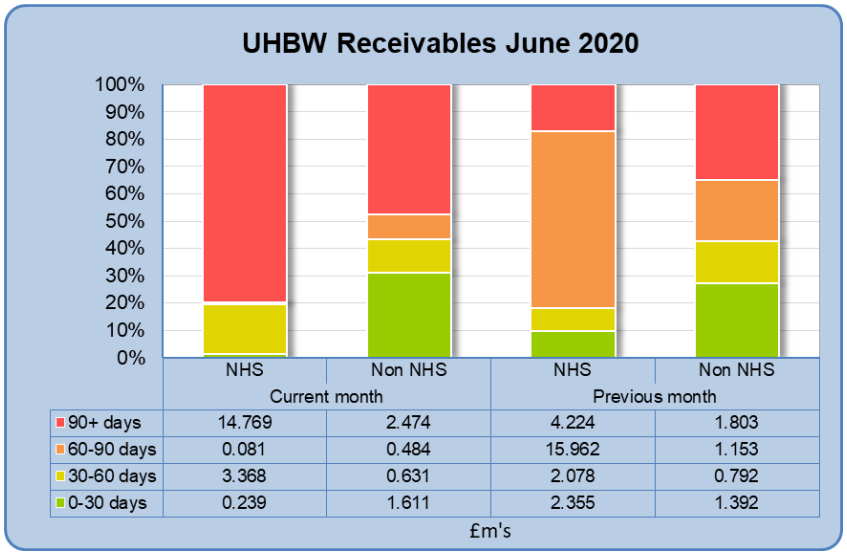
The Covid-19 equipment is expected to be reimbursed by NHSE/I.

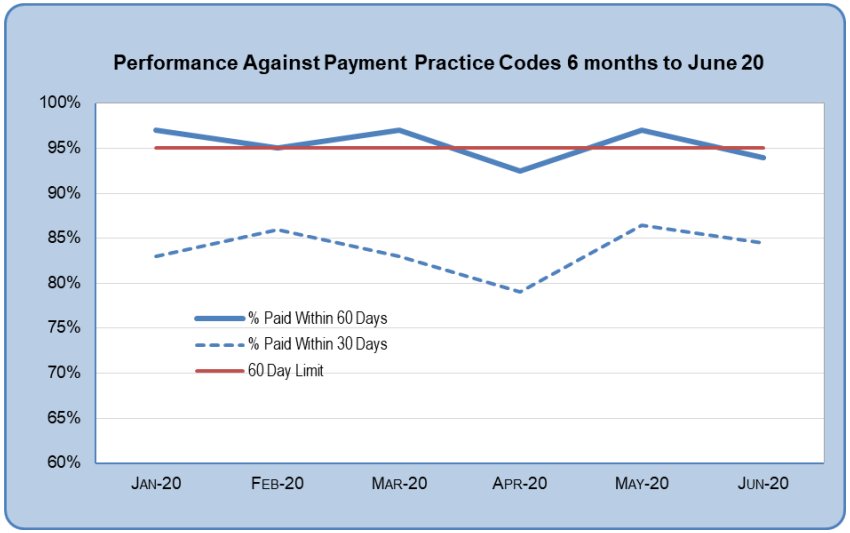
4 Key risks

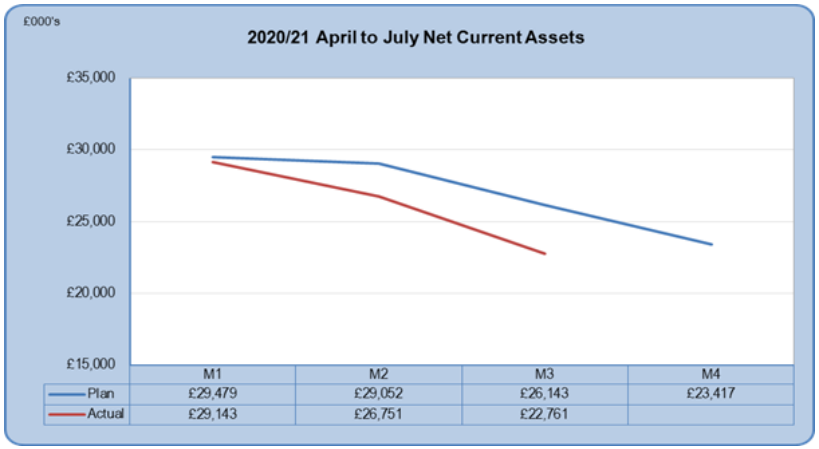
i. The key risk for the capital programme is delivering to the STP envelope. The role of the Trust Capital Group is key to achieving this with the first step to agree and prioritise the schemes to be delivered in the year.

ii. Covid-19 capital expenditure not reimbursed by NHSE/I which will impact on the current year funding and prioritisations.

Section 6 – Statement of Financial Position and Cashflow







Key Points

- The net current assets at 30 June were £22.8m, £3.4m below plan.
- The Trust's cash and cash equivalents balance was £199.0m, £0.8m below plan. This reflects the net impact of the capital expenditure and an overstatement in the opening balances of the Covid-19 April to July financial plan.
- The total receivable position at 30 June was £23.7m (£18.5m NHS and £5.2m non-NHS).
- The receivables balance over 60 days old was £17.8m, 75% of the total balance and a decrease of £5.3m on last month. The movement primarily relates to the final 2019/20 reconciliation invoices with NHS England.
- The NHS receivables balance is expected to reduce going forward as the block contract regime is expected to continue to at least September.
- In June, 94% of invoices were paid within the 60 day target set by the Prompt Payments Code and 85% within the 30 day target set by the Better Payment Practice Code (BPPC).

Section 7 - Key financial risks: short and medium term

The Trust is still awaiting guidance regarding the financial framework and planning requirements post 1st August 2020. Therefore the key financial risks remain as presented last month.

Return to PBR

The operational planning that is being undertaken currently suggests that UHBW will have to reduce activity levels compared with the Trust's original plan. This is due to a combination of infection control and health and safety measures creating less efficient practice. A broad estimate at this stage is that activity will fall by 10-20%. In this context, the biggest single financial risk would be a return to a price times volume contract. Based on the latest indications of the national financial framework for August 2020 to March 2021, this risk is unlikely to materialise.

Expected Payment Mechanism

The latest advice is that a block plus top-up payment mechanism will remain in place for the rest of the financial year.

We await more detail in terms of proposed adjustments to current payments. The expectation is that, based on these payments, STPs will deliver financial balance in aggregate. There is no guidance yet on associated performance expectations and/or how financial deficits will be treated.

Delivering income and expenditure balance as a system is a radical departure from previous ways of working and inevitably poses many risks. One example is the potential for reduced autonomy in terms of progressing in-year investments with resource implications.

Re-setting and Delivering the 20/21 Savings Target

The increasing clarity regarding the financial framework for the rest of the financial year means we can now attempt to re-assess the savings target the Trust needs to achieve. This is considered in more detail in the Financial Outlook paper presented to the Committee this month

The identification and delivery of actual savings schemes remains a low priority versus the restoration of safe clinical capacity and that there will be virtually no opportunity to deliver productivity gains by increasing funded activity at a low marginal cost.

In order to build a strong savings plan for 2020/21 we are currently assessing plans from a number of other organisations, we continue to work on opportunities around agency cost controls and procurement and we will assess the other changes to the original financial plan that may offer either a reduction to the target or an in-year benefit versus previous assumptions.

After completing this exercise we will then need to move on to a reassessment of the underlying financial position we will carry into 21/22 and therefore the scale of the savings / productivity challenge we must target on a recurring basis.

Capital planning

As reported to the Finance Committee last month, we do not believe the creation of an aggregate STP control total for capital poses any risk to us this year.

However, if the limit is maintained at current levels in future years, then this could challenge our autonomy to commit our cash reserves towards the redevelopment schemes we prioritise.

Whilst we continue to understand and negotiate how the capital regime will operate in future years, within the Trust we need to determine the key projects we propose to take forward.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Annual Board Report and Statement of Compliance**
Report Author	**Anne Frampton, Consultant, Adult ED**
Executive Lead	**William Oldfield, Medical Director**

1. Report Summary

The new designated body of UHBW was successfully created on 1st April 2020 with more than 1000 doctors attached.

Actions from last year have been completed and the overall compliance at UHBristol in 2019/20 was much improved from the previous year.

The impact of Covid-19 on ongoing revalidation and appraisal remains to be seen.

2. Key points to note
(Including decisions taken)

On 1st April 2020 UHBristol and WHAT merged to form the new designated body of UHBW. This report is the last Board report related to revalidation and appraisal for the DB of UHBristol.

There has been considerable improvement in appraisal rates at UHBristol particularly in the clinical fellow (LED) cohort in the main due to better visibility and reporting following the implementation of Fourteen Fish. However the suspension of appraisal in March 2020 due to Covid-19 and the subsequent change in Designated Body has made direct comparisons with last year harder to make.

Actions from last year included updating the Revalidation and Appraisal Policy and implementing the MPIT process for the transfer of information more robustly and these have been achieved.

In addition the new appraisal system Fourteen Fish has been rolled out across the Weston campus.

The emphasis for the coming year will be on improving the quality assurance process around appraisal and improving the information provided to doctors to assist them with appraisal.

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

The risks associated with this report include:
N/A

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

- This report is for **Assurance.**

5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	**[Insert Date paper was received]**

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

  The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

  The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

  Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance[1]. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of University Hospitals Bristol and Weston (UHBW) can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: No AOA submission was completed in 2019/20 as this was cancelled due to covid 19

Action from last year: None

Comments:

A draft AOA submission showed a significant improvement with compliance

These figures are estimates as the UHB Designated Body closed on 31st March and a new Designated Body of UHBW was created. In addition appraisal was suspended with immediate effect on 19th March - meaning that some doctors, who are marked as "missed approved" may have been "missed unapproved" had appraisal continued.

On 31st March 2020

There were 806 doctors connected to UHBristol

Of these

Complete 1(a) = 448

Complete 1(b) = 232

Incomplete approved (2) = 113*

Incomplete missed (3) = 13

* More than 90 doctors were due to appraise in March when appraisals were suspended

By staff group our consultant and SAS rate for completion was around 96% and 88% respectively (this includes incomplete approved appraisals) and for clinical fellows was around 93% - up from 50% last year- primarily due to improved reporting.

Please note ALL figures in this are provisional as the suspension of the report meant that additional data checking has not been undertaken. These figures are taken from reporting data on Fourteen Fish (our electronic appraisal system) site.

This year we have a new designated body (UHBW) with RO William Oldfield; this includes doctors previously under the DB for WHAT and UHBristol

Action for next year: To report under the new designated body of UHBW.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: Nil

Comments: William Oldfield remains RO for the newly formed body of UHBW, having previously been RO for UHBristol. WAHT is no longer a DB in its own right and no longer has its own RO

Action for next year: Nil

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: To develop the team structure to provide additional administrative support and time

Comments: The addition of a band 8 management support role to the MD team and the merging of UHB and WHAT bringing with it an additional part time Band 6 role will support the functioning of the team. In addition the current UHBW Band 4 post is under review to up band to a Band 5.

Action for next year: Nil

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: None

Comments: Fourteen Fish has now been rolled out over the Weston campus as well as the Bristol campus and an accurate record of all doctors with a prescribed connection to the organisation is maintained.

Action for next year: Nil

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: To update the Appraisal and Revalidation Policy to reflect the merger of UHB and Weston to form UHBW

Comments: This has been updated to reflect both the implementation of Fourteen Fish and the merger with Weston.

Action for next year: Nil

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: Comments: A Higher Level Responsible Officer Quality Assurance visit took place on 5th September 2019 with the NHSE team. The objective of this was to primarily review the actions raised in 2016 and provide assurance. Action for next year: *To introduce the use of the PROGRESS tool to QA appraisals in UHBW- this is now in progress *To review the use of MPIT forms- this is now routine for consultant and SAS grade appointments and commenced as of 1.6.20 for clinical fellow posts *To review data supplied to doctors in preparation for appraisal including complaints and audit data *To review the opportunities for patient feedback (on hold due to Covid-19)

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: to improve the support offered to these doctors. Comments: Yes, these doctors are attached and are supported in maintaining their portfolios. All have access to Fourteen Fish and an appraiser, as well as supporting material, to ensure they are aware of their requirements. They are all contacted on an individual basis by the AMD for Revalidation and Appraisal and an individualised plan is made for each depending on their own circumstances. For clinical fellows our compliance has increased significantly and we have good visibility of locum and bank doctors. Action for next year: Nil

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: Nil Comments: Yes, appraisals are all reviewed prior to revalidation to ensure full scope of practice is covered. In addition there is close liaison with local

private sector providers to ensure appropriate information transfer. There is a regular complaints feed into the appraisal process and a regular feed of low level concerns at divisional level.

Action for next year: An additional QA process will be put in place this year to further enhance this process and identify any gaps

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Nil

Comments:

Action for next year: An additional QA process will be put in place this year to further enhance this process and identify any gaps

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: To update the UHBW policy to include the merger with Weston General Hospital

Comments: The UHBW Appraisal policy has been updated and was sent to the Merger Programme Board for approval

Action for next year: Nil

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Nil

Comments: yes, we have sufficient appraisers for the current workload in UHBW

Action for next year: to review both the number of appraisers and the number of appraisals undertaken to ensure that this remains the case post-merger

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

[2] Doctors with a prescribed connection to the designated body on the date of reporting.

Action from last year:

Comments: Yes, this has been instigated this year and the appraisal system has been updated to allow appraisers to receive feedback on the quality of their appraisals. In addition 4 annual events are held across the 2 sites to ensure access for appraisers from both organisations. A record of attendance of these events is maintained and access to material discussed at the events is made available to all appraisers on the workspace on the Trust intranet.

Action for next year: To continue this process and to respond to feedback from appraisers to continue to refine and develop the content to meet their needs.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:

Comments: A QA process is in the process of being developed along with the reporting requirements.

Action for next year:

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Nil

Comments: The precise number of revalidations last year is unable to be determined due to the change of DB on 1st April 2020 and the recording on the new appraisal system fourteen fish which was implemented from April 2019 but took until October 2019 to fully embed. Complete records are available from October 2019 and therefore we know that more than 96 doctors were successfully revalidated in 2019/20 (likely to be around double this figure)

The number of deferrals is accurately held

There were 17 deferrals last year

One doctor was deferred twice in year due to an ongoing internal investigation and was subsequently revalidated.

One doctor was deferred for a second time by UHBristol because of extended sick leave and one was deferred for a second time having been deferred by his previous DB due to limited evidence and coming up for revalidation within weeks of starting his post here. This second doctor has also subsequently been revalidated.

13 doctors were deferred due to lack of evidence and of these 9 have now been revalidated. 4 are due to be recommended for revalidation with no further delays anticipated once revalidation comes back on line.

A number of doctors due for revalidation between March and September 2020 were automatically deferred by the GMC at the start of the Covid-19 outbreak. We had sufficient information to recommend revalidation in approximately half of these doctors before revalidation closed in March.

Action for next year: All revalidations are now recorded on Fourteen Fish and so reporting in 20/21 should be considerably easier (as well as no anticipated DB change in the future).

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Nil

Comments: All doctors are contacted a minimum of 6 and then 4 months prior to revalidation to outline any remaining requirements and a plan to ensure they are met. In addition the AMD for Revalidation and Appraisal will scan all doctors up to a year in advance of revalidation to pick up any who are looking as if they may fall short of requirements. Doctors in whom a deferral may be made are all contacted and given an explanation and a plan to work to ensure revalidation is not deferred on a second occasion. One doctor was deferred twice by UHBristol in the year 2019/20 due to an unforeseen delay in completion of an internal investigation. The doctor was recommended for revalidation immediately on completion of this review.

All doctors are contacted as soon as the recommendation for revalidation has been made to make them aware.

Action for next year: No new actions identified

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Nil

Comments: UHBW has an active patient safety, audit and effectiveness culture overseen by the Quality team at the Trust. The work of this team is outlined in the UHBW Quality Strategy

Action for next year: Nil

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

Comments: Recommendations for revalidation are based on triangulation of information from appraisal, complaints and reports from clinical chairs regarding soft concerns. Currently UHBW has no method of automatically providing audit, GIRFT or other data directly to doctors for their appraisals and they are expected to access this information themselves

Action for next year: To explore the possibility of making this data directly available to doctors for their appraisal.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Nil

Comments: The Trust has a freedom to speak up policy last updated in March 2020 which reports to the Board and People committee and links to the grievance policy, disciplinary policy, serious incident policy and dignity at work policy.

Action for next year: Nil

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[3].

Action from last year:

Comments: Measurement and Key performance indicators comprise: • The number of Speaking Up concerns raised The outline of all concerns will be recorded and outcomes monitored by the Board and People Committee to identify any key themes or issues, patterns/similarities so as to maintain a safe learning culture within the Trust. • National staff survey indicators relating to staff feeling secure about raising concerns about unsafe clinical practice and having confidence in the organisation to address the concern.

Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

places, and b) doctors connected elsewhere but who also work in our organisation[4].

Action from last year: To ensure the MPIT process was in place for both consultants and clinical fellows Comments: Transfer of information via an MPIT form for incoming consultants has been in place for some time. This process will be extended to clinical fellows from June 2020 Action for next year: To ensure MPITs are uploaded into the doctor's record on Fourteen Fish to make them visible to the AMD easily.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: Nil Comments: The Trust has a strong equality and diversity ethos and policies covering bias and discrimination Action for next year: No specific action

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: Comments: This action is completed by the HR team. A request from the Spire private hospital for this information to support emergency placement of doctors allowed us to review the robustness of this process. Information was available for all doctors attached to UHBW as requested by the Spire. Action for next year:

Section 6 – Summary of comments, and overall conclusion

- On 1st April 2020 UHBristol and WHAT merged to form the new designated body of UHBW. This report is the last Board report related to revalidation and appraisal for the DB of UHBristol. - There has been considerable improvement in appraisal rates at UHBristol particularly in the clinical fellow (LED) cohort in the main due to better visibility and reporting following the implementation of Fourteen Fish. However the

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

suspension of appraisal in March 2020 due to Covid-19 and the subsequent change in Designated Body has made direct comparisons with last year harder to make.

- Actions from last year included updating the Revalidation and Appraisal Policy and implementing the MPIT process for the transfer of information more robustly and these have been achieved
- In addition the new appraisal system Fourteen Fish has been rolled out across the Weston campus
- The emphasis for the coming year will be on improving the quality assurance process around appraisal and improving the information provided to doctors to assist them with appraisal.

Overall conclusion:

The new designated body of UHBW was successfully created on 1st April 2020 with more than 1000 doctors attached.

Actions from last year have been completed and the overall compliance at UHBristol in 2019/20 was much improved from the previous year.

The impact of Covid-19 on ongoing revalidation and appraisal remains to be seen

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

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University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	Safeguarding Adult and Children Annual Report for April 2019-2020
Report Author	Carol Sawkins – Safeguarding Lead Nurse
Executive Lead	Carolyn Mills - Chief Nurse and Executive Lead for Safeguarding

1. Report Summary

The Safeguarding Adult and Children Annual Report provides University Hospital Bristol, the Clinical Commissioning Group and Safeguarding Partners with assurance that the Trust continues to fulfil its statutory and regulatory responsibility to safeguard the welfare of children and adults across all areas of service delivery.

2. Key points to note
(Including decisions taken)

Safeguarding remains a key priority for the Trust and this annual report summarises the key safeguarding activities, developments and achievements in this reporting period. The safeguarding agenda for both children and adults is constantly changing and it is essential that the Trust continues to develop a proactive approach to ensure that safeguarding practice remains up to date and in line with new guidance and best practice.

The Safeguarding Steering and Operational Groups have maintained oversight of all safeguarding activity, including risks. The Trust has maintained compliance with CQC Regulation 13 'Protecting Service users from abuse' and no areas of risk have required escalation to the Board.

Full details of the aims and objectives of the safeguarding teams going forward are detailed in the work and audit plans for 2020/21.

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

The risks associated with this report include:
None

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

- This report is for **Assurance.**

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

Quality and Outcomes Committee	**July 2020**
Safeguarding Steering Group	**Virtual Circulation**

University Hospitals Bristol NHS
NHS Foundation Trust

Safeguarding Adult & Children Annual Report

April 2019 – March 2020

Index

1. Introduction

Welcome to the University Hospitals Bristol NHS Foundation Trusts combined Safeguarding Children and Adults Annual Report. This is the fifth consecutive year that a combined safeguarding report has been presented, reflecting the well-established integrated safeguarding approach followed across the Trust. This approach remains underpinned by shared governance, safeguarding work and audit plans, and supported by the safeguarding Executive leads with an experienced safeguarding team.

This report provides University Hospitals Bristol Trust Board, Bristol, North Somerset and South Gloucester Clinical Commissioning Group (BNSSG CCG) and the Local Safeguarding Partners with a summary of key activities during this reporting period and assurance that the Trust continues to fulfil its statutory responsibilities to safeguard the welfare of children and adults across all areas of service delivery.

The Trust safeguarding agenda is underpinned by the Trust values, aiming to ensure that a culture exists where safeguarding is everyone's business and areas for learning and improvement are continually identified. The summary and conclusion of this report describes the key priorities and areas identified for development for safeguarding in 2020/21.

2. Summary of current arrangements for Safeguarding and Assurance within University Hospitals Bristol NHS Foundation Trust (UHBristol)

The Trust's safeguarding arrangements are defined in a range of statutory governance frameworks, for children those defined within Section 11 of the Children Act 2004 underpinned by Working Together to Safeguarding Children (2018) and for adults, within the Care Act (2014), the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007). These arrangements are supported by the Named Professionals (Doctor, Nurse and Midwife), plus a team of experienced safeguarding nurses and administration staff.

Key governance arrangements comply with the statutory requirements of Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (SAAF), which sets out the safeguarding roles and responsibilities of all individuals working in NHS funded care settings and has been updated during this reporting period.

Assurance of continued compliance with the requirements of both Section 11 and the updated SAAF has been gained through completion of self- evaluations, which have been reviewed internally through the Safeguarding Operational and Steering Groups and reported externally to the BNSSG CCG and Safeguarding Partners.

UHBristol Trust Board holds ultimate accountability for ensuring that safeguarding responsibilities for both children and adults are met with the Chief Nurse as Executive Lead for Safeguarding.
A team of experienced safeguarding professionals, including the Named Professionals, provide expert advice, support and supervision to practitioners across all areas of the Trust.
The Safeguarding Steering Group reports annually to the Clinical Quality Group which in turn reports to the Quality and Outcomes Committee, the quality sub-committee of the Trust Board.
The Trust has two operational groups: one for Children's Safeguarding and one for Adult Safeguarding and Mental Capacity Act, which meet alternative months and report to the Safeguarding Steering Group and are responsible for the operational delivery of safeguarding across the Trust and delivery of an annual work and audit programme.
Safeguarding performance is monitored internally by the Trust Safeguarding Steering Group, chaired by the Chief Nurse and supported by senior representation from all Divisions.

3. Safeguarding and Care Quality Commission (CQC) Regulation 13

The Trust has maintained compliance with CQC Regulation 13 'Protecting Service users from abuse', ensuring that those who use the Trust services are safeguarded and that staff are suitably skilled and supported. Demonstrating safeguarding leadership and commitment at all levels of the organisation and remaining fully engaged in local accountability and assurance structures.

The trust wide CQC inspection undertaken in April /May 2019 reflected the trust declaration of compliance with Regulation 13. The inspection report noted areas of outstanding practice, in relation to safeguarding, concluding that overall staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The Trust annual child abduction exercise was also highlighted as an area of outstanding practice. Safeguarding training compliance was highlighted as a key area for improvement (see section 9 of this report) which is reflected through the safeguarding work and audit plans.

The Lead Nurse for Safeguarding is accountable for ensuring compliance with regulation 13, reporting regularly to the Safeguarding Operational Groups, the Safeguarding Steering Group, and annually to the Clinical Quality Group (CQG).

4. Safeguarding Risks

The Safeguarding Steering Group and Safeguarding Operational Groups maintain oversight of all safeguarding Corporate, Divisional and Departmental risks entered onto Datix. Three safeguarding risks remain on the corporate risk register, two of which remain unchanged from the previous year's report. The risk rating for the third corporate (risk ID1595), has increased from 9 to12, as a result of the increased number of adult Emergency Department attendances resulting in increased likelihood of harm.

Table 1: Summary of Corporate Safeguarding Risks

<table>
<tr><th>Risk No</th><th>Summary of Risk</th><th>Current Risk Rating</th><th>Current Position and Key mitigating actions</th><th>Owners of Risk / Monitoring Group</th></tr>
<tr><td>856

Corporate</td><td>Risk that the emotional and mental health needs of children and young people admitted to the Children's Hospital (for mental health reasons only), may not be fully met as the Hospital is not a provider of mental health services.</td><td>Risk Rating 12</td><td>This is an ongoing risk related to the number of children and young people being admitted to the BRHC as a place of safety, who do not require treatment for any physical health reasons.

Risk rating remains unchanged at 12, controls are in place and the risk is regularly reviewed both internally, including a review of CAMHS services, and externally with Bristol City Council, BNSSG CCG and the CQC.

The commissioning of mental health services for children continues to be reviewed by NHS England locally and nationally.</td><td>Children's Governance & Mental Health Operational Group,

Safeguarding Steering Group.</td></tr>
<tr><td>921

Corporate</td><td>Risk of not achieving 90% compliance for all Essential Training, which includes safeguarding training.</td><td>Risk Rating 12</td><td>If rates of compliance with Essential Training are not met and sustained, then staff may not have the skills, knowledge and experience to deliver effective care and treatment and maintain a safe working environment. Safeguarding Training Compliance rates as at the end of this reporting period (31/3/20)
<table>
<tr><th>Adults Training</th><th>Target Audience</th><th>Compliant</th><th>Compliance %</th></tr>
<tr><td>Level 1</td><td>3108</td><td>2896</td><td>93</td></tr>
<tr><td>Level 2</td><td>6214</td><td>5871</td><td>95</td></tr>
</table></td><td>Executive Lead - Director of Workforce & Organisational Development.

Safeguarding Steering Group</td></tr>
</table>

Level 3	*316*	*164*	*52*	
Children's Training	***Target Audience***	***Compliant***	***Compliance %***	
Level 1	*2896*	*2646*	*91*	
Level 2	*4460*	*4161*	*93*	
Level 3 (Core)	*1903*	*1391*	*73*	
Level 3 (Specialist)	*379*	*296*	*78*	

Compliance with level 3 children core and specialist training remains largely unchanged from the previous year's annual report (see section 9)

1595 **Corporate**	Risk that if patients suffering from mental health disorders spend prolonged time in ED their condition could deteriorate. Patients affected are those detained under S 136 (Mental Health Act).	Risk Rating 12	This risk relates to patients suffering from mental health disorders having a prolonged stay in ED and their condition could deteriorate in a busy and pressured environment. Patients affected include those detained under Section 136 (Mental Health Act) and those either awaiting assessment by AWP or allocation of a community bed. There are controls in place and good partnership working with AWP colleagues. *The key actions taken since the last report* • Mental Health Whole System Operational Group to be established by CCG and AWP. This new group will act as the system oversight group for mental health KPIs and waiting times across the urgent care pathway. The risk score has increased during this report period from 9 to 12 as a result of increased number of attendances and incidents, resulting in increased likelihood of harm.	Mental Health Operational Groups. Safeguarding Steering Group.

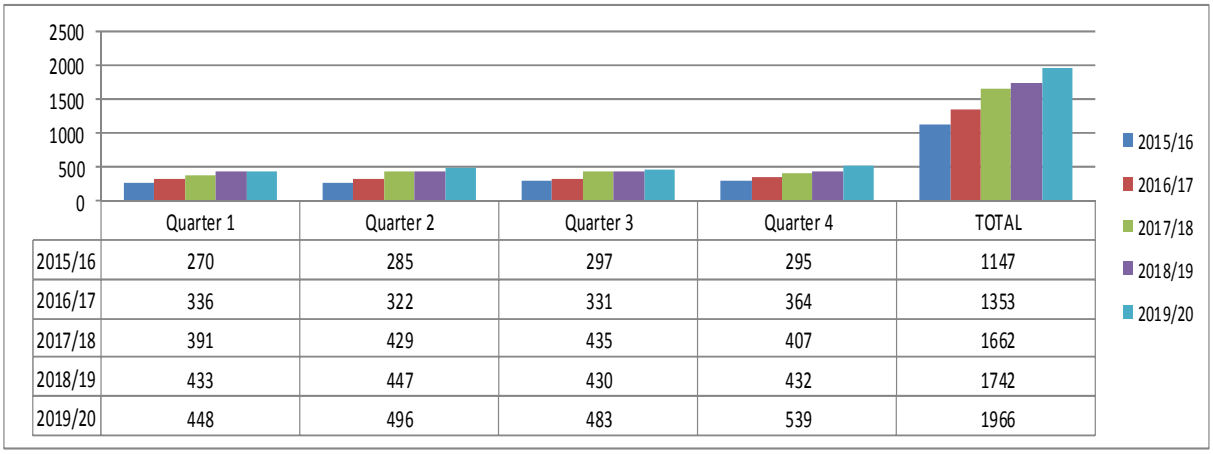
5. Summary of key safeguarding achievements

Amalgamation of the Safeguarding and Learning Disabilities Teams, improved cohesion and resilience of service.	Increased Named Doctor (children) resource and funding confirmed for new Named Doctor (adults).	Abusive Head Trauma preventative programme 'ICON' implemented through midwifery services.
Safeguarding due diligence and integration planning in preparation for the merger with Weston Hospital.	Safeguarding training and matrices updated to reflect changes in legislation , guidance and best practice, including the Intercollegiate Document for Adults, contextual safeguarding, Adverse Childhood Experiences.	Re commissioning of Hospital IDSVA service, now provided by Next Link, improved resilience of service.
Robust safeguarding annual work and audit plans completed, providing assurance of a range of safeguarding arrangements.	Mental Capacity Act prompts 'Flash Cards' developed and distributed, supported by MCA training delivered locally to key front line areas.	Implications of changes in practice resulting from legislative changes 'Liberty Protection Safeguards 'continue to be reviewed.

6. Safeguarding Children Activity Data

Safeguarding children's activity data continues to reflect a sustained year on year increase, both in numbers and complexity of cases. There has been a 12.8% increase in contacts to the safeguarding team for advice and support (See Table two), reflecting staff awareness of the safeguarding process and of support resources available to them.

Table 2: Number of contacts made to the Safeguarding Children's Nursing Team



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
2015/16	270	285	297	295	1147
2016/17	336	322	331	364	1353
2017/18	391	429	435	407	1662
2018/19	433	447	430	432	1742
2019/20	448	496	483	539	1966

Further analysis of this sustained increase in contact activity will be undertaken going forward and to support this, an additional system of data collection has been introduced. Contact data is now quantified according to the complexity of the case and the amount of time required to support staff (detailed in table 3).

Table 3: RAG Rated Cases per Quarter 2019/20

Rating	Red	Amber	Green	Number of Contacts
Quarter 1	**11**	**69**	**318**	**398**
Quarter 2	**24**	**67**	**360**	**451**
Quarter 3	**9**	**42**	**377**	**428**
Quarter 4	**15**	**51**	**404**	**470**
Total for year	**59**	**229**	**1459**	**1747**

The significance of this data will be analysed going forward, with consideration given to the identification of areas for service development; such as supervision provision, thematic or targeted training including for thresholds for referrals, or exploring options for the implementation of local systems to support staff in the management of less complex safeguarding cases.

Additional funding has also been identified to increase the Named Doctor provision across UHBW in 20/21, which will provide additional resource to support the teams in the management of complex and high risk children.

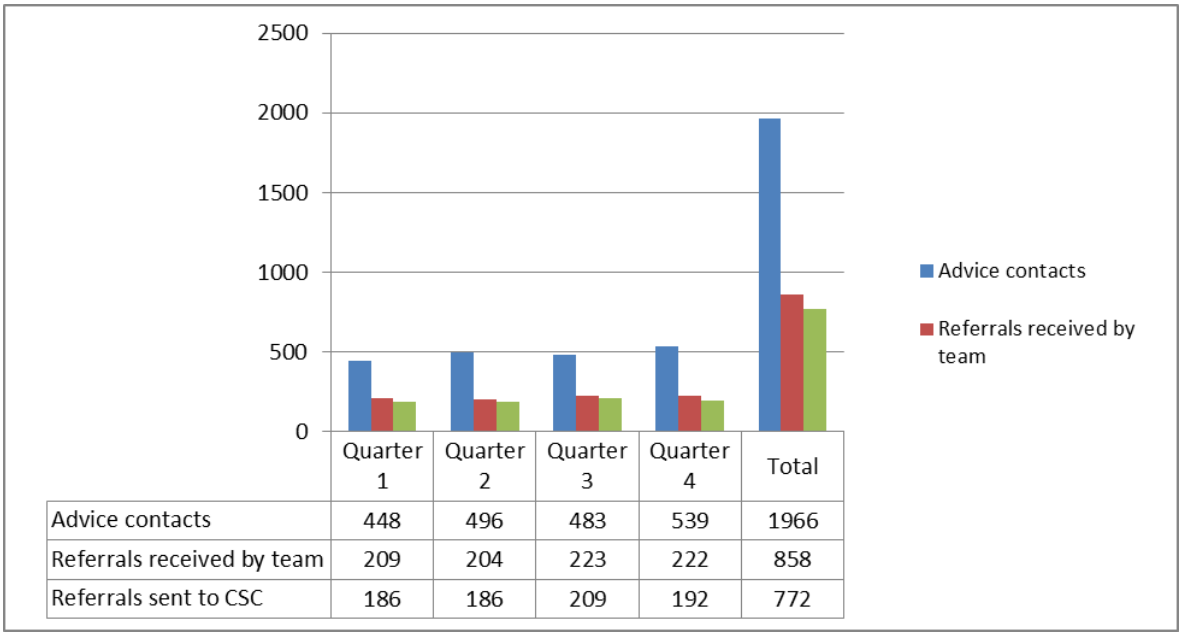
6.1 Safeguarding Referrals to Children's Social Care

All safeguarding referrals to Children's Social Care are sent via the Safeguarding team. This process enables the team to:

- Review the quality of the information recorded on the referral, ensure relevant information is included and the risk is clearly articulated.
- Ensure referrals are in line with the threshold for Social Care involvement as set out in the Bristol Multi Agency Threshold Guidance - Working together to get the Right Help at the Right Time for the Right Duration (BSCB 2018).
- Collect and collate data for analysis purposes and onward reporting to the Child Protection Operational and Safeguarding Steering Groups.
- Monitor and identify trends/concerns and take necessary action.
- Provide direct feedback to practitioners.

The number of onward referrals to Children's Social Care has remained relatively stable with approximately 35% of the advice contacts continuing to result in a referral to Children's Social Care Team (Table 4).

Table 4: Number of Referrals Received and Sent to Children's Social Care

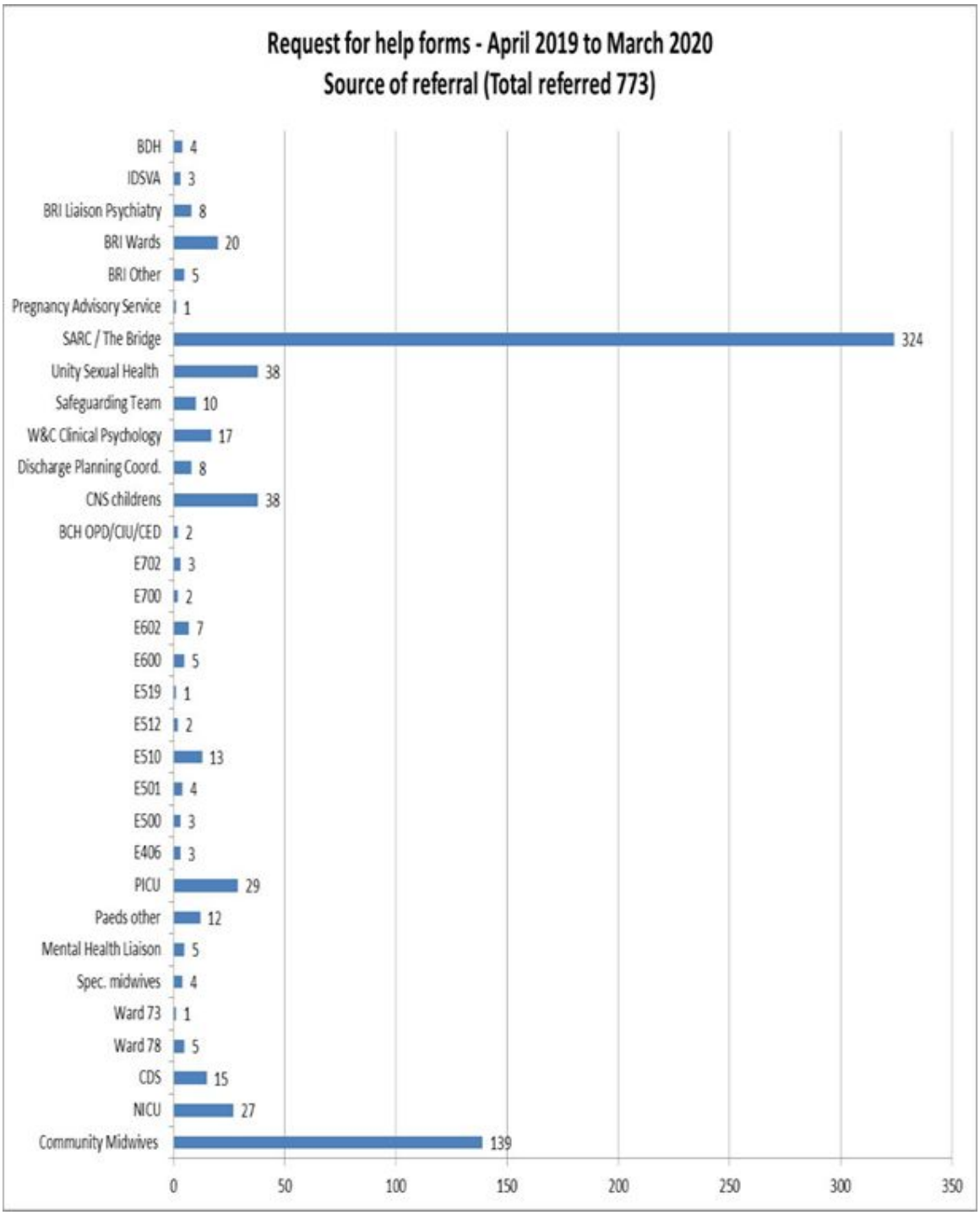


	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Advice contacts	448	496	483	539	1966
Referrals received by team	209	204	223	222	858
Referrals sent to CSC	186	186	209	192	772

Table 5: Source of Referrals

Safeguarding referrals continue to be made from a range of areas across the Trust.

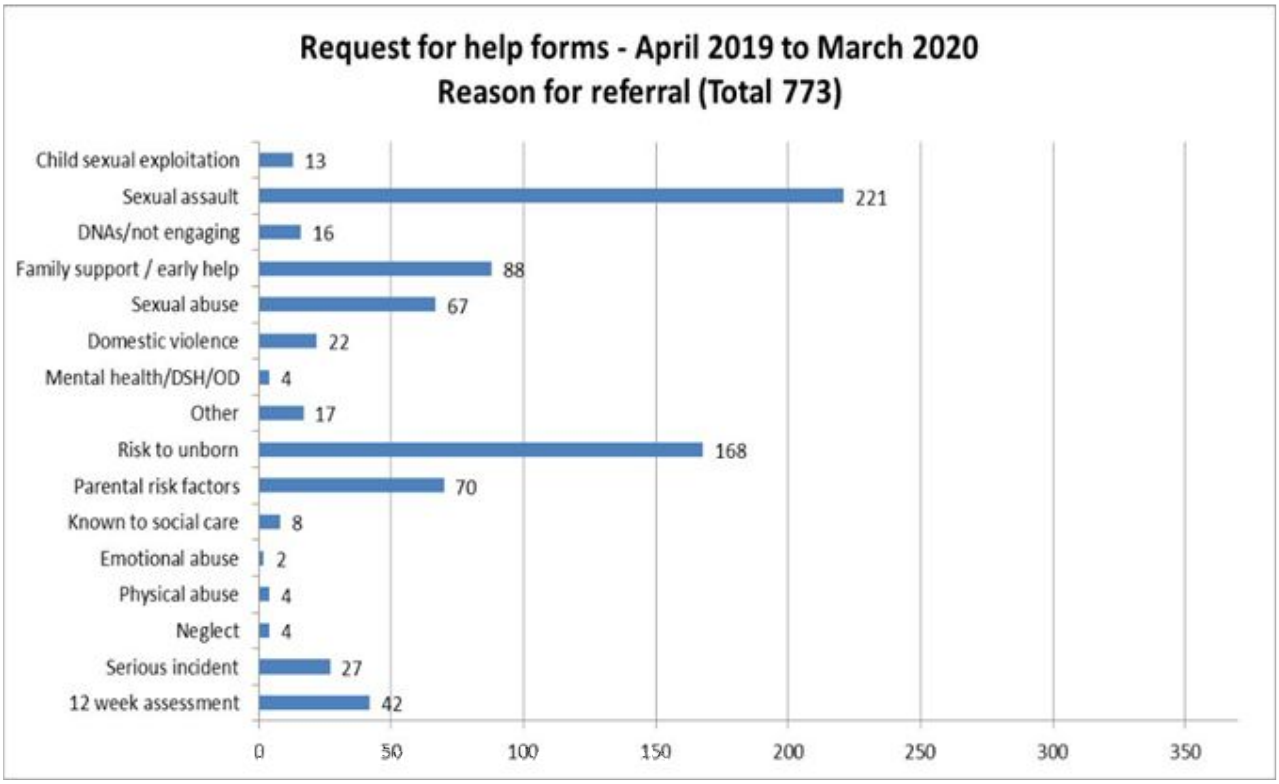
The year on year increase in referral activity at the Sexual Abuse Referral Centre has continued during this reporting period, with 324 referrals compared to 180 in the previous year. This increase is as a consequence of NHS England's commissioning of SARC's nationally. The Bristol Centre is the designated children's SARC, receiving and assessing children from across the South West region.



In this reporting period 90% of referrals received from staff were considered to be in line with thresholds guidance and sent onwards to the appropriate Local Authority, an improvement on the 83% of referrals in the previous reporting period.

This indicates that the quality assurance process of reviewing all safeguarding referrals prior to sending them to Children's Social Care is effective in reducing the number of inappropriate referrals. Of the 85 referrals not sent to Children's Social Care, the majority were shared with other healthcare providers such as GP, School Health Nurse, Health Visiting services or other services that are better situated to assist in addressing the concerns.

Table 6: Reason for referral



6.2 Safeguarding in the Emergency Departments

The Trust Emergency Departments, at the Bristol Royal Infirmary, Bristol Royal Hospital for Children and Bristol Eye Hospital, complete 'Social Care Notification forms', recognising the time limited contact with a child and family, as opposed to the more detailed Trust wide Request For Help' form. The Emergency Department activity remains broadly in line with previous years.

Table 7: Emergency Department Social Care Notifications

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
BRHC ED	1275	1362	1494	1326	1360	1301	1493
BRI ED	488	593	486	616	779	709	745

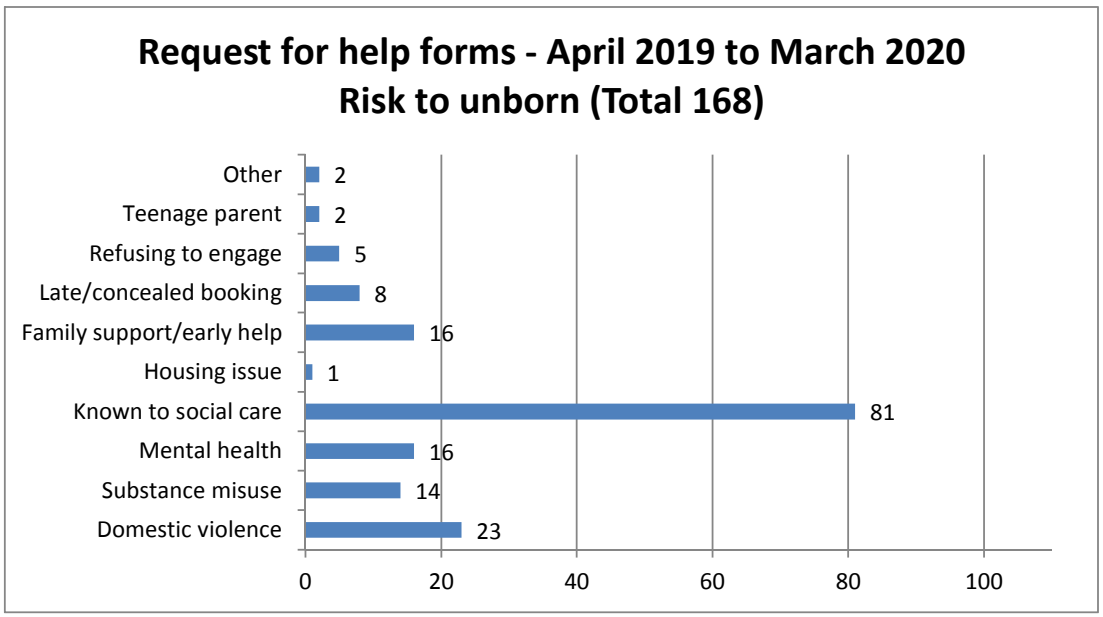
The weekly safeguarding review meeting, between the safeguarding and Emergency Department teams, continue to review the notification forms, update on the local outcomes and share any learning.

6.3 Safeguarding, Midwifery and the Unborn Baby

A significant number of safeguarding referrals continue to be made by the Community Midwifery Team's across Bristol and Weston, a single midwifery service since 2018. The midwives are providing care to an increasing number of challenging and complex cases which are reflected in the increase in cases already open to Children's Social Care, from 46 in the previous year to 81 in this report.

Referrals for unborn babies are made due to concerns about potential parental risk factors (See table 8, which may result in occasions where babies have to be removed from their mothers following a multi-agency safeguarding process. Midwives continue to be supported by a robust system of safeguarding supervision.

Table 8: Referrals for Unborn Babies



Women are routinely asked screening questions about domestic abuse and Female Genital Mutilation at their booking appointment and at other stages during antenatal care in line with best practice guidance and the requirements of the national information sharing data base (FGM-IS).

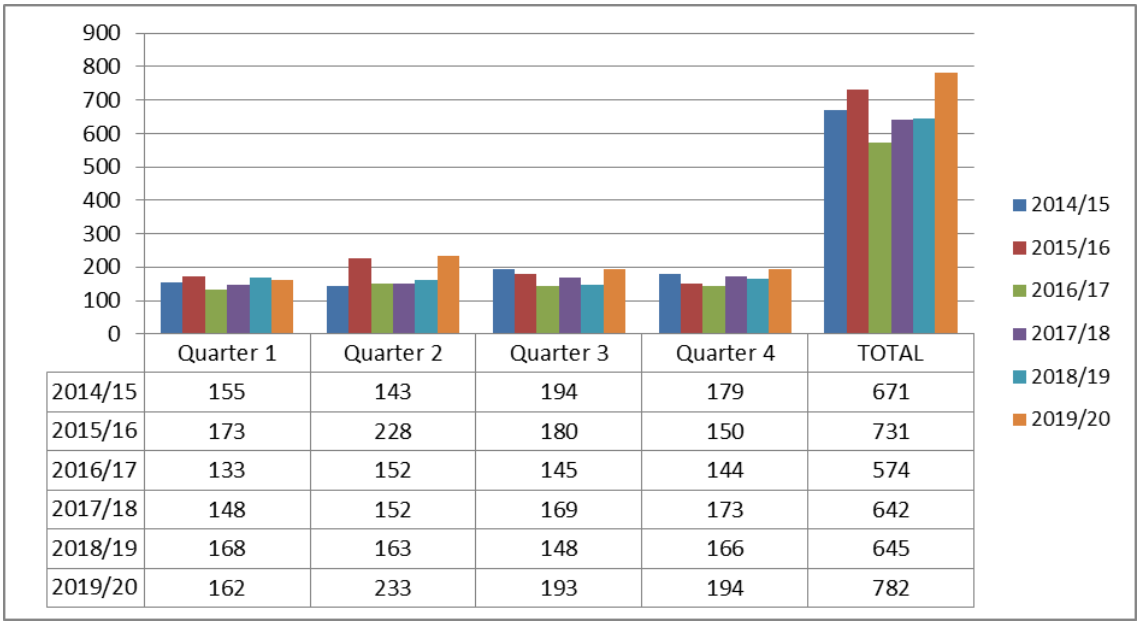
Towards the end of this reporting period midwifery services have implemented 'ICON', a national campaign to educate parents about baby's crying patterns and empower them with positive coping mechanisms. The aim of the campaign is to reduce risks and instances of Abusive Head Trauma resulting from babies being shaken.

The timing of the implementation of the campaign has been in response to concerns about increased risks to babies, resulting from the Covid 19 pandemic. The potential impact of social isolation combined with reduced 'hands on' and 'face to face' support normally available from both family, friends and statutory services, including Health Visitors and Social Workers, could be significant. The Trust's midwifery services, have maintained normal service to mothers and babies for up to ten days post-delivery, including home visits during the Covid 19 pandemic.

7. Safeguarding Adults Activity Data

The safeguarding adult's activity data in this reporting period demonstrates a 21% increase on last year. This is the highest it has been since data has been recorded.

Table 9: Number of Referrals Received

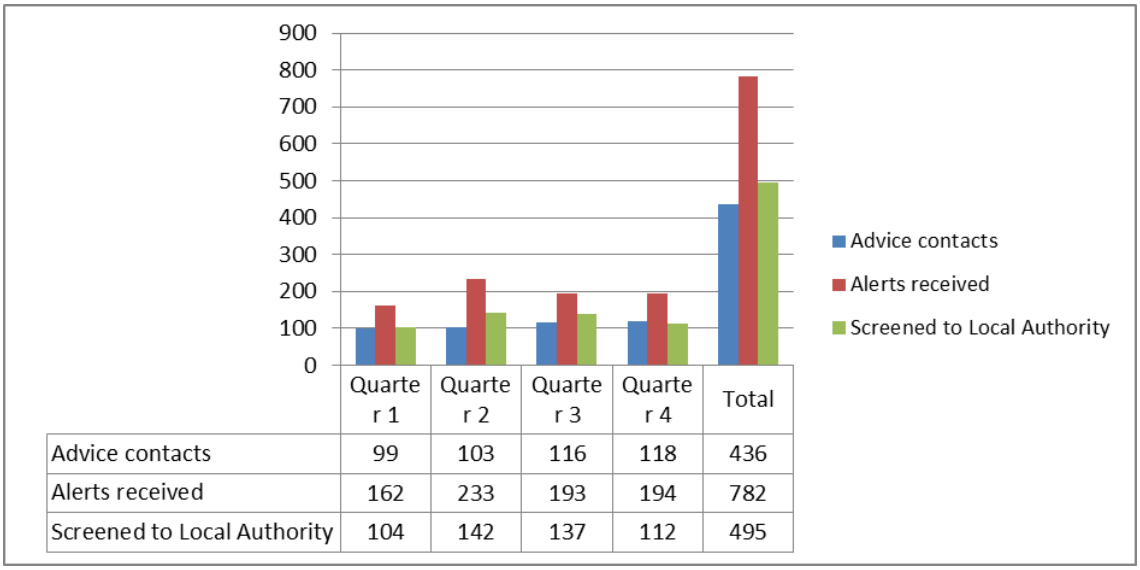


	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
2014/15	155	143	194	179	671
2015/16	173	228	180	150	731
2016/17	133	152	145	144	574
2017/18	148	152	169	173	642
2018/19	168	163	148	166	645
2019/20	162	233	193	194	782

The quality assurance process, previously described in relation to safeguarding children's referrals, is mirrored for safeguarding adults. This process ensures that onward referrals are in line with the Bristol Safeguarding Adults Board Threshold Guidance and the Care Act 2014.

During this reporting period, 63% of alerts received met the agreed threshold for referring to the relevant Local Authority for a safeguarding investigation, consistent with last year (Table 10). Alerts not meeting the threshold have been risk assessed and redirected to other appropriate services, such as housing, domestic violence support, or local authority care needs assessments.

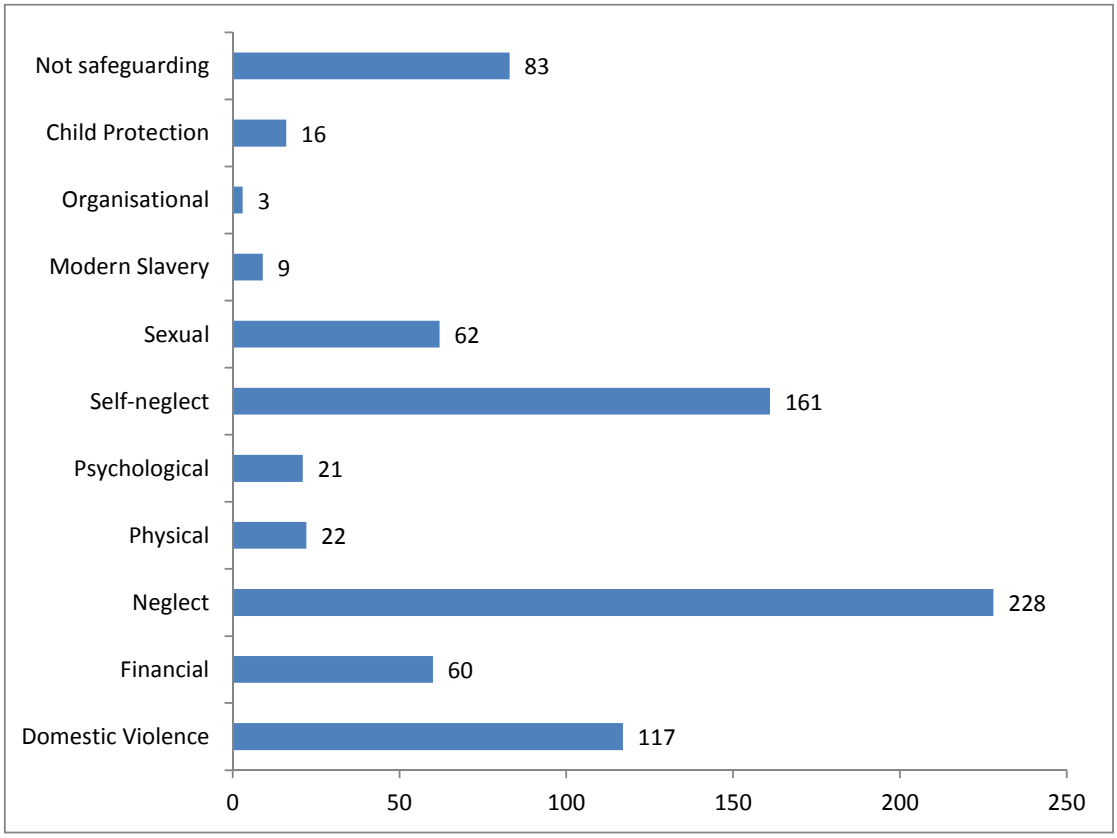
Table 10: Number of Contacts / Referrals screened prior to sending to Local Authority



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Advice contacts	99	103	116	118	436
Alerts received	162	233	193	194	782
Screened to Local Authority	104	142	137	112	495

The Safeguarding nursing team continues to record the number of requests for advice and support from staff across the Trust, which have increased by 35% this year. Contacts include advice sought in relation to the application of the Mental Capacity Act and Deprivation of Liberty Safeguards as well as Safeguarding queries. As with the children's safeguarding contact data this year on year increase in activity will be kept under close review and further analysis will be undertaken if this pattern continues.

Table 11: Category of referrals



There have been notable increases across a range of categories in this reporting period. Domestic violence referrals have increased by 41%; this has been a steady increase over the year. It is likely that this is a result of national Domestic Abuse publicity, such as the Next Link campaign, combined with the impact of the closure of Weston ED out of hours and also closer working with the High Impact User team, who generate a significant number of referrals.

Modern slavery referrals have increased from 3 to 9 this year and although relatively small numbers, the increase has been significant and can be accounted for due to improved awareness and confidence to recognise and report concerns.

Self-neglect referrals have increased by 38% to a total of 161, of which 112 met the threshold for referring to the local authority and 34 developed into ongoing safeguarding investigations, which is consistent with the previous year's data.

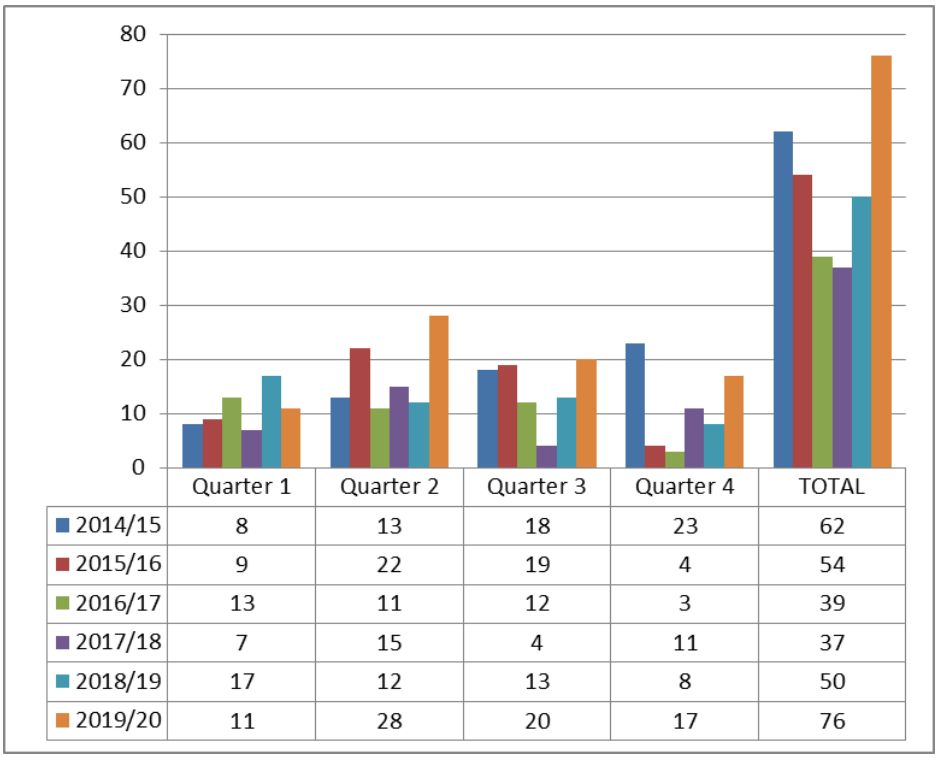
7.1. Internal Safeguarding Alerts

A Safeguarding Internal Alert is raised if it is alleged that the Trust may have caused harm to a patient through the omission or provision of care, underpinned by the Trust's responsibility to be open and transparent in line with the Duty of Candor. Alerts may be raised by practitioners within the Trust or by other agencies or individuals.

There has been a consistent increase in volume of internal cases recorded again this year. The volume has gone up by 52% which is the highest number reported since data has been collected. The numbers of internal alerts, outcomes, emerging themes or concerns, are robustly monitored by the Safeguarding Team, Divisional Patient Safety Teams and the Adult Operational Group with regular reports submitted to the Safeguarding Steering Group. Learning outcomes are incorporated into staff training updates.

Approximately a quarter of the internal referrals sent to the Local authority did not meet a threshold for a safeguarding investigation, or the local authorities were assured by the actions already taken by the Trust and no further intervention was required.

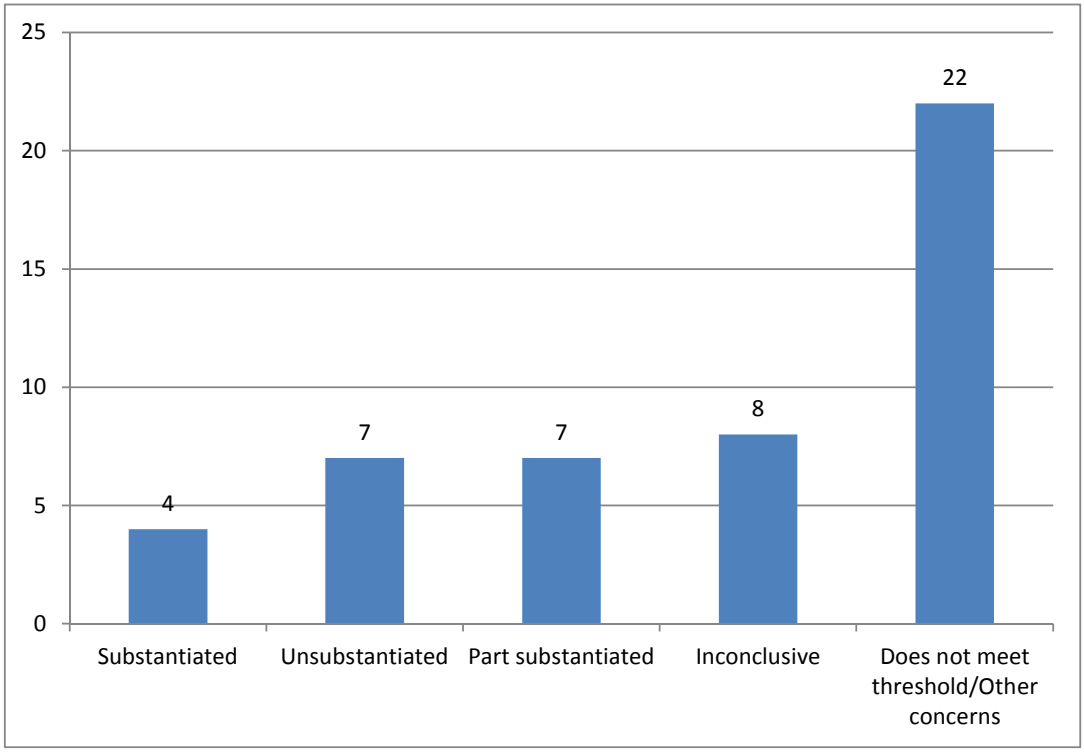
Table 12: Internal Safeguarding Alerts



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
2014/15	8	13	18	23	62
2015/16	9	22	19	4	54
2016/17	13	11	12	3	39
2017/18	7	15	4	11	37
2018/19	17	12	13	8	50
2019/20	11	28	20	17	76

Of the internal cases this year, four were closed as Substantiated, in comparison with ten in the previous reporting period, however 36 cases remain open under investigation, awaiting outcome decisions from the local authority. So whilst the volume of internal safeguarding referrals went up significantly there was, to date, a proportional drop in those cases that were found to be substantiated, 20% in 2018/19 and only 5% in 2019/20.

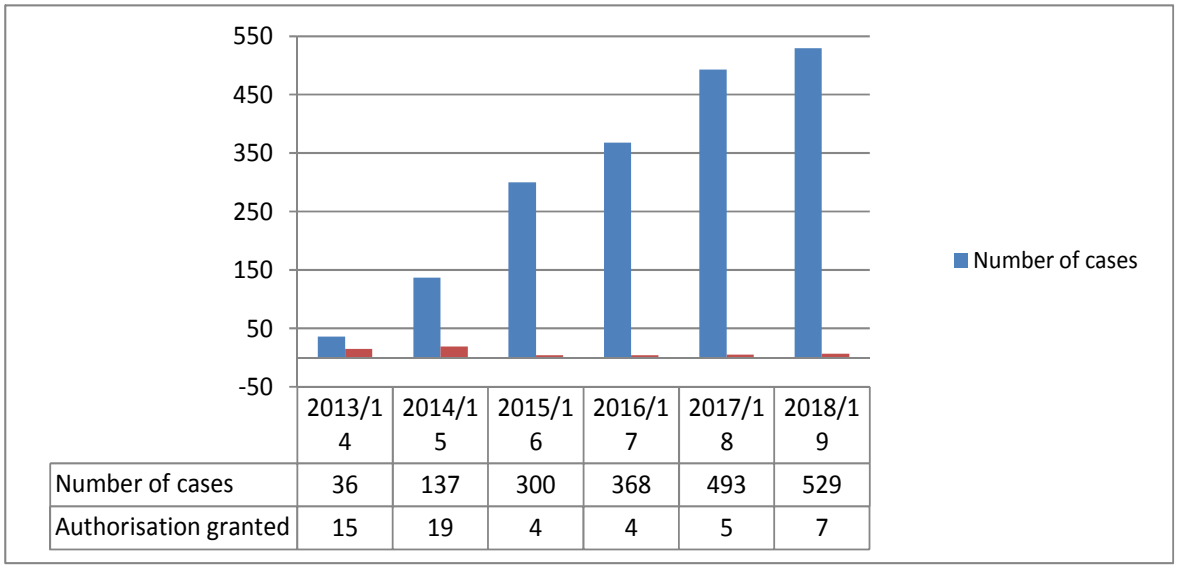
Table 13: Outcome of internal Safeguarding investigations



7.2 Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS), within the Mental Capacity Act, provides a protective legal framework for those vulnerable / at risk people who are deprived of their liberty. The Supreme Court judgment in 2014 continues to have a significant impact on frontline practice with a year on year increase in the number of DoLS applications (See table fourteen below).

Table 14: Deprivation of Liberty Safeguards (DoLS)



	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Number of cases	36	137	300	368	493	529
Authorisation granted	15	19	4	4	5	7

During this reporting period, 656 DoLS applications were made to Local Authorities, of which, only 23 resulted in progression to an ongoing Standard authorisation. Both figures record a significant year on year increase. The Trust continues to care for and detain these patients, as it is in their best interests to do so, following the least restrictive option and in line with the Mental Capacity Act measures.

This stance continues to mirror the current position of NHS Trusts, both locally and nationally, which is also reflected in the Trust risk register (Datix Risk no 690).

Arrangements for the planned changes to the Deprivation of Liberty Safeguards framework have commenced and were due for implementation in October 2020; this has now been delayed due to the Covid pandemic. The Bill received Royal Ascent in May 2019 (Mental Capacity (amendment) Act 2019) and the plans for implementation of the new Liberty Protection Safeguards will be finalised once the detailed Code of Practice is published.

The progress of the new legislation is being monitored closely and funding has been agreed to support the implementation of the LPS though the appointment of a new Named Doctor for adult safeguarding. Further development and requirements will be reflected in the Safeguarding work plan for 2020/21.

8. Safeguarding Children and Adult Training

The provision and delivery of both children and adults safeguarding training remains a key priority, ensuring that all staff are provided with the appropriate training for their role and responsibilities. The Trust performance standard is currently 90% compliance with all levels of safeguarding training.

8.1 Level 1 and 2 Training Compliance

Safeguarding Level 1 and 2 training for both children and adults is incorporated into corporate clinical and non-clinical induction and update training. The required 90% target has been successfully maintained during this reporting period, as is detailed in table fifteen below.

Table 15: Level 1 and 2 Safeguarding Training Compliance

	March 2017	March 2018	March 2019	March 2020
Level 1 Safeguarding Adults	90%	92%	93%	93%
Level 1 Safeguarding Children	91%	93%	96%	91%
Level 2 Safeguarding Adults	91%	86%	93%	95%
Level 2 Safeguarding Children	90%	91%	90%	93%

8.2 Level 3 Core and Specialist Training (Children)

All staff who work regularly with children, young people or the unborn baby must complete Level 3 Core training as a minimum (approximately 1,900 staff). Staff in a more senior role must complete the more advanced level of Level 3 Specialist training (approximately 370 staff), which includes staff such as; Paediatric Consultants, Community Midwives and Paediatric Specialist Nurses who are expected to undertake a lead role in safeguarding situations.

The Trust safeguarding Training Matrix states that staff in the Level 3 Core target audience must complete training within six months of starting employment and Specialist target audience completed within twelve months. The Trust training data reporting system is unable to routinely exclude new starters from the overall compliance data. To improve the accuracy of this report, a more detailed manual end of year analysis was completed in March 2020, results detailed in Table 16.

Table 16: Level 3 Safeguarding Children Training Compliance

	March 2018	*March 2018 (Excluding new starters)*	March 2019	*March 2019 (Excluding new starters)*	*March 2020*	*March 2020 (Excluding new starters)*
Level 3 Safeguarding Children (Core)	79%	*82%*	77%	*80%*	*73%*	*77%*
Level 3 Safeguarding Children (Specialist)	83%	*87%*	84%	*86%*	*78%*	*82%*

8.3 Level 3 Safeguarding Training Compliance (Adult)

Work continues to ensure that the requirements of the Safeguarding Adults Training Guidance (Inter Collegiate Document) published in 2019, are reflected in the Trust safeguarding training matrix. The training matrix has been reviewed and now includes a greater number of front line clinical staff, primarily Band 7 nursing staff working in adult inpatient areas. The target audience has increased from 93 to the current number of 316, which accounts for the reduction in the level 3 compliance detailed in table 17. The Trust has until 2021 to reach the required 90% target and compliance remains on track.

Table 17: Level 3 Safeguarding Adult Training Compliance

	March 2017	March 2018	March 2019	March 2020
Level 3 Safeguarding Adults	78%	91%	88%	52%

Of particular note towards the end of this reporting period the Covid 19 pandemic began to have a significant impact on many aspects of safeguarding practice both locally and nationally, which is likely to continue for a prolonged period of time. As part of the Covid 19 lockdown measures, safeguarding training provision has been reviewed and a decision made to suspend Level 3 face to face training in both children and adults. An abridged version of Level 1 and 2 training continues to be delivered along with online Level 3 update training for children, to ensure that safeguarding competencies are maintained.

The safeguarding and education teams are exploring innovative/remote methods of training delivery in 20/21 for all face to face elements.

9 Prevent, including training

The Counter-Terrorism and Security Act requires that specified bodies, including health, have a legal duty to "have due regard to the need to prevent people from being drawn into terrorism". As part of these statutory requirements, underpinned by the NHS Commissioning Standards, the Trust is required to train staff so they know what PREVENT is and how to escalate concerns regarding people who may be at risk of radicalisation.

Safeguarding training incorporates the required level of PREVENT/WRAP according to staff role and level of responsibility. Compliance is reported as part of the Trust monthly Essential Training report.

Table 18: Prevent/WRAP Training Compliance

	March 2017	March 2018	March 2019	March 2020
Prevent training	65%	90%	93%	94%
WRAP training	47%	68%	78%	77%

The compliance target for both PREVENT and WRAP training is 90%. Work towards achieving the WRAP target will continue in the next reporting period, incorporated as part of the objectives to improve Level 3 safeguarding children's training.

The Trust is required to have a dedicated PREVENT lead, which has been incorporated within the remit of the Safeguarding Lead Nurse. The Trust made one PREVENT referral during this reporting period which did not meet the Threshold for further action (the Channel Panel) and was redirected to another support service.

10. Child Safeguarding Practice Reviews * Safeguarding Adult Reviews and Domestic Homicide Reviews

Child Safeguarding Practice Reviews (CPSR) for children and Serious Adult Reviews (SAR) are undertaken as part of a statutory multi-agency investigation process:

- following the death or serious harm of a child or an adult (with care and support needs), as the result of abuse or neglect,
- and there have been concerns about the way in which agencies have worked together and lessons can be learnt.

Domestic Homicide Reviews (DHR), are conducted following the death of an individual over the age of 16 years of age as a result of violence within a relationship, either from a partner of another member of the household they live in.

During this reporting period the following local case reviews have been published:

Table 19: Case Reviews published 2019/20

Child Safeguarding Practice Review / Serious Case Review	**Domestic Homicide Reviews**
Baby E & F (S Glos)	Jonathan (Bristol)
Toby (S Glos)	Becky Watts (Bristol)

One further SCR has been completed and it has been agreed that this will not be made public. Learning and associated actions resulting from these DHR /SCR / SAR s is included and monitored via the safeguarding work and audit plans.

Key learning for UHBristol includes:

- Practitioners working with children in a community role to routinely ask parents about pets in the household.
- Practitioners to consider the implications of multiple births and communication between midwives and Health Visitors.
- The importance of preventative programs for abusive head trauma.
- Male victims of domestic abuse remain reluctant to report abuse.

No Safeguarding Adults Reviews have been published during this reporting period.

* Serious Case Reviews are now referred to as 'Child Safeguarding practice Reviews', reflecting the requirements of the updates statutory guidance 'Working Together to Safeguarding Children (2018).

11. Report summary and objectives for 2020/21

The safeguarding agenda for both children and adults is constantly changing and it is essential that the Trust continues to develop a proactive approach to ensure that safeguarding practice remains up to date and in line with new guidance and best practice.

Towards the end of this reporting period lockdown measures were introduced in response to the Covid 19 pandemic, the full safeguarding implications may become apparent in the next reporting periods.

Safeguarding remains a key priority for the Trust and this annual report summarises the key safeguarding activities, developments and achievements in this reporting period. The report aims to provide assurance that the Trust is fulfilling its statutory safeguarding duties and responsibilities and is thereby fulfilling its contractual duty to safeguard children and adults.

Full details of the aims and objectives of both safeguarding teams going forward are detailed in the work and audit plans for 2020/21 available on request.

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	Safeguarding Adult and Children Annual Report for April 2019-2020 (Weston Area Health Trust))
Report Author	Debra Parsons – Named Nurse Safeguarding Adults Paula Whittaker – Interim Named Nurse Safeguarding Children
Executive Lead	Carolyn Mills - Chief Nurse and Executive Lead for Safeguarding

1. Report Summary

The Safeguarding Adult and Children Annual Report provided the Board of Weston Area Health NHS Trust, the Clinical Commissioning Group and Safeguarding Partners with assurance that the Trust fulfilled its statutory and regulatory responsibility to safeguard the welfare of children and adults across all areas of service delivery.

2. Key points to note
(Including decisions taken)

This Safeguarding Adult and Children Annual Report provides a summary of the work of Weston Area Heath Trust to safeguard adults and children and to prevent abuse.

Safeguarding risks have been reviewed by the Weston Risk Management Committee. The Trust has declared compliance with CQC Regulation 13 'Protecting Service users from abuse' and no areas of risk have required escalation to the Board.

The report is being submitted to the Board for University Hospital Bristol for information following the merger of the safeguarding agenda and teams as part of Corporate Services on 1st April 2020.

A combined safeguarding report for both Bristol and Weston will be submitted next year. Full details of the safeguarding aims and objectives for all Trust sites are detailed in the work and audit plans for 2020/21.

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

The risks associated with this report include:
None

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

- This report is for **Assurance.**

5. History of the paper

Please include details of where paper has <u>previously</u> been received	
Weston Safeguarding Committee	April 2020

Weston Area Health NHS
NHS Trust

Safeguarding Adults at Risk and Children Annual Report 2019/2020

Deb Parsons – Named Nurse Safeguarding Adults at Risk
Paula Whittaker-Interim Named Nurse Safeguarding Children

CONTENTS PAGE

INTRODUCTION

Welcome to the Safeguarding Adults at Risk and Children Annual Report. This joint annual report provides a summary of the work of Weston Area Health Trust (WAHT), to safeguard adults and children and to prevent abuse. It covers the period 1st April 2019 to 31st March 2020.

The Board of Weston Area Health NHS Trust is committed to the safeguarding of adults and children. The Executive Lead for Safeguarding was Sarah Dodds Director of Nursing. The Non-Executive Lead for Safeguarding was Sue Balcombe. The Trust is an active member of the North Somerset Safeguarding Children's Partnership and the Local Adult Safeguarding Partnership Board. The Trust Safeguarding Committee meets quarterly with both adult and children teams attending, demonstrating the continuum of safeguarding from pre-birth through adulthood.

The safeguarding team have adopted the mantra 'safeguarding adults and children is not only everyone's business but core business' this is supported at Director level; working with partners in health, social care, police and education helps to achieve this. Safeguarding is a fundamental component of the care we provide and is supported by specialist adult and children safeguarding teams. The demands of the adult and child safeguarding team, within an acute organisation are shared with the safeguarding committee, with where possible, support plans in place to drive the safeguarding agenda forward.

Working Together

Integrated working between the adult and children safeguarding leads is embedded in everyday practice, as well as with external agencies. This document will outline the current status of Adult and Child Safeguarding at WAHT, the advances made in 2019/2020, the challenges, and the future plans for the services. Workforce challenges across both services have impacted the pace of developments this year.

Children's Safeguarding Services Workforce 2019/2020

The children's safeguarding team comprises of a full time Named Nurse for Children's Safeguarding and a part time Named Doctor.
There is also a Safeguarding Practitioner (22.5 hrs) a permanent part time band 6 post which was funded and recruited to in August 2019,
This additional permanent post supports the children's safeguarding team with the addition of an interim maternity cover Band 8 Named Nurse post who commenced in May 2019.

Safeguarding Services Workforce 2019/2020

The adults' team comprises of a full time Named Nurse for Safeguarding Adults at risk and a part time (30 hrs) Complex Needs Sister. The Complex Needs Sister post was filled in February 2019. Staff sickness has impacted on the teams output. A Consultant specialising in Geriatric Medicine has expressed an interest and taken the role of Named Doctor for Safeguarding Adults in October 2019, this role had been vacant since November 2018 following retirement.

The team has a senior full time administrator who is shared with; Learning Disability Services, Tissue Viability services and Infection Prevention and Control specialist Nurses.

Local and National Drivers

- BNSSG CCG Quality Schedule 2019/2020
- Intercollegiate Documents (RCPCH 2014 reviewed RCN 2019)
- The Department of Health's Female Genital Mutilation Mandatory Reporting in Healthcare (2017)
- NHS Standard Contract 2017/19
- Healthy Weston – BSSNG NHS 2017
- Department of Health -The Care Act 2014 updated 2015
- Department of Health Care and Support statutory guidance
- Modern Slavery Act 2015
- Revised NHS England PREVENT duty guidance 2017
- NHS Constitution
- Human Rights Act
- Deprivation of Liberty safeguards (2014)
- Section 11 of Children's Act 2011
- The Children's Act 1989 and 2004
- Working Together to Safeguard Children –Doe 2015 revised 2018
- Learning Disability Commissioned Standards 2019- 2022
- LeDeR Strategic Plan

The annual Safeguarding report will reflect the 5 principals from the Care Quality Commission; Safe, Effective, Caring, Responsive and Well Led Service

SAFE

***People are protected from abuse and avoidable harm. People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse*. The following section will focus on workstreams/activity to demonstrate monitoring, intervention and oversight.**

CP-IS Child Protection Information Sharing

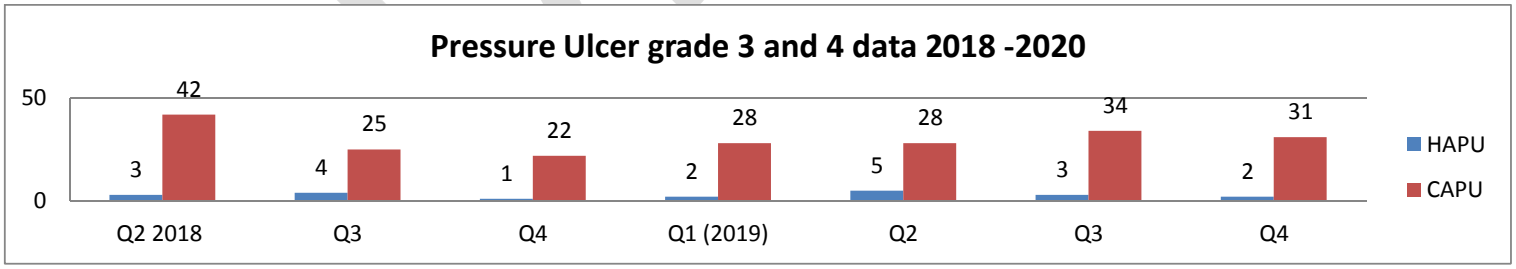
The national CP-IS Project is mandatory and appears in the NHS England Schedule. It links health and social care via the NHS Spine to share information about children subject to tier 4 Child Protection arrangements.

Phase 1: was implemented in the Emergency Department (ED) on the 24th September 2018
Phase 2: was implemented for Seashore and Maternity on the 26th November 2018

Audits have been ongoing and completed by the Matron in Seashore for the year and there has been reassuring results with compliance, when there is any concern this is then highlighted to the department at the time.

Hospital Acquired Pressure Ulcers with Significant Harm (HAPU)

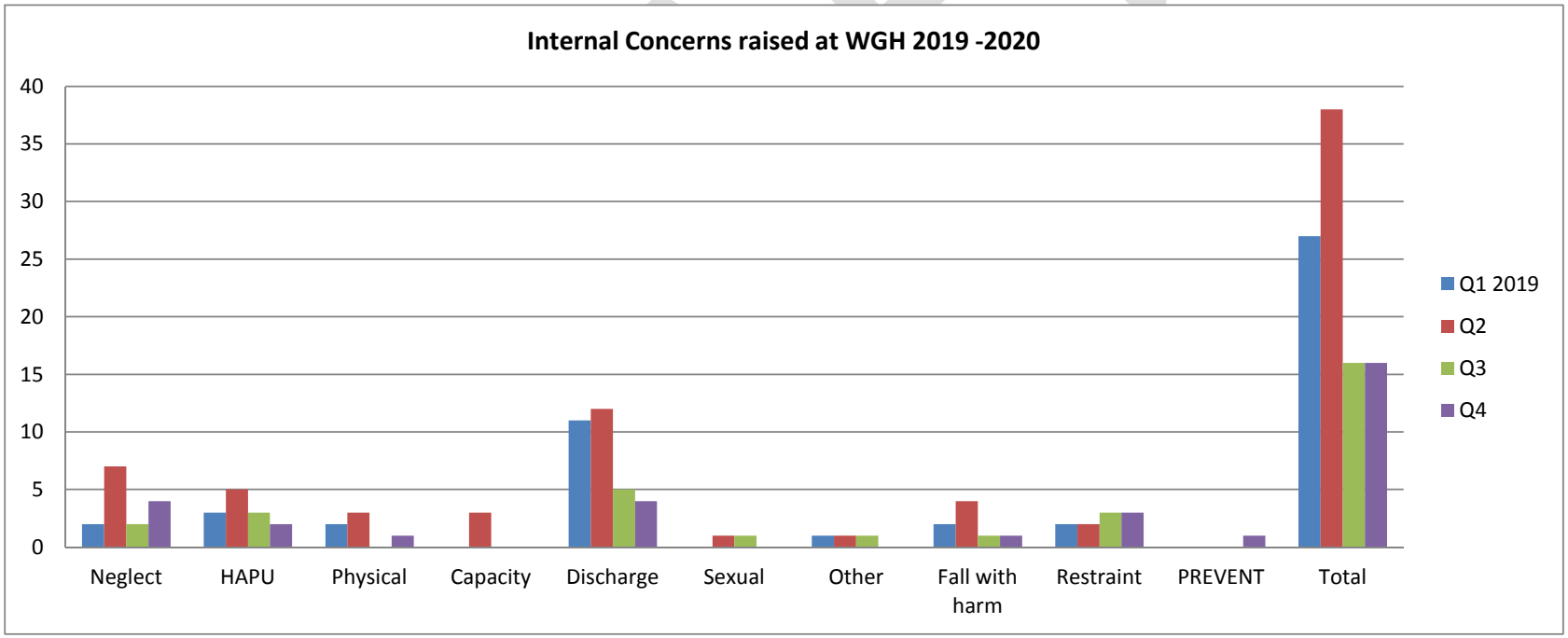
All grade 3 and 4 pressure ulcers are considered significant harm and all are investigated. They are reported both internally via Datix incident reporting system and externally when required via the STEIS reporting system. The Department of Health introduced a new threshold tool for assessing HAPU's in 2018 which has reduced the need to report all HAPU's externally to the Local Authority. The Trust recorded 12 grade 3 and 4 HAPU in 2019/20 a slight increase from 9 in 2018/19, a significant decrease from 18 in 2017/18 and far removed from the 37 in 2016/17. The Trust are engaged with the BNSSG strategy group for the prevention of pressure ulcers, and preventative work is ongoing. The number of patients presenting with community acquired pressure ulcers (CAPU) remains high but has decreased slightly as detailed in the following graphs.



Internal Safeguarding Activity

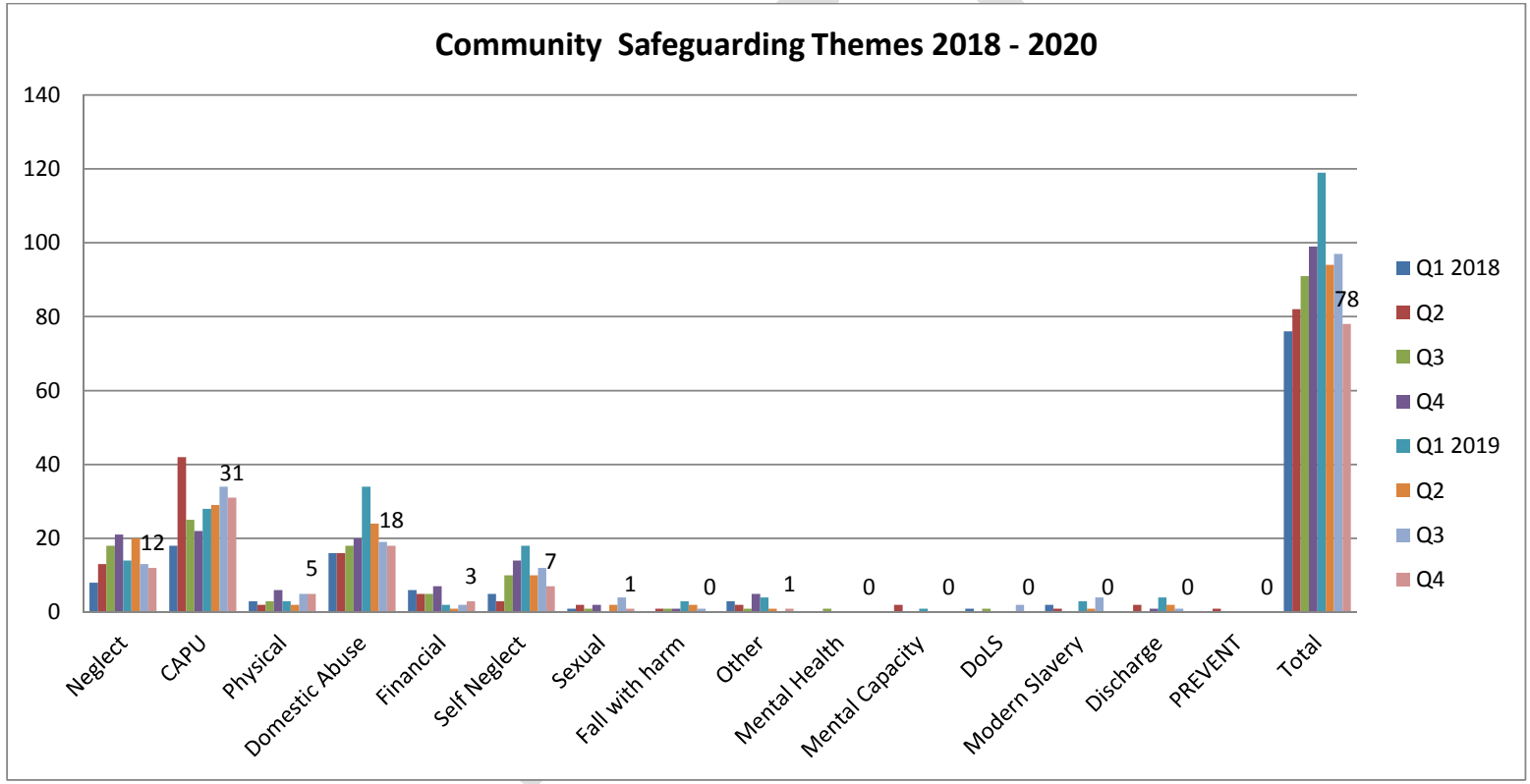
Adults Safeguarding - WGH

Concerns raised within WGH are investigated thoroughly. The number of incidents recorded as discharged with complications has increased and has dominated the safeguarding adults Named Nurse investigations and are investigated as unsafe discharges – however in the context of overall discharges from the Trust the number is extremely low. 15 cases of neglect were raised, 4 were substantiated, 10 were not and 1 is currently under investigation. 2 cases of alleged sexual abuse were raised against staff; both unsubstantiated. 31 concerns were raised against the hospital for unsafe discharges; 15 were substantiated and 16 not, with 1 case under investigation. 8 falls with fractures sustained at WGH are recorded, all but 1 were investigated and found to unavoidable. 6 cases of physical abuse against Trust staff were recorded; 5 were unsubstantiated with 1 case under investigation. All cases are incident reported for specific departments to action and share learning through their governance meetings



Adults Safeguarding – Community

The graphs below reflect the total number of community concerns raised to the trust Adult Lead in 2019/2020. This graph demonstrates the level of work required of the safeguarding team; all concerns raised come through the safeguarding office and are investigated further before reporting externally. The Team were congratulated by North Somerset Local Authority on its 44% conversion rate from concern to section 42 enquiry (an improvement from 39% in 2018/19). Self-neglect has risen greatly, with staff being much more aware of raising this as a safeguarding concern. Concerns have peaked in Q1 and gradually decreased in Q4, this in part may be due to reduced admissions due to COVID 19 situation



Children's Safeguarding

The number of cases identified over the past year has on average 50 cases per quarter of which 50% require a referral to Children's Social Care and are investigated when they are received by the safeguarding team. All primary care notifications from ED are reviewed and where necessary immediate additional work is completed, evidenced and shared with colleagues appropriately by the safeguarding team to safeguard all children and victims of domestic abuse. In order to support the shortfall identified in the safeguarding children's workforce, in line with the intercollegiate document a further safeguarding practitioner post was employed to on a permanent contract and the post was filled in August 2019. The Named Doctor joined the Trust in August 2018 and has been instrumental in adding to the skills and support of the Child Safeguarding team.

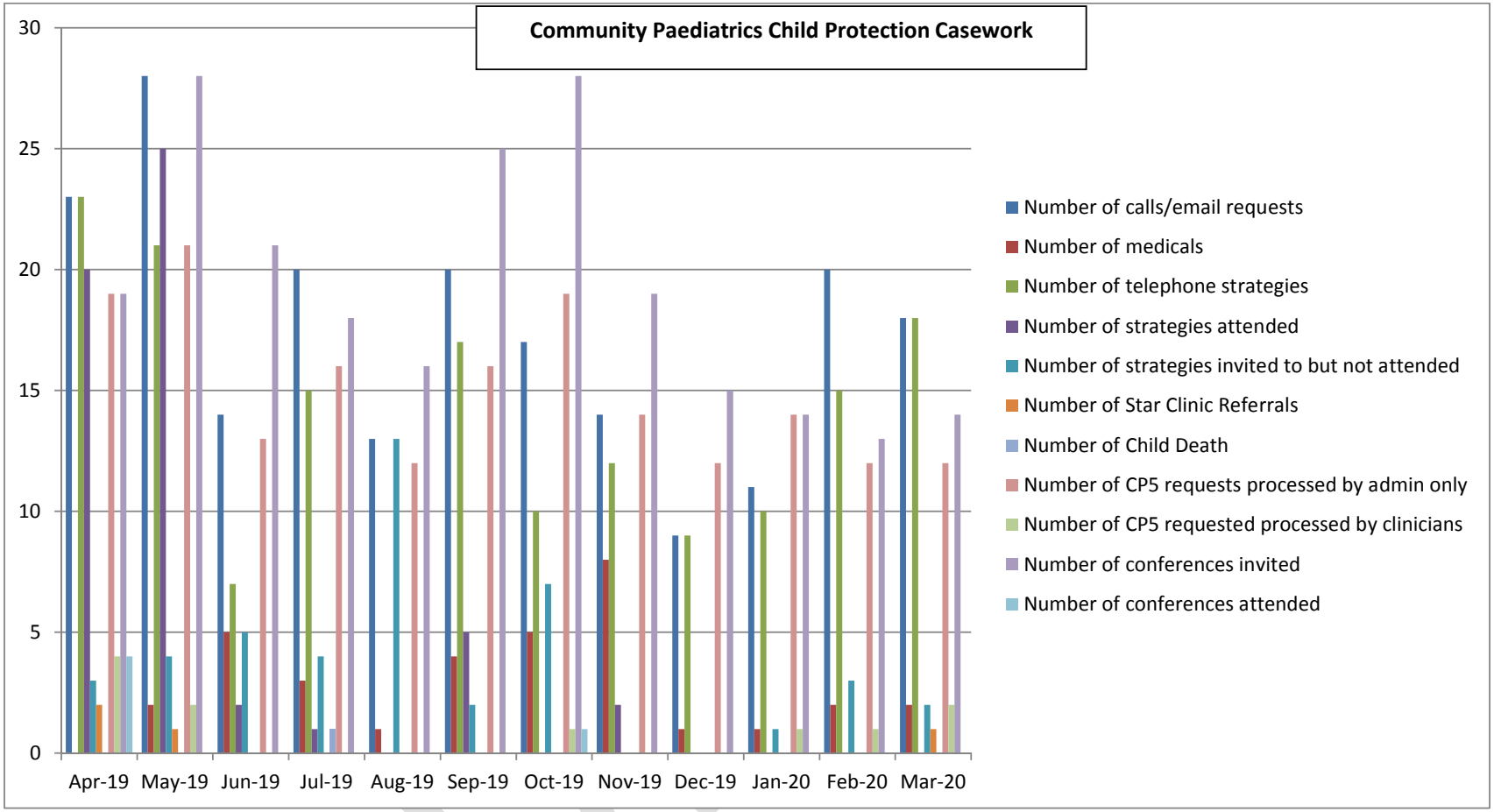
There has been an escalation of cases identified as requiring social care involvement through the escalation process to the BNSSG which reached a Level 4

Ongoing work to improve working with Children Social Care is being developed to help with referrals and feedback and an email contact to the Duty Team is effective but thresholds do appear to be very high within social care and attempts to contact and meet with Managers has failed. This has been raised with AWP as part of the handover process and due to the merger.

Collaborative working with community staff which includes health visitors, school nurses, the community paediatric team and CAMHS and this has improved working over the year and staff appreciate that we are contacting them with safeguarding concerns when children attend ED.

Community Paediatrics

The Community Paediatricians provide in hours on call cover for Child Protection concerns, including Child deaths, which are raised internally or externally. There is an out of hours on call rota run to cover the whole BNSSG area. The chart below relates to cases that the Community Paediatricians have been involved in at WAHT.



The Chart shows an increasing number of calls and email requests at the start of the year with gradual decrease to the service at the end of the year. The number of telephone strategies/attended/invited but not attended and conferences attendances have reduced due to a capacity issue and also due to late notifications. The Named Doctor has escalated this through Children's Social Care.

The Community Paediatric Team have now merged from the 1st April 2020 with Sirona

Supervision programme-Children's Safeguarding

Children's Safeguarding Supervision.

Staff are regularly reminded that they can approach the Named Professionals and the Community Paediatricians for ad hoc supervision or support with cases.

1:1 Supervision

Over the past year a plan has been put in place to ensure that there is a 1:1 supervision programme. This has been reinstated over the year as this had lapsed due to capacity issues and sickness within the safeguarding team.

Staff group requiring Quarterly 1:1	Number requiring 1:1 supervision	Number currently compliant
Named Professionals	2	2
Consultant Nurse CAMHS	1	1
Community Paediatric Nurse	1	1
Paediatric Dietician	1	Maternity Leave
Children's Safeguarding Practitioner	1	1
Total	**6**	**5**

In addition to the scheduled children's safeguarding supervision CAMHS require specific supervision due to children meeting the thresholds of being at risk of death (due to suicide).

Peer Safeguarding Supervision Children's Departments are offered the following peer supervision sessions:

Department	Sessions	Lead
Trust wide	Quarterly Child Protection Grand Round	Named Doctor and Named Nurse
Wish	Quarterly Peer Supervision	Named Nurse
Community Paediatric Nurses	Quarterly Peer Supervision	Named Nurse
Community Paediatricians	Monthly Peer Supervision	Named Doctor
ED	Weekly Peer Supervision	Named Nurse
Seashore	Weekly Peer Supervision/Monthly Meetings	Named Nurse
CAMHS	Fortnightly Peer Supervision	Named Nurse

Supervision has been given more on an individual basis to staff at CAMHs and drop in sessions held at Drove Road every Wednesday. There is also availability/provision made to discuss or support with any safeguarding issues presenting on a daily basis.

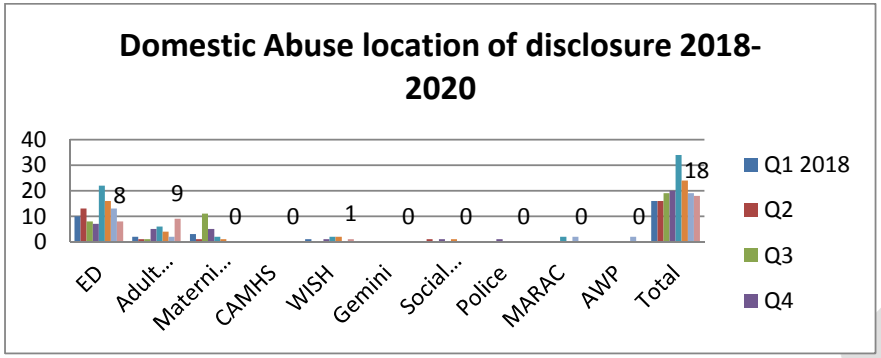
The Named Nurse for Children's Safeguarding has received supervision from the Designated Nurse at BNSSG. Since commencing in post the safeguarding practitioner has attended Induction and training externally on CSE, safeguarding children as well has having shadowed safeguarding staff within UHBW to gain experience. She has daily supervision with the Named Nurse as required as part of her learning and development.

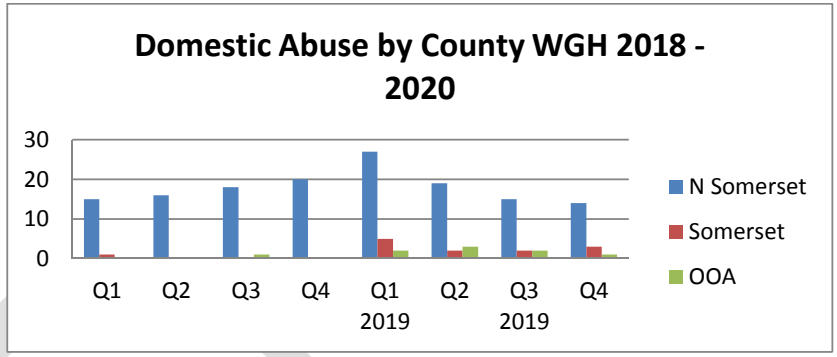
Adult Supervision

The Named Nurse for Safeguarding Adults at Risk receives supervision, cases are often discussed in depth and learning taken from them to determine future approaches to delivering the service. The Named Nurse receives supervision via the Good Practice forum, the Best Interest Assessors forum, Mental Capacity Act North Somerset sub group, South West safeguarding Health Network and CCG safeguarding lead. Supervision within safeguarding is logged within an evidence log to support level 3 and level 4 safeguarding compliance. Ad hoc supervision takes place between the Complex Needs Sister and the Named Nurse. The Complex Needs Sister receives supervision from the Learning Disability colleagues in North Somerset. Supervision is provided on an 'as required basis' for general staff, with regular sessions offered to the Emergency Department, engagement has been limited with the Emergency department.

Domestic Abuse

The North Somerset Local Authority Domestic Abuse service had appointed Addaction to take on the project to provide a part time Hospital Domestic Abuse Specialist; HosDAS was based in the Emergency Department and has supported the inpatient wards with any Domestic Abuse disclosures. The post was a 30 hour post Monday to Friday. We are very aware that the south ward of Weston super Mare has high levels of social deprivation and domestic abuse. With the introduction of the new HosDAS role we aimed to identify and support more victims. The safeguarding midwife is primarily based in University Hospitals Bristol (UHB) allocated 2 days per week to Weston and there are continuing concerns that she cannot access our internal database of victims or electronic patient record. This is will improve with the planned merger with University Hospitals Bristol (UHB) in April 2020 and adopting their Medway electronic patient record. The following charts demonstrate the level of Domestic Abuse picked up by WGH during 2019/2020. As with any new role this has proved challenging for a non-clinical staff member to come into an acute Trust and work in a busy Emergency Department, in February 2020 we saw a real increase in staff contacting the post holder for support, advice and management of victims of Domestic Abuse, unfortunately the post came to an end on 31st March 2020, Trust staff reverted back to following local Domestic Abuse procedures, with the safeguarding team having oversight. Next link is the new contracted provider and new referral pathway is in place.





Emergency Department- Children Safeguarding

WAHT provides services to all children living in North Somerset and many children living in Somerset. Children living in other areas may also receive health services particularly through ED; given the pattern of visiting coastal areas in peak holiday periods. This leads to an increase in workload for the safeguarding administrators when obtaining out of county information for onward sharing. The below table highlights the number of ED attendances of children with safeguarding concerns and the number of PCN notifications complete

Under 18's accessing WAHT services and number with safeguarding children concerns requiring a Primary Care Notification:

All children and Young People using WAHT services	2019-2020 Q1	Q2	Q3	Q4	Annual Total
ED attendance	**Total 2186** BNSSG 1701 Somerset 284 Other 145	**Total 2172** BNSSG 1604 Somerset 233 Other 257	**Total 1958** BNSSG 1663 Somerset 267 Other 58	**Total 1547** BNSSG 1327 Somerset 186 Other 44	7863

Safeguarding PCN	**Total 297** N Somerset 238 Somerset 34 Other 25	**Total 258** N Somerset 202 Somerset 29 Other 27	**Total 234** N Somerset 193 Somerset 22 Other 19	**Total 186** N Somerset 158 Somerset 18 Other 10	975
Other attendances	**Total 5924** BNSSG 4408 Somerset 167 Other 47	**Total 5551** BNSSG 5135 Somerset 412 Other 20	**Total 5967** BNSSG 5744 Somerset 200 Other 23	**Total 5422** BNSSG 5182 Somerset 218 Other 22	22,564

Our ED department sends Primary Care Notifications for all safeguarding concerns which are monitored by the Seashore Centre before being sent out by the Safeguarding administrator. All cas cards are checked retrospectively to ensure low level safeguarding concerns are not missed. This has been supported by the Seashore Nursing team and an increased focus by the Nursing team in ED raised through the weekly ED Quality and Safety metrics meeting. Since February 2020 the safeguarding team have checked and monitored all cas cards and PCN forms and this has highlighted a risk that staff are missing children with safeguarding concerns and that has been raised each time through the reporting system. In each case staff are contacted to offer support and discuss any safeguarding concerns that have been identified. We also do acknowledge good practice and highlight this through the star award and the safeguarding newsletter.

In order to improve the knowledge of staff in the Emergency department the safeguarding team provided weekly teaching session in ED which were well received by both the nursing and medical staff. Due to the high number of agency nurses and locum Medical staff used in the Emergency department it is vital that this training programme continues. This remains an ongoing issue to address staff with understanding Children's Safeguarding Concerns
Training to Emergency Nurse Practitioner's has taken place. Other planned training has been arranged but temporarily on hold due to the pandemic outbreak. Further action plan meetings are hoping to be held to include UHBW safeguarding team following the merger.

Female Genital Mutilation (FGM)

A mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. The FGM duty came into force on 31 October 2015.There has been no cases reported At WAHT throughout the year.

Risk Register

The risk register is reviewed at each quarterly safeguarding committee and items escalated if required outside of these times. Throughout the year the risks have been appropriately reviewed at the Risk Management Committee and with the addition of the appointment of the interim Named nurse, the Named Doctor role and the substantive approval of the safeguarding practitioner post, the workforce risk has been mitigated. Mental capacity Act, PREVENT and

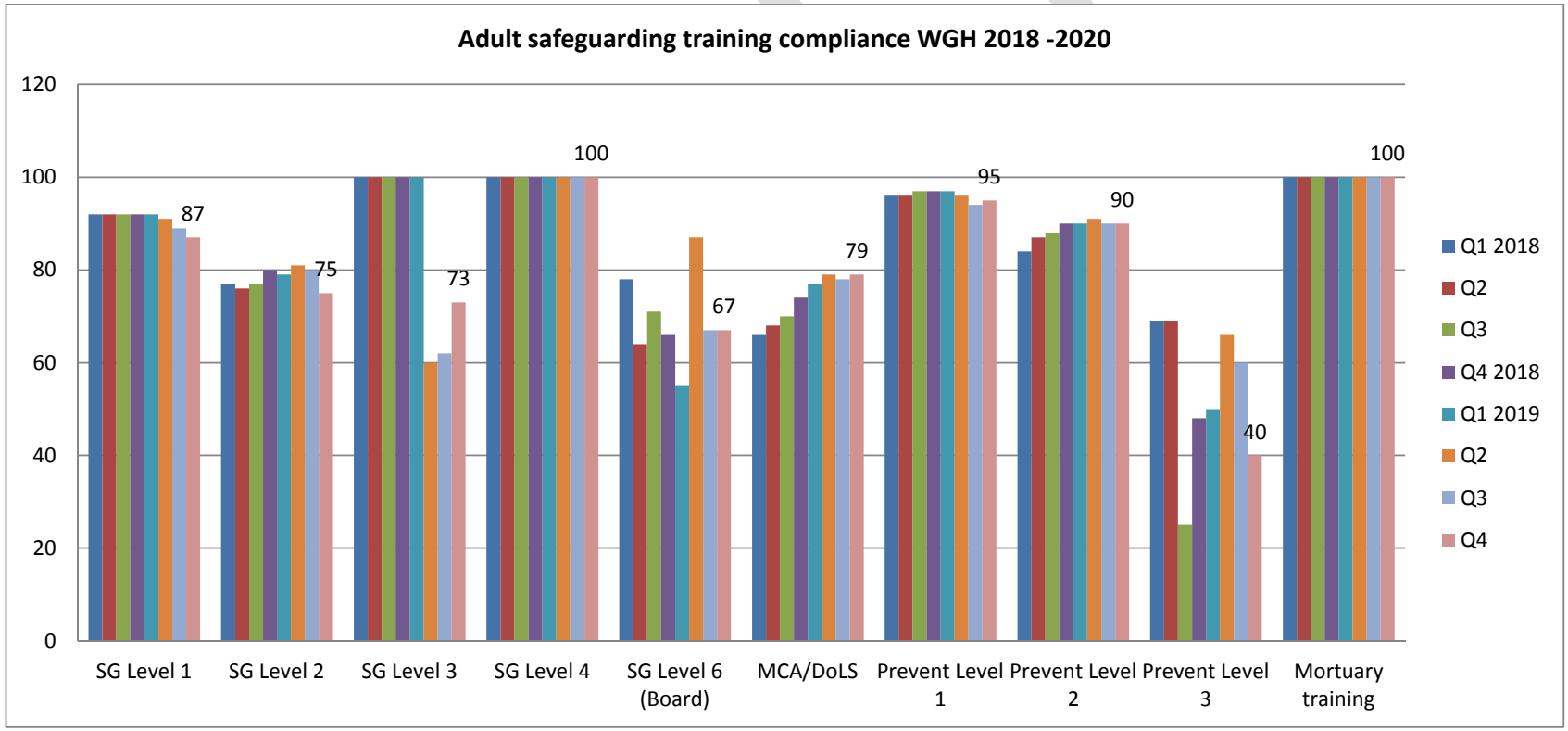
Safeguarding Children level 3 Training compliance remains on the register as suggested by our safeguarding CCG lead, as an indicator of poor knowledge and skills of the workforce. Endeavours to mitigate this risk are constantly in progress with various training options provided to staff of all levels.

ID	Opened	Risk Level	Risk Domain	Title
329	05/12/2014	Directorate Risk	Patient Safety	Risk that ED Safeguarding Children Processes are not followed (C)
327	24/11/2014	Directorate Risk	Patient Safety	Risk due to staff not undertaking Safeguarding training including level 3 children's
1509	03/10/2016	Directorate Risk	Patient Safety	Risk of breach of Mental Capacity Act (2005) and Human Rights Act (1998)
1590	03/04/2017	Directorate Risk	Patient Safety	Risk of PREVENT Statutory Mandatory Training compliance
2346	02/03/2020	Local Risk	Patient Safety	Risk that Victims of Domestic Abuse will be unsupported following cessation of the Hospital Domestic Abuse Specialist on 31/3/20

EFFECTIVE

Peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

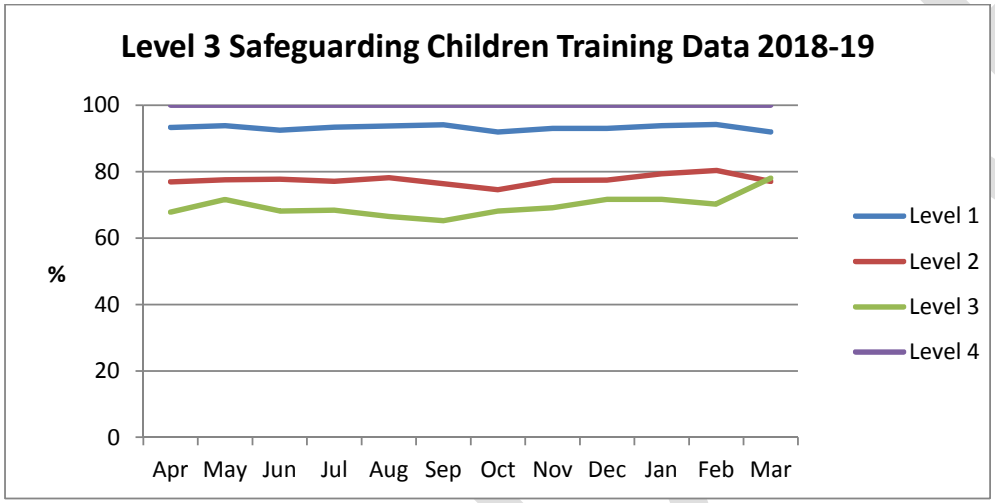
This report provides assurance that the Adult Safeguarding Training has provided training to meet the new intercollegiate document for Adult Safeguarding which was published in August 2018. It outlines recommendations for level 3 safeguarding and specific training for Board Members (level 6). The document after review by the BNSSG Safeguarding group was implemented in May 2019. New level 3 training has been developed and uplift provided to the majority of ward sisters, a new whole day event commenced in January 2020 and will be delivered quarterly



Safeguarding Children's Training Compliance 2019/20

WAHT makes every effort to meet the training requirements set out by the Safeguarding Children's Roles and Competencies for Healthcare Staff (Intercollegiate Document Fourth edition: January 2019)
This framework identifies levels of competence, and gives examples of groups that fall within each of these:

Level 1- is delivered as part of the Trust Induction and then 3 yearly via e-learning.
Level 2:-can be completed via face to face or via e-learning
Level 3 –is delivered face to face in and delivered by North Somerset.
Level 4 is obtained through various means including level 3 training, specialist training and case work. This is recorded and monitored through staff appraisal. It only applies to the Trust Named professionals, of which there are two.



Quarterly end	Level 1	Level 2	Level 3	Level 4
Q1 2018/19	92.50%	77.70%	68.10%	100%
Q2	94%	76.4%	65.2%	100%
Q3	93.06%	77.43%	71.67%	100%
Q4	93.98%	79.89%	75.98%	100%
Q1 2019/20	92.50%	77.70%	68.10%	100%
Q2	94%	76.4%	65.2%	100%
Q3	93.06%	77.43%	71.67%	100%
Q4	91.78%	76.93%	77.70%	100%

Mental Capacity Assessment/Deprivation of Liberty Safeguards, Restraint and Lasting Power of Attorney training

Compliance remains challenging for MCA/DoLS statutory mandatory training, although attendance has improved.

The Trust Named Nurse for Safeguarding Adults at Risk has the responsibility for the delivery of 3 training sessions a month; this is classroom based she also currently offers bespoke training sessions and delivered a bi-monthly session to approximately 40 staff. MCA training includes: 5 key principals of MCA, Best Interest Decisions, DoLS, Covert Medicines, Restraint, Lasting Power of Attorney, and Advanced Care Directives. All sections of training are supported with photographs, real WGH cases and NHS cases that have reached court of protection etc. Feedback from internal staff attending has been favourable and indicates that relating to real in house cases enables staff to understand MCA much clearer. The responsibility for attendance at statutory training sits within the directorates.

PREVENT

The Counter Terrorism and Security Bill received Royal Assent on Thursday 12 February 2015. The Channel duty, placing Channel on a legislative footing as part of this Act, came into force on 12 April 2015. A competency framework was established and sent to all PREVENT leads – This was revised in October 2017 with changes to the training requirements. Level 3 is now only required as a one off attendance followed up with yearly level 2 updates. The compliance for Prevent level 3 was 79% in Q4 2017 against a target of 90%. A new approach was taken to allow staff to undertake annual level 2 updates via a variety of resources during Q3 2018 in line with national guidance, unfortunately staff engagement has been challenging, and compliance statistics dropped dramatically to 25% compliance. At Quarter 4 this % has only climbed to 40%. In view of this, it has been agreed with the education lead to introduce an annual level 2 e-learning requirement for this group of staff. We will monitor and hope to see an improvement over the next year.

The Trust Safeguarding PREVENT lead has membership on the North Somerset Prevent steering group; this is a dynamic group with a multidisciplinary membership and robust action plan. Unfortunately many of the Prevent meetings have been cancelled during the year. The Trust Prevent safeguarding lead has however attended regional conferences and NHS England updates. The Trust is compliant with all aspects of the Home Office self-assessment tool and can be evidenced by the PREVENT quarterly data sheet for commissioners.

Modern Slavery

It is estimated that there are over 13,000 people in slavery in Britain alone. Victims can be of any age, gender, race or nationality. Victims can be identified by their poor physical appearance. They may wear the same clothes every day. They may not have the proper protective equipment to do the job. Victims have originated from over 80 different countries. Those who may be victims of human trafficking are often extremely vulnerable, and may fear revealing their status to the authorities. In some cases, victims may not recognise that they have been trafficked (DoH) Modern Slavery is an element of abuse within Safeguarding and detailed in the Care Act 2014. This is referenced in the Trust safeguarding training. The Trust has a dedicated intranet page for Modern

Slavery. The Trust Named Nurse maintains awareness of modern slavery and attends local conferences to maintain competency. Findings are shared with the training department to share within safeguarding training.

The Trust has dealt with 10 potential cases of potential modern slavery in 2019/20 financial year an increase from 4 in 2018/19. These were raised through various departments but mainly Emergency Department; 7 in ED, 1 from sexual health clinic, 1 in Daycase and 1 from adult wards. A specialist training session was provided by the Named Nurses for Safeguarding both Adults and Children safeguarding for the ED safety sisters in light of potential missed cases.

Integrated working

The Trust adult safeguarding team continue to work with North Somerset Council Safeguarding Team, community learning disability teams, Social workers and Mental Health Liaison Team. Complex cases are explored and information shared when required in order to reach best outcomes for the patient. This level of integrated working has enhanced working relationships and most importantly has had a positive effect on the delivery of care and services. Networking with local Trusts and regional safeguarding groups have added to the quality of the safeguarding services

The Safeguarding Adults team has completed 53 section 45 low level investigations from a total of 56 raised (95%) this is in comparison to 43 in 2018/19 and 34 in 2017/18 this assists North Somerset County Council Safeguarding Team with their external investigations; where the person has had contact with WGH.

The Trust safeguarding adult's team achieved a 44% conversion rate of concerns raised to section 42 enquiries in Q3 2019; this is a positive statistic in comparison to North Somerset Councils average of 27% and an improvement on 39% in Q3 2018. This reflects well on the standard and quality of safeguarding concerns raised by the Trust to North Somerset Council and was noted at the Safeguarding Adults Partnership Board. All internal concerns are raised via the Trust safeguarding team and are further investigated and quality checked prior to sending to North Somerset Council safeguarding team.

Policies and Protocols

The following table identifies key Polices/Protocols to support and underpin current safeguarding practice.

Policy/Protocol	Review Date	Comments	Status
Safeguarding Adults at Risk Policy	2022	Updated to reflect Care Act	Update completed
Adult Safeguarding Strategy	2020	Reviewed and updated	In date
Domestic Abuse Policy	2021	Updated to reflect Care Act and internal processes	In date
FGM Guidance	2019	Reference included in Safeguarding Children, Young People and Unborn Babies Policy. Guidance on Intranet.	Joint adult and child safeguarding
Safeguarding Children's Policy	2019	Updated	Completed
Safeguarding Supervision Policy	2019	Updated to reflect supervision processes and purpose of child protection supervision across the Trust	Update completed
Did Not Attend Policy	2019	Included in Children's Safeguarding Policy as Was Not Brought – to health appointments, to underline parental and carer responsibilities	Re-titled "Was Not Brought"
Multi-agency Guidance For Injuries In Non-mobile Babies	2018	Developed by BNSSG. WAHT flow-chart adopted by NSSCB on South West Child Protection Procedures web-site	Completed
Restrictive Interventions	2020	Rewritten to reflect changes in security role	Completed
Mental Capacity Act	2020	Reviewed and updated	Completed
Consent	2020	Updated	Completed
PREVENT	2021	Updated to reflect training requirements	Completed
Learning Disability Policy	2020	Updated 2018	Completed

CARING

Staff involves and treats people with compassion, kindness, dignity and respect

Learning Disability

The Learning Disabilities Hospital Steering Group has met quarterly throughout 19/20 with a mix of carers, service users, and professionals. Many interesting topics have been covered including positive / negative patient experiences, avoiding constipation, nutritional meals, medications and the importance of sleep. 2 new pieces of easy read information have been reviewed by the local People First Speaking Up group- ReSPECT end of life document, a condolence card, and improved hospital passport. A reasonable Adjustments card has been developed for carers supporting patients.

The new Complex Needs Sister commenced her post within the Safeguarding Team on 18/02/19. Immediate priorities were to further raise the profile of reasonable adjustments for people with learning disabilities and increase awareness of the needs of people with autistic spectrum disorders; to build links and share best practice information with acute liaison nurses in neighbouring trusts; and to revisit the role of the learning disability ward champions. The Trust has received very positive feedback regarding the Complex Needs Sisters intervention and liaison.

A bi-monthly Learning Disability Star award has been introduced; recognising the excellent work our individual staff or teams are doing when making reasonable adjustments for our patients with a Learning Disability or Autism.

The traffic light symbol is well recognised within the trust by all departments; we use this to flag and identify a person with a learning Disability who may need reasonable adjustments.

We remain hopeful for a part of the £10 million bid for new informatics and electronic patient records, easy read letters will be included, this has been an objective for the Trust for many years and is hoped to avoid people with a learning Disability missing appointments and staff recognising that they may need reasonable adjustments.

Autism has now been included in our Learning Disability training and an Autism awareness day is planned later in the year.

A Reasonable adjustment audit was undertaken which indicated 85% of our patients audited had a hospital passport and a range of other adjustments.

Example Case study

1. <u>Complex Adult Safeguarding Concern:</u>

Situation: The Emergency Department Safety Sister had been involved with a patient in December 2019, the patient had booked in to the department with a history of being unable to pass urine, she had disclosed to a member of staff that she had been trafficked to England in 2017. She was 25 years old. The Sister spent time with this patient and she disclosed with her good, but broken English that she'd been brought to England to marry and forced into the sex trade this was in the Southampton area, the abuse continued in the Southampton area, she had made contact with the national modern slavery service had a national referral mechanism number.

The patient was contacted by a family member asking / begging for help recently. She was then found by her husband and tortured in a local city / she was physically attacked / electrocuted and bundled in a car and taken back to a Southampton. The abuse continued for 3 more days and police were contacted. Police in Southampton were made aware and multiple arrests were made, she then made her way to Bristol and attended Weston Emergency Department for treatment of her injuries.

Action taken: The Dept Sister contacted the modern slavery helpline and all details given, a case number and handler were allocated.
The Sister contacted the emergency duty team and spoke with a staff member. It was identified that the victim already had a social worker. Details were shared regarding the abuse, it was agreed they would rehouse if the victim was discharged.

The Dept Sister contacted the Salvation Army and details were given, however as the victim has cerebral palsy and was a wheelchair user, they could not help her with accommodation, therefore adult social care would be best placed to provide a support worker
The Dept Sister contacted the police. The victim was waiting for the surgeons to see her with a plan of admitting her under them.
All conversations were recorded in the victim's notes. Transferred to another hospital for complex surgery arising from torture related injuries

Conclusion: This was an excellent response from the Emergency Department Safety Sister at a very busy time of the year and in a busy Emergency Department, the patient was referred to the correct services in order to provide ongoing support both physically and emotionally. The safety Sister was awarded the Safeguarding star award for exceptional work with this young victim.

RESPONSIVE

Services are organised so that they meet people's need

Safeguarding Adult Review (SAR) There were no SAR's in 2019/2020

Adult Consent Audit

The annual consent audit was carried out in February 2020: Consent form 4 for those patients who lacked mental capacity to agree to surgical procedures; 100% consent forms had the capacity assessment boxes ticked, 87.5% used the formal Mental Capacity assessment form to record discussion/assessment etc. All of these were from Orthopaedics. 7 Mental Capacity Assessment forms were considered to be very poorly completed with minimal documentation and would not stand up in a legal setting. All but 1 was completed by Registrars. There was evidence on the consent form that 100% of decisions were considered under MCA (2005) Section 1 (5) to be Best Interest (principal 4) Of the 10 people who were inpatients for longer than 3 days and should have had a Deprivation of Liberty Safeguards Application submitted, 8 did not; all were orthopaedic patients.

Consent form 1 is for patients who have capacity to consent for themselves for surgery or invasive procedures. All of the notes except 1 indicated that the patient was able to consent for themselves. All patients with a consent form signed the form in the correct place. Only 52% patients received a copy of the procedure and associated risks that they had consented to.

The results were shared with all consultants within the Trust, The deputy medical director and associated director of nursing were asked for actions to be taken forward to improve upon the consent process.

Restrictive Interventions audit

An audit of the Trust Restrictive Interventions Policy was undertaken in October 2019 by the Named Nurse for Safeguarding Adults at risk, the purpose of the audit was to establish if clinical staff are implementing the Trust Restrictive Interventions Policy; carrying out considered risk assessments before deploying restrictive interventions, following the Mental Capacity Act (2005) and deploying safe interventions in the patients best interest, whilst being aware of the Human Rights Act (1998). The following recommendations were made and shared with all relevant teams:

- Improved recording of patient's behaviour in the case notes, their mental capacity status including a mental capacity assessment and if restrictive interventions are administered in best interest.
- Staff to complete the Restrictive Interventions risk assessment and send copy to safeguarding team as per policy.
- Datix incident report to be submitted when staffs are attempting to deliver care to an established non capacitous patient who requires restrictive interventions.
- Review of current Restrictive intervention risk assessment - completed

Annual safeguarding Adults survey: Focussed on 3 staff groups, Ward Sisters, Specialist Nurses and Consultants. The majority of responses; although small numbers, indicated a favourable 'Fair 'to 'High' level of knowledge around safeguarding adults at risk. This was carried out in January 20120 and fed back to relevant groups.

3 key areas for improvement were noted:

1) Staff need to recognise that you cannot give medical treatment to a patient without consent just because they are on a DoLS

2) 60% of the 10 Ward Sisters who responded said they would need help to carry out a Mental Capacity Act assessment

3) Many of the staff who responded either do not know what a flag/alert is or wouldn't know how to open one

Adult Partnership Board Audits:

Updates on Domestic Abuse and Think Family

Safeguarding survey - provider response sent - awaiting outcome and further work

South West internal auditors reviewed the progress made with the 2017 action plan following the audit of Mental Capacity and Deprivation of Liberty safeguards processes. The review concluded that the action plan was now closed and all actions completed

Children's Audit

This year the audit for child safeguarding has unfortunately suffered from a lack of staff and resources in the Child Safeguarding Team. An annual audit programme has been commenced from November 2019 and this still requires further work. However the audits which have been undertaken are detailed below:

Identified Need	Plan to meet identified need	Action undertaken	Outcome
Safeguarding Knowledge and Skills audit	Survey monkey to be used for staff survey – audit of knowledge and skills	Data collected	**Completed and shared at Safeguarding Committee this demonstrated and further detail is provided below**
CP-IS implementation and monitoring	Undertake several dip sample audits, as well as targeted sample audits when gaps are identified. Timeframe: Regularly over the first 6 months following implementation and then as indicated or annually – whichever is sooner	3 audits complete and a third in progress Previous audits reassuring, the current one is to assess those cases picked up by retrospective cas card checks as not having had CP-IS checks processed accurately Continual monitoring of CP-IS checking in ED reception	**3 audits completed demonstrating improved compliance** **List of patients who have not been checked is regularly sent to Safeguarding Nurse to target training identification.**
PCN: Quality, quantity and appropriateness	Seashore perform retrospective cas card checks as a form of continuous monitoring and safety-netting	All cas cards are checked retrospectively on the next working day	**Statistics shared via quarterly report, and Safeguarding Quality Dashboard** **This is reviewed weekly at the ED**

	Work ongoing to identify a mechanism to ensure learning is fed back through ED and embedded in practice Revised PCN form and Implemented via the Safeguarding practitioner to launch the new form	Outstanding SG actions are taken by Seashore and /or CSG Team Statistics are gathered and shared with CSG Team who disseminate via the Paediatric SG Meeting and the SG Committee	**Quality and Safety Metrics meeting and improvement in both timelines of completion and accuracy has been demonstrated.**

There was a Consent Audit completed in October 2019 and involved a retrospective review of 25 Casualty Cards (Children) attending the Emergency Dept.

Serious Case Reviews (SCRs)

The two SCRs have now been finalised and act and are available to view on the NSPCC repository and the NSCCB websites. Local learning has been disseminated and embedded in practice. Action plans have now been completed with the evidence being tested and finalised through the Safeguarding Committee.

Section 11 Audit

The section 11 Audit was completed in February 2020 visa survey monkey and we are awaiting the results.

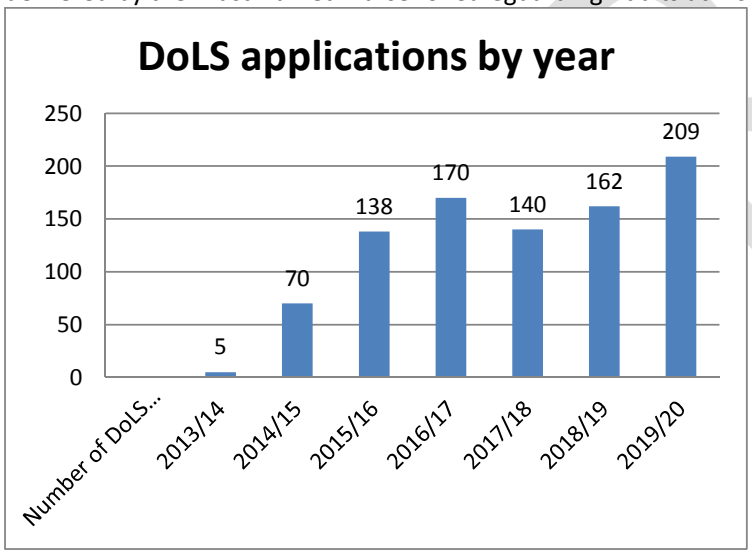
WELL LED

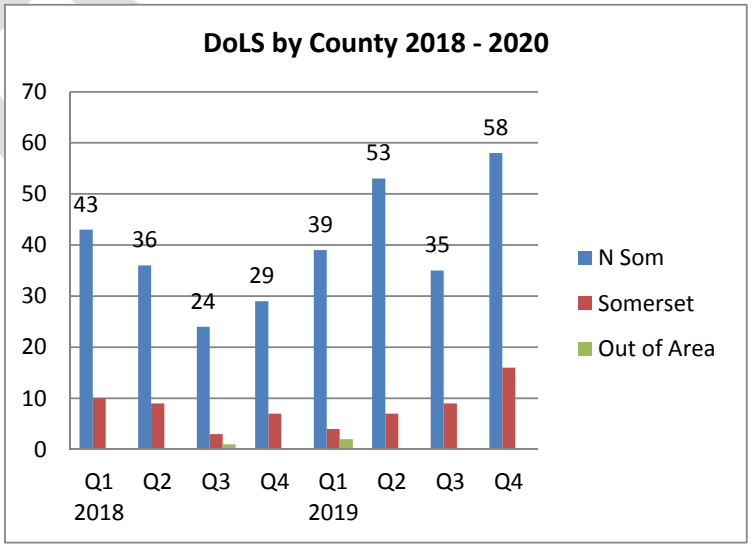
Leadership, management, and governance of the organisation assure the delivery of high quality person centres care supports learning and innovation and promotes an open and fair culture

Deprivation of Liberty Safeguards

The new Supreme Court ruling on Deprivation of Liberty Safeguards (DoLS) came into force in March 2014. Substantial work has continued from the Safeguarding team; teaching, supporting and advising. Data in the following graph reflects the continued improvement within this area of Safeguarding. Local agreement with North Somerset DoLS lead, in line with legislation have been agreed, however it should be noted that many of the inpatients requiring DoLS continue to be either discharged or deceased prior to an assessment being carried out by the Local Authority, this is in part due to the sheer increase number of applications within North Somerset following the ruling. A register of all current patient held on a DoLS is sent to key professionals within the Trust, CQC are notified timely of any discharge/death prior to an authorisation. Only 4 DoLS were authorised by local authority during 2019/20

The quality check before all applications are submitted for assessment has proved to be beneficial in submitting good quality applications. The following graph demonstrates a significant improvement. The DoLS training programme is now integral to the statutory mandatory mental capacity act training delivered by the Trust Named Nurse for Safeguarding Adults at Risk.





The Named Nurse for safeguarding Adults at Risk is also a qualified BIA - Best Interest Assessor (funded by North Somerset Local Authority in 2015) there is an expectation that she will continue to review one patient held on a DoLS within a care home in North Somerset every month, this assessment takes approximately 7.5 hrs.

The new proposed bill for Liberty Protection Safeguards (replacing DoLS) is hoping to be in place in spring 2020. Once the bill has been passed and the content realised, the trust will need to prepare for a new staff role in identifying, assessing, and authorising non contentious Liberty Protection Safeguards applications. Such applications will also be subject to ongoing review. The Trust will need to address manpower resources, time constraints and key knowledge and skills of a dedicated person to meet the new in house expectations to carry out this legislative process. Advice from NHS England is for trusts to work closely with their local authorities as they already have robust administrative process in place; recognising this to be the addition acute trusts need to embrace. Those acute trust staff who are qualified BIA's are advised to undertake the uplift training to become Approved Mental Capacity Act Practitioners (AMCP) NHS England representatives state that the remit for training AMCP's will be broadened to multiple specialities.

Information Dissemination

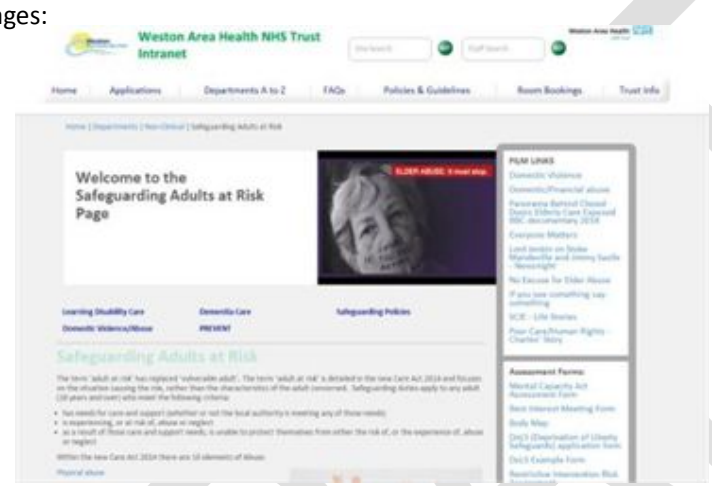
Safeguarding Newsletter

The Named Nurses for Safeguarding Children and Adult launched ***The Safeguard*** *in 2016,* a staff electronic newsletter to communicate all aspects of adult and child safeguarding. In this way, staff are informed about changes in legislation, policies and procedures, given links to relevant books, articles and videos in the media, and kept abreast of what's going on at a local and national level. The newsletter aims to be published every other month and is sent to all members of staff via email, with paper copies available for volunteer staff. Each edition is then uploaded onto the Safeguarding Intranet pages so that staff can access previous issues. Staff are invited to nominate a colleague who has gone above and beyond their normal duties, the winner is awarded the Safeguarding Star, with a photograph included in the newsletter.

Trust Intranet

The Safeguarding Leads have developed a number of intranet pages to guide and support staff in their safeguarding practice. Staff can access policies, links to guidance and legislation, assessment and referral forms, external sites and training materials. The pages are maintained regularly by the Safeguarding Team, and include the following pages:

- Adult Safeguarding
- Children's Safeguarding
- Mental Capacity
- Modern Slavery
- Domestic Abuse
- Child Sexual Exploitation
- Female Genital Mutilation
- Learning Disabilities
- PREVENT
- Homelessness
- Forced marriage



Service Leads Professional Development

The Adult Safeguarding lead and Complex Needs Sister receive supervision. Both maintain their levels of competence from attendance at external workshops and conferences. The Named Nurse for Safeguarding Adults at Risk has attended legal updates for best interest assessors, Deprivation of Liberty Safeguards (DoLS), Consent, Modern Slavery and PREVENT, She is a qualified assessor for the national programme LeDeR (reviewing deaths of people with a Learning Disability) and a Best Interest Assessor for North Somerset Local Authority. The Named Nurse for Safeguarding Adult at Risk maintains competence/compliance at level 4 and the complex needs Sr at level 3

The Adult Safeguarding lead has undertaken Domestic Abuse training. The Complex Needs Sister is a Registered Learning Disability Nurse with extensive knowledge and experience in this field as well as Autism.

TRUST SAFEGUARDING OBJECTIVES

Safeguarding aims, objectives and planned achievements set for last year – 2019/2020

2019/20 Aims	Progress	Status
1. Evaluate Level 2 and proposed level 3 adult Safeguarding training in line with intercollegiate document and in line with UHB.	Working with BNSSG, working with local education lead	Complete
2. Homelessness reduction Act – set up system and collect data in readiness for BNSSG	Intranet page developed, flow chart created for staff, duty to refer form for WGH improved, x cell sheet commenced in readiness	Complete
3. Commence service planning for additional role within safeguarding for the Liberty Protection Safeguards - bill due to be passed spring 2020	Discussed at Safeguarding committee 14/5/19	UHB taking forward with merger April 2020
4. Increase Learning Disability service to include Autism	Awareness event to be planned 2019/20 by LD nurse Extra data page requested on internal database to capture service users	Completed
5. Develop process for management of self-neglect for inpatients at WGH	Prompt sheet commenced to plan short working group to take forward.	Unable to move forward due to gaps in workforce
	Working with local authority Safeguarding lead on Policy and Protocol	Completed
6. Support the new Hospital Domestic Abuse specialist service jointly with	New post due to commence May 2019, induction	Completed

Addaction, with aim of securing further contract	programme in place	
7. Identify key themes and actions taken in each adult quarter report 2019/20		Completed in Q reports

8.To take forward action 7 from last year 2018-19 Increase Compliance with Level 2 and level 3 children's safeguarding training through several mechanisms	To continue to raise the responsibilities of departments and to staff of safeguarding training compliance to meet 85% target	Directorates have not met compliance targets of 85%
9. Increase visibility of safeguarding children leadership through supervision and sessions spent at Drove road site for Specialist Paediatric Children's Services	The Named Nurse attended weekly for a whole day for staff to consult with and was very successful	Completed
10. Implementation of FGM-IS by September 2019	Not implemented as Maternity services merged with Bristol	Actioned through Bristol
11. To introduce further training sessions within ED which may include key issues/gaps identified. Induction of new ED Nurses to include a day with the safeguarding team.	Training sessions completed for all the safety sisters and other dates planned for ENP nurses. PCN form training completed by the Safeguarding Practitioner and revised form introduced.	Completed

Glossary of abbreviations

AWP	Avon and Wiltshire Partnership
BIA	Best Interest Assessor
BNSSG	Bristol, North Somerset and South Gloucestershire
CAMHS	Child and Adolescent Mental Health Service
CAPU	Community Acquired Pressure Ulcer
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DoLS	Deprivation of Liberties Safeguards
DoH	Department of Health
ED	Emergency Department
FGM	Female Genital Mutilation
HAPU	Hospital Acquired Pressure Ulcer
IMCA	Independent Mental Capacity Advocates
MARAC	Multi Agency Risk Assessment Conference
MCA	Mental Capacity Act
NHS	National Health Service
SG	Safeguarding
WsM	Weston-super-Mare
WAHT	Weston Area Health Trust
WGH	Weston General Hospital
UHB	University Hospitals Bristol

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Emergency Preparedness, Resilience and Response (EPRR) Annual Report**
Report Author	**Simon Steele and John Wintle, Resilience Managers**
Executive Lead	**Mark Smith, Deputy Chief Executive and Chief Operating Officer**

1. Report Summary

The report details the Trust's position relating to Emergency Preparedness, Resilience and Response (EPRR) for the period of April 2019 to March 2020.

2. Key points to note
(Including decisions taken)

The Trust remains substantially compliant with the NHS England Core Standards for EPRR. In the previous financial year the Trust has responded to the ongoing Covid-19 pandemic. Prior to this incidents and planning included preparations for a No Deal EU Exit, an Extinction Rebellion week of protest in Bristol and Critical Incident declarations due to bed capacity.

The report lists a summary of key risks as well as training and exercising undertaken over the time period. Priorities for this include an ongoing focus on the Covid-19 response and recovery, continued substantial compliance with NHS England Core Standards for EPRR, continued alignment of Bristol and Weston plans and delivery of training particularly due to cancellations as part of the Covid-19 response.

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

The risks associated with this report include:
All risks in the report relate to the Civil Contingencies Steering Group risk register and details of individual risks can be found on page 5.

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

- This report is for **Assurance.**

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

Civil Contingencies Steering Group	**14/07/2020**
Senior Leadership Team	**22/07/2020**

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report
Owner:	Chief Operating Officer & Accountable Emergency Officer
Version:	V0.2

Emergency Preparedness, Resilience and Response

Annual Report 2019 – 2020

Prepared by: **Simon Steele and John Wintle,** Resilience Manager

Presented by: **Mark Smith,** Chief Operating Officer and Accountable Emergency Officer

Executive Summary

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect the safe and effective operation of the Trust's services. These could be anything from severe weather to an infectious disease outbreak or a major transport accident.

Under the Civil Contingencies Act (2004), NHS organisations must show that they can effectively respond to emergencies and business continuity incidents while maintaining critical services to patients. This work is referred to in the health service as Emergency Preparedness, Resilience and Response (EPRR).

The Civil Contingencies Act 2004 (CCA) places a number of statutory duties on NHS organisations which are classed as either Category 1 or Category 2 responders.

Category 1 responders are those organisations at the core of an emergency response. As a Category 1 responder, University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) is required to prepare for emergencies in line with its responsibilities under;

- The Civil Contingencies Act 2004,
- The Health and Social Care Act, 2012, and
- NHS England Core Standards for Emergency Preparedness Resilience and Response 2016.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet.

Part of the Trust is positioned centrally in what is known as a 'Core' city. This position places an even greater emphasis on there being robust up to date emergency plans in place. This report outlines the position of the Trust in relation to Emergency Preparedness, Resilience and Response and how the trust will meet the duties set out in legislation and associated guidance, as well as any other issues identified by way of risk assessments and identified capabilities. The report also includes information relating to the Trust's position in the NHS England annual EPRR assurance audit led by NHS England.

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report
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Acronym's and Definitions

Acronym	Definition
AEO	Accountable Emergency Officer – at UH Bristol and Weston this is the Chief Operating Officer & Deputy Chief Executive
BCWG	Business Continuity Working Group *(Internal Group)*
CBRN	Chemical, Biological, Radiological and Nuclear
CCSG	Civil Contingencies Steering Group *(Internal Group)*
EPRR	Emergency Preparedness, Resilience and Response
IRPG	Incident Response Planning Group *(Internal Group)*
ISO 22301	International Standardisation Organisation *(the International Standard for Business Continuity Management)*
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
OCMF	On Call Managers Forum *(Internal Group)*
SWASFT	South Western Ambulance Service NHS Foundation Trust

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report
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Contents

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report
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1. Introduction

1.1 Purpose

This report outlines the Trust's EPRR activities during the period April 2019 to March 2020 that relate to the requirements of the Civil Contingencies Act 2004, its associated regulations, statutory and non-statutory guidance.

The report is presented to the University Hospitals Bristol and Weston NHS Foundation Trust Board in line with the requirements of the NHS Core Standards for Emergency Preparedness, Resilience and Response.

1.2 Background

The Civil Contingencies Act 2004 (CCA) sets out a single framework for civil protection in the United Kingdom. The Civil Contingencies Act provides a statutory framework for civil protection at a local level and divides local responders into two categories depending on the extent of their involvement in civil protection work, and places a set of duties on each.

Category 1 responders are those organisations at the core of emergency response. Acute Trusts are identified as Category 1 responders and are subject to the full set of civil protection duties.

The Trust is therefore required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning,
- Put in place emergency plans,
- Put in place business continuity plans,
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency,
- Share information with other local responders to enhance co-ordination,
- Co-operate with other local responders to enhance co-ordination and efficiency.

1.3 Context

Nationally across EPRR in there has been a continued and increased focus on ensuring incident response plans are fit for purpose, particularly for major incidents categorised as mass casualty events. With recent incidents in Manchester and London and the increasing of the threat level to critical twice, this focus gives an added importance to ensuring the Trust meets its statutory obligations and is able to provide high levels of patient care when responding to incidents.

EPRR within the Trust is overseen by the Deputy Chief Executive and Chief Operating Officer who acts as the Emergency Accountable Officer, supported by the Deputy Chief Operating Officer. They chair the Civil Contingencies Steering Group which drives the EPRR agenda. Under this group are two substantive working groups chaired by the Resilience Manager; the Incident Response Planning Group and the Business Continuity Working Group. Within the Trust there are two Resilience Manager posts, one 1.0 WTE based in Bristol and 0.4 WTE based in Weston.

In the 2019 NHS England EPRR Core Standards review the Trust was deemed to be substantially compliant for both the Bristol and Weston sites. This audit process required the Trust to complete a self-assessment against each of the core standards for EPRR. This self-assessment was subsequently reviewed by NHS England and Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups in discussion with the Trust and a final rating assigned.

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2 Risk Assessment

This section details how the Trust is complying with the duty to undertake risk assessments for the purpose of informing contingency planning activities.

2.1 Community Risk Register

University Hospitals Bristol and Weston NHS Foundation Trust contributes to the development and maintenance of the Avon and Somerset Community Risk Register (CRR) by the Resilience Manager attending the NHS England Avon & Somerset Local Health Resilience Partnership (Tactical Group), where amongst other areas, health related risks to the community are reviewed and updated.

2.2 Trust Risk Register

The Civil Contingencies Steering Group maintains an EPRR Risk Register for risks identified relating to EPRR. Risks assessed as scoring 12 or above are reviewed by the Trust Risk Management Group and Trust Board.

Risk No.	Category	Description	Inherent Risk	Current Risk	Target Risk
199	Mass Gatherings	There are a number of large public events which attract a large crowd. An incident at one of these events could result in a major incident declaration impacting on the trusts ability to operate normally.	4	**4**	4
210	Snow and Ice	This is a seasonal risk which could result in an increased number of potential slips and falls or impact on ability of staff and patients to travel to site.	6	**6**	6
800	Pandemic Influenza Outbreak	This is one of the highest risks the UK currently faces. Pandemic Influenza could put the health system under severe pressure due to a number of reasons. Impacts on the trust workforce and its ability to effectively manage an influx of patients with influenza type illness, the ability of the trust to manage an increase in pandemic influenza related deaths.	4	**4**	4
802	Heatwave	Demand on Trust services could increase significantly due to heat related illness especially in the elderly. Internal hospital building temperatures could impact on patient wellbeing and staff working environment.	9	**6**	6
1909	Incident response whilst in extreme	If during periods of extreme escalation a major incident or business continuity incident were to occur there is the risk of the	12	**6**	6

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	escalation	response being hampered due to pressures faced by the Trust.			
2031	Risk of self-presenting contaminated patients to ED	There is a risk of contamination to patients, staff and the physical environment if the contaminated patient is not identified promptly, isolated and decontaminated by trained staff.	5	**3**	3
2453	Lack of a coordinated clinical networks response to a major incident	Whilst the Trust, and other neighbouring trusts, have major incident plans the equivalent plans for the trauma, critical care and burns network are not up to date. If a large scale incident were to happen there is the risk of a lack of coordination across these networks if capacity was stretched beyond individual trusts ability to respond.	9	**6**	4
800 (New Risk)	Covid-19	Risk that Trust operations are negatively impacted by Covid-19 pandemic	25	**20**	9

3 Emergency Planning

This section details the activities undertaken to develop and maintain arrangements for responding to a major incident. The Trust has a number of EPRR related internal planning groups identified in the governance section.

3.1 Incident Response Plan

The Incident Response Plan (formerly major incident plan) has had a wholesale review incorporating a number of lessons identified from internal and regional major incident exercises as well as comprehensive debrief reports from the London and Manchester major incidents. A large part of this review has focused on areas of the trust previously not engaged in planning with roles now included in the plan for the bereavement team, clinical psychologists, psychiatry liaison, the resuscitation team and therapy services among others.

There is now ongoing training and exercising within the Trust to support preparedness to implement the plan if required.

3.2 Pandemic Influenza Response Plan

The Pandemic Influenza Response Plan was updated by the infection control team in November 2019 in line with the review schedule for the document. This was very timely as the plan has been used as the basis for the ongoing Covid-19 response.

3.3 COVID-19 Pandemic

The Trust has been responding to the Covid-19 with the Trust first notified of the virus in January 2020 by Public Health England. The phases and the overview of the Trust's response are detailed below.

Community testing of returning travellers: Whilst the UK remained in the contain phase of its response the Trust was undertaking testing of the general public utilising a drive through model and a collaborative approach between the Trust's EDs and a specific swabbing team. During this phase plans were also made for the Trust to safely admit unwell patients who would have required admission.

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Establishment of incident response structures: The Trust has established incident response structures to support the management of this complex and multi-faceted response. This includes a regular Silver meeting with representatives from executives, divisions and sub-group chairs managing the various aspects of the incident. The Trust also links into the wider NHS and Local Resilience Forum incident response structures and has a control room established seven days a week.

Oversight of equipment requirements including Personal Protective Equipment (PPE)
Supply of PPE remains challenging and the Trust has established central stores in both Bristol and Weston sites to maintain oversight and stock management. The CCG also lead a system group to coordinate mutual aid and there are established protocols for escalating shortages nationally.

4 Business and Service Continuity Planning

This section details the Trust's activities to develop, maintain and embed arrangements to ensure the continuity of service provision during an emergency or other disruption.

In previous years the NHS recognised that the British Standard BS25999 was the definitive standard for business continuity management and the Trust aligned all Business Continuity Plans to this standard. This standard has since been updated and has been adopted worldwide. The standard is now known as ISO22301.

Over the course of 2019-20 there has been an ongoing focus on ensuring plans are updated to adhere to this updated standard as well as being fit for operational use in the Trust. In the most recent assurance NHS England rated the Trusts Business Continuity Plans as being substantially compliant. With the support of divisional leads and the Business Continuity Working Group the ongoing review and updating of the plans is monitored by the Resilience Manager. Incidents and ongoing actions from debriefs are regularly reviewed by the group alongside other business continuity related agenda items.

4.1 EU Exit planning for a 'No Deal Scenario'

Throughout the previous financial year there were a number of times where the Trust was planning for the risk of a no deal EU Exit. This would have had a number of impacts including supply chain disruption to medicines, clinical and non-clinical consumables, workforce implications as well as governance of Trust data and reciprocal healthcare with EU countries.

To support this planning an EU Exit Planning Group was established. Specific work included reviewing the Trust's supply chains for products which came through the EU and developing mitigations for any deemed high risk. This planning was then linked into the regional response through the Resilience Manager. Whilst the no deal exit scenario did not occur the Trust was assured of its position and plans if it had occurred. It should be noted planning may need to restarted this financial year if a trade deal is not agreed by the end of the current transition period.

4.2 Covid-19 Business Continuity Planning

Whilst the response to the Covid-19 pandemic is multi-faceted a key requirement has been ensuring the Trust's business continuity plans are aligned to this response. Plans have been reviewed by divisional leads and where required amended or additional plans put in place. Particular focus of these includes ensuring robust plans for staff and equipment shortages as well as where service provision has changed due to the response.

The Trust has also provided support to the business continuity planning arrangements for the NHS Bristol Nightingale Hospital.

4.3 Alignment of On Call structures prior to Trust merger

Prior to the creation of University Hospitals Bristol and Weston NHS Foundation Trust on 1st April 2020 work was undertaken to ensure the Trust's on call systems were aligned. Through the coming financial year there will be an ongoing programme of work to further align EPRR functions and plans.

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5 Cooperation

This section details how the Trust engages with regional EPRR groups.

5.1 Local Health Resilience Partnerships (LHRP)

The Local Health Resilience Partnership, chaired by NHS England, brings together all NHS organisations to ensure coordinated and joined up planning across Avon and Somerset.

There is a strategic group which meets quarterly and is attended by the Accountable Emergency Officers (AEO) from all organisations in the Avon and Somerset area. The Chief Operating Officer & Deputy Chief Executive is the UH Bristol and Weston Accountable Emergency Officer (AEO) supported by the Deputy Chief Operating Officer. This group defines the strategic direction, the priorities and actively monitors the progress of the Tactical Planning Group.

The Tactical Planning Group also meets quarterly and is attended by the Resilience Manager. It is this group that develops the Avon and Somerset local health community overarching emergency plans and delivers against the Strategic Group work programme.

5.2 Local Health Resilience Partnership Sub-groups

There are a number of LHRP subgroups and task and finish groups; membership of these groups is dependent on the area of focus of the group. For example there is an acute provider sub-group, which focusses on planning and issues which solely affect acute hospitals. The Resilience Manager attends a number of these groups and chaired the acute provider sub-group to December 2019.

5.3 Local Resilience Forum (LRF)

The LRF is a statutory planning group attended by Category 1, 2 and uncategorised responders in Avon and Somerset, as defined by the Civil Contingencies Act 2004. Health is represented by NHS England, who acts in the interests of all providers. This group also informs some of the planning activity undertaken by the LHRP.

6 Warning and Informing

As a Category One responder under the Civil Contingencies Act 2004 the Trust has a “duty, in partnership with others to warn and inform the public”.

The Trust Communications Team continue to work in partnership with NHS England and the CCG to inform and warn the public when circumstances warrant it. The Communications Team issue messages either directly or in collaboration with the CCG and Public Health England and are part of a local network of NHS Communications teams. In the event of a major incident NHS England would ensure communications are coordinated and link into the Trust communications department.

During the Covid-19 response this is being implemented with the Trust communications department feeding into the regional and nationally coordinated comms response led by NHS England and Improvement.

7 Training and Exercising

Below is a summary of EPRR training and exercising which has taken place over the past year:

- The Adult and Children’s Major Incident leads supported by the Resilience Manager facilitate regular training for Weston the BRI and Children’s ED personnel in both Major Incidents and decontamination of members of the public. This training also includes training about safely donning and doffing the Powered Respirator Protective Suit (PRPS) which is a one piece, gas tight, chemical protective suit for use by emergency response personnel after a CBRN incident.

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A live exercise was also undertaken by Adult and Children's ED to test plans for contaminated patients in a real environment.

- Additional major incident training has been delivered across both Bristol and Weston to other key areas in the Trust. This includes adult and children's site teams, theatres, outpatients departments, on call managers and therapy teams.
- A Major Incident 'Emergo' Exercise was undertaken in September 2019. This exercise tested the Trust's response to a mass casualty incident in Bristol city centre and included attendees from across the Bristol Royal Infirmary and Bristol Royal Hospital for Children including the emergency departments, critical care, communications, site management teams as well as support services such as the chaplaincy and therapy teams
- On Call Managers have a monthly forum to review on call matters with alternative forums now being utilised for training in key areas identified internally as well as legislated externally by NHS England.
- Communications cascade test in Bristol and Weston sites
- All Adult ED reception staff and other ED admin staff have attended major incident training. This looks at their role in a major incident as well as if they suspect self-presenting patients of being contaminated. Major Incident training and an exercise have also been delivered to the ED Registrars.
- On Call managers from both Bristol and Weston attending Strategic Leadership in a Crisis courses run by the Local Health Resilience Partnership.
- Several members of clinical staff attending the Trauma Risk Management course led by March on Stress. Practitioners are trained to perform peer to peer risk assessments for staff involved in traumatic incidents. Further charitable funding has been sought to undertake additional training in the coming year.
- Tabletop exercise exploring the Trust's response to a no deal EU Exit with a particular focus on key supply chain issues in the days following the event.

8 Governance

The diagram below represents the internal and external Emergency Planning, Resilience and Response (EPRR) governance structure.

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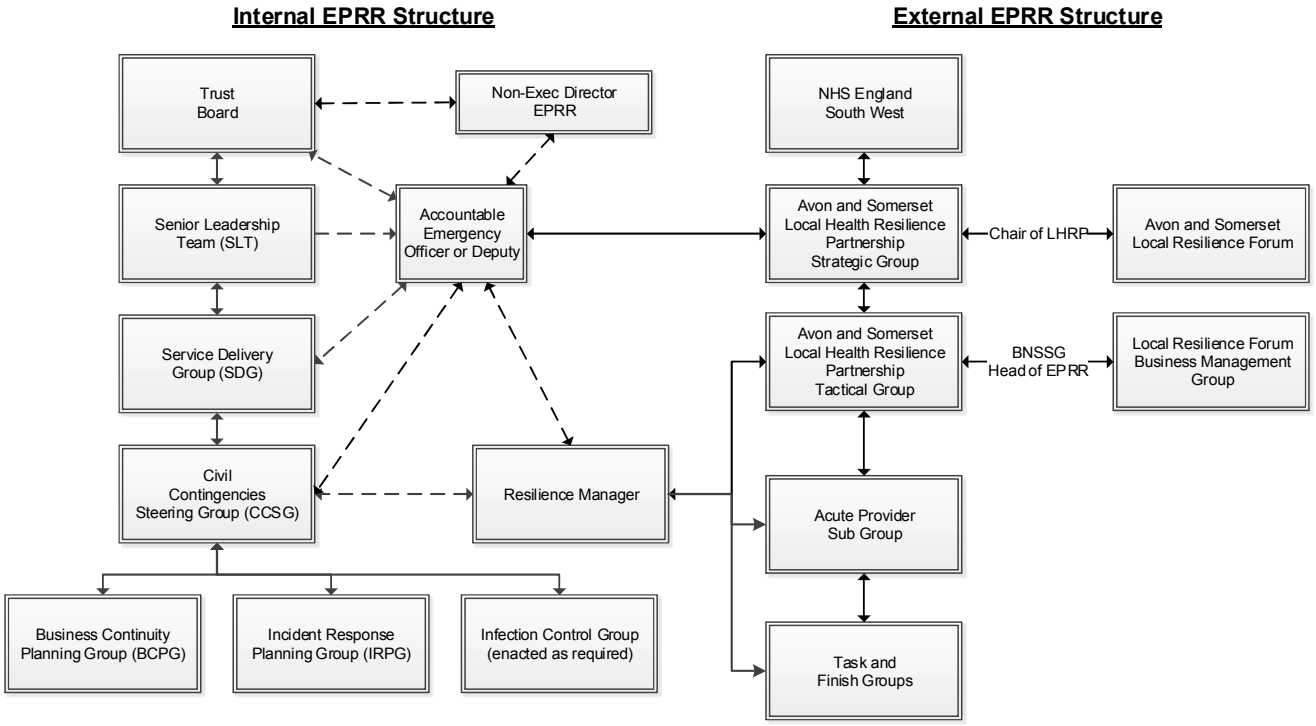

9 Audit and Assurance

The Resilience Manager provides regular updates, assurance and work progress briefings to the Civil Contingencies Steering Group. As mentioned above, NHS England and BNSSG CCG conduct an annual EPRR audit and assurance process with the Trust maintaining is substantial compliance rating. This was conducted in October 2019.

10 Recent Major or Significant Events

The Trust has experienced the following untoward events during the April 2019 to March 2020 period. Debriefs have been undertaken except for the Covid19 response which is still ongoing. Learning and lessons identified are being used to improve the Trust's response with formal structured debriefs to follow.

Title	Date
Electronic Prescribing Outage	29/3 – 3/4/19
Extinction Rebellion Protests	From 15/7/19
Medway Outage	29/7/19
Critical Incident due to bed capacity	30/12/19
Covid-19 pandemic response	From January 2020
Norovirus outbreak – Weston	November 2019

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11 Conclusions

2019/20 has been a year where the focus on identifying and putting in places lessons from incidents and exercises which have occurred in the Trust. This includes the response to the BHOC evacuation, severe weather events and a number of emergency exercises.

Priorities for the upcoming year are:

- Maintain substantial compliance in the 2020 EPRR assurance process
- Ongoing focus on responding to Covid-19 pandemic including ongoing restoration of other services whilst maintaining capacity for Covid-19 patients and planning for winter.
- Continuing to deliver training and exercises to identified staff and services to support Trust plans
- Continued alignment of Weston into the Trust's EPRR plans.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Quarterly Patient Experience and Involvement Report**
Report Author	**Paul Lewis, Patient Experience & Involvement Team Manager**
Executive Lead	**Carolyn Mills, Chief Nurse**

1. Report Summary

The Quarterly Patient Experience Report provides a review of patient survey data and Patient and Public Involvement activities being carried out at the Trust. Due to disruption of the Trust's patient feedback channels, the current report primarily presents Trust-level data from the UH Bristol (as-was) monthly postal survey, along with a summary of Quarter 4 Patient and Public Involvement activity.

2. Key points to note
(Including decisions taken)

Satisfaction with the Trust's inpatient services has so far remained at a very high level during the COVID-19 pandemic.

In the Trust's outpatient survey there was marked decline in patient-reported experience in March 2020; the first time in fact that this measure has breached the alarm threshold limit. This survey was carried out on a group of outpatients who attended at the end of March, at a point where the Government was implementing its pandemic "lockdown" measures. This clearly had a negative impact on outpatient experience at that time, but the score returned to the normal range in April as services and patients adapted and adjusted.

Analysis of patient comments received during the COVID-19 pandemic shows that the great majority of feedback is extremely positive about the kindness and quality of care provided by staff, and people often feel a sense of relief that their hospital experience felt safe and professional. The most frequent negative theme relates to lack of social distancing by staff and infection control concerns.

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

The risks associated with this report include:
Not applicable

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

- This report is for **Assurance.**

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

Senior Leadership Team	17 June 2020
Quality & Outcomes Committee	25 June 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Quarterly Patient Experience and Involvement Report

Incorporating Quarter 4 2019/20 Patient and Public Involvement activity and patient survey data.

Author: **Paul Lewis, Patient Experience and Involvement Team Manager**

Patient Experience and Involvement Team

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Tony Watkin, Patient and Public Involvement Lead (tony.watkin@uhbristol.nhs.uk)
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1. Overview of patient-reported experience at UH Bristol

Successes	Priorities
The Trust's survey data shows that patients continued to report a positive experience of inpatient services, despite the immense challenges of the COVID-19 pandemic. The outpatient scores deteriorated to a statistically significant degree in March 2020 - most likely as a result of the immediate impact of the government's "lockdown" measures on services and patients - but reverted to their normal (positive) range in April.	The Trust's outpatient postal survey questionnaire is being re-designed to take account of the fact that many appointments are currently being carried out remotely rather than face-to-face.
Risks & Threats	**Opportunities**
As a result of the COVID-19 pandemic, there has been significant disruption to patient experience and involvement activity, both within the Trust and nationally. In March 2020: • NHS England suspended the Friends and Family Test survey until further notice. The planned national maternity survey and national cancer experience survey were cancelled until 2021. • The Trust's electronic feedback points were shut for infection control reasons (although the online arm of this system, where people can give feedback via their own devices, remained open and feedback continues to be received in this way). • Patient and Public Involvement activity essentially ceased from March 2020, as this primarily involves meeting patients and the public face-to-face. Early discussions are taking place within the Trust and nationally about when these programmes might resume and in what form.	The most significant medium-term impact of the pandemic on the Trust's corporate patient experience programme is likely to be on Patient and Public Involvement, much of which is carried out face-to-face and in groups. Whilst telephone and remote video are likely to feature more prominently in the future, these options often aren't conducive to discussions about the complex / emotional topics that arise in a healthcare setting. Nevertheless, adaptability will be required to ensure that the NHS continues to engage patients and the public in service improvement and evaluation. The Patient Experience and Involvement Team is actively exploring ways that this can happen. For example, we are currently working with North Bristol NHS Trust to develop a patient and public involvement project that will inform the development of the new Medical Examiner system.

2. About this report

The Quarterly Patient Experience Report provides a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust.

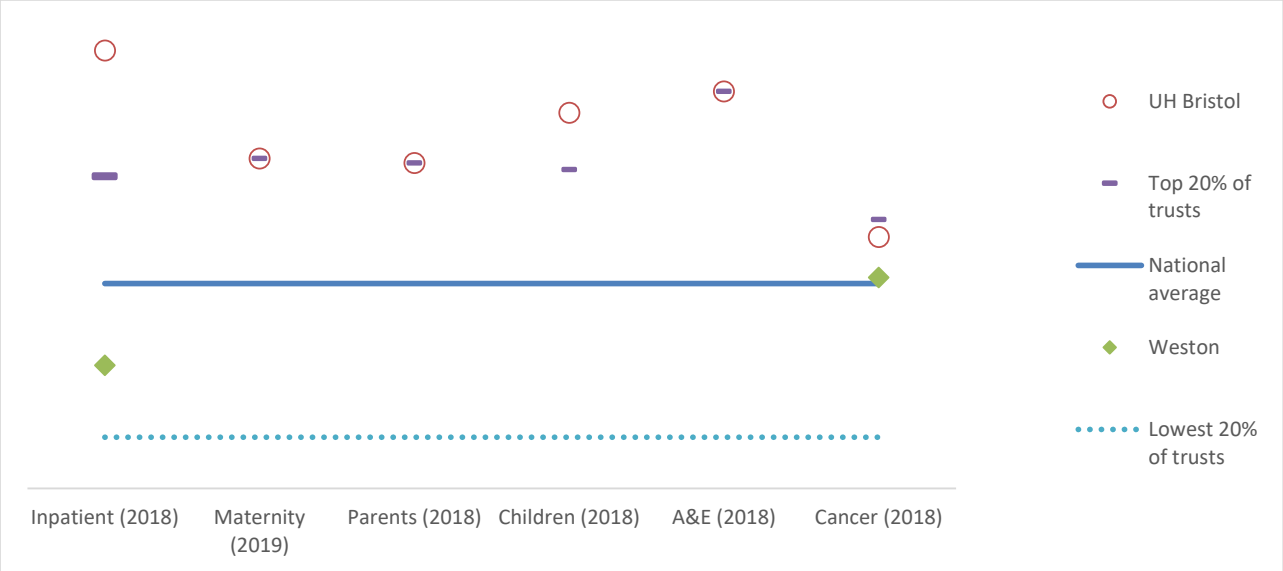
The Quarter 4 report has been adversely affected by the COVID-19 pandemic. In particular, the Friends and Family Test survey was suspended in March by NHS England, and the Trust's postal survey programme received much lower response rates than usual (affecting data reliability). Furthermore, the Quarter 4 data was disrupted by a rapid configuration of hospital services in response to the pandemic. For these reasons the current report primarily presents Trust-level data from the UH Bristol (as-was) monthly postal survey. In addition, there has not been Divisional input into the report due to their focus on responding to the pandemic.

UH Bristol and Weston Area Health NHS Trust merged on 1 April 2020, hence the data in the current report is primarily for UH Bristol.

3. National benchmarks

The Care Quality Commission's national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England. UH Bristol tends to perform around or above the top 20% of trusts nationally in these surveys (Chart 1). Data for two of these surveys is available for Weston Area Health NHS Trust and so this is also shown in Chart 1 for information and comparison[1]. The results of each national survey, along with improvement actions / learning, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

Chart 1: overall experience relative to national benchmarks[2]



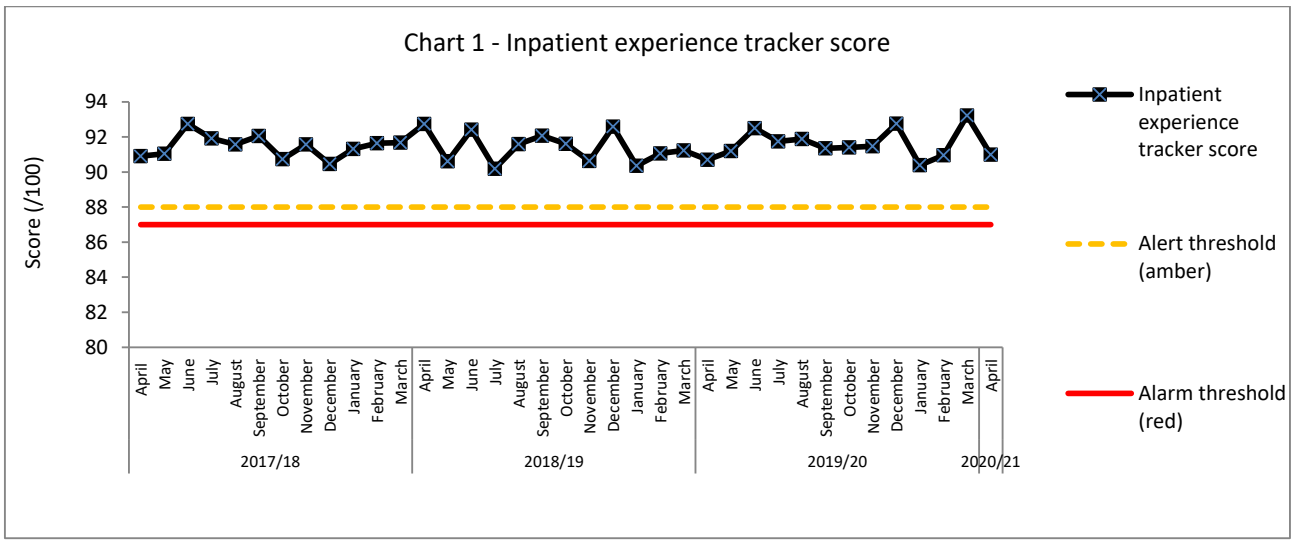
[1] We are currently querying the national A&E survey data with the CQC as Weston data has not been published on their website. Weston does not participate in the national maternity or children's surveys for methodological reasons.
[2] This is based on the survey question that asks patients to rate their overall experience. This question is not included in the national maternity survey and so we have constructed this score based on a mean score across all of the survey questions.

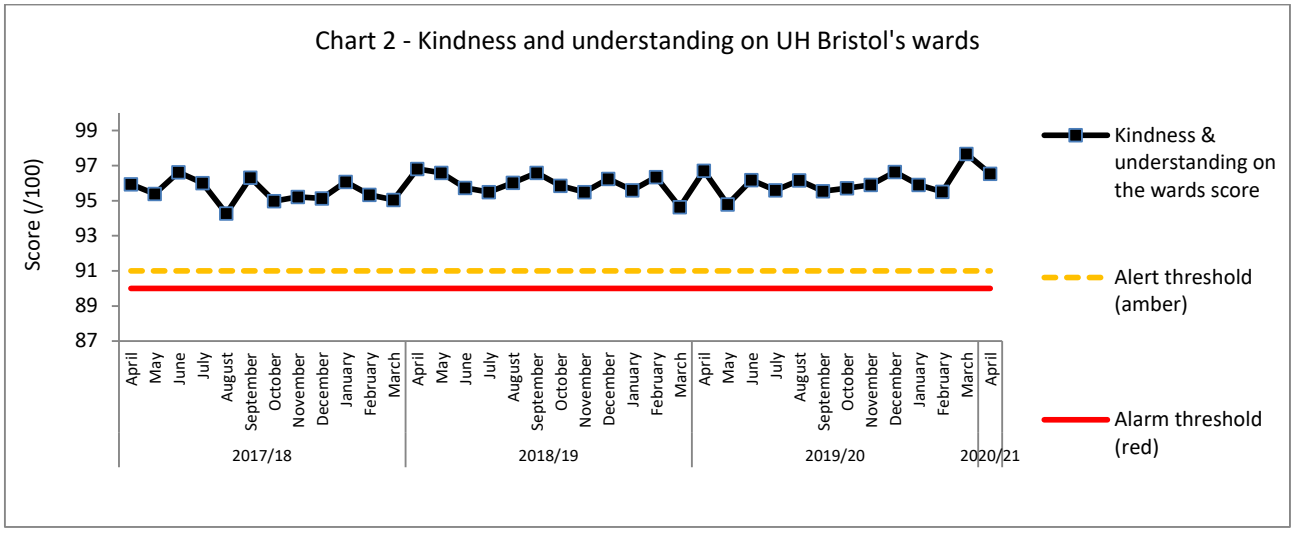
The 2019 National Maternity Survey results were analysed by the Patient Experience & Involvement Team during Quarter 4 (having been released in late Quarter 3). This survey was based on the experience of women who gave birth at the Trust in February 2019. UH Bristol received a positive set of results, including:

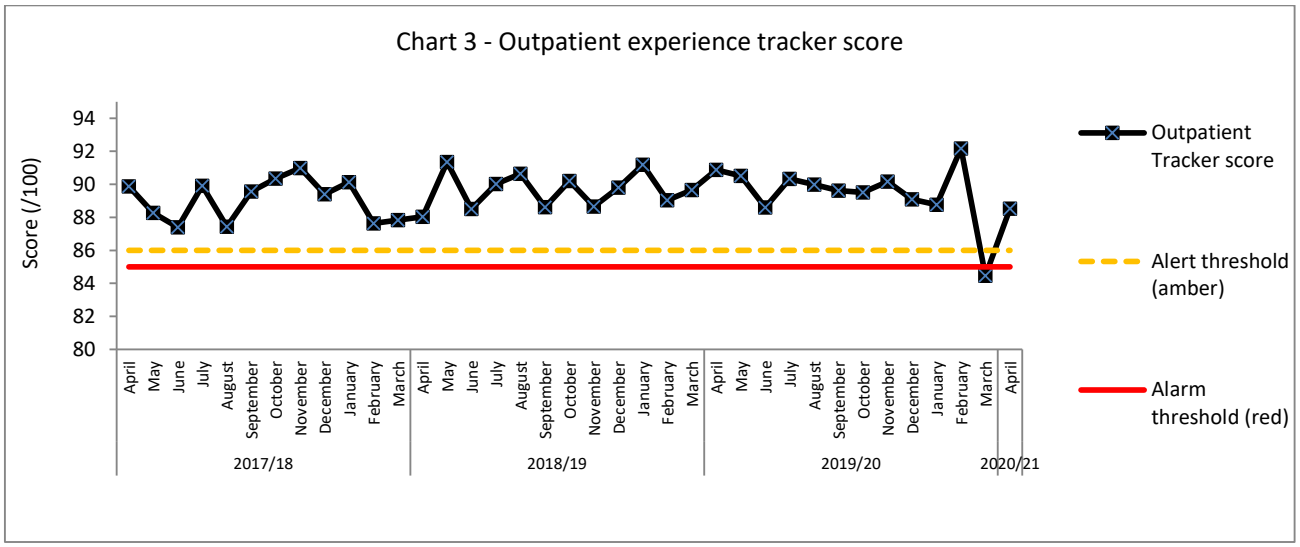
- Six UH Bristol survey scores were better than the national average to a statistically significant degree.
- UH Bristol's scores on the remaining 46 questions were in line with the national average. No scores were below this benchmark.
- UH Bristol scored better than the national average to a statistically significant degree on the section of the questionnaire relating to the care that staff provided during labour and birth
- UH Bristol had the best score nationally on three questions:
    - Thinking about your antenatal care, were you spoken to in a way you could understand?
    - Did you have confidence and trust in the staff caring for you during your labour and birth?
    - Thinking about your care during labour and birth, were you treated with respect and dignity?

4. UH Bristol survey data

Charts 1 and 2 suggest that satisfaction with the Trust's inpatient services has remained at a very high level during the COVID-19 pandemic (the latest data from April 2020 is presented for additional context). However, in the Trust's outpatient survey (Chart 3 - over) there was marked decline in patient-reported experience in March 2020; the first time in fact that this measure has breached the alarm threshold limit. This survey was carried out on a group of outpatients who attended at the end of March, at a point where the Government was implementing its pandemic "lockdown" measures. This clearly had a negative impact on outpatient experience at that time, but the score returned to the normal range in April as services and patients adapted and adjusted. The inpatient survey also detected an upward movement in the Trust's 'kindness and understanding' score corresponding with the initial outbreak of COVID-19.







The volume of written feedback received by the Trust during the pandemic has been much lower than usual, but we are still receiving a steady flow of comments from patients via the postal surveys and rapid-time feedback system. The following themes emerge from comments that related to the effects of the pandemic.

- The great majority of feedback is extremely positive about the kindness and quality of care provided by staff, and people often feel a sense of relief that their hospital experience felt safe and professional – as the following examples demonstrate:

  "As we are going through a pandemic, I felt all the relevant precautions were taken without making me feel as if I was an alien on a strange planet. All I felt was secure and safe and in all honesty normal. Thank you."

  "All of the staff were amazing, really calm and explained everything. I was nervous to come in during the COVID pandemic but they made me relaxed"

"The care and treatment I received whilst in the Eye hospital were outstanding from all the surgical team, doctors nurses and ward staff. The professionalism showed whilst working in this coronavirus environment was second to none."

- The most frequent negative comment relates to lack of social distancing by staff and infection control concerns. This equated to around 17% of COVID-19 related comments.

- Several inpatients comments raised the issue of loneliness and / or boredom due to visiting restrictions. The Trust's Art Director is currently leading a piece of work seeking to help address this issue.

- In maternity services, the limitations on partners being able to attend labour and birth are cited by a number of service-users as a challenge – particularly if they had had a difficult birth.

5. Patient and Public Involvement (PPI) Activity

5.1 Quarter 4 activity

Examples of some of the Patient and Public Involvement (PPI) activities carried out at the Trust during Quarter 4, prior to the Government's COVID-19 "lockdown" measures, include:

Quality Counts

In addition to our annual Quality Counts event held in January 2020 with members of the UH Bristol Involvement Network Group, Trust Members and representatives of the Trusts Young Person's Involvement Group, we also held discussions with young people and members of Dhek Bhal, a South East Asian Community organisation, about their priorities for health care at the Trust. The outcomes of these events will help to inform both the Trust's improvement focus for the forthcoming financial year and Quality Strategy (although the pandemic has significantly affected timescales for this strategic work).

Supporting UH Bristol lay representatives

In February, the Trust's Patient and Public Involvement Lead led the first lay representative support and development group. This work will continue as a corporate quality objective in 2020/21 to ensure that lay representatives on Trust groups and committees receive better training and support for their role.

Supporting Young People

A young people's event was held at the Trust's Medical Simulation Centre in February. The interactive event was part of the Trust's approach to promoting career opportunities in the health service and consisted of hands-on simulation activities, workshops and a careers marketplace. In total, 65 young people were in attendance.

Food in Hospitals

Members of the Trust's Involvement Network took part in a review of the in-patient food menu with members of the Trust's nutrition team and catering provider.

UHBW web landing page

Members of the Trust's Involvement Network took part in a review of the new University Hospitals Bristol and Weston (UHBW) web landing page with members of the Trust's Communications Team.

Living with and Beyond Cancer

The Patient and Public Involvement Lead worked with Clinical Psychologists at the Bristol Haematology and Oncology Centre to design and deliver an "emotional support listening event" with patients who are on the cancer care pathway. The outcomes of the event demonstrated the value patients and their carers place on consistent and timely emotional support as part of their care and will be used to develop local practice.

BNSSG Healthwatch

The Patient and Public Involvement Lead participated in the formal launch of the Bristol, North Somerset and South Gloucestershire Healthwatch in February. This brings together previously separate Healthwatch organisations into a new, single entity.

5.2 Looking ahead

The most significant medium-term impact of the pandemic on the Trust's corporate patient experience programme is likely to be on Patient and Public Involvement, much of which is carried out face-to-face and in groups. Whilst telephone and remote video are likely to feature more prominently in the future, these options often aren't conducive to discussions about the complex / emotional topics that arise in a healthcare setting. Nevertheless, adaptability will be required to ensure that the NHS continues to engage patients and the public in service improvement and evaluation. The Patient Experience and Involvement Team are actively exploring ways that this can happen. For example, we are currently working with North Bristol NHS Trust to develop a patient and public involvement project that will inform the development of the new Medical Examiner system.

Appendix A – effects of the pandemic on the Trust's corporate patient experience and involvement programme

Work stream	Impact	Future plan
Postal survey programme	The survey programme has continued during the pandemic, but with reduced response rates.	These surveys will continue, but the outpatient survey will be re-designed to reflect the prominence of telephone and video appointments.
Friends and Family Test	This programme was suspended by NHS England in March 2020 to allow trusts to focus on patient care and reduce infection control risks.	We await guidance from NHS England on when this survey might restart.
Rapid-time patient feedback system	The touchscreen feedback points were closed early in the pandemic for infection control reasons, but people can still give feedback via their own electronic devices. The wider-roll out of the feedback points has been paused.	We will be guided by infection control advice and Divisional capacity in terms of re-opening the feedback points and continuing the wider roll-out of these to the Bristol Royal Hospital for Children, Bristol Haematology and Oncology Centre, Bristol Dental Hospital and Bristol Eye Hospital.
National Surveys	The national maternity and national cancer surveys will not take place this year.	The next national survey is not due until Quarter 3 2020/21 and we await guidance from the CQC on whether these will take place.
Patient and Public Involvement	As these activities primarily involve face-to-face engagement, they are in effect suspended.	Early discussions are taking place both at the Trust and nationally about how this important work will take place in the future.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	Annual Complaints Report 2019-20 (UH Bristol)
Report Author	Tanya Tofts – Patient Support and Complaints Manager
Executive Lead	Carolyn Mills – Chief Nurse

1. Report Summary

This report provides a summary overview of complaints received by University Hospitals Bristol NHS Foundation Trust (UH Bristol) in 2019/20. More detailed information about complaints handling and resolution is reported to the Board throughout the year via quarterly reports which are published in the public domain. The annual report fulfils a requirement of the NHS Complaints Regulations (2009).

2. Key points to note

(Including decisions taken)

- 1,785 complaints were received by the Trust in the year 2019/20, averaging 149 per month. Of these, 552 were managed via the formal investigation process and 1,233 through the informal investigation process. This compares with a total of 1,845 complaints received in 2018/19, a decrease of 3.3%.
- In addition, the Patient Support and Complaints Team dealt with 903 other enquiries, including compliments, requests for support and requests for information and advice; this represents a 6.4% decrease on the 965 enquiries dealt with in 2018/19. The team also received and recorded an additional 618 enquiries which did not proceed after being recorded (the same amount as in 2018/19). In total, the team received 3,306 separate enquiries into the service in 2019/20; a slight decrease on the 3,428 reported the previous year.
- In 2019/20, the Trust had 14 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a significant 54.8% decrease on the 31 cases referred the previous year. During the same period, coincidentally, 14 cases were closed by the PHSO. Of these 14 cases, none were upheld, one was partly upheld, and the remaining 13 fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'. At the end of the year 2019/20, 13 cases were still under investigation by the PHSO.
- 758 complaints were responded to via the formal complaints process in 2019/20 and 88% of these (667) were responded to within the agreed timescale. This is similar to the 87% achieved in 2018/19, which does not meet the Trust target of 95%. A total of 1,004 complaints were responded to in 2019/20 via the informal complaints process and 89.3% of these (897) were responded to within the agreed timescale, an improvement on the 83.5% achieved the previous year.
- At the end of the reporting year, 9.1% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 62 of the 680 first formal responses sent out during the reporting period and compares with 9.5% in 2018/19 and 9.7% in 2017/18.

3. Risks

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

The risks associated with this report include: N/A

4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Information**

5. History of the paper **Please include details of where paper has previously been received.**	
Quality and Outcomes Committee (QOC)	
Senior Leadership Team (SLT)	

Recommendation Definitions:

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

University Hospitals Bristol
NHS Foundation Trust

ANNUAL COMPLAINTS REPORT 2019/2020

Author: Tanya Tofts, Patient Support and Complaints Manager – July 2020

Contents

Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol NHS Foundation Trust (UH Bristol) in 2019/20. The report also records other support provided by the Trust's Patient Support and Complaints Team[1] during the year.

In summary:

- 1,785 complaints were received by the Trust in the year 2019/20, averaging 149 per month. Of these, 552 were managed via the formal investigation process and 1,233 through the informal investigation process. This compares with a total of 1,845 complaints received in 2018/19, a decrease of 3.3%.

- In addition, the Patient Support and Complaints Team dealt with 903 other enquiries, including compliments, requests for support and requests for information and advice; this represents a 6.4% decrease on the 965 enquiries dealt with in 2018/19. The team also received and recorded an additional 618 enquiries which did not proceed after being recorded (the same amount as in 2018/19). In total, the team received 3,306 separate enquiries into the service in 2019/20; a slight decrease on the 3,428 reported the previous year.

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- 758 complaints were responded to via the formal complaints process in 2019/20 and 88% of these (667) were responded to within the agreed timescale. This is similar to the 87% achieved in 2018/19, which does not meet the Trust target of 95%. A total of 1,004 complaints were responded to in 2019/20 via the informal complaints process and 89.3% of these (897) were responded to within the agreed timescale, an improvement on the 83.5% achieved the previous year.

- At the end of the reporting year, 9.1% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 62 of the 680 first formal responses sent out during the reporting period and compares with 9.5% in 2018/19 and 9.7% in 2017/18.

[1] i.e. UH Bristol's integrated 'PALS' and complaints team

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints. The Chief Executive delegates responsibility for the management of complaints to the Chief Nurse.

The Trust's Patient Support and Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint, in line with the complainant's wishes;
- All formal complaints receive a comprehensive written response from the Chief Executive or his nominated deputy, or a local resolution meeting with a senior clinician and senior member of the divisional management team;
- Complaints are resolved within the timescale agreed with each complainant at a local level wherever possible;
- Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant; and
- When a complainant requests a review by the Parliamentary and Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative and open manner.

The Patient Support and Complaints Manager line manages a team which consists of five part-time complaints officers/caseworkers (Band 5) and two part-time administrators (Band 3). The total team resource, including the manager, is currently 6.48 WTE. However, there is also a long-standing vacancy for a full time band 6 Deputy Manager and once this post is filled, the total team resource will be 7.48 WTE.

2. Complaints reporting

Each month, the Patient Support and Complaints Manager reports the following information to the Trust Board:

- Total number of complaints received
- Percentage of complaints responded to within the agreed timescale (formal and informal)
- Percentage of cases where the complainant is dissatisfied with the original response

In addition, the following information is reported to the Patient Experience Group, which meets every three months:

- Validated complaints data for the Trust as a whole and also for each Division
- Quarterly Complaints Report, identifying themes and trends
- Annual Complaints Report (which is also received by the Board).

The Quarterly Complaints Report provides an overview of the numbers and types of complaints received, including any trends or themes that may have arisen, including analysis by Division and information about how the Trust is responding. The Quarterly Complaints Report is also reported to the Trust Board and published on the Trust's web site.

3. Total complaints received in 2019/2020

The total number of complaints received during the year was 1,785, a decrease of 3.3% on the 1,845 complaints received the previous year. Of these, 552 (30.9%) were managed through the formal investigation process and 1,233 (69.1%) through the informal investigation process; this compares with 702 (32.3%) complaints managed formally in 2018/19 and 1,143 (67.7%) managed informally.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. A senior manager is appointed to carry out the investigation and gather statements from the appropriate staff. These statements are then used as the basis for either a written response to, or a meeting with, the complainant. The method of feedback is agreed with the complainant and is their choice. The Trust's target is that this process should take no more than 30 working days in total.

An informal complaint is one where the issues raised can usually be addressed quickly by means of an investigation by the divisional management team and a telephone call to the complainant. The Trust's target is that this process should take no more than 10 working days in total.

Figure 1 provides the annual view of complaints received per month that were dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. The figures below do not include informal concerns which are dealt with directly by staff in our Divisions.

Figure 1 – Numbers of formal v informal complaints

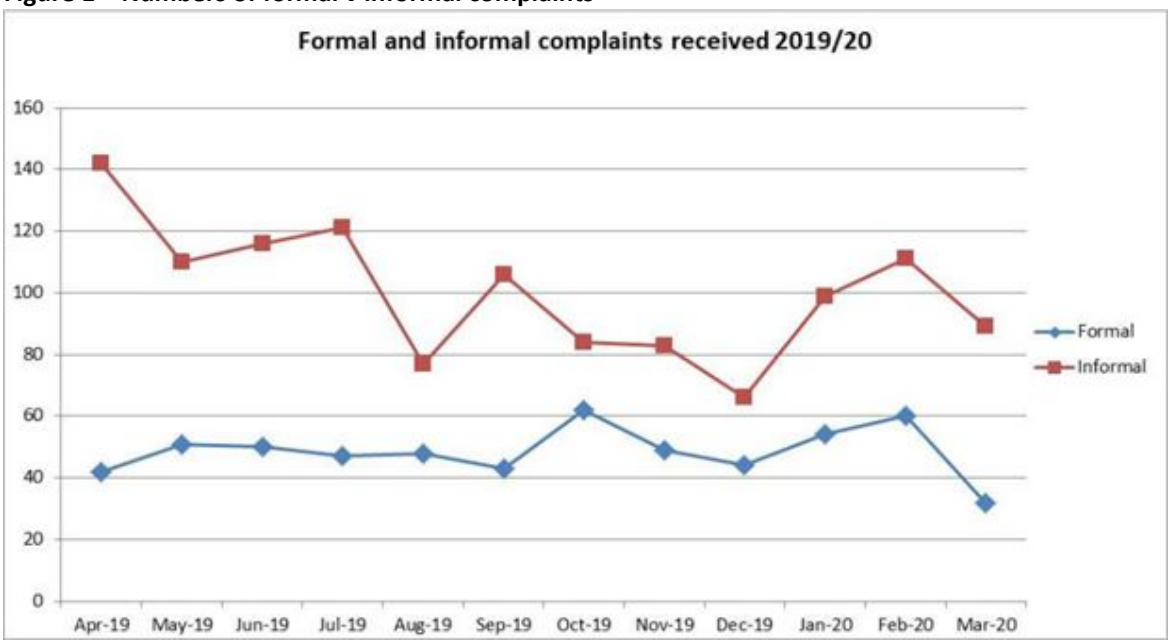


Table 1 below shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

Table 1 - Breakdown of complaints by Division

Division	Informal complaints 2019/20	Informal complaints 2018/19	Formal complaints 2019/20	Formal complaints 2018/19	Divisional total 2019/20	Divisional total 2018/19
Surgery	445 ↑	428 ↓	168 ↓	188 ↓	613 ↓	616 ↓
Medicine	240 ↓	258 ↑	133 ↑	128 ↓	373 ↓	386 ↓
Specialised Services	225 ↑	187 ↑	64 ↓	84 ↑	289 ↑	271 ↑
Women and Children	161 ↑	148 ↑	150 ↑	143 ↓	311 ↑	291 ↑
Diagnostics and Therapies	55 ↑	53 ↓	18 ↓	28 ↑	73 ↓	81 ↑
Trust Services (including Facilities & Estates)	107 ↓	175 ↑	19 ↓	25 ↑	126 ↓	200 ↑
TOTAL	**1233 ↓**	**1249 ↑**	**552 ↓**	**596 ↓**	**1785 ↓**	**1845 ↑**

Table 1 shows that most Divisions recorded an increase in the number of complaints managed via the informal complaints process. The Divisions of Medicine and Women & Children managed a higher number of complaints via the formal process than in the previous year.

The overall percentage of complaints managed both formally and informally, remained similar to 2018/19 with 30.9% dealt with via the formal process (32.3% last year) and 69.1% via the informal process (67.7% last year).

4. Complaint themes

The Trust records all complaints under one or more of eight high-level reporting themes, depending upon the nature and complexity of the complaint. This data helps us to identify whether any trends or themes are developing when matched against hospital sites, departments, clinics and wards.

Table 2 and Figure 2 show complaints received in 2019/20 by theme, compared with 2018/19 and 2017/18.

Table 2 - Complaint themes – Trust totals

Complaint Theme	Total Complaints 2019/20	Total Complaints 2018/19	Total Complaints 2017/18
Appointments and Admissions	601 ↑	571 ↑	519 ↓
Clinical Care	538 ↑	519 ↑	491 ↑
Attitude and Communication	332 ↓	384 ↓	492 ↑
Facilities and Environment	130 ↓	176 ↑	82 ↓
Information and Support	87 ↓	107 ↓	116 ↓
Discharge/Transfer/Transport	45 ↑	36 ↓	73 ↓
Documentation	41 =	41 ↑	31 ↑
Access	11 =	11 ↓	12 ↓
TOTAL	**1785 ↓**	**1845 ↑**	**1817 ↓**

In 2019/20, there were increases in three of the eight categories – 'appointments and admissions', 'clinical care' and 'discharge/transfer/transport'. The largest increase was in complaints recorded under the category of 'appointments and admissions', with a 5.3% increase compared with last year. This category includes complaints about cancelled and delayed appointments and operations. There

were 46 fewer complaints about 'facilities and environment' with a 26.1% decrease compared with 2018/19. This category includes complaints about issues such as cleanliness, car parking, catering, smoking and premises.

5. Performance in responding to complaints

In addition to monitoring the volume of complaints received, the Trust also measures its performance in responding to complainants within agreed timescales, and the number of complainants who are dissatisfied with responses.

5.1 Percentage of complaints responded to within timescale

The Trust's expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written enquiries. In 2019/20, 99.7% 1,779 of 1,785) of complaints were acknowledged within these timescales, compared with 98.1% in 2018/19.

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days. When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

The Trust's target is to respond to at least 95% of complaints within the agreed timescale and this applies to both formal and informal complaints.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, together with guidance from the Parliamentary and Health Service Ombudsman, indicate that the Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.' When a response is not possible within the agreed timescale, the Trust must inform the complainant of the reason for the delay and agree a new date by which the response will be sent.

The Trust captures data about the numbers of complaints responded to within the agreed timescale. The Trust's performance target continues to be 95% compliance, for both formal and informal complaints.

Over the course of the year 2019/20, 88% of formal responses were responded to within the agreed timescale (667 of 758), compared with 87% in 2018/19 and 83% in 2017/18. Of the 1,004 complaints responded to via the informal complaint process in 2019/20, 89.3% were responded to within the agreed timescale, an improvement on the 83.5% reported the previous year.

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

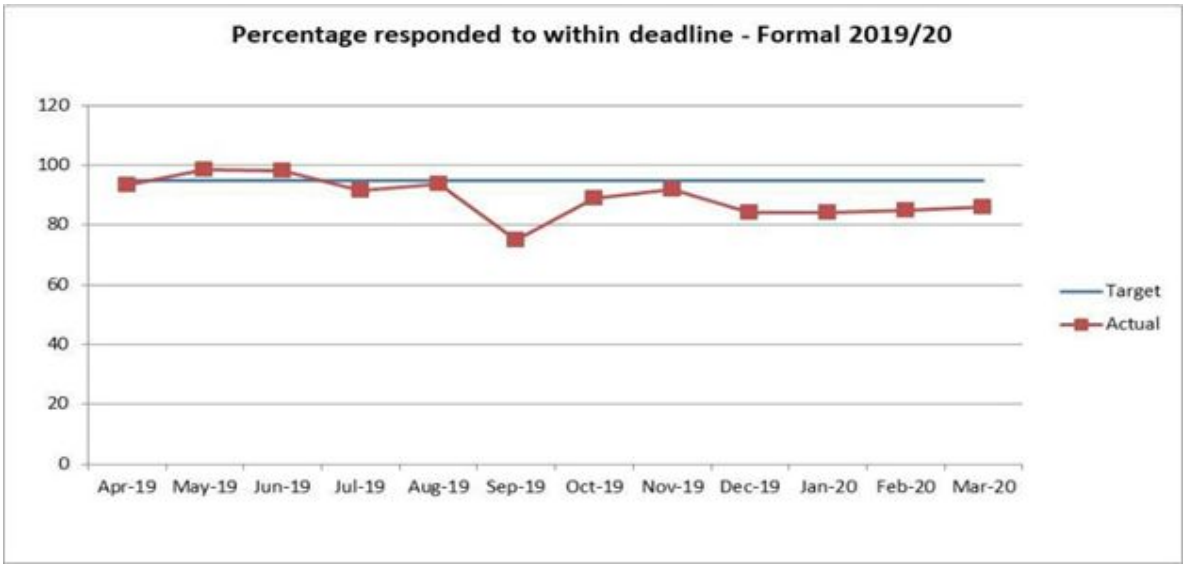
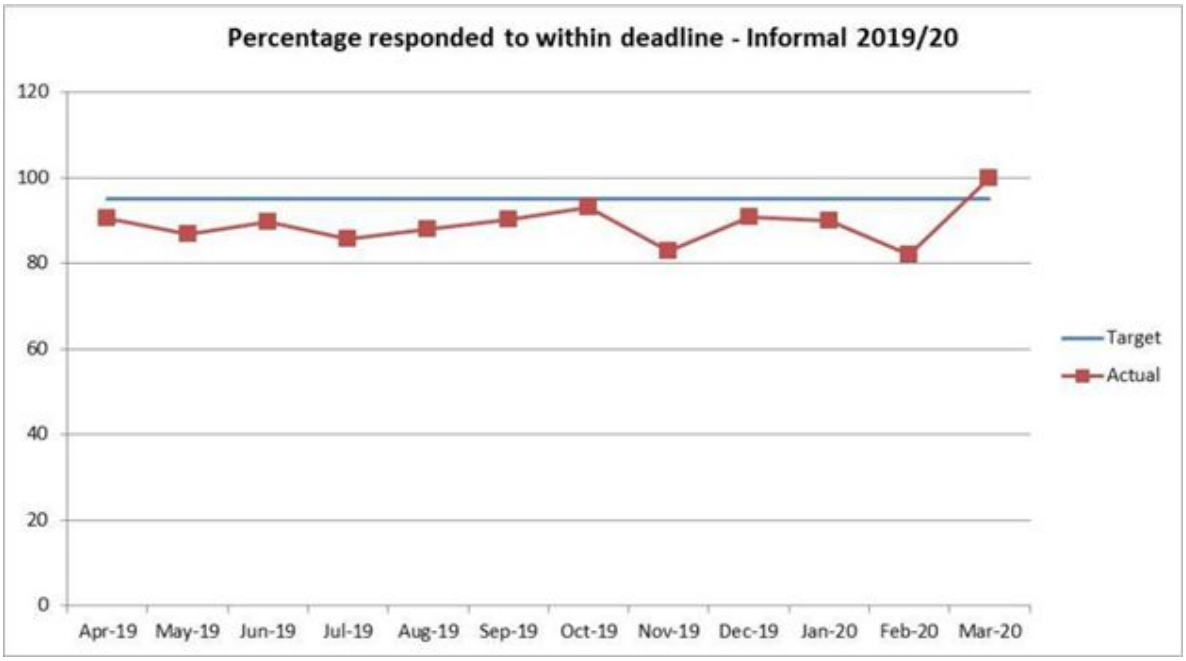


Figure 4. Percentage of informal complaints responded to within agreed timescale



5.2 Numbers of complainants who are dissatisfied with our response

The Trust also measures performance in respect of the number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate (which we differentiate from follow-up enquiries where a complainant raises additional questions).

At the end of the reporting year, 9.1% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 62 of the 680 first formal responses sent out during the reporting period and compares with 9.5% in 2018/19 and 9.7% in 2017/18.

6. Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is unhappy with the way in which their complaint has been dealt with by the Trust and feels that local resolution of their complaint has not been satisfactory, they have the option of asking the PHSO to carry out an independent review of their complaint.

In 2019/20, the Trust had 14 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a significant 54.8% decrease on the 31 cases referred the previous year. During the same period, a total of 14 cases were closed by the PHSO. Of these 14 cases, none were upheld, one was partly upheld, and the remaining 13 fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'. At the end of the year 2019/20, 13 cases were still under investigation by the PHSO.

7. Information, advice and support

In addition to managing complaints, the Patient Support and Complaints Team also deal with compliments and with requests for advice, information and support. The team also records a number of enquiries which did not proceed after being recorded, either due to insufficient information or withdrawal of the complaint/enquiry.

The total number of enquiries received during 2019/20 is shown below, together with figures from 2018/19 and 2017/18 for comparative purposes:

Table 3:

Type of enquiry	**Total received 2019/20**	**Total received 2018/19**	**Total received 2017/18**
Request for information/advice/support	732	780	576
Compliments	171	185	125
Did not proceed	618	618	654
Total	**1,521**	**1,583**	**1,355**

8. Learning from complaints

The Trust continues to be proactive in its management of complaints and enquiries, recognising that the way we respond to concerns and complaints is part of our commitment to excellence in customer service and acknowledging that all complaints are a valuable source of learning.

Learning from complaints can be measured by the actions taken as a result of the complaints received. Some examples of actions completed in 2019/20 are as follows:

- Following a complaint about a patient being given incorrect information at her pre-operative assessment, the Division of Specialised Services launched a booklet called 'My Heart Surgery Plan' to improve the consistency of information given to patients. At the request of surgeons, the anticipated length of stay has been added to pre-operative assessment cards so that nurses are fully aware of this when speaking to the patient (Specialised Services).

- A complaint was received on behalf of a patient with autism who also suffers with Post Traumatic Stress Disorder and has complex mental health needs. Following an operation, the patient felt that staff were not listening to her and not taking her special needs into account.

This complaint was shared anonymously with the teams who cared for her so that each team understood how negative a patient's experience could be if we do not communicate with them in a way that takes account of their specific needs. The pre-operative team was also reminded of the importance of sharing this information with the team caring for the patient post-operatively (Surgery).

- Following a complaint from a patient who underwent an angioplasty at Bristol Heart Institute (BHI), filming of a new Cardiac Rehabilitation Phase 1 film has been completed, specifically for the BHI. This is in addition to the existing film for patients who needed rehabilitation following a cardiac arrest, which caused confusion for the complainant as it did not apply to him (Specialised Services).

- A complaint about the lack of analgesia available during a gynaecology examination was discussed at the Gynaecology Governance meeting. As a result of this complaint, it was agreed that patients would be offered paracetamol during clinics and Entonox would be made available in the department so it could be prescribed if needed (Women & Children).

- A complaint was received from a patient who had returned to the ward in the early evening following surgery, having been 'nil by mouth' since that morning, to be told that the only food available was a ham sandwich. The patient had a sore throat and mouth and swollen lips from four hours with an ERCP tube in situ and he had a distended abdomen. He is also prone to duodenal ulcers and has a gastroma and pancreatic disease so he was unable to eat a sandwich. As a result of this complaint, a poster was developed by the Matron, outlining the out of hours food provisions arrangements, and this has been shared with all surgical ward sisters (Surgery).

- As a result of a complaint from a patient who had experienced numerous problems with the delivery of care at Bristol Haematology and Oncology Centre (BHOC), staff met with the patient to get a thorough and detailed understanding of the issues she faced. The Clinical Nurse Specialist followed this up with a letter to the patient with a detailed summary of the care and support available to her, including around the areas of patient care, supportive care and medication care (Specialised Services).

- A complaint was received from a patient with Chronic Regional Pain Syndrome (CRPS) and potentially life threatening anaphylaxis (severe allergic reaction) that requires alternative medications to be used for scans. Unfortunately, this information was not highlighted to the radiographer when the patient attended for an MRI scan, despite this information being noted on her records following a previous scan. This information, as well as the requirement for the use of EMLA cream to number her skin prior to any injections, was not shared with radiology staff. As a result of the complaint, a review was carried out of the procedures in place for all appointments for CRPS patients and, as a result, the Radiology Department in Bristol Royal Infirmary now holds a small stock of EMLA cream and other sites can easily obtain supplies when a CRPS patient is referred to them. (Diagnostics & Therapies).

9. Looking ahead

Looking ahead to 2020/21, our focus will be on ensuring that the newly formed University Hospitals Bristol and Weston NHS Foundation Trust (created following UH Bristol's merger with Weston General Hospital on 1 April 2020) continues to provide a high quality, open and transparent service to people who raise concerns about our services. We will be working with our colleagues in the

newly formed Division of Weston, to ensure the Trust provides an exemplary integrated complaints service across all locations, which is easily accessible to all of our patients and their families.

We will also continue to work with all Divisions to improve performance in responding to complaints within the timescale agreed with complainants, reducing the number of complainants who are dissatisfied with our response to their concerns and sharing learning from complaints with staff Trustwide.

University Hospitals Bristol and Weston NHS Foundation Trust

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Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Staff Survey: Analysis report**
Report Author	**Samantha Chapman: Head of Organisational Development**
Executive Lead	**Matt Joint: Director of People**

1. Report Summary

This paper sets out the analysis and comparator position for the staff survey; in order to ensure OD priorities are evidenced based and responsive to the voice of the staff.

The paper sets out:

- Response rates
- External Benchmarking
- Weston data
- Proposed priorities for 2020

2. Key points to note
(Including decisions taken)

The Board are asked to receive the report and support the key priorities for 2020

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

The risks associated with this report include:

- 793 Risk of continued absence due to work related stress
- 2694 Risk that the Trust's workforce is insufficiently motivated and engaged
- 285 Risk of non-compliance with the Public Sector Equality Duties and equalities legislation resulting in reputational damage and potential legal action
- 2646 Risk that the Trust has insufficient management and leadership capacity and capability

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

- This report is for **Assurance**

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

[Name of Committee/Group/Board]	**[Insert Date paper was received]**
People Committee	**May 22nd 2020**

Staff Survey: Analysis report

1.0 Introduction

The Board received the headline staff survey report in March following on from the early lift of the national embargo. This paper sets out the analysis and comparator position; in order to ensure OD priorities are evidenced based and responsive to the voice of the staff.

This paper sets out:

- Response rates
- External Benchmarking
- Weston data
- Proposed priorities for 2020

2.0 Response Rates

At the centre of increasing response rates is reassurance for staff and confidence in:

- Confidentiality of the survey
- Demonstration from the organisation both, corporately and locally that feedback in the survey has been listened to.
- Providing time at work to complete the survey
- Quality of the data creates a picture of teams and services

One of the key enablers to the response rate is a comprehensive communication plan which was delivered across all mediums in partnership with the Trust communication team and included:

- All staff communications
- Direct communications with managers
- Articles in newsbeat/connect and Chief Executive Briefings and weekly introductions
- Networking and being visible on divisions and across the Trust
- All messages delivered via leadership and management training
- Branding of material
- Delivery of specific weeks: You said … we did`
- A strong presence on social media using a ‘meme’ countdown

The response rates with 3 and 5 year comparator are shown in Table 1.

Organisation	Response Rate	3 year period response rate increase	5 year period response rate increase
Trust	55.2%	12.3%	11%
Acute Trust best	71.9%	5.3%	9.7%
Acute Trust average	47.5%	3%	7%
National average	49.8%	3.7%	7.2%

Table 1

The ambition to significantly increase response rates has been realised with particular reference to the past 3 years where the response rate has increased by 12%. Although the response rate was disappointing in 2019; the increase was above the acute best and average in terms of annual increase.

During 2019 focussed worked in the Facilities team demonstrated an increase in response rates of 11%. This work included the introduction of a dedicated space and time to complete the survey supported by Staff Survey Surgeries to dismiss the myths of the survey around confidentiality, boosting confidence in completion. In the previous year a Divisional competition had been introduced however; this did not yield as great an increase as the aforementioned targeted work.

Whilst there is a positive increase in response rate against the comparators it is evident that 45% of staff views are not captured in the survey therefore it is critical to use other communication networks to understand staff experience at a local level including local staff forums, focus groups and other OD interventions to use this intelligence to further inform and influence OD solutions as required.

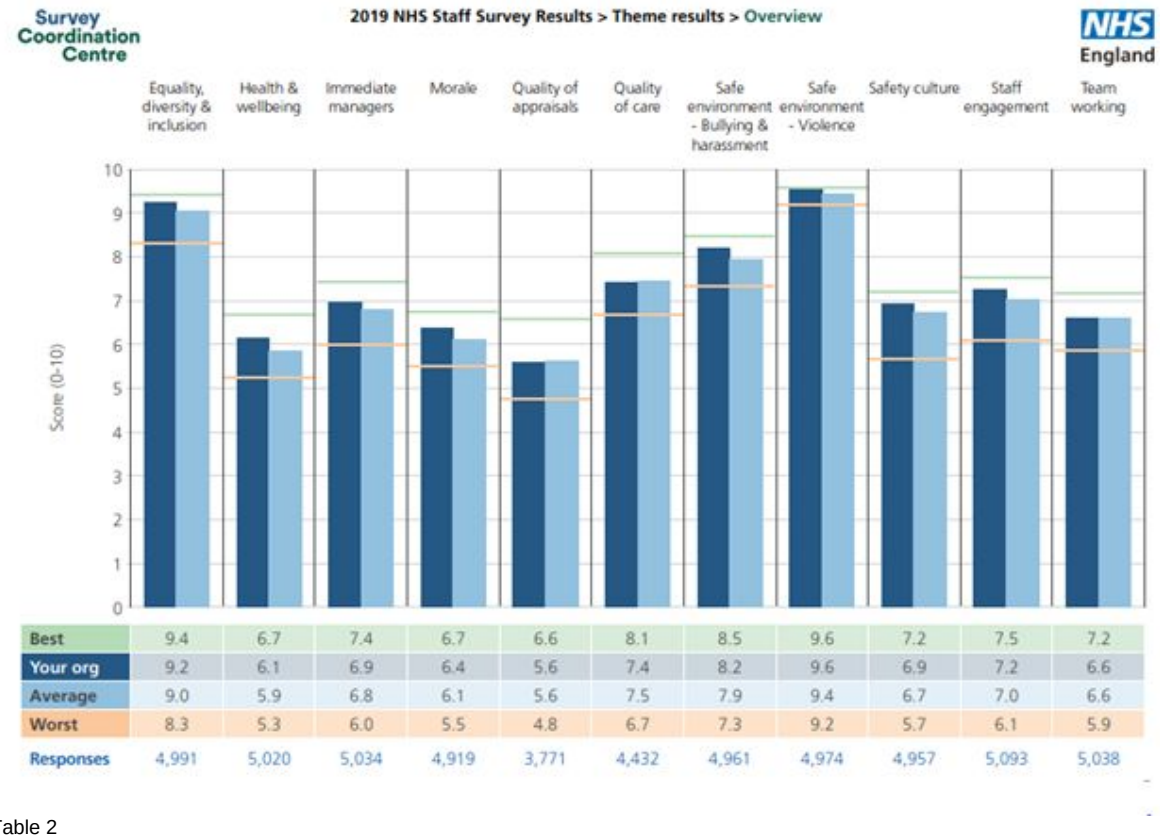
3.0 External Benchmarking

Benchmarking is presented against the Acute Trust comparator best and average; AUKUH comparator data is currently unavailable. The Trust works closely with the staff survey coordination centre and the national OD network to establish leaders of best practice to ensure shared learning and development of robust plans.

The Trust has also been contacted directly to share its learning and best practice for:

- Improved staff survey response rates
- Approach to bullying and harassment following a NHS employers publication
- Wellbeing as a result of working in partnership on the national NHSI sickness programme and developing a holistic approach to wellbeing
- National WRES/WDES data having worked with the national team top develop the strategy

Theme results are shown in table 2.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.7	7.4	6.7	6.6	8.1	8.5	9.6	7.2	7.5	7.2
Your org	9.2	6.1	6.9	6.4	5.6	7.4	8.2	9.6	6.9	7.2	6.6
Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6
Worst	8.3	5.3	6.0	5.5	4.8	6.7	7.3	9.2	5.7	6.1	5.9
Responses	4,991	5,020	5,034	4,919	3,771	4,432	4,961	4,974	4,957	5,093	5,038

Table 2

The comparator results across the themes demonstrate the Trust is above the average or the same as the average for Acute Trust providers for nine out of the ten themes. The Trust scores the same as the best score for one measure; safe environment.

In order to further distil the data the largest gaps within each theme have been analysed against the Acute Trust comparator to support the development of OD priorities. These areas are:

- Staff Engagement – team working and immediate managers
- Quality of appraisal
- Wellbeing
- Diversity and Inclusion

3.1 Staff Engagement

Staff engagement is key indicator of the culture of the organisation determined through a number of survey questions measuring:

- Advocacy
- Involvement
- Motivation

Staff Engagement score comparator data is set out in Table 3

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Staff Engagement	Theme score 2019	Score difference 2019	3 year Improvement	5 Year Improvement
Trust	7.2	0	0.1	0.2
Acute best	7.5	(0.3)	0.1	(0.5)
Acute average	7.0	0.2	Remained same	Remained the same
National average	7.0	0.2	Remained same	Remained same

Table 3

Staff engagement 5 year score movement is presented in table 4

Year	Trust	Acute best	Acute average	National average
2015	7.0	7.6	7.0	7.0
2016	7.1	7.4	7.0	7.0
2017	7.1	7.4	7.0	7.0
2018	7.2	7.6	7.0	7.0
2019	7.2	7.5	7.0	7.0

Table 4

Tables 3 and 4 illustrate an improvement over 5 years and a fair comparison to average and national; the Trust remains behind the Acute best.

Table 5 illustrates the staff Engagement Survey Questions Comparator.

Question number	Question	Trust	Acute best	+/-	Acute average	+/-	National Average	+/-
2a	Look forward to going to work	59.3%	68.8%	(9.5%)	60.2%	(0.9%)	59.5%	(0.2%)
2b	Enthusiastic about my job	76.7%	81.7%	(5%)	75.3%	1.4%	74.8%	1.9%
2c	Time passes quickly at work	78%	81.9%	(3.9%)	76.9%	1.1.%	76.7%	1.3%
4a	Frequent opportunities to show initiative	74.2%	79.4%	(5.2%)	72.8%	1.4%	72.9%	1.3%
4b	Able to make suggestions to improve work team	75.2%	81.9%	(6.7%)	73.6%	1.6%	74%	1.2%
4d	Able to make improvements in my work	56.6%	67.6%	(11%)	56%	0.6%	55.9%	0.7%
21a	Care of patients organisation top priority	84.5%	88%	(3.5%)	77.4%	7.1	77.3%	7.2%
21c	Recommend as a place to work	73.9%	78.9%	(5%)	62.5%	11.4%	63.3%	10.6%
21d	Recommend as place to receive treatment	85.4%	87.4%	(2%)	70.5%	14.9%	71.4%	14%

Table 5

In reviewing the staff engagement score at question level there is significant drift from acute best scores in most areas. A focus on improving the response to 'looking forward to going to work', which is one of the 'motivated' indicator questions needs to be a component of the plan at both an organisational and local divisional level.

Staff engagement Survey Questions: 3 and 5 year performance is presented in Table 6.

Question number	Question	Trust 3 year performance	Acute Best 3 year performance	National 3 years performance	Trust 5 year performance	Acute Best 5 year performance	National 5 years performance
2a	Look forward to going to work	2.2%	1.9%	1.8%	3.4%	(1.5%)	1.1%
2b	Enthusiastic about my job	2.8%	2.5%	1.2%	3.9%	(0.2%)	0.4%
2c	Time passes quickly at work	1.2%	1.1%	0.1%	(.0.8%)	(2.0%)	(0.1%)
4a	Frequent opportunities to show initiative	(0.1%)	(0.1%) Same score	0.1%	2%	(1.1%)	(0.3%)
4b	Able to make suggestions to improve work team	(0.9%)	(1.1%)	(0.4%)	0.8%	(1.8%)	(0.8%)
4d	Able to make improvements in my work	(1.4%)	3.0%	0.1%	3.1%	(1.5%)	0.2%
21a	Care of patients organisation top priority	3.2%	0.8%	2.7%	7.7%	1.9%	4.0%
21c	Recommend as a place to work	5%	1.7%	3.7%	13.2%	2.1%	4.6%
21d	Recommend as place to receive treatment	2.3%	2.1%	1.4%	8.7%	2.1%	2.4%

Table 6

Table 6 indicates significant improvements over the 3 and 5 year data. Questions 4a/b/d which measure involvement; show a leading position against the national comparator.

3.2 Quality of Appraisal

Table 7 illustrates the year on year scores for the theme `quality of appraisal` in comparison with acute best/average and the national average.

Year	Trust	Acute best	Acute average	National average
2015	5.0	6.1	5.1	5.2
2016	5.2	6.3	5.3	5.3
2017	5.3	6.4	5.3	5.4
2018	5.5	6.5	5.4	5.5
2019	5.6	6.6	5.6	5.6

Table 7

The Over the period of 5 years the Trust has made improvement and is ahead incrementally against the Acute Best and mirror the score of the national average.

Table 8 presents the Quality of appraisal: Staff survey question comparator data 2019

Question number	Question	Trust	Acute best	+/-	Acute average	+/-	National Average	+/-
19b	Helped me do my job	21.4	35.1	(13.7)	23.3	(1.9)	23.3	(1.9)
19c	Agree clear objectives	36.5	46.6	(10.1)	35.9	0.6	35.4	1.1
19d	Left me feeling valued	32.0	43.3	(11.3)	33.6	(1.6)	32.9	(0.9)
19e	Values discussed at appraisal	36.5	53.3	(16.8)	37.8	(1.3)	39.2	(2.7)

Table 8

The Trust position is behind in nearly all measures against the three comparator groups. The Trust clearly needs to focus on all quality aspects of appraisal, and readdress the balance of compliance versus quality. Of particular concern is question 19e as this encourages a conversation about behaviour, one of the key culture indicators. Further divisional analysis has demonstrates a bigger gap in D&T and Surgery.

Table 9 presents the Quality of appraisal staff survey question 3 and 5 year performance

Question number	Question	Trust 3 year performance	Acute Best 3 year performance	National 3 years performance	Trust 5 year performance	Acute Best 5 year performance	National 5 years performance
19b	Helped me do my job	2.7%	0.4%	1.2%	4.3%	3.3%	3.3%
19c	Agree clear objectives	2.2%	(0.1%)	1.1%	4.8%	3.5%	2.7%
19d	Left me feeling valued	2.8%	1.3%	3.7%	4.0%	3.9%	5%
19e	Values discussed at appraisal	4.6%	0.6%	4.8%	8.6%	4.6%	8.4%

Table 9

Table 9 clearly indicates a significant improvement over 3 and 5 years against the comparator data.

3.3 Health and wellbeing

Table 10 illustrates the year on year value added scores for the theme of health and wellbeing.

Year	Trust	Acute best	Acute average	National average
2015	6.0	6.8	6.0	6.0
2016	6.2	6.8	6.1	6.0
2017	6.1	6.6	6.0	6.0
2018	6.0	6.7	5.9	5.9
2019	6.1	6.7	5.9	5.9

Table 10

The Trust has positively impact on wellbeing in the past 5 years with consistent improvements in the overall score in this theme compared to the comparator group who have declined in the 5 years.

Table 11 presents the health and wellbeing Staff survey Question comparator data

Question number	Question	Trust	Acute best	+/-	Acute average	+/-	National Average	+/-
5h	Opportunities flexible working patterns	50.0%	62.%	(12%)	52.6%	(2.6%)	54%	(4%)
11a	Organisation takes positive action on health and wellbeing	32.3%	45.4%	(13.1%)	28.2%	4.1%	29.3%	3%
11b	In 12 months MSK as a result of work	25%	21.5%	(3.5%)	29.7%	4.7%	28%	3%
11c	In last 12months work related stress	35.9%	31.3%	(4.6%)	39.8%	3.9%	40.3%	0.4%
11d	In last 3 months come to work despite not feeling well	52.7%	48.0%	(4.7%)	56.8%	4.1%	56.6%	3.9%

Table 11

There are clear gaps in performance against acute best scores however the Trust compares well with the acute average. Divisional results indicate that both Medicine and Surgery score lower in these questions.

Table 12 presents the Wellbeing staff survey question 3 and 5 year performance

Question number	Question	Trust 3 year performance	Acute Best 3 year performance	National 3 years performance	Trust 5 year performance	Acute Best 5 year performance	National 5 years performance
5h	Opportunities flexible working patterns	1.5%	0.7%	2.2%	4.6%	3.8%	3.7%
11a	Organisation takes positive action on health and wellbeing	(2.6%)	(1.5%)	(2.4%)	2.9%	(4.1%)	(0.8%)
11b	In 12 months MSK as a result of work	Remained unchanged	(1.8%)	(2.1%)	0.2%	(2.3%)	(3.2%)
11c	In last 12months work related stress	(0.6%)	(3.5%)	(1.9%)	(0.2%)	(6.4%)	(3.2%)
11d	In last 3 months come to work despite not feeling well	1.1%	(0.3%)	Remained the same	2.7%	(3.2%)	0.5%

Table 12

Over the three and five year progress the Trust has seen a reduction in performance in 2018 which has affected the overall 3 year performance. Reviewing the 5 year data a positive impact is evident.

3.4 Diversity and Inclusion

Diversity and Inclusion is one of the key themes and is a culmination of a number of questions to develop an overall score as shown in table 13.

Diversity & Inclusion Staff Survey Theme	**2019 score**	**Trust difference from comparator group**	**3 Year improvement**	**5 Year Improvement**
Trust	9.2		0.1	Remained the same
Acute best	9.4	(0.2)	Remained the same	(0.1)
Acute average	9.0	0.2	(0.1)	(0.2)
National average	9.0	0.2	Remained the same	(0.1)

Table 13

Table13 illustrates the overall data from Staff Survey 2019 Diversity and Inclusion theme scores. In 2019 the Trust remains behind the Acute best but continues to be stronger than the average acute Trust and the overall national average scores.
The 3 and 5 year figures demonstrate the movement during the periods where the Trust movement is favourable in that it has either increased or remained static whilst the comparators have either decreased or remained the same during the period.

Staff Survey detail questions comparator with Acute and national scores is illustrated in table 14.

Question number	Question	Trust	Acute best	+/-	Acute average	+/-	National Average	+/-
Q14	Act fairly in terms of career progression	87.5%	91.9%	4.4%	84.4%	3.10%	83.9%	3.6%
Q15a	In past 12 months have you personally experienced discrimination at work from patients visitors service users	5.6%	3.3%	2.3%	6.8%	1.2%	7.2%	1.6%
Q15b	In past 12 months have you personally experienced discrimination at work from colleagues/ managers	6.5%	4.5%	2.0%	7.5%	1.0%	7.7%	1.2%
Q28b	Reasonable adjustments at work	81.7%	85.8%	4.1%	73.4%	8.3%	73.8%	7.9%

Table 14

Table 14 demonstrates the specific questions where there is drift from the acute best scores; also illustrating that on all questions the Trust is significantly better than both the acute and national average

Staff Survey Diversity and Inclusion movement analysis over 3 and 5 years is presented in table 15

Question number	Question	Trust 3 year performance	Acute Best 3 year performance	National Average 3 year performance	Trust 5 year performance	Acute Best 5 year performance	National Average 5 year performance
Q14	Act fairly in terms of career progression	(0.6%)	(1.7%)	(0.3%)	(0.1%)	(1.4%)	(2.1%)
Q15a	In past 12 months have you personally experienced discrimination at work from patients visitors service users	0.7%	Stayed the same	(0.6%)	(0.2%)	(1.5%)	(2.02%)
Q15b	In past 12 months have you personally experienced discrimination at work from colleagues/ managers	1.7	(0.7%)	(0.4%)	1.1%	1.3%	(0.3%)
Q28b	Reasonable adjustments at work	6.1	2.2	0.2%	4.7%	(9%)	0.7%

Table 15

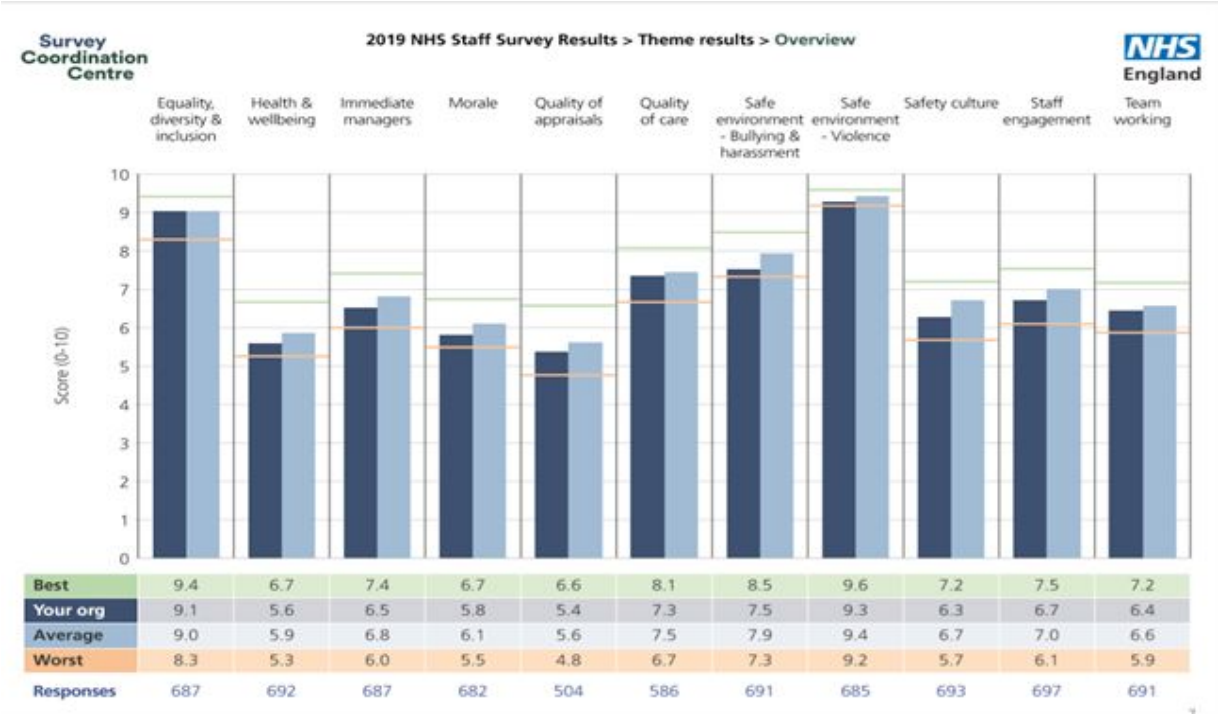
Table 15 considers the movement on each question over 3 and 5 years to demonstrate the progress through the periods of time and in comparison to the acute best and national scores. The clear focus needs to be on question 14 ‘act fairly on career progression’, which is contained within the Trust strategy action plan.

4.0 Weston Staff Survey

Staff Survey 2019 results for Weston is limited in terms of reporting due to existing contractual arrangements with the provider; no local heat map data is available for this year’s reporting.

The newly merged Trust is reviewing the contractual provision to align with effect from 2020.Weston response rate for 2019 was 41.3% an increase of 4.3% on 2018. The engagement score remains unchanged over the past three years at 6.7.

Weston Staff Survey 2019 Theme Results are presented at table 16



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.7	7.4	6.7	6.6	8.1	8.5	9.6	7.2	7.5	7.2
Your org	9.1	5.6	6.5	5.8	5.4	7.3	7.5	9.3	6.3	6.7	6.4
Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6
Worst	8.3	5.3	6.0	5.5	4.8	6.7	7.3	9.2	5.7	6.1	5.9
Responses	687	692	687	682	504	586	691	685	693	697	691

Table 16

The themed results at Weston are significantly below the acute best scores and consistently below the acute average scores with the larger gaps being identified as :

- Bullying and Harassment
- Safety Culture- to be developed as part of the Divisional plan supported by clinical leads

The following themes also illustrate commonality with the results from the UH Bristol survey:

- Health and wellbeing
- Engagement- morale and immediate managers

Weston Staff Survey 2019 results will undoubtedly have an impact on the newly merged organisations results in 2020. Significant preliminary work has been undertaken in parternship with the NHSI place prior to the merger in April 2020. This cultural diagnosic phase resulted in two main themes emerging; bullying and harassment and wellbeing; confirming the need to focus on these two indicators.

5.0 Proposed priorities for 2020

Based on both the benchmarking and local data sources including the cultural diagnostic it is evident that the three key areas of focus are:

- Diversity and Inclusion
- Quality of Appraisal
- Wellbeing

Alongside this and the organisations cultural focus on compassion and inclusivity within its people strategy it is evident that a focus also needs to remain on Bullying and Harassment. Based on the composition of the engagement score it is anticipated that through dedicated efforts in these areas the overall engagement score will also increase.

As aforementioned the Trust works closely with the staff survey coordination centre and the national OD network to establish leaders of best practice to ensure shared learning and development of robust plans and has reached out for shared learning on these key areas.

It is proposed that the internal focus will be delivery of the following key priorities.

5.1 Diversity and Inclusion

- Delivery of the interim strategy plan
- Commence the national pilot to create a 'best practice' hub alongside increasing the ability to provide a richer comparator data which is not yet available through the national reporting.
- Appoint the Diversity and Inclusion Manager to drive the strategy and lead the implementation of the pilot

5.2 Quality of Appraisal

- Focus on appraisals, ensuring staff have an opportunity to be seen, heard and recognised by focusing on the 'quality' of the conversation alongside compliance
- Further development of the bitesize learning modules for managers to support the culture of 'conversations' to include 1:1's and team briefings
- Alignment of performance management processes across the newly merged Trust so we can develop the culture of performance management in the future by having one approach

5.3 Wellbeing

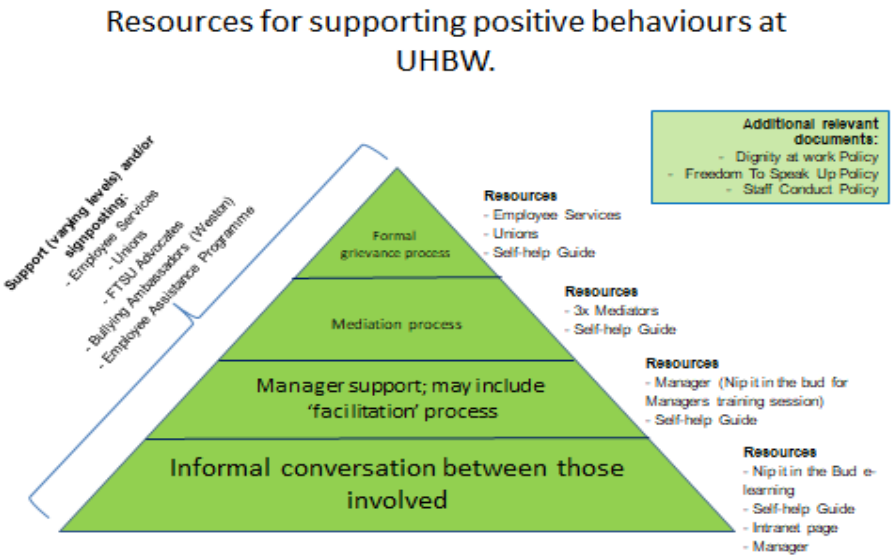
- Delivery of the year 1 plan in the 5 year wellbeing Framework; focusing on the 'whole' person with key actions in place to support:
    - Psychological wellbeing
    - Physical Wellbeing
    - Healthy lifestyles
- Delivery of the COVID Pressure and Release (PAR) plan, this is an evidenced based model which can now be mobilised due to the securing of the wellbeing bid. This plan focuses on embedding the Care First offer which builds on the 'self- care' approach within the wellbeing framework and introducing the psychological support plan. This includes 1:1 coaching and team intervention work to 'pro-actively' support teams in distress and to encourage an open forum for discussion and the ability to 're-build'.

5.4 Bullying and Harassment

Our long term aim is to achieve a significant reduction in Bullying and Harassment by focussing on leadership, communications and staff support by launching and

embedding the approved supporting behaviours framework across the organisation. We know from benchmarking best practice and developing our internal supporting positive behaviours model that the first step to achieving this is for staff to feel confident to raise concerns and be clear on the process by which this is achieved.

The tool was developed in response to the number of bullying and harassment cases and the results from the staff survey. The tool was developed in partnership with the Freedom to Speak Up and Employee Services teams along with staff side colleagues and is designed to shift the behaviour pattern from reactive to proactive as much as possible.



Therefore our short term aims are:

- Rolling out of the support guide to underpin the tool
- Communicating and embedding the newly developed 'Nip it in the bud' e-learning
- Continue to work cross-teams to identify any trends by triangulating data sources and targeting hot spots where appropriate

6.0 Next Steps

There has been progress made in all of these areas however due to COVID 19 this has not been at the planned pace or in the planed way. In order to maximise the OD output across the organisation the priority area has been wellbeing which has seen the following activity in Quarter 1:

- Development and delivery of over 400 COVID-19 wellbeing packs across the Trust
- The provision of a dedicated Wellbeing Hub for staff to have conversations and seek advice on wellbeing
- Securing a Trust-wide Employee Assistance Programme offering a 24/7 helpline to support staff
- Implementation of `Going Home Checklist` to support individual wellbeing prior to going home
- Process to support the management of food/donations for staff during the period of COVID-19
- Securing a £600K wellbeing bid to create a foundation of sustaining the interventions required for staff beyond the pandemic

With support from HR colleagues the OD focus needs to realign to the key priorities as soon as operationally possible. This will be supported by Divisional plans to target hotspot areas in response to local feedback to run alongside the corporate programmes of work.

The Board are asked to receive the report and support the key priorities for 2020.

Samantha Chapman: Head of Organisational Development

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Annual Review of the Trusts Statement of Risk Appetite**
Report Author	**Sarah Wright, Head of Risk Management**
Executive Lead	**Robert Woolley, Chief Executive**

1. Report Summary

Risk appetite can be defined as 'the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives. Organisations will have different risk appetites depending on their sector, culture and objectives. A range of appetites exist for different risks and these may change over time.

We need to know about risk appetite because:

1. If we do not know what our organisation's collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development

2. If our leaders do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient and user outcomes affected.

UHBW Risk Appetite Statement

The Board of Directors have determined the Trusts risk appetite as an 'open' one. In practice this means that a level of risk taking is encouraged in order for the Trust to maintain a progressive approach to the delivery of services, where assurance can be sought that any associated risks can be mitigated to a tolerable level.

The Board of Directors is willing to consider all potential delivery options in pursuit of the achievement of organisational objectives, provided that a satisfactory level of reward or value for money can be demonstrated, proportionate to the risk being taken.

Specifically;

With regard to finance, the Board is prepared to invest but will always seek to minimise the possibility of financial loss by ensuring all associated risks are mitigated to a tolerable level. During decision making, service improvements, benefits and patient outcomes will be considered alongside value for money. Where appropriate the Board will ensure resources are allocated in order to capitalise on potential opportunities.

With regard to compliance with statue and regulations, the Board will seek

assurance that the organisation has high levels of compliance in all areas other than where it has been specifically determined that the efforts required to achieve compliance would outweigh the potential adverse consequences.

Research and innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced and an acceptable level of management control is demonstrated. As a Global Digital Exemplar Organisation the Board of Directors will seek to implement digital systems and support technological developments to optimise operational delivery.

The Board of Directors accepts that some decisions made in the interest of change may have the potential to expose the organisation to additional public scrutiny or media interest. Proactive management of Trust communications may be considered to protect the organisation's reputation and maintain public confidence.

2. Key points to note
(Including decisions taken)

- The Trusts current risk appetite statement was agreed at the meeting of the Board of Directors on 30th July 2019.

- No are no recommended amendments to the statement from Risk Management Group or Senior Leadership Team Members.

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

- N/A

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

- This report is for **Approval.**

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

Audit Committee	28th July 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Private on Thursday 30 July 2020

Report Title	**Board of Directors Annual Business Cycle**
Report Author	**Eric Sanders, Director of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

To present the revised Annual Business Cycle for the Board of Directors for review and approval.

2. Key points to note
(Including decisions taken)

- The Annual Business Cycle has been revised with input from the Chair of the Audit Committee and the Executive Directors
- The source of the item and its link with the Health NHS Board roles and building blocks has been included to help ensure that the Board is focusing on its key areas of responsibility.
- The review identified a number of potential areas whether the cycle could be strengthened and a number of items have been added or revised.
- The document needs to be considered "live" and subject to regular review and refresh.
- One area where further consideration should be given is to how to ensure stakeholder feedback is provided into the Board.

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

The risks associated with this report include:
The Board is unable to undertake its role effectively due to the quality and quantity of the information it receives, or by being given the wrong type of information.

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

This report is for **Approval.**

The Board is asked to:

- approve the revised Annual Business Cycle
- note that it will be kept under review so that it remains a live document
- discuss how stakeholder feedback can be provided into the Board to support its role

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

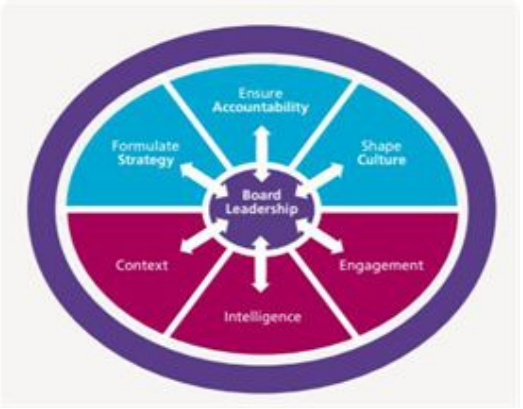
1. Purpose

1.1. To present the revised Annual Business Cycle (ABC) for the Board of Directors for review and approval.

2. Context

2.1. The Healthy NHS Board describes the Board's role. This suggests that the Board has 3 key roles:

- Formulating strategy for the organisation
- Ensuring accountability by: holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- Shaping a healthy culture for the board and the organisation



2.2. Underpinning these three roles are three building blocks that allow boards to exercise their role. Effective boards:

- Are informed by the external context within which they must operate.
- Are informed by, and shape, the intelligence which provides an understanding of local people's needs, trend and comparative information on how the organisation is performing together with market and stakeholder analyses.
- Give priority to engagement with stakeholders and opinion formers within and beyond the organisation; the emphasis here is on building a healthy dialogue with, and being accountable to, patients, the public, and staff, governors and members, commissioners and regulators.

2.3. The NHS Code of Governance reiterates the above and specifically states the following which are relevant to this paper:

A.1.f The board of directors should set the NHS foundation trust's strategic aims at least annually taking into consideration the views of the council of governors, ensuring that the necessary financial and human resources are in place for the NHS foundation trust to meet its priorities and objectives and, then, periodically reviewing progress and management performance.

A.1.g The board of directors as a whole is responsible for ensuring the quality and safety of health care services, education, training and research delivered by the NHS foundation trust and applying the principles and standards of clinical governance set out by the Department of Health (DH), NHS England, the Care Quality Commission (CQC) and other relevant NHS bodies.

A.1.h The board of directors should also ensure that the NHS foundation trust functions effectively, efficiently and economically.

3. Review of the ABC

3.1. A review has been undertaken with input from the Chair of the Audit Committee. This review considered the following:

- Sources of current items in the ABC – internally generated, national requirement, legislative, good practice, contractual, from the Standing Orders or Code of Governance/DH etc.

- Whether the item linked to a Healthy NHS Board role or building block
- How the items fitted into a revised ABC structure which considers:
    - Key Outcomes/ Success Criteria
    - Key Enablers
    - Risks and Opportunities

3.2. The review identified the following:

- There are only a few items which could be removed as they do not fit with a legislative, national requirement or an internal requirement e.g. BRCH Annual Report
- There were opportunities to enhance the content of the ABC in the following areas:
    - Education and teaching
    - External stakeholder satisfaction/engagement
    - Digital
    - Estates and infrastructure
    - Overall national and regional context

3.3. It should be noted that, with the exception of the stakeholders, the other elements are allocated to a Board Committee - People Committee, Finance Committee or Audit Committee (which looks at Estate from a risk perspective).

3.4. The ABC would appear that it contains few items relating to Formulating Strategy and Shaping Culture. The latter was also identified in the information included in the Board Evaluation paper, which described that the majority of papers presented were for information and were operational in nature. However in considering the Board's wider role and other Board forums, the majority of strategy development has happened during its Development Programme, through seminars and away days, and cultural change is woven through all documents, reports and how the Board operates.

4. Changes to the ABC

4.1. As a result of the review, the ABC was discussed with each of the Executive Directors to identify potential changes to the document. The following changes were made:

4.1.1. Integration Update – this report describes progress to integrate services at Weston General Hospital and will be presented quarterly.

4.1.2. Digital Strategy and Delivery Update – a report will be brought every six months to update the Board on the delivery of the Digital Strategy. More regular reports will be presented through the Finance and Digital Committee.

4.1.3. Strategic Clinical Services Strategy Update – this report replaces the previous Phase 5 capital Update and will update the Board on progress to deliver the strategic capital schemes aligned to the Estates Strategy

4.1.4. Enabling Strategies – place holders have been added to bring annual updates on the enabling strategies, and these will be agreed once the refresh of the enabling strategies have been completed.

4.1.5. Board Assurance Framework – this has been confirmed as being received in public, where this fits with the Board timetable, with the corporate risk register being presented in private.

4.2. One area where further consideration should be given is to how to ensure stakeholder feedback is provided into the Board.

5. Recommendation

5.1. The Board is asked to:

- approve the revised Annual Business Cycle
- note that it will be kept under review so that it remains a live document
- discuss how stakeholder feedback can be provided into the Board to support its role

BOARD OF DIRECTORS
ANNUAL BUSINESS CYCLE - 2020/21

	Source	Health NHS Board - Roles and Building Blocks	Sponsor	Author	April - Private Only	May	June- Private Only	July	(August - No meetings)	September	October - Private Only	November	(December - No meetings)	Jan	February - Private Only	March
Board Administration																
Apologies for absence		N/A	Verbal	Chair												
Declarations of interest	SOs	N/A	Verbal	Chair												
Minutes of the last meeting	SOs	N/A	Chair	Director of Corporate Governance												
Matters arising and action log	SOs	N/A	Chair	Director of Corporate Governance												
Key Outcomes / Success Criteria																
Patient Care and Clinical Outcomes																
Patient Story	Good practice	Context	Chief Nurse	Head of Quality (Patient Experience)												
Quality and Performance Report	Code of Governance	Intelligence	Deputy Chief Executive and Chief Operating Officer; Chief Nurse; Director of People; Medical Director													
Quality and Outcomes Committee - Chair's Report	Code of Governance	Ensure Accountability	Chair of the Quality and Outcomes Committee	Director of Corporate Governance												
Quarterly Patient Experience Report (& Annual)	Good practice	Intelligence	Chief Nurse FOR INFORMATION Only	Head of Quality (Clinical Effectiveness & Patient Experience)				Q4		Q1				Q2		Q3
Quarterly Patient Complaints Reports	National requirment	Intelligence	Chief Nurse FOR INFORMATION Only	Head of Quality (Clinical Effectiveness & Patient Experience)				Q4/Annual Report		Q1				Q2		Q3
Six-Monthly Nurse Staffing Report	National requirement	Intelligence	Chief Nurse	Chief Nurse												
Learning from Deaths Report	National requirement	Intelligence	Medical Director	Deputy Medical Director				Q4		Q1				Q2		Q3
Safeguarding Annual Report	Legislative	Intelligence	Chief Nurse	Nurse Consultant Safeguarding				Annual Report								
Safe Working Hours Guardian Report	National requirment	Intelligence	Medical Director	Safe Working Hours Guardian				Annual Report								
Annual Quality Report and External Auditors Assurance	National requirment	Intelligence	Chief Nurse	Head of Quality (Clinical Effectiveness & Patient Experience)		Not required 20/21										
UHBW Quality Strategy	National requirment	Intelligence	Chief Nurse	Head of Quality (Clinical Effectiveness & Patient Experience)												
UHB Quality Account	National requirment	Intelligence	Chief Nurse	Head of Quality (Clinical Effectiveness & Patient Experience)												
Research and Innovation																
Research and Innovation Report	Internal	Intelligence	Medical Director	Director of R&D		Six monthly						Six monthly				
NIHR CRN Annual Plan and Annual Report (hosted body report)	Contractual	Intelligence	Medical Director	Network Manager				Annual Report								
Teaching and Education																
Education Performance Report	Internal	Intelligence	Director of People	Head of Education				Annual Report								
External Stakeholder Satisfaction (not incl. patients)																
CHD Network Annual Report (hosted body report)	Contractual	Intelligence	Medical Director	Network Manager												
Governors' Log of Communications	Good practice	Context	Chair	Director of Corporate Governance												
Key Enablers																
Leadership and Governance																
Chief Executive's Report	Good practice	Context	Chief Executive	Chief Executive												
Operational Plan: - Approval of 20/21 Plan (with sub-item on Going Concern)	SOs, Code of Governance	Intelligence	Director of Strategy and Transformation	Associate Director of Strategy & Business Planning				Q1								
Annual Review Codes of Conduct for the Board and Council of Governors (including Fit and Proper Persons Test)	Constitution	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance												
Annual Review of Directors Interests	SOs	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance												
Review of Finance Committee Terms of Reference	SOs	Ensure Accountability	Director of Corporate Governance	Director of Corporate Governance												
Review of Audit Committee Terms of Reference	SOs	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance												
Review of Quality and Outcomes Committee Terms of Reference	SOs	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance												
Review of Remuneration and Nomination Committee Terms of Reference	SOs	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance												
Annual Review of the Constitution	Constitution	Ensure Accountability	Chief Executive	Director of Corporate Governance												
Annual Review of Risk Appetite Statements	Good practice	Ensure Accountability	Chief Executive	Director of Corporate Governance												
Emergency Preparedness Annual Report	Legislative	Intelligence	Deputy Chief Executive and Chief Operating Officer	Deputy Chief Operating Officer												
Register of Seals	SOs	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance		Q4		Q1				Q2		Q3		
Corporate Governance Statement Self Assessment Certification	DH - Annual Reporting Manual	Ensure Accountability	Chief Executive	Director of Corporate Governance												
NHS I Self-Certification (against G6)	DH - Annual Reporting Manual	Ensure Accountability	Chief Executive	Director of Corporate Governance												
Audit Committee Chair's Report	Code of Governance	Ensure Accountability	Chair Audit Committee	Director of Corporate Governance												
Annual Review of SFIs	SOs	Ensure Accountability	Director of Finance and Information	Deputy Director of Finance												
BRCH annual report	Internal	Intelligence	Chief Nurse	Divisional Director W&C												
Self Assessment of Board Cycle	Internal	Ensure Accountability	Director of Corporate Governance	Director of Corporate Governance												
Strategic Intent including Partnerships																
Healthier Together Sustainability and Transformation Partnership	Internal	Context	Chief Executive	Chief Executive												
Integration Update	Internal	Context	Chief Executive	Director of Strategy and Transformation and Merger Programme Director												
Transforming Care Programme Board Report	Internal	Intelligence	Director of Strategy and Transformation	Transformation Programme Director		Q4		Q1		Q2				Q3		
Strategy Review	Code of Governance, SOs	Formulate Strategy	Director of Strategy and Transformation	Associate Director of Strategy & Business Planning												
Sustainability Strategy and Annual Sustainability Reporting	DH - Annual Reporting Manual	Intelligence	Director of Strategy and Transformation	Director of Strategy and Transformation												
Financial Performance																
Annual Financial Plan	Code of Governance and Sos	Ensure Accountability	Director of Finance and Information	Deputy Director of Finance												Approval - 21/22
Finance Report	Internal	Ensure Accountability	Director of Finance and Information	Deputy Director of Finance												
Finance Committee Chair's Report	Code of Governance	Ensure Accountability	Chair of Finance Committee	Director of Corporate Governance												
Annual Report and Accounts	Constitution	Ensure Accountability	Chief Executive and Director of Finance and Information	Deputy Director of Finance												
Capital Investment Policy	Constitution	Intelligence	Director of Strategy and Transformation	Associate Director of Finance												
Treasury Management Policy	SFIs	Ensure Accountability	Director of Finance and Information	Associate Director of Finance												
Accounting Policies Update	SFIs	Ensure Accountability	Director of Finance and Information	Deputy Director of Finance												
Standing Financial Instructions – Review	Constitution	Ensure Accountability	Director of Finance and Information	Deputy Director of Finance										Approval		

People Management																	
Staff Story	Internal	Context	Director of People	Var.													
Diversity and Inclusion Annual Report (Including WRES and WDES)	National requirement	Intelligence	Director of People	Deputy Director of People													
National Staff Survey Results	Internal	Intelligence	Director of People	Deputy Director of People													
Medical Revalidation	Legislative	Intelligence	Medical Director	Associate Medical Director for Revalidation and Appraisal													
Diversity and Inclusion Report	Internal	Intelligence	Director of People	Head of organisational Development													
Freedom to Speak Up Annual Report	National guidance	Intelligence	Director of Corporate Governance	Director of Corporate Governance		Annual Report											
Digital																	
Digital Strategy and Delivery Update	Internal	Intelligence	Director of Finance and Information	Chief Information Officer													
Estates and Infrastructure																	
Strategic Clinical Services Strategy Update	Internal	Intelligence	Director of Strategy and Transformation and Director of Finance and Information	Director of Strategy and Transformation and Director of Finance and Information													
Estates Strategy Review	Internal	Ensure Accountability	Director of Strategy	Director of Estates													
Risks and Opportunities																	
Corporate Risk Register	Code of Governance	Intelligence	Chief Executive	Head of Risk Management	Q4			Q1				Q2			Q3		
Board Assurance Framework - Strategic Risk Register - Corporate Objectives Update	Code of Governance	Intelligence	Chief Executive Director of Strategy and Transformation	Head of Risk Management Director of Strategy and Transformation	Q4			Q1				Q2			Q3		
Concluding business																	
Any other urgent business		N/A	Chair		Verbal												
Date of next meeting		N/A	n/a		Verbal												

	Private Meeting
	Public Meeting
	Both

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

Report Title	**Register of Seals Report – Q1 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 **May 2020.**
2. Key points to note *(Including decisions taken)*
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 *(Support and Board/Committee decisions requested)*:
• This report is for **Information**.
5. History of the paper **Please include details of where paper has previously been received.**
N/A

Register of Seals

May 2020 – July 2020

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness	Additional Comments
835	08/07/2020	Project Form of Agreement	Robert Woolley	Neil Kemsley	Eric Sanders	Agreement between University Hospitals Bristol and Weston NHS Foundation Trust and BAM Health (Division of BAM Construction Ltd) for the management and delivery of the Design and Construction Services for the UEAC & Theatres and Endoscopy Scheme (part of Phase 5 of the UHBW Strategic Development Programme).

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Thursday 30 July 2020

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

1. Report Summary

The purpose of this report is to provide the Board with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.

2. Key points to note
(Including decisions taken)

Since the last public Council of Governors meeting, three questions have been added to the Governors' Log of Communications, and responses were received for others. All questions are now closed apart from the most recent two which are awaiting a response from the relevant Executive Directors.

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

n/a

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

- This report is for **Information.**

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

n/a	

ID	Governor Name		
239	Chrissie Gardner	***Theme:*** PET scanner	***Source:*** Governor Direct

Query **23/07/2020**

As part of a cancer diagnosis some patients should have a PET scan to ascertain the stage of their cancer; a timely scan can be vital for patients who are being treated with curative intent.

In a recent audit of lung cancer services at our Trust it was noted that only 4% of patients from the small number sampled had received a PET scan within the correct timescale according to NICE Guidance. My understanding is that current practice at UHBW is to send our patients to another Trust where a PET scanner run by a private company is made available.

I would like to know whether our Trust receives sufficient information to provide us with assurance on the quality of this service. How are we ensuring that timely scans are being carried out? Are there any plans for acquiring our own scanner, given the initial cost and costs of running such a piece of equipment?

Division: Diagnostics & Therapies ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 23/07/2020

Response

Response pending.

Status: *Assigned to Executive Lead*

ID	Governor Name		
238	Graham Briscoe	***Theme:*** Staff support at Weston General Hospital	***Source:*** Governor Direct

Query **10/07/2020**

It has come to my notice quite recently that there are staff employed by organisations, other than UHBW, working inside Weston Hospital.

I recognise that all UHBW employees in Weston Hospital are given the opportunity to be aware of, and support, the various UHBW Board led initiatives to transform the culture at our hospitals - eg Freedom to Speak up Guardian / HR Harassment and Bullying advice service / BAME initiatives / COVID-19 and PPE support, all being covered through our CEO`s videos and the various staff e-newsletters that all UHBW staff receive each week.

However those members of staff employed by other organisations working in, or at, Weston Hospital do not receive our UHBW staff circulations. This means that there are currently "pockets" of staff, who the Weston public and patients would assume are UHBW staff, are thus are not in the UHBW Board's "line of sight" for the transformational change the Board is seeking to achieve at Weston Hospital.

I would like to know what formal links and protocols for the provision of consistent staff support and internal communication have been set up between our UHBW HR Department and the HR Departments of the other organisations who have staff working inside Weston Hospital.

Of course - all of my above comments may well apply to all of our other Bristol Hospitals should staff of other external organisations be working in UHBW in Bristol.

Division: Trust Services ***Executive Lead:*** *Director of People* ***Response requested:*** 10/07/2020

Response

Response pending.

Status: *Assigned to Executive Lead*

ID	Governor Name		
237	Sue Milestone	***Theme:*** Weston General Hospital closure	***Source:*** Governor Direct

Query **05/06/2020**

During the temporary closure of Weston Hospital, what is the position with the two private wards?

Are they being fully utilised or are they closed?

If they are being utilised what category of patients were being treated? Covid cases or elective surgery patients? Private or NHS patients?

Division: Medicine ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 05/06/2020

Response **15/06/2020**

Weston has one Ward where private patient activity normally takes place – Waterside . It does not exclusively accommodate private patients but a mixture of NHS and private. Elective operating stopped on 15th April as directed by the government.

During the Covid pandemic this unit has been used for NHS activity including using the single rooms to isolate patients whilst their COVID status was unknown.

At the time of closure, there were all NHS patients in Waterside, all non-Covid illnesses. Since the closure, Waterside patients have all been discharged and the ward was closed whilst empty awaiting reopening once services began.

It is unlikely that Private patients will be accommodated in Waterside at least until Elective surgical services have been restored.

Status: *Closed*

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 **28/05/2020**

The safety of residents and staff is a priority & there is national and BNSSG Patient Testing Discharge Guidance into Out of Hospital Care Provision. UHBW has been following this guidance. In summary

- The NHS has responsibility for testing patients being discharged from hospital to a care home, in advance of discharge.
- To ensure testing does not delay a timely discharge, testing for patients due to be discharged to a care home are planned up to 48 hours before the scheduled discharge time.
- The information from the test results, with any supporting care information, is communicated to the relevant care home
- Some care providers will be able to accommodate individuals with a confirmed COVID-19 positive status, through effective isolation strategies or cohorting policies.
- If appropriate isolation or cohorted care is not available with a local care provider, the Local Authority will provide alternative appropriate accommodation and care for the remainder of the required isolation period, utilising NHS community and primary care assistance as needed.

Status: *Closed*

ID	Governor Name		
235	Sue Milestone	***Theme:*** Assessment criteria for critical care	***Source:*** Governor Direct

Query **11/05/2020**

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?

Division: Medicine ***Executive Lead:*** *Medical Director* ***Response requested:*** 11/05/2020

Response **12/05/2020**

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.

Status: *Closed*

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: *Closed*

ID	Governor Name		
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: *Closed*

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 **23/06/2020**

The Trust has taken a number of measures since March to protect staff and volunteers from the Covid-19 coronavirus. A brief summary is as follows:

- All patient-facing staff are required to wear Personal Protective Equipment (PPE) and have been informed of the level of PPE appropriate to their role.
- For non-patient-facing staff, the Trust has been supporting staff to work from home wherever possible. Divisions were asked to review which activities could be switched to home-working and to implement social distancing for others. All staff whilst in non-clinical areas are required to wear masks unless the area they are working in has been assessed as "covid secure" (ie social distancing can be maintained)
- All line managers are completing individual risk assessments with their teams to identify staff who are vulnerable or for whom adjustments to their working conditions could be made.
- Most of the Trust's Volunteers were stood down at the start of the pandemic. There are a small number still active who have been issued with appropriate PPE.
- Governor meetings were suspended from w/c 16 March 2020, replaced with virtual meetings and email correspondence
- For other visitors to the Trust, restrictions have been in place as per national guidelines, for example, visitor restrictions.

Status: *Closed*